

# Monroe County Health Department



## ANNUAL REPORT

FY 2013

*Serving the community since 1965.*



# INDEX

I.	Staff Roster .....	1
II.	Organizational Chart .....	2 - 3
III.	Mission Statement .....	4
IV.	General Public Health FAQs .....	5
V.	10 Essential Public Health Services & Forward .....	6 - 9
VI.	Revenue Graphs & Fee Income .....	10 - 11
VII.	Monroe County Public Health Clinic .....	12 - 17
VIII.	Health Education / Wellness / Smoking Complaints ..	18 - 22
IX.	Kids Choice Program / Tobacco Cessation / MRC ...	23 - 26
X.	Social Media .....	27 - 29
XI.	Public Health Preparedness .....	30 - 33
XII.	Environmental Health .....	34 - 35
XIII.	Swimming Pools / Rental Housing .....	36 - 37
XIV.	Air Quality / Radon Program .....	38 - 40
XV.	Bloomington PCB Cleanup .....	41 - 47
XVI.	Environmental Site Assessment .....	48
XVII.	Hazardous Materials / Waste Control .....	49 - 50
XVIII.	Solid Waste Program .....	51 - 52
XIX.	Animal / Vector Control / Rabies .....	53 - 57
XX.	On Site Sewage Disposal .....	58 - 64
XXI.	Wastewater .....	65 - 71
XXII.	Food Protection Program .....	72 - 77
XXIII.	Vital Records .....	78 - 83
XXIV.	Family Planning Clinic .....	84 - 87
XXV.	Disease Intervention .....	88 - 93
XXVI.	Partnerships .....	94 - 101

Pages Left Intentionally Blank: 3, 33, 71, 77

### **COMMISSIONERS**

Julie Thomas

Iris Kiesling  
(President)

Patrick Stoffers

### **COUNCIL**

Geoff McKim, President  
Rick Dietz, President Pro-Tempore  
Shelli Yoder  
Ryan Langley

Cheryl Munson  
Elizabeth Lee Jones  
Marty Hawk

### **BOARD OF HEALTH**

Margaret Joseph Zimmerman, Chairperson  
Ashley Cranor, Vice Chairperson  
Kay Leach, RN  
Stephen Pritchard, DDS

George Hegeman, Ph.D  
Carol Litten Touloukian, MD  
David Byrne, MD

### **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
Ashlie Bormann	Vital Statistics Assistant Registrar
Jenn Marcum	Vital Statistics Assistant Registrar (partial year)
Teresa Benassi	Vital Statistics Assistant Registrar (partial year)
Randy Raines	Wastewater Sanitarian
Gary Cain	Wastewater Sanitarian
Jim Brown	Soil Scientist
Dennis Williamson, REHS	Environmental Sanitarian
Simeon Baker	Environmental Sanitarian
Mary Lowery	Tobacco Cessation / Health Educator (partial year)
Nicole Purcell	Health Educator (partial year)
Kathy Hewett	Health Educator / Sanitarian
Sandy Wallace	Food Sanitarian
Barbara Kuruzovich	Food Sanitarian
Caitlin Lehn	Disease Intervention Specialist
Jennifer Molica	Disease Intervention Specialist
Ivan Lee	Public Health Coordinator (partial year)
Lisa Kane	Public Health Coordinator (partial year)
Christina Stigger	Data Entry (PT)
Kaylie Porter	Sanitarian (PT)

### **FUTURES FAMILY PLANNING CLINIC STAFF**

Liz McGlothlin	Family Nurse Practitioner
Jennifer Owen	Family Nurse Practitioner
Lauretta Ionoff	Licensed Practical Nurse
Barb Sturbaum	Clinic Manager

# Health Department

Health Officer



Administrator

Deputy \*

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		Clinic Manager	
Wastewater Sanitarian	Environmental Health Specialist (EHS)	Food Sanitarian	Assistant Registrar	Health Educator	Disease Intervention Specialists (DIS)	Nurse Practitioners	
Soil Scientist (PT)	Pool Sanitarian (PT)	Food Sanitarian	Assistant Registrar		Public Health Coordinator	LPN	
			Data Entry (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

PAGE LEFT INTENTIONALLY BLANK

# **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

## **VISION STATEMENT**

**A healthier and safer Monroe County community.**

## **MISSION STATEMENT**

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

**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.

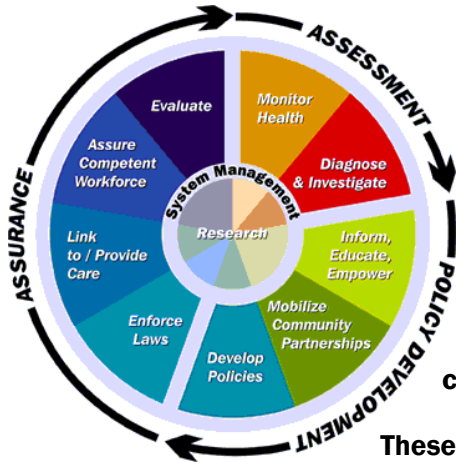
### **Why should government support public health?**

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 2013 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. A full-time Public Health Coordinator was hired in 2012 to coordinate public health emergencies.

Thus, 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 fourteen (14) full time employees including the Health Officer, and one (1) part-time employee serving the County with a population that exceeds 137,000 people. Grant funded staff include: two (2) Disease Intervention Specialists supported through a Sexually Transmitted Disease grant from the Indiana State Department of Health (ISDH); One (1) Educator funded by Indiana Trust Account Fund; One (1) part-time sodium Reduction Coordinator; One (1) seasonal position supported by the Local Health Maintenance Fund; Three (3) 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, two (2) permanent part time positions, one (1) part time seasonal position and another part-time grant funded staff person. (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 the Indiana University Health, Bloomington - Community Health Services Department. This arrangement gives the Department and IU Health Bloomington Hospital an exceptionally close working relationship. In 2006, the Indiana Family Health Council, 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 (3) full time positions. Currently two (2) 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 Clinic continues to thrive serving 1,259 unduplicated clients in 2013. 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 2013 the department recorded 2,054 births and 1,102 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/nphpsp/essentialServices.html>

## **FEES**

The Monroe County Health Department charges a fee for services to those that the department regulates and inspects. In 2013, health fund fees amounted to over \$ 406,000. Fees related to grants accounted for over \$ 20,000. Grant revenue was over \$ 440,000. Approximately 40% of the revenue earned was generated from taxes, 30 % from fees and 30% from grants.

## **QUALITY IMPROVEMENT ACTIVITIES**

The department continued quality improvement activities in 2013 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.

### **Highlights and accomplishments in 2013 include:**

- Garnering additional grant funds to hire a second Disease Intervention Specialist (DIS) for the twelve county STD jurisdiction; filling a part-time Nurse Practitioner vacancy and filling a Health Educator vacancy.
- The Health Services Building, lower level, remodel was completed in March 2013 and department staff moved into the same building.
- The Food Protection division reduced paper and mailing cost by sending postcards to remind retail food establishments that 2014 licenses were due. This section also created a "Mobile Vendor" brochure.
- Vital Records began using VitalChek to take on-line orders for birth and death records.
- The Preparedness division along with Emergency Management and the Commissioners implemented a mass notification system for emergencies.
- After securing grant funds for a sodium reduction project, a workshop and challenge were completed that offered education to local chefs regarding sodium reduction.
- Waste Water (septic) section started a QI review of on-site installation files with assistance from the Indiana State Department of Health.

## **DEPARTMENT GOALS FOR 2014**

Each section has specific goals for 2014 that may be found in the section narrative.

### **Department Goals:**

- **In 2014 MCHD will improve performance by identifying at least two quality improvement projects, and completing at least one by December 31, 2014.**
- **A timeline for achieving accreditation readiness will be developed by August 2014.**
- **Develop and implement a performance management system in 2014.**

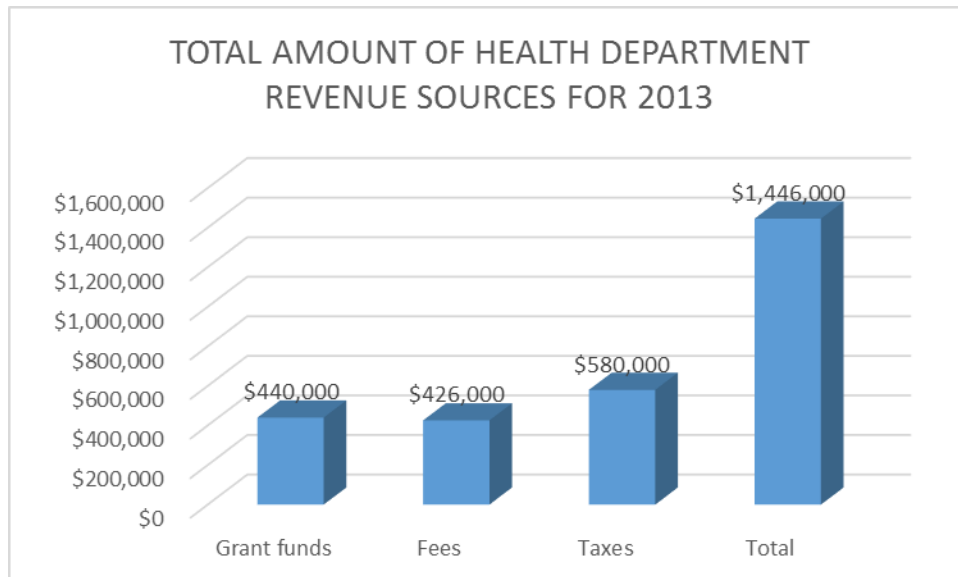
## **HEALTH BOARD**

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 2013. In January 2013 the Board voted to change the department's mission statement accepting the recommended statement developed by staff and board representatives. The approved Vision Statement is "A healthier and safer Monroe County Community". The Mission Statement approved is "To protect, promote and improve the health of all people in Monroe County". Board meetings are open to the public and input from the staff and public is welcomed and encouraged.

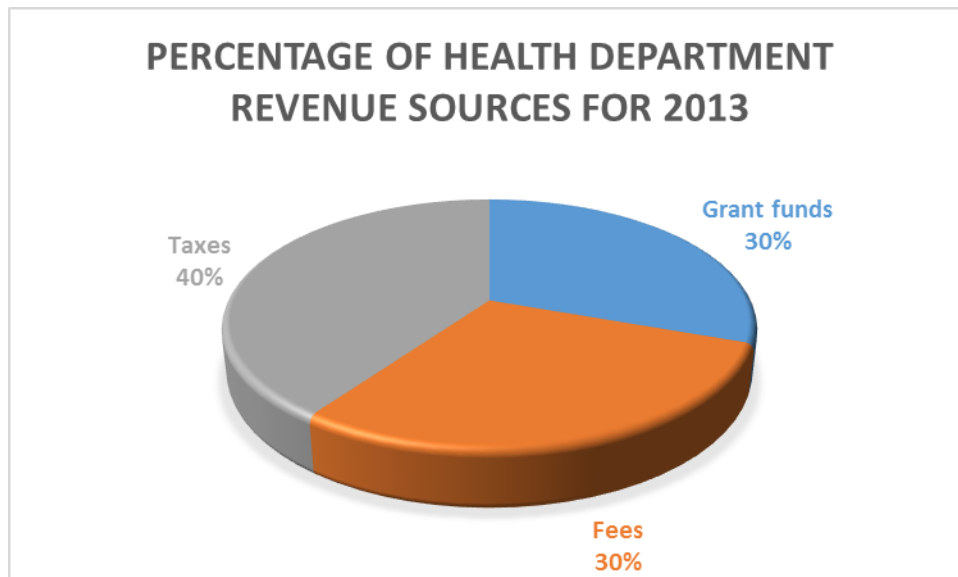
***The Monroe County Health Department appreciates the public health contribution of all who gave their time, expertise or other help in our pursuit of a healthier community.***

## **HEALTH DEPARTMENT REVENUE**

The following graphs provide a visual representation of the sources of the Health Department's Revenue. As shown, the majority of the Department's revenue is from grant funds and fees.



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

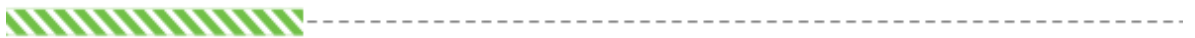


## 2013 FEE INCOME BY CATEGORY

INCOME	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTALS
Births	\$5,685.00	\$4,785.00	\$5,415.00	\$6,795.00	\$5,520.00	\$4,515.00	\$6,915.00	\$6,510.00	\$4,980.00	\$4,785.00	\$3,780.00	\$6,325.00	\$66,010.00
Deaths	\$11,381.75	\$6,399.75	\$8,387.25	\$7,910.25	\$8,175.25	\$6,452.75	\$6,071.00	\$7,488.00	\$5,291.00	\$7,787.00	\$5,096.00	\$7,176.00	\$87,616.00
Genealogical Research	\$15.00	\$30.00	\$30.00	\$15.00	\$0.00	\$0.00	\$90.00	\$120.00	\$60.00	\$60.00	\$30.00	\$30.00	\$480.00
Inspection	\$75.00	\$375.00	\$225.00	\$225.00	\$300.00	\$450.00	\$225.00	\$150.00	\$300.00	\$150.00	\$225.00	\$75.00	\$2,775.00
Septic Permit Application	\$2,875.00	\$1,200.00	\$2,900.00	\$1,900.00	\$2,700.00	\$1,400.00	\$4,775.00	\$3,425.00	\$3,600.00	\$2,900.00	\$2,600.00	\$900.00	\$31,175.00
Septic Installer Certification	\$100.00	\$2,500.00	\$300.00	\$500.00	\$400.00	\$0.00	\$400.00	\$0.00	\$0.00	\$0.00	\$100.00	\$100.00	\$4,400.00
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	\$109,875.00	\$18,755.00	\$21,665.00	\$2,720.00	\$2,100.00	\$3,825.00	\$3,675.00	\$4,400.00	\$2,325.00	\$875.00	\$725.00	\$750.00	\$171,690.00
Food Class Registration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Swimming Pools/Spas/Beach Permit	\$12,000.00	\$2,375.00	\$5,250.00	\$10,250.00	\$525.00	\$0.00	\$0.00	\$250.00	\$0.00	\$0.00	\$250.00	\$0.00	\$30,900.00
Campground Permit	\$0.00	\$0.00	\$0.00	\$4,185.00	\$720.00	\$570.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,475.00
Trash Hauler Permit	\$2,350.00	\$400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,750.00
Miscellaneous	\$60.00	\$23.20	\$24.00	\$58.00	\$40.46	\$28.92	\$67.00	\$36.66	\$38.00	\$46.00	\$47.46	\$16.20	\$485.90
Notary Fee	\$4.00	\$4.00	\$0.00	\$6.00	\$8.00	\$4.00	\$0.00	\$16.00	\$2.00	\$2.00	\$4.00	\$4.00	\$54.00
Paternity Affidavit	\$170.00	\$200.00	\$40.00	\$175.00	\$230.00	\$10.00	\$70.00	\$145.00	\$150.00	\$150.00	\$120.00	\$70.00	\$1,530.00
Photocopying Fees	\$1.80	\$3.25	\$3.10	\$6.00	\$0.00	\$0.00	\$0.00	\$6.90	\$3.70	\$0.00	\$3.00	\$7.60	\$35.35
Home Births	\$0.00	\$0.00	\$100.00	\$75.00	\$75.00	\$75.00	\$100.00	\$50.00	\$100.00	\$75.00	\$25.00	\$50.00	\$725.00
Amendment Affidavit	\$95.00	\$20.00	\$20.00	\$20.00	\$10.00	\$70.00	\$70.00	\$45.00	\$25.00	\$10.00	\$50.00	\$20.00	\$455.00
Bank Fees	-\$95.90	-\$23.10	-\$23.10	-\$19.95	\$0.00	\$0.00	\$0.00	-\$11.90	-\$12.00	\$0.00	\$0.00	-\$12.00	-\$197.95
NSF Checks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$15.00	\$0.00	\$0.00	-\$15.00	-\$30.00
Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SUB-TOTAL	\$144,591.65	\$37,047.10	\$44,336.25	\$34,820.30	\$20,803.71	\$17,400.67	\$22,458.00	\$22,630.66	\$16,847.70	\$16,840.00	\$13,055.46	\$15,496.80	\$406,328.30
CORONER FEES	\$1,503.25	\$845.25	\$1,107.75	\$1,044.75	\$1,079.75	\$852.25	\$934.00	\$1,152.00	\$814.00	\$1,198.00	\$784.00	\$1,104.00	\$12,419.00
FAMILY PLANNING CLINIC	\$563.00	\$2,628.64	\$2,653.74	\$1,085.67	\$1,293.37	\$1,783.97	\$1,511.38	\$2,673.99	\$1,871.89	\$1,440.70	\$1,872.47	\$1,522.41	\$20,901.23
TOTAL	\$146,657.90	\$40,520.99	\$48,097.74	\$36,950.72	\$23,176.83	\$20,036.89	\$24,903.38	\$26,456.65	\$19,533.59	\$19,478.70	\$15,711.93	\$18,123.21	\$439,648.53

### HEALTH FUND

	INCOME	DISBURSEMENTS
TAX DRAWS	\$580,028.10	TOTAL 2013 DISBURSEMENTS
GRANTS	\$71,172.42	\$985,920.97
FEES	\$406,328.30	
MISCELLANEOUS RECEIPTS	\$1,618.27	CASH BALANCE
TOTAL INCOME	\$1,059,147.09	December 31, 2013
		\$479,423.61



# *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.

### **SUMMARY**

#### **Immunizations:**

- MCPHC partnered with MCCSC to provide flu shots to all middle school students. This program has plans to expand in 2014 to provide routine vaccinations in the elementary schools in the spring.
- Seasonal Flu Clinics were held at Meadowood Garden Apartments, Twin Lakes Recreational Center, Shalom, Monroe County United Ministry, St. Paul Methodist Church, Crestmont Community Center, and at the Monroe County Public Health office.
- Overall immunization compliance rate was calculated at 95% for established patients from 19 to 35 months of age who received immunizations at MCPHC in 2013, as measured by ISDH Clinical Assessment Software Application. MCPHC received a certificate of recognition from ISDH for leading the County in achieving an immunization compliance rate of 77% for children seen in Monroe County age 19-35 months while the average immunization rate for Indiana is 47% in 2013.



### **Community Outreach:**

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

Event Name/Description	Total Diabetes Screenings	Total Qualified (at risk for diabetes)
Ellettsville Library	8	8
Barber Shops	18	16
TLRC	14	12
Women's Heart Luncheon	14	7
Bloomington Housing Authority	8	6
Public Health Fair City Hall	15	10
Latino Health Fair	11	11
Barber Shops	20	14
Curves East	23	19
Senior Expo	41	40
Curves West	13	9
MCPHC	18	13
Endwright	17	14
TLRC	13	11
Richland	10	9
Owen Co Heath Fair	10	9
MCPHC	12	11
Latino Health Fair	4	4
Totals	269	223

### **Partnerships:**

- MCPHC partnered with ISDH investigators in tracking women at risk for giving birth to perinatal infected Hepatitis B positive babies. This is part of an effort in support of the ISDH initiative to implement the Hepatitis B birth dose immunization protocol.
- MCPHC participates as a member of the Monroe County Healthy Homes Coalition, which serves as a partnership with Monroe County Health Department, Indiana University Health Bloomington Community Health, WIC, and Bloomington City Housing and Neighborhood Development.
- MCPHC provides free TB testing for Martha's House, Agape House, and Backstreet Missions clients.
- The Community Health Emergency Call Tree is updated yearly and as needed and is used for notifying all staff of a Monroe County or District emergency situation. All Community Health staff is committed to following this continuous emergency notification protocol.
- MCPHC partners with the IU Health Bloomington Chaplaincy, making the Health Ministry Network and providing health education to nurses in faith-based communities as a resource in their congregates.



- 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:

- Health screenings
- Hemoglobin testing
- 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

A summary of activities for 2013 are as follows:

Total encounters: 3176

### **Immunizations:**

- 2151 total vaccinations given
- 969 adult and childhood influenza vaccinations
- 11 pneumonia vaccinations

### **Tuberculosis Surveillance:**

- 505 TB test given
- <5 active cases diagnosed
- <5 clinical case diagnosed
- 10 positive reactors identified at MCPHC
- <5 patients last year on preventative TB medication through MCPHC

### **Health Education and Information:**

- 402 encounters provided for therapeutic injections, consultations regarding TB, lice checks, immunizations, or other issues

**Health Screening and Testing:**

- 47 total community outreaches
- 7 in house lead screens
- 33 in house blood pressure checks
- 345 blood pressure checks outreach
- 35 glucose checks outreach
- 132 cholesterol tests outreach
- 223 hemoglobin A1C outreach
- 19 weight checks in house

**Communicable Disease Report:**

Condition	Investigations Completed	Confirmed Cases	Probable Cases	Suspect Cases	Open Cases	Not a Case
Campylobacteriosis	37	6	10	19	0	2
Cryptococcus	<5	<5	0	0	0	0
Dengue	<5	0	0	0	0	<5
Ehrlichiosis	<5	<5	0	<5	0	0
Giardiasis	<5	<5	0	0	<5	0
Hepatitis A	<5	0	0	0	0	<5
Hepatitis B	25	<5	16	0	0	<5
Hepatitis C	121	89	15	6	6	<5
Histoplasmosis	<5	<5	0	0	0	<5
Invasive Haemophilus Influenza	<5	<5	0	0	0	<5
Legionellosis	<5	<5	0	0	0	0
Lyme Disease	6	0	0	5	0	<5
Measles	<5	<5	0	0	0	0
Pertussis	11	8	0	0	0	<5
Rocky Mt. Spotted Fever	<5	0	0	0	0	<5
Salmonellosis	7	7	0	0	0	0
Shigellosis	<5	<5	0	0	0	0
Shiga-toxin producing E. Coli	5	<5	<5	0	0	0
Streptococcus Group A	<5	<5	0	0	0	0
Streptococcus Group B	<5	<5	0	0	0	0
Streptococcus Pneumonia	9	9	0	0	0	0
Varicella	5	<5	0	0	0	<5

### **2013 GOALS**

- |  |             |
|--|-------------|
| • Improve upon the evaluation process for pre-diabetes screenings  | Met         |
| • Conduct an activity to celebrate Public Health Week              | Met         |
| • Update Website   | In Progress |
| • Standard Operating Procedures will be written for all job duties | Met         |
| • Reminder recall through CHIRP will be done each quarter          | Met         |
| • Internal Scorecard initiated                                     | Met         |
| • Capture more MCPHC in CIBSA- Community Benefit Software          | Met         |

### **2014 GOALS**

- Evaluate data from pre-diabetes screenings biannually in 2014
- Post evaluation scores from 2014 Diabetes surveys will document an increase from pre-screening scores
- Conduct an activity to celebrate Public Health Week in April 2014
- Conduct reminder recall quarterly in 2014
- Capture number of participants at well screenings that are referred to Diabetes Care Center and number that actually attend a prevention class in 2014
- Provide immunizations at MCCSC during school - Spring and Fall 2014



# *Health* *Education*



## **HEALTH EDUCATION**

According to the Society for Public Health Education (SOPHE), Health Educators improve the health status and quality of life of those in the community by promotion of health education and disease prevention. Public Health educators provide evidence based health education and programming, work with area partners to maximize outreach and advocate for public policies to improve community health.

The Monroe County Public Health Education Section works in many areas to bring positive health benefits to the community. Some of the Health Education Section highlights for 2013 include the Healthy Communities Grant obtained from the Indiana State Health Department that was geared toward reducing heart disease by lowering sodium use within the community. Working alongside partners IU Health Bloomington Community Health and IVY Tech Bloomington, the department held a Sodium Reduction Workshop and a Sodium Reduction Taste Challenge Contest for local chefs in which they learned how to reduce sodium in their meals. In addition to the events, educational materials on reducing sodium in meals were sent to all area restaurants. The Health Education section also began analysis of the nutritional content of the vending machines available in the Monroe County offices in preparation for a recommendation for a “nutritional make-over” to be completed in 2014.

Another highlight includes having the first recipient of the Robert M. Schmidt Public Health Field Experience Award Scholarship during the spring of 2013. The scholarship, which pays tuition for a graduate internship, was created by Indiana University to commemorate the former Health Department Administrator’s contribution to the health of the community.

Both Health Educators attended tobacco cessation facilitator’s training at the American Lung Association and at IU Health Bloomington. Other major trainings attended included Certified Pool Operator, Public Health Improvement Training, Billing for local Health Departments, Social Media, and the Indiana Environmental Health Conference.

### **The goals for the Health Education Section of the Monroe County Health Department in 2013:**

Improve the health and safety status of the Monroe County community by:

1. Develop and maintain partnerships with community organizations/companies.  
Objectives:
  - Actively participate in a minimum of three multi-organizational events.
  - Maintain active membership of the Active Living Coalition by attending at least ¾ of the monthly meetings and continue our partnership with the G.O.A.L. Childhood obesity prevention program by providing guidance as needed.
  - Continue to serve as board members for the Coordinated Healthy Schools Committees.
2. Improve delivery of current health information to the Monroe County Community using a comprehensive approach.  
Objectives:
  - Provide state-of-the-art written information through press releases, flyers etc.
  - Increase the use of our GIS capabilities to better track health disparities.
  - Attend at least three health fairs
  - Expand community outreach projects

3. Fulfill the goals of Healthy People 2020 by use of local health statistics as it applies to the population of Monroe County.
4. Play a leadership role in assisting the Health Department to obtain Public Health Accreditation.
5. Assist Activate Wellness Clinic in offering health education programs to Monroe County employees.

**All 2013 goals were met.**

Examples of how the Monroe County Health Department met these goals in 2013 are:

- The Health Education section worked to improve the health and safety of the community by providing educational programming and materials on subjects such as smoking cessation, nutrition and physical activity.
- The Education section participated in The Monroe County Bug Fest, The City/County Blood Drive Challenge, ALC Health Fair, the Latino Health Fair, Public Health Week and other community events.
- They continued work with the Active Living Coalition (ALC) to address the overweight and obesity epidemic in this area by partnering with member organizations and others to increase the impact of programs and to capitalize on the membership activities. The Monroe County Health Department also has ongoing and growing partnerships with the YMCA, ACHIEVE, Family Resource Centers, IU Health Bloomington, City of Bloomington, Affordable Care Act Committee, Child Fatality Team, Tobacco Coalition and local School Health Policy committees.
- The Health Education section uses flyers, brochures, press releases, the Monroe County Government website and social media, such as Facebook and Twitter, as a means of improving employee and community outreach efforts.
- The Health Education section organized and held ten educational Lunch and Learn programs for Monroe County Employees. They provided other educational material for employees as needed.

The Health Education section continues to head accreditation efforts for the Monroe County Health Department by attending training, researching best practices and creating plans. The Education department is engaged in emergency preparedness training so that they can effectively serve in an emergency situation. The Education section also manages the Internship program for the department.



**MONROE COUNTY EMPLOYEE WELLNESS PROGRAM**

The Monroe County Health Department Health Educators serve on the Monroe County Wellness Committee, whose goal is to provide departmental support to assist county employees in achieving better health.

The Health Education section worked with the Monroe County Activate Clinic in 2013 to provide wellness programming for county employees. The section planned and held ten Lunch and Learn programs as well as provided employees with timely health educational material as needed.

The Health Education section helped manage the “HOPE Pays” Wellness Benefit program. “HOPE Pays” is an incentive program for Monroe County employees who are not on the county insurance

plan and not members of Activate Clinic. “Hope Pays” registrants earn points toward a cash reward for participating in certain wellness events, such as preventative visits to doctors or attending prevention programs. According to Activate Clinic, 17 employees participated in Hope Pays in 2013. Activate Clinic also has an incentive plan for those employees who are members of the clinic. Health promotion programs like this have proven to be effective in encouraging employees to increase healthy behaviors and thereby reduce healthcare costs.

### **GOALS FOR 2014**

1. The Health Education Section will maintain active partnerships with community organizations and will participate in at least three multi-organizational events within the year.
2. The section will support Activate Health Clinic health efforts and provide at least six educational Lunch and Learns for employees in 2014.
3. The Health Education section will update health information on the Health Department webpage on a quarterly basis, beginning in January of 2014.
4. In 2014, the section will provide a vending machine policy recommendation to the Monroe County Commissioners in order to reduce sodium content and increase nutritional content of vending items.
5. Along with local partners, the Health Education section will create, organize and complete a workshop to teach student chefs how to reduce sodium in meals without reducing flavor.
6. The Health Education section will have an organizational plan in place by the end of 2014 to guide the Monroe County Health Department in obtaining accreditation.

**We would like to thank the following organizations for their donations of time, services or products in support of Monroe County Health Department health and wellness activities:**

**Mark L. Lame, PhD, Indiana University**  
**Cynthia Bretheim, Therapeutic Massage and Holistic Health**  
**Elisa Pokral**  
**Osman Chiropractic Center**  
**Dayna Thompson, M.S., LMHC, IU Health Bloomington**  
**Meghan Ashland, NP, Activate Health Care**  
**Janet DeLong, IU Health Bloomington**  
**Kevin Enright**  
**Amy Meek, BSN, Monroe County Public Health Nurse**

**Goods For Cooks**  
**Chocolate Moose**  
**Irish Lion**  
**Noodles**  
**Hartzell's Ice Cream**  
**Cardinal Fitness**  
**Crazy Horse**  
**Know Yoga, Know Peace**  
**Bloomington Sandwich Company**

## **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 county limits. Below is a graph illustrating the amount of initial complaints recorded in 2012 compared to the amount of initial complaints in 2013.



The amount of initial complaints in 2012, the year Indiana enacted the smoke-free air law, was much higher than 2013. The dramatic decrease in initial complaints is a positive impact of the statewide law.

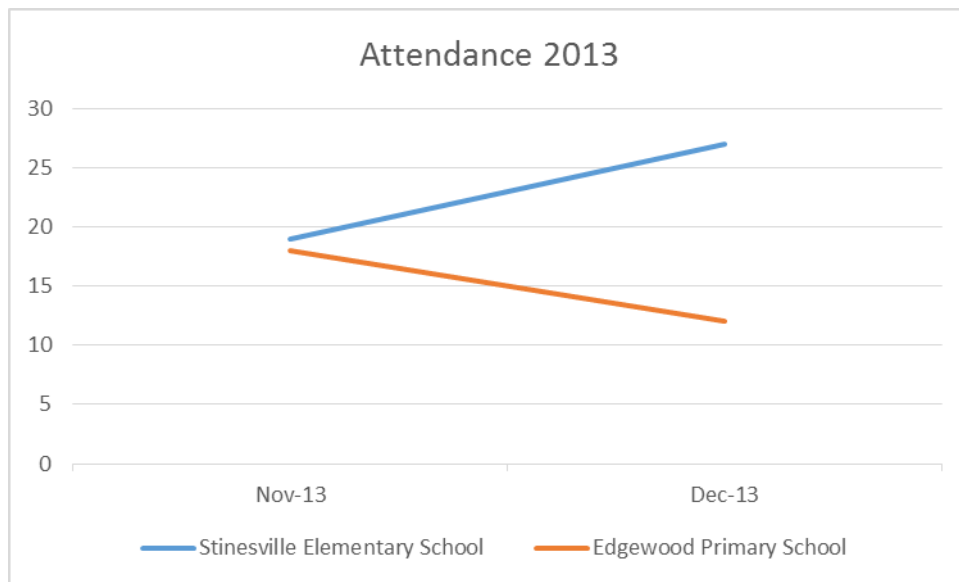


## **HEALTH EDUCATION**

With the onboarding of a new Health Educator in June 2013, the Health Department was able to rebuild three of its Health Education programs while also boosting participation and gaining momentum for 2014.

### **KIDS CHOICE**

The Kids Choice Program focuses on the MyPlate theory (replaced the Food Pyramid) for nutritional education and the Let's Move initiative for recommended daily exercise for school-aged children. Currently, we see 4<sup>th</sup> and 5<sup>th</sup> grade students at Stinesville Elementary School two times a month and 1<sup>st</sup> grade – 3<sup>rd</sup> grade students at Edgewood Primary School two times a month. An AmeriCorps Member was hired in September 2013, planning for the 2013-2014 school year took place in October, and we started our first Kids Choice sessions in November. We visited each school once in November 2013, and increased our Stinesville Elementary visits to twice a month. Based on the attendance graph below, we noticed a steep increase in participants and outreach by increasing our visits at Stinesville. One of our goals is to increase our visits to Edgewood Primary School in 2014 to have similar results in attendance.



In 2013 we were able to reach the following goals:

- Reintroduce and promote the Kids Choice Program at Stinesville Elementary and Edgewood Primary.
- Create and regularly update a Kids Choice blog website (more information on the blog statistics located in the "Social Media" section of the report).
- Increase visits to one of the two participating schools.
- Increase attendance to one of the two participating schools based on visits.
- Implement and increase evaluation methods for each school.
- Attend meaningful trainings and webinars based on nutrition and physical activity.
- Regain a presence on community committees.

## **GOALS FOR 2014**

- Increase visits to Edgewood Primary School to visit each school twice monthly by August 2014.
- Increase knowledge from pre-test to post-test by 15% by December 2014.
- Increase overall attendance by 15% by December 2014.
- Increase in physical activity by 10% based on journaling and logging by December 2014.
- Implement “check-point” evaluation methods, done on a smaller scale and more frequently by August 2014.
- Implement evaluation strategies specific to each school/grade level by August 2014.
- Implement strategies to inform parents by August 2014.
- Organize an end of the year workshop based on nutrition education for Stinesville Elementary to include other grade levels and accompanying parents by May 2014.
- Increase Kids Choice blog views by 10% by December 2014.

## **TOBACCO CESSATION**

Through a combination of brief interventions and one-on-one consultations, the Health Education section was able to see great results in tobacco cessation from September 2013 – December 2013. The Health Department also continues to support the state program 1-800-QUIT-NOW through our Futures Family Planning Clinic and fax referrals.

In 2013, our tobacco cessation services reached the following goals:

- Reintroduced and promoted our services to the community.
- Attend two valuable styles of tobacco cessation training.
- Finalized our one-on-one consultation curriculum.
- Scheduled four one-on-one consultations with two fully completing the duration of the program.
- Had five successful brief interventions with one follow-up client through a combination of health fairs and personal interest.
- Referred eight people to the Quitline with a 100% follow-up with outreach of our services and a 50% utilization of our services by patients.
- Provided material and signage to five local businesses on the Clean Air Law.
- Provided one educational presentation to Crisis Pregnancy Center.

## **GOALS FOR 2014**

- Increase participation in one-on-one consultations by 20% from our maximum of 4 at the end of 2013.
- Create a four-week one-on-one cessation program with accompanying materials by December 2014.
- Create a six-week group cessation program with accompanying materials by May 2014.

- Implement at least one community group based tobacco cessation class by June 2014.
- Create an outline and accompanying toolkit for group based classes by December 2014.
- Implement a pre and post evaluation method by May 2014.
- Increase amount of presentations to high-risk smokers (pregnant, living with a chronic condition, etc.) to at least 3 per year by December 2014.
- Increase number of Quitline referrals by offering at each one-on-one consultation and group meeting by December 2014.
- Increase number of brief interventions by 50% from 3 at the end of 2013 by increasing health fair attendance.

### **MEDICAL RESERVE CORPS**

Mission statement: A national network of local groups of volunteers committed to improving the public health, emergency response, and resiliency in their communities.

The Monroe County Medical Reserve Corps coordinator effectively reached both goals set for 2013:

- Volunteers will be recruited and pooled by the network, then checked for pre-existing conditions that would prevent them from field work (such as a Point Of Dispensing).
- Spontaneous volunteers will also be screened through the network prior to deployment at a Point of Dispensing.

The introduction of a new volunteer registry (SERV-IN) made both goals for 2013 much more organized and volunteer-guided. Through the new database, volunteers input their licensure information, which is nationally verified, and keep track of their own personal information and completed trainings to help with Point of Dispensing preparation.

In 2013, the Medical Reserve Corps also reached the following goals:

- Completed a state-required call down drill to provide an accurate list of 12 current volunteers.
- Increased our number of volunteers from 12 to 33 (275% increase).
- Implemented recruiting strategies at Indiana University.
- Implemented monthly meetings.
- Implemented monthly newsletters including a training, educational or exercise opportunity.
- Increased overall communication to volunteers and Medical Reserve Corps staff.
- Began the process of a partnership with the Health Occupation Students of America (HOSA).
- Regularly updating the Medical Reserve Corps website.
- Regularly attended emergency preparedness and Medical Reserve Corps meetings.
- Implemented an evaluation project of the program through Indiana University.
- Created a recruitment presentation.
- Completed training and implementation of SERV-IN database.

## **GOALS FOR 2014**

- Secure a partnership with our local Health Occupation Students of America (HOSA) chapter and participate in the partnership competition by December 2014.
- Complete all required steps of the HOSA/MRC competition by the April deadline by May 2014.
- Implement background checks for current and future volunteers by December 2014.
- Increase number of volunteers by 30% from 33 volunteers at the end of 2013.
- Actively recruit volunteers through giving at least 3 presentations in the community by December 2014.
- Secure a partnership with Indiana University for a “student-led” MRC group by December 2014.
- Increase attendance at monthly meetings by 20% by December 2014 from the initial attendance of 8 people in January 2014.
- Implement an evaluation method for volunteer engagement by December 2014.
- Organize an “end of the year” appreciation ceremony for current volunteers by August 2014.
- Implement use of SERV-IN to in one call-down drill and Point of Dispensing (POD) exercise by December 2014.

Committees and Coalitions served/Meetings regularly attended by education team:

- Coordinated School Health Meetings for MCCSC
- Coordinated Health Advisory Members Providing Positive Solutions - CHAMPPS
- Active Living Coalition - ALC
- Tobacco Prevention Coalition
- Monroe County Government Health and Wellness Council
- District 5 Medical Reserve Corps conference committee
- Monroe County Community Organizations Active in Disasters - MoCOAD
- Indiana Volunteer Organizations Active in Disasters - INVOAD
- District 8 Preparedness meetings
- Medical Reserve Corps Unit Lead meetings
- Medical Reserve Corps wellness checks

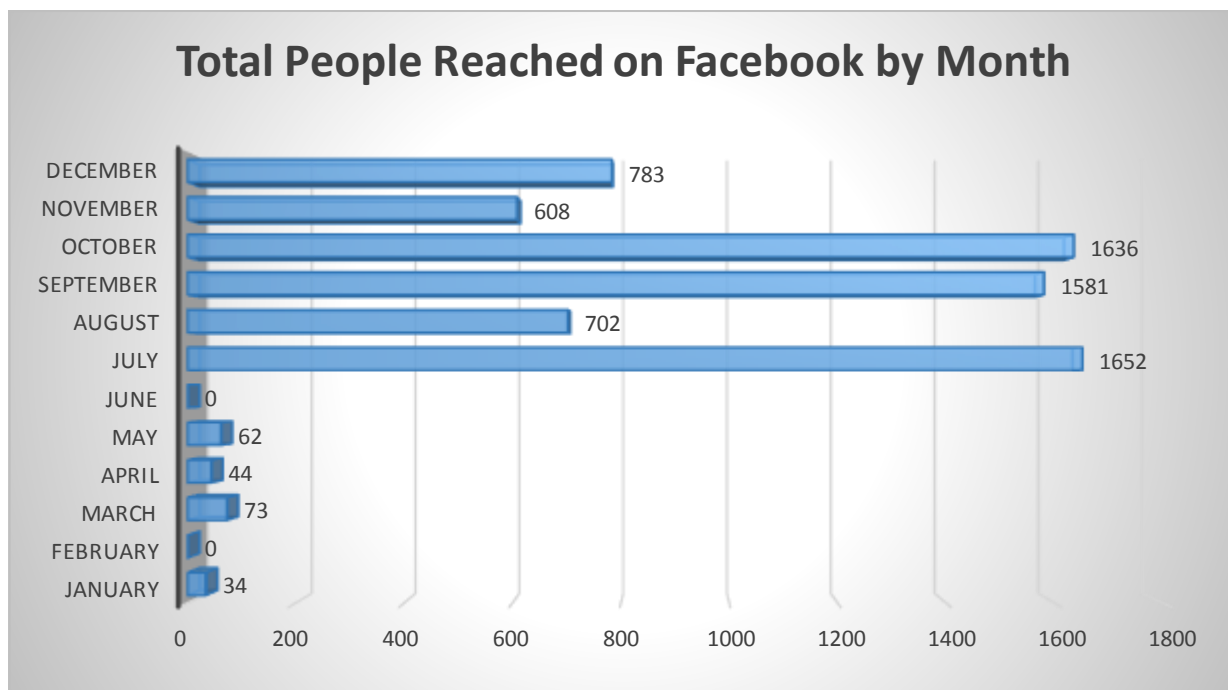
**MONROE COUNTY HEALTH DEPARTMENT SOCIAL MEDIA:**  
**FACEBOOK, TWITTER, KIDS CHOICE WEBSITE**

**FACEBOOK**

Beginning in July of 2013 more attention was directed to improving the department's social media, Facebook and Twitter, with great results. Over the course of the year Facebook received 30 new page likes, 7,175 people were reached with posts and 255 people liked, commented, or shared the Health Department's posts. Just within the month of December, we reached people in 22 cities within Indiana, 15 different states and nine different countries. After analyzing the data, we found that the months of July, September and October show an increase in the amount of people reached. We feel this is due to both the content that was posted during those months and an increase in the amount of people who liked, commented and shared those posts. The average amount of people who liked, commented and shared posts every month was 21, but for those three months it was 49. 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.

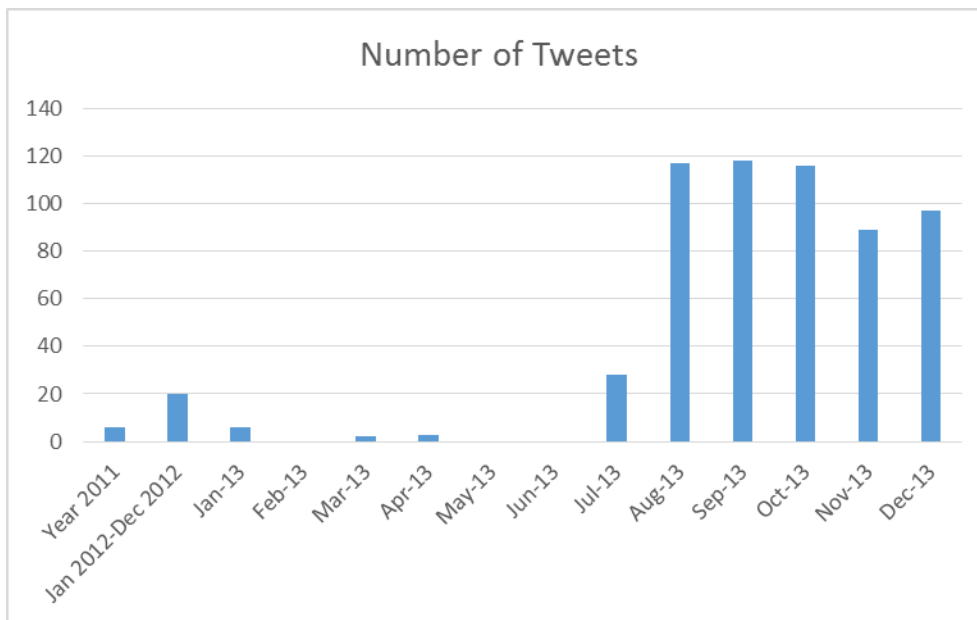
**GOALS FOR 2014:**

- Increase Facebook likes by 20%
- Reach an average of 750 people a month - a 25% increase from 2013



## **TWITTER**

Over the past six months, the Health Department has increased its use of social media including: a regularly updated Facebook page, Twitter profile, and blog website for one of our health education programs. We've seen increased exposure and outreach through this new platform. Through Twitter alone, we've increased our number of followers by 161 accounts since July 2013 by tweeting a total of 623 times in five months. We tweet 3.38 times a day on average, and have been retweeted 52 times and favorite 54 times by varying accounts. Each of these numbers represents another person, organization, or group of people in our community along with the Twitter community that we have reached. The graph below illustrates the amount of tweets we've sent based on our first two "active" years, and the improvement we've made from July 2013-December 2013 with the addition of a Twitter profile manager.



### **GOALS FOR 2014:**

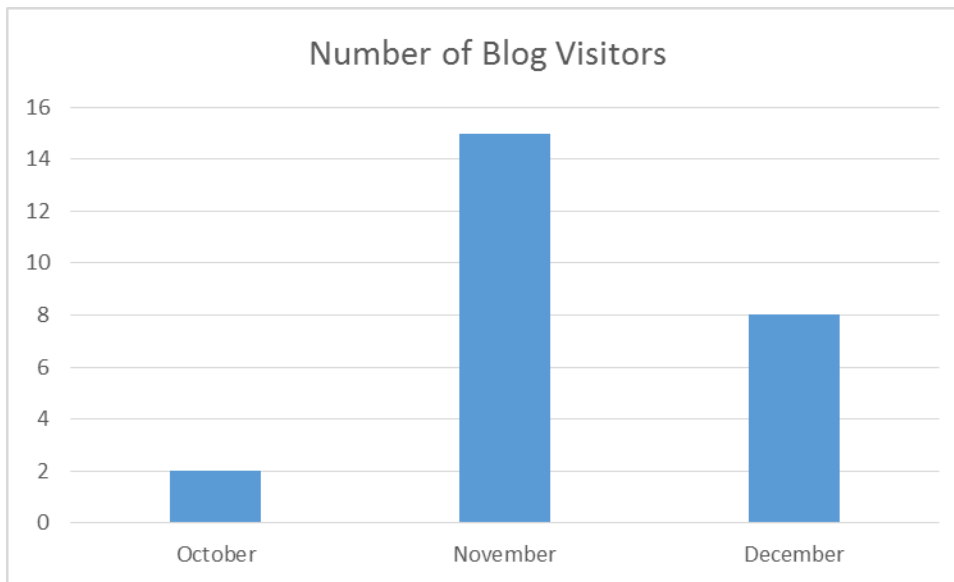
- Increase Twitter followers by 20%
- Increase our average Tweets/Day to five times
- Increase both our Retweets and Favorites by 15%

Training attended: Social Media Training

Twitter Handle: @MonroeCountyHea

## **KIDS CHOICE WEBSITE**

In late October 2013, the Kids Choice Program created a blog to give parents and other community members more information on who we are, what we do, and what goes on at each lesson. The blog is weekly updated with update visits (that include lesson topics, descriptions, and pictures) and educational posts on nutrition or physical activity (which may include health tips, activities to try, pictures, recipes, and additional links for more information). The blog gained six active followers in 2013 that are notified each time a new post is posted in the first two months of starting (this does not include other visitors of the blog). The blog can be found at <http://kidschoiceprogram.wordpress.com/>.



## **GOALS FOR 2014:**

- Increase active followers by 25%
- Post new healthy recipe at least 12 times a year
- Post at least one blog update per school each month of active programming
- Increase blog views per person by 10%
- Increase overall blog views by 25%



# *Public Health*

## *Preparedness*





## **PUBLIC HEALTH PREPAREDNESS DIVISION**

Over a five year period we are striving to review the Public Health Preparedness (PHP) Capabilities, which serve as the national PHP standards. Knowing how to dispense and distribute medical countermeasures is a critical component of responding to a public health emergency so Medical Countermeasure Dispensing is an area we are continuously striving to improve. Please refer to the chart below to track our progress.

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

Developing and exercising our county emergency plans are important components of preparedness. It is essential we review and update plans on an annual basis to ensure accuracy. We also recognize it requires a joint effort of many agencies to best serve the needs of the community on a daily basis and is especially true in an emergency.

### **ACCOMPLISHMENTS IN 2013:**

- Fulfilled Public Health Emergency Preparedness Cooperative Agreement (PHEPCA) grant deliverables before the specified deadlines.
- Established District PHP Committee to collaborate and economize efforts with PHP capabilities, share information and best practices.
- Acquired mass notification system for all of Monroe County.

### **GOALS FOR 2014**

- Fulfill PHEPCA grant deliverables by the specified deadlines.
- Review and update MCHD preparedness plans annually.
- Develop strategic marketing plan for Monroe County Alert and increase community participation by 10%.

## **PERSONAL EMERGENCY PREPAREDNESS**

### **Be Informed**

*Learn what to do before, during and after an emergency.* Most communities may be impacted by several types of hazards during a lifetime. Americans also travel more than ever before; to areas impacted by hazards we may not be at risk of near our homes. Knowing what to do before, during and after an emergency is a critical part of being prepared and may make all the difference when seconds count.

### **Make A Plan**

*Prepare, plan and stay informed for emergencies.* Your family may not be together when disaster strikes so it is important to plan in advance; how you will get to a safe place; how you will contact one another; how you will get back together; and what you will do in different situations. Decide how and when to evacuate or shelter-in-place at home. Know how to receive critical information during an emergency.

### **Build A Kit**

*Build a kit for disasters to be prepared.* Disaster supplies kit is simply a collection of basic items your household may need in the event of an emergency. Food, water and other supplies; don't forget your pets.

### **Get Involved**

*Find opportunities to support community preparedness.* There are many ways to Get Involved especially before a disaster occurs. The whole community can participate in programs and activities to make our families, homes and communities safer from risks and threats. Community leaders agree the formula for ensuring a safer homeland consists of volunteers, a trained and informed public and increased support of emergency response agencies during disasters. Major disasters can overwhelm first responder agencies, empowering individuals to lend support. Volunteer in ways that support preparedness.

### **Resources**

[www.ready.gov](http://www.ready.gov)

1-800-BE-READY (23-73239)

[www.listo.gov](http://www.listo.gov) (Español)

1-800-SE-LISTO (73-54786) (Español)

*National Oceanic and Atmospheric Administration*

<http://www.noaa.gov/>

*Citizen Corps*

<http://www.ready.gov/citizen-corps>

*Monroe County Department of Emergency Management*

[www.co.monroe.in.us/tsd/Community/EmergencyManagement.aspx](http://www.co.monroe.in.us/tsd/Community/EmergencyManagement.aspx)

*Monroe County Chapter of the American Red Cross*

<http://www.redcross.org/in/bloomington>

*United Way*

<http://www.monroeunitedway.org/>

PAGE LEFT  
INTENTIONALLY BLANK



# *Environmental Health*



MONROE COUNTY HEALTH DEPT.

In July 2013, after a one year study group, the National Environmental Health Association (NEHA) approved newly revised definitions of the terms “environmental health” and “environmental health professional or specialist”.

**Definition of Environmental Health:**

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.

**Definition of an Environmental Health Professional or Specialist:**

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 environment; and
- Interpret data and prepare technical summaries and report.

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.

## **SWIMMING POOLS**

The swimming pool program is managed by the Environmental section. Monroe County has one hundred twelve (112) 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 2013 was 347.

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.

### **2013 GOALS**

**To protect the health and safety of citizens enjoying recreational water facilities.**

By June 2013, the department's pool database will be updated to ensure that all information for each facility is current and accurate. **Met**

Maintain a response time to investigate all pool complaints within 2 business days. **Met**

### **2014 GOALS**

**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.

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.

By May 1, 2014 make sure all pool facility information is entered and updated in database.

To inspect year round facilities 6 times and to inspect seasonal facilities 3 times during the season.

## **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 respectfully. 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.

### **2013 GOALS**

#### **Inform and empower tenants and landlords of their rights and obligations to ensure the most habitable residence possible.**

To update quarterly a comprehensive resource list for distribution to tenants who have rental property concerns. **Met**

Distribute rental contact information list upon request by tenant within 2 business days of request. **Met**

To discuss with Housing and Neighborhood Development by May 2013 to ensure that information provided to tenants are consistent with both agencies. (HAND updated ordinance in November 2012) **Met**

### **2014 GOALS**

#### **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.

## INDOOR AIR QUALITY (IAQ)

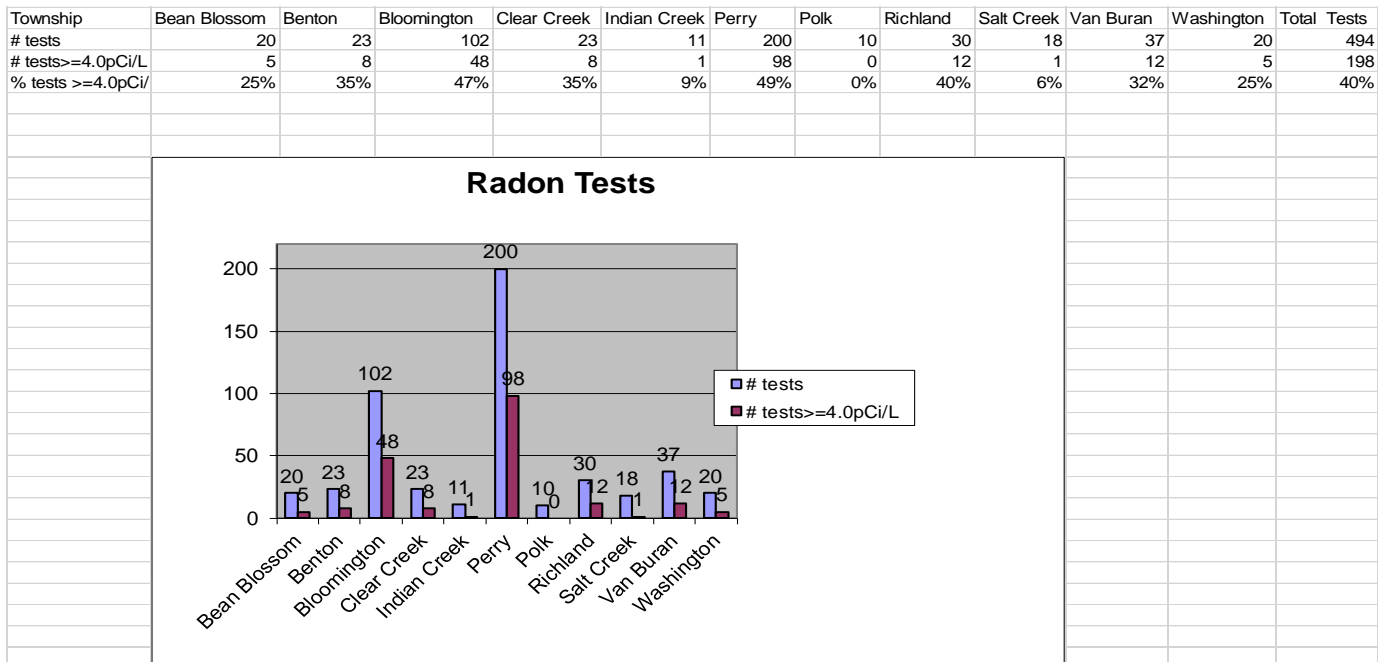
The Monroe County Health Department consulted with county residents who requested some assistance concerning indoor air quality (IAQ). Topics of concern included asbestos, biological contaminants, carbon monoxide, formaldehyde, lead and radon. In 2013, a majority of consultations were concerns regarding 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 and entered into the Indiana State Department of Health (ISDH) database program.

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 ISDH to test a home regarding indoor air concerns. The (ISDH) field staff conducted three indoor air tests in 2013. The Health Department staff was present during the testing at all three sites.

## 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 5 radon tests, follow-up tests and consultations in 2013.

### **Monroe County Health Department Indoor Radon Results (1989 through 2013)**



**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.**



**2013 Goals were met through providing radon testing to residents of Monroe County.**

### **2014 GOALS**

Provide radon testing for the public, free of charge through 2014.

*Staff receives free radon test kits through the American Lung Association.*

By July 1, 2014 software system will be installed to connect GIS mapping and radon testing. Health department staff will increase their understanding of indoor radon through a GIS mapping program by working with Technical Services department staff.

By November 1, 2014 map all radon testing conducted in Monroe County and use 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.

## **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 2013, the Monroe County Health Department referred to IDEM and the Monroe County Solid Waste Management District (MCSWMD) to enforce open burning complaints. The MCSWMD has a local ordinance for illegal dumping and open burning. The MCHD staff conducted two facility inspections during 2013. The MCHD also issued one small solid waste incinerator registration permit in 2013.

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 2013.

### **2013 GOALS MET**

## **2014 GOALS**

- Staff will refer complaints to IDEM and MCSWMD within 2 business days.
- Staff will develop and host a partnership discussion meeting by August on “Open Burning”.



*AIR-CURTAIN BURNER*

## **BLOOMINGTON PCB CLEANUP PROJECT ACTIVITIES 2013**

### **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. 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.

### **HISTORICAL SUMMARY**

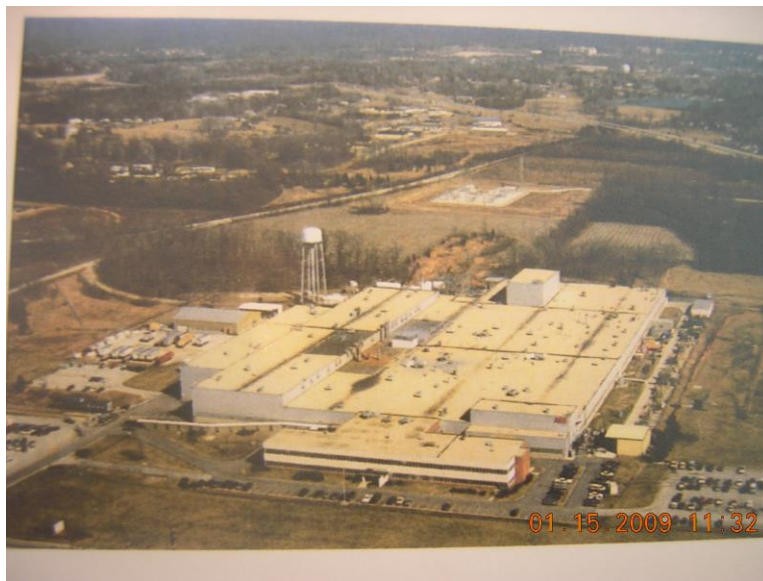
**Phase 1 Project Summary:** Source control activities at the six Consent Decree sites and other non-CD sites have been ongoing since 1983. As of January 1, 2013, a total of 14,422 capacitors have been recovered and transported for TSCA incineration. A total of 326,607.57 tons of TSCA waste has been removed and disposed of at TSCA landfills. A total of 4,303.36 tons of non-TSCA waste materials have been removed and disposed of at non-TSCA landfills. A total of approximately 50,000,000 gallons of water has been treated. A total of 28,771 vehicle tires have been processed. An additional 145,200 tons of low level contaminated materials have been consolidated under RCRA caps. During 2007, additional fish studies were conducted for Clear Creek, Stout's Creek and Richland Creek waterways. The former Westinghouse/ABB plant on North Curry Pike was demolished and the property is for sale.

**Phase 2 Future Activities:** The approved long term groundwater monitoring plans (LTGWMPs) are FINAL at Neal's Landfill, Winston Thomas, Bennett's Dump and Lemon Lane Landfill sites. The plans for four sites were REVIEWED during 2012. In addition to the LTGWMPs, some of the sites are conducting an investigation plan/study of the groundwater basins. Based on the results for each investigative study, additional action plans may be required for future remediation activities. This project will probably continue for the next twenty to thirty years, using the USEPA approved five-year review process. Status reports were filed with the Federal Court in 2004, 2005, 2006 and 2007. These reports included Phase 2 tasks to be conducted in 2005, 2006, 2007 and 2008 and a timetable for completing this project. Additional tasks completed included: (1) Storm event sampling; (2) Sediment sampling; (3) Completion of groundwater studies; (4) Treatability studies for remediation of groundwater; (5) Focused ecological risk assessments; (6) Human health risk assessments; (7) Review of Federal and State environmental laws; (8) Focused feasibility studies; (9) Surface water diversion feasibility study; (10) Groundwater remediation activities; (11) Remedial Action Objectives (RAOs); (12) Proposed Work Plans; and (13) Record of Decisions (RODs) Amendments for each remaining site. In 2013, the Health Department completed fifty-one different plan review activities.

**PCB Cleanup Global Settlement:** A PCB settlement agreement was filed in February 2008 with the U.S. District Court in Indianapolis. CBS Corporation has agreed to pay more than \$31 million to settle all liability for the Bloomington PCB Cleanup Project. The settlement amends the original PCB Consent Decree from August 1985. The court ruled and approved the CDA in 2009. Once approved, remediation operations began in 2010 at Bennett's Dump, Lemon Lane Landfill/ICSTP and Neal's Landfill sites. The Monroe County Commissioners approved Resolution 2008-07 agreeing with the settlement.

### **REMEDIATION SITE WORK IN 2008 - 2013**

**ABB/Westinghouse Bloomington Plant Site Project:** A "Groundwater and Surface Water Investigation Plan" for this site was submitted in March 2008. The soil investigation plan was completed in 2008. A Remediation Work Plan was submitted in December 2008. The plan addresses the soil remediation and removal of the concrete slab floor. The work plan also includes the project Health & Safety Plan, the Sampling and Analysis Plan and the Air Monitoring Plan. The work plan was approved, and the remediation work started in May 2009 and was completed by December 2009. Final site activities were completed in spring 2011. The property is for sale. In 2013, the MCHD conducted twenty-three (23) field related activities at the three NPL sites.



*FORMER WESTINGHOUSE/ABB PLANT*

## **AREA LANDFILL CLEANUP GOALS IN 2010 - 2013**

Work is under way on groundwater remediation at the Lemon Lane Landfill, Bennett's Dump and Neal's Landfill. Operation & Maintenance inspections were conducted in 2013 at these three sites. The Westinghouse/ABB site is the source of PCB-contamination at the Bloomington area landfills.

At Lemon Lane Landfill, a soil and sediment cleanup for PCBs in areas near the Illinois Central Spring water treatment plant was completed in December 2010. Also, under development was the design and installation for expanding the water treatment plant from treating 1,000 gallons per minute of PCB-contaminated water to 6,000 gallons per minute. The expansion goal was completed in late 2011. As of December 31, 2013, the ICSWTP has treated 1,496,538,888 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 re-painted in 2012.

At Bennett's Dump, the design of the passive quarry drain system was completed. Construction started in March 2010 and was completed in early 2011. 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 reviewed 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 completed in late 2012. A review study meeting was conducted in first quarter 2013. Preliminary study results are indicating some type of water treatment will be required. A decision on construction and operation of new facility is scheduled for late 2014.

At Neal's Landfill, planning documents are complete. In early 2010, sediment sampling began in a small creek called Conard's Branch. Cleanup of sediment in Conard's Branch took place in summer 2011. The remediation goals were completed in late 2011. As of December 31, 2013, the NFL spring treatment facility has treated a total of 2,426,884,200 gallons of groundwater since start-up in 1990.

### **2013 GOALS ACHIEVED**

### **2014 GOALS**

- Monitor, quarterly, Operations & Maintenance site inspections at National Priority List sites in 2014.
- Review and provide comments on project documentations per USEPA time schedule.
- Attend project meetings with CBS, USEPA, IDEM and City of Bloomington as needed in 2014.
- Complete remediation of Fluck Mill Road site by November 2014.
- Inspect construction and operation of water treatment system at Bennett's Dump per Milestone.
- Monitor continuing health effects study by NIOSH and CDC/ATSDR quarterly in 2014.



### **THREE PART SERIES ON BLOOMINGTON AND PCBs BY SEHVILLA MANN**

**FIRST PART:** 35 YEARS AFTER BAN, TOXIC PCBs STILL TROUBLE IN BLOOMINGTON. Westinghouse used the industrial chemicals known as PCBs to manufacture capacitors and other electric devices.

**SECOND PART:** HOW PCBs ARE CONTAMINATING BLOOMINGTON'S GROUNDWATER. Westinghouse dumped more than a million pounds of PCB-laden waste in and around Monroe County.

**THIRD PART:** PCB EXPOSURE CAN BRING A HIGHER RISK OF CANCER. Research has linked a toxic chemical used in a Bloomington electric plant to cancer.

SEHVILLA MANN IS A GRADUATE STUDENT AT INDIANA UNIVERSITY. THIS THREE PART SERIES WAS HER FINAL PROJECT IN DECEMBER 2013.



*GROUNDWATER TREATMENT*



**LEMON LANE LANDFILL SITE**



*CARBON TREATMENT VESSELS*



*NEAL'S LANDFILL SOUTH SPRING AND OVERFLOWS*



*NEAL'S LANDFILL SPRING TREATMENT FACILITY*



*BENNETT'S STONE QUARRY (DUMP SITE)*





*WATER-LEVEL MONITORING AT BENNETT'S DUMPSITE*



*CLEAR CREEK FISH ADVISORY SIGN*

## **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 Assessment (ESA) for commercial properties. On March 15, 1996, the Monroe County Commissioners passed Ordinance 96-10 which established a new fee schedule that included fees for Phase I Environmental Site Assessments Information Requests. 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 file.

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 goal for 2013 was achieved to complete a records search within 3 working days of receiving the ESA Phase I information request form and proper fee(s). This goal will continue for 2014. In 2013, the department conducted no formal information requests for Phase I ESAs and 50 informal consultation requests. Since 1989, the department has issued a total of one hundred and forty-four formal information reports.



## **HAZARDOUS MATERIALS AND WASTE CONTROL PROGRAM**

The Monroe County Health Department's 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 2013, the Monroe County Health Department provided five consultations dealing with various hazardous waste issues. Questions ranging from proper disposal of small quantity generator waste to requirements for treatment and storage facilities were 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 four complaint investigations were conducted in 2013 involving hazardous material spill response staff. MCHD response activities in 2013 included diesel fuel and unleaded gasoline. One remediation activity was completed at one incident location from previous years (prior to 1998).

#### **Completed Remediation Activities:**

A major underground storage tank (UST) leak of unleaded gasoline that occurred in 1996 at the Marathon Oil Company station located at Old State Road 37 South and Fairfax Road was remediated in 2011-2012. An immediate removal activity was conducted to remove the USTs and contaminated soils in 1996. No gasoline has been detected in Jackson Creek or Clear Creek, which are the closest surface waterways to the release. Kiel Bros. of Columbus was the responsible party for this cleanup. The Corrective Action Plan approved by IDEM on December 10, 1997 detailing the final remediation work for this release was implemented in 1998. Ground water remediation treatment was completed by 2012-2013.



*UNDERGROUND STORAGE TANK REMOVAL*

**2013 GOAL OF ASSISTING THE STATE IDEM SPILL TEAM IN INVESTIGATING COMPLAINTS WITHIN 24 HOURS WAS IN ALL FOUR CASES ACHIEVED.**

**2014 GOALS**

- By August 2014, the staff will review, assess and revise documentation process of spill response actions and collaboration with IDEM and related agencies.

## **SOLID WASTE PROGRAM**

### **MONROE COUNTY LANDFILL**

#### **HISTORICAL SUMMARY**

The Monroe County Solid Waste Management District (MCSWMD) operated the Monroe County Landfill (MCLF) located on Anderson Road beginning in the fall of 1991. The MCLF was a fully approved state landfill permitted by the Indiana Department of Environmental Management (IDEM). Improvements to the landfill continued in 2003, under a state approved expansion plan. The landfill renewed its operating permit in 1998. Due to a fire, the landfill was closed in 2004. The landfill went through closure procedures with IDEM in November 2008 and a closure certification letter was issued in December 2009. A leachate treatment system has been constructed and is now operated by the MCSWMD. In 2013, 3,949,811 gallons were treated on-site and 2,577,000 gallons were hauled off-site for disposal.

Annual closure inspections are conducted by IDEM, Office of Land Quality personnel of the "sanitary landfill section" and the "construction and demolition section" of the landfill. Inspection during 2013 revealed a continuing effort on part of the MCSWMD to ensure compliance with all regulatory permit closing requirements. A combined enforcement and oversight effort is maintained to facilitate the best available solid waste management programs and practices for Monroe County.

#### **RECYCLING AND SOLID WASTE STATIONS**

The MCSWMD operates five recycling and solid waste stations (R&SWs) located at various locations throughout Monroe County. The R&SWs have compactors equipped to allow Monroe County residents a convenient, accessible place to deposit household solid waste. Residents are required to sort their trash into Big Orange Bags for drop off. The Big Orange Bags cost \$1.25 each and are available in rolls of 10 from most Monroe County grocery and hardware stores.

There is no fee or bag required to drop off items for recycling at the R&SWs. Items that can be recycled include: newspaper, glass, food and beverage containers, aluminum and bi-metal (tin) cans, corrugated cardboard, and #1 and #2 bottled shaped plastic. Other items not mentioned about are recyclable at the Monroe County Recycling Center. Call 349-2953 for further details.

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 regularly inspected by both IDEM and MCHD personnel.

#### **SOLID WASTE COMPLAINT INVESTIGATIONS**

During 2013, the MCHD received a total of eleven complaints of open dumping or improper handling of solid waste in Monroe County. These complaints ranged 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 2013. There were no complaint investigations 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 2013.

### **GOALS FOR 2013 MET**

- CONTINUED WORKING with Solid Waste District on complaints.
- Responded to all complaints within three (3) business days.
- KEPT the county web site updated with current information.

### **GOALS FOR 2014**

- In 2014 staff will review county web site on a quarterly basis, and update as necessary.
- Staff will review and update Monroe County Code, Chapter 360, Solid Waste, by July 1, 2014.

## **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. Staff personnel in this program have formal education and meet the certification requirements for Categories 7A and 8, Public Health Pest Control, with the Office of Indiana State Chemist. Staff members also participate in the Indiana Vector Control Association (IVCA) annual educational conference.

### **ANIMAL MANAGEMENT AND CONTROL**

The Monroe County Health Department works closely with the City of Bloomington Animal Care & 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 (ACOs) and medical community in facilitating information transfer, reporting and the investigation of problem cases involving dog and cat bite cases. In 2013, the MCHD conducted one hundred and twenty-five (125) 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 2013, the MCHD processed one hundred and seventy-five (175) animal bite report forms. Animal bites reported included: dog, cat, rat, squirrel, 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:

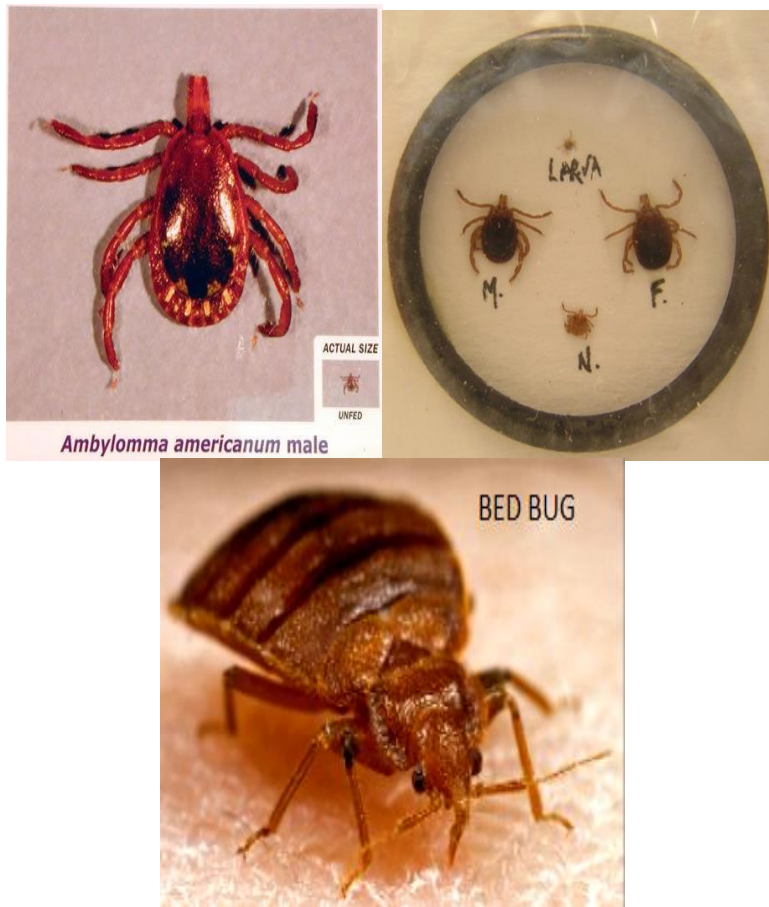
“All dogs, cats and ferrets (3) months of age and older must be vaccinated annually against rabies with a licensed and approved product administered by a licensed, accredited veterinarian.”

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 in Monroe County during 2013. There were no reported positive rabies results in bats in 2013.

### **VECTOR CONTROL**

There were no confirmed human cases of Spotted-Fever in 2013. There were no confirmed cases of Lyme disease reported in Monroe County for 2013.

There were one hundred and five (105) consultations in 2013 with Monroe County citizens concerning cockroaches, lice, fleas, mosquitoes, ticks, bed bugs, rats, and mice. Bed bugs continued to be the number one call in 2013. We had seventy (70) complaints in 2013 concerning bed bugs. No birds were collected as part of the West Nile Virus surveillance program. Eleven (11) mosquito pools tested positive for West Nile Virus in 2013. No horses tested positive for WNV in 2013. Two human cases of WNV were reported in 2013.



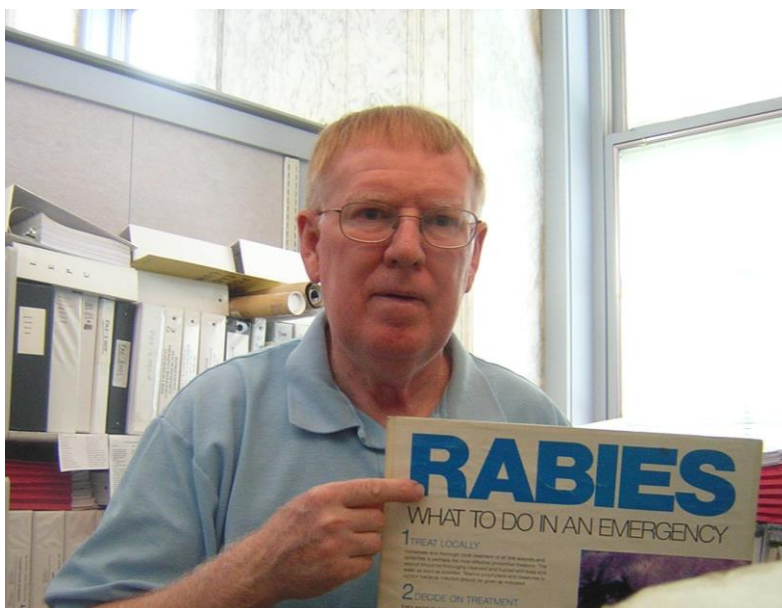
### **GOALS FOR 2013 MET**

- We 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, from animals in our environment. Various media outlets were used to educate the public.
- We strengthened communication with other local agencies to locate various potential problem areas, such as abandoned homes that may contain breeding grounds for mosquitoes or other vectors.
- We kept the County web site updated regularly.
- We received and processed 175 animal bite report forms.

### **GOALS FOR 2014**

- Maintain I-NEDSS state reporting program by entering data for animal bites on a weekly basis in 2014.
- Staff will update Web site bi-annually in 2014.
- Staff will coordinate animal bite investigations with local Animal Control Officers weekly in 2014.
- Staff will assist ISDH with collection/trapping of mosquitoes by July 2014.





*WORLD RABIES DAY 2013*

**SUMMARY TABLE FOR BED BUG CALLS TO MCHD**

DATE	# OF CALLS	COMMENT
AUGUST 2008	4	START DATE
2009	7	ISDH FACTSHEET
2010	20	USEPA WEBSITE/MCHD
2011	40	IPM TRAINING
2012	61	IPM TRAINING/HAND UPDATE
2013	70	INFORMATION PACKETS
2014		
TOTAL		
8/1/2008 → 12/31/2013	202	CONFIRMED CALLS

**ISDH RABIES EXAMINATION FORMS FOR 2013**

	<b>NUMBER FOR MONTH</b>	<b>TOTAL FOR YEAR</b>	<b>NEGATIVE TEST RESULTS</b>	<b>POSITIVE TEST RESULTS</b>
<b>JANUARY</b>	1	1	1	0
<b>FEBRUARY</b>	2	3	2	0
<b>MARCH</b>	0	3	0	0
<b>APRIL</b>	2	5	2	0
<b>MAY</b>	4	9	4	0
<b>JUNE</b>	1	10	1	0
<b>JULY</b>	1	11	1	0
<b>AUGUST</b>	16	27	16	0
<b>SEPTEMBER</b>	4	31	4	0
<b>OCTOBER</b>	2	33	2	0
<b>NOVEMBER</b>	3	36	3	0
<b>DECEMBER</b>	5	41	5	0
<b>TOTAL</b>	41	41	41	0

**ISDH RABIES LAB EXAMINATIONS FOR 2013**

<b>ANIMAL</b>	<b>NUMBER TESTED</b>	<b>%</b>
<b>DOG</b>	5	12.2
<b>CAT</b>	10	24.4
<b>SKUNK</b>	2	4.9
<b>RACCOON</b>	2	4.9
<b>BAT</b>	21	51.2
<b>FOX</b>	1	2.4
<b>TOTAL</b>	41	100.0

**ANIMAL BITE REPORTS FILED WITH MONROE COUNTY HEALTH DEPARTMENT FOR 2013**

	JAN	FEB.	MAR.	APR	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	YEAR
DOG	8	18	8	9	12	14	7	13	8	16	6	11	131
CAT	2	5	2	3	4	3	1	4	4	9	4	1	42
FERRET													
BAT													
SKUNK													
RACCOON	1												1
FOX													
RAT									1				
WOOD-CHUCK													
RABBIT													
CHIPMUNK													
SQUIRREL				1									1
TOTAL/Mon.	11	23	10	13	16	17	8	17	13	25	10	12	175
2013/Year	11	34	44	57	73	90	98	115	128	153	163	175	175
2012/Year	14	20	33	48	68	88	104	116	124	140	150	162	162
+/-13/12	-3	+14	+11	+9	+5	+2	-6	-1	+4	+13	+13	+13	+13

DENNIS E. WILLIAMSON, REHS / (812)349-2542



# *Wastewater Sanitation*



## ON-SITE SEWAGE DISPOSAL

One of our major goals for 2012 was to pass an ordinance requiring the installation of only septic systems which have some type of secondary cleaning of the effluent (Ordinance 2012 Chapter 365-2(E)). This would include systems such as the Wisconsin Sand Mound, Presby Environmental Septic System, Presby Advance Septic System, or Geo-flow Pipe Leaching System. The 2013 season saw the installation, inspection and approval of 97 Presby septic systems and 9 Geo-flow. Illustrated are all the possible installations available within the county.

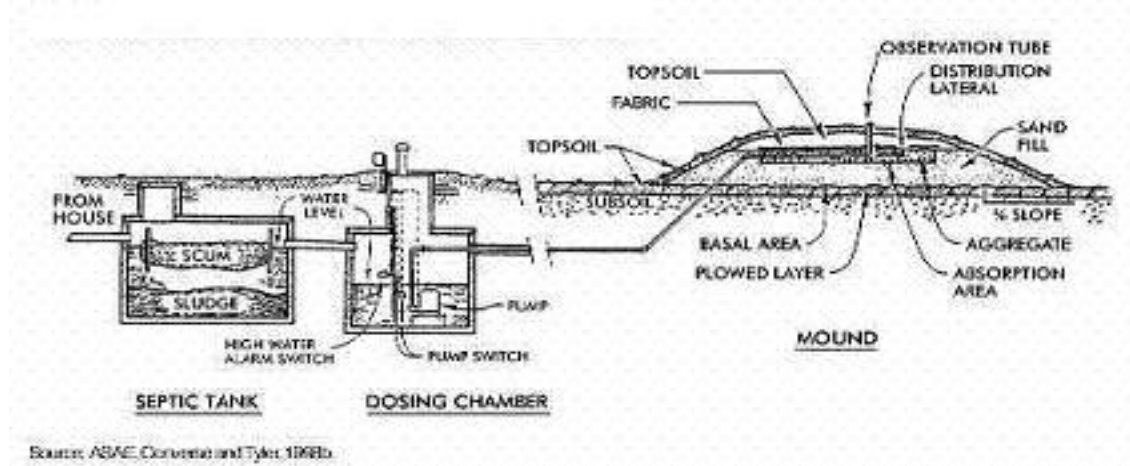


DIAGRAM OF A MOUND SEPTIC SYTEM

**Elevated Sand Mound System**, often referred to as a mound system, is an innovative alternative to on-site sewage disposal. A mound system contains a septic tank and pump tank in which the effluent is sprayed into a gravel bed within an elevated mound of sand. The quantity of effluent pumped and timing of the “doses” are designed individually for each mound requiring a distinct engineered plan to promote a more efficient treatment of the effluent.



PRESBY ENVIRONMENTAL SEPTIC SYSTEM

In 2006, the Indiana State Department of Health approved the use of the **Presby Environmental Septic System**. This was a septic system like the mound which performed a secondary cleaning, utilizing sand as a cleaning medium before contact to the soil is made. Like the mound, this type of system only required the soil to diffuse the effluent. By requiring septic systems which employ sand or some other type of medium to cleanse the effluent before being released into the surrounding soil, less chance of ground water or surface water contamination. The main advantage of the Presby over the mound was cost. The mound required engineering fees and a pump system whereas the Presby was a bit more basic and could be a gravity fed system.



*GEO-FLOW PIPE LEACHING SYSTEM*

In 2012 the Indiana State Department of Health approved the use of the **Geo-flow Pipe Leaching System**. Identical in many ways to the Presby Environmental Septic System, the Geo-flow Pipe Leaching System was available from several local distributors.

2013 also saw the approval from Indiana State Department of Health for Presby Advance. Superior over both Presby Environmental and Geo-Flow due to an additional layer of wrap increasing the area for the bio-mat.

In all three systems whether Geo-flow, Presby Environmental or Advance, the effluent flows from tank to a series of specially designed ten-inch pipes surrounded by a bed of “Spec 23” sand. “Spec 23” sand can also be found on the construction of all mound septic systems. The pipe from either system is specifically designed to create a bio-mat, which allows nutrients and bacteria to be trapped, cleansing the effluent before being released into the sand bed itself. The sand itself continues to capture and cleanse out more harmful bacteria and particulates before being released into the surrounding soil. The system is considered to be an open circuit in relationship to air being vented into the bed at all times, creating an aerobic environment. A pump and pump tank are not required and may hinder the workings of a normal system by preventing this open circuit. An additional high vent is installed to ensure an adequate amount of air if a pump is used. Like the mound septic system, one septic site on any lot is all that is required with no reserve field.



By the end of the 2013 season, members of the Monroe County Health Department had inspected and approved 850 Presby or Geo-flow type septic systems over the past eight years in this county.

New this year to Monroe County was the installation, inspection and approval of a **Constructed Wetland septic system**. Although new to the area, the basic idea has been around since the 1950s from Germany. It too, is considered a septic system allowing secondary treatment. The big difference between a wetland and the previous four is the utilization of pea-gravel and plants rather than sand to capture contaminants.

From the septic tank, the effluent is pumped into an enclosed bed or beds depending on the amount of effluent produced daily. These beds comprise of a certain size gravel in which plants can thrive on the surface and allowed to pick up and retain high nutrients within the effluent. From there the cleansed effluent will go into a septic leach field to filter into the surrounding soils. There is some maintenance on a wet land system such as inspection of pumps and replenishing of the plants periodically.



*NEWLY CONSTRUCTED WETLAND (JAN 2014)*

### **SEPTIC PERMITS**

Of the 247 septic permits issued for the 2013 season by the Monroe County Health Department, 104 were for septic sites of new construction. Those sites which replaced old existing, usually failing septic systems totaled 143 septic permits. Not all repair permits required replacement; a repair permit may be issued in situations other than just a failing septic system. Repair permits are also required if one was replacing or remodeling a home, or obtaining a subdivision of property. These types of repair permits may not justify a replacement of the system but more of an inspection detailing requirements if the septic system should fail. Eleven of the repair permits were issued due to the annexation of septic system sites for the 169 corridor. New septic systems have and will be installed to replace the older systems.

## SOIL ANALYSIS

Since the early 1980s, a soil analysis first appeared in Monroe County. This gave a detailed description of a site in which a true determination could be made whether or not a system would work year round no matter the climatic adversities.

All septic permits issued in the State of Indiana and Monroe County requires a soil test by a certified soil scientist or analyst as mandated by the State Department of Health. A soil scientist must be a member of either the American Registry of Certified Professionals in Agronomy, Crops, and Soils (ARCPAC) or with the Indiana Registry of Soil Scientist (IRSS). Although the Monroe County Health Department accepts soil surveys from many-registered soil scientists from the State, this department has had a certified soil scientist on staff since the early '80's. **During the 2013 season, our staff soil scientist had conducted 144 (up 25% over 2012)** individual soil investigations on both new and repair situations not all resulting in permits issued.

The soil analyst locates and describes the soil and terrain of the proposed location, which includes a detailed drawing of the site. Today's soil scientist, including our in-house soil scientist, employs the support of a G.P.S. (global positioning system) unit to locate accurately the soil site. This guarantees that the location of the survey has not been compromised by any possible relocation of given landmarks, such as tree marks or stakes. This information is then recorded so it may be utilized either tomorrow or ten years from now. On all in house soil tests the location information is then transferred to an aerial view map showing the exact location of each soil test site.

In Monroe County there are some naturally occurring soil properties that affect the function of a septic absorption field. In addition, there are characteristics of the site that must be considered in locating a septic leach field. These factors are evaluated by a soil scientist that makes an on-site review to determine the site characteristics and the soil properties.

The limiting soil properties of Monroe County that we often encounter are: depth to bedrock, fragipan or fragic properties, high shrink-swell clay, soil compaction, disturbance of soil by cut and fill and/or a perched water table. Limiting site characteristics are related to the topography or complexity of the slope, property boundary location, utilities on the property, floodplains and set-backs related to each.

Knowing the soil type and terrain the department will issue a permit, which dictates the type of septic system required. The permit should also indicate location, depth and any other characteristic of the given system, such as the type and depth of the perimeter or curtain drain to be required.

## MONROE COUNTY REGISTERED SEPTIC INSTALLERS

Currently, Monroe County has an available list of 39 registered septic installers. A class is held every two years (next class held in February 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 or Geo-flo certification or both. 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 which 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.



If one was wanting to install his own Presby or Geo-flo and they are certified by either company, they are required to pay a registration fee of \$250. This will reimburse this department for the additional site visits performed to assure a complete and county approved septic system.

***Our goal for the 2013 season was to reduce the number of homes sold with failed or inadequate septic systems.*** I do not believe that we fully achieved our goal and it was unrealistic to believe we could. Although many new buyers and realtors of buyers had been contacted and available information and advice was given concerning a septic system on a certain property, many more were missed. It does appear by the number of calls obtained of both familiar and unfamiliar realtors, that many now know to utilize our service in finding all information we may have on file on any given home. Different brochures are available online and in the office, and as more become available, they too will be distributed.

### **GOALS FOR 2014**

**Goal:** By December 31, 2014, gather all pertinent information needed to complete a survey of a percentage of previously installed, inspected and approved sand lined septic system installations in Monroe County.

**Objectives:** By July 31, 2014, send out 250 questionnaires to home owners which utilize sand based septic systems in Monroe County. The sites will be randomly picked by permit numbers only to obtain a true unbiased representation of the total number installed.

By September 30, 2014, review all questionnaires received to determine results and complete packets to be presented to each of the 250 homeowners.

By December 31, 2014 complete inspection of the 250 sand lined septic systems which had been randomly picked for the survey.

*The survey would include all installations (both new and repair) and include all septic systems which have been installed and inspected since the beginning of 2006. By July 31, 2014, questionnaires for 250 (about 30% of total sand lined systems installed in Monroe County) home owners which utilize sand based septic systems would be sent out. The questionnaires would contain such questions as to how the system is working, do they have any problems at this time or in the past, and advise the owners that this department will be conducting follow-up inspections of the sites. A letter accompanying the questionnaire will also give the option of directing them to the Monroe County website to fill out the same questionnaire and sending it in by e-mail if preferred. There will be a statement within the survey requesting that they should be returned by August 31 of 2014 at which time they will be processed and the results determined.*

*A booklet will be provided to each homeowner during the inspection showing a detailed aerial map of the system in reference to their home with copies of the original installation and additional information on how to maintain their specific type of septic system.*

*Hopefully in completing this survey we may obtain a true indication as to our successes or failures and what we can do to improve on future installations. The '2005 Survey' consisted of 400 surveyed out of 4000 installed with a failure rate of 3.5% and although I felt that we have easily surpassed this, we want to be ensured of our success. This survey may also indicate possible problems we may be repeating and help find ways of improving on future installations.*

*The final report should be presented to the Health Board and available to the public by mid-June 2015.*

**Goal:** By June 30, 2014, complete a quality improvement project on issuing, inspecting and documenting permits issued from January 1, 2014, forward.

**Objectives:** By January 31, 2014, revise data sheet used in the sizing of all sand lined septic systems for new construction determined by product, number of bedrooms and soil test results.

By February 28, 2014, issue only new permits which utilize revised sizing of septic systems, revised map and soil test of site, showing correct location of required installation.

By May 1, 2014, record inspections of installations detailing all pertinent information needed for any future use.

*We are currently working with members of the Indiana State Department of Health on improving permits issued detailing all the information needed including an improved soil survey with an aerial view indicating the exact location of the septic system. Currently, we have a model for our future inspection sheets which have been approved by the State staff in addition to a revised list of septic sizing of all new sand lined systems.*

## 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 2013, the Department investigated 143 reported complaints and corrected 102 sewage related issues. This number is up from the 133 reported complaints of 2012.** Furthermore, MCHD issued 140 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 2013, zero (0) cases were turned over to the legal department for action. When charges are filed in a case, generally a minimum of 3 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 for 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 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 3 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

**My goal for 2013 was to reduce the number of holding tanks and illegal systems in the county by applying new technology of the Presby Environmental System/Geo-Flow System to areas that had been previously unsuitable for a conventional septic system.**

**Eleven Holding Tank only systems were replaced with on-site systems, and four illegal septic systems were also replaced.**



Homeowners restricted to Holding Tanks for sewage disposal can easily acquire monthly expenses of \$400 - \$500 for pumping and hauling. My goal for 2013 was to help homeowners on holding tanks eliminate this expensive monthly utility cost by using new technology systems like the Presby Environmental System/Geo-Flow System in areas where conventional systems could not be approved.

**In 2013, MCHD helped 11 homeowners eliminate Holding Tank only systems and 4 illegal septic systems. This exceeded our goal of 5% of the approximately 200 believed to be in the County.**

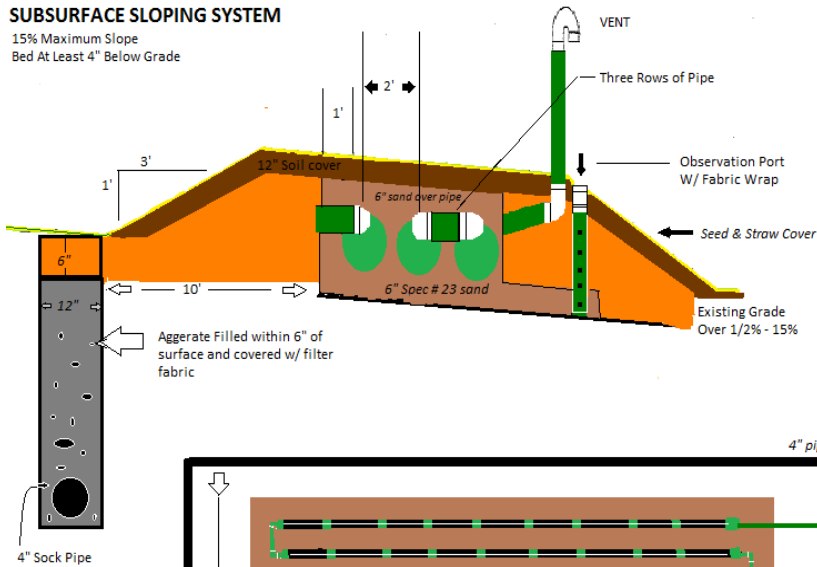
Our goal was to reduce Holding Tank only systems and illegal septic systems within the county by 5%. In order to accomplish this, routine checks of high volume areas of the county were conducted to verify problem sites. Then MCHD followed up with a site visit with the property owner to explain the advantages of the installation of a new system. Six homeowners contacted MCHD directly for possible solutions.

During 2013, Holding Tank only systems in Monroe County were reduced by 5.5% by using a variation of the system described below.



## SUBSURFACE SLOPING SYSTEM

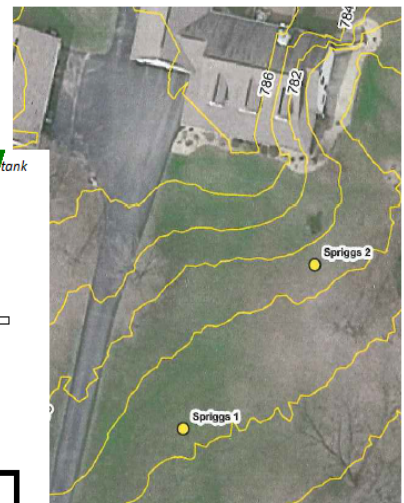
15% Maximum Slope  
Bed At Least 4" Below Grade



## Sand Lined System Plans Permit #

Bed Size: 20' x 102'  
Bed Depth: 24"  
Sand Depth: 6"  
Pipe Length: 100'  
Total Pipe: 300'  
Slope: 5%  
# pipes/bed: 3

INSTALL IN AREA OF SOIL BORINGS DESCRIBED BELOW



All portions of plans are NOT to scale



MONROE COUNTY HEALTH DEPARTMENT

\* MAX Depth = 24"

Perimeter Drain/ min Sch. 40  
hard outlet and critter guard.

## 2014 GOALS

**Goal:** By December 2014 the Wastewater Staff will establish a database to monitor privately owned sewer lift stations (Lift Stations).

**Objectives:**

- By June 30, 2014, Lift Stations in Monroe County will be identified.
- By August 1, 2014, a database will be available for staff to record information regarding the lift stations.
- By December 31, 2014 Lift Station data (location/emergency contact) will be entered into the database.
- SOGs will be written by Quarter 4 regarding lift station monitoring.



*Private Lift Station failure such as this can discharge 1000's of gallons of high strength effluent per day into the environment for an extended period of time.*

*This particular site in rural Monroe County had gone unnoticed for a considerable length of time before it was reported. Then MCHD experienced difficulty tracking down the proper owner and Management Company prior to the correction and clean-up.*



PAGE LEFT  
INTENTIONALLY BLANK



# *Food Protection*



MONROE COUNTY HEALTH DEPT.



## **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 2013, there were 664 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, we issued 53 temporary food permits in 2013 (a decrease of 2 from 2012) in conjunction with special events such as: The Taste of Bloomington, Monroe County Fall Festival, 4<sup>th</sup> 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.

### **I. FOOD ESTABLISHMENT PLAN/DESIGN REVIEW**

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 2013, 48 design reviews were conducted by staff representing a decrease of 12 from 2012.

Beginning in 2013, plan reviews were also required for mobile food vendors applying for first-time permits. There were 16 new mobile vendors in 2013 that required additional staff time for plan reviews.

## **II. EDUCATION**

The Food Protection Program partnered with Ivy Tech, Danger Zone Consulting and Safe Food Handlers 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 increased by 259 from 1895 to 2154. 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.

## **III. INSPECTIONS**

To insure 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 2013, the food protection staff conducted 1282 inspections (routine, follow up, pre-opening, complaint, construction and special events) a decrease of 191 from the previous year. Of the 1282 inspections performed, approximately 208 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.

## **IV.COMPLAINT RESPONSE**

There were 76 complaints received and responded to in 2013 – a decrease of 15 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.

## **V. FOODBORNE ILLNESS INVESTIGATION/RECALL INVESTIGATION**

There were no confirmed foodborne outbreaks during 2013.

### **ACCOMPLISHMENTS/GOALS MET IN 2013**

- An additional food staff person became a standardized inspector with Indiana State Department of Health.
- Food staff became trained and standardized in aseptic food sampling techniques through training at Indiana State Department of Health.
- Pamphlet offering guidelines for new mobile food vendors was prepared.
- Each member of the Food staff conducted semi-annual trainings for food establishments in their inspection areas that had critical violations and/or problem areas. Training consisted of offering educational materials in other languages to reduce the possibility of cross contamination, addressing repeat critical violations through training on proper cooling and reheating techniques, temperature control, personal hygiene, proper food storage and providing cleaning schedules and HACCP temperature logs.

### **2014 GOALS**

1. Food staff will conduct no less than 2 late night Mobile Food vendor inspections during 2014 (Spring and Fall upon return of IU students).
2. In 2014, food staff will inspect Seasonal markets at least once a month during the operating months of the markets.
3. By the end of 2014, food section staff will be using electronic inspection reports.
4. Renewal licensing procedure will be reviewed and recommendations for restructuring will be submitted to the Health Board by October 2014 including amending the current licensing year to March 1, 2015 through Feb 28, 2016.
5. The Five Key Public Health Interventions as identified by the CDC and FDA will be addressed during one, 2014, routine inspection with establishments that have risk factors of 2 or 3 (approximately 300-375) using a check list that will address:
  - a. FBI prevention training
  - b. Employee health controls
  - c. Controlling hands as a vehicle of contamination
  - d. Time/Temp parameters for controlling pathogens
  - e. Consumer advisory for undercooked foods of animal origin

**FOOD PROTECTION PROGRAM**  
**2013**

(2012 numbers in parenthesis)

<b>Consultations</b>	<b>2154 (1895)</b> <b>+259</b>
<b>Routine/Follow up/ Pre-Opening /special event Inspections</b>	<b>1144 (1321)</b> <b>-177</b>
<b>Complaint inspections</b>	<b>76 (91)</b> <b>-15</b>
<b>Construction/site inspections</b>	<b>62 (52)</b> <b>+10</b>
<b>Plan Reviews conducted</b>	<b>48 (60)</b> <b>-12</b>
<b>Court Appearance</b>	<b>0</b>
<b>Meetings, special projects, training</b>	<b>87 (87)</b> <b>No change</b>

PAGE LEFT  
INTENTIONALLY BLANK



# *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 and deaths that occur in the jurisdiction.

### **SERVICES:**

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

### **GOALS FOR 2013**

- **Develop and train professional Vital Records Staff throughout the year, to promote customer-oriented service**
- **Participate in and attain higher level certification from the IVRA**
- **Maintain an open line of communication with funeral directors, hospitals, Indiana State Department of Health, and other public agencies to ensure accurate filing of records**

### **HIGHLIGHTS FOR 2013:**

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). All staff members participated in, and met, the educational standards of Level II testing established by the IVRA, and therefore, received certification.

An open line of communication was maintained with the funeral homes, hospitals, other government agencies, and the public sector, which enhanced the processing of prompt and accurate filing of records.

In April the Health Department partnered with an independent company, VitalChek, an express internet ordering service, to begin processing online requests for birth and death certificates. The ordering process is secure, designed to help protect identity. From April to the end of December, 157 birth and death certificates were issued through VitalChek.

One of the Assistant Registrars resigned in May and the vacancy was filled in June.

Vital Records staff will continue to provide high quality customer service in a timely and accurate manner, and maintain an open line of communication with the funeral homes, nursing homes, hospitals, other government agencies and the public.

### **GOALS FOR 2014**

- Vital Records staff will complete required trainings by December 2014.
- New protocols will be written, by July 2014, for financial management to reflect the acceptance of credit and debit cards and accounting for the process changes this requires.

## BIRTHS

Births - Ten Year Totals										
	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004
Location of Birth										
Hospital	2,022	1,972	1,944	1,980	1,927	2,003	2,150	2,116	2,092	2,074
Home Birth	32	21	13	31	35	24	30	21	34	20
Born to Married Parents										
Male	717	721	707	574	674	694	811	779	807	738
Female	664	662	614	552	641	642	699	719	687	741
Born to Unmarried Parents										
Male	340	307	332	475	362	336	359	335	315	306
Female	333	303	304	410	285	355	311	283	283	309
Total Births Registered	2,054					Total Birth Certificates Issued				4,400

Miscellaneous				
Born to Mothers Age 14-15	4		Paternity Affidavits (In Office)	19
Born to Mothers Age 16-19	149		Paternity Affidavits (Hospital)	506
Twins (Sets)	37		Paternity Affidavit Upon Marriage	3
			Affidavit Requesting Amendment	8
			Correction by Notification	21

## DEATHS

Location of Death		
Decedent's Home	228	
Hospital Facility	254	
Hospital - Dead on Arrival	1	
Hospital/Emergency Room/Outpatient	57	
Hospital - Inpatient	326	
Nursing Home/Long Care Facility	211	
Other	25	
<b>Total</b>		<b>1,102</b>

<b>Veteran Deaths</b>	<b>306</b>
-----------------------	------------

Coroner Report - Manner of Death		
Accident	35	
Homicide	4	
Natural	82	
Suicide	19	
Undetermined	3	
<b>Total</b>		<b>143</b>

<b>Fetal</b>	<b>13</b>
--------------	-----------

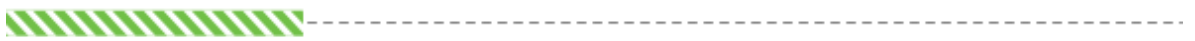
Age		
Under 1 Year	5	
1 Yr to 19 Yrs	5	
20 Yrs to 30 Yrs	19	
31 Yrs to 50 Yrs	63	
51 Yrs to 70 Yrs	302	
71 Yrs to 99 Yrs	698	
100 Yrs to 105 Yrs	10	
<b>Total</b>		<b>1,102</b>

DEATHS (continued)

Cause of Death Per Category		
Alzheimers/Dementia	59	
Cancer	263	
Cirrhosis	9	
COPD	40	
Diabetes	7	
Heart Disease	243	
Pneumonia	141	
Renal	53	
Coroner's Report (From Previous Page)	143	
Other	144	
<b>Total</b>		<b>1,102</b>

<b>Death Certificates Filed</b>	<b>1,102</b>
---------------------------------	--------------

<b>Death Certificates Issued</b>	<b>6,669</b>
----------------------------------	--------------



# *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, diaphragms, 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 2013:

- Oral contraceptives - 47.5%
- Condoms - 18%
- Depo Provera - 10%
- Intrauterine device - 9%
- Abstinence - 3.5%
- Evra Patch - 3%
- Diaphragm - 0.16%

## **POPULATION SERVED**

The number of unduplicated clients served in calendar year (CY) 2013 was 1,259. This was a decrease from CY 2012, where 1,791 unduplicated clients were served. There are several reasons for the decrease. Futures clinic moved to the lower level of the Health Services Building in March. For several weeks prior to the move, appointments were cut back to allow for packing. The clinic was closed three days for the move, and then it took time for our patients to find the new location. We were again short of examiner time during 2013. For nine months, we had exams three instead of four days a week. The loss of appointments for those 36 exam days would have been enough to make up the patient loss for the year. Happily, we have been fully staffed since September 2013.

## **POVERTY LEVEL**

Of the patient population served in 2013, 95% fall below 150% of poverty. A full 81% fall below 100% of poverty, and pay no fees for exams or supplies. We have patients who pay partial fees (18%) and some that pay full fee (1.6%).

As previously mentioned, we bill Medicaid (0.95%) of patients and private insurance (0.48%) of patients.

## **DEMOGRAPHICS**

Demographic data from the Indiana State Department of Health website shows that the state of Indiana is not as diverse as many states. Futures clinic data shows more diversity than Indiana as a whole:

Caucasian patients	African American patients	Hispanic patients
Indiana - 89%	Indiana - 9%	Indiana - 4.5%
Futures - 81%	Futures - 14%	Futures - 7.6%

Futures utilizes interpreters for our Spanish speaking patients.

Federal law allows adolescents to receive services through this clinic without parental consent. We adhere to the Indiana statutes that regulate reporting of sexual activity in underage clients. During YTD 2013, the clinic saw 149 patients who were under age 19 (12% 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, when the patient has symptoms of an STD. During 2013, Futures did 831 Gonorrhea/Chlamydia tests. Of those, 15% were positive and received treatment.



Pap tests are done for clients according to ACOG guidelines. Testing begins when the patient turns 21 years old. In 2013, Futures provided 579 tests to patients. Of these, approximately 14% were abnormal. 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 FOR 2013**

1. To have 1,950 unduplicated patients by the end of 2013. This was unmet (noted in Population Served).
2. To continue to provide appropriate STI testing. This was met.
3. To supplement funding by writing at least two grants to supplement diminished federal, state and insurance monies. This was met.
  - A grant for \$1,340 was obtained from the city's Jack Hopkins Social Service fund to purchase parking vouchers. At the time of the grant, parking meters were being installed. We felt that our lower-income patients would have trouble paying meters.
  - A grant for \$2,700 was obtained from the County Commissioner's Social Service grant fund. This money will be used to purchase STI test kits. In the past, we were allowed free tests from Indiana Family Health Council. Beginning January 2014, the tests will be provided to us by the Indiana State Department of Health.
4. To move our clinic to the Health Services Building. This was met. The move has exceeded our expectations. Patient flow has improved, inventory is secure and patient confidentiality goals are met.

### **GOALS FOR 2014**

1. To increase our unduplicated patient numbers to 1,950 by the end of CY 2014.
2. To perform a cost analysis and adjustment of pricing of our exams and supplies. By the end of 2014, all pricing should be at Medicaid reimbursement levels.
3. 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 diminishing Federal money.
4. To supplement funding in 2014 by writing at least two grants to supplement diminished federal, state and insurance monies.



# *Disease*

## *Intervention*



MONROE COUNTY HEALTH DEPT.

## **DISEASE INTERVENTION**

The Monroe County Health Department receives a Sexually Transmitted Disease Prevention Grant that covers Disease Intervention Services in 2013 for 12 area counties. 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 disease intervention is to prevent the spread of disease and development of complications in infected individuals, contacts and associates.

During 2013, the Monroe County Health Department was awarded additional aid for a second Disease Intervention Specialist after applying in 2012. This grant allowed Monroe County Health Department to partner with Vigo County Health Department to prevent the spread of disease in District 7, further strengthening partnerships throughout the area.

The new DIS is stationed in Vigo County and covers surrounding counties in the western half of the area, while the previous DIS continues to serve the eastern counties. With two Disease Intervention Specialists available for the entire area, Monroe County has been better able to fulfill ISDH's requirements and intervene in the spread of diseases all over District 7. The new Disease Intervention Specialist began in March of 2013 and was fully trained and operational in Vigo County by June 2013.

### **2013 GOALS FOR STD PREVENTION GRANT**

1) The program will update all clinic paperwork to better match current ISDH needs and requirements by December 2013.

**MET. Throughout 2013, the DIS worked with ISDH staff, clinic staff, and interns to update the clinic paperwork. This has reduced paper, accommodated ISDH's requirements, and updated Monroe County's clinic information with the transition to a new location.**

2) The program will continue to educate providers in accordance with the CDC recommendations for examination and treatment of STD clients in order to decrease the number of providers not in compliance with CDC recommendations. To do this, District 7 will create an electronic mailing list to as many providers in District 7 by December 2013.

**MET. The DIS in Monroe County worked with a Health Education intern to create an electronic excel sheet to quickly mail information to providers. During 2013, a letter was sent to providers in District 7 from Dr. Sharp to update them on current Syphilis information.**

3) The program will continue to build partnerships to increase the numbers of medical facilities available and open to non-insured/underinsured STD clients for examination and treatment.

**MET. The DIS in Monroe County worked with a part time staff member to develop and distribute Disease Intervention Packets to many providers throughout Monroe County. This information included updated CDC guidelines for treatment confirmation, expedited partner therapy information, Communicable Disease Reporting information and updated contact info for both DIS.**

4) District 7 will hire and train the new DIS based in Terre Haute quickly to help them get started as soon as possible. The DIS housed in Vigo County will be hired and complete trainings, enabling them to begin work in Terre Haute by June 2013.

**MET. The new DIS that is stationed in Terre Haute was hired in March 2013, completed training, and was fully operational by June 2013.**

The Disease Intervention Program provides follow-up and investigation for HIV, Syphilis, Gonorrhea and Chlamydia. It also offers partner notification services and education. The program is comprised of four core components: 1) Surveillance; 2) Case Detection through Screening; 3) Case Follow-up; and 4) Education/Outreach.

### **SURVEILLANCE**

The STD Program monitors disease morbidity and rates as reported from hospitals, physicians and laboratories. The ISDH 2013 preliminary data for District 7 shows that Chlamydia cases increased by 158 cases over 2012 numbers. Chlamydia accounted for about 86% of the total morbidity of STD's investigated and women made up approximately 75% of the total Chlamydia morbidity. Gonorrhea cases have decreased by 46 cases from 2012 figures. Gonorrhea cases made up about 14% of the total morbidity of STD's that were investigated. Per ISDH, about 55% of gonorrhea cases in 2013 were female and 45% were male.

#### **2013 Surveillance Data Overview for Indiana STD District 7\*\***

<b>DIAGNOSIS</b>	<b>FEMALE</b>	<b>MALE</b>	<b>TOTAL</b>
<b>CHLAMYDIA</b>	1540	522	<b>2062</b>
<b>GONORRHEA</b>	182	148	<b>330</b>
<b>SYPHILIS</b>	<5	14	<b>15*</b>
<b>TOTAL</b>	<b>1723</b>	<b>684</b>	<b>2407</b>

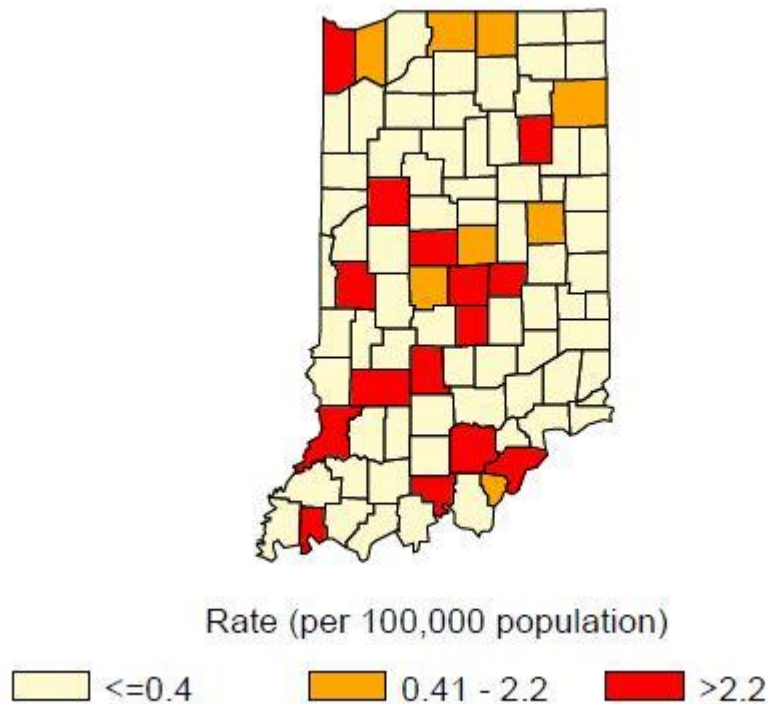
**\*Cases include 15-20 cases of early infectious syphilis (includes cases of primary, secondary, and early latent syphilis). Cases of less than 5 are not noted due to confidentiality.**

**\*\*Note: All data from this chart is preliminary data for 2013.**

At this time of this document, 2013 information is not available from ISDH regarding HIV/AIDS infections. This information is obtained by ISDH HIV surveillance program. The information is released June and December every year on the following website:  
<http://www.in.gov/isdh/25884.htm>. At this time December 2012 profile is currently available online.

In 2012, the Centers for Disease Control and Prevention released data profiles broken down by state on Syphilis infections. For Indiana, it was noted that Monroe County had a higher amount of infectious cases in 2012.

### Total P&S Syphilis Rates by County, Indiana, 2012



This information can be found on the following website for further information:

[http://www.cdc.gov/std/syphilis2012/default.htm?s\\_CID=govd-std-028](http://www.cdc.gov/std/syphilis2012/default.htm?s_CID=govd-std-028)

### **CASE DETECTION THROUGH SCREENING**

The Disease Intervention Specialist provides Syphilis testing, HIV testing, and education to those persons deemed at high risk of disease, such as partners or associates. The department also works closely with Positive Link, another ISDH funded program, to ensure that testing is available within the community.

In later 2013, ISDH was able to obtain and distribute testing kits targeted to detect chlamydia and gonorrhea. These kits were able to test for these infections through urine specimens and self-collected rectal swabs. They were provided to those persons deemed at risk, for men and women who have anal sex or were contacts to these infections. This testing is only being offered for a

limited amount of time, but has been very beneficial in detecting infections in those who do not have symptoms and for those who need rectal testing.

### **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.

### **EDUCATION AND OUTREACH**

District 7 created a letter with Dr. Sharp, Health Officer, regarding syphilis information for area physicians and hospitals to help educate about the CDC STD 2010 Treatment Guidelines. This letter was mailed directly to provider's offices in Monroe County by use of the electronic mailing list.

The program also spent time working with a part time employee who helped create and distribute packets of Disease Intervention Specialist information to providers in Monroe County. These packets included information on CDC 2010 treatment guidelines for STD infections, reporting information on Communicable Diseases, examples of how to report using a Communicable Disease Report, ISDH recommendations of the use of expedited partner therapy, updated information on the Monroe County Public Health Nurse, and updated information on the Monroe County Disease Intervention program. These packets of information were distributed to providers in Monroe County that commonly see the most STD related infections. This information was not only beneficial to the providers, but also helped strengthen relationships with the Disease Intervention program.

The DIS continued to strengthen relationships by speaking with many providers in other counties regarding the role of the Disease Intervention Specialist in public health. This included visits to provider's offices and speaking to provider's directly over the phone. The program also provided outreach at the Aids Walk and the World Aids Day and distributed condoms and literature at Futures Family Planning Clinic.

## **GOALS AND CHALLENGES FOR 2014**

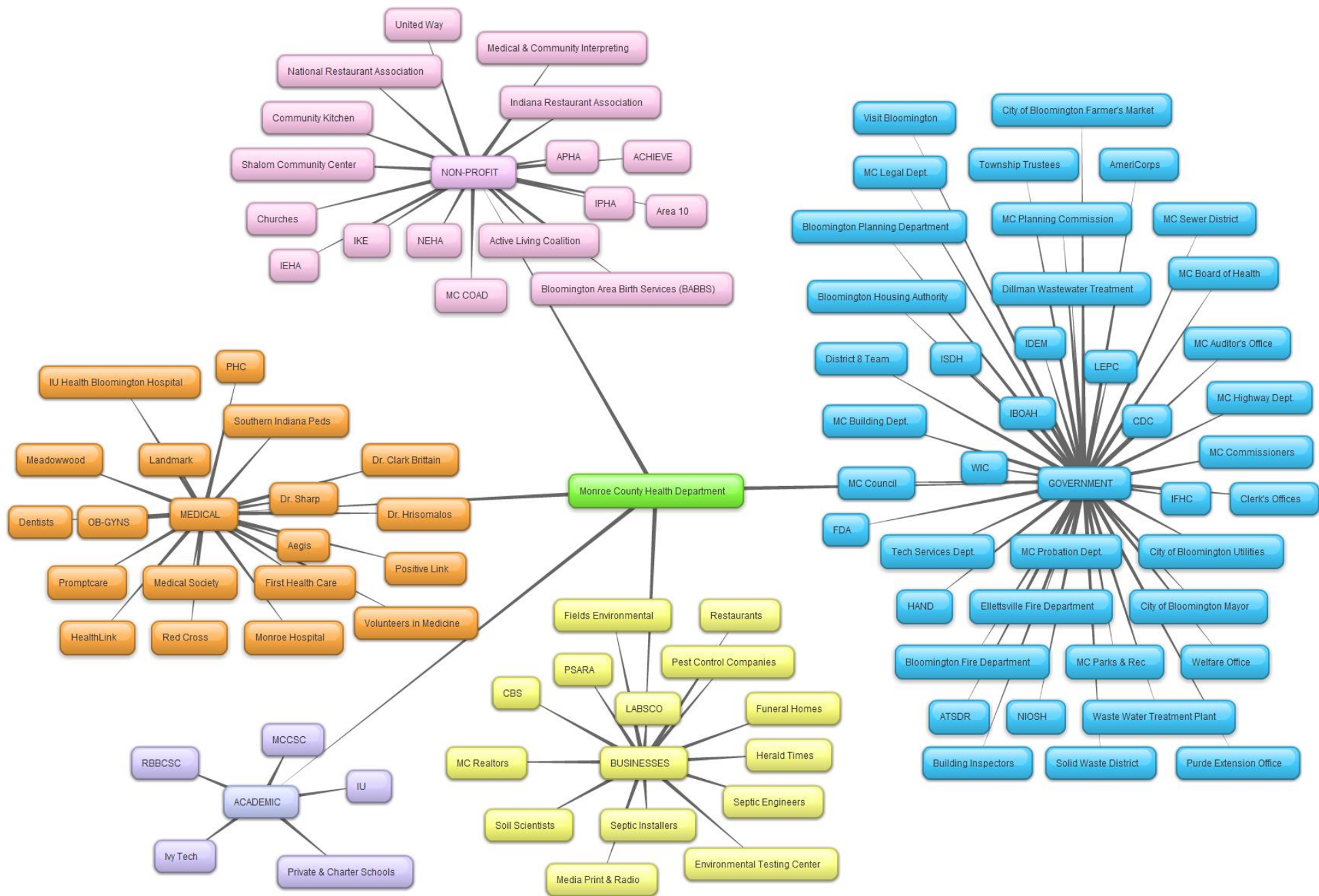
- 1) By December 31, 2014, the program will create packets of information to distribute to those clients who have recently been diagnosed with HIV. These packets will include updated information on partnerships that will link the individual to the continued care that they will need for future follow up.
- 2) The DIS staff will complete the ISDH recommended online CDC advanced training by December 31, 2014.
- 3) The program will compile a binder of updated referral information to distribute to clients in need. This information will include updated materials such as crisis hotlines, mental health referrals, substance abuse centers, homeless shelters, domestic violence referrals and other helpful resources by December 2014.
- 4) The program will develop PowerPoint presentations to be used as future resources for the department by December 31, 2014. 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.
- 5) The program will work with Marion County Health Department to develop protocols for approval to use social media websites, such as Adam for Adam, to be completed by December 31, 2014. These websites are useful resources that are used in other areas and would be very beneficial to alerting more people about possible exposures to STDs.
- 6) By Dec 31, 2014, the DIS based in Terre Haute will visit the Public Health Nurses in Vermillion, Parke, Putnam, Clay, and Sullivan County to continue to strengthen these relationships in other areas. *(In 2013, the Monroe County based DIS made visits to the Public Health Nurses in Brown, Bartholomew, Greene, Owen and Lawrence counties. This was beneficial to strengthen relationships for Communicable Disease Reporting in those areas.)*
- 7) The DIS in Monroe County 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, 2014.



# *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



Bloomington / Monroe County was selected as an ACHIEVE Community because of its rich collaborations and strong leadership. ACHIEVE strives to bring together local leaders who have the drive and ability to make Policy, Systems, and Environmental changes that will improve the health and wellness of their communities. ACHIEVE is guided by coaches from the Monroe County YMCA and City of Bloomington Parks and Recreation as well as heavily supported by the Active Living Coalition. It is these collaborations that allow ACHIEVE to be successful in inspiring and enacting change to make the healthy choice the easy choice in our community.

Since 2009, ACHIEVE has made its mark in the Bloomington/Monroe County area.

#### 2009

The ACHIEVE coaches appointed a Community Health Action Response Team (CHART). The CHART committee includes high level leaders from various sectors. Subcommittees were formed to address all sectors including: workplace, schools, community institution, community organization, and healthcare.

Part of receiving the ACHIEVE grant involved completing a three year assessment called CHANGE. CHANGE is a community assessment tool developed by the CDC's Healthy Communities Program and had been designed to identify community assets and potential areas for improvement in the area of health and wellness. Assessment Teams measure: Physical Activity, Tobacco Use, Nutrition, Chronic Disease Prevention, and Leadership. The assessments were conducted by the Active Living Coalition.

#### 2010

ACHIEVE created the Mini Grant Program. ACHIEVE Mini Grants support the community in making health and wellness policy, environment and system changes that provide easy access to healthy, active lifestyles throughout the community: in our homes, at our schools, in our workplaces, and at our parks, trails, paths, and streets. Eligible applicants were awarded up to \$2,000 to fund their efforts as well as support throughout their implementation stage from the ACHIEVE team.

#### 2011

ACHIEVE made efforts to engage and educate Bloomington/Monroe County area in 2011. ACHIEVE was given the opportunity to submit healthy successful stories to a local monthly health and wellness magazine called INstride. ACHIEVE also launched their website ([bmcachieve.org](http://bmcachieve.org)) as well as social media efforts to encourage healthy lifestyles in the community. Mini Grants were also distributed to seven different organizations in the year 2011.

#### 2012

ACHIEVE was awarded to be a Mentor City to Dekalb, Illinois local YMCA. In order to continue the work of ACHIEVE, the program applied and received a Sustainability Booster Grant from the



National YMCA of the USA. One of the requirements for the grant was to create a Strategic Action Plan (SAP) for the year 2013.

#### 2013

A new mission statement needed to be created to reflect the efforts of ACHIEVE. The new mission statement is: **“ACHIEVE is a group of leaders across five sectors; Schools, Worksites, Community Organizations, Healthcare, and Community at Large. It is our mission to inspire and promote policies, practices, and collaborations to make the healthy choice the easy choice.”** ACHIEVE staff had the opportunity to attend the Healthier Communities Conference in Memphis, Tennessee in the fall where they learned from different communities how to unite YMCAs, local and state health departments, parks and recreation departments and other community based organizations more formally in the fight against chronic disease. The Monroe County YMCA and Bloomington Parks and Recreation announced their support for ACHIEVE. The website was updated with health and wellness data resources for Bloomington, as well as a current list of our CHART board members.

#### 2014

This has already been a busy year for ACHIEVE coaches, Bloomington Parks and Rec Health and Wellness Coordinator and Monroe County YMCA Community Nutrition and Health and Wellness Coordinator would transition into ACHIEVE Coaches with the help of their mentors, Paula McDevitt and Nancy Parker. At the most recent CHART meeting, the Strategic Action Plan from 2013 was reviewed and new action steps were written for 2014. Most action steps are ongoing processes that will require constant analysis.

Although each year is very productive for the coaches, where the real change is occurring is behind the scenes in Community Action Plan (CAP) Committees. The five CAP committees are: Schools, Healthcare, Community Organization, Community at Large, and Worksite. Each year, the CAP committees are challenged to create new goals that can impact the community.

The Healthcare committee is working to make exercise the key component of assessments at doctor's appointments. They are also creating a new program called “Walk with the Doc”.

The Schools committee is very busy and includes two local school corporations. Monroe County Community School Corporation (MCCSC) is encouraging staff wellness at each school with a wellness committee. MCCSC is also partnering with Get Onboard Active Living (G.O.A.L.) for afterschool programming that conducts fitness assessments and health education at least once a week for two schools. Richland Bean Blossom School Corporation (RBB) is reassessing their coordinated school health plan for 2014. Both corporations would like to collaborate with each other in the future to help learn from one another.



The Community Organization committee is focusing on creating a healthy toolbox for congregations. Once created, they will select pilot congregations to test the toolkit and receive feedback from the parish nurses before an official launch.

The Community At Large committee is looking at utilizing a toolkit from Johns Hopkins to help promote Meatless Mondays. The toolkit will help incorporate the concept into organizations, businesses, and schools. Other cities and countries have declared Meatless Mondays and have passed resolutions to declare Meatless Mondays.

The Worksite committee is busy working on a partnership with Bloomingfoods to establish a fresh fruit delivery service for Bloomington. Currently, they are testing this service at a few select locations and with plans to expand to all of Bloomington later this year.

Each year ACHIEVE strives to create a healthier environment for Bloomington and Monroe County. Its mission remains the same over the years: “ACHIEVE is a group of leaders across five sectors; Schools, Worksites, Community Organizations, Healthcare, and Community at Large. It is our mission to inspire and promote policies, practices, and collaborations to make the healthy choice the easy choice.”

If you would like more information about ACHIEVE, please visit our website:  
[www.bmcachieve.org](http://www.bmcachieve.org).



## **Prenatal Care Grant Contract Report**

### **Volunteers In Medicine**

2013 Grant provided by Monroe County Department of Health

Grant Amount: \$20,000

The purpose of the Prenatal Care Grant is to provide prenatal care for low income, uninsured women who do not qualify for state Medicaid prenatal care. Additionally, through this grant, low risk pregnant patients are referred to a doctor specializing in obstetrics that is under contract to provide services for VIM patients.

During 2013, \$11,700 was from this grant was disbursed to Dr. John Labban, a licensed obstetrics specialist. These funds made it possible for twelve women to have comprehensive services for their pregnancy. This includes prenatal office visits as appropriate, health assessment, prenatal vitamins, nutrition consultation, and social work services, routine prenatal lab tests, sonogram and non-stress testing if necessary, and post-partum office visits as needed. Two women received partial prenatal care.

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 23, 2014

**119 West Seventh Street  
Bloomington, Indiana 47404  
(812) 349-2543**

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

**Follow us at "@MonroeCountyHea"**

**"Like" us on Facebook  
<http://www.facebook.com/pages/Monroe-County-Health-Department/159691350798248>**