

# Monroe County Health Department

## 2011 Annual Report



*Serving the Community since 1965*

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### COMMISSIONERS

Mark Stoops

Patrick Stoffers  
(President)

Iris Kiesling

### COUNCIL

Julie Thomas, President  
Vic Kelson, Vice President  
Warren Henegar  
Ryan Langley

Sam Allison  
Marty Hawk  
Geoff McKim,

### BOARD OF HEALTH

Steve Pritchard, DDS, President  
Margaret Joseph-Zimmerman, Vice President  
Kay Leach, RN  
Ashley Skooglund, MPH (partial term)

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

### MONROE COUNTY HEALTH OFFICER

Thomas W. Sharp, MD

### STAFF

Penny Caudill  
Karen McGlynn  
Lydia Goodin  
Ashlie Bormann  
Jenn Marcum  
Randy Raines  
Gary Cain  
Jim Brown  
Dennis Williamson, REHS  
Simeon Baker  
Mary Lowery  
Sylvia Garrison, REHS, CFSP  
Sandy Wallace  
Barbara Kuruzovich  
Kathy Hewett  
Caitlin Lehn

Administrator  
Deputy Administrator / Health Educator  
Vital Statistics Registrar  
Vital Statistics Assistant Registrar  
Vital Statistics Assistant Registrar  
Wastewater Sanitarian  
Wastewater Sanitarian  
Soil Scientist  
Environmental Health  
Environmental Sanitarian  
Tobacco Cessation / Health Educator  
Chief Food Sanitarian  
Food Sanitarian  
Food Sanitarian  
Disease Intervention Specialist  
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.

## **FORWARD**

Organized in 1965, the Monroe County Health Department is governed by the provisions of Indiana Code (I.C.) 16-20. This report details the administrative and field activities of the Health Department for 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. 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 thirteen (13) 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 Sexually Transmitted Disease grant from the Indiana State Department of Health (ISDH). One (1) Tobacco Educator funded by Indiana Trust 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 19 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 monies 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 1853 clients in 2011. Co-located with the clinic are the Department's Health Education Section and Disease Intervention Staff.

In 1965, the Department recorded 1504 births and 450 deaths. By comparison, in 2011 the department recorded 1957 births and 486 deaths. The Department is organized into nine sections, which are aligned by public health activities. In the twenty-first century, the Department's focus is centered on three core functions. First, assess the health of the community and investigate health problems. Secondly, develop policies and plans that mobilize community partnerships to inform and educate the citizens. Thirdly, provide assurances to the public that we will enforce the laws and regulations necessary to protect the public and link people to needed personal health services. Within these three assurances is what is referred to as the 10 essential Services of Public Health. The following link provides details about the 10 Essential Services.

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

### **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 \$430,000 in the health fund and over \$300,000.00 in additional grant funds.

### **Quality Improvement Activities**

In 2011, the department continued participation in a 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.

All staff attended training on the use of the state's Education and Training Toolkit. 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.

### **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 2011. 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.*

### **Volunteers in 2011 worked on the HOPE program, H1N1, and at Futures Clinic**

Dr Osmond chiropractic; Kris Heeter; Jill Rensick;  
SIRA; Twin Lakes Recreation Center; Ritmos Latinos Salsa Club; Susan Woods/YMCA;  
Samantha Schaeffer, RD; Amy Meek, RN

### **Donations were received from:**

Bloomington Bagel  
Twin Lakes Recreation Center  
American Lung association in Indiana

# COUNTY COMMISSIONERS

AMY MEEK, RN  
**MONROE COUNTY**  
**PUBLIC HEALTH CLINIC**  
 (General Nursing Contract)  
 (Blood Lead Screening)  
 (Senior Citizen Health Screening)  
 (School Board Clinic Support)  
 (Communicable Disease Surveillance)

## BOARD OF HEALTH

**HEALTH OFFICER**  
 THOMAS W. SHARP, M.D.  
 (Medical Advisor)  
 (Legal Head)

**ADMINISTRATOR**  
 PENNY CAUDILL  
 (General Information/Administration)  
 (Public Health Law)  
 (Departmental Procedures)

<u>FUTURES FAMILY PLANNING CLINIC</u>	<u>SPILL RESPONSE/ ENVIRONMENTAL PROTECTION</u>	<u>FOOD PROTECTION</u>	<u>HEALTH EDUCATION</u>	<u>ON-SITE WASTEWATER DISPOSAL</u>	<u>VITAL STATISTICS</u>
BARBARA STURBAUM (Unit Coordinator)	DENNIS WILLIAMSON (Infectious-Special Wastes) (Animal & Vector Control) (PCB Consent Decree)	SYLVIA GARRISON SANDY WALLACE BARB KURUZOVICH (Restaurants/Food Markets) (Temporary Food Services) (Food Service Certification) (Food Complaints)	KAREN MCGLYNN (Deputy Administrator) (Employee Health Education) (Community Health Education) (Pools & Beaches) (Housing)	RANDY RAINES (Installer Registration) (Alternative On-Site Systems) (Backfill Inspections) (Campgrounds)	LYDIA GOODIN ASHLIE BORMANN JENN MARCUM (Birth/Death) (Permit Issuance) (Bookkeeping) (Clerical Support)
LAURETTA IONOFF (Clinic Nurse)	SIMEON BAKER (Vector Control) (Lead Assessments) (Radon Assessments) (Water & Solid Waste Discharges) (Pools & Beaches)		MARY LOWERY (Tobacco Cessation) (Health Educator)	GARY CAIN (Sewage Complaints) (Real Estate Inspections) (Holding Tank Inspections) (Campgrounds)	<b>PT Data Entry</b> Caitlin Lehn
LIZ MCGLOTHLIN ROSE SEGUIN (Advanced Practice Nurse)				JIM BROWN (Part-Time) (On-Site Wastewater Protection) (Soil Analysis)	

**PT Summer Pools**  
 (Disease Intervention Specialist) Kaylie Porter  
 | Kathy Hewett

Staff listing by section

# 2011 FEE INCOME BY CATEGORY

INCOME	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTALS
BIRTHS	\$5,760.00	\$4,755.00	\$7,560.00	\$5,100.00	\$4,515.00	\$5,515.00	\$5,580.00	\$6,660.00	\$5,775.00	\$5,115.00	\$4,080.00	\$5,415.00	\$65,830.00
DEATHS	\$7,504.20	\$6,624.90	\$8,434.80	\$8,167.50	\$6,277.50	\$5,953.50	\$7,035.00	\$7,398.00	\$6,256.36	\$4,982.39	\$6,849.20	\$7,185.57	\$82,668.92
GENEALOGICAL SEARCH	\$105.00	\$60.00	\$195.00	\$15.00	\$90.00	\$90.00	\$45.00	\$45.00	\$90.00	\$180.00	\$60.00	\$45.00	\$1,020.00
REAL ESTATE /ON-SITE INSPECTION	\$50.00	\$0.00	\$150.00	\$50.00	\$50.00	\$400.00	\$200.00	\$200.00	\$150.00	\$0.00	\$0.00	\$0.00	\$1,250.00
SEPTIC PERMIT APPLICATION	\$3,150.00	\$2,325.00	\$3,375.00	\$5,565.00	\$850.00	\$2,475.00	\$1,850.00	\$1,800.00	\$1,875.00	\$2,075.00	\$1,200.00	\$1,050.00	\$27,590.00
SEPTIC INSTALLER CERTIFICATION	\$100.00	\$2,200.00	\$600.00	\$870.00	\$500.00	\$200.00	\$200.00	\$100.00	\$350.00	\$100.00	\$0.00	\$0.00	\$5,220.00
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	\$111,430.00	\$15,640.00	\$15,555.00	\$2,560.00	\$1,425.00	\$1,650.00	\$3,100.00	\$1,525.00	\$1,775.00	\$1,350.00	\$1,225.00	\$300.00	\$157,435.00
FOOD CLASS REGISTRATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SWIMMING POOLS/SPAS BEACH PERMIT	\$11,050.00	\$4,250.00	\$4,015.00	\$6,500.00	\$4,550.00	\$550.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30,915.00
CAMPGROUND PERMIT	\$0.00	\$0.00	\$0.00	\$4,400.00	\$800.00	\$0.00	\$0.00	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$5,380.00
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	\$500.00	\$1,400.00	\$100.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,050.00
MISCELLANEOUS	\$165.00	\$7.00	\$10.00	\$48.88	\$32.00	\$71.38	\$47.48	\$44.44	\$70.44	\$26.88	\$34.00	\$46.44	\$603.94
NOTARY FEE	\$18.00	\$8.00	\$8.00	\$6.00	\$10.00	\$22.00	\$4.00	\$8.00	\$14.00	\$8.00	\$8.00	\$10.00	\$124.00
PATERNITY AFFIDAVIT	\$225.00	\$170.00	\$100.00	\$180.00	\$215.00	\$240.00	\$40.00	\$105.00	\$240.00	\$70.00	\$170.00	\$175.00	\$1,930.00
PHOTOCOPYING FEES	\$0.00	\$1.50	\$5.80	\$2.00	\$2.00	\$3.00	\$1.40	\$2.20	\$8.85	\$2.50	\$3.10	\$2.20	\$34.55
FAX TRANSMISSIONS FEES	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00
AMENDMENT AFFIDAVIT	\$120.00	\$45.00	\$110.00	\$25.00	\$30.00	\$60.00	\$45.00	\$10.00	\$20.00	\$105.00	\$45.00	\$60.00	\$675.00
BANK FEES	\$0.00	\$0.00	\$0.00	\$0.00	-\$11.00	-\$76.51	-\$84.88	-\$74.94	-\$86.95	-\$65.80	-\$65.03	-\$104.76	-\$569.87
NSF CHECKS	-\$45.00	\$45.00	\$0.00	\$0.00	-\$59.13	\$59.13	-\$15.00	\$0.00	-\$15.00	\$0.00	\$0.00	-\$55.00	-\$85.00
ADJUSTMENTS	\$0.00	\$6.00	\$30.00	\$0.00	\$0.00	-\$40.00	\$40.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$36.00
SUB-TOTAL	\$140,133.20	\$37,437.40	\$40,248.60	\$33,539.38	\$19,276.37	\$17,172.50	\$18,088.00	\$17,822.70	\$16,702.70	\$13,948.97	\$13,609.27	\$14,129.45	\$382,108.54
CORONER FEES	\$833.80	\$736.10	\$937.20	\$907.50	\$697.50	\$661.50	\$780.00	\$822.00	\$1,183.64	\$942.61	\$1,295.80	\$1,359.43	\$11,157.08
FAMILY PLANNING CLINIC	\$1,202.25	\$1,454.49	\$2,327.93	\$1,843.24	\$1,326.25	\$2,384.06	\$2,148.18	\$2,014.94	\$2,500.92	\$1,276.55	\$1,752.83	\$2,325.44	\$22,557.08
TOTAL	\$142,169.25	\$39,627.99	\$43,513.73	\$36,290.12	\$21,300.12	\$20,218.06	\$21,016.18	\$20,659.64	\$20,387.26	\$16,168.13	\$16,657.90	\$17,814.32	\$415,822.70

## HEALTH FUND

	INCOME	DISBURSEMENTS
TAX DRAWS		
GRANTS	\$567,405.55	
FEES	\$50,900.90	
MISCELLANEOUS RECEIPTS	\$382,108.54	
	\$487.50	
TOTAL INCOME	\$1,000,902.49	
		DISBURSEMENTS
		TOTAL 2011 DISBURSEMENTS
		\$911,140.19
		CASH BALANCE
		December 31, 2011
		\$373,740.16

## **Monroe County Public Health Clinic Annual Report 2011**

### **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 2011, 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.
- State funding for immunizations was cut at the end of the year. This affected those children who are fully insured and all adults. Monroe County Public Health Clinic became part of pilot program which started in December that allows the clinic to bill for immunizations through a company called VaxCare. Since an outside billing agency is being used for those with private insurance, 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, Phi Delta Kappa, Shalom, Monroe County United Ministry, St. Paul Spanish Mass, Sherwood Oaks Christian Church during an Alzheimer's Conference, and at the Monroe County Public Health Office.

#### Community Outreach:

- Monthly well checks were done at the College Mall including Blood Pressure checks, Blood Glucose, as well as Lipids and Hemoglobin A1C which are done twice a year. 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.
- The United States Postal Service uses a Bio-Hazard Detection System which tests for anthrax bacilli every 90 minutes during mail sorting hours. In collaboration with the MCPHC and other first responder agencies, local protocols are established to provide post exposure decontamination and medical prophylaxis if such an event were to occur.
- 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

MCPHC continues to research and consider distraction techniques to control pain and relieve anxiety for children undergoing multiple immunizations. This past year televisions with

DVD players were installed in patient care rooms. Children may watch educational videos while waiting for and while receiving immunizations.

**Services:**

The following services are provided on behalf of the Monroe County Health Department: Health screenings and testing, adult and childhood immunizations, communicable disease investigations and surveillance, case management, health education and information, emergency preparedness participation, and reporting and analysis of information.

A summary of activities for 2011 are as follows

Total visits: 4,215

**Immunizations**

- 3168 total vaccinations given
- 856 adult and childhood influenza vaccinations
- 211 pneumonia vaccinations

**Tuberculosis Surveillance**

- 617 TB test given
- 0 active cases diagnosed
- 11 positive reactors identified at MCPHC
- 5 patients last year on preventative TB medication through MCPHC

**Health Education and Information**

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

**Health Screening and Testing**

- 52 total out reaches
- 4 lead screens
- 51 blood pressure checks in house
- 417 blood pressure checks outreach
- 0 glucose checks in house
- 118 cholesterol tests
- 22 weight checks

Condition	Investigations Completed	Confirmed Cases	Probable Cases	Suspect Cases	Open Cases	Not a Case
Campylobacteriosis	26	23	3	0	0	0
Dengue	1	0	1	0	0	0
Giardiasis	2	2	0	0	0	4
Hepatitis A	2	0	0	1	0	1
Hepatitis B	24	3	12	0	0	4
Hepatitis C	94	76	7	9	0	2
Histoplasmosis	7	5	0	0	0	2
Lyme Disease	11	1	0	2	0	8
Malaria	1	1	0	0	0	0
Meningococcal Invasive	0	0	0	0	0	0
Mumps	1	0	0	0	0	1
Pertussis	12	2	4	4	0	1
Rocky Mt. Spotted Fever	3	0	0	0	0	3
Salmonellosis	11	8	1	0	0	2
Shigellosis	1	0	0	1	0	0
Shiga-toxin producing E.coli	7	2	4	1	1	0
Streptococcus Group A	4	4	0	0	0	0
Streptococcus Group B	6	5	0	0	0	1
Typhoid Fever	1	0	0	0	0	1
Varicella	1	0	1	0	0	0

**2011 Goals**

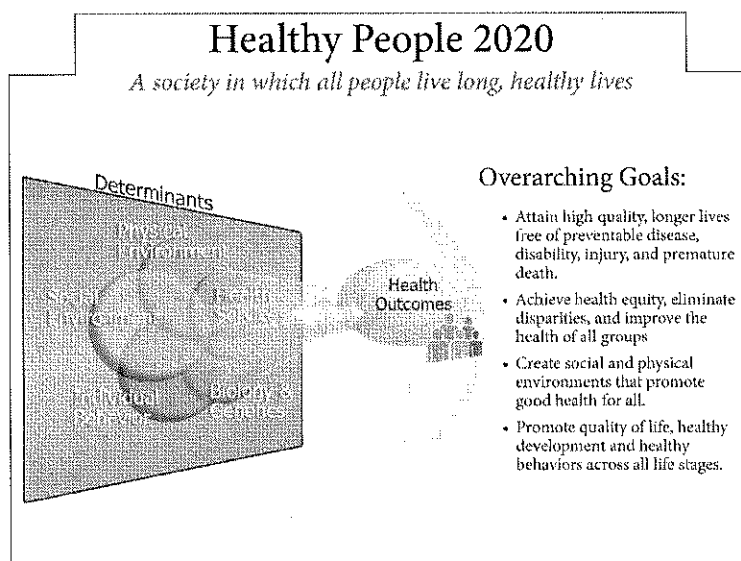
A client will be able to make an appointment within 10 business days at MCPHC	MET
We will meet Scorecard goal of <25% no show rate	MET
Establish a better way to schedule patients	MET
We will receive 10 customer surveys back per month	MET
We will extend well checks to include more information about community resources	MET
We will add well checks on the Westside and Southside of Bloomington	MET
We will begin Hgb A1C screenings and complete 3 in this calendar year	MET

**2012 Goals**

Improve Marketing by adding palm cards about clinic services and updating website  
Expand pre-diabetes screening to reach new at risk populations  
Establish a follow up and evaluation process for community pre-diabetes screenings  
Increase number of volunteers for well screenings from 1 to 4 people  
Offer immunizations 5 days a week

## Tobacco Cessation/Health Education & Emergency Preparedness and Response

### 2011 Annual Report



#### Vision

A society in which all people live long, healthy lives.

#### Mission

Healthy People 2020 strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, state, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

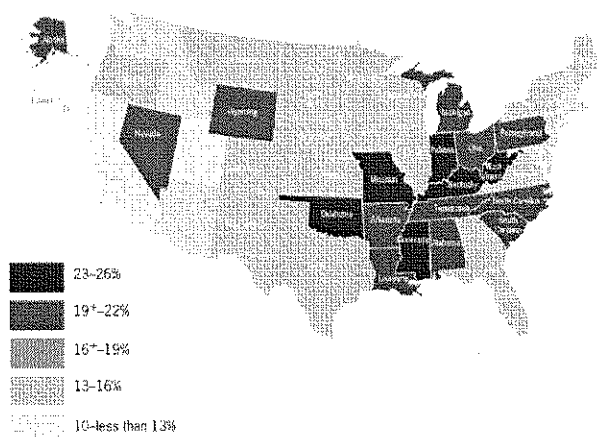
#### Tobacco Cessation/Education

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.

Adult smoking rates vary across the US, though the states with the highest rates of smoking are in the Midwest and Southeast regions. Indiana ties with Missouri as number 4<sup>th</sup> highest, following West Virginia/Kentucky, Oklahoma and Mississippi.



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 2011 were 240, 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 2011, 68 clinic patients were referred to the Indiana State Quit Line for cessation services.

Family smoke free homes education: two presentations were given for families at Ellettsville Head Start and Crisis Pregnancy Center with a combined audience of 35 parents and family members.

Cessation Program: classes at GE began at the end of October and will continue once a week into 2012. A total of 19 employees, included two retired, participated in 4 or more group sessions. With the close of 2011, 6 of 19 were smoke free. The program included 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%.

Efforts were made to engage more Monroe County Government employees in our cessation program. Ten ( 10) employees participated in 2011, with 3 achieving smoke free status at the end of 2011. Nicotine replacement therapy was an integral part of this program.

Ordinance 370-5 and smoke free air campaigns: when sustained mass-media advertising and counter-marketing campaigns are combined with other tobacco control strategies, tobacco use declines. Effective media campaigns can use advertising in a variety of media (television, radio, billboard, print) in addition to other marketing strategies to accurately convey the health risks of tobacco use, promote cessation, decrease social acceptability of tobacco use, and build public support for tobacco control policies. Key in making these cultural norm changes includes making all workplaces, restaurants and bars 100% smoke free. In doing so, nearly 27,300 youth would not become smokers, and within five years there would be a savings of approximately \$74.35 million in lung cancer, heart attack and stroke costs (Cancer Action Network).

In December, the health department contracted with Lamar Advertising to begin an advertising campaign to raise awareness about the negative health effects of exposing children to secondhand smoke. The following message appeared on five of Lamar Advertising billboards around Monroe County.



In 2011, the Monroe Tobacco Prevention & Cessation Coalition formed a subcommittee to address county wide smoke free air laws. Ellettsville and Stinesville are the two incorporated areas in Monroe County where no public smoking ordinances are in place. The Coalition convened monthly meetings to include businesses and local citizens from the Ellettsville area in order to garner support for a county wide effort to address smoking in public places. In 2012, coalition members, health professionals, and Ellettsville residents will present smoke free air law education to the Ellettsville Town Council in order to ensure all Monroe County residents enjoy smoke free public environments, particularly as it applies to the work place.

## **AmeriCorps/Kids Choice Program**

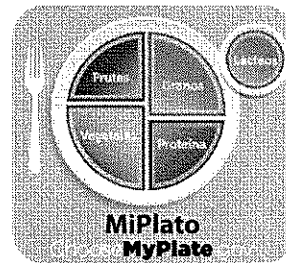
Healthy People 2020's nutrition and weight status objectives: reduce the proportion of children and adolescents who are considered obese. (Objective 10.1: children aged 2-5, Objective 10.2: children aged 6-11).

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). Program expansion this school year includes the addition of third graders at SES.

For the 2011-12 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.

Kid's Choice enrollment at the end  
of 2011: 55 (58 in 2010)



## **Medical Reserve Corps and Emergency Preparedness**

### **Medical Reserve Corps**

The Medical Reserve Corps is funded through state of Indiana's Federally Funded Bioterrorism Preparedness & Response Supplemental fund and NACCHO's Capacity Building Award.

In accordance with 2010 projected goals for our Unit 302, we offered trainings for volunteers in a "Meet & Greet" format. In August, 6 volunteers attended "What is a POD & Tier 1 training requirements". In September, 5 attended "Preparing Children for Disasters". Partner agencies for both trainings were Monroe County Emergency Management and Indiana State Department of Health's Public Health Preparedness & Emergency Response Team (District 8). A supplemental training to learn about becoming a Weather Spotter was offered as well.

At our April 2011 Point of Dispensing (POD) exercise, 7 MRC volunteers participated along with other community members, health department staff and District 8 Public Health Preparedness.



### **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

### **Special Projects**

Lean 6 Yellow Belt training (includes internal departmental project)

Tobacco media project with Margaret Joseph and Dr Carol Litten Touloukian: billboard advertising and law enforcement secondhand smoke education

### **2012 Goals**

Medical Reserve Corps: partner with Monroe County Emergency Management in creating a standardized and shared volunteer roster (greater agency interoperability and reducing duplication of effort, provide two local volunteer led trainings, institute federal and state recommended emergency responder trainings (FEMA and NIMS), and involve volunteers in departmental emergency preparedness exercises.

Tobacco Education & Cessation: increase the number of county employees enrolled in tobacco cessation services, access social media sites (such as Facebook) in order to increase health department cessation program enrollment; while creating a social support system for individual cessation efforts.

## **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 are:

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

Objective:

- 1) Actively participate in at least 3 community events that other organizations/companies carry out.
  - 2) Maintain active membership of the Active Living Coalition by attending at least ¾ of the monthly meetings and continue out partnership with the G.O.A.L. Childhood obesity prevention program by providing guidance as needed.
  - 3) 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.

Objectives:

- 1) Provide state-of-the-art written information through press releases, flyers etc.
  - 2) Increase the use of our GIS capabilities to better track health disparities.
  - 3) Attend at least 3 health fairs
  - 4) Develop more 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.

Examples of how the Monroe County Health Department met these goals in 2011 are:

- 1) Continued a partnership with the Active Living Coalition (ALC)
- 2) Participation in community events, and development of a trained Lean Six Sigma team.
- 3) The Active Living Coalition (ALC) is working to address the overweight and obesity epidemic in this area by partnering with member organizations and others to increase the impact of programs and to capitalize on the membership activities. For example, the ALC sponsors a wellness fair and walk each year in which they utilize the B-Line trail. The results were very favorable. 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. We also participate in a variety of community health fairs.

In 2011, the Health Education Department participated in a department wide Lean Six Sigma training and became credentialed as Lean Six Sigma employees. This training focused on better communication with the public regarding location, programs, and providing education in multiple areas. As a result, the Health Department, as well as the Health Education section, has worked on a few projects as a part of our Lean Six Sigma Accreditation.

The first project our team has been working on is incorporating Social Media, such as Facebook and twitter, as a means of improving our community outreach efforts. The Supervising Health Educator

attended a Social Media training to acquire the best tools possible to be able to utilize this valuable tool. This is an ongoing department-wide effort.

Another project our team worked on was the development a phone tree that customers would reach when calling the main Monroe County Health Department phone number. This decision was agreed upon so that customers would be immediately directed to the department they needed. The goal of this project was to ensure that customers would receive faster and more efficient service. The phone tree was launched in May 2011. After 2 months, a group discussion with the employees and a customer survey was done to evaluate whether or not we were achieving this goal. The feedback we received from both the public and the employees was overall positive. Employees who normally handled phone calls on a regular basis felt that they were receiving more calls pertaining to their departments, and fewer calls that they had to transfer or refer elsewhere. We perceived less customers that felt they were getting a run around and more that felt that they were getting the answers they needed quickly and without hassle. We will continue to evaluate our progress as needed in the future.

### **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.

A “HOPE” committee serves to represent the different departments in county government. Each department has the opportunity to have a representative on the HOPE committee to provide insight in to the interests of the employees. This committee meets regularly to review programs and make plans for the future in an effort to meet employee needs and achieve the goal of promoting healthy lifestyles. Some of the health behaviors promoted is stress management, nutrition, increased physical activity and weight management.

In 2011, the Monroe County Employee Wellness program began its transition from Health Department led to being managed by the Activate Employee Health Clinic. This program will be completely managed by the Activate Employee Wellness Clinic in 2012. The Health Department was instrumental in developing an employee wellness program over the years. Recognizing the ideal placement of employee wellness is within Human resource Departments and with health Clinics when available. This makes for ease of access to the employees as well as complies with HIPPA for record keeping regulations. 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 in whatever manor is necessary.

While still under the management of the Health Education section in 2011, a wide variety of health and wellness programs were offered with over 800 participants in these activities. Some programs were one time events while others lasted for several weeks or were continuous. The more cognitive programs included educational presentations – usually a brown bag luncheon, health screenings, and trainings. The activity based programs usually lasted for a period of time and encouraged an increase in physical activity, such as a jazzercise class.

The following is a list of employee wellness programs and events held in 2011.

**Wellness Programs/Events for 2011**

Glaucoma/Macular Degeneration L&L  
Back Health L&L  
Blood Pressure Screening  
3 Take Home L&L  
Two Employee Wellness Walks  
Flex Band Exercise class  
City/County Health Fair  
Jazzercise Class  
B-Line Circuit Training Class  
Walk Across Indiana, Walking program  
Mammogram Screening Days for County Employees  
Salsa Dancing  
Reducing Your Risks for Cancer L&L  
Diabetes L&L  
Portion Control L&L

The Active Living Coalition Health Fair

**In 2010 all employees Seasonal Flu shots were administered by the  
New Employee Health Clinic**

**Volunteers for the HOPE Program 2011**

Dr. Osmond Chiropractic  
Kris Heeter  
Jill Rensink  
SIRA  
Twin Lakes Recreation Center  
Ritmos Latinos Salsa Club  
Susan Woods/YMCA  
Samantha Schaeffer, Registered Dietician  
Amy Meek

**Donations for the HOPE Program 2011 were given by  
Bloomington Bagel**

## 2011 Goals and Evaluation

The "HOPE" Program evaluated the events and programs presented in 2011. When available, data from the health risk appraisals and insurance reports will be utilized to identify already present and emerging health concerns of county employees thus allowing for pertinent programming and ideally an increase in employee participation. HRAs were not done by the HOPE Wellness programs; however, they were done for those employees participating in the use of the Employee Wellness Clinic.

### The Wellness Program 2011 goals were:

1. Offer a variety of health programs in order to achieve greater employee participation.
  - Objectives
    - 1) Direct 75% of events/activities toward most noted health problems and concerns such as reducing health risk for coronary heart disease, diabetes, and cancer.
    - 2) Offer smoking cessation classes
2. Investigate new ways of promoting healthy lifestyles i.e. better use of web/email.
3. Offer a variety of health care services.
  - Objectives
    - 1) Offer at least 3 screenings each year.
    - 2) Offer mammograms at least 2 times a year.
    - 3) Offer Blood pressure screenings.
4. Develop evaluation tool(s) for the program(s).
  - Objective
    - 1) Have at least 50% of participants fill out evaluations so that we can measure success and failure.
5. Continue partnerships to increase capacity not only within the employee wellness program but also in the community outreach efforts.

The Health Educator that coordinates the Employee Wellness Program, the HOPE Committee, and Administrator set goals that would meet the needs and desires of the employees. A Wellness Program questionnaire was sent out and was invaluable in detecting how to improve the Wellness Program for employees. The questionnaire provided data on health practices of employees and noted where improvements could be made to improve health outcomes. The overwhelming results were that employees didn't feel that they had time to exercise and that they would encourage the county to provide physical activity for employees during their lunch hour. It also revealed that many county employees led a sedentary life style.

An array of health topics were covered providing a holistic approach to health and wellness. It was determined that the primary area that needed addressing was health risk reduction, specifically dealing with coronary heart disease and cancer. The topics we focused on included nutrition and cholesterol education, fitness and weight management, and stress and diabetes control. An evaluation form is available for employees so they can provide feedback. A program event evaluation is also available for all events.

## **HOPE Program Goals for 2012**

The HOPE Wellness program goals are to aid the Employee Wellness Clinic in 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.

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

3. Ensure a smooth transition of the Employee Wellness program Management to the Activate Employee Health Clinic.
4. Continue to serve as an active member on the Employee Wellness Committee.

## **HOPE Pays**

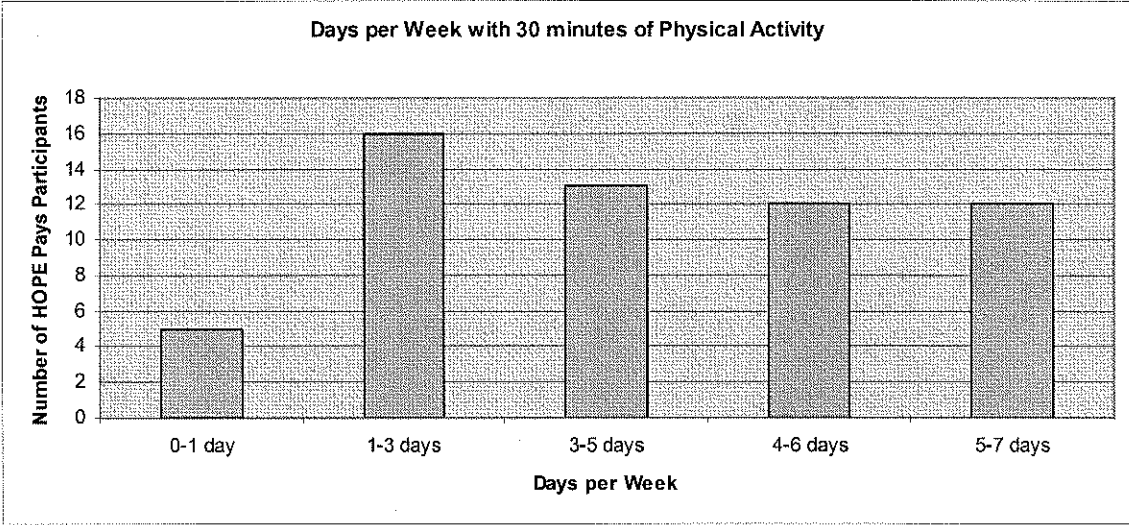
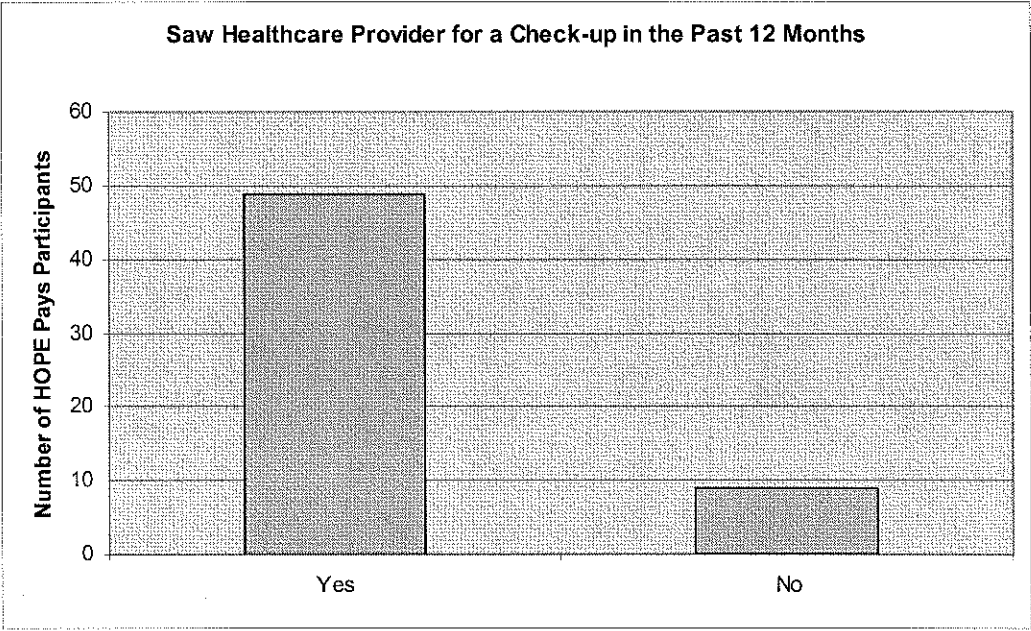
“HOPE Pays”, is an incentive program where employees who register may earn points for participation in various wellness events. Based on the amount of points earned, participants received a cash reward. Points were earned for wellness program attendance, preventative healthcare, and physical activity.

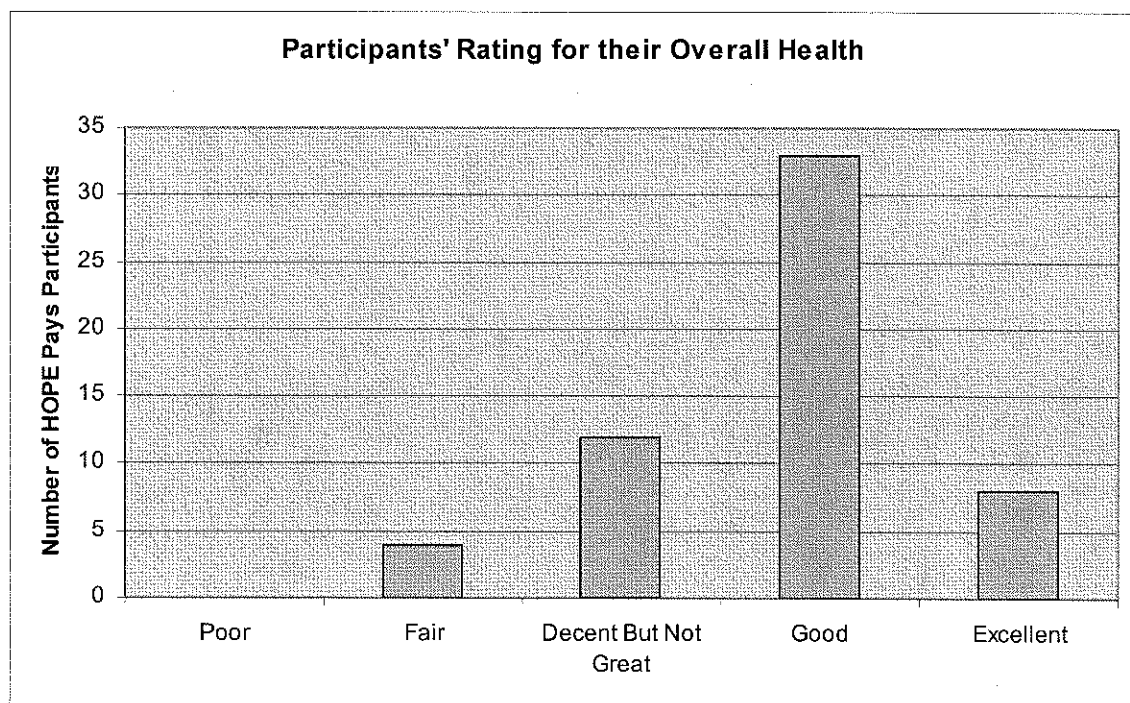
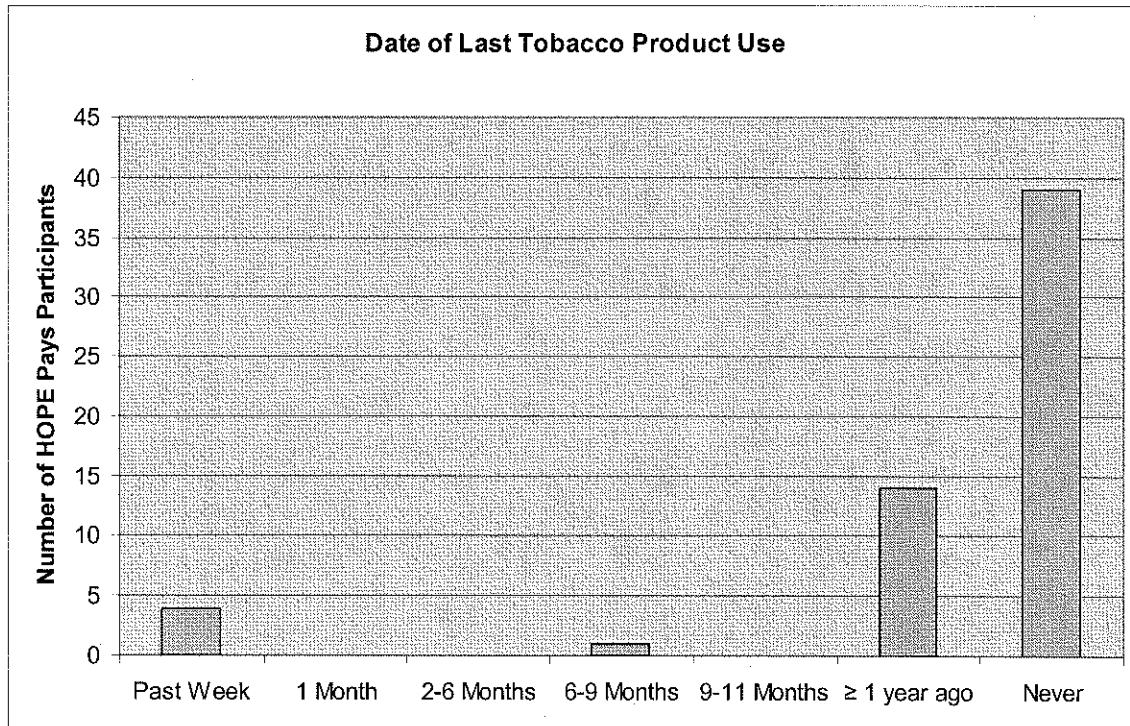
Health promotion programs like this have proven to be effective in encouraging employees to increase healthy behaviors and thereby reduce healthcare costs. After analyzing the results, we found a relationship of lower healthcare costs for healthy employees compared to the slowly, increasing healthcare costs for employees with an existing chronic disease.

In 2011, 54 employees participated in HOPE Pays with 38% reaching the maximum number of points (500 or more).

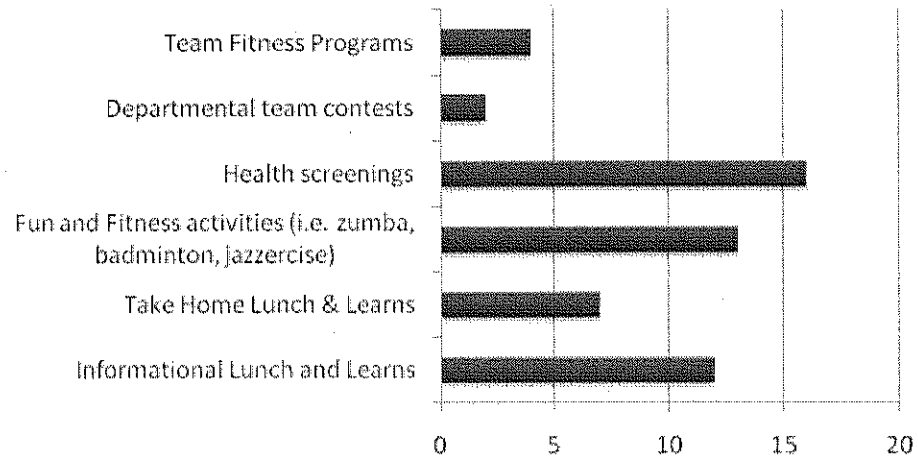
The decrease in participation from previous years was due to the participation rules regarding the use of the Employee Health clinic and the Clinic incentive program versus the HOPE Pays incentive program. Also, in order to be compliant with general privacy policies and be more efficient it was decided that it would be in the best interest of the employees to have the employee wellness program be managed by the employee health clinic beginning 2012. The Health Education section has helped and will continue to aid the Activate Employee Health Clinic in managing the program.

The following graphs illustrate data gathered from the registration forms for HOPE Pays 2011.





**Number of people who found each of the following programs very effective.**



## SWIMMING POOLS

The swimming pool program is managed by the Environmental section. Monroe County has 85 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 2011 was 463.

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**

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

- By July 2012, the department's pool database will be updated to ensure that all information for each facility is current and accurate.
- The department will obtain documentation from all facilities related to the voluntary recall of drain covers and copies of pool-drain certificates in an effort to ensure total compliance with the recall by December of 2012.
- 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.

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**

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

- To develop a comprehensive resource list for distribution to tenants who have rental property concerns by September of 2012.
- Distribute information list through web site and e-mail.
- To meet with Housing and Neighborhood Development on an annual basis to ensure that information provided to tenants are consistent with both agencies.

### INDOOR AIR QUALITY (IAQ)

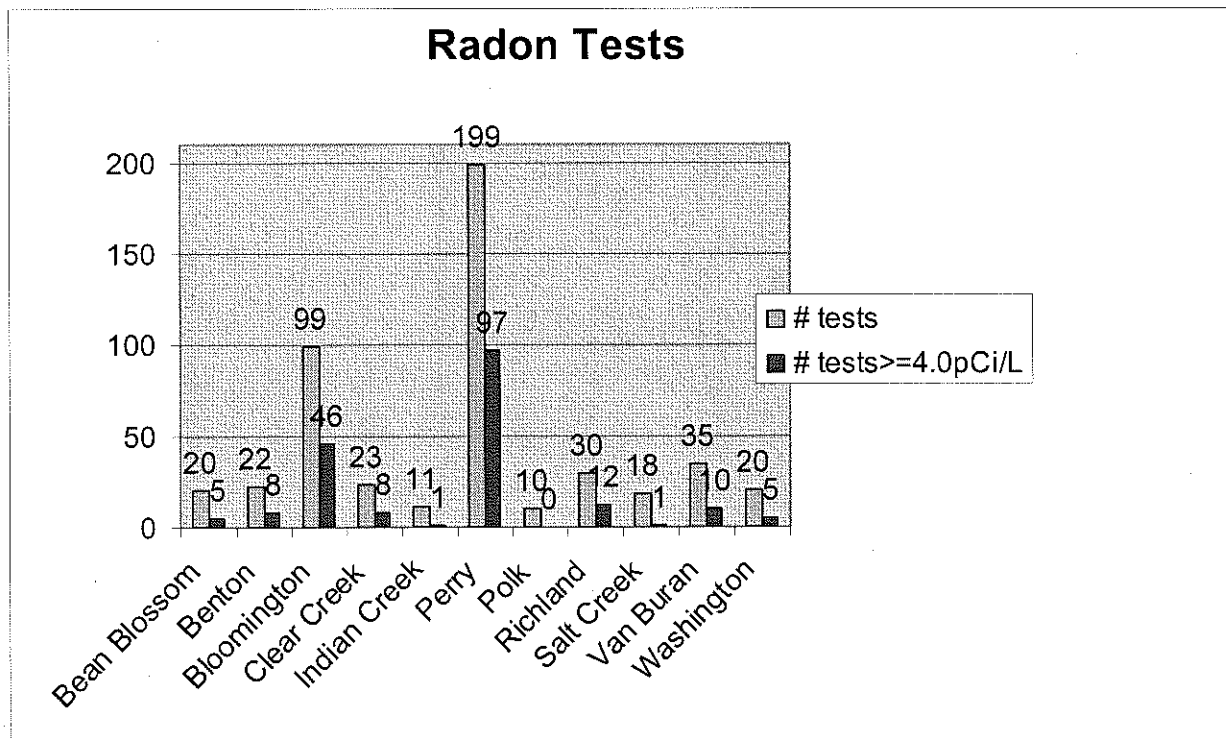
The Monroe County Health Department consulted with county residents who requested some assistance concerning indoor air quality (IAQ). Topics of concern included asbestos, biological contaminants, carbon monoxide, formaldehyde, lead and radon. In 2011, a majority of consultations were concerns regarding mold and general health concerns in the residence. Ten (10) 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 **forty-six (46)** radon tests, follow-up tests and consultations in 2011.

**Monroe County Health Department Indoor Radon Results  
(1989 to 2011)**



**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.**

### **2011 Goals met:**

- The goals for 2011 include updating all radon information from the database and adding it to the county arcmap GIS system were met.
- Continue to provide radon test kits for the public, free of charge. This was accomplished thorough donation of 100 test kits from Indianapolis chapter of Lung Association.

### **2012 Goals**

- To provide radon test kits for the public, free of charge.
- Provide free radon test kits to city and county employees.
- Distribute and/or test homes with 50 radon detectors in 2012.

## **OUTDOOR AIR QUALITY (OAQ)**

Outdoor air pollution can be defined as the presence of solids, liquids, or gases in outdoor air in amounts that are injurious or detrimental to human health and/or the environment; or that which 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 2011, the Monroe County Health Department deferred open burning complaints to IDEM and the Monroe County Solid Waste District (MCSWD) for enforcement. The MCSWD has a local ordinance for illegal dumping and open burning. The MCHD staff conducted two facility inspections during 2011. The MCHD also issued one small solid waste incinerator registration permit in 2011.

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 2011.

### **2012 GOALS**

- Coordinate with IDEM and MCSWD on outdoor air quality (OAQ) in Monroe County. Refer complaints to IDEM and MCSWD within 2 business days.
- Administer the solid waste incinerator registration ordinance. All permits are renewed and issued by May 1.

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 2011, the MCHD conducted one hundred and fifty-five (155) 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 2011, the MCHD processed one hundred and eighty-nine (189) animal bite report forms. Animal bites reported included: dog, cat, bat, rat, squirrel, chipmunk and raccoon.

## **RABIES CONTROL**

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

"All dogs, cats and ferrets (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 cases rabies in Monroe County during 2011. There were two reported positive rabies results in bats in 2011.

## **VECTOR CONTROL**

There were no confirmed human cases of Spotted-Fever. There were two potential Lyme disease cases reported in Monroe County for 2011.

There were one hundred and six (106) consultations in 2011 with Monroe County citizens concerning cockroaches, lice, fleas, mosquitoes, ticks, bed bugs, rats, and mice. We had sixteen (16) complaints in 2011 concerning bedbugs. No birds were collected as part of the West Nile Virus surveillance program. No mosquitoes tested positive for WNV in 2011. No horses tested positive for WNV in 2011. No human cases of WNV in 2011.

## 2012 Goals

- To continue 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 will be used to educate the public
- To 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
- To keep the County web site updated quarterly
- Receive and process at least 200 animal bite report forms. Enter each report form within 3 working days into I-NEDSS

## ISDH RABIES EXAMINATION FORMS FOR 2011

	NUMBER FOR MONTH	TOTAL FOR YEAR	NEGATIVE TEST RESULTS	POSITIVE TEST RESULTS
JANUARY	0	0	0	
FEBRUARY	7	7	7	
MARCH	1	8	8	
APRIL	1	9	9	
MAY	2	11	11	
JUNE	2	13	13	
JULY	2	15	15	
AUGUST	2	17	17	
SEPTEMBER	6	23	21	2 BATS
OCTOBER	2	25	22	1 BAT
NOVEMBER	2	27	24	
DECEMBER	1	28	25	
TOTAL	28	28	25	3 BATS

	JAN	FEB.	MAR	APR	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	YEAR
DOG	17	12	14	23	11	18	11	11	9	13	8	9	156
CAT	1	1	2	5	4	3	3	1	2	0	2	1	25
FERRET													0
BAT				1									1
SKUNK													0
RACCOON		1	1	2									4
FOX													0
RAT													0
HORSE													0
WOOD-CHUCK													0
RABBIT												1	1
CHIPMUNK										1			1
SQUIRREL								1					1
TOTAL/Mon.	18	14	17	31	15	21	14	13	11	14	10	11	189
2011/Year	18	32	49	80	95	116	130	143	154	168	178	189	189
2010/Year	14	27	46	74	89	112	131	160	185	206	224	234	234
+/-11/10	0	+5	+3	+6	+6	+4	-1	-17	-31	-38	-46	-45	-45

	JAN	FEB.	MAR	APR	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	YEAR
DOG	17	12	14	23	11	18	11	11	9	13	8	9	156
CAT	1	1	2	5	4	3	3	1	2	0	2	1	25
FERRET													0
BAT				1									1
SKUNK													0
RACCOON		1	1	2									4
FOX													0
RAT													0
HORSE													0
WOOD-CHUCK													0
RABBIT												1	1
CHIPMUNK										1			1
SQUIRREL								1					1
TOTAL/Mon.	18	14	17	31	15	21	14	13	11	14	10	11	189
2011/Year	18	32	49	80	95	116	130	143	154	168	178	189	189
2010/Year	14	27	46	74	89	112	131	160	185	206	224	234	234
+/-11/10	0	+5	+3	+6	+6	+4	-1	-17	-31	-38	-46	-45	-45

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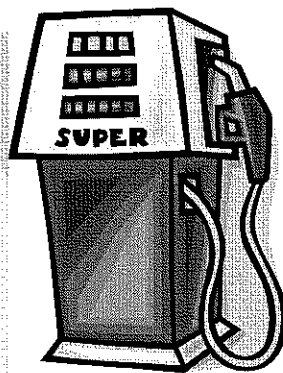
## ENVIRONMENTAL SITE ASSESSMENT (ESA) PROGRAM

The Monroe County Health Department provides a formal "Records Search" and a formal "Records Search with Field Investigation" for individuals and organizations conducting Phase I Environmental Site Assessment (ESA) for commercial properties. On March 15, 1996, the Monroe County Commissioners passed Ordinance 96-10 which established a new fee schedule that included fees for Phase I Environmental Site Assessments Information Requests. The department began providing information for ESAs back in 1989. Informal consultations requests are also conducted, before any formal requests are processed.

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

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

**The goal for 2012 is to complete a records search within 3 working days of receiving the ESA Phase I information request form and proper fee(s).** In 2011, the department conducted no formal information requests for Phase I ESAs and thirty-five informal consultation requests. Since 1989, the department has issued a total of one hundred and forty-four formal information reports.



## **BLOOMINGTON PCB CLEANUP PROJECT ACTIVITIES 2011**

### **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.

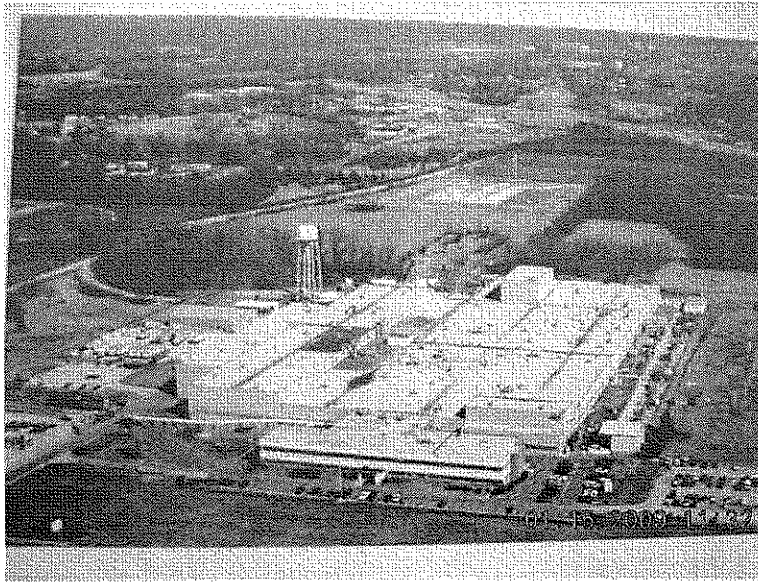
**Phase 1 Project Summary:** Source control activities at the six Consent Decree sites and other non-CD sites have been on going since 1983. As of January 1, 2011, a total of 14, 422 capacitors have been recovered and transported for TSCA incineration. A total of 326, 607.57 tons of TSCA waste has been 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.

**Phase 2 Future Activities:** The approved long term groundwater monitoring plans (LTGWMPs) are being conducted at Neal's Landfill, Winston Thomas, Bennett's Dump and Lemon Lane Landfill sites. The plans for four sites were developed and approved during 2002. 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 future tasks to be performed include: (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 2011, the health department completed 48 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 2008-11**

**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 2011, the MCHD conducted 44 field related activities at the three 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 2011 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.

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.

At Neal's Landfill, planning documents have been prepared. 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.

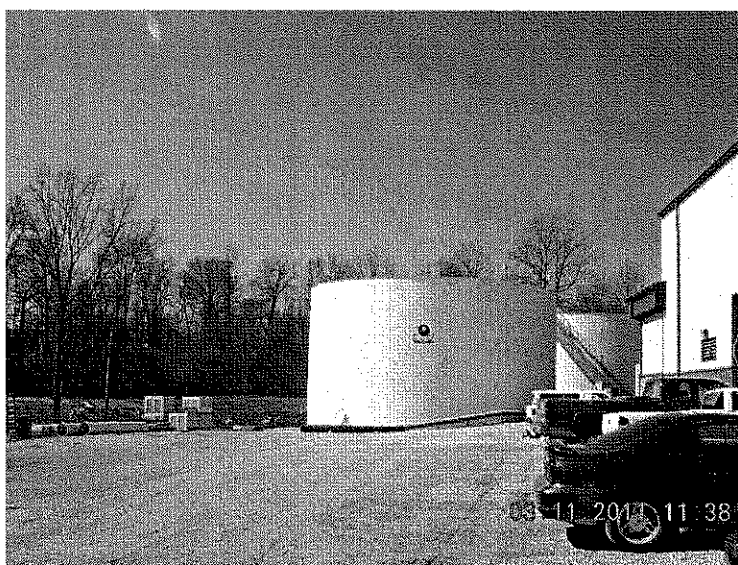
### **2012 GOAL**

Continue oversight partnerships with USEPA, IDEM and USB/City of Bloomington

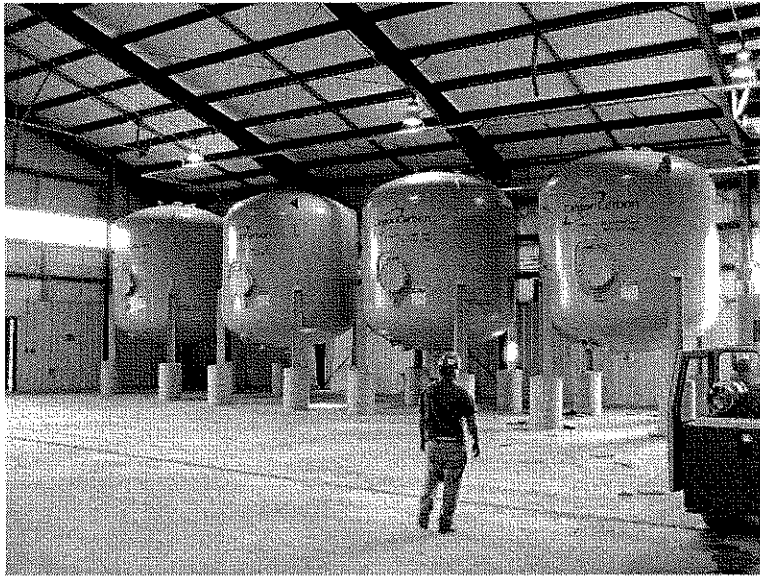
### **2012 SPECIFIC OBJECTIVES**

Monitor Operations & Maintenance quarterly site inspections

Review and provide comments on project documentations  
Attend project meetings with CBS and USEPA



**WATER STORAGE TANKS**



**CARBON TREATMENT VESSELS**

## **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 2011, the Monroe County Health Department provided four consultations dealing with various hazardous waste issues. Questions ranging from proper disposal of small quantity generator waste to requirements for treatment and storage facilities were provided. An additional two referrals were made to the State of Indiana, IDEM, Office of Land Quality for follow-up.

### **SPILL RESPONSE OPERATIONS**

A total of two complaint investigations were conducted in 2011 involving hazardous material spill response staff. MCHD response activities in 2011 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. 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 is complete.



**UNDERGROUND STORAGE TANK REMOVAL**

## **EMERGENCY MANAGEMENT PARTNERSHIPS IN 2011-12**

The MCHD participates in a team partnership with other emergency management organizations in the community. A staff member serves as an appointed representative to the Emergency Management Advisory Council (EMAC) and the Local Emergency Planning Committee (LEPC). The legal authority is based upon Federal, State and local laws. The main document is the "Comprehensive Emergency Management Plan for Monroe County". The document covers all phases of emergency management for natural disasters, extremely hazardous materials and terrorism incidents. The MCHD also has an internal "Staff and Board Member Handbook" that covers the emergency support function #8. Monroe County is in Public Health Preparedness District 8. A new Public Health Preparedness and Emergency Response Coordinator (PHPERC) position was approved by the County Council for 2012.

### **2012 GOALS**

- Continue to coordinate with IDEM ER personnel on spill response investigations
- Participate in District 8 PHPER grant program and complete Attachment A requirements according to time schedule for the grant year 2011-2012

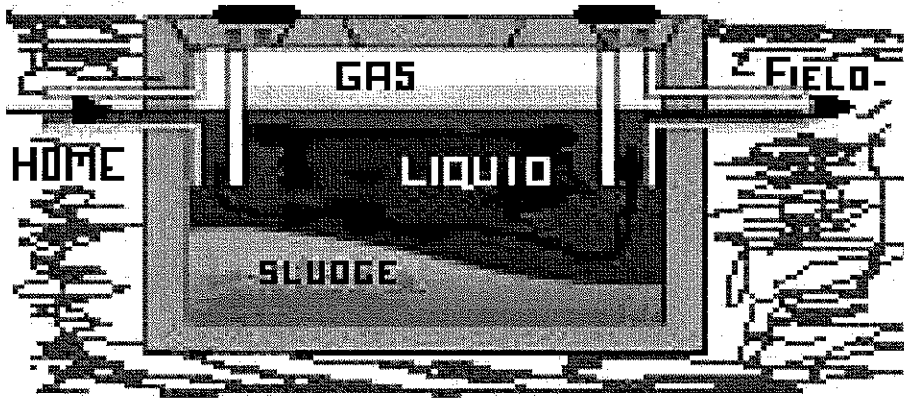


**PUBLIC HEALTH PREPAREDNESS DOCUMENTS**

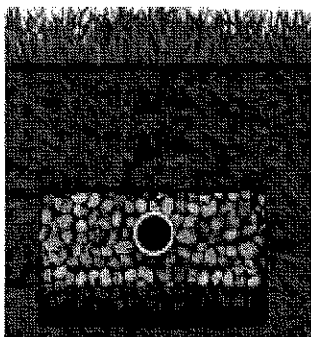
## ON-SITE SEWAGE DISPOSAL

In Monroe County the majority of septic systems installed over the years have been either in-ground trench septic systems or some form of mound septic system. No matter the type of system, all septic systems in Monroe County should have a water-tight septic tank with a minimum capacity of a thousand gallon.

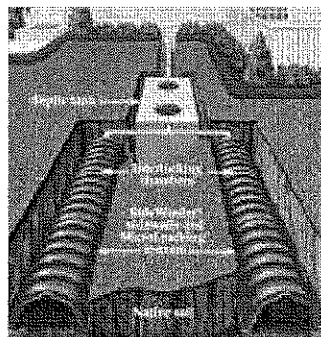
The major purpose of the septic tank is to capture the solid material from the effluent discharged from the house, separating the solids from the liquids. The remaining solids will be allowed to break down further over time through bacterial action releasing gas and additional liquid material. All the liquid effluent will 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 of solid material or sludge in this anaerobic environment within the tank, routine pumping should occur every three years to five years.



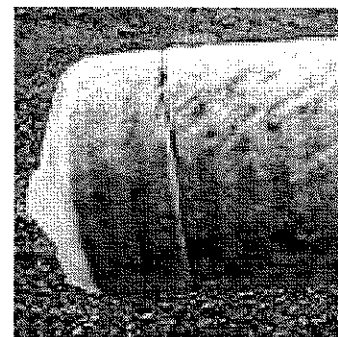
From the septic tank, effluent will either travel to a secondary tank (the pump tank) to be pumped at certain intervals or go directly into some type of subsurface septic system. In Monroe County, if the septic system is older than five years, it will possibly be one which employs some form of laterals or fingers containing either stone trenches, plastic chambers or 10" graveless pipe.



STONE TRENCH



LATERALS OF A  
CHAMBER SYSTEM



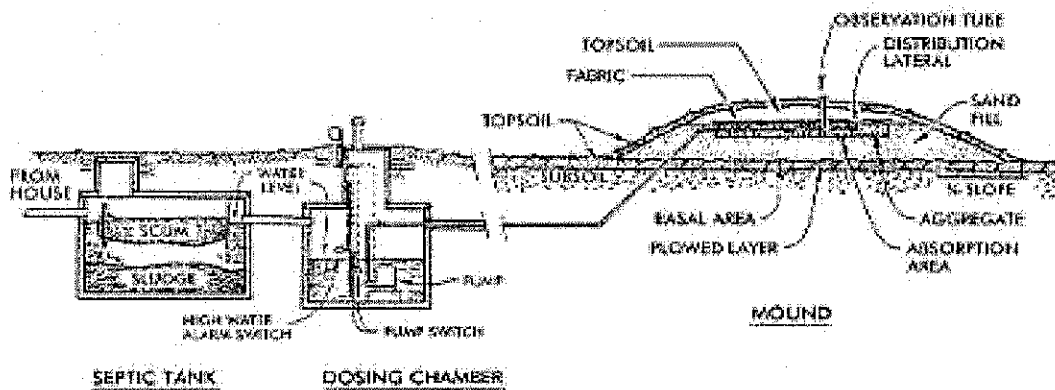
10 INCH GRAVELESS PIPE

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(used 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 produced a majority of the water used by Monroe County residence, Lake Monroe.

The new regulations required dual fields, pump systems, and 100-foot buffer zones on all traditional stone trench systems within the "watershed". This ensured that all lots were of sufficient size to handle adequate field space for septic systems. In addition, the "Watershed Regulations" required deeper soils on site to allow a more thorough cleansing of the effluent before finding an outlet.

On sites which did not meet these 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.



Source: ASAC, Environmental Hygiene, 1998

**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. Unlike conventional on-site sewage disposal systems, final treatment of the effluent takes place within the sand of the mound before entering the surrounding soil.

The Monroe County Health Department has inspected the installation of over 400 mound septic systems within the county



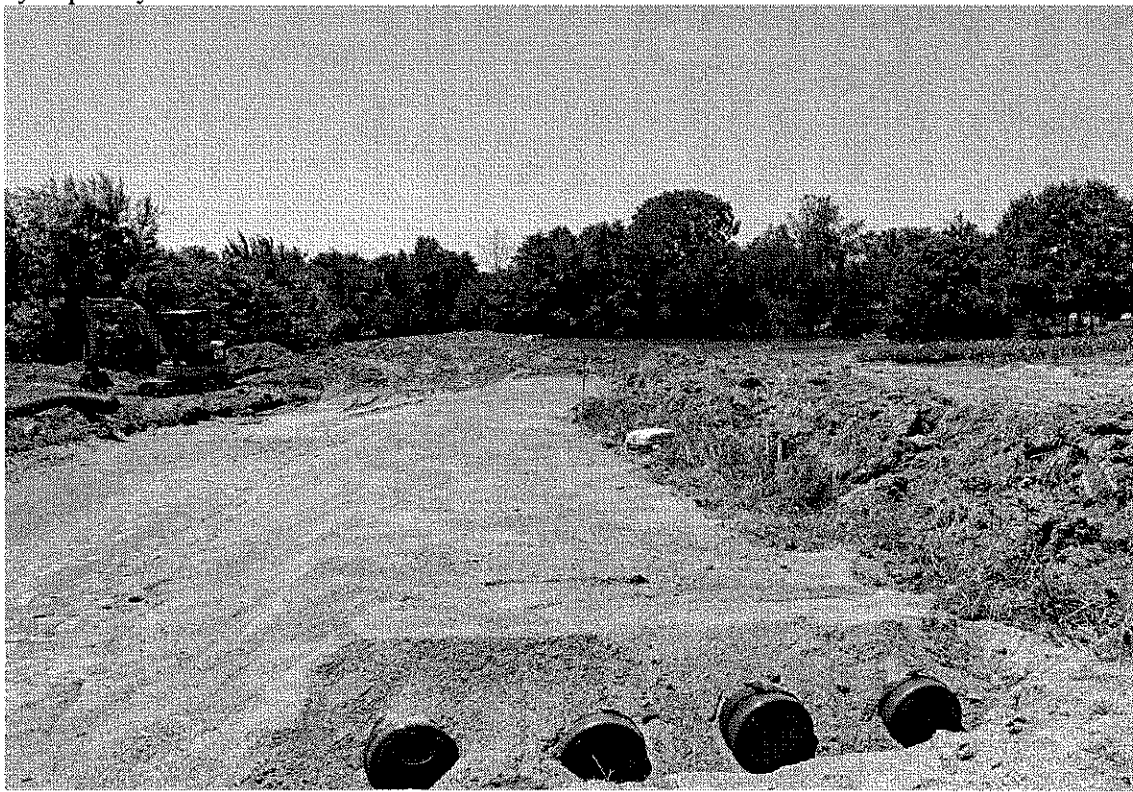
**One stage of a mound inspection** in Monroe County would be at a point in which the ground has been tilled, the sand applied, and the stone bed which contains the pipe or pipes which spray the effluent. There could be as many as five or more separate inspections before approval of any mound septic system.

In 2006, the Indiana State Department of Health approved the use of the **Presby Environmental Septic System**. This was a septic system like the mound which performed a secondary cleaning, utilizing sand as a cleaning medium before contact to the soil is made. Like the mound, this type of system only required the soil to diffuse the effluent. By requiring septic systems which employ sand or some other type of medium to cleanse the effluent before being released into the surrounding soil, less chance of ground water or surface water contamination.

The introduction of the Presby septic system gave homeowners and this department an option of a new type of septic system, like the mound, which promotes a type of secondary cleansing of the effluent at more affordable cost. Elimination of the engineering fees and the need for a pump and pump tank reduced the cost by about \$2000 to \$3000 or more.

Approved by the Indiana State Department of Health, the Presby septic system consists of the septic tank, which flows into 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 and Presby septic systems installed and approved by this county. The Presby pipe 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 system by preventing this open circuit. 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 2011 season, members

of the Monroe County Health Department had inspected and approved 635 Presby Septic systems, 99 Presby Septic System for the 2011 season.



**PRESBY SEPTIC SYSTEM SHOWING FOUR LINES WITH SAND COVER**

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. During that season, the majority of septic permits issued from this department required a Presby septic system or mound septic system. In many cases, the Presby Septic System was preferred due to cost, amount of space available and depth of soil.

In 2008, installers in Monroe County were required to be certified by Presby (a requirement of the State Department of Health to install Presby septic systems) to be placed on the list of registered installers for Monroe County.

***One of the 2011 goals was to distribute informational packets or "a Homeowners Guide" to the owners of newly installed Presby Septic Systems.*** This also included ones which had been installed in previous seasons. Additional follow-up inspections were conducted looking for any possible changes to the systems above and below ground surface (through monitor wells installed). We are looking for any area in which improvement may be made from the initial construction to the final product. ***This information is recorded in the Presby septic files. This is an ongoing process and will continue through the 2012 season.***

## **SEPTIC PERMITS**

The Monroe County Health Department issued 218 septic permits during the 2011 season. Of those, 95 were for new sites and 123 were for repair. 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. For 2011, several repair permits have been issued due to land acquisition for the proposed Interstate 69. In most situations, the actual repair has not been and does not need immediate replacement of the system but was more of an inspection of the septic system to assure the system was working in a safe manner.

## **SOIL ANALYSIS**

With the changing advancement of the traditional outhouse to the mound or Presby, so has the approach into the understanding of the soil. The percolation (PERC) test was the initial type of soil description engaged at the beginning of Monroe County Health Department and the rest of the State of Indiana. It entailed the homeowner or an engineer to dig several postholes in the location of the future field site. The postholes were filled with water and readings were taken over a twelve-hour period. This methodology was flawed due to various reasons depending on the season. Spring rains, winter freeze, or extreme drought periods would create fluctuations in any valid reading. Another fault of this test was time. Because this would require a twelve-hour period, the Health Department could not check the validity of the results; therefore, few sites were denied. By 1980, 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 2011 season, our staff soil scientist had conducted over 115 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.

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

## **MONROE COUNTY REGISTERED SEPTIC INSTALLERS**

Currently, Monroe County has an available list of 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 certification of which they can obtain on-line from Presby. They must also remit to the county a \$100 fee along with presenting proof of liability insurance of a minimum of \$600,000.

## **GOALS FOR 2012**

**The major goal for 2012 will be the permitting, inspecting and approving of septic systems which can do the maximum cleaning of effluent at a reasonable cost.** These are septic systems which are known for providing some source of secondary cleaning of the effluent. These are septic systems, which utilize sand, peat, or coal slag to capture the harmful bacteria found in septic effluent, not relying entirely on the surrounding soil to cleanse but just disperse the liquid.

Our first objective began in 2006, with the introduction of the Presby System. This was the start of a long process to educate the installers, builders, and homeowners of the concerns of the Presby Environmental Septic System. Acceptance was needed to make a smooth transition from the installation of the normal fingers or lateral in-ground septic system to a more advanced type of system. Classes were held at three separate times over a matter of months for installers and builders in an attempt to educate, what a Presby Septic System was (part of the Certification). Since the initial classes, letters have been sent to all the installers of concerns of certain installation problems they were facing. During this time a pamphlet, entitled "Presby Septic Systems in Monroe County" were made available for homeowners and builders when applying for septic permits (currently working at placing this on the county web-page).

Homeowners which had a Presby installed in 2011 were given informational booklets entitled, "Enviro-Septic Wastewater Treatment System Owner's Manual" after the final inspection. During the 2011 season, follow-up inspections have been conducted on Presbys installed before 2011 to determine if there were problems or concerns from the homeowners on their Presby system. The same booklets were given out during these inspections if not previously obtained. These booklets were more specific in nature dealing with their particular system. A total of 58 older Presbys have been re-inspected.

***To obtain our goal, Staff will work with the legal department to update the appropriate chapter of the county ordinance for presentation to the Health Board. These updates will allow only septic systems, which have a secondary cleaning stage to be permitted. Once approved by the Health Board these changes will be sent for approval by the County Commissioners in 2012.***

## ***Wastewater Disposal Complaint Program***

The wastewater disposal complaint program follows the general sewage disposal requirements set in Rule 410 IAC 6-8.1 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 2011, the Department investigated 111 reported complaints and corrected 83 sewage related issues. This number is up from the 98 reported complaints of 2010. Furthermore, MCHD issued 99 Septic Repair Permits for Presby 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 2011, only 1 cases was 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***

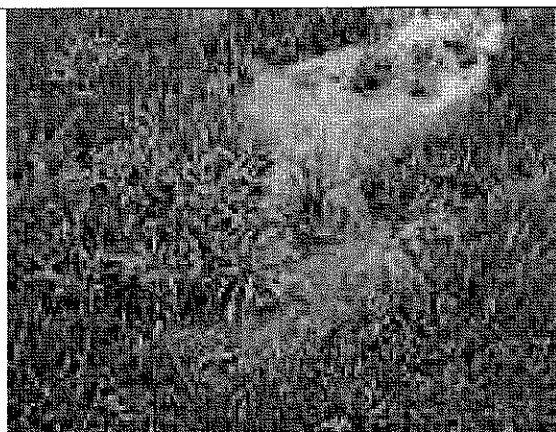


Photo by MCHD

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 \$50 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.

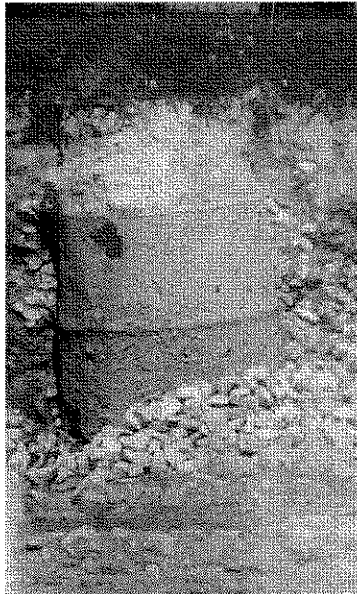
MCHD will "dye trace" when it is necessary to track a direct or indirect point source.

## ***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 \$ 50 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.



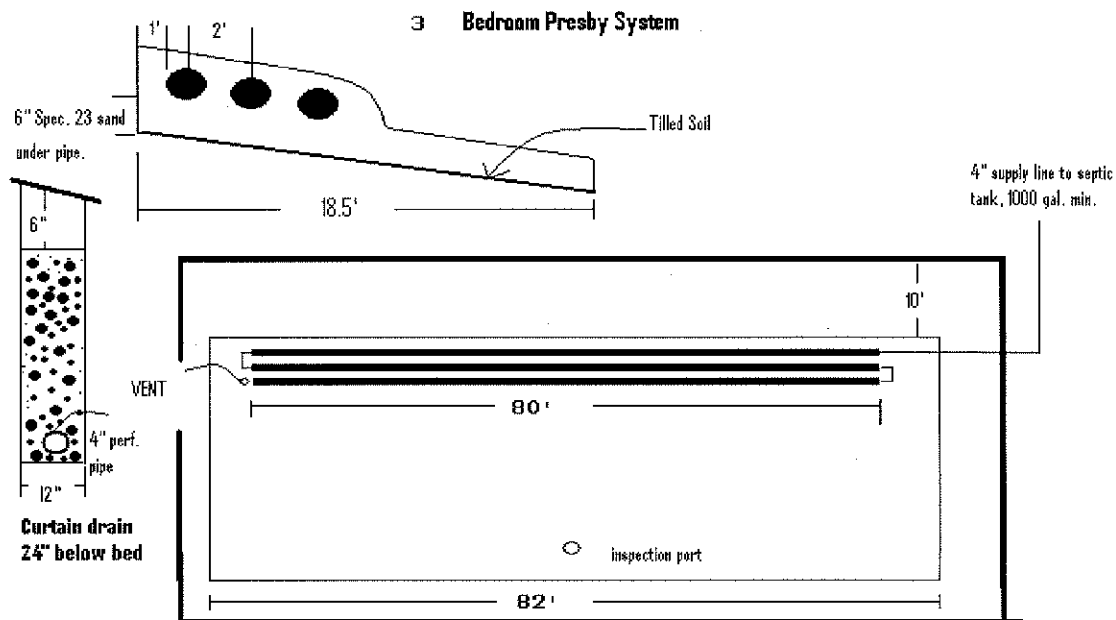
## **2011 Goals:**

**Our goal for 2011 was to reduce the number of holding tanks and illegal systems in the county by applying the new technology of the Presby Environmental System to areas that had been previously unsuitable for conventional septic system.**

**6 Holding Tank only systems were eliminated, along with 5 illegal septic systems**

**Photo by MCHD**

Homeowners restricted to Holding Tanks for sewage disposal can easily acquire monthly expenses of \$400-500 for pumping and hauling. Our goal for 2011 was to help homeowners on holding tanks eliminate this expensive monthly utility cost by using new technology systems like the Presby Environmental System in area where conventional system could not be approved.



Plan Provided as a courtesy of the Monroe County Health Department. Plans are NOT to scale. Contact MCHD with any Questions.

In 2011, MCHD helped 6 homeowners eliminate holding tanks only systems. By utilizing this new technology Monroe County residences will save in excess of \$150,000.00 over the next ten years.

**For 2012, we will continue our goal to reduce Holding Tank only systems and illegal septic systems within the county.** In order to identify homes currently utilizing holding tanks with the possibility to upgrade the septic system, **staff will quarterly monitor high volume areas of the county to verify problem sites. Five percent ( 5 %) of the holding tanks and illegal systems should be replaced in 2012.** According to historic records, it is estimated that approximately 200 Holding Tank only systems still exist in the county. By educating homeowners and more frequent monitoring of areas with high concentrations of holding tanks, we can further reduce these types of systems

## **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 2011 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 2011, the MCHD received a total of twelve 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 one hundred waste transporter permits and decals issued in 2011. 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 2011.

## **GOALS FOR 2012**

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

## **2011 Annual Report of the 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 558 licensed retail food establishments (restaurants, grocery stores, seasonal, vending and mobile units); a number that increased by 6 facilities from the previous year. In addition to routine inspections of these facilities, we issued 14 temporary food permits in 2011 (a decrease of 8 from 2010) 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 2010 was 608.

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 2011, 45 design reviews were conducted by staff representing a decrease of 12 from 2010.

### **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. The certification program offered by the health department in 2011 was the National Restaurant Association's ServSafe® Course.

Consultations (on site education) provided by food staff increased by 346 from 1879 to 2246. 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 2011, the food protection staff conducted 1382 inspections (routine, follow up, pre-opening, complaint, construction and special events) an increase of 65 from the previous year. Of the 1382 inspections performed, approximately 200 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 86 complaints received and responded to in 2011 – a decrease of 7 complaints. This marks the second year in a row that complaints have decreased from a high of 104 in 2009. 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 2011.

### **ACCOMPLISHMENTS/GOALS MET IN 2011**

- Increased inspections of food establishments from 1317 to 1382 (increase of 4 %) due to quarterly tracking of food establishment inspections and meeting with staff 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
- Updated food borne illness investigation procedures including the sampling kits to be

used for field investigations and designing a standardized inspection form for the environmental investigations of food establishments to ensure continuity between food staff.

- Completed an audit of opened and closed food establishment files. Documents in folders that were dated 2006 and before were removed, inventoried and are awaiting proper disposal by shredding.
- As a result of office relocation for carpet installation, all files, cabinets and desks were totally cleaned and reorganized

## **GOALS 2012**

- Food supervisor will conduct standardized inspections with each staff member (2) at least semi-annually (once per six months) to enhance quality improvement with regard to consistency and time management.
- Establish on-line renewal forms to reduce postage and paper use for 2013 food establishment renewals; Use postcard reminders rather than a bulk mailing.
- Incorporate FDA Voluntary standards into managing the food section by:
  1. Updating written policies and procedures for Plan reviews, food sampling, complaints, temporary food establishments and non-compliance of food establishments by end of 2012
  2. Performing risk-based inspections on all food establishments
  3. Create a checklist for performing risk-based food safety assessments by Jan 2012.
  4. Perform one HACCP (Hazard Analysis Critical Control Point) based assessment per year of high risk food establishments (that are designated with a risk factor of 3) utilizing a newly-created risk assessment checklist (see above) by end of 2012.

### **FOOD PROTECTION PROGRAM**

**2011**

**(2010 numbers in parenthesis)**

<b>Consultations</b>	<b>2246(1879) +367</b>
<b>Routine/Follow up/ Pre-Opening /special event Inspections</b>	<b>1235 (1145) +90</b>
<b>Complaint inspections</b>	<b>86(93) - 11</b>
<b>Construction/site inspections</b>	<b>61 (79) -18</b>
<b>Plan Reviews conducted</b>	<b>45(57) -12</b>
<b>Court Appearance</b>	<b>1</b>
<b>Meetings, special projects, training</b>	<b>151</b>

### **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**

In compliance with Indiana Code, as outlined by the Indiana State Department of Health (ISDH), the primary role of the Vital Records Staff of the Monroe County Health Department is to file, preserve, and maintain accurate birth and death records for those births and deaths which occur in Monroe County. Thorough examination and consideration is given to all applications. This process of scrutinizing serves to ward off attempts to secure records by ineligible applicants. The Vital Records staff work closely with federal, state, and local offices and law enforcement offices to keep updated on current laws and policies. With the laws regarding the procedures for filing vital records ever changing, procedures are updated as directives are handed down from the Indiana State Department of Health.

On January 1, 2011, Indiana Code 16-37-1-3.1 mandated all births and deaths occurring in Indiana be recorded using the Indiana Death Registration System (IDRS), Indiana Birth Registration System (IBRS), and the Indiana Fetal Death Registration System (IFDRS). As of January 18, 2012 there are 7,792 physicians registered in the IDRS, which includes 120 physicians from Monroe County. The new IDRS/IBRS/IFDRS user agreement form used by the physicians to register with the ISDH is now available in a fill-able PDF format. Users are now able to complete this form, sign, and fax the document to the Electronic Registrar Helpdesk for final processing. This change will improve accuracy and expedite the account setup process.

Fees collected by Vital Statistics for 2011 are shown in the "Fee Income by Category" table of this annual report, which comprise 39% of total fees collected. This makes Vital Statistics the second largest generator of fees in the department.

The office "call tree" went into effect during 2011, which connects callers to the appropriate department, eliminating the need for callers to speak with several personnel before being connected to their party.

Two members of the Vital Statistics staff were involved in the Lean Six Sigma training, where they learned team building techniques, which can be implemented in carrying out our Ten Essential Services program.

### **Education**

- One staff member completed Social Media Marketing training on November 30, 2011, which included methods to utilize Twitter, Facebook, U-Tube as an advertising medium for the Health Department (such as possibly providing an end of the month report on birth/death statistics for a given month, etc.)
- Staff attended training provided by the Indiana Vital Records Association twice in the year during spring and fall conferences.

### **Goals for 2012:**

Provide informed, courteous, and expeditious service to customers.

- Keep abreast of current legislation regarding Vital Statistics by attending training provided through attendance at annual conferences.
- Participate in further Lean Six Sigma training.
- Ensure Vital Statistics staff is complying with Indiana Code in issuing birth and death records, and related documents in a timely manner, by processing requests within a 24-hour period

**BIRTHS**  
**TEN-YEAR TOTALS**

YEAR	IN-WEDLOCK		OUT OF WEDLOCK		TOTAL		GRAND TOTAL
YEAR	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	TOTAL
2002	758	792	288	253	1046	1045	2091
2003	774	692	348	294	1122	986	2108
2004	738	741	306	309	1044	1050	2094
2005	807	687	315	283	1122	970	2092
2006	779	719	335	283	1114	1002	2116
2007	811	699	359	311	1170	1010	2181
2008	694	642	336	355	1030	997	2027
2009	674	641	362	285	1036	926	1962
2010	574	553	475	409	1049	961	2011
2011	707	614	332	304	1039	918	1957

**2011**  
**HOSPITAL AND HOME BIRTHS**

<u>MONTH</u>	<u>IN WEDLOCK</u>		<u>OUT OF WEDLOCK</u>		<u>TOTAL LIVE BIRTHS</u>		<u>GRAND TOTAL</u>
	<u>MALE</u>	<u>FEMALE</u>	<u>MALE</u>	<u>FEMALE</u>	<u>MALE</u>	<u>FEMALE</u>	
JANUARY	57	47	30	27	87	74	161
FEBRURY	54	47	24	25	78	72	150
MARCH	66	44	29	19	95	63	158
APRIL	56	48	28	20	84	68	152
MAY	56	50	23	17	79	67	146
JUNE	59	51	25	25	84	76	160
JULY	77	50	32	25	109	75	184
AUGUST	58	51	34	35	92	86	178
SEPTEMBER	69	67	27	34	96	101	197
OCTOBER	56	51	24	19	80	70	150
NOVEMBER	53	62	30	27	83	89	172
DECEMBER	46	46	26	31	72	77	149
<b>TOTALS</b>	<b>707</b>	<b>614</b>	<b>332</b>	<b>304</b>	<b>1039</b>	<b>918</b>	<b>1957</b>
HOSPITAL BIRTHS 1944							
HOME BIRTHS 13							
TWINS 22 SETS							
				<u>IN WEDLOCK</u>	<u>OUT OF WEDLOCK</u>		
BIRTHS TO MOTHERS AGE 10 - 14 YEARS				0	0		
BIRTHS TO MOTHERS AGE 15 - 19 YEARS				21	131		
HOMEBIRTHS				10	3		

## 2011

Fetal Death *	2 Unknown Gender in August; 1 Unknown Gender in December
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### **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.

#### **SERVICES**

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

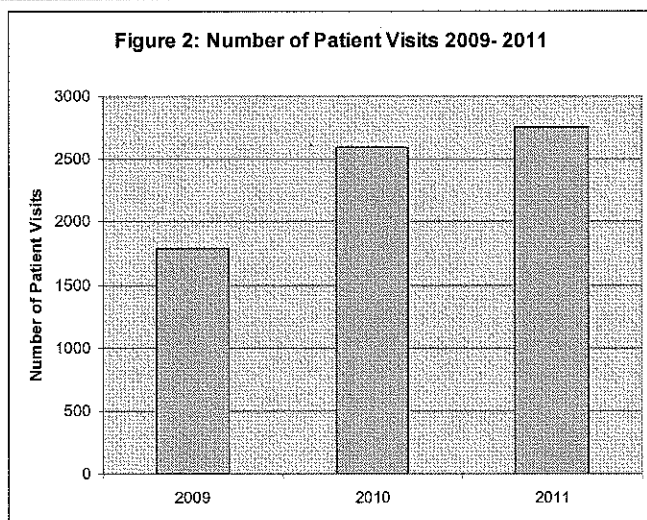
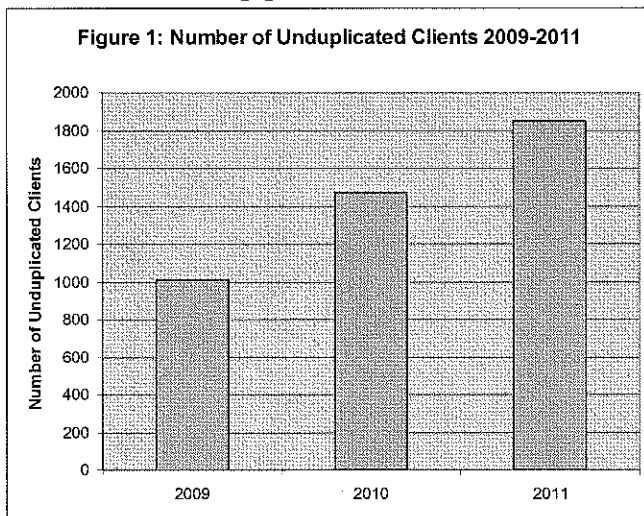
#### **SUPPLIES**

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 2011.

- Birth Control Pills- 44%
- Condom- 17%
- Depo Provera (the Shot)- 13%
- Intrauterine Contraception- 9%
- Evra Patch- 2%
- Diaphragm- 0.02%

#### **POPULATION SERVED**

The number of unduplicated clients receiving family planning services through the clinic during 2011 was 1,853. Our goal for 2010 was 1,500 patients, so we were pleased to exceed that number. These clients made 2,758 visits to the clinic. The figures below show the increasing growth of clientele and number of visits since 2009.



Of the population served in 2011 83% are 100% or below poverty level and paid no fees. Concerning the remainder of our patients, 13% paid partial fees, 1% had insurance (including the state provided HIP), 3% had Medicaid, and only nine 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, 7% of our population is of Hispanic/Latino origin. The clinic uses Spanish-speaking interpreters as needed. In addition, 4% of the population is African-American countywide, and at the clinic 15% of the patient load is African-American. 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 18. In 2011, this age group of our clientele increased to 128 patients, often brought in by a parent.

**Goal- 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 1,035 tests and 13% of these tests were positive. The clinic conducted 694 pap tests during 2011. Of those tests, 16% were abnormal. Of the abnormal, 66% 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.**

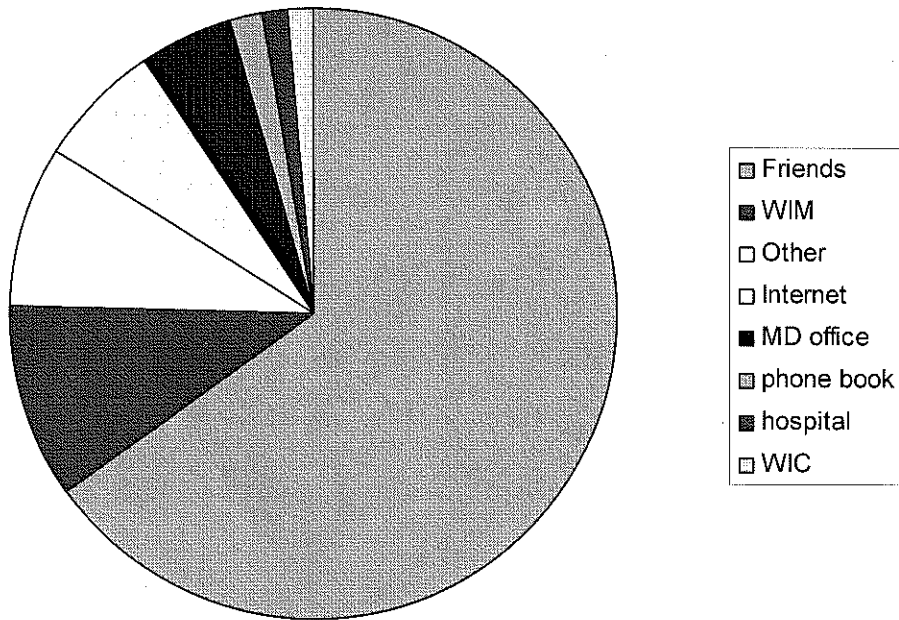
## **CHALLENGES**

One of our major challenges in 2011 was the change in Medicaid and insurance billing. In the State of Indiana, Medicaid services has been privatized to four different insurance companies. None of the insurance companies will pay claims unless the physician or clinic entity was a Preferred Provider. In the past, claims were paid on a reduced level. Both Futures Nurse Practitioners finished the Council for Quality Affordable Healthcare (CAQH) certification documents. This certification allows the clinic to become a Preferred Provider for each insurance company. This should allow the clinic to begin collecting claims from insurance companies and Medicaid.

**Goal- met for applying for Preferred Provider status for all Medicaid providers and independent insurance company.** Anthem has not yet contracted with the Futures clinic, so that is expected in 2012.

The first six months of 2011, we utilized a radio advertising campaign to make residents aware of our services. Most patients come to us because of word of mouth (65% of new patients in 2011).

**Figure 3: Referrals to Futures Family Planning Clinic 2011**



**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 2012 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 2012.
- To continue to provide appropriate STI testing.
- To supplement funding by writing at least two grants to supplement diminishing federal and state monies.
- To begin to use Electronic Medical Records with financial assistance from Indiana Family Health Council. The Federal Government requires this change, and our staff is excited to move forward with new technology.
- 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 STD Prevention Grant that covers Disease Intervention Services in 2011 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.

### **2011 Goals for STD Prevention Grant**

- The STD program will be in accordance with the objectives of the ISDH STD Prevention Program and will maintain close partnerships within the programs.

**MET. The Monroe County Health Department works closely with the ISDH STD Prevention Specialist to ensure goals are aligned by use of monthly teleconferences, email and phone calls.**

-Establish measurable and reasonable benchmarks for the disease intervention specialist.

**MET. Disease follow-up and priorities were evaluated by risk of harm to the public health.**

-The program will provide additional training when needed-

**MET. The DIS attended trainings on Counseling, Testing and Referral; CDC training modules; Syphilis Reverse Sequencing; Crisis Communication; Blood Pathogens; SWIMSS; among others.**

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 2011 preliminary data for District 7 shows that Chlamydia cases increased by 817 over 2010 numbers. Chlamydia accounted for about 86% of the total morbidity of STD's investigated and women made up approximately 76% of the total Chlamydia morbidity. Gonorrhea numbers nearly doubled as compared to 2010 figures. Gonorrhea cases made up about 13% of the total morbidity of STD's that were investigated. Per ISDH, about 60% of gonorrhea cases in 2011 were female and 40% were male.

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

<b>DIAGNOSIS</b>	<b>FEMALE</b>	<b>MALE</b>	<b>UNK GENDER</b>	<b>TOTAL</b>
<b>CHLAMYDIA</b>	1621	500	14	<b>2135</b>
<b>GONORRHEA</b>	196	142	1	<b>339</b>
<b>SYPHILIS</b>	6	15		<b>21**</b>
<b>HIV/AIDS*</b>	10	29	1	<b>40*</b>
<b>TOTAL</b>	<b>1833</b>	<b>686</b>	<b>16</b>	<b>2535</b>

\*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 16 cases of early syphilis (three cases of 710, four cases of 720 and seven cases of 730).

\*\*\*Preliminary Data for 2011

### **Case Detection Though 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 newsletter for area physicians, hospitals and health departments to help educate about the CDC STD Treatment Guidelines for 2010. Of particular importance to the program, the CDC focused on the increasing risk of resistance to current medicines used to treat gonorrhea.

The DIS spoke with students at Indiana University 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 2012**

- 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.
- 2) District 7 will increase partnerships with other programs to better intervene in disease spread among clients college age or younger.
- 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.
- 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%.
  - Increase Primary and Secondary Syphilis cases treated within 14 days to 95%.

## Quality Improvement

Quality Improvement efforts and collaborations with the Indiana State Department of Health, Purdue University HealthcareTAP and the Monroe County Health Department started in August of 2007 with the Indiana Multi-State Learning Collaborative. A Community Health System Assessment was conducted followed by the Monroe County Health Assessment (MoCHA) in 2008. These efforts continued and led to focused work in assessing the Monroe County Health Department in relation to the ten essential services of public health.

In 2010, all health department staff, learned more about the 10 Essential Services and completed a self-assessment. These hour-long in-services were led by Indiana State Department of Health, Performance Management staff. In the beginning, local staff did not fully understand the intent, but were willing to discover its purpose and to work towards improvement of service delivery and accreditation preparation. Monroe County Health Department was one of six counties to participate in the pilot program.

Each month in 2010 staff met for an hour, focused on the Core Functions of Public Health, Assessment, Policy Development and Assurance. The Institute of Medicine in 2003 decided that the “Future of Public Health is having a Vision, a Purpose and using the 10 Essential Services to guide public health practice”. Using the National Public Health Performance Standards Program Local Public Health System Performance Assessment Instrument Version 2.0 from the U.S. Department of Health and Human Services Centers for Disease Control and Prevention guide, three Essential Services were identified as possible areas to focus quality improvement efforts:

- Essential Service #1 is to monitor health status to identify community health problems.
- Essential Service #3 is to inform, educate and empower people about health issues.
- Essential Service #8 is to assure a competent public health and personal care workforce.

In November of 2010, Jim Stephens from Purdue University HealthcareTAP reviewed the survey data, and focus areas with health department staff. The group arrived at consensus noting the top three priority areas as listed above. After investing 200 staff hours, two questions arose: where do we go from here and how do we do business in the community. First, a plan of action was devised with the mission statement as a guide. Next, an assessment of the internal rankings of the Ten Essential Services was completed, followed by a discussion of our populations’ expectations of the department along with expectations of staff.

During the subsequent session, the Indiana Public Health Workforce Development Education and Training Toolkit was introduced and staff were trained how to utilize the toolkit. The goals of the Toolkit are “to achieve standardization within the public health workforce and to help Indiana’s local health departments’ work toward accreditation”. The objectives are “to create a simple method of documentation for education and training, to create a workable, usable toolkit for local health departments and to encourage local health departments to adopt the toolkit”.

The opportunity to provide more in-depth quality improvement training arrived through the multi-state learning collaborative and HealthcareTAP in 2011. A “team” was formed for this “Lean Six Sigma, Yellow Belt Training”. Circumstances did not allow all health department staff to participate in this training so those with direct participation would have to share their knowledge with remaining staff.

Jim Stephens worked with the “team” to improve quality in the department. Four, full-day trainings were conducted with the Lean 6 Team. Time was spent learning new concepts, assessing project options, and team building. These hands-on education sessions increased the leadership skills of staff within the team. Not only did staff learn skills, they put them to use identifying a challenge within the department and then being tasked with finding possible solutions. This would be their project. Six staff members were able to complete the Lean Six Sigma Yellow Belt Training, pass the exam and receive a certificate of completion.

The team project focused on services, researching if people in the community know what the health department does and where to obtain those services. Other department staff were invited to participate with the projects. Sub projects were developed that included a research phase, a data collection phase, an assessment of data phase, a planning phase and an implementation phase.

- The first project focused on the development of a phone tree that would direct customers when calling the main Monroe County Health Department phone number. The goal of the project was to ensure that customers would receive faster and more efficient service. The objective was to connect customers directly to the department they needed by choosing from the key-word prompts.. The phone tree was launched in May 2011. After 2 months, a group discussion with all MCHD employees was held to ask for their feedback. A customer survey was completed to evaluate whether or not we were achieving our goal of better customer service. Patrons were asked their opinion of the phone tree. The feedback from both the public and the employees was positive. Employees who handled phone calls on a regular basis felt that they were receiving more calls pertaining to their department and fewer calls that they had to transfer or refer elsewhere. The data suggested that most customers were getting the answers they needed quickly and without hassle. This phone tree will continue to be evaluated and changes will be made accordingly.
- 
- The next project was researching phone listings and web addresses for the health department. The team checked for accuracy of data in phone books and on-line. Several errors were identified. The changes were made to clarify the department locations and services.
- It was determined that the department’s website should be considered a “site” since people could get information from the website. Improvements to the website are ongoing. The team has been working to incorporate Social Media, such as Facebook and Twitter, as a means of improving community outreach efforts. The Lead Health Educator attended Social Media training to acquire the best practices in order to utilize this valuable tool. This is an ongoing department-wide effort. The department purchased an advertisement on a Monroe County Map. The County map identifies service locations and information, the map marks each location on the map and uses a QR Code to link “smart-phone” users to the health department webpage.
- Another sub-team completed a health department, referral list, including three physical locations (main office, Futures and the Public Health Clinic). The purpose was to provide the community with easy access to information and assistance for the services offered by the local health department. A database of county departments and agencies that will receive the health department, contact list was developed. The database is a dynamic document; it will be updated as needed throughout the year. This referral list was set to for delivery in early 2012.

- For another project, an old version of the health department brochure was assessed for accuracy. The brochure was updated and is ready for public distribution.
- Another objective of proper building identification prompted a sub-team to research options for signage. Sign ideas and quotes were obtained from various companies. Improving the sign in front of the Health Services Building would clarify what specific departments are located inside the building, located at 119 West 7th Street. The preference was a sign that can be easily changed as departments move at this location.

During the last two years, the health department staff and Lean 6 Team have discovered strengths and weaknesses within the department. Working together is an enjoyable way for a team to learn how to complement one another; when one's personal weakness is exposed, another team member's strength shines through and together the team reaches its goals. The Monroe County Health Department is looking forward to continuation of quality improvement efforts that enhance both staff and service delivery to those in Monroe County. The Monroe County Health Department had a busy and productive 2011. Quality Improvements will continue.

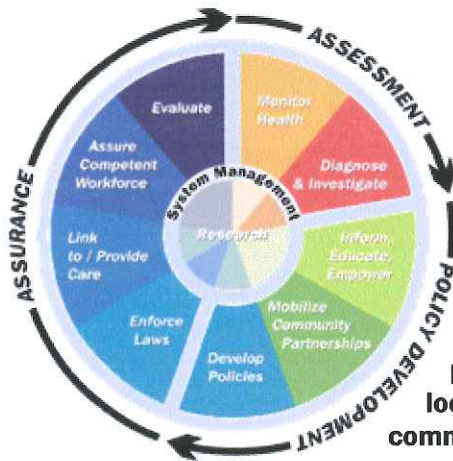
## Trainings Completed by Health Department Staff

### Training

FDA Food Training  
IEHA Fall Conference  
FDA - "How to Manage Food Safety at Special Events"  
Fred Pryor - "How to Supervise"  
Indiana Vital Records Association Spring Conference  
IVRA Fall Conference  
FEMA, ICS-300  
FEMA, ICS-400  
Vector Control Conference  
Social Media Training  
ESF 8 Public Health and Medical Services  
Leading, Connecting & Succeeding in Public Health  
STD Seminar for Title 10 Practitioners  
Seminar: How the Brain Works  
Indiana Watershed Leadership Academy  
Lean 6 Sigma - Quality Improvement for LHD  
Standardization Required Maintenance Education and Training Toolkit Usert  
Managing Conflicts and Communication Challenges with the Public  
Building a Higher Performing Evidence-Based Public Health Agency (Web)  
Protecting Our Youth: Mandatory Reporting Laws (Web)  
Road to Accreditation (Web)  
What's New with Accreditation? (Web)  
2011 Environmental Summit: Air Quality & Public Health  
Rabies Post-Exposure Prophylaxis-Basics (Web)  
IFHC Web-Based Data Training  
Monthly ISDH Teleconference for DIS skill building  
Public Health Disparities (Web)  
HIV Counseling  
Rev. Sequence Syphilis Web Training  
CDC EDG Training (Web)  
SWIMMS Training  
Information Assurance and Awareness (TSD) (Web)  
FEMA, ICS (Web)  
FEMA, ICS 101.a (Web)  
FEMA, IS-808 (Web)  
FEMA, IS-800 (Web)  
Heartsaver First Aid Training  
IDRS Training (Web)

Preparing Children for Disasters  
Risk Communication Training  
BBP/PPE Training  
CDC Guideline Changes Webinar  
Human Trafficking: A Family Planning Perspective  
HCET webinar: STD Disparities  
Longer Regimen of Progestogen Contraceptive more Effective than Conventional Course  
Oral Birth Control May Not Adversely Affect Fasting Glucose, Insulin Levels  
Third Generation Contraceptive Linked to Increase VTE Risk  
Migraine Raises Long-Term CV Risks  
Common Dermatologic Issues in Family Planning  
340 B Program & Preventing Duplicate Accounts  
HCET webinar: 3rd party  
billing  
811 Call Before You Dig  
IAPSC Fall Tour  
Field Work with Soil Profile  
Soil Health Field Day  
G.A.P. Awareness  
Lab Safety Training/Hazcom  
LEPC/FSE Training  
Animal Bite Workshop  
Indiana Healthy Home Conference

# 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

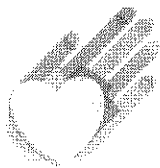
There are many different organizations and entities that contribute to a local public health system and delivering the 10 Essential Services. To get a better sense of the public health system and the essential services, think about the following questions:

- **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.



Volunteers  
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## **Prenatal Care Grant Contract Report**

2011 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, medically indigent women who do not qualify for state Medicaid prenatal care.

Payment during 2011 from this grant was disbursed to a licensed OB specialist (Dr. John Labban) for \$16,000. This amount covered the prenatal care expenses for seventeen women. Eleven women received prenatal care through their full-term deliveries. Five women received partial prenatal care. Prenatal care includes office visits, testing, ultrasound, post-partum follow up, health assessment, and other services as necessary.

During the past year, Dr. Labban observed that 75% of the Latinos women referred to him by Volunteers in Medicine are ending up with gestational diabetes. He has recommended to us that we collaborate with the IU Health Bloomington Diabetes Center soon after they come to VIM to get some diet advice to minimize the risk of becoming diabetic due to a high-carbohydrate diet.

Volunteers in Medicine is very pleased with to be collaborating with the Monroe County Health Department and the OB specialist. This collaboration is providing the vital prenatal services that bring about improved outcomes for both mother and child, and provides a much-needed safety net for a vulnerable segment of our community's members.

Respectfully submitted,

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

March 26, 2012

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

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