

Monroe County Health Department

2012 Annual Report



Serving the Community since 1965

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COMMISSIONERS

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Mark Stoops
(President)

Iris Kiesling

COUNCIL

Vic Kelson, President
Geoff McKim, Vice President
Warren Henegar
Ryan Langley

Rick Dietz
Marty Hawk
Geoff McKim,

BOARD OF HEALTH

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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

STAFF

Penny Caudill	Administrator
Karen McGlynn	Deputy Administrator / Health Educator (partial year)
Lydia Goodin	Vital Statistics Registrar
Ashlie Bormann	Vital Statistics Assistant Registrar
Jenn Marcum	Vital Statistics Assistant Registrar
Randy Raines	Wastewater Sanitarian
Gary Cain	Wastewater Sanitarian
Jim Brown	Soil Scientist
Dennis Williamson, REHS	Environmental Health
Simeon Baker	Environmental Sanitarian
Mary Lowery	Tobacco Cessation / Health Educator
Sylvia Garrison, REHS, CFSP	Chief Food Sanitarian/Deputy Administrator (partial year)
Sandy Wallace	Food Sanitarian
Barbara Kuruzovich	Food Sanitarian
Kathy Hewett	Disease Intervention Specialist and Health Educator/Sanitarian
Caitlin Lehn	Data Entry (PT) and Disease Intervention Specialist
Nicole Purcell	Data Entry (PT)

FUTURES FAMILY PLANNING CLINIC

Liz McGlothlin
Rose Sequin
Lauretta Ionoff
Barb Sturbaum

Family Nurse Practitioner
Family Nurse Practitioner
Licensed Practical Nurse
Unit Coordinator/Clinic Manager

MISSION STATEMENT OF THE MONROE COUNTY HEALTH DEPARTMENT

PREAMBLE

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

~ C.E.A. Winslow

MISSION

The mission of the Monroe County Health Department shall be to promote the best achievable scope and quality of health services for the public. The health of every citizen is fundamental to their happiness and well-being, and is essential to the security and prosperity of the community, state, and nation.

The Health Department shall accomplish these ends through:

1. Promoting awareness and education of personal and environmental public health issues;
2. Monitoring public health activities within the community for compliance with state and local law and needs;
3. Promulgating appropriate public health standards for the above-mentioned activities, when applicable;
4. Encouraging development of needed health services when identified;
5. Providing an avenue for the development and implementation of health services which may not otherwise be available in the community.

FOREWORD

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 2011 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 \$900,000.00 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. In addition there is one (1) Disease Intervention Specialist supported through a Sexually Transmitted Disease grant from the Indiana State Department of Health (ISDH). One (1) Tobacco Educator funded by Indiana Trust Account Fund. One permanent part-time and one seasonal position supported by the Local Health Maintenance Fund. Three Full-time positions at Futures Family Planning Clinic are grant funded through Indiana Family Health Council and local grants. This totals 20 full-time equivalent positions, and 1 part-time seasonal position. (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 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 at 338 South Walnut. 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 1,676 unduplicated clients in 2012. Co-located with the clinic are the Department's Health Education Section and Disease Intervention Staff.

In 1965, the Department recorded 1,504 births and 450 deaths. By comparison, in 2012 the department recorded 1,993 births and 1,087 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 2011, those fees, combined with several grants, amounted to over \$450,000 in the health fund and over \$400,000.00 in additional grant funds.

Quality Improvement Activities

The department continued quality improvement activities in 2012 that included workforce development and align with the strategies learned from the Multi State Learning Collaborative. Work completed in 2010 included an internal assessment of the department identifying strengths and areas for improvement. Quality improvement efforts addressing some of the weaknesses identified were begun in 2011. The collaborative allowed for Lean Six Sigma, Yellow Belt, training for a portion of the staff. This training required regular staff participation and training time. The Lean six team met four times for full-day training and project planning. They worked on projects in between training days. *See Lean Six summary for more details on the work accomplished.* While all staff was unable to participate in the yellow belt training due to full day, training the Lean Six team will share the knowledge gained with others in order to improve the skills of all department staff. It is the desire of administration to locate funding for further training in this area.

Development of improved policies and procedures continues. Document destruction procedures were learned and observed while discarding old documents no longer needed by the department. Staff participated in national incident Command trainings and one member was deployed as part of a state response team when the tornadoes went through Indiana in March 2012. Another major project undertaken with the department and the Commissioners was remodeling the lower level of the health Services Building to accommodate Futures Clinic, Disease Intervention Specialist, Health educators and the Public Health Coordinator.

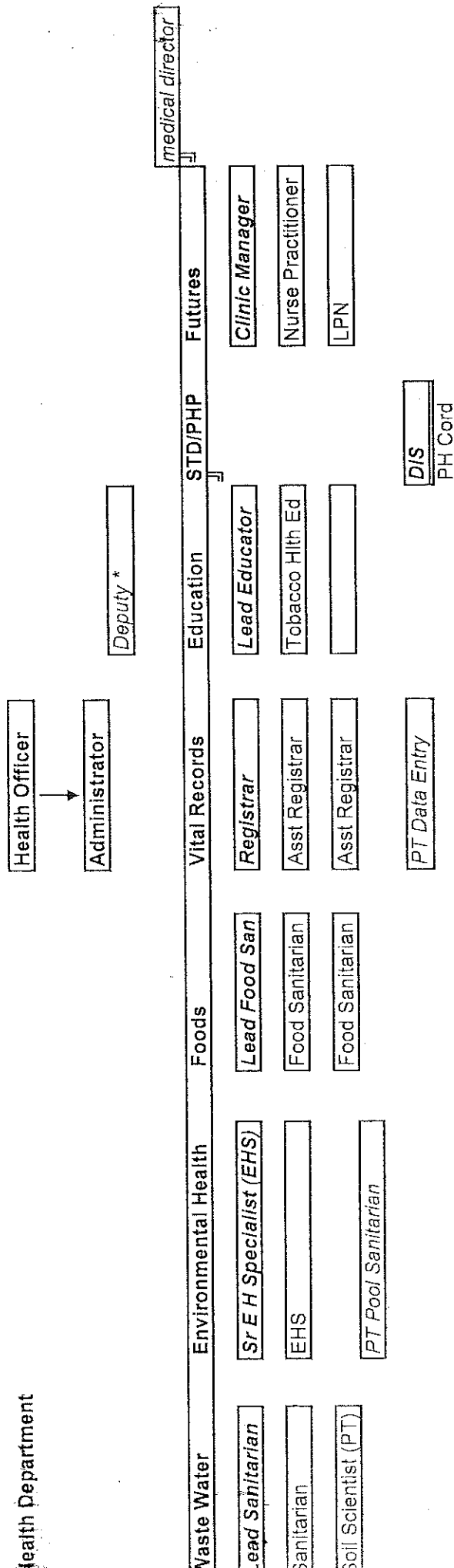
All new staff use of the state's Education and Training Toolkit to learn more about work performed at the health department. This kit was used in 2011 to document staff development, and review skill sets and to document quality improvements. These actions assisted in improved, internal systems and in 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.

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 2012. Several board members also worked with department staff on a revised mission and vision statement which was completed in December 2012 and scheduled for board approval in January 2013. All 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



* Serves as Administrative Deputy

yellow = grant funded positions

NOTE: PT positions may change based on duties assigned thereby altering direct supervision

dashes = indirect or partial supervision

ie NP supervises medical care in clinic

CM supervises schedules and clinic management tasks

2012 FEE INCOME BY CATEGORY

INCOME	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTALS
BIRTHS	\$5,520.00	\$6,070.00	\$6,170.00	\$5,475.00	\$6,000.00	\$5,415.00	\$6,045.00	\$6,630.00	\$4,305.00	\$5,265.00	\$4,815.00	\$3,360.00	\$65,070.00
DEATHS	\$7,236.00	\$6,142.50	\$6,966.00	\$7,141.50	\$7,263.00	\$7,168.50	\$9,435.00	\$7,870.50	\$4,843.64	\$8,438.52	\$7,287.50	\$5,035.00	\$84,827.66
GENEALOGICAL SEARCH	\$90.00	\$15.00	\$90.00	\$45.00	\$240.00	\$210.00	\$120.00	\$75.00	\$15.00	\$75.00	\$0.00	\$30.00	\$1,005.00
REAL ESTATE /ON-SITE INSPECTION	\$50.00	\$200.00	\$75.00	\$0.00	\$225.00	\$150.00	\$0.00	\$75.00	\$0.00	\$150.00	\$75.00	\$0.00	\$1,000.00
SEPTIC PERMIT APPLICATION	\$1,850.00	\$1,325.00	\$3,075.00	\$1,725.00	\$1,575.00	\$3,300.00	\$3,925.00	\$1,525.00	\$975.00	\$675.00	\$2,400.00	\$975.00	\$23,325.00
SEPTIC INSTALLER CERTIFICATION	\$250.00	\$0.00	\$0.00	\$100.00	\$100.00	\$200.00	\$100.00	\$200.00	\$0.00	\$0.00	\$0.00	\$100.00	\$1,050.00
WELL PUMP SURVEY FEE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FOOD SERVICE LICENSE	\$112,375.00	\$20,180.00	\$11,355.00	\$3,835.00	\$2,895.00	\$4,150.00	\$4,720.00	\$2,575.00	\$1,425.00	\$2,975.00	\$4,075.00	\$175.00	\$170,735.00
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
SWIM. POOLS/SPAS BEACH PERMIT	\$12,075.00	\$2,650.00	\$4,740.00	\$9,450.00	\$3,525.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32,440.00
CAMPGROUND PERMIT	\$0.00	\$0.00	\$405.00	\$4,570.00	\$745.00	\$165.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,885.00
INCINERATOR FACILITY	\$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
TRASH HAULER PERMIT	\$1,400.00	\$1,300.00	\$50.00	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,850.00
MISCELLANEOUS	\$78.10	\$28.00	\$129.10	\$40.90	\$21.00	\$62.45	\$48.95	\$84.45	\$63.00	\$131.00	\$29.00	\$37.40	\$753.35
NOTARY FEE	\$8.00	\$10.00	\$9.00	\$6.00	\$4.00	\$10.00	\$4.00	\$8.00	\$4.00	\$2.00	\$4.00	\$4.00	\$73.00
PATERNITY AFFIDAVIT	\$200.00	\$250.00	\$195.00	\$180.00	\$135.00	\$240.00	\$50.00	\$120.00	\$160.00	\$40.00	\$160.00	\$125.00	\$1,855.00
PHOTOCOPYING FEES	\$1.40	\$1.40	\$1.50	\$1.90	\$0.00	\$2.10	\$1.80	\$0.00	\$2.00	\$3.00	\$4.10	\$1.90	\$21.10
FAX TRANSMISSIONS FEES	\$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
AMENDMENT AFFIDAVIT	\$25.00	\$60.00	\$50.00	\$0.00	\$20.00	\$80.00	\$90.00	\$10.00	\$10.00	\$35.00	\$10.00	\$20.00	\$410.00
BANK FEES	\$0.00	-\$5.50	-\$88.05	-\$64.40	-\$89.55	-\$79.65	-\$39.85	-\$35.55	-\$24.00	\$30.00	\$0.00	\$0.00	-\$396.55
NSF CHECKS	-\$15.00	\$0.00	-\$45.00	\$60.00	-\$435.00	-\$15.00	\$390.00	-\$45.00	\$15.00	\$90.00	\$0.00	\$0.00	\$0.00
ADJUSTMENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$45.00	-\$65.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$110.00
SUB-TOTAL	\$141,143.50	\$38,226.40	\$33,177.55	\$32,565.90	\$22,223.45	\$21,013.40	\$24,924.90	\$19,092.40	\$11,793.64	\$17,909.52	\$18,859.60	\$9,863.30	\$390,793.56
CORONER FEES	\$804.00	\$682.50	\$774.00	\$793.50	\$807.00	\$796.50	\$1,065.00	\$874.50	\$916.36	\$1,596.48	\$962.50	\$665.00	\$10,737.34
FAMILY PLANNING CLINIC *	\$1,414.74	\$1,545.57	\$2,091.58	\$1,880.11	\$1,790.92	\$2,763.51	\$1,004.02	\$2,203.81	\$1,543.75	\$1,386.10	\$1,358.15	\$627.75	\$19,610.01
TOTAL	\$143,362.24	\$40,454.47	\$36,043.13	\$35,239.51	\$24,821.37	\$24,573.41	\$26,993.92	\$22,170.71	\$14,253.75	\$20,892.10	\$21,180.25	\$11,156.05	\$421,140.91

HEALTH FUND

INCOME

TAX DRAWS	\$	530,902.52
GRANTS	\$	50,689.32
FEES	\$	390,793.56
MISCELLANEOUS RECEIPT	\$	1,791.05
TOTAL INCOME	\$	974,176.45

DISBURSEMENTS

\$943,345.14

CASH BALANCE DEC 31, 2012

\$418,765.92

* Not included in Health Fund

Monroe County Public Health Clinic Annual Report 2012

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

- Overall immunization compliance rate was calculated at 100% for established patients from 0 to 24 months of age who received immunizations at MCPHC in 2012, as measured by ISDH Clinical Assessment Software Application. We work hard to educate parents about the benefits of immunizing their children according to the Advisory Committee on Immunizations Practices (ACIP) guidelines.
- Monroe County Public Health Clinic instituted policies and partnered with VaxCare in January of 2012 to provide immunizations for those insured. VaxCare is an outside billing agency, allowing the clinic will still be able to carry low cost immunizations for those who do not have insurance and do not qualify for the Vaccines For Children Program.
- Seasonal Flu Clinics were held at Meadowood Garden Apartments, Twin Lakes Recreational Center, Shalom, Monroe County United Ministry, St. Paul Spanish Mass, St Marks Methodist church, Crestmont Community Center, and at the Monroe County Public Health Office.

Community Outreach:

- Monthly well checks were done at the College Mall through September, including Blood Pressure checks, Blood Glucose, as well as Lipids and Hemoglobin A1C. Well Screenings also took place at Twin Lakes Recreational Center, Monroe County Public Health Clinic, Monroe County Fair, St. Paul's Spanish Mass, Latino Health Fair, and Parkview Community Center.

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 department.
- In collaboration with IU Health Bloomington, Marketing and Community relations, and IU Health Urgent Care, MCPHC promotes media and website use for members of the community to seek accurate and timely information as to the availability, cost, location, and hours of operation for flu and pneumonia vaccinations.
- MCPHC provides free TB testing for Martha's House, Agape House, Amethyst house, and Backstreet Missions clients.
- MCPHC offers monthly wellness screenings at College Mall as well as at other health fair and requested locations. A community calendar is published through the IU Health Community Health Department with this information each month.
- 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.

Continuing Education

The following education was completed this year:

CDC Net conference for immunization updates
Patient Safety Series – It can happen here
Fall prevention and home safety
Non-Violent Crises Intervention
Flu Mist In-Service
CPR renewal
Immunizations A – Z
2011 Immunizations and PHN conference
Time Management Skills
TB Symposium
Viral Hepatitis Conference
Small Pox – Train the trainer
Motivational Interviewing

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

A summary of activities for 2012 are as follows

Total visits: 3,287

Immunizations

- 3080 total vaccinations given
- 778 adult and childhood influenza vaccinations
- 119 pneumonia vaccinations

Tuberculosis Surveillance

- 569 TB test given
- 0 active cases diagnosed
- <5 clinical case diagnosed
- 6 positive reactors identified at MCPHC
- 19 patients last year on preventative TB medication through MCPHC – monthly totals

Health Education and Information

- 401 encounters provided for therapeutic injections, consultations regarding TB, lice checks, immunization information, or other issues

Health Screening and Testing

- 45 total out reaches
- 7 lead screens
- 57 blood pressure checks in house
- 196 blood pressure checks outreach
- 108 cholesterol tests
- 51 weight checks

Condition	Investigations Completed	Confirmed Cases	Probable Cases	Suspect Cases	Open Cases	Not a Case
Campylobacteriosis	26	23	< 5	0	0	0
Dengue	< 5	0	< 5	0	0	0
Giardiasis	<5	<5	0	0	0	< 5
Hepatitis A	<5	0	0	<5	0	<5
Hepatitis B	24	<5	12	0	0	<5
Hepatitis C	94	76	7	9	0	<5
Histoplasmosis	7	5	0	0	0	<5
Lyme Disease	11	<5	0	<5	0	8
Malaria	<5	<5	0	0	0	0
Meningococcal Invasive	0	0	0	0	0	0
Mumps	<5	0	0	0	0	<5
Pertussis	12	<5	<5	<5	0	<5
Rocky Mt. Spotted Fever	<5	0	0	0	0	<5
Salmonellosis	11	8	<5	0	0	<5
Shigellosis	<5	0	0	<5	0	0
Shiga-toxin producing E.coli	7	<5	<5	<5	<5	0
Streptococcus Group A	<5	<5	0	0	0	0
Streptococcus Group B	6	5	0	0	0	<5
Typhoid Fever	<5	0	0	0	0	<5
Varicella	<5	0	<5	0	0	0

2013 Goals

Improve upon the evaluation process for pre-diabetes screenings	(wellness)
Conduct an activity to celebrate Public Health Week	(marketing)
Update Website	(marketing)
SOP's written for all job duties	(admin)
Reminder recall through CHIRP will be done each quarter	(immunizations)
Internal Scorecard initiated	(admin)
Capture more MCPHC in CIBSA (Community Benefit Software)	(admin)

2012 Goals

Improve Marketing by adding palm cards about clinic services	Met
Expand pre-diabetes screening to reach new at risk populations	Met
Establish a follow up and evaluation process for community pre-diabetes screenings	Met/ongoing
Increase number of volunteers for well screenings from 1 to 4 people (Volunteers increased to 2)	Not Met
Offer immunizations 5 days a week (Staffing changes, Immunizations are offered 4 days a week)	Not Met

HEALTH EDUCATION

Over the years, it has become clear that an individual's health is closely linked to community health – the health of the community and environment in which individuals live, work, and play. Community health is profoundly affected by the collective beliefs, attitudes, and behaviors of individuals in the community. Health Education within Monroe County, whether it is generated from the County Health Department or from any other local organization, must be vigilant in the implementation of Healthy People 2020's nationwide goals for healthy communities, translating and tailoring those goals to improve and maintain a healthy quality of life for Monroe County residents.

The goals for the Health Education Section of the Monroe County Health Department continue to be:

1. Improve the health and safety status of the Monroe County community.
2. Develop partnerships with community organizations/companies.

Objective:

- Actively participate in a minimum of three multi-organizational events.
- Maintain active membership of the Active Living Coalition by attending at least $\frac{3}{4}$ 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.

3. Improve delivery of current health information to the Monroe County Community using a comprehensive approach.

Objective:

- 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 3 health fairs
- Expand community outreach projects

4. Fulfill the goals of Healthy People 2020 by use of local health statistics as it applies to the population of Monroe County.

5. Play a leadership role in assisting the Health Department to obtain Public Health Accreditation.

6. Assist Activate Wellness Clinic in offering health education programs to Monroe County employees.

Examples of how the Monroe County Health Department met these goals in 2012 are:

- Continued a partnership with the Active Living Coalition (ALC)
- Participated in a minimum of three health fairs and other community events
- Continued work with the Active Living Coalition (ALC) 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 American Heart Association, American Cancer Society, Family Resource Centers, City of Bloomington, and local School Wellness Policy committees.
- The Health Education Department 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 Department was actively involved in obtaining a grant from ISDH that will focus on lowering sodium use both in the community and in county employees. The grant, which will begin in 2013, will work to reduce sodium in restaurant foods and in the vending machines

located in county buildings. The department is very excited to have the opportunity to oversee the implementation of the grant and to therefore, improve the health of the community.

The Health Education staff is also working to assist the Monroe County Health Department in the process of obtaining Public Health Accreditation. The staff is attending trainings and researching the best methods of accomplishing this goal. The education department is also engaged in emergency preparedness training so that they can effectively assist community members in an emergency situation.

MONROE COUNTY EMPLOYEE WELLNESS PROGRAM



“Hope” is the Monroe County employee wellness program, and its goal is to promote healthy lifestyles within the employee family. This program, once managed by the Health Department, was taken over in full by the Activate Employee Wellness Clinic beginning in 2012.

The Health Department continues to play an instrumental role by continuing to serve on the Wellness Committee and will continue to aid the Employee Health Clinic as needed. The Wellness Committee works together to provide departmental support to assist county employees achieve better health.

HOPE Wellness Program Goals for 2012

The HOPE Wellness program goals are to aid the Employee Wellness Clinic in achieving the following Goals:

1. Increase the number of Monroe County employees that identify themselves as healthy individuals.

Objectives:

- By the end of the 2012, 25% of employees will self-identity their health status as good or above.

Met – over 30% of Monroe County Employees consider themselves to be in good or excellent health.

2. Increase the number of Monroe County employees that participate in wellness education and physical activity programs provided by the county.

Objectives:

- By the end of 2012, enroll 25 % of Monroe County employees in the HOPE Program.

Met- 20-25% of Monroe County employees participated in Hope Wellness/Employee Clinic Wellness Program events.

- For each Monroe County activity, have participant attendance at the program activities be 80%.

Met- At least 80% of program participants were involved with Hope Wellness or Employee Clinic Wellness programs.

3. Ensure a smooth transition of the Employee Wellness program Management to the Activate Employee Health Clinic.

Met – The Monroe County Health Department helped ensure a smooth transition of the Employee Wellness Program management to the Activate Employee Health Clinic by providing training and materials as needed.

4. Continue to serve as an active member on the Employee Wellness Committee.

Met- The Monroe County Health Department actively participated in the Employee Wellness Committee by attending meetings and helping Activate meet employee goals.

HOPE Pays

“HOPE Pays” is an incentive program for Monroe County employees who are not on the county insurance plan and not members of Activate Clinic. They may register for this program and earn points toward a cash reward for participating in certain wellness events, such as preventative visits to doctors or attending prevention programs. Points are earned for wellness program attendance, preventative healthcare, and physical activity. According to Activate Clinic, 18 employees participated in Hope Pays in 2012. Activate Clinic also has an incentive plan for those employees who are members of the clinic. Although both programs are administered through the Activate Clinic, the health education staff works to support the success of these programs. Health promotion programs like this have proven to be effective in encouraging employees to increase healthy behaviors and thereby reduce healthcare costs. Goals for 2013 include assisting Activate Clinic in offering health education programs to Monroe County employees.

Tobacco Cessation/Health Education

The Healthy People 2020 Tobacco Use objectives are organized into 3 key areas:

1. Tobacco Use Prevalence: Implementing policies to reduce tobacco use and initiation among youth and adults.
2. Health System Changes: Adopting policies and strategies to increase access, affordability, and use of smoking cessation services and treatments.
3. Social and Environmental Changes: Establishing policies to reduce exposure to secondhand smoke, increase the cost of tobacco, restrict tobacco advertising, and reduce illegal sales to minors.

Screenings and brief interventions for tobacco use are used to encourage more intensive cessation intervention; one to one coaching and/or group cessation classes (Center for Disease Control, [*A Practical Guide to Working with Health-Care Systems on Tobacco-Use Treatment*](#)). Brief interventions are low cost and effective across all levels of substance use and ideal for use as a health promotion method. Carbon monoxide testing is one part of the brief intervention strategy and often a great motivator for the behavior changes required to quit smoking.

Carbon monoxide/brief intervention: totals for 2012: 74 , this includes interventions performed with health fair attendees, and individuals participating in either one-to-one or group cessation.

Futures Family Planning Clinic 1.800.QUITNOW Patient Referrals: since 2004, every state in the U.S., District of Columbia, and Puerto Rico has operated a tobacco cessation quit line. Quit lines provide telephone counseling, which is one of the three types of counseling recommended by the Public Health Service Guideline. In 2012, 47 clinic patients were referred to the Indiana State Quit Line for cessation services.

Family smoke free homes education: one presentation was given for prenatal mothers at Crisis Pregnancy Center for 11 participants.

Cessation Program: 18 cessation classes were held at GE, with a total of 12 participants completing 4 sessions. Cessation rates at the end of 30 days: 25%, at 60 days: 15% and at 90 days: 10% (of those responding to phone and in person surveys). The program includes nicotine replacement therapy products: gum, lozenges and patches. According to Indiana Tobacco Prevention & Cessation, programs using nicotine replacement therapy increase 30 day quit rates by approximately 15%.

Smoke free air campaigns: On July 1st, the state of Indiana implemented a statewide smoking ban. The Indiana Alcohol & Tobacco Commission (ATC) is the primary enforcement agency. The Indiana State Department of Health, a local health department, a health and hospital corporation, the Division of Fire & Building Safety and any law enforcement officer may enforce this law. Complaints are registered with the ATC via their website. In 2012, the health department received and investigated 12 complaints. Nature of complaints: failure to display required signage and removal of outdoor ashtrays placed within 8 feet of public entrances.



AmeriCorps/Kids Choice Program

Healthy People 2020's nutrition and weight status objectives: reduce the proportion of children and adolescents who are considered obese. (Objective 10.1: children aged 2-5, Objective 10.2: children aged 6-11).

Baseline: 17.4% of children aged 6 to 11 years were considered obese in 2005–08. The 2020 target: reduce that number to 15.7%. Target-Setting Method: 10 percent improvement (data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS).

Kid's Choice continues to provide nutrition education and physical activity for students at Stinesville Elementary (SES), grades four and five, and Edgewood Primary (EPS), Kindergarten through grade two (afternoon Latch Key Program) .

For the 2012-13 school year, Kid's Choice participants are learning how to use My Plate, created by the USDA to replace My Pyramid. My Plate basics: enjoy food but eat less, avoid oversized portions, half of the food plate should include fruits and vegetables, half of daily grains eaten should be whole grains.

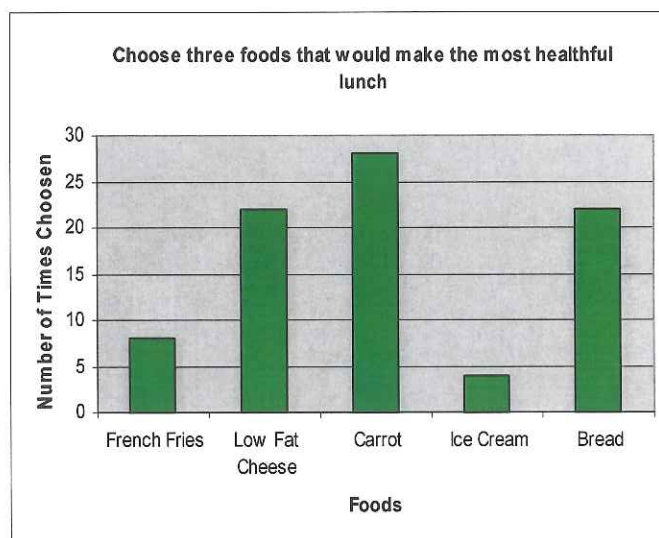
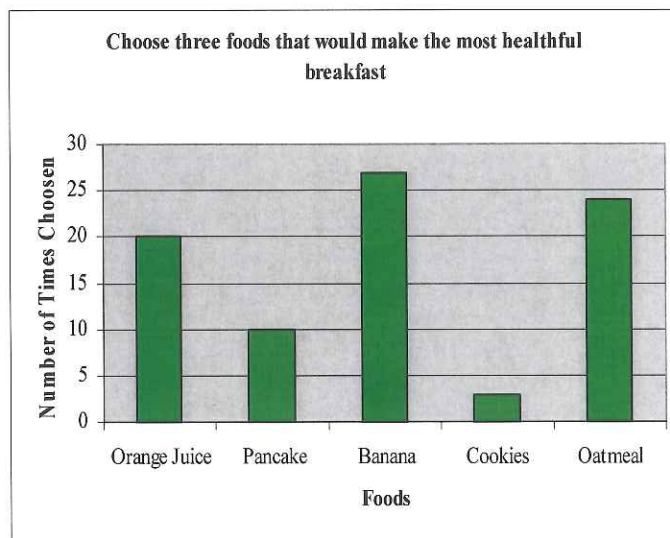
Evaluation Design and Evaluation Methods: Data collection: pre/post tests, oral "self survey" quizzes during sessions. Pre/post tests analyzed to measure changes in nutrition and physical activity knowledge.

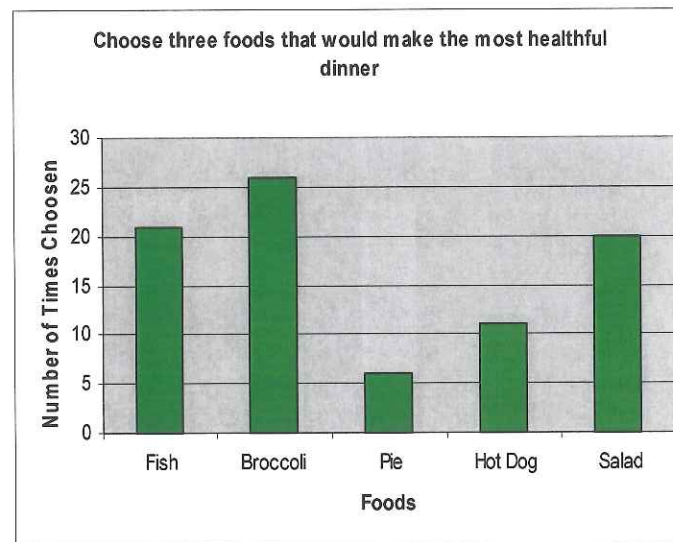
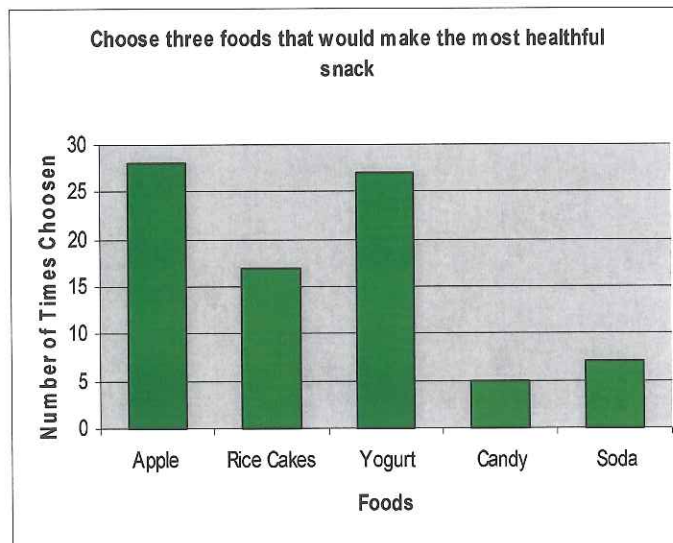
Evaluation Standards: Gathering data and analyzing results will identify ways to improve the program. Evaluation will highlight program strengths and weaknesses.

Sample Pre Test Results: Edgewood Primary School

Kindergarten-2nd grade Latchkey Program

**** Children were allowed to make 3 selections per question and therefore percentages represent the rate at which the selection was indicated by the children. (Questions were omitted if no selection or more than three selections were made)**





Kid's Choice enrollment at the end
of 2012: 43

Trainings attended

- *Statewide Smoking Ban Implementation*
- *Fundamentals of Evaluation: Tobacco Technical Assistance Consortium/Emory University*
- *FEMA IS 244: Managing Volunteers*
- *Primary and Secondary Trauma/Post Traumatic Stress Disorder*
- *Intellicorp user training*

Advisory Boards & Committees

- Richland Bean Blossom School Corporation's *Coordinated Health Advisory Members Providing Positive Solutions* (CHAMPPS)
 - Monroe Tobacco Prevention & Cessation (MTPC)
 - Child Fatality Team

Medical Reserve Corps and Emergency Preparedness

Medical Reserve Corps

This year the Medical Reserve Corps (MRC) coordinator and two staff preparedness team members participated in *Recruiting through the Volunteer Network* with the City of Bloomington. Volunteer program management changes will include background screening through Intellicorp, which will provide us with a more thorough volunteer background check process.

In addition, the Bloomington Volunteer Network will assist in ensuring effective volunteer management:

- 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.

2012 Volunteer Trainings

- Crisis Emergency Risk Communication
- Post Traumatic Stress Disorder

Monroe County Health Department
Public Health Emergency Preparedness and Response

*To Safeguard Our Community Through Preparedness
and Effective Response to Public Health Emergencies*

Introduction

The Centers for Disease Control and Prevention founded a grant that helped establish a Public Health Coordinator position for local health departments. This was in large part as a response to the terrorist acts of September 11th, 2001 and the anthrax events that followed shortly thereafter. The Indiana State Department of Health oversaw the PHC program till 2007 when direct grant funding for the position ceased, the position was subsequently eliminated. Duties of the PHC were divided among other HD staff and proved cumbersome due to the growing number of responsibilities and the expanding scope of public health preparedness activities.

A need for a permanent position to address the mounting CDC grant requirements and the necessity of establishing a more effective response for public health emergencies in a growing community was anticipated and identified.

In 2012 the Public Health Preparedness and Emergency Response Coordinator position was established and approved by the County Council as a permanent position for the Monroe County Health Department. This was largely due to the foresight and efforts of the Monroe County Health Department Administrator and the Monroe County Board of Health.

Responsibilities

Responsibilities of the Public Health Coordinator include: emergency preparedness and response planning; the provision of emergency preparedness and emergency management training to staff; the acquisition of emergency preparedness and response equipment; the design and development of exercises; the evaluation, upkeep and development of department emergency response plans; supporting the coordination of the volunteer management program of the Medical Reserve Corps; serving on several councils and committees regarding public health emergencies management; and coordination/liaison with partner agencies, organizations and entities.

All of these activities are the basis of a comprehensive emergency management program.

Accomplishments

- All Public Health Emergency Preparedness Cooperative Agreement (PHEPCA) grant requirements of the 2011/12 grant year were completed successfully ahead of the grant year closing.
- Emergency Operations Center procedure plans were completed and submitted to the Monroe County Department of Emergency Management.
- Updated the Emergency Support Function #8 Annex to the Monroe County Comprehensive Emergency Management Plan.

Accomplishments Continued

- The MCHD was established as a part of the Department of Homeland Security's National Exercise Schedule System (NEXS).
- The MCHD conducted the first Emergency Support Function (ESF-8) partner's conference in Monroe County. A subsequent conference was also successfully held and was well-attended. Partner conferences for each ESF may soon be a requirement of the county emergency management agency.
- The first Public Health Hazards and Vulnerabilities Assessment was conducted and completed with participation from several partner agencies, organizations and entities.
- Planning workgroups were established with the Council on Community Accessibility and the Commission on Aging/Area 10, to provide input and planning considerations for the functional needs of people with disabilities and the special needs of the elderly in a public health emergency.
- Basic emergency kits and supplies have been acquired and are now situated and ready for use in both the Health Services Building and the Futures Family Planning Clinic.
- A regular bimonthly workshop was established to help educate and create personal emergency kits and plans for staff.
- Public Health Preparedness Capabilities assessments conducted at three separate intervals.
- Pamphlets were developed for the public and partner agencies that contained information about public health emergencies, disaster preparedness, emergency response, and disaster mental health.
- Identified stakeholders to be included in public health emergency information messaging and developed rules for information sharing.
- Identified functional roles that volunteers may fill further identifying the knowledge, skills, abilities and training needed for each role.
- Volunteer training curriculum was incorporated into the MCHD Training & Exercise Plan.
- Conducted an inventory of current Strategic National Stockpile assets on-hand.
- Conducted a Notification and Assembly exercise of incident command staff.
- Conducted a Strategic National Stockpile Assets Re-Order exercise.
- Conducted redundant communications exercises on a regular basis.
- Granted a public interview with WFHB radio on public health preparedness.
- Attended various fairs to help educate on public health preparedness and emergency response.
- Delivered numerous trainings on equipment and procedures to health department staff.

Ongoing Activities

- Department plans are being migrated to an all-hazards format with continuous updating and improvement.
- All MCHD emergency response plans are continually being updated and improved.

Ongoing Activities Continued

- Conducting and providing trainings and education for the professional development of health department staff.
- Participating in and conducting emergency response exercises.
- Coordination and emergency management planning.
- Participation and representation in councils, committees and boards including but not limited to: Monroe County Emergency Management Advisory Council (EMAC), Local Emergency Planning Council (LEPC), Community Organizations Active in Disaster (COAD), Monroe County Emergency Management Coordinating Board (EMCB), District 8 Planning Council (DPC), District 8 Public Health Preparedness Committee, District 8 Hospital Preparedness Committee, and Council for Community Accessibility.

Goals for 2013

- Develop a series of exercises based on the Continuity of Operations Plan.
- Coordinate with the Monroe County Department of Emergency Management to determine and formalize the MCHD's role in emergency operations in response to an event or incident.
- Develop standard operating procedures for health department activation, mobilization and demobilization in support of emergency operations center activities.
- Develop a volunteer eligibility screening procedure to include procedures on conducting criminal background checks and procedures on the verification of credentials, licenses, certifications, etc.
- Develop standard operating procedures for volunteer activation, mobilization and demobilization in support of emergency operations center activities.
- Coordinate with the county coroner to develop disaster mortuary plans.
- National Incident Management System compliance.
- Complete resource typing of all MCHD assets/equipment.

Statistics

Number of emergency management training certificates earned by staff in 2012 = 19

Number of emergency management training certificates earned by staff in 2011 = 8

Conclusion

Emergency preparedness is a shared responsibility of all levels of government, the private and nonprofit sectors, and individual citizens.

We are doing our part here is how you can do yours.

The following page is provided to serve as a basic reference to get you started with your own personal emergency preparedness.

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

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

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

Monroe County Chapter of the American Red Cross

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

United Way

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

SWIMMING POOLS



The swimming pool program is managed by the Environmental section. Monroe County has 88 public and semi-public facilities 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 2012 was 405.

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.

On May 26, 2011 the Consumer Products Safety Commission (CPSC) issued a voluntary recall on some of the safety drain covers due to incorrect ratings to handle the flow of water through the cover. The recalled covers were installed after December 2008 and included in-ground spas, wading pools and pools with only 1 main drain.

The Health Department sent out an e-mail to all local pool facilities about the recall and requested documentation on all existing drain covers for our files. The information is also entered into our pool database program. Our department worked diligently throughout the pool season to gather drain cover information and to provide guidance on this voluntary recall.

2012 Goals Met:

The pools database was updated before July 2012.

All documentation on drain covers and copy of certificates were entered into database by December 2012.

Response time on all complaints investigated within 2 business days.

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

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. HAND updated their ordinance in November of 2012.

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.

2012 Goals Met:

Resource list was completed by September 2012.
Resource list was delivered via e-mail upon request of tenant.
Spoke with City Rental personnel regarding rental complaints.

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.
- Distribute rental contact information list upon request by tenant within 2 business days of request.
- 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)



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 consultation 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, US/LUST files, indoor/outdoor air complaint files, vector/pesticide files, and information request database.

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 2012 was to complete a records search within 3 working days of receiving the ESA Phase I information request form and proper fee(s). This goal for 2012 was achieved. This goal will continue for 2013. In 2012, the department conducted no formal information requests for Phase I ESAs and 46 informal consultation requests. Since 1989, the department has issued a total of one hundred and forty-four formal information reports.



INDOOR AIR QUALITY

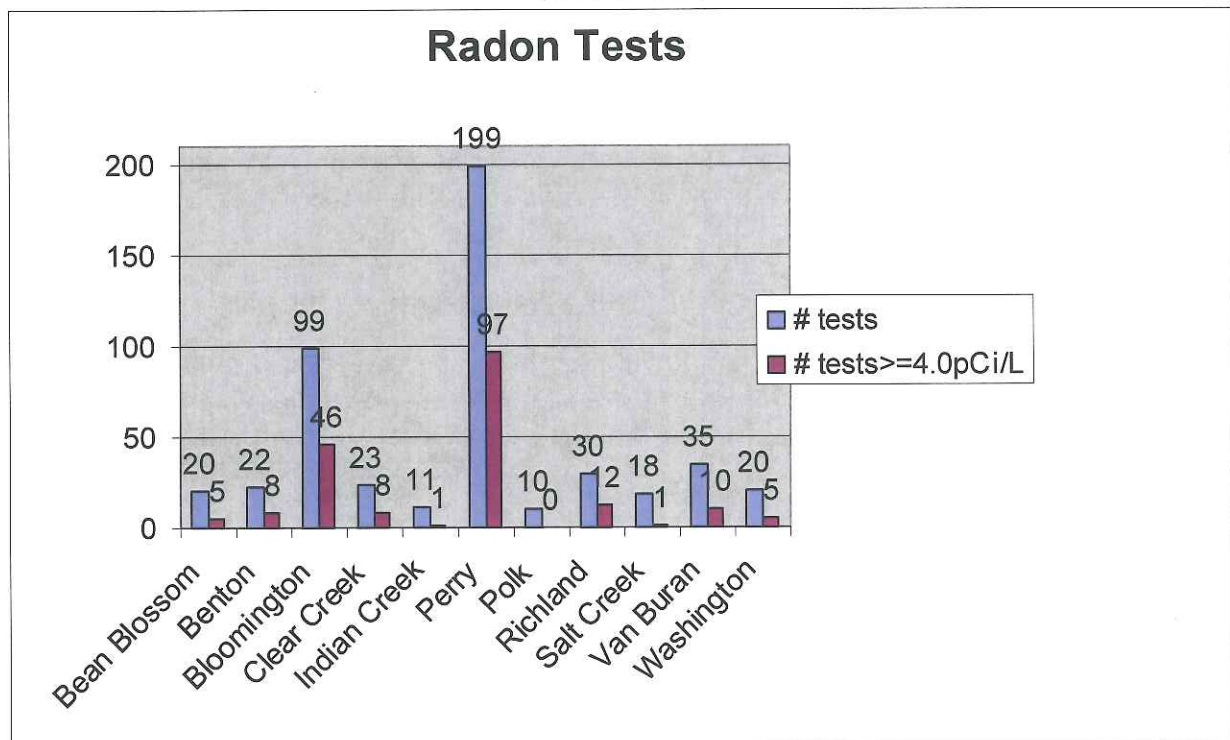
The Monroe County Health Department consulted with county residents who requested some assistance concerning indoor air quality (IAQ). Topics of concern included asbestos, biological contaminants, carbon monoxide, formaldehyde, lead and radon. In 2012 a majority of consultations were concerns regarding 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.

The Health Department maintains an inventory of indoor air publications. These publications cover the most common indoor air concerns and are available upon request. Staff keeps a current list of indoor air companies and laboratories throughout the state if further assistance is required. The Health Department on occasion will request assistance from the State to test a home regarding indoor air concerns.

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 25 radon tests, follow-up tests and consultations in 2012.

**Monroe County Health Department Indoor Radon Results
(1989 to 2012)**



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.

2012 Goals Met:

Provided free radon testing to county citizens upon request.

2013 Goals

- Increase the number of radon kits handed out in 2012 from 18 to 25 to the public, free of charge
- Provide free radon test kits to county employees within 5 business days

OUTDOOR AIR QUALITY

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 is 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 2012, the Monroe County Health Department referred to IDEM and the Monroe County Solid Waste District (MCSWD) to enforce open burning complaints. The MCSWD has a local ordinance for illegal dumping and open burning. The MCHD staff conducted two facility inspections during 2012. The MCHD also issued one small solid waste incinerator registration permit in 2012.

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 2012.

2012 Goals Met:

Worked closely with IDEM and MCSWD throughout the year regarding complaints.
All complaints were referred to IDEM and MCSWD within 2 business days.

2013 Goals

- Continue to work with IDEM and MCSWD on outdoor air quality (OAQ) issues
- Refer complaints to IDEM and MCSWD within 2 business days

BLOOMINGTON PCB CLEANUP PROJECT ACTIVITIES 2012

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.

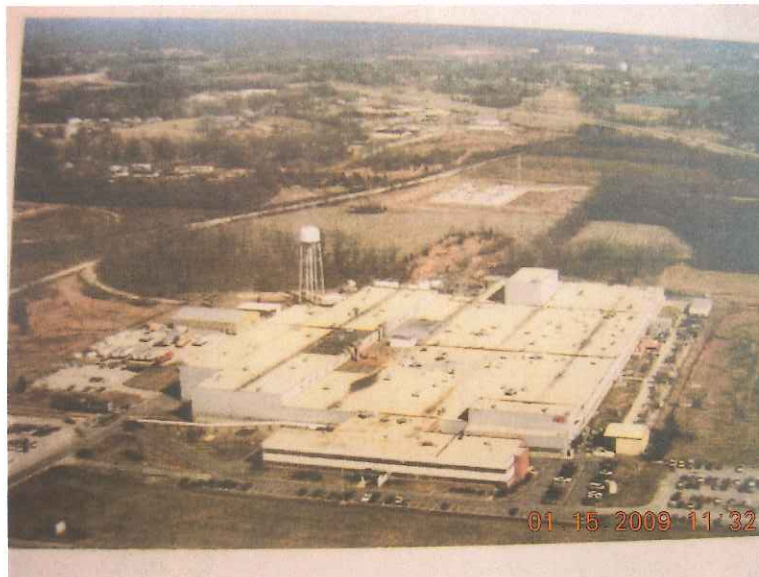
Phase 1 Project Summary: Source control activities at the six Consent Decree sites and other non-CD sites have been on going since 1983. As of January 1, 2013, a total of 14, 422 capacitors have been recovered and transported for TSCA incineration. A total of 326, 607.57 tons of TSCA waste has been removed 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 N. 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 2012, the health department staff completed forty-nine (49) 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 2008-12

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 2012, the MCHD conducted twenty-two (22) field related activities at the three National Priorities List (NPL) sites.



FORMER WESTINGHOUSE/ABB PLANT



AREA LANDFILL CLEANUP GOALS IN 2010 - 12

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 2012 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 1, 2012, the ICSWTP has treated 1,348,922,822 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 will study how the drain affects the flow of these springs. The springs flow into Stout's Creek. If EPA finds that PCBs continue to flow into Stout's Creek, the water will be collected and treated in a water treatment plant to be built on site. The study was near completion in late 2012. A review study meeting is scheduled for early 2013 first quarter. Preliminary study results are indicating some type of water treatment will be required.

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 1, 2012, the NFL spring treatment facility has treated a total of 2,307,011,054 gallons of groundwater since start-up in 1990.

2012 Goals achieved:

- Continued oversight partnerships with USEPA, IDEM and USB/City of Bloomington
- Monitored Operations & Maintenance quarterly site inspections
- Reviewed and provided comments on project documentations
- Attended project meetings with CBS, USEPA, IDEM and City of Bloomington



WATER STORAGE TANKS



CARBON TREATMENT VESSELS



CLEAR CREEK FISH ADVISORY SIGN



NEAL'S LANDFILL SOUTH SPRING AND OVERFLOWS



BENNETT'S STONE QUARRY (DUMP SITE)

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 2012, 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 followup.

SPILL RESPONSE OPERATIONS

A total of four complaint investigations were conducted in 2012 involving hazardous material spill response staff. MCHD response activities in 2012 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 2011-12. 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.



UNDERGROUND STORAGE TANK REMOVAL

2012 GOALS ACHIEVED/2013 GOALS:

- Coordinate with IDEM personnel on spill response investigations and hazardous waste issues

SOLID WASTE PROGRAM

MONROE COUNTY LANDFILL

The Monroe County Solid Waste Management District (MCSWMD) operates the Monroe County Landfill (MCLF) located on Anderson Road. The MCLF is 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 is going thru closure procedures with IDEM. A leachate treatment system has been constructed and is now operated by the MCSWMD.

Monthly inspections are conducted by IDEM, Office of Land Quality personnel of the "sanitary landfill section" and the "construction and demolition section" of the landfill. Inspections during 2012 revealed a continuing effort on part of the MCSWMD to ensure compliance with all regulatory permit 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 2012, the MCHD received a total of ten 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.

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 ninety-five waste transporter permits and decals issued in 2012. 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 2012.

GOALS FOR 2012 MET:

- To continue to work closely with Solid Waste District on complaints
- To respond to all complaints within three (3) business days
- To keep the county web site updated on a quarterly basis with current information

THE 2013 GOALS WILL BE THE SAME AS THE 2012 GOALS ABOVE.



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 7 and 8, Public Health Pest Control, with the Office of Indiana State Chemist. Staff members also participate in the Indiana Vector Control Association (IVCA).

ANIMAL MANAGEMENT AND CONTROL

The Monroe County Health Department works closely with the City of Bloomington Animal Care & Control Office, the Monroe County Animal Management Office and other state and local health departments on most domestic animal bite complaints. The Health Department works with the City and County Animal Control Officers and medical community in facilitating information transfer, reporting and the investigation of problem cases involving dog and cat bite cases. In 2012, the MCHD conducted one hundred and fifty (150) 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 2012, the MCHD processed one hundred and sixty-two (162) animal bite report forms. Animal bites reported included: dog, cat, bat, horse, woodchuck and raccoon. Bite reports are entered into the Indiana National Electronic Disease Surveillance System.

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 2012. There were two reported positive rabies results in bats in 2012.

VECTOR CONTROL

There were no confirmed human cases of Rocky Mountain Spotted Fever (RMSF). There were five potential Lyme Disease (LD) cases reported in Monroe County for 2012.

There were one hundred and five (105) consultations in 2012 with Monroe County citizens concerning cockroaches, lice, fleas, mosquitoes, ticks, bed bugs, rats, and mice. Bed bugs continued to be the # 1 call in 2012. We had sixty-one (61) complaints in 2012 concerning bedbugs. No birds were collected as part of the West Nile Virus surveillance program. Eleven (11) mosquito pools tested positive for WNV in 2012. No horses tested positive for WNV in 2012. Two human cases of WNV were reported in 2012.

The following 2012 Goals were achieved:

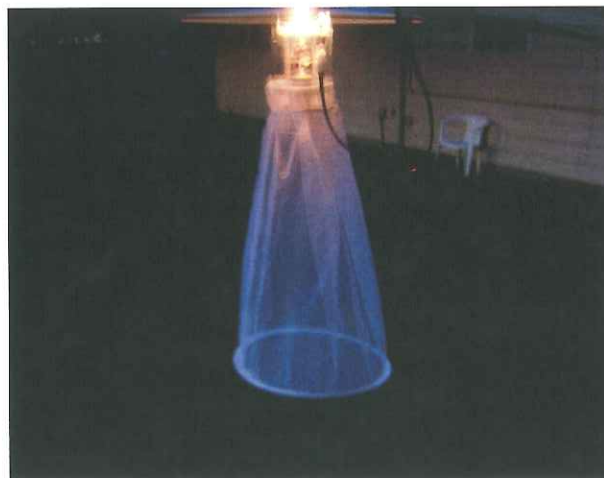
1. We continued promoting surveillance and public education activities with the objective to avoid or prevent communicable diseases, such as rabies, Lyme Disease, hantavirus, and West Nile Virus, from animals in our environment. Various media outlets were used to educate the public
2. We strengthen communication with other local agencies to locate various potential problem areas, such as abandoned homes that may contain breeding grounds for mosquitoes or other vectors
3. We kept the County web site updated regularly
4. We received and processed 162 animal bite report forms

GOALS FOR 2013:

- Update staff training on using the Indiana National Electronic Disease Surveillance System
- Update Environmental Health section of Web site quarterly
- Coordinate with local agencies and state agencies
- Investigate complaints within 3 business days in 2013



TICK LIFE CYCLE



MOSQUITO LIGHT TRAP

ANIMAL BITE REPORTS FILED WITH MONROE COUNTY HEALTH DEPARTMENT FOR 2012

	JAN	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	YEAR
													YEAR
DOG	9	4	10	4	17	16	14	9	8	11	8	9	119
CAT	4	2	2	6	2	3		2		4	2	3	30
FERRET													0
BAT			1	5		1	1			1			9
SKUNK													0
RACCOON					1			1					2
FOX													0
RAT													0
HORSE	1												1
WOOD-CHUCK							1						1
RABBIT													0
CHIPMUNK													0
SQUIRREL													0
TOTAL/Mon.	14	6	13	15	20	20	16	12	8	16	10	12	162
2011/Year	18	32	49	80	95	116	130	143	154	168	178	189	189
2012/Year	14	20	33	48	68	88	104	116	124	140	150	162	162
+/-12/11	-4	-12	-16	-32	-27	-28	-26	-27	-30	-28	-38	-27	-27

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

ISDH RABIES EXAMINATION FORMS FOR 2012

	NUMBER FOR MONTH	TOTAL FOR YEAR	NEGATIVE TEST RESULTS/not tested (nt)	POSITIVE TEST RESULTS
JANUARY	2	2	2	
FEBRUARY	3	5	3	
MARCH	2	7	1 nt	1 BAT
APRIL	2	9	1	1 BAT
MAY	4	13	4	
JUNE	4	17	3/1 nt	
JULY	3	20	3	
AUGUST	9	29	9	
SEPTEMBER	2	31	2	
OCTOBER	3	34	2/1 nt	
NOVEMBER	1	35	1	
DECEMBER	2	37	2	
TOTAL				
	37	37	32/3 nt	2

2012 RABIES EXAMINATIONS ISDH RABIES LAB

ANIMAL/ NUMBER TESTED

DOG 2

CAT 5

SKUNK 2

RACCOON 2

BAT 26 [21 NEGATIVE; 3 NOT TESTED; 2 POSITIVE]

TOTAL: 37 [32 NEGATIVE; 3 NOT TESTED; 2 POSITIVE]

1/02/2013

MONROE COUNTY

ON-SITE SEWAGE DISPOSAL

If a household or business in Monroe County is not utilizing a form of municipal sewage system which sends all the effluent produced within the structure to another location such as a sewage treatment plant to be cleaned then they should have some form of on-site septic system. These systems would consist of a septic tank located outside the structure to collect any effluent produced. The average tank should be watertight with an inlet and outlet and minimum holding capacity of 1000 gallon (capacity is based on bedroom count of the home) on any home three bedrooms or less.

Buried underground, the major purpose of the septic tank is to capture the solid material from the effluent discharged from the house, separating the solids from the liquids. Over a brief period of time the remaining solids will be allowed to break down further through bacterial action releasing gas and additional liquid material. This liquid product would then travel from the tank to some type of septic field for further treatment and dispersal below the ground surface. Due to the fact that there is never a complete breakdown within the tank of solid material or sludge in this anaerobic environment, the septic tank should be cleaned and pump routinely every three to five years for most households. This practice will prevent solids from flowing into the distribution box and on out to the laterals or fingers eventually clogging and killing the system.

Monroe County Health Ordinance (Amended 1990) required all new septic systems to be equipped with an accessible septic lid for routine service. Found ten to twenty feet outside most households utilizing a septic system, this should be the only visible evidence of the septic system on most homes. In most situation the riser is circular, about 18 to 24 inches across constructed of concrete or solid plastic material (more often than not, green in color).It should have some type of securing apparatus such as screws to secure it in place.



Two types of septic tank lids found on most septic systems installed after 1990

From the septic tank, effluent travels into a secondary tank (the pump tank) to be pumped at certain intervals to some type of field septic system, or in many cases, go directly into some type of subsurface septic system. In Monroe County, most septic systems installed pre-2000 consisted of the tank and fingers or laterals comprised of a 4 inch perforated pipe surrounded by stone.

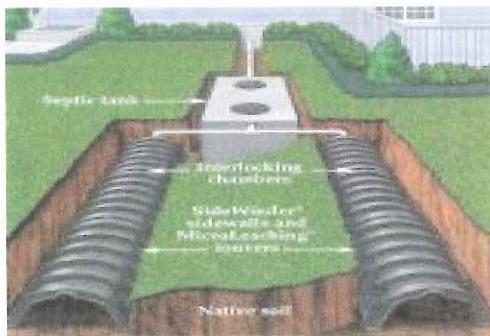


Septic field comprised of river rock



Trenches consisting of crushed stone and pipe

For a short period time (2001-2006), the traditional stone or rock type trench system was replaced by chambers and graveless pipe. These types of septic systems allowed the effluent to run underground before dispersal within the soil.



Chamber system

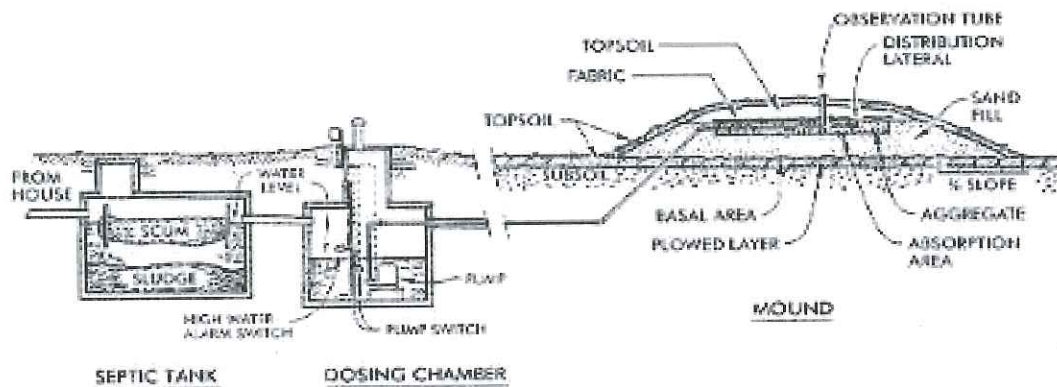


Graveless pipe

In all trench type septic systems, whether it is stone, chamber or graveless pipe cleansing the effluent of all the harmful particulates is dependent heavily on the soil. With the characteristic of the soil in Monroe County varying from site to site it is always a hit miss situation whether the effluent is totally clean before mixing with the ground water. The ultimate goal of the Monroe County Health Department like other health departments dealing with septic systems has been the elimination of failing septic systems. A failing septic system ten years ago or more would be characterized as one which allows septic effluent to escape to the ground surface contaminating the surrounding area and creating possible health hazards. One option to remedy the situation was to bury the fingers or laterals deep enough to prevent the effluent from resurfacing; this was considered an “out of sight out of mind” approach. In many installations this would place the system within inches if not on solid rock hoping the liquid effluent would flow through the cracks and fissures faster preventing the effluent to resurface but resulting in little or no cleansing of the effluent. No consideration was taken at the time that the effluent could resurface at a lower elevation along a hillside stream bank or lake or combine with ground water possibly feeding a spring or well (still utilized as a water source by some county residence).

To prevent such occurrences and to protect the three major lakes of Monroe County, the Monroe County Health Board approved the "Watershed Septic System Regulations". These regulations addressed possible problems with failing septic systems which could possibly run into and contaminate any of the three major lakes of Monroe County. One of which contained the majority of the water used by Monroe County residence, Lake Monroe.

On sites which did not meet the more restrictive "Watershed Requirements", the mound septic system was introduced. Within design limitations, a mound system allows sewage disposal in areas that would not qualify for a subsurface system. But one innovation that the mound introduced was a type of secondary cleaning (the sand base) which removed much of the harmful bacteria, and germs present in the effluent before reaching the subsoil.



Source: AECOM Construction and Tyler TRENDS

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 Septic System Bed

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 some what simplistic and could be a gravity fed system.

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

From the septic tank, the effluent flows into either the Presby septic system or the Geo-flo Pipe Leaching System. Both consist of a series of specially designed ten-inch pipes surrounded by a bed of "Spec 23" sand. "Spec 23" sand will be found on the construction of all mound septic systems, Presby septic systems and now geo-flo Pipe Leaching Systems installed and approved by this county. The pipe from either system is specifically designed to create a bio-mat, which allows nutrients and bacterial 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 2012 season, members of the Monroe County Health Department had inspected and approved 741 Presby type septic systems.

There was a growing concern dealing with not only surface water that may be contaminated by failing septic systems but also ground water especially through the karsts areas with open sinkholes, caverns and underground streams. In 2007 the long term objective was to require the installation of only septic systems which provided some form of secondary cleaning. There would no longer be the need to rely on the surrounding soil to cleanse the effluent. Since that time 99% of the systems installed were ones which performed some type of secondary cleaning such as the mound, Presby or Geo-flo. In 2012 the final step was to change this procedure from a policy into an ordinance (365-2(E)), ensuring that 100% of the septic systems installed would employ a secondary cleaning process from 2013 on.

SEPTIC PERMITS

Of the 178 septic permits issued for the 2012 season by the Monroe County Health Department, 81 were for septic sites of new construction. Those sites which replaced old existing, usually failing septic system totaled 97 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.

SOIL ANALYSIS

Since the early 1980s, 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. In using and classifying the soils, a true determination could be made on possible septic system sites.

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 scientist from the State, this department has had a certified soil scientist on staff since the early '80's. During the 2012 season, our staff soil scientist had conducted over 87 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.

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.

Soil and Site Features of Monroe County that Affect Septic Absorption Fields

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.

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MONROE COUNTY REGISTERED SEPTIC INSTALLERS

Currently, Monroe County has an available list of 36 registered septic installers. A class is held every two years 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 then 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 to install at his own Presby or Geo-flo and they are certified by either company they are allowed to install their own by paying a fee of \$250. This will reimburse this department for the additional site visits performed to assure of a complete and county approved septic system.

GOALS FOR 2013

This department previously conducted a survey in 2004 randomly picking 400 septic systems which had been installed and approved at the time of installation over a ten year period. Approximately 10 % of the total installations for the previous ten year period were taken as a random sample. Our results showed a failure rate of only 3.5%. Although that was a reasonable number it also allowed us to realize that on average we should have from 5 to 15 additional failing systems within the county from just recently installed septic systems. During this time period, the majority of septic systems involved were primarily in ground lateral or finger type septic systems.

At that time, the only type of septic system which performed any type of additional cleaning of the effluent was the mound septic system. Installation of the mound septic system with two tanks, a pump, and engineering fees usually cost two to three times what the conventional in ground finger system cost. Permitting mounds would only happen on the worst soils or areas with little room and almost never on repairs. This changed at the end of 2005 going into the 2006 season, with the introduction of Presby Environmental Septic System. The installations were affordable requiring less area than both the mound and conventional in ground and like the mound could be installed on shallow soils. Over the following five years the departmental *policy* was to install only Presby septic systems.

To ensure that this was a valid course of action, this department began conducting random checks of all the Presby installations of various ages. In addition to ensure that they were still working, we checked to see if items such as perimeter drains, vent pipes and tank lids were still visible and not removed. In addition owner manuals were distributed which detailed what type of system they were using and important information such as do's or don'ts, and trouble shooting on the system. If we had any concerns on a site we brought that to the owner's attention. With the number of these type of systems installed with very little problems it was easy to continue this type of practice.

This in mind, the major goal for 2012 was to change the ***policy*** of installing only septic systems with secondary cleaning to an ***ordinance*** adopted by the Monroe County Health Board and Monroe County Commissioners. Ordinance 2012 Chapter 365-2(E) was approved by the Board and Commissioners by the end 2012. In addition, the board also approved the use of a new type of pipe available by Hancor but similar to Presby requiring a bed of sand for cleaning. This gave us more suppliers, in hopes of maintaining a competitive price to continue in our endeavor.

Our goal for the 2013 season will be to reduce the number of homes sold with failed or inadequate septic systems evidenced by reports of home sales with adequate systems in place. To accomplish this we must offer some educational brochures which explain what to look for when purchasing a property which utilizes a septic system. Such a brochure would describe the type of system a home may have and what size it should be depending on bedroom count and age of the home. The brochure would offer contact information on who to contact if more information is needed on the site, offering any records that the health department may have. The brochures should be made available not only within the office but possibly in other county offices such as building, planning or recorders.

A major accomplishment in 2012 which may also aid in our endeavor is the approval of a new ordinance by both the Monroe County Health Board and Monroe County Commissioners. Chapter 365-7(G) briefly specifies that this department cannot and will not provide a permit (a document needed for all home owners wishing to add on or replace any part of their home by the Monroe County Building Department) for any septic system which this department has not originally approved during an installation inspection, or one which has increased the bedroom count on the original septic approval, or a septic permit for a home which is currently on a holding tank or on a site which may be failing at the time of inspection.

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 dependant upon soils 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 2012, the Department investigated 133 reported complaints and corrected 90 sewage related issues. This number is up from the 111 reported complaints of 2011. Furthermore, MCHD issued 42 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 2012, only 2 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 \$3000 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/pumps 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 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. As always, it is the goal of this Department to work with citizens to resolve tough environmental issues while using new ideas, new technology and common sense to enhance environmental protection. In 2010, the Monroe County Health Department issued 144 Septic Repair Permits for the use of the Presby Environmental System, one of the most environmentally friendly systems available.



Photo by MCHD

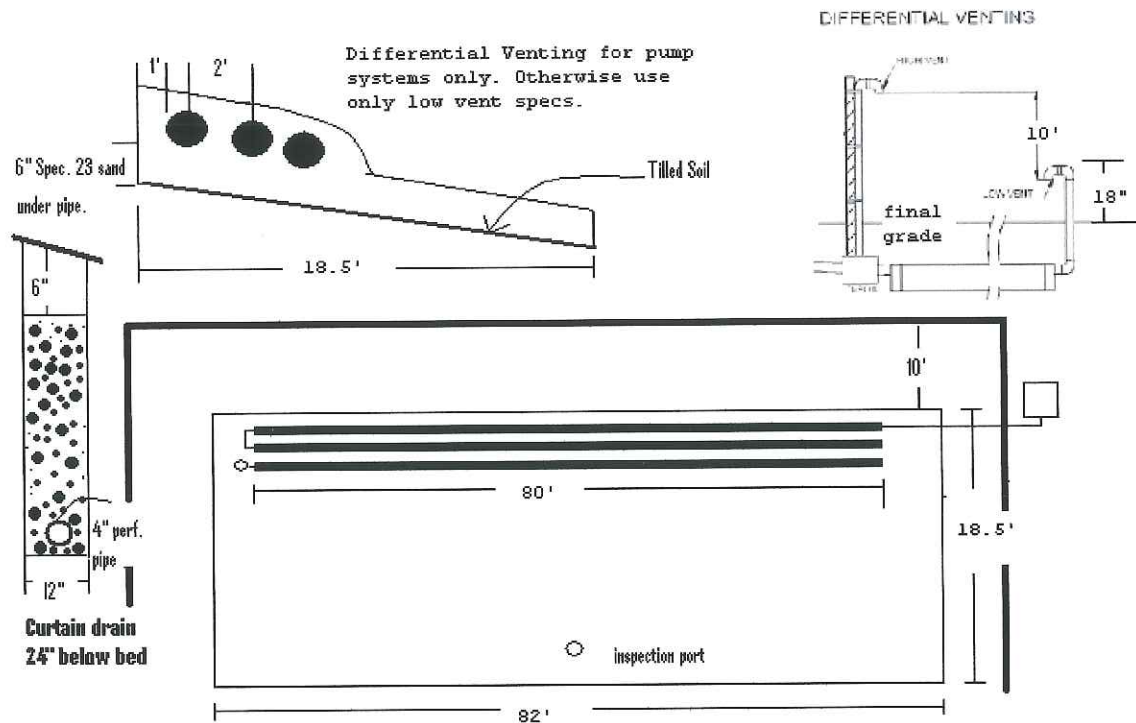
2012 Goals:

Our goal for 2012 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 conventional septic system.

2 Holding Tank only systems were replaced with on-site systems, and 2 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. Our goal for 2012 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 Systems in area where conventional system could not be approved.

In 2012, MCHD helped 4 homeowners eliminate holding tank only/illegal septic systems.



**12" Wide Curtain Drain w/ # 4 Stone
Spec. # 23 Sand**

Plan provided as a courtesy of MCHD. Plans are NOT to scale. All State & County regulations apply. Contact MCHD with any questions, 349-2543.

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. According to historic records, it is estimated that approximately 200 Holding Tank only systems still exist in the county. Unfortunately, holding tank only systems in Monroe County were only reduced by 2% on the year as several sites were just unsuitable for even the new technology.

We will continue our same goal for 2013 to reduce Holding Tank only systems and Illegal septic systems within the county by 5% as this is a very important issue in Public Health.

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 foodhandlers that are employed in these licensed facilities. In Monroe County, there are approximately 625 licensed retail food establishments (restaurants, grocery stores, seasonal, vending and mobile units); a number that increased by 67 facilities from the previous year. This increase was in the area of mobile food trucks and seasonal operations at farmer's markets. In addition to routine inspections of these facilities, we issued 55 temporary food permits in 2012 (an increase 41 from 2011) in conjunction with special events such as: the farmer's market, Fall Festival, Soul Fest, the county fair and the 4th of July Parade. Other facilities that are inspected but not licensed include school cafeterias and Area 10 feeding operations which account for a total of 39 establishments. Total number of inspected facilities in 2011 was 664.

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 2012, 60 design reviews were conducted by staff representing an increase of 15 from 2011.

II. EDUCATION

The Food Protection Program partnered with Danger Zone Consulting and Safe Foodhandlers Corporation to offer manager certification in Monroe County. The chief food sanitarian was a guest speaker for classes at Indiana University which resulted in an additional 100 people being exposed to food safety and sanitation issues. 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 (on site education) provided by food staff decreased by 351 from 2246 to 1895. 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 2012, the food protection staff conducted 1473 inspections (routine, follow up, pre-opening, complaint, construction and special events) an increase of 91 from the previous year. Of the 1473 inspections performed, approximately 253 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 foodhandlers 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 91 complaints received and responded to in 2012 – an increase of 6 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 2012.

ACCOMPLISHMENTS/GOALS MET IN 2012

- Increased inspections of food establishments from 1382 to 1473 (increase of 6.5 %) due to quarterly tracking of food establishment inspections and staff meetings to ensure that our inspection goals are being met. We continued utilizing risk-based inspections performed at a frequency that made for efficient use of staff time.
- Attended meetings of the Indiana Environmental Health Association Food Protection Committee and become an active participant in formulating policies regarding food protection
- Old files were shredded according to state guidelines
- A check list to perform HACCP-based risk assessments was created
- A HACCP- based risk inspection was performed on all risk factor 3 (high risk) establishments (~25)
- The process of standardizing a second staff member began
- 2013 Food permit renewal notices were mailed using a bulk mail permit and postcard directing permit holders to download form ; saved approximately \$300 in postage and several days of staff time that was previously spent copying and stuffing envelopes
- Updated plan review forms for retail food establishments and mobile food trucks and pushcarts
- Temporary food permit policy revisited ; An event organizer application was created and all temporary events held outside the confines of a licensed establishment were issued temporary food permits

GOALS 2013

1. Food staff will become trained and standardized in aseptic food sampling procedures. Periodic in-service training sessions will be conducted to keep abreast of proper sampling procedures.
2. Each food staff member will conduct a semi-annual "in service" training session for food establishments that would like to address problem areas or need additional training for staff.
3. Increase monitoring/inspection of mobile food vendors after hours
4. Increase monitoring/inspections of seasonal vendors at Farmer's market
5. Organize files/folders on shared drive to eliminate duplicates and old data

FOOD PROTECTION PROGRAM

2012

(2011 numbers in parenthesis)

Consultations	1895(2246) -351
Routine/Follow up/ Pre-Opening /special event Inspections	1321 (1235) +86
Complaint inspections	91(86) +5
Construction/site inspections	52 (61) -9
Plan Reviews conducted	60(45) +15
Court Appearance	0
Meetings, special projects, training	87

Why is Food Protection Important?

Foodborne agents cause an estimated 76 million illnesses annually in the United States (1). Outbreak surveillance provides insights into the causes of foodborne illness, types of implicated foods, and settings of foodborne infections that can be used in food safety strategies to prevent and control foodborne disease. CDC collects data on foodborne disease outbreaks submitted from all states and territories.

A foodborne disease outbreak is defined as the occurrence of two or more similar illnesses resulting from ingestion of a common food. State, local, and territorial health departments use a standard, Internet-based form to voluntarily submit reports of foodborne outbreaks to the Foodborne Disease Outbreak Surveillance System, and a toolkit for investigation and reporting of outbreaks is used to guide reporting officials.*

What is already known on this topic?

Surveillance for foodborne disease outbreaks can identify opportunities to prevent and control foodborne diseases, which cause millions of illnesses in the United States each year.

What is added by this report?

Among the 1,097 foodborne disease outbreaks reported in 2007, most of the single, laboratory-confirmed, agents of outbreak-associated illnesses (12,767) were norovirus (47%) and *Salmonella* (27%). Among outbreaks in which a pathogen and a single-commodity food vehicle were identified, most were attributed to norovirus in leafy vegetables, *Escherichia coli* O157 in beef, or *Clostridium perfringens* in poultry.

What are the implications for public health practice?

Timely investigation and reporting of foodborne outbreaks can provide public health, regulatory, and agricultural professionals with information to target control and prevention strategies as well as to promote good food-handling practices among food employees and the public.

Above from MMWR weekly August 13, 2010 / 59(31);973-979o

Vital Statistics

The Vital Statistics section of the Monroe County Health Department is dedicated to filing, preserving, and maintaining accurate birth and death records, by thorough examination of all documents received for processing.

Services:

- Filing and issuance of Birth and Death certificates; preparation and filing of Paternity Affidavits, Paternity Affidavits Upon Marriage, Affidavit Requesting Amendment, Legal Name Changes, Court Ordered Amendments, Process Records of Adoption
- Processing and 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

Highlights for 2012:

Jenn Marcum, Assistant Registrar, served as the Health Services Building representative on the Monroe County Online Presence Committee, and served as the Health Department representative on the Bloomington Housing Authority.

Permission to destroy certain public records dated 1978 through 2002 had been requested, and was granted in 2012. Before destruction it was ascertained the records had met their retention requirements in an applicable schedule approved by the Commission of Public Records.

Procedures for processing records were updated as directives were handed down by the Indiana State Department of Health (ISDH). The staff also assisted in updating applications and permits used by the Septic Department.

Ashlie Bormann, Assistant Registrar, assisted the ISDH and the Indiana Missing Children Clearinghouse in the process to close a file on a child who had been reported missing in Indiana.

Fees collected by Vital Statistics for 2012 are shown in the "Fee Income by Category" section of the annual report, which is 38% of total fees collected. This again makes Vital Statistics the second largest generator of fees in the department.

Education:

Jenn Marcum attended Hospital Incident Command System training in 2012. Ms Marcum received training for Finance/Administration Section Chief, and Logistics Section Chief.

The three Registrars participated in the Indiana Vital Records Association (IVRA) "Vital Records Professional" Level One certification testing. The educational standards of Level One Testing established by the IVRA were met, therefore, Level One certification was awarded to all. The Association anticipates further testing in the future.

Registrars attended IVRA Spring and Fall Conferences receiving updates on laws and procedures.

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

BIRTHS

Births - Ten Year Totals											
	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	
Location of Birth											
Hospital	1,972	1,944	1,980	1,927	2,003	2,150	2,116	2,092	2,074	2,083	
Home Birth	21	13	31	35	24	30	21	34	20	25	
Born to Married Parents											
Male	721	707	574	674	694	811	779	807	738	774	
Female	662	614	552	641	642	699	719	687	741	692	
Born to Unmarried Parents											
Male	307	332	475	362	336	359	335	315	306	348	
Female	303	304	410	285	355	311	283	283	309	294	
Total Births Registered	1,993										
Total Birth Certificates Issued										4,338	

Miscellaneous - 2012											
Born to Mothers Age 14-15	8							Paternity Affidavits (In Office)		26	
Born to Mothers Age 16-19	103							Paternity Affidavits (Hospital)		422	
Twins (Sets)	32							Paternity Affidavit Upon Marriage		5	
								Affidavit Requesting Amendment		6	
								Correction by Notification		27	

DEATHS (continued)

Cause of Death Per Category		
Alzheimers/Dementia	48	
Cancer	257	
Cirrhosis	6	
COPD	57	
Diabetes	5	
Heart Disease	239	
Pneumonia	136	
Renal	41	
Coroner's Report (From Previous Page)	160	
Other	138	
Total		1,087

Death Certificates Registered	1,087
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Death Certificates Issued	6,371
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DEATHS

Location of Death

Decedent's Home	242	
Hospital Facility	165	
Hospital - Dead on Arrival	1	
Hospital/Emergency Room/Outpatient	59	
Hospital - Inpatient	375	
Nursing Home/Long Care Facility	210	
Other	35	
Total		1,087

Veteran Deaths

291

Coroner Report - Manner of Death

Accident	45	
Homicide	5	
Natural	87	
Suicide	18	
Undetermined	5	
Total		160

Fetal

13

Age

Under 1 Year	3	
1 Yr to 19 Yrs	4	
20 Yrs to 30 Yrs	25	
31 Yrs to 50 Yrs	75	
51 Yrs to 70 Yrs	306	
71 Yrs to 99 Yrs	661	
100 Yrs to 105 Yrs	13	
Total		1,087

Futures Family Planning Clinic

The Futures Family Health Clinic first began operating under the sponsorship of the Monroe County Health Department in June 2006. The clinic receives funding from a Title X grant from the U.S. Department of Health and Human Services (HHS) and the Indiana Family Health Council. All services are on a sliding fee scale based on patients' income. However, patients receive services regardless of the patient's ability to pay. The clinic is dedicated to providing professional, compassionate reproductive health care to those who need our services and will continue to do so.

The primary purpose of the Futures Family Planning Clinic is to provide family planning services to meet the contraception and reproductive health needs of low-income women and men. Patients also receive educational counseling regarding individualized personal health issues.

The staff at the Futures Family Planning clinic includes two part-time nurse practitioners, a nurse, and an office manager. Medical supervision and consultation is available when needed.

In 2012, the Futures Family Planning Clinic was honored to receive an award from El Centro Latino for providing interpreter services for our Spanish-speaking patients.

SERVICES

- Gynecological and breast exams
- Reproductive health counseling
- Pap tests
- Pregnancy testing and referrals
- Sexually Transmitted Disease testing and treatment for men and women

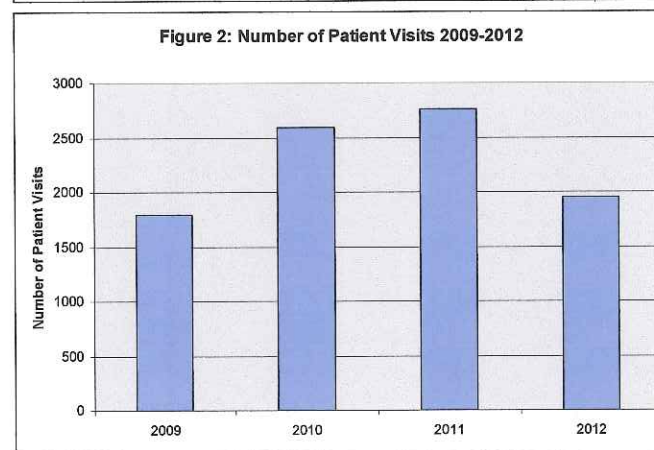
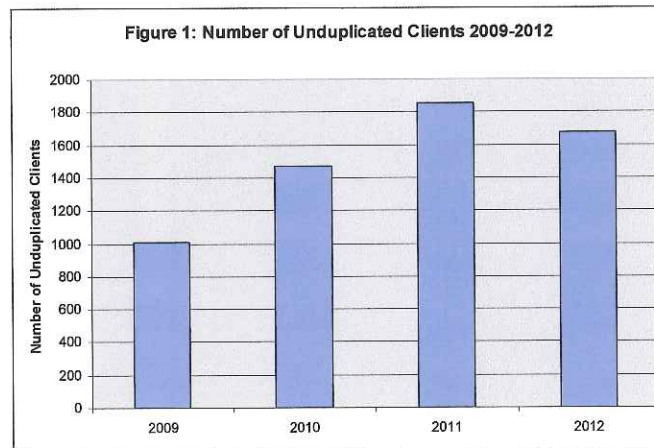
SUPPLIES

The clinic provides contraceptives to patients at the time of their visit. Contraceptive options offered include condoms, oral contraceptive pills, Depo-Provera (the shot), diaphragms, intrauterine devices (IUD) and the Evra Patch. Emergency contraception is available on a walk-in basis. The clinic also offers natural family planning counseling. The list below indicates the frequency of use of individual methods of contraception for the year 2012.

- Birth Control Pills- 44%
- Condom- 15%
- Depo Provera (the Shot)- 13%
- Intrauterine Contraception- 10%
- Evra Patch- 3%
- Diaphragm- 0%

POPULATION SERVED

The number of unduplicated clients receiving family planning services through the clinic during 2012 was 1,676. Our goal for 2012 was 1,950 patients, these clients made 2,369 visits to the clinic. The drop in patient numbers and total number of visits is disappointing, but can be explained. From January to March and in the last three weeks of December, we were short Nurse Practitioner time. Having two exam days rather than our usual four exam days, a week greatly diminished our ability to serve our patients. Additionally, the clinic added an Electronic Medical Record computer program the last week of June. For the next six weeks, our schedule was cut almost in half as we transitioned to the new program and the new equipment. We are currently in the process of advertising for a new Nurse Practitioner to be able to expand our exam days again.



Of the population served in 2012 85% are 100% or below poverty level and paid no fees. Concerning the remainder of our patients, 14% paid partial fees, 0.4% had insurance (including the state provided HIP), 1% had Medicaid, and only eleven patients paid full fees.

The clinic serves the Hispanic and Latino population of Monroe County with the assistance of trained medical interpreters. In Monroe County, 3% of the population is Hispanic, but at the clinic, 9% of our population is of Hispanic/Latino origin (increased by 2% from the prior year). The clinic uses Spanish-speaking interpreters as needed. In addition, 4% of the population is African-American countywide, and at the clinic, 16% of the patient load is African-American (increased 1% from the prior year.) This speaks to our diverse patient population in the clinic.

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 2010, the clinic saw 52

clients under the age of 19. In 2011, this age group of our clientele increased to 128 patients, often brought in by a parent. In 2012, the number of patients increased to 256, for 15% of all patients.

Goal- un- met for number of unduplicated patients visiting clinic.

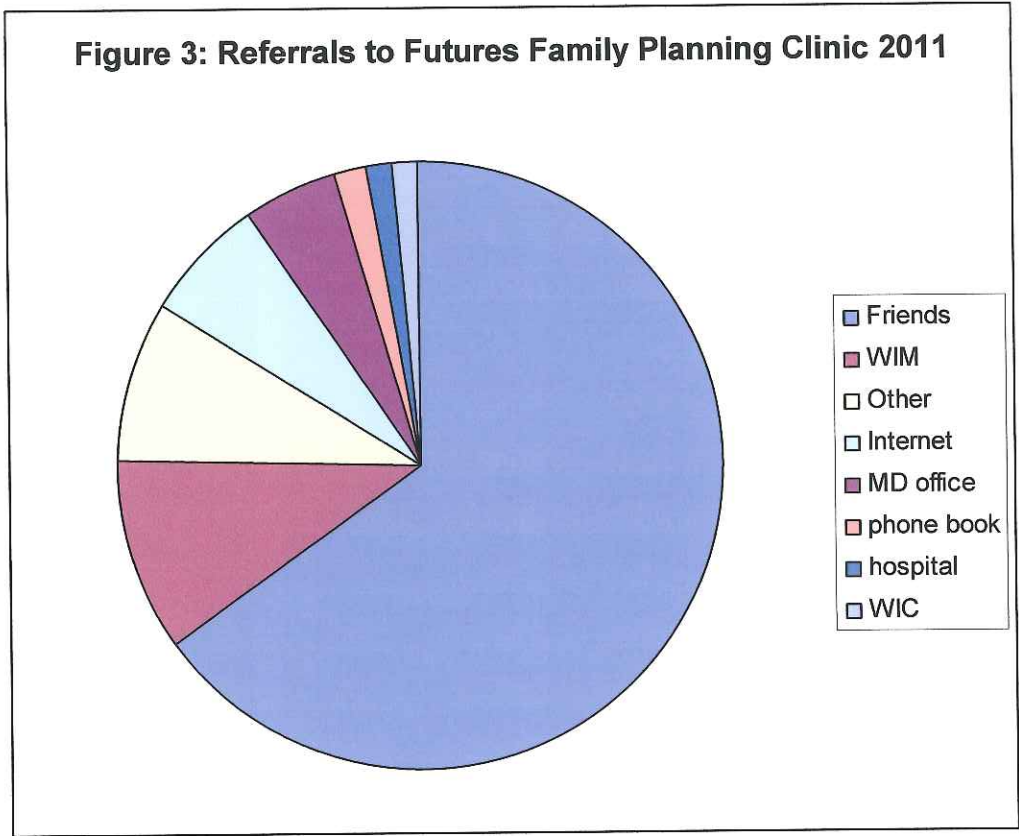
HEALTH PROBLEMS

Sexually Transmitted Disease testing is included as part of the annual exam when it is indicated, when symptoms are present or when a known exposure has occurred.

During the past year, the clinic performed 1,020 tests and 14% of these tests were positive. The clinic conducted 806 pap tests during 2012. Of those tests, 15% were abnormal. Of the abnormal, 53% of those were serious abnormalities. The clinic refers women with an abnormal pap to an outside healthcare provider of their choice for follow up of the abnormal test result.

Goal- met for testing 100% of patients meeting funder criteria for STI testing and pap tests.

CHALLENGES



Goal- met to do radio advertising to raise public consciousness of the Futures Family Planning Clinic.

GOALS

The goal of Futures Family Planning Clinic for 2013 is to continue to grow and to provide services to more individuals of the community.

Outcome objectives

- To have 1,950 unduplicated patients by the end of 2013.
- To continue to provide appropriate STI testing.
- To supplement funding by writing at least two grants to supplement diminishing federal, state and insurance monies.
- To move our clinic to the Health Services Building. This will help with efficiencies of workflow, as well as providing a wonderful clinic space for our patients and workplace for our staff.

We expect to continue to provide cost effective, high quality reproductive health care to the low-income residents of Monroe County.

Disease Intervention

The Monroe County Health Department receives a Sexually Transmitted Disease Prevention Grant that covers Disease Intervention Services in 2012 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.

During July 2012 there was a new transition in staff to a new DIS. The new DIS was in training for three months and was up and running by November 2012. Due to this training, some of the 2012 goals were impacted during this time.

In 2012, Monroe County Health Department applied for grant to obtain a second DIS to be stationed in Vigo County Health Department in 2013. This Specialist will be a Monroe County Employee, but will work in Vigo county and surrounding counties to help with Disease Investigation in the western half of the District. With two Disease Intervention Specialists on board, Monroe County hopes to better fulfill ISDH's requirements and successfully meet more goals to intervene in the spread of disease.

2012 Goals for STD Prevention Grant

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

MET. During 2012, the DIS met with other providers such as Johnson Nichols Health Center in Greencastle and Indiana University Health Center. Patients were also referred to clinics with sliding scale fees such as Futures Family Planning Clinic in Bloomington and Health Connections in Terre Haute. Along with this, the DIS also referred patients to Crisis Pregnancy center in Brazil and Terre Haute for low fee lab services.

2) District 7 will increase partnerships with other programs to better intervene in disease spread among clients college age or younger.

MET. The DIS attended meetings with the Community Aids Action Coalition, Positive Link and worked the 2012 AIDS Walk.

3) The program will 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.

MET. Throughout the year, the DIS and the DIS assistant have been working hard to distribute 2010 treatment guideline books, posters and handouts on the CDC recommended guidelines. Along with this, the DIS has compiled an electronic contact list with names, numbers, and emails of office managers, infection control departments and contact persons for medical offices.

4) District 7 will match or exceed ISDH 2012 Program Improvement Plan guidelines:

-Increase Primary and Secondary Syphilis cases interviewed within 14 days to 85%.

*****At this time, March 2012, this information from ISDH is Pending.**

-Increase Primary and Secondary Syphilis cases treated within 14 days to 95%.

*****At this time, March 2012, this information from ISDH is Pending.**

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 2012 preliminary data for District 7 shows that Chlamydia cases decreased by 231 over 2011 numbers. Chlamydia accounted for about 83% of the total morbidity of STD's investigated and women made up approximately 75% of the total Chlamydia morbidity. Gonorrhea cases have increased by 39 from 2011 figures. Gonorrhea cases made up about 16% of the total morbidity of STD's that were investigated. Per ISDH, about 60% of gonorrhea cases in 2012 were female and 40% were male.

2011 Surveillance Data Overview for Indiana STD District 7***

DIAGNOSIS	FEMALE	MALE	UNK GENDER	TOTAL
CHLAMYDIA	1435	468	1	1904
GONORRHEA	225	151	0	376
SYPHILIS	2	12	0	14**
HIV/AIDS*	***	***	***	*
TOTAL	1662	631	1	2294

*ISDH STD Prevention Program databases only contain HIV/Aids data for cases issued by the ISDH HIV Surveillance Program needing follow-up by DIS.

**Cases include 14 cases of early syphilis (two cases of 710, eight cases of 720 and four cases of 730).

*** At time of document, information is not available from ISDH. For updated information please visit:
<http://www.in.gov/isdh/23266.htm>

Note: All data from this chart is preliminary data for 2012

Case Detection Through Screening

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

Case Follow-up

The Disease Intervention Specialist tracks sexually transmitted disease through case investigation, outreach and use of epidemiology. Cases are prioritized by risk to the public health. In general, cases involving HIV are investigated first, followed by cases of Syphilis, 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 regarding syphilis information for area physicians and hospitals to help educate about the CDC STD 2010 Treatment Guidelines regarding syphilis.

The program also created a letter packet regarding updates to CDC STD 2010 Treatment Guidelines and reporting information that could quickly be faxed to provider's offices immediately following a phone call from a DIS.

The DIS spoke with many providers regarding the role of the Disease Intervention Specialist in public health. The program also provided outreach at the Aids Walk and the World Aids Day and distributed condoms and literature at Futures Family Planning Clinic.

Disease Intervention Goals and Challenges for 2013

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

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.

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.



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.

Over the past four years ACHIEVE has made its mark in the Bloomington/Monroe County area.

In 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 has 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.

In 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. Mini Grants were also distributed to seven different organizations in the year 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) as well as social media efforts to encourage healthy lifestyles in the community.

In 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. Currently, efforts are being made to sustain ACHIEVE as well as continuing to spread the word about health and wellness in the surrounding area.

Each year ACHIEVE strives to create a healthier environment for Bloomington and Monroe County. Its mission remains the same over the years: "To empower individuals and catalyze organizations to be a model community that values and embraces the healthy choice as the easy choice through collaborative education, policy, and initiatives."

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



Prenatal Care Grant Contract Report

2012 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 2012, \$14,500 from this grant was disbursed to Dr. John Labban, a licensed obstetrics specialist. These funds made it possible for fourteen 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. One woman 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.

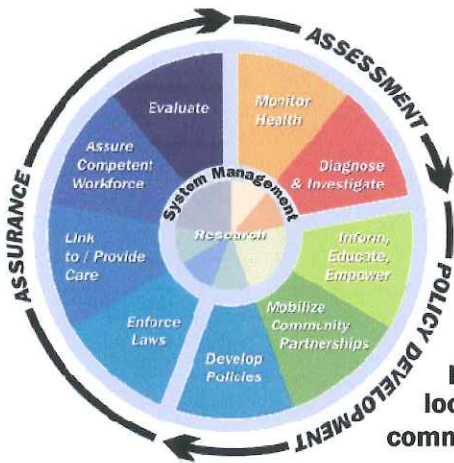
Thank you!

Respectfully submitted,

A handwritten signature in cursive script that reads "Nancy E. Richman".

Nancy E. Richman, Ph.D., M.P.A., Executive Director
January 18, 2013

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.

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