

2012

ANNUAL REPORT

VANDERBURGH COUNTY HEALTH DEPARTMENT



Public Health
Prevent. Promote. Protect.

Table of Contents

Vanderburgh County Board of Health	3
Administration Division	5
Community Dental Clinic	7
Vanderburgh County NACo Rx Prescription Drug Discount Card	8
4 th Annual Homeless Connect Event at The Centre	9
HIPAA Advisory Workgroup	10
Communicable Disease Division	11
HIV Partner Counseling and Referral Services	14
Sexually Transmitted Disease Specialty Clinic	16
STD Accelerated Prevention/Infertility Program	18
Tuberculosis Program	20
Family Immunization and Foreign Travel Program	23
Environmental Health Division	
Food Safety Section	26
Environmental Health Services Section	28
Public Health Emergency Preparedness and Response Program	31
Ozone Office	37
Vector Control Program	41
Health Education Division	43
Chronic Disease Program	44
Laboratory Division	47
Nursing Division	49
Fetal and Infant Mortality Review (FIMR)	50
Outreach Services, MCH Grant and Pregnancy Resource and Referral	53
Women, Infants, and Children Nutrition (WIC) Program	56
Vital Records Division	59
Finance Division - - Expenditure Reports	62
Finance Division - - Revenue Report	65
VCHD Division/Program/Section Contact Information Listing	66

FOREWORD

The Year 2012 has seen some changes in the Vanderburgh County Health Department.

We faced several challenges at our Community Dental Clinic, however we worked through those challenges and continued to serve patients until July 31, 2012. During the 2013 budget hearings funding support for the Vanderburgh County Health Department to continue to operate the Community Dental Clinic did not materialize. Subsequently, a coalition of local community organizations met to discuss the future of the Community Dental Clinic being operated by another community health care service provider, re-opening in 2013.

Vanderburgh County's Medical Reserve Corps unit continues to develop and improve its' capacity to respond to a public health event.

The first phase of the Strategic Planning process has been completed with the internal SWOT (Strength – Weakness – Opportunity – Threat) survey analysis of all health department staff members and the Executive Committee of Key Community Stakeholders meeting. The Key Community Stakeholders reviewed:

- the legal requirements for local public health departments in Indiana;
- work product of the Purdue University's Indiana Public Health System Quality Improvement Program – Vanderburgh County Local Public Health System Performance Reassessment Final Report – September 2011;
- Indiana State Department of Health (ISDH) Accreditation Gap Analysis Report – Vanderburgh County received 162 points out of 202 possible points for an eighty (80.2 %) score;
- 2011 Welborn Baptist Foundation Community Health Indicators report;
- ISDH – Community Health Improvement Plan (IN-CHIP)

Our Social Committee, originally started in 2011 to emphasize team building and to bring a stronger sense of community to our staff members, quickly grew to include charitable projects focusing on giving back to the community. In 2012 the committee hosted two very successful fundraisers: Soles4Souls and A Cause for Paws.

We have a workforce of very talented individuals who are dedicated to providing the highest quality of public health services to our Community. We in Administration thank them for all they do.

Respectfully,



Ray Nicholson, M.D.
Health Officer
Vanderburgh County Health Department

2012 VANDERBURGH COUNTY BOARD OF HEALTH

Name	Position	Original Appointment Date
Robert F. Stayman, Esq.	Chair	March 10, 1994
Catherine M. Engel, PhD	Vice-Chair	February 8, 2005
Maria Del Rio, M.D.	Member	August 15, 1989
John D. Pulcini, M.D.	Member	May 1, 1987
Bruce W. Romick, M.D.	Member	July 15, 1983
Fred Mulfinger	Member	July 25, 2005
Mark E. Wohlford, D.D.S., PhD	Member	January 1, 2008

The members listed above served during the year 2012. The original Board of Health was appointed in 1948, with seven members serving staggered terms. Since that time, all members have been appointed for terms of four years, except those who are appointed to serve out unexpired terms. Members may be reappointed or replaced, and continue to serve until their successors have been named. Appointments are made under Indiana Statute IC 16-20-2-6 & 7 by the Mayor and County Commissioners, according to population ratio. The members receive no compensation.

2012 ADMINISTRATIVE OFFICERS AND MANAGEMENT TEAM

Ray Nicholson, M.D.	Health Officer
Gary L. Heck, B.A.	Administrator
Paulette Hoffman	Finance Officer – Office Manager
Denise Cory, B.S.N., R.N.- B.C.	Director, Communicable Disease Division
Wallace Corbitt, M.S.	STD Supervisor
Diana Simpson, R.N., B.S.N.	Director, Nursing Division
Jeri Kenning, R.N., B.S.N.	Child Health Conference Supervisor
Christopher Allen, MT (ASCP), SH	Director, Laboratory
Mary Jo Borowiecki, B.S.	Health Education Supervisor
Erica Mitchell	Vital Records Supervisor
David A. Gries, B.S., REHS	Director, Environmental Health Division
Dwayne Caldwell, B.S., REHS	Environmental Services Supervisor
Keith Goy, B.S.	Rodent & Vector Control Supervisor
Joanne Alexandrovich, PhD	Ozone Officer

MISSION STATEMENT

Our mission is to work with our community partners to:

- Develop and provide quality health care services;
- **Promote** healthy lifestyles;
- **Protect** against and **Prevent** the spread of disease; and,
- Assure preparedness to achieve and maintain the best public health for our community.

2012 County Officials



Commissioners

Marsha Abell, President
Joe Kiefer, Vice-President
Stephen Melcher, Member

Council

Tom Shetler, Jr., President
James Raben, Vice-President
Stephanie Terry, Member
Angela Koehler-Lindsey, Member
Mike Goebel, Member
Ed Bassemier, Member
Pete Swaim, Member

Administration Division

The Administration Division is responsible for the operations of the Vanderburgh County Health Department.

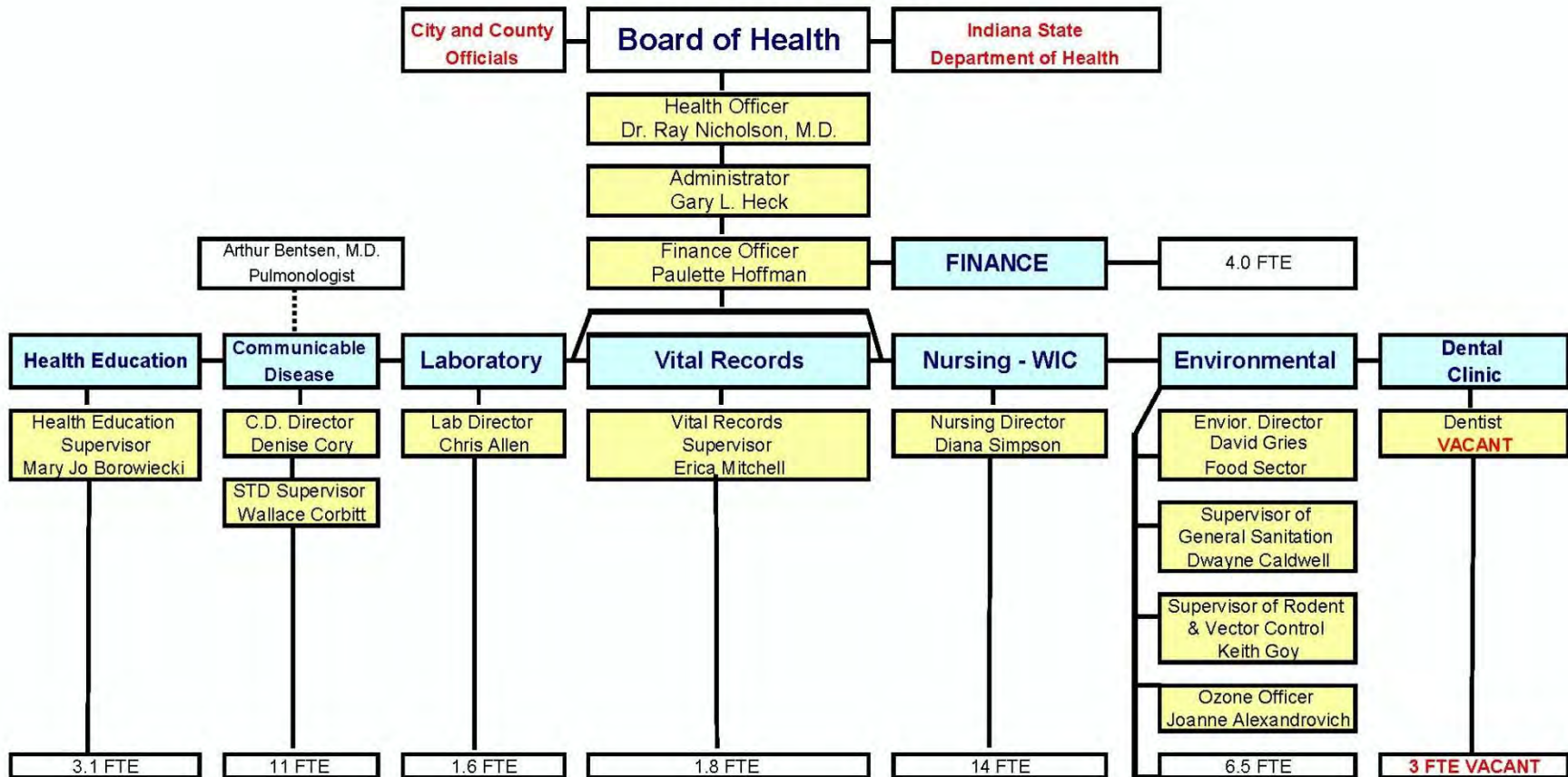
The Health Department's management team consists of fourteen (14) members from the eight divisions. The fourteen (14) managers have various titles (health officer, administrator, director, supervisor) of the various organizational units they lead: division, sections, clinics, programs, etc.

In addition to the day to day operations, the administrative/finance division managed various special projects in collaboration with local, state and national stakeholders.

Highlights from three (3) special projects from 2012 included:

- Community Dental Clinic public & private funded project
- Vanderburgh County NACo Rx Prescription Drug Discount Card project
- 4th Annual Homeless Connect event at The Centre

Vanderburgh County Health Department 2012 Organizational Chart



* staff members assignments are subject to the needs of the Health Department and applicable grant limitations, if any. This organizational chart depicts primary staffing assignments under normal operations at full staffing levels.

8 Divisions

14 Management Team Member

Community Dental Clinic June 26, 2006 to July 31, 2012

The Community Dental Clinic provided quality oral health services to our Community from June 26, 2006 to July 31, 2012. We experienced dentist staff changes during 2012. In July 2012 with an uncertain 2013 budget funding level, and without a dentist the remaining staff resigned to accept full-time employment with other oral health providers.

HIGHLIGHTS AND ACCOMPLISHMENTS

The Community Dental Clinic staff provided 32,349 services during 13,788 patient visits between June 26, 2006 and July 31, 2012. The 13,788 visits included 5,010 new patient visits and 8,572 returning patient visits. During the past six (6) years and five (5) weeks we served 5,397 patients (2,780 male and 2,617 female). Over ninety-three percent 93.83 (5,064 of 5,397) of our patients came from referral sources; 5,053 or 93.63% of our patients are between 20 and 69 years of age; 11,295 or 81.91% of the visits were provided to patients in the minimum pay category. The Dental Clinic produced services valued at \$2,193,977.50 of which \$1,816,070.93 was written off based on the sliding fee scale leaving \$377,906.57 as fees receivable. We collected \$288,817.43 from patients or from community donations and \$73,467.25 in Medicaid payments for a total of \$359,605.54 or 95.16% fee receivable equivalent collection rate.

VANDERBURGH COUNTY DEPARTMENT OF HEALTH
COMMUNITY DENTAL CLINIC as of DECEMBER, 2012

Converting Data to New Report Format with Eaglesoft Practice Management	2012 Y-T-D	2011	2010	2009	2008	2007	2006	EARLIEST TO DATE
TOTAL ACTIVE PATIENTS		599	717	852	845	1,004	840	5,397
NEW PATIENT STATS	540							
Number of Male Patients	287	340	396	442	422	526	427	2,840
Number of Female Patients	378	259	321	410	423	475	416	2,882
New Male Patients For This Month								
New Female Patients For This Month								
Age (negative #. client had B/D since previous grand total)								
PATIENTS 0 TO 9 YEARS OLD	0	-4	-2	-3	-2	3	21	13
PATIENTS 10 TO 19 YEARS OLD	3	13	2	1	3	25	42	89
PATIENTS 20 TO 29 YEARS OLD	21	57	169	233	202	172	232	1,086
PATIENTS 30 TO 39 YEARS OLD	119	167	177	221	213	313	196	1,406
PATIENTS 40 TO 49 YEARS OLD	33	120	156	202	226	201	183	1,121
PATIENTS 50 TO 59 YEARS OLD	107	164	145	140	147	160	101	964
PATIENTS 60 TO 69 YEARS OLD	25	60	49	40	32	77	43	326
PATIENTS 70 TO and over	13	22	21	18	24	30	22	150
InActive Patients Age Adjusted to Eaglesoft Groupings	219					23		242
TOTAL ACTIVE PATIENTS	540	599	717	852	845	1,004	840	5,397
	2012	2011	2010	2009	2008	2007	2006	EARLIEST TO DATE
TOTAL VISITS	934	1,938	2,561	2,325	2,014	3,231	785	13,788
NEW PATIENT VISITS	304	567	710	849	843	1,238	499	5,010
RETURNING PATIENT VISITS	630	1,371	1,871	1,476	1,171	1,993	286	8,572
Income and Adjustments	2012 Y-T-D	2011	2010	2009	2008	2007	2006 Partial	Cumulative Total
Charges	>>>> \$ 196,398.50	\$ 322,293.00	\$ 404,614.00	\$ 359,740.00	\$ 305,782.00	\$ 365,101.00	\$ 240,049.00	\$ 2,193,977.50
Write-offs based on sliding fee scale	>>>> \$ 148,520.40	\$ 262,259.02	\$ 330,851.03	\$ 294,161.30	\$ 280,102.64	\$ 305,668.70	\$ 194,507.84	\$ 1,816,070.93
Payment (Service Fees) Receivable After Adjustment	>>>> \$ 47,878.10	\$ 60,033.98	\$ 73,762.97	\$ 65,578.70	\$ 25,679.36	\$ 59,432.30	\$ 45,541.16	\$ 377,906.57
Payments (actual received and deposited)	>>>> \$ 35,762.87	\$ 43,256.22	\$ 40,550.46	\$ 31,776.96	\$ 24,194.85	\$ 25,332.57	\$ 14,476.25	\$ 215,350.18
County Funding	>>>> \$ 130,000.00	\$ 230,000.00	\$ 180,000.00	\$ 180,000.00	\$ 80,000.00	\$ 80,000.00	\$ 80,000.00	\$ 960,000.00
Hospital Investment 2006 2007 2008	>>>> \$ -	\$ -	\$ -	\$ -	\$ 70,000.00	\$ 200,000.00	\$ 280,000.00	\$ 550,000.00
Community Gifts	>>>> \$ 7,120.00	\$ 2,050.00	\$ 3,860.00	\$ 17,525.00	\$ 40,382.25	\$ 1,480.00	\$ 1,050.00	\$ 73,467.25
Medicaid Payments (actual received and deposited)	>>>> \$ 6,705.07	\$ 8,200.64	\$ 12,434.97	\$ 6,398.71	\$ 15,177.78	\$ 14,634.51	\$ 7,236.43	\$ 70,788.11
Returned Check Charge by Treasurer	>>>> \$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (20.00)	\$ (20.00)
TOTAL REVENUES (Fees & Gifts Collected and Deposited)	>>>> \$ 179,587.94	\$ 283,506.86	\$ 236,845.43	\$ 235,700.67	\$ 229,754.88	\$ 321,447.08	\$ 382,742.68	\$ 1,869,585.54
BEGINNING Dental Clinic Fund Balance	>>>> \$ 17,592.66	\$ 8,539.42	\$ 67,265.41	\$ 125,900.12	\$ 201,300.87	\$ 126,232.15		
TOTAL OPERATING EXPENSES	>>>> \$ 187,411.10	\$ 274,453.62	\$ 295,571.42	\$ 293,861.63	\$ 270,155.63	\$ 281,378.36	\$ 144,145.92	\$ 1,746,977.68
TOTAL START UP EXPENSES (CAPITAL)	>>>> \$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 112,364.61	\$ 112,364.61
TOTAL EXPENSES	>>>> \$ 187,411.10	\$ 274,453.62	\$ 295,571.42	\$ 293,861.63	\$ 270,155.63	\$ 281,378.36	\$ 256,510.53	\$ 1,859,342.29
ENDING Dental Clinic Fund Balance	>>>> \$ 9,769.50	\$ 17,592.66	\$ 8,539.42	\$ 67,265.41	\$ 125,900.12	\$ 201,300.87	\$ 126,232.15	\$ 9,769.50



NACo Prescription Drug Discount Card Program

Vanderburgh County

April 23, 2007 to December 31, 2012



Public Health
Prevent. Promote. Protect.



MONTH	TOTAL	PLAN PRICED	% OF PLAN PRICED	RETAIL PRICED	% OF RETAIL PRICED	MEMBER COST	AVG MEMBER COST	RETAIL SUBMITTED PRICE	AVG RETAIL SUBMITTED PRICE	PRICE SAVINGS	AVG PRICE SAVINGS	% OF PRICE SAVINGS	TOTAL UTILIZER
DEC 2012	4,775	3,174	66.47%	1,601	33.53%	\$ 150,012.37	\$ 31.42	\$ 215,597.59	\$ 45.15	\$ 65,585.22	\$ 13.74	30.42%	1,495
NOV 2012	4,609	3,071	66.63%	1,538	33.37%	\$ 130,736.39	\$ 28.37	\$ 191,592.40	\$ 41.57	\$ 60,856.01	\$ 13.20	31.76%	1,473
OCT 2012	4,880	3,247	66.54%	1,633	33.46%	\$ 141,712.83	\$ 29.04	\$ 207,076.26	\$ 42.43	\$ 65,363.40	\$ 13.39	31.56%	1,505
SEPT 2012	4,625	2,996	64.78%	1,629	35.22%	\$ 134,433.82	\$ 29.07	\$ 196,867.35	\$ 42.57	\$ 62,433.53	\$ 13.50	31.71%	1,467
AUG 2012	5,121	3,444	67.25%	1,677	32.75%	\$ 144,022.91	\$ 28.12	\$ 213,137.83	\$ 41.62	\$ 69,114.92	\$ 13.50	32.43%	1,547
JUL 2012	5,104	3,409	66.79%	1,695	33.21%	\$ 148,206.97	\$ 29.04	\$ 219,335.76	\$ 42.97	\$ 71,128.79	\$ 13.94	32.43%	1,538
JUN 2012	4,844	3,263	67.36%	1,581	32.64%	\$ 138,468.69	\$ 28.59	\$ 203,552.20	\$ 42.02	\$ 65,083.51	\$ 13.44	31.97%	1,507
MAY 2012	5,124	3,423	66.80%	1,701	33.20%	\$ 151,122.09	\$ 29.49	\$ 219,745.45	\$ 42.89	\$ 68,623.36	\$ 13.39	31.23%	1,579
APR 2012	5,137	3,338	64.98%	1,799	35.02%	\$ 149,034.59	\$ 29.01	\$ 217,120.22	\$ 42.27	\$ 68,085.63	\$ 13.25	31.36%	1,614
MAR 2012	5,959	3,939	66.10%	2,020	33.90%	\$ 194,167.68	\$ 32.58	\$ 276,846.51	\$ 46.46	\$ 82,678.83	\$ 13.87	29.86%	1,760
FEB 2012	5,997	3,997	66.65%	2,000	33.35%	\$ 208,647.75	\$ 34.79	\$ 292,467.91	\$ 48.77	\$ 83,820.16	\$ 13.98	28.66%	1,779
JAN 2012	6,092	4,091	67.15%	2,001	32.85%	\$ 203,165.57	\$ 33.35	\$ 289,649.91	\$ 47.55	\$ 86,484.34	\$ 14.20	29.86%	1,899
JAN to DEC 11	78,944	59,619		19,325				\$ 3,754,624.50		\$ 1,153,432.32			25,056
JAN to DEC 10	82,338	63,704		18,634				\$ 2,566,673.10		\$ 1,150,299.18			28,877
JAN to DEC 09	80,477	61,297		19,180				\$ 3,573,061.84		\$ 1,057,436.58			32,190
JAN to DEC 08	72,537	56,325		16,212				\$ 3,149,316.13		\$ 842,242.63			32,683
APR to DEC 07	51,539	42,124		9,415				\$ 2,215,507.08		\$ 517,037.47			23,889
Vanderburgh Totals:	428,102	324,461	75.79%	103,641	24.21%			\$ 19,152,470.19	\$ 44.74	\$ 5,569,704.88	\$ 13.01	29.08%	161,858
Indiana Totals:	5,958,289	4,384,298	73.58%	1,573,991	26.42%			\$ 291,323,730.58	\$ 48.89	\$ 78,623,388.33	\$ 13.20	26.99%	2,157,928

NOTE: Indiana Totals cover 57 counties including: Adams, Benton, Blackford, Boone, Cass, Clinton, Crawford, Daviess, Dearborn, Decatur, DeKalb, Delaware, Dubois, Fayette, Franklin, Fulton, Gibson, Grant, Greene, Hamilton, Harrison, Hendricks, Henry, Jay, Jennings, Johnson, Kosciusko, Lake, Madison, Marshall, Marion, Monroe, Montgomery, Morgan, Newton, Noble, Ohio, Orange, Owen, Parke, Pike, Porter, Posey, Putnam, Rush, Shelby, Spencer, Steuben, Sullivan, Switzerland, Tipton, **VANDERBURGH**, Vermillion, Vigo, Washington, Wayne and White. **The Indiana statistics cover November 1, 2005 through December 31, 2012.**



Vanderburgh County Health Department

Oak Park Professional Building
420 Mulberry Street
Evansville, Indiana 47713-1231
Phone: (812) 435-2400

E-mail: health@vanderburghgov.org
Web Page: www.vanderburghgov.org/health



Public Health
Prevent. Promote. Protect.



To: Vanderburgh County Board of Commissioners
Marsha Abell, President, Joe Kiefer, Vice-President, Stephen Melcher, Member

From: Gary L. Heck, Administrator *Gary L Heck*

Date: April 3, 2012

Re: 2012 Homeless Connect Report from Vanderburgh County Health Department

The Vanderburgh County Health Department participated in the Fourth (4th) Annual Homeless Connect event on March 22nd from 9 am to 2 pm at the Vanderburgh County Centre. We had five (5) staff members on site with three (3) staff members at the Health Department Vital Records booth and two (2) staff members at the Health Department Laboratory Booth conducting cholesterol/glucose screen tests.

Our Vital Records Birth Certificate Booth had three (3) staff members on site and two (2) additional staff members at the Health Department serving walk-in customers and researching birth records for verification of birth information and entering same, if found, in our local electronic database for retrieval and entry into Indiana's web based birth certificate system for issuing certified copy of birth record for those guests at the Homeless Connect site. We served 250 guests by providing 150 certified copies of individual birth records (Vanderburgh County – Indiana births) and also providing 100 copies of birth certificate applications from Vital Records offices outside of Vanderburgh County.

Our Laboratory Cholesterol/Glucose Booth had two (2) staff members on site. The guests were screened for cholesterol and glucose levels and received health educational materials on biometric testing and interpreting the data (usually in number or number range format) to know if the individual's data is within acceptable range or what the individual can do (behavioral changes) to improve health status. We conducted fifty (50) screening tests, twenty-five (25) each of cholesterol and glucose.

We served approximately two hundred and seventy-five (275) guests combined at the two (2) health department booths in 2012.

Over the past four (4) Homeless Connect events, the Health Department served approximately eight hundred and ninety (890) guests providing a total of 362 certified birth certificates and 210 copies of birth certificate applications from Vital Records offices outside of Vanderburgh County. We administered 262 vaccines to 168 guests at the Immunization Booth and met face to face and answered additional public health questions on a variety of topics. We conducted cholesterol/glucose screening tests for 25 guests and provided health education materials and suggested ways to improve health status.

Once again we felt the Homeless Connect event was well organized and our staff consider it a very positive experience and time well spent. Should you need additional information, feel free to contact me by email at gheck@vanderburghgov.org or my direct line is (812) 435-2468.

HIPAA ADVISORY WORKGROUP

GOALS

HIPAA (Health Insurance Portability and Accountability Act of 1996) was established to improve the portability and continuity of health insurance coverage, combat waste, fraud, and abuse of health insurance and health care delivery, and to simplify the administration of health care. The goal of the HIPAA Advisory Workgroup is to insure that the Vanderburgh County Health Department is in compliance with HIPAA administrative simplification rules covering the privacy, security and electronic access to protected health information associated with our clients.

RESPONSIBILITIES AND SERVICES PROVIDED

The HIPAA Workgroup is comprised of representatives from each division within the Health Department (VCHD) including a liaison from the County's Information Technology contracted vendor. The Workgroup meets quarterly to review and update our HIPAA Security and Privacy Policy and Procedures. At the VCHD, all workforce members are required to follow our HIPAA Security and Privacy Policy and Procedures. Under HIPAA, workforce members include employees, students, interns, observers and volunteers.

Workforce members receive mandatory HIPAA training during orientation, and annually thereafter. Additional training may be conducted informally throughout the year or as required when significant changes are made to policy and procedures. The VCHD also provides HIPAA informational training for others such as University of Southern Indiana and University of Evansville Nursing Students on clinical rotation, medical students, physical therapy students, dental hygiene and dental assistant students as well as observers, interns and volunteers.

HIGHLIGHTS AND ACCOMPLISHMENTS

- To better reflect its role, the HIPAA Workgroup's title was revised to *HIPAA Advisory Workgroup*.
- The new Health Information Technology for Economic and Clinic Health (HITECH) regulations brought about additional HIPAA requirements. VCHD Policy and Procedures were updated to reflect these changes; a section on prevention of and response to data breaches was added.
- Covered under the HITECH, the use of EHR is expected to provide for improvements in the provision of healthcare, and protection of health information. The VCHD plans to expand the use of EHR in other clinics when funding can be secured for the required software.

COMMUNICABLE DISEASE (CD) DIVISION

MISSION

Work in accordance with local, state, and federal regulations to assess, investigate, and promote innovative methods of prevention, education, treatment, and surveillance to prevent communicable disease transmission. **NOTE: When reporting cases or numbers - No number between 1 and 4 is shown in order to protect confidentiality, rather <5 will be shown.**

PHILOSOPHY

The Division's focus is to support the core functions of public health as they relate to the community. Through active and passive surveillance we identify current and future trends. By confidential assessment and investigation we identify target populations for disease intervention and policy development. We then collaborate with government and community agencies to mobilize community partnerships to identify and resolve communicable disease conditions. Prevention education messages are incorporated into investigation and treatment of disease. We are committed to the above beliefs and we respond to community needs as they arise.

GOAL

The goal for the Division is to encourage and assist people to utilize preventive health services to minimize the morbidity and mortality caused by communicable diseases.

RESPONSIBILITIES AND SERVICES PROVIDED

The Division is comprised of four (4) interrelated programs staffed with 13 employees and 1 contract medical clinician. The responsibilities of the Division are multi-faceted. The Division is responsible for:

- a. educating the community on disease prevention and ensuring treatment and follow-up when a disease is reported;
- b. providing current treatment guidelines to health care providers;
- c. performing epidemiological investigations and follow-up based on 410 Indiana Administrative Code (IAC) 1-2.3 for disease reports and forwarding reports to the Indiana State Department of Health for further statistical analysis;
- d. monitoring disease trends through various surveillance systems;
- e. providing immunizations for vaccine-preventable diseases as well as testing and treatment for tuberculosis infection and disease, chlamydia, gonorrhea and syphilis. HIV test decision counseling and confidential and anonymous HIV testing with post-test counseling and referral are provided to contacts of persons who are reported infected with HIV. For many people, these services are a "point of entry" into the medical system.
- f. role modeling for nursing and medical students and family practice residents.

Services are provided to the community through the following programs:

- ❖ Adult Hepatitis A/B, HPV and Tdap Immunization Program
- ❖ Communicable Disease Control/Investigations
- ❖ Child and Foreign Travel Immunization Clinics
- ❖ Human Immunodeficiency Virus Partner Counseling and Referral Services (HIV PCRS)
- ❖ Perinatal Hepatitis B Program
- ❖ Sexually Transmitted Disease (STD) Accelerated Prevention Campaign and Infertility Program
- ❖ Specialty Clinic
- ❖ Tattoo/Body Piercing/Permanent Makeup Artist and Facility Inspection and Licensing
- ❖ Tuberculosis Clinic

HIGHLIGHTS AND ACCOMPLISHMENTS

A nurse was hired in February, and nurses completed cross training to CD clinics. Public Health alerts were issued for measles in February and chickenpox in March. In April, the CD director presented the ISDH CD reporting rule update to thirty (30) providers. In May, a Hepatitis A post exposure clinic was held. No additional cases were detected. From May to August, we assisted the Indiana Board of Animal Health (InBoAH) and the Centers for Disease Control and Prevention (CDC) in an investigation of an outbreak of Lymphocytic Choriomeningitis Virus (LCMV) associated with rodent breeding and distribution facilities. From July to September, an increase in salmonella cases resulted in a multi-county investigation of cantaloupe growing, harvesting and distribution involving multiple government agencies. In July, we participated in a full-scale exercise with the United States Postal Service (USPS) in an Anthrax post exposure prophylaxis drill and successfully simulated antibiotic distribution. In August, we assisted the Vector Control Section of the Environmental Health Division in investigation and distribution of control measures for West Nile Virus (WNV). In October, a nationwide fungal meningitis outbreak associated with several medications was detected. Less than five (<5) county residents were reported infected and investigated. A recall was issued and physicians and patients were notified of signs and symptoms to watch for and patients were urged to seek medical attention.

In accordance with the Evansville City and Vanderburgh County Ordinances, fourteen (14) routine and complaint-based tattoo/body piercing/permanent makeup facility inspections were performed. Eight (8) facilities and twenty-nine (29) operators were approved for licenses. The health department performed inspections and the city issued licenses. There were no facilities identified for licensing outside the city limits. On September 1, this program was transferred to the Environmental Health Division as they are deputized to carry out inspections and issue citations for observed violations.

We continued presenting Smallpox Vaccinator training courses towards the goal to train one hundred and eighty (180) RN's and LPN's by May, 2012. By December, ninety-one (91) RN's, LPN's, pharmacists and physicians had been trained in twelve (12) classes, for a total of one hundred and fifty (150) trained since 2011.

COMMUNICABLE DISEASE DIVISION
2012 STATISTICAL DISEASE SUMMARY (RESIDENT CASES)

	<u>2012</u>	<u>2011</u>
Human Immunodeficiency Virus Infection/AIDS.....	10	14
Enteric Diseases:		
Campylobacter.....	28	16
E. coli 0157:H7.....	<5	7
Giardiasis	<5	<5
Salmonellosis.....	39	17
Shigellosis.....	0	<5
Hepatitis Type C (Chronic).....	113	163
Meningitis/Bacteremia:		
Invasive Group A/Group B Strep.....	25	61
Severe Staphylococcus Aureus in a Previously Healthy Person.....	0	<5
Mosquito Borne Diseases:		
West Nile Virus.....	<5	<5
Respiratory Diseases:		
Histoplasmosis.....	<5	<5
Legionellosis.....	0	0
Tuberculosis.....	<5	<5
Sexually Transmitted Diseases:		
Chlamydia.....	896	991
Gonorrhea.....	174	273
Syphilis (<1 yr. duration).....	6	<5
Tick Borne Diseases:		
Lyme Disease.....	<5	0
Rocky Mountain Spotted Fever.....	10	<5
Vaccine Preventable Diseases:		
Chickenpox.....	40	24
H. Influenza.....	<5	<5
Hepatitis Type A (Acute)	<5	<5
Hepatitis Type B (Acute).....	<5	0
Perinatal Hepatitis B.....	<5	<5
Measles (Rubeola).....	0	0
Mumps.....	0	0
Neisseria Meningitidis	<5	<5
Pertussis.....	<5	<5
Rubella	0	0
Rabies Post Exposure Prophylaxis	<5	6
Streptococcal Pneumonia (invasive).....	20	38
Selected Prevalence Indicators:		
Pediculosis.....	635	573
Pneumonia	71	95
Pneumonia Deaths.....	172	55
Tinea Capitis & Tinea Corporis.....	75	62
Streptococcal Diseases (non-invasive).....	698	991

No cell between 1 and 4 is shown in order to protect confidentiality.
 NR = Not Reportable

COMMUNICABLE DISEASE DIVISION HUMAN IMMUNODEFICIENCY VIRUS (HIV) PARTNER COUNSELING AND REFERRAL SERVICES (PCRS)

GOAL

The goal of the HIV PCRS program is multifaceted: to provide HIV-infected persons with support to ensure that their partners are confidentially informed of exposure; maximize linkage to medical care, treatment, prevention interventions to reduce the risk of transmission to others and reduce future transmission rates by aiding in early diagnosis and treatment and referral to prevention interventions.

RESPONSIBILITIES AND SERVICES PROVIDED

Focusing on these objectives the counselor will:

1. Link clients to medical and case management services;
2. Provide Partner Notification Assistance;
3. Provide Duty to Warn/Inform Counseling;
4. Provide a safe environment for those exposed to HIV to be tested for HIV;
5. Support behavior changes clients have already attempted;
6. Negotiate a realistic and incremental plan with clients to reduce their risk;
7. Support clients in decision-making about testing and preparing for the result;
8. Help clients who test to begin to integrate the result emotionally, behaviorally and socially.

The Disease Intervention Specialist (DIS) assists persons who test positive for HIV with partner identification and counseling of their sexual and needle sharing contacts. The DIS locates and notifies contacts of their risk of exposure, offering HIV PCRS services in the field or office. The DIS refers persons who have tested positive for HIV to medical, mental health, financial and social services agencies for assistance as needed. Services are provided in the eleven (11) county area known as District 8 (includes: Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, and Warrick Counties).

HIGHLIGHTS AND ACCOMPLISHMENTS

ISDH HIV Surveillance Program works to ensure timely, accurate and confidential surveillance services throughout the State of Indiana. To ensure prompt reporting and linkage to care for persons reported with HIV, the DIS works with both newly-diagnosed and previously-diagnosed persons. The DIS made contact with nine (9) persons to confirm that the client was informed of Indiana's Duty to Warn Rule and offered Partner Services.

Persons requesting HIV testing that are not identified through partner notification activities are directed to the AIDS Resource Group, their private physician, or other community-based agencies that provide testing.

VCHD tested thirteen (13) persons for HIV through the court ordered testing program for persons convicted of crimes where there is epidemiological evidence of HIV transmission.

Seven (7) VCHD staff were recertified as HIV prevention counselors by ISDH. The certification is effective for three (3) years.

<u>DISTRICT 8 HIV STATISTICS</u>	<u>2012</u>	<u>2011</u>
Cases Reported by Private Physicians and Hospitals	11	17
NEW HIV POSITIVE CASES REPORTED in District 8	16	17
New HIV Positive Cases residing in Vanderburgh County	10	<5
Cases Interviewed for Partner Notification	16	16
Partners identified for counseling & testing services	14	50
Partners identified that reside outside District 8	<5	18
Partners accessing counseling & testing services	13	33
Court ordered tests	13	15
HIV Comprehensive Risk Counseling Services Referrals	<5	<5

No cell between 1 and 4 is shown in order to protect confidentiality.

COMMUNICABLE DISEASE DIVISION SPECIALITY CLINIC

GOAL

The objective of the Specialty clinic is to prevent: the spread of disease, the development of complications and the recurrence of a Sexually Transmitted Disease (STD). This is accomplished through diagnosis, treatment, case investigation/intervention, risk reduction education and counseling to persons who have or suspect they may have been exposed to a STD.

RESPONSIBILITIES AND SERVICES PROVIDED

The clinic provides low cost diagnosis and treatment for chlamydia (CT), gonorrhea (GC), syphilis, bacterial vaginosis and trichomoniasis. Education and risk reduction information are provided for STDs. The supervisor and/or Disease Intervention Specialists (DISs) provide investigation and partner notification for persons who may have been exposed to a STD. Education of clients to stimulate client behaviors that will contribute to successful therapy and prevention of further STDs is provided in every client contact.

HIGHLIGHTS AND ACCOMPLISHMENTS

Eight (8) cases of early syphilis (primary, secondary and early latent) were reported. Through partner notification activities, thirty-four (34) persons were identified in need of syphilis testing and were initiated for testing, twenty-five (25) partners were examined and ten (10) were preventively treated for syphilis. Less than five (<5) partners lived outside of our district and less than five (<5) were locatable. Less than five (<5) partners had a positive test. Syphilis testing is offered to specialty clinic clients and newly diagnosed HIV positive persons.

CT continues to be the most prevalent STD in Vanderburgh County with eight hundred and ninety six (896) cases reported. Seventy-four (74%) percent of GC and eighty (80%) of CT cases reported in Vanderburgh County were among people 14-24 years of age.

CT and GC continue to disproportionately affect women and African Americans, with fifty-eight (58%) of GC, and seventy-one (71%) of CT cases reported among women. African Americans accounted for fifty-eight (58%) of GC and thirty-six (36%) of CT cases in Vanderburgh County.

The clinic uses Aptima Gen Probe GC and CT testing method supplied by the Indiana Family Health Council, Inc.

In an effort to reach those most at risk for acquiring a STD, the ISDH Division of HIV/STD issued new guidelines for those receiving services at the Specialty Clinic.

The STD program continues to partner with the Youth Care Center of Evansville to offer GC/CT screening and treatment to clients. Sixty-five (65) youth were screened for CT and GC, with fifteen (15) testing positive for CT and less than five (<5) tested positive for GC.

The clinic offers Field Delivered Therapy (FDT) and Express Visits. FDT is the delivery of either medication or prescription by the DIS in non-clinical settings, under the oversight of the VCHD Health Officer. This is for clients who experience barriers in their ability to secure treatment.

Express Visits are abbreviated clinic visits with urine testing that is offered to clients who meet eligibility criteria. The clinic provided one hundred and forty-five (145) express visits.

During the third (3rd) quarter the clinic began offering Expedited Partner Therapy (EPT). EPT protocols are based on Indiana law and EPT is the practice of providing single dose oral antibiotic treatment in the field to sexual partners of patients diagnosed with GC or CT. Patients are given antibiotics to give to their partners who are unable or unlikely to seek prompt clinical services. This treatment option increases the likelihood that sex partners receive the needed treatment. Ten (10) partners received EPT.

Also, during the third quarter the clinic began charging an exam and treatment fee to clients receiving in-house Specialty Clinic services.

Twelve (12) nursing students from the University of Southern Indiana (USI), eighteen (18) from the University of Evansville (U of E), and one (1) student interested in public health as a career received orientation in STD diagnosis, treatment and case management.

COMMUNICABLE DISEASE DIVISION

STD ACCELERATED PREVENTION CAMPAIGN AND INFERTILITY PROGRAM

GOAL

The STD Accelerated Prevention Campaign and Infertility Program is provided through a grant administered by the Indiana State Department of Health (ISDH). The goal is to prevent infertility due to untreated and/or undiagnosed Chlamydia (CT) in females under thirty (30) years of age.

The goals are accomplished through a wide range of activities including interviewing and counseling individuals with or at risk for STD/HIV, field investigations, partner counseling and referral services, surveillance, health education and consultation with community agencies and medical care providers.

RESPONSIBILITIES AND SERVICES PROVIDED

The Disease Intervention Specialist/Program Coordinator (DIS/PC) for southwestern Indiana is employed to manage the gonorrhea (GC) and chlamydia (CT) screening program, renders epidemiological (disease intervention) techniques and assists in the operation of STD control programs in eleven (11) southwestern counties of Indiana, including: Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh and Warrick. These counties are known as District 8. Services are provided for education, prevention, control and eradication of syphilis, GC and CT and other serious sexually transmitted diseases (STDs) for which specific therapy is available. Six (6) gonorrhea and chlamydia screening sites are located in District 8. These include: PACE (Family Planning) in Vincennes and Washington along with Tri-Cap Family Services in Boonville, Evansville, Jasper, and Petersburg.

HIGHLIGHTS AND ACCOMPLISHMENTS

The six (6) gonorrhea and chlamydia screening sites in District 8 tested thirteen hundred and fifty-seven (1357) women and men. This rendered ninety-eight (98) positive chlamydia tests and twenty-five (25) positive gonorrhea tests. A total of twenty-two hundred and four (2,204) persons were reported with a diagnosis of chlamydia, gonorrhea or syphilis from health care providers in District 8.

In order to prevent complications of untreated gonorrhea or chlamydia in females of childbearing age and who may be pregnant, the Indiana Family Health Council requested the program to offer gonorrhea/chlamydia urine tests to females who utilize the walk in pregnancy testing program at the health department. One hundred and eighty-three (183) females were screened. Twenty-three (23) tested positive for chlamydia and less than five (<5) tested positive for gonorrhea.

VCHD DIS/PC performed biannual quality assurance activities with eight (8) District 8 laboratories to ensure prompt and complete reporting. The DIS/PC performed an annual visit with eight (8) infection control nurses in District 8 to review the Indiana - National Electronic Disease Surveillance System (I-NEDSS) of disease reporting. I-NEDSS is a web-based application that promotes the collection, integration, and sharing of data at the federal, state, and local levels. The DIS/PC spoke with five (5) District 8 nurses regarding the current ISDH Communicable Disease Reporting rules.

The DIS/PC received 17 hours of continuing education, covering Basic Life Support, Universal Precautions, Latino Culture Awareness Training and Your Role In: Communicable Disease Reporting District 10 at Deaconess Hospital.

Laboratory Surveys are also conducted once a year by the DIS/PC. The laboratories located in District 8 include: Deaconess Hospital, The Women's Hospital, Deaconess Gateway Hospital, Gibson General Hospital, Good Samaritan Hospital, Daviess Community Hospital, Memorial Hospital, Perry County Memorial Hospital, St. Mary's Warrick Hospital, St. Mary's Medical Center, and Vanderburgh County Health Department. The eleven (11) laboratories that responded to the survey provided the following data: fourteen thousand nine hundred and forty-four (14,944) chlamydia test were performed (1,250) positive results, fourteen thousand nine hundred and seventeen (14,917) gonorrhea tests were performed (345 positive results), fourteen thousand five hundred and eighteen (14,518) syphilis tests were performed (64 reactive results), and eight thousand five hundred and seventy-four (8,574) HIV test were performed (21 positive results).

In August, the CDC issued new recommendations for GC treatment and testing. These recommendations were sent to all Infection Control Nurses and family planning clinics in District 8. Dr. Lloyd McGinnis of Rockport, Brentwood Meadows Treatment Center in Newburgh and Medical Center of Dubois County in Jasper were also provided these recommendations.

COMMUNICABLE DISEASE DIVISION TUBERCULOSIS PROGRAM

GOALS

Mycobacterium tuberculosis (TB) is the bacterium that can cause disease throughout the body but most frequently infects the lungs. TB is transmitted through the air from person to person and causes latent TB infection (LTBI) or active TB disease. TB is the most prevalent infectious disease in the world. Worldwide, the annual death rate is between 2.5 and 3 million. With the discovery of antibiotics to treat TB in the 1940's and 1950's the goal was global eradication of this deadly disease by the year 2000. However, with the emergence of HIV infection, AIDS, Multi Drug Resistant TB (MDR-TB), Extensively Drug Resistant TB (XDR-TB), Extremely Drug Resistant TB (XXDR-TB) and other immuno-suppressive illnesses, the goal was not accomplished. The current global goal is to cut prevalence and deaths in half by 2015 in comparison with 1990.

Currently, four (4) principles are recognized to prevent and control TB in the United States:

1. Promptly detect and report persons who have contracted TB. This can be accomplished by educating health care providers about signs and symptoms of TB, diagnostic tests, treatment and reporting rules as required by state statute.
2. Protect close contacts of patients with active TB from contracting TB infection and/or disease. This is accomplished with contact evaluation, including TB testing and symptom assessment.
3. Take concerted action to prevent active TB among the substantial population of U.S. residents with LTBI. This is accomplished by identifying those at highest risk for progression from LTBI to active TB through targeted testing and administration of a curative course of treatment.
4. Reduce the rising burden of TB from recent transmission of *M. tuberculosis* by identifying settings at high risk for transmission and applying infection control measures to reduce the risk. Institutional infection control measures have been successful in decreasing TB transmission in newly recognized high-risk environments such as correctional facilities, homeless shelters, and various social settings.

In 2012 and 2011, less than five (<5) cases were reported each year in Vanderburgh County. Since 1991, six (6) cases of HIV and TB co-infection have been reported in Vanderburgh County. In 2012 the Indiana State Department of Health (ISDH) reported one hundred and two (102) active cases of TB which is an increase of two (2%) percent of active cases over 2011. There were no cases of MDR-TB reported in 2012 in Indiana with two (2) MDR-TB cases reported in 2011.

Directly Observed Therapy (DOT) is the gold standard of treatment for TB control and is administered by the TB RN Case Manager or other health department-designated individuals. By using DOT, the client is observed swallowing each dose of medications. This national standard of care is utilized for suspected TB and active TB cases and high-risk contacts. TB medications are provided free of charge to Indiana residents with active TB or LTBI.

RESPONSIBILITIES AND SERVICES PROVIDED

The Tuberculosis Program has the responsibility to:

- (1) Focus on priority areas: TB case-finding; case management through completion of therapy utilizing DOT; contact identification and evaluation, ensuring prompt testing, diagnosis and treatment of contacts with LTBI.
- (2) Perform epidemiological investigations and follow up based on 410 Indiana Administrative Code (IAC) 2 and forward investigations to the Indiana State Department of Health TB Control section for further statistical analysis.
- (3) Screen other high-risk persons: i.e. Health-care workers, immuno-suppressed persons, foreign-born persons (immigrants, refugees), parolees, students, adoptees, migrant and seasonal workers, that establish residency and/or work in Vanderburgh County.
- (4) Provide comprehensive TB services, including chest radiographs, sputum collection, diagnosis and treatment in consultation with a local pulmonologist.
- (5) Establish and maintain partnerships with health care providers and community-based organizations to ensure TB screening services for high-risk populations.
- (6) Provide education to health care providers and the public.

HIGHLIGHTS AND ACCOMPLISHMENTS

Chest x-rays and physician consultations were provided to forty-one (41) foreign-born students attending the University of Evansville or University of Southern Indiana. TB screening, immunizations and medical referrals were provided for forty-one (41) foreign-born persons who relocated to the Evansville area.

Clinic orientation was provided to six (6) students from the University of Southern Indiana and fourteen (14) students from the University of Evansville. The TB Education Program Basic Course, a program of the American Lung Association of Indiana, was provided for one hundred thirty-two (132) health care workers in nine (9) classes (including classes for IVY TECH students in the Certified Medical Assistant program and the University of Evansville senior nursing students). The TB Education Revalidation Course, a program of the American Lung Association of Indiana, was provided for twenty-nine (29) health care workers in six (6) classes taught by the TB RN Case Manager. Three (3) TB in-services were provided to health care workers and physician offices/practices.

The TB RN Case Manager completed training in on-going webinars, ISDH Regional TB Nurse meeting in Nashville, IN, on October 2 and 3, 2012, and HIV Recertification course conducted at the Vanderburgh County Health Department.

**COMMUNICABLE DISEASE DIVISION
TUBERCULOSIS PROGRAM STATISTICAL SUMMARY**

	<u>2012</u>	<u>2011</u>
Total Clinic Visits	2388	2164
New Active TB Cases	<5	<5
PPD Skin Tests	1069	994
Chest X-rays	108	95
Clients Supplied with Medications	47	63
Active TB Cases started on Medication	<5	<5
Medication Regimen Completed	<5	<5
-Within recommended time frame	<5	<5
-Outside of recommended time frame	0	0
Medication Regimen Not Completed	0	<5
-Client Non-Compliant	0	0
-Medication Discontinued by doctor	0	0
-Client moved out of county/lost trace	0	<5
-Client deceased	0	0
-Regimen in progress	0	<5
Active TB Case Completion Rate	100%	66%
Reactors/Convertors started on Medication (Treated for Latent TB Infection [LTBI])	23	40
Medication Regimen Completed	17	<5
-Within recommended time frame	15	<5
-Outside recommended time frame	<5	0
Medication Regimen Not completed	11	36
-Client Non-compliant	8	15
-Medication Discontinued by doctor	<5	<5
-Client moved out of county/lost trace	<5	0
-Regimen in progress	16	20
LTBI Completion Rate	61%**	47%*

No cell between 1 and 4 is shown in order to protect confidentiality.

*Year 2011

**Year 2010

COMMUNICABLE DISEASE DIVISION FAMILY IMMUNIZATION/FOREIGN TRAVEL PROGRAM

GOALS

The Immunization Program operates in conjunction with the Indiana State Department of Health (ISDH) Immunization Program. Vaccines are provided by federal Vaccines for Children (VFC) funds and VaxCare to children birth through 18 years of age. Federal and state eligibility guidelines are followed. The Immunization Clinic charges an eight dollar (\$8) administration fee per vaccine to Medicaid, uninsured and underinsured children, and private insurance is billed through VaxCare. Children are not denied vaccines due to inability to pay.

The national goal is for children to complete their primary series of vaccinations before two (2) years of age.

The foreign travel clinic is a licensed yellow fever vaccination center. Clients are issued an International Certificate of Vaccination. The goal is to educate and protect clients from vaccine-preventable diseases, malaria and other diseases.

RESPONSIBILITIES AND SERVICES PROVIDED

The Immunization Clinic offers vaccines daily by walk-in or appointment.

Health care providers, daycares, preschools and schools rely heavily on our Immunization Clinic to meet the public's vaccine needs. Cooperation with these entities ensures that children are vaccinated to meet school and day care requirements. Education and support are provided to the Evansville-Vanderburgh School Corporation (EVSC) and school health chairmen who serve in Evansville charter, private and parochial schools.

The Children and Hoosiers Immunization Registry Project (CHIRP) system is utilized. This web-based program stores immunization records, track vaccine inventory and statistics, and provides a reminder/recall program. Health care providers, schools and day cares are encouraged to utilize CHIRP. CHIRP also provides the client with a vaccine record retrieval process to secure their record on-line through MyVaxIndiana.

Children enrolled in the Women, Infants, and Children (WIC) nutritional program have their immunization records reviewed and entered into the CHIRP system. They may receive immunizations during their clinic visit or schedule an appointment.

Foreign travel clinic is conducted by appointment. Clients are educated on vaccine-preventable diseases, safe food and water consumption, altitude sickness, jet lag, safety, and malaria prevention. The clinic serves clients traveling to foreign countries for business, recreation, educational purposes, adoptions, mission trips, or visiting friends and relatives.

The Immunization staff also provides the community with information on Head Lice and will assist in the screening for head lice.

HIGHLIGHTS AND ACCOMPLISHMENTS

In March 2010, the Immunization Clinic signed a Delegation of Authority with James D. Kozarek, M.D. with the American Health Network in Edinburgh, Indiana. This allowed the Immunization Program to vaccinate underinsured children.

In August, in conjunction with ECHO Community Healthcare, St Mary's Services for Children and the EVSC, a Back-To-School clinic was held and vaccines were administered, as well as physical exams for uninsured children. This year hearing screenings and dental evaluations were offered also. During the clinic there was a representative available to assist families in signing up for Medicaid Program, if eligible.

In August, the annual School Health Chairman Workshop was held for charter, private and parochial schools. Topics included how to read vaccine records, CHIRP, vision and hearing testing and school communicable disease guidelines. Two CHIRP trainings were held in September.

In August, we began offering influenza (seasonal flu) vaccines to children via walk-in and appointments. Flu activity and demand for vaccine increased in mid-December and continued into 2013. Media coverage of the clinics was provided through media releases, our website and the use of social media. Also in August, the ISDH adult vaccine program for Hepatitis A, B, HPV and Tdap started and recall notices were sent to former clients, healthcare providers and birthing hospitals alerting them of the program.

**COMMUNICABLE DISEASE DIVISION
FAMILY IMMUNIZATION/FOREIGN TRAVEL STATISTICAL SUMMARY**

Vaccine Name	Number of Vaccinations	
	<u>2012</u>	<u>2011</u>
Diphtheria Tetanus acellular Pertussis (DTaP)	140	173
DT	0	<5
DTaP/Hepatitis B/IPV	201	647
DTaP/Hib/IPV	382	73
DTaP/IPV	206	270
Hepatitis (Hep) A 2 dose - Adult	162	132
Hep A 2 dose – Pediatric/Adolescent	1255	1854
Hep A/Hep B - Adult	154	130
Hep B - Adult	77	74
Hep B Pediatric/Adolescent - Preservative Free	249	453
Hib--PRP-T	235	105
Human Papilloma Virus, bivalent (HPV)	20	0
Human Papilloma Virus, quadrivalent (HPV)	801	1237
Immune Globulin	0	0
Influenza Nasal Spray	381	620
Influenza Split 6 – 35 months + preservative free	279	353
Influenza Split 36 months + preservative free	106	0
Influenza Split	298	1303
Measles, Mumps, Rubella (MMR)	529	576
Measles, Mumps, Rubella, Varicella (MMRV)	34	182
Meningococcal Conjugate (MCV4)	573	740
Meningococcal Polysaccharide (MPSV4)	<5	17
Pneumococcal Conjugate (PCV 13)	662	953
Poliovirus Vaccine, Inactivated (IPV)	175	231
Rabies Pre-exposure Prophylaxis	11	<5
Rotavirus, pentavalent	272	298
Tetanus diphtheria (Td, Adult)	36	276
Tetanus diphtheria acellular pertussis (Tdap)	483	820
Typhoid, oral	116	125
Typhoid, ViCPs	158	121
Varicella (Chicken Pox)	800	1021
Yellow Fever	97	61
Total	8896	12849

No cell between 1 and 4 is shown in order to protect confidentiality.

ENVIRONMENTAL HEALTH DIVISION FOOD SAFETY SECTION

2012 GOALS

The goal of local food protection programs is to work with the food industry to safeguard the public's health and ensure that food is safe, wholesome, unadulterated, honestly presented, and meets customer expectation. Our goal is to provide a uniform inspection and regulatory program for the food industry, utilizing the latest science and technology as well as the State and Federal food safety codes and requirements. We strive to provide close cooperation and communication with consumers, state and federal agencies, the medical community and the news media to deal with any problem or outbreak relating to food. We want to be a source of educational information for the prevention of foodborne disease.

RESPONSIBILITIES AND SERVICES PROVIDED

Local health departments assume the responsibility for food safety at the community level and are often the last line of defense to ensure that safe and wholesome food reaches the consumer. The retail segment of the food industry is regulated by state law, requiring retail food facilities compliance with state and federal regulations and guidelines for the production and sale of food. The Food Safety Section is responsible for the licensing, routine inspection, complaint investigations, foodborne illness investigations, and on-going education of food service workers in all retail food establishments in Vanderburgh County.

The Food Safety Section regulates all retail food sales, such as; a restaurant, groceries, taverns, school cafeterias, mobile food vehicles, vending machines and temporary food stands. This section investigates all consumer complaints involving food, such as, foodborne illness, foreign material in food, suspected tampering, mislabeling or unsanitary practices and conditions in food establishments. This section provides training and education for food service workers.

HIGHLIGHTS AND ACCOMPLISHMENTS

The local Food Safety Program has monitored the source of food, food production ingredients and transportation methods of the local food industry, for all food that is sold and consumed in Vanderburgh County. Close cooperation and communication has been maintained with the federal and state agencies to keep our food program in line with the most current information regarding food safety.

The key to food safety is a comprehensive approach toward the food safety education of food service managers, food service personnel, and the general public. Education and Food Safety Certification training has been provided through ServSafe Training courses, by our staff, to food service managers and food service employees.

In 2012 the Food Safety Section staff worked with the local food industry, and the Indiana State Board of Health to investigate a nationwide Salmonella outbreak traced back to area grown cantaloupes. Food samples of cantaloupe and watermelons were collected and submitted for testing at the ISDH lab. These test results aided in the findings used by the CDC to trace back the cause of the outbreak.

**ENVIRONMENTAL HEALTH DIVISION
FOOD SAFETY SECTION – STATISTICAL SUMMARY
2012 ANNUAL REPORT**

	<u>TOTAL 2012</u>	<u>TOTAL 2011</u>
<u>FOOD SERVICE ESTABLISHMENT:</u>		
Restaurant & Tavern Inspections	1490	1360
Caterer/Commissary Inspections	0	5
Institution Inspections	<5	<5
School Cafeteria Inspections	119	115
Temporary Food Stands Inspections	279	315
Bed & Breakfast	0	<5
<u>FOOD MARKETS:</u>		
Retail Food Store Inspections	284	216
<u>VENDING MACHINES:</u>		
Automatic Food Vending Inspections	274	<5
<u>MOBILE FOOD SERVICE:</u>		
Food Transportation and Service Vehicle Inspections	22	12
<u>OTHER:</u>		
Food Complaint Investigations	210	162
Consultations	518	466
Food Samples	19	0
Food Borne Illness Investigations	6	5
Miscellaneous	118	106
<u>SMOKING:</u>		
Smoking Inspections	56	6
Complaints	78	12
Consultations	124	20

No cell between 1 and 4 is shown in order to protect confidentiality.

ENVIRONMENTAL HEALTH DIVISION ENVIRONMENTAL HEALTH SERVICES SECTION

GOAL

The Environmental Health Services Section promotes and protects the environment and public health of Vanderburgh County citizens. To accomplish this goal the section utilizes established practices and procedures to ensure federal, state and local laws are met and offers education to residents to prevent future hazards.

RESPONSIBILITIES AND SERVICES PROVIDED

The scope of activities undertaken by the Environmental Health Services Section is extremely diverse. This section is often the first involved when any new or different problem arises due to the broad experience and knowledge base of our staff. The section places emphasis on: onsite sewage disposal, environmental hazards, childhood lead poison prevention, and public swimming pools.

Our onsite sewage disposal program deals with all aspects of disposal covered by 410 Indiana Administrative Code (IAC) 6-8.3, revised in 2011. An Environmental Health Specialist (EHS) conducts site evaluation and soil analysis for each new construction or repair permit and for proposed subdivision lots. The section provides installer consultations and inspections for onsite disposal systems to prevent environmental damage or outbreak of disease. Educating homeowners on system operation and maintenance to prevent problems before they start has become a priority

Environmental hazard complaints occupy a major portion of the section's workday. Issues including hazardous materials releases, indoor air problems, water contamination, animals, solid waste, illegal dumping and failed onsite sewage disposal systems are investigated by the EHS. Our staff is authorized to issue citations for observed violations and court action is taken when necessary. A major environmental concern noted in the past year was the decontamination of properties used as clandestine drug laboratories. Recent legislation requires meth lab sites to be reported to the local health department and properly decontaminated by certified personnel.

The section performs Environmental Lead Risk Assessments whenever a child is identified with an elevated blood lead level. Finding and eliminating the environmental lead source is critical to the child's wellbeing. Assessments find potential sources of lead poisoning in the child's home, childcare provider or other visited facilities. EHS use tools such as X-ray fluorescence (XRF) instruments, soil, dust and water test kits and other methods to determine hazards.

Indoor air complaints were a focus as many people contacted the section with mold concerns in both residential and commercial facilities. Any enclosed area with an excess of moisture and lack of ventilation is prone to mold growth. This growth may cause cold like symptoms in most occupants while a few may experience more serious conditions. The majority of complaints involved rental properties. Structural problems such as leaking roofs and maintenance issues such as leaking pipes and lack of ventilation fans were noted in most complaints. The section investigated reports, educated occupants and landlords and on several occasions enlisted the aid of the Indiana State Department of Health (ISDH) to do air sampling.

The Environmental Health Services Section was given the task of inspecting tattoo and body piercing facilities and investigating tattoo/body piercing complaints. Currently there are nine (9)

licensed facilities in Vanderburgh County. The section also received complaints regarding unlicensed or “underground” tattoo artists also known as “scratchers” operating. Those complaints are treated very seriously and fully investigated.

With approximately 110 public swimming pools in the county the potential for injury or disease transmission is enormous. Since the Indiana State Department of Health ended their swimming pool program the Environmental Health Services Section is the only authority safeguarding the public through inspection of public pools for proper maintenance and operation. Public and semi-public pools are required to submit a weekly water quality sample to the health department to ensure proper disinfection and filtration. Should the samples be unsatisfactory the swimming pool is ordered closed and section members work with pool operators to correct their deficiencies. Physical facilities are inspected for adequate safety and system equipment annually.

Other areas of service to the county performed by this section include:

- Coordinating efforts with other agencies such as Evansville Police and Fire services, Emergency Management Agency (EMA), Sheriff’s Office, Indiana State Department of Health (ISDH), Indiana Department of Environmental Management (IDEM), Indiana Department of Homeland Security (IDHS) and Department of Natural Resources (DNR).
- Carbon monoxide and radon investigations
- Well and drinking water investigations and consultations
- Chemical and hazardous material investigations
- Emergency management operations

HIGHLIGHTS AND ACCOMPLISHMENTS

The section once again held our annual spring training for onsite sewage disposal system installers. Thirty five (35) installers attended the class. Debbie Barnhizer, ISDH – Environmental Health Division – Onsite Wastewater Disposal presented an introduction to the revised rule. Attendees were awarded continuing education credits from the Vanderburgh County Building Commission for their participation in this educational program.

2012 saw the promulgation of the first local environmental health ordinance for several years when a county ordinance governing the operation of public and semi-public pools was approved by the County Commissioners. The section conducted a training session for pool operators concerning water chemistry and pool sanitation. Assisting operators in understanding water chemistry and testing requirements was the focus. Several consultations and media print and electronic (radio and television) interviews were devoted to this subject.

The section assisted with the future of public health by hosting student nurses. University of Southern Indiana (USI) students accompanied EHS during their workday to learn about public health efforts outside the traditional clinic setting. Many had never been exposed to the links between environment and health. The section was also able to assist the Vanderburgh County Detention Facility complete their required state inspection by facilitating air sampling to ensure a healthy environment for workers and inmates.

The section investigated a possible disease outbreak in cooperation with the Communicable Disease Division staff supporting the Indiana Board of Animal Health (lead agency), Indiana State Department of Health and Indiana Department of Environmental Management. The section received a record number of clandestine drug lab reports from the Vanderburgh County Drug Enforcement Taskforce. The Environmental Health Services Section participated with the

Evansville Police Department at a landlord training session, by presenting public health issues when rental property has been used for meth production. The section also participated on the Mayor's No Meth Taskforce with the goal of curtailing meth use in our community.

Members of the section participated in the Local Emergency Planning Committee (LEPC). This State committee of local volunteers addresses hazardous material issues in the county.

ENVIRONMENTAL HEALTH SERVICES -- 2012 STATISTICAL SUMMARY

ONSITE WASTEWATER DISPOSAL:	<u>2012</u>	<u>2011</u>
System Inspection (new)	38	34
System Inspection (repair)	20	35
Soil evaluations	***30	91
Consultations	472	700
 NUISANCE CONTROL:		
Animals	46	17
Insects & rodents	92	15
Solid Waste	402	254
Sewage	217	231
Other	41	57
 ENVIRONMENTAL HEALTH HAZARDS:		
Indoor air	178	249
Water Contamination	<5	<5
Spills/Releases	168	218
Carbon monoxide	<5	0
Lead hazards	51	48
 SWIMMING POOLS:		
Pool Inspections	82	114
Pool Samples	0	<5
Consultations	69	128
 DRINKING WATER:		
Consultations	<5	47
 TRAINING/OUTREACH:		
Training attended	29	12
Outreach activities	28	20
 TATTOO/BODY PIERCING:****		
Facility Inspection	0	
Complaints	<5	
Consultation	6	

No cell between 1 and 4 is shown in order to protect confidentiality.

*** ISDH rules changed early in 2012 and local health departments are no longer permitted to conduct soil profile analysis for onsite sewage disposal systems.

**** New Environmental Health Services Section program effective 09/01/2012. See page 12 Communicable Disease Division report for activity between 01/01/2012 to 08/31/2012

PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE

GOAL

Enhance the ability of the Vanderburgh County Health Department to prepare and respond to bioterrorism and other public health emergencies.

RESPONSIBILITIES AND SERVICES PROVIDED

The Vanderburgh County Public Health Emergency Preparedness and Response Decision Team is responsible for engaging in activities that enhance the Health Department's preparedness and ability to respond to emergencies that threaten the public health by:

- Conducting training on National Incident Management System (NIMS), Personal Protective Equipment (PPE) and Point of Dispensing (POD)
- Identifying primary and secondary command staff and other redundant contingencies
- Maintaining 24/7 contact list with health department staff and District 10 public health departments and other stakeholders
- Ensuring that staff and volunteers are trained in the use of personal protective equipment
- Managing health department's Indiana Health Alert Network (IHAN) communication
- Acquiring and Maintaining Memoranda of Understanding (MOU) or Memoranda of Agreement (MOA) relevant to emergency preparedness and response
- Updating the Mass Prophylaxis Plan (MPP)
 - Exercise plan annually
- Begin adopting the All-hazards Medical Countermeasure Dispensing (MCD) Plan
- Updating the Pandemic Influenza Plan (PIP)
 - Reviewing Standard Operating Procedures (SOPs)
 - Activation of an Emergency Communication Center (ECC)
 - Receipt and storage of the Strategic National Stockpile (SNS)
 - Mass Prophylaxis Operations
 - Maintaining 24/7/365 public access communications system
 - Maintaining Crisis Communication Plan
- Conducting drills including but not limited to:
 - Emergency Communication Center staff notification
 - Emergency Communication Center activation
 - Crisis Communication (CC)
 - Isolation and/or Quarantine Order
 - Medical Evaluation
 - School Closure
 - 24/7/365 public access system
 - Redundant Communication
- Public presentation on preparedness

The Vanderburgh County Medical Reserve Corps Coordinator is responsible for coordinating, planning, preparing, and responding to public health emergencies involving the Health Department. The function of the MRC is to help fill voids in community preparedness, planning, and response. The coordinator is responsible for all things related to operation of the non-profit agency housed within the health department. The MRC coordinator is the liaison with the Health Department when the MRC is deployed and acts as the representative of the MRC in community relations and other activities. Some functions of the MRC coordinator include:

- Recruitment of public health volunteers
- Development of training curriculum for volunteers
- Coordinate speakers and topics for monthly training
- Instruct Incident Command Systems and NIMS training to all volunteers
- Respond to actual events and participate in drills and public health events
- Acquire funding to support the MRC
- Prepare and amend operating budgets as needed
- Make required purchases such as uniforms, equipment, and PPE for volunteer force
- Maintain an inventory log of assets
- Validate volunteer credentials and keep track of volunteer training/personal records

HIGHLIGHTS AND ACCOMPLISHMENTS

Establishment of the Vanderburgh County Medical Reserve Corps (MRC)

In February of 2012, the Vanderburgh County Health Department received the approval for establishing a MRC unit in Vanderburgh County. The MRC is comprised of medical, non-medical, and public health professional volunteers who respond to natural disasters and public health emergencies. Should an anthrax attack ever happen, requiring the vaccination of the entire Vanderburgh County population, the HD staff would not be capable of this task alone. This is where the utilization of a trained group of volunteers would assist to fill in with staffing and dispensing needs. Our volunteers are trained, credentialed, and ready to respond to emergencies or disasters. Along with responding to disasters, MRC units also can staff public health fairs, flu vaccination clinics, and promote public health education campaigns. The MRC also promotes the surgeon general's ideals and goals along with response activities. The MRC is housed under the parent organization Citizen Corps, which also houses the Community Emergency Response Teams (CERT).

Within the MRC, we have both reserve and active volunteers. Currently, we have 46 active volunteers and 24 volunteers in reserve/non-active status. Among these combined groups, we have 9 nurses, 3 doctors, 2 pharmacists, 3 firefighters, 5 other medical professionals, and 58 non-medical volunteers. These non-medical volunteers come from a variety of backgrounds providing for a well-rounded MRC unit. This year we will scale up our recruiting efforts to engage more of

the medical volunteers. During training, events, and drills, MRC volunteers have logged over 657 hours in the 2012 calendar year.

2012– Public Health Emergency Preparedness and Response

The Vanderburgh County Health Department participated in yearly and quarterly preparedness drills. Some of these drills included: the SNS Re-supply drill, the volunteer call-down drill, POD site call-down drill, and communication drills among community stakeholders and VCHD POD staff. These drills serve to test communication methods, POD capabilities, and volunteer participation within the health department.

The most notable drill/exercise in 2012 was a full scale response exercise for mass antibiotic dispensing (MAD). This was a county wide exercise testing the response plans to a Bio-detection System (BDS) Alert held in September at the United States Postal Service processing facility. The Health Department is responsible for providing prophylaxis from exposure to biological agents to postal employees. The POD was held here at VCHD. The drill tested plans and response of various county departments as well as the prophylaxis capability of the Vanderburgh County Health Department. Postal employees, nursing program students from the local universities, and MRC volunteers served as victims to get a real-time measurement for the time needed to dispense antibiotics to the 60 processing facility employees.

The Vanderburgh County Health Department also responded to a Hepatitis A outbreak that occurred from a restaurant here in Vanderburgh County. Upon being confirmed that a food handler at a local restaurant was diagnosed with Hepatitis A, the decision team convened and decided to staff a POD here at the Health Department to vaccinate those patrons within the two week window for vaccine effectiveness who dined at the restaurant. This real-life event demonstrated some major strengths within our response in the POD: quick set-up and opening, positive media coverage through well-designed and informative press releases, excellent participation from staff, and good collaboration within district health departments. The most important thing was 1/3 of all potential exposed victims were vaccinated. The POD clinic opened on a Friday and ran through the weekend until the following Thursday. The clinic hours were 10AM-6PM. The Indiana State Department of Health (ISDH) was very pleased with our response efforts and clinic numbers.

The Vanderburgh County Health Department also responded to the West Nile Virus (WNV) death in Vanderburgh County. Along with HD staff, the MRC and CERT helped to educate the public and disseminate information on the West Nile Virus to areas with high positive mosquito activity in the county. Staff and volunteers went door-door canvassing areas on the east side of town to educate residents and look for areas that have increased mosquito activity.

Along with the WNV canvassing, the MRC also participated in a public health event in the community during the calendar year. The MRC was the lead agency for barricades, traffic control, and the first aid tent during the first ever Evansville Streets Alive Event. During the event, the MRC responded to an allergic reaction from bee stings and a visitor presenting with heat exhaustion.

2012 Public Health Preparedness Grants

To advance all-hazards preparedness and national health security, the Assistant Secretary for Preparedness and Response (ASPR) and Centers for Disease Control and Prevention (CDC) are combining the Hospital Preparedness Program (HPP) and the CDC Public Health Emergency Preparedness (PHEP) grants. During the 2011-2012 fiscal year, the grant was for \$11,000. For 2012-2013, it is for \$20,000. This grant is used to meet the 15 capabilities determined by the CDC. These capabilities include: Community Preparedness, Community Recovery, Emergency Operations Coordination, Emergency Public Information and Warning, Fatality Management, Information Sharing, Mass Care, Medical Countermeasure Dispensing, Medical Materiel Management and Distribution, Medical Surge, Non-Pharmaceutical Interventions, Public Health Laboratory Testing, Public Health Surveillance & Epidemiological Investigation, Responder Safety & Health, and Volunteer Management.

2011-2012 Public Health Preparedness Grant

During Fiscal year 2011-2012, staff members successfully completed all of the assigned performance based grant deliverables based on capabilities developed by the Centers for Disease Control & Prevention (CDC). Focus was on improving capabilities in community preparedness, information sharing, and medical countermeasure dispensing.

Community preparedness focused on working with the community and public health partners to prepare for, withstand, and recover from public health emergencies by coordinating with those community-based partners. Activities included: identifying community preparedness partners, educating partners on roles and responsibilities to support public health preparedness, participating in a county-wide hazard vulnerability assessment, coordinate training within partner organizations, and engaging in partner social networks to promote public health preparedness.

Information sharing focused on the ability to conduct the multi-agency and multi-jurisdictional exchange of health information to all levels of government and the private sector. This also includes issuing public health alerts in regards to preparation, response, or events related to public health significance. The health department managed the local responsibilities of the Indiana Health Alert Network (IHAN) and promptly responded when necessary. Other activities included updating and storage of local contact information, developing a template for dissemination of public health messages, information sharing with community stakeholders, and development of a common operating picture during disasters.

The medical countermeasure dispensing capability determines the county's ability to support treatment or prophylaxis to the general population following a public health emergency. The grant required the completion of a progress report mid-year and year-end to report on progress and planning improvements. The Health Department was also responsible for updating the Emergency Support Function 8 (ESF-8) Annex to the Vanderburgh County Comprehensive Emergency Management Plan (CEMP).

Some of the items purchased with this grant money included: office supplies, flashlights, polypropylene totes to store supplies and equipment, lighted traffic wands, flash drives, Cable

access for immediate updates and redundancy at the health department, cell phone services, MiFi wireless cards, a portable Public Announcement (PA) system with wireless speakers, bulk storage containers with wheels, wire shelving units, lantern lights, and two Canon all-in-one printers.

2012-2013 Public Health Preparedness Grant

The 2012-2013 grant year focuses on an additional set of capabilities. These capabilities include: Emergency Operations Coordination, Emergency Public Information & Warning, and the continuation of Medical Countermeasure Dispensing. Along with these capabilities, the grant also requires updating of the Training and Exercise Plan, updating appropriate capability planning guides (CPG), NIMS training when required to staff, and hosting an ESF-8 workshop for staff and other emergency agencies. These grant requirements will be addressed through: updating/creating emergency plans, writing standard operating procedures (SOPs), and conducting drills, exercises, & trainings for staff. Refer to below items for specific items to address.

- Begin adopting the Mass Countermeasure Dispensing (MCD) Plan
- Host an Emergency Support Function (ESF) 8 workshop with local preparedness agencies
- Finalizing and submitting the new Training and Exercise (TEP) for the next two years
- Update the ESF-8 document with feedback from the workshop
- Conduct Emergency Operations Center drills
- Creating and submitting the Emergency Operations Center (EOC) and Joint Information Systems (JIS) standard operating procedures (SOP) for approval by ISDH
- Complete and submit the Continuity of Operations Plan (COOP) for the Health Department
- Complete Public Information Officer Trainings from the CDC
- Update the CERC document
- Update and revise Capability Planning Guides (CPG) as needed
- Provide Command and General ICS Staff Training
- Participate in quarterly call-down drills involving preparedness stakeholders, POD site locations, and others using redundant forms of communication

The Vanderburgh County Health Department also received an additional grant for emergency preparedness for the amount of \$18,280 to further public health preparedness capabilities. This grant requires participation in the following:

- Participation in monthly 800MHz Radio drills
- Participation in annual Strategic National Stockpile (SNS) Point of Dispensing (POD) drill in conjunction with local hospitals
- Access to and updating of WebEOC
- Participate in the volunteer call-down drill to engage public health volunteers and the MRC
- Update the Special Needs Population Survey conducted in 2007

Participation in monthly radio drills are ongoing. The SNS re-supply drill and the updating and access to WebEOC have successfully been completed. The volunteer call-down drill and

updating of the 2007 special needs survey are still being conducted. This money can be applied towards achieving any of the 15 CDC capabilities.

2012 Medical Reserve Corps Grants/Funding

During the fiscal 2012-2013 grant year, the Vanderburgh County Medical Reserve Corps received a Bioterrorism Hospital Planning Grant from the Indiana State Department of Health. The grant amount was \$10,000. These funds are to be used to establish the unit and sustain future development.

The MRC also applied for and received the non-competitive Capacity Building Award (CBA) aimed at furthering a unit's capacity. This award was received through the National Association of County & City Health Officials (NACCHO). This award was in the amount of \$4,000. These funds will be used to purchase goods and equipment to better prepare the MRC to respond to public health emergencies and disasters. Items such as uniforms, short range radios, safety supplies, and additional training will help to better serve our community. With this CBA, the unit will provide First Aid, CPR, & AED training to our members.

The Vanderburgh County MRC also applied for and received funding from NAACHO for the competitive CBA in the amount of \$7,000. Our unit was the only one in the state of Indiana to receive this competitive award. We will form a Disaster Animal Response Team (DART) to fill a void in the community in preparedness planning. This team will focus on pet friendly shelters and educating the public on the need for including pets in preparedness planning. The team will be trained in pet first aid and CPR and be capable of providing basic care for animals during disasters. This team will be responsible for holding and tracking pets displaced by disasters until owners can be found.

ENVIRONMENTAL HEALTH DIVISION OZONE OFFICE

GOALS

The primary mission of the Ozone Office is to preserve and improve the air quality of Vanderburgh County and Southwest Indiana in order to remain in attainment of the National Ambient Air Quality Standards (NAAQS) established by the United States Environmental Protection Agency (USEPA). This will insure that the citizens of Southern Indiana have healthy air to breathe, while not suffering hindered economic development due to air quality problems.

RESPONSIBILITIES AND SERVICES PROVIDED

To promote the achievement and maintenance of air quality in Vanderburgh County, the Ozone Office has responsibilities in the areas of science, compliance, and education. The Ozone Officer is Vanderburgh County's principal advisor on issues of air quality, and is responsible for the impartial analysis of scientific data, education of the public and fair enforcement of air quality control regulations. The Ozone Office works closely with the City of Evansville Environmental Protection Agency and the Indiana Department of Environmental Management (IDEM).

The scientific responsibilities of the Ozone Office are to forecast elevated pollution events, track air quality levels, compile, assemble and analyze data, review reports, and advise the community on the scientific elements of air quality. These responsibilities include researching records of air pollutant concentrations, and evaluating point, area, mobile, and biogenic emissions inventories. Many decisions made to protect air quality are based on projections obtained through scientific modeling. Therefore, the Ozone Officer evaluates and runs air quality models to address local issues such as air quality forecasts, facility permitting, implementation of control measures, and rule making.

The regulatory responsibilities of the Ozone Office are to ensure that the County ozone reduction ordinances are enforced, and that the laws of the State of Indiana and the Federal Government (the Clean Air Act) are upheld. The Ozone Officer is required to have a working knowledge of all federal, state, and local air rules and regulations in order to advise local officials on their implementation, and to evaluate future needs for air quality control. In addition to responsibilities in enforcement and rule making, the Ozone Officer provides compliance assistance to local industries affected by air pollution control rules.

The educational responsibilities of the Ozone Office are to provide local expertise on the complex issues surrounding air quality, and to provide education programs for the public. In order to establish effective pollution control programs, the public must understand the basic science and causes of pollution, and how air pollution affects our health and welfare. The Ozone Officer provides information on air quality to the public and the media, and works with various stakeholder groups (e.g. government offices, environmentalist organizations, and regulated businesses) to help ensure that the interests of the entire community are protected. This includes working with the local industrial community on the implementation of pollution prevention plans.

HIGHLIGHTS AND ACCOMPLISHMENTS

In order to keep up-to-date in developments in the fields of air pollution control and environmental and public health, the Ozone Officer completed continuing education training programs, drills and seminars in the following areas:

- HIPAA (Health Insurance Portability and Accountability Act)
- Universal Precautions and blood borne pathogen exposure
- Health effects and risks of environmental exposures
- Air quality and public health implications of climate change
- Software tools and Social Marketing

SCIENCE

- Maintained and updated records of air quality indicators including monitoring and emission inventory data in the Tri-State region.
- Worked with IDEM to resolve PM2.5 real-time monitoring issues.
- Produced year round fine particulate matter (PM2.5) and ozone season numerical pollution forecasts. The goal of our forecasting program is to provide information to the public about anticipated pollution levels at least a day ahead of time. If pollution is expected to reach NAAQS levels, an “Ozone Alert,” “Particulate Alert,” or combined alert is issued jointly with the Evansville Environmental Protection Agency in order to notify the public to possible detrimental health effects. The secondary message of the alerts is to get people to change their behaviors in order to reduce their contribution to pollution emissions.

Forecast Verification Statistics

The following forecast statistics examine the ability to forecast NAAQS exceedances only. Ozone Office monthly reports compile statistics relative to the moderate air quality level, and weekly reports include information and discussions related to daily forecasts.

Ozone

2012 contingency table	Forecasted Exceedance NO	Forecasted Exceedance YES
Observed Exceedance NO	NA	15
Observed Exceedance YES	4	8

Ozone

statistic/ year	BIAS	FAR	POD	CSI	# of exceedance days*	# of Ozone Alert Days
2012	1.9	65.2	66.7	29.6	12	23
2011	1.5	66.7	50	25	8	12
2010	1.2	83.3	20	10	5	6
2009	2	50	100	50	1	2
2008	2.5	70	75	27	4	10
2007	3	83.3	50	14	8	24
2006	3.5	71	100	29	2	7
2005	2	75	50	20	4	8
2004	NA	NA	NA	NA	0	0
2003	1.7	100	0	0	3	5
2002	0.8	31	55	44	20	16
2001	4	75	100	25	1	4

* Between 2001 and 2007 exceedances were recorded when ozone levels were 85 ppb or above. in 2008 through 2012 exceedances were recorded when ozone levels were above 75 ppb.

BIAS A BIAS of 1 indicates neither underpredicting nor overpredicting.

A BIAS of greater than 1 indicates overpredicting.

FAR A False Alarm Rate of 0 is perfect.

POD A Probability of Detection of 100 is perfect.

CSI A Critical Success Index or Threat Score of 100 is perfect.

PM2.5

2012 contingency table	Forecasted Exceedance NO	Forecasted Exceedance YES
Observed Exceedance NO	NA	0
Observed Exceedance YES	0	0

statistic/ year	BIAS	FAR	POD	CSI	# of exceedance days	# of PM2.5 Alert Days
2012	NA	NA	NA	NA	0	0
2011	NA	100	NA	0	0	2
2010	2	100	0	0	1	2
2009	NA	NA	NA	NA	0	2*
2008	NA	100	NA	0	0	2
2007	2.9	75	71.4	22.7	7	20
2006	2.3	71.4	66.7	25	3	7
2005	1.3	55.6	57.1	33.3	7	9
2004	NA	NA	NA	NA	0	0

ALERT FORECASTS AND AIR QUALITY DISCUSSION

Forecasting statistics for ozone improved in 2012 from 2011. 2012 weather was more conducive to ozone formation than the previous four (4) years. It is unlikely that emissions increased significantly. Levels of exceedances above the standard were similar to 2011.

Forecasting for PM2.5 continued to be difficult in 2012 because there were technical problems with the IDEM continuous PM2.5 monitor on which the forecasts (and statistics) were based. This has been an ongoing issue. Despite these technical problems, no Particulate Alerts were issued and no exceedances were measured.

COMPLIANCE

- The Evansville area continues to maintain compliance (attainment) with the current ozone and PM2.5 NAAQS. Until final 2012 monitoring data is available in 2013, it is unclear whether the area will be in compliance with the newly promulgated, more stringent air quality standard USEPA set for annual PM2.5 levels in December.
- Formally commented on IDEM's 2013 monitoring network plan.
- Tracked statutory developments and regulatory rulemaking related to air quality issues.
- In December, the Ozone Officer was appointed by Governor Daniels to a four (4) year term on the Indiana State Environmental Rules Board representing local government.

EDUCATION

The Ozone Officer was an active participant in meetings and worked on projects with the following ongoing stakeholder groups:

- City of Evansville Environmental Protection Agency
- Indiana Department of Environmental Management
- National Association of Clean Air Agencies
- Evansville Metropolitan Chamber of Commerce Environmental Committee

Other education efforts include:

- Maintained the air pollution forecast page on the County website, and posted other departmental material to the Health Department website. Coordinated timely posting of important information in response to public health emergencies.
- Tweeted mission oriented information for the Health Department on the social media website "Twitter".
- Air Quality Action Day, Ozone and Particulate Alert notification and education program with the Evansville Environmental Protection Agency.
- Worked with NWS Paducah office officials on air quality alert AQA text product messaging.
- Provided information on local air pollution issues (monitoring, emissions sources, air quality standards and trends, laws and regulations, and pollution alerts) to local university students, environmental consultants, and other members of the public and media.

ENVIRONMENTAL HEALTH DIVISION

VECTOR CONTROL PROGRAM

GOALS

The main goal of the Vector Control Program is the prevention of the spread of disease by vector organisms such as mosquitoes and ticks. This is accomplished through various control methods and educating the public of the types of vectors in this area and the methods of disease prevention.

RESPONSIBILITIES AND SERVICES PROVIDED

The Vector Control Program engages in the control of mosquitoes through several methods, including adult control, larva control and breeding site reduction. Emphasis is placed on larva control and breeding site reduction as the two most effective means of control. The Vector Control Program assists the public in many areas of insect and vector control, including identification of vector or nuisance insects, enforcement of local ordinances, and advising concerned citizens when necessary. Vector Control believes education is important and offers educational opportunities through conversations with individuals, media interviews, or various presentations to groups and organizations.

HIGHLIGHTS AND ACCOMPLISHMENTS

On a national level, 2012 experienced one of the worst West Nile Virus outbreaks ever seen. The outbreak was attributed to a very mild winter with above average temperatures followed by drought conditions in the summer. The state of Indiana reported West Nile Virus positive mosquito pools in 91 of 92 counties. Vanderburgh County had 5 positive pools of collected mosquitos.

Throughout the spring, the Vector Control program focused its efforts on monitoring sewer catch basins and ditches for larval activity. During the summer and early fall months, the Vector Control program focused its efforts on controlling these habitats by treating the catch basins and ditches regularly with larvicide. Adulticiding was conducted in areas where pools of mosquitos were found to have tested positive for West Nile Virus. A surge in citizen complaints led to extensive educational and treatment operations by program staff at residential properties throughout the county. Operations continued through the month of October.

Drought conditions also caused an increase in complaints of other household pests, as insects entered homes to find a source of moisture. Consultations were conducted concerning Brown-Recluse Spiders, Oriental Cockroaches, and flea activity.

The Vector Control Division also had numerous conversations and educational opportunities with landlords and tenants regarding best practices in preventing and eliminating bed bug infestations. Bed bugs have not been shown to transmit disease but pose a significant nuisance to individuals of Vanderburgh County.

**ENVIRONMENTAL HEALTH DIVISION
VECTOR CONTROL PROGRAM – STATISTICAL SUMMARY
2012 ANNUAL REPORT**

	<u>2012</u>	<u>2011</u>
1. <u>ANIMAL INVESTIGATIONS</u>		
Animal Complaints	<5	0
Animal Nuisance	<5	0
Consultation	9	0
2. <u>“INSECT” INVESTIGATIONS</u>		
Bee and Wasp	10	<5
Fleas, Fly and Roach	51	13
Spiders	67	91
Ticks	0	<5
Consultation	361	85
3. <u>“BIRD” INVESTIGATIONS</u>		
Bird Investigations	<5	8
Consultations	7	<5
4. <u>“MOSQUITO” CONTROL</u>		
Mosquito Complaints	3559	742
Adult Collections	44	29
Larval Collections	0	0
Fogging Operations	9	27
Larviciding Operation	1930	752
Dead Bird Collection	0	0
Consultations	286	10
5. <u>“RODENT” CONTROL</u>		
Rodent Complaints	<5	<5
Baiting Operations	0	0
Rodent Bites	0	0
Trash Complaints	<5	0
Consultations	<5	<5
6. <u>MISCELLANEOUS</u>	82	131

No cell between 1 and 4 is shown in order to protect confidentiality.

HEALTH EDUCATION DIVISION

GOAL

In the Health Education Division, we strive to provide educational programs and services that meet our community needs. It is also intended to educate community residents so they will have the necessary knowledge, tools and skills to improve their health and reduce their risk factors (make better choices). Our goal then, is to develop programs FREE of Charge, that meet with the guidelines of the 2020 Healthy People 2020 Goals and Objectives, and also meet the specific needs of the community. The five (5) main areas of the 2020 Health People Objectives that Health Education targets include: Nutrition and Weight Status, Physical Activity, Educational and Community-Based Programs, Tobacco Use, and Cancer Education.

RESPONSIBILITIES AND SERVICES PROVIDED

Education for health begins with people. We work to motivate residents with whatever interest they may have in improving their lifestyle and health behaviors. Health Education not only teaches prevention and basic health knowledge, but also helps re-shape everyday habits of people with unhealthy lifestyles. We have the potential, through our health education programs of not only educating our current clients, but improving the health of future generations who will benefit from the healthy lifestyles and behaviors their family members gained and shared with them. There are seven (7) areas of responsibility that the health educators provide our community: Serve as a Health Education Resource Person; Assess Individual and Community Needs; Plan Appropriate Health Education Strategies; Implement those Health Education Strategies; Administer Those Strategies; Conduct Evaluations on Our Community Programs; and, Communicate and Advocate for Health Education in our community. Therefore, a health educator is “a professionally prepared individual who serves in a variety of roles and is specifically trained to use appropriate educational strategies and methods to facilitate the development of policies, procedures, interventions, and systems conducive to the health of the individuals, groups, and communities” (Joint Committee on Terminology, 2001, p. 100).

HIGHLIGHTS AND ACCOMPLISHMENTS

In the 2012 year, we have worked hard to reach out into our community by providing programs to local churches, schools, daycares, businesses, and employee wellness programs. Our two (2) most popular programs are still the Stop Smoking program (participants receive six (6) weeks of nicotine patches), and our free Weight Loss programs (where participants receive valuable information to help them meet their weight loss goals). Another popular program for children is our ABC Yoga and Yoga 101 classes. These programs are designed to teach preschoolers and young children how to conduct basic Yoga moves in a fun way. It is a great way to get kids excited about exercise and the importance of daily movement. Another highlight for the Health Education Division was the addition of the Chronic Disease Program in a Health Department organizational realignment. This organizational realignment will enable the Health Department to provide more educational programs and screenings. Examples of programs offered during 2012 include:

- ❖ Nutrition Information
- ❖ Lead Information
- ❖ Hand Washing
- ❖ Universal Precautions Training
- ❖ STD Education Classes
- ❖ Community Health Fairs
- ❖ Yoga Classes
- ❖ Mental Health Education
- ❖ Stress Management
- ❖ Weight Management Classes
- ❖ Head Lice Education
- ❖ Wellness Information
- ❖ Cancer Information
- ❖ Stop Smoking Classes
- ❖ Lunch and Learn Programs for Worksites
- ❖ Healthy Habits Program

For the 2012 the Health Education Division reached **15,078** residents through our free programs!

HEALTH EDUCATION DIVISION CHRONIC DISEASE PROGRAM

GOAL

The goal of the Chronic Disease Screening Program is to reduce the incidence of disease and number of deaths of Vanderburgh County residents due to: hypertension, cardiovascular disease, cancer, diabetes, and renal disease.

RESPONSIBILITIES AND SERVICES PROVIDED

The Chronic Disease Program conducts blood pressure screenings at 16 different monthly sites throughout Vanderburgh County for adults aged 18 and over. The guidelines used for education and follow-up for blood pressure are from the Seventh (7th) Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. We continue to focus on diabetes prevention through risk assessment, education, and increasing physical activity and provide guidelines on the standards of care for our clients with diabetes. The guidelines for diabetes risk assessment and standards of care are from the American Diabetes Association. The staff provides blood glucose screenings by appointment at their office in the Oak Park Professional Building for the residents of Vanderburgh County. Our program also counsels clients on lifestyle interventions to help prevent and control hypertension and diabetes. We receive referrals from primary care providers and agencies in the area. All of these services are free.

The Chronic Disease Program staff continues to offer educational presentations to health care professionals who screen and/or monitor blood pressure. In these presentations, we promote the importance of proper blood pressure technique and adhering to the national guidelines for prevention and control of high blood pressure.

The Chronic Disease Screening Program utilizes part-time registered nurses with Bachelor of Science degrees. The office is open 4 days a week.

In addition to the above responsibilities, the staff members specialize in:

- Individualized education about chronic illness and medications
- Health counseling regarding lifestyle modifications and check-ups
- Health Care Provider referrals, for those with and without insurance
- Referrals to other area agencies, acting as a health liaison for clients
- Health promotion and prevention education, health related topics on website & twitter

HIGHLIGHTS AND ACCOMPLISHMENTS

In 2012 we provided a total of 1,526 health screenings: 1,406 clients for blood pressure screening, 34 clients for diabetes risk assessment, 43 clients for physical activity assessment, 25 clients for blood glucose screening, and 17 for diabetes standards of care packets. See the attached statistical summary for a full report.

We still see an increase in the number of primary care providers who send us their clients for blood pressure monitoring, diabetes risk assessment and physical activity assessment.

Evansville In Motion continues to be a useful tool to increase physical activity in our community. We provide this booklet to doctor's offices, agencies & organizations, as well as offering it at health fairs and walking clubs. A revision of the second (2nd) edition was completed.

In June, the Chronic Disease Program partnered with Deaconess Hospital to sponsor the Downtown Week of Walks. We mapped different short & long routes for each day & helped set up volunteer leaders for the routes. There were over 195 participants for the week including walking clubs from several downtown businesses.

In an effort to promote community wellness, our staff has become active in several local organizations. We continue to serve on the board of the SmokeFree Communities of Vanderburgh County. We also are active members of Healthier Evansville, serving as co-chair until September 2012.

We are also active members of the Evansville-Area Trails Coalition (ETC), promoting the Evansville In Motion booklet and heading the Planning committee to help create healthy events for our community. The first (1st) annual Evansville Streets Alive! Event was held on Fulton Ave on June 23rd through a collaboration of Healthier Evansville and Evansville-Area Trails Coalition. There were thirty-eight (38) vendors providing physical activity and nutritious foods between 11 am and 3 pm for approximately 1,500 participants.

HEALTHY PEOPLE 2020:

Heart Disease & Stroke-9 (Developmental) Increase the proportion of adults with prehypertension who meet the recommended guidelines for BMI, saturated fats consumption, sodium intake, physical activity & moderate alcohol consumption.

Heart Disease & Stroke-10 (Developmental) Increase the proportion of adults with hypertension who meet the recommended guidelines for BMI, saturated fats consumption, sodium intake, physical activity, & moderate alcohol consumption.

Heart Disease & Stroke-5 Reduce the proportion of persons with hypertension.

Chronic Disease Program Objective for 2020: Reduce the proportion of persons with hypertension, by increasing the # of adults with prehypertension or hypertension to meet the recommended guidelines for BMI, saturated fats consumption, sodium intake, physical activity & moderate alcohol consumption by education on lifestyle modifications.

HEALTH EDUCATION DIVISION CHRONIC DISEASE PROGRAM -- 2012 STATISTICAL SUMMARY

	<u>2012</u>		<u>2011</u>		<u>2010</u>	
TOTAL BLOOD PRESSURE SCREENINGS:	1406	(100%)	1627	(100%)	2087	(100%)
• NEW CLIENTS:	653	(47%)	746	(46%)	894	(43%)
• CONTINUING CLIENTS:	467	(33%)	696	(43%)	958	(46%)
• CONTINUING CLIENTS WITH IDENTIFIED HEALTH PROBLEMS:	286	(20%)	185	(11%)	235	(11%)
TOTAL SCREENINGS WITH ELEVATED BLOOD PRESSURES:	313	(22%)	342	(21%)	423	(20%)
NEW CLIENTS WITH ELEVATED BLOOD PRESSURE:	169	(12%)	177	(24%)	225	(25%)
NEW CLIENTS WITH DIAGNOSED HYPERTENSION:	286	(20%)	365	(49%)	442	(49%)
NEW CLIENTS WHO ARE UNINSURED:	158	(24%)	186	(25%)		
CLIENT DEMOGRAPHICS:						
• WHITE:	1139	(81%)	1316	(81%)	1770	(85%)
• AFRICAN - AMERICAN:	240	(17%)	296	(18%)	290	(14%)
• ASIAN - PACIFIC:	21	(<1%)	7	(<1%)	10	(<1%)
• AMERICAN INDIAN:	<5	(<1%)	<5	(<1%)	6	(<1%)
• HISPANIC:	5	(<1%)	7	(<1%)	11	(<1%)
• 18 - 39 YRS OLD Males & Females:	137	(10%)	151	(9%)	204	(10%)
• 40 - 59 YRS OLD Males & Females:	522	(37%)	600	(37%)	708	(34%)
• 60 - 79 YRS OLD Males & Females:	619	(44%)	677	(42%)	918	(44%)
• 80 - 99 YRS OLD Males & Females:	128	(9%)	199	(12%)	257	(12%)
TOTAL CLIENTS SEEN:	1,406		1,627		2,087	
ADDITIONAL SCREENINGS & SERVICES:						
• Blood Glucose Screenings:	25		30		40	
• Physical Activity Assessments:	43		209		150	
• Diabetes Risk Assessments:	34		97		92	
• Diabetes Standards of Care:	17		17		36	
HEALTH FAIRS & OTHER SCREENINGS:						
• Two (2) - IVY Tech Student Health Fairs (Spring & Fall)						
• Downtown Week of Walks						
• Evansville Street Alive!						

No cell between 1 and 4 is shown in order to protect confidentiality.

LABORATORY DIVISION

GOALS

Our goals, as always, are to provide the highest quality of specimen testing to aid in the diagnosis and prevention of disease in our community and to promote the health of area residents by providing education in the areas of lead poisoning prevention and safe water standards for drinking water, public pools, recreational water, source water, surface water, and wastewater.

RESPONSIBILITIES AND SERVICES PROVIDED

The Vanderburgh County Health Department Laboratory provides testing services to the health department clinics and health care providers in medically underserved areas. On-site testing allows rapid turn around of test results with same visit treatments. The laboratory also provides bacteriological water testing for drinking water, public pools, recreational water, surface water, source water, and wastewater.

HIGHLIGHTS AND ACCOMPLISHMENTS

Our laboratory is certified by the Health Care Financing Administration for Clinical Laboratory Improvement Amendments (CLIA) Laboratory Compliance for overall operation as well as by the Indiana State Department of Health (ISDH) for the bacteriological examination of public waters.

A total of 11,022 tests were performed in 2012. Tests performed included:

- A. culture and/or identification of *Neisseria gonorrhoeae* (GC), *Chancroid identification*, *Trichomonas vaginalis*, yeast, NGU (nongonococcal urethritis), and bacterial vaginosis,
- B. testing for HIV, syphilis, and whole blood lead levels, and
- C. bacteriological examination of drinking water/ice samples, public and semi-public pools, recreational water, surface water, source water, and wastewater.

We continue to be an active participant in the CDC's Systematic Tracking of Elevated Lead Levels and Remediation (STELLAR) Program. In 2012, our laboratory screened 716 children in southern Indiana for lead poisoning. Screening results indicated 17 children as lead poisoned. Lead poisoning in children continues to be a problem especially in Vanderburgh County since 41.5% of its housing units were built prior to 1950. In 2012, the lead program participated with the state lead program to actively track and follow up on cases of children with elevated lead levels. We are also working with local health providers as well as participating in offsite clinics (Head Start and others) to increase the number of children screened. Over the past two (2) years we have transitioned from being a regional reference laboratory for lead testing to focusing our efforts on Vanderburgh County residents and children with strong case management and follow up to help ensure better outcomes and remediation. We switched to Lead Care II analyzers which have the ability to run point of care, real time whole blood lead results and allow us to identify high risk individuals at the time of service, thus being able to provide guidance and counseling to the exposed families in a much more expedient manner.

Safe drinking water is an increasingly important issue. In 2012, 545 samples were tested. An important part of providing testing is gaining the opportunity to educate homeowners with wells on

drinking water safety. Free well testing was offered to area residents whose wells were covered by flood waters. We also provide testing to several municipal water systems in the southern Indiana area and report unacceptable test results to IDEM (Indiana Department of Environmental Management) immediately for follow up and remedial measures. The Laboratory also fields a wide variety of drinking, recreational, and wastewater questions from the general public and provides referral information for testing requirements beyond the scope of our testing menu.

Every year the health department staff works diligently with pool operators to provide the public with safe swimming pool water. In 2003, the State of Indiana updated the Swimming Pool Rule (410 IAC 6-2.1) expanding the definition of public swimming pool to include competition pools, diving pools, plunge pools, wave pools, and spas. We serve as a regional certified water testing Laboratory for a large portion of southwestern Indiana public and semi-public pools, hotels and spas. In 2012, 4,019 samples were tested for bacteriological safety. The Laboratory works in close cooperation with the Health Department's Environmental Health Division. When pools have unacceptable samples the Environmental Health staff is notified immediately so remedial action can be taken in a timely manner.

In 2012, we continued to offer testing for determining the bacteriological quality of water by providing a method for MPN (most probable number) of *E. coli* in recreational water, source water, surface water, and wastewater. We tested 242 of these samples in 2012.

The Laboratory continues to provide rapid HIV testing in support of the Sexually Transmitted Disease (STD) program. Funding cuts have reduced the number of HIV tests performed, but we continue to offer the test in support of our Specialty Clinic and perform proficiency testing on the methodology. In 2012 the VCHD Laboratory performed 47 rapid HIV tests.

The advent of DNA testing has required the city and county law enforcement agencies to greatly increase their need for blood drawing services to ensure proper sample collection and integrity. The Vanderburgh County Health Department Laboratory continues to provide this service for our local law enforcement agencies when requested.

As part of our employee wellness program, the Laboratory added a point of care testing for a glucose and cholesterol testing methodology. We have also offered this service at various health fairs. In 2012 we tested 448 glucose or cholesterol samples.

Our laboratory technical staff consists of experienced Medical Technologists and a Medical Laboratory Technician who are board certified by the American Society for Clinical Pathology (ASCP). Our dedicated and professional staff participates in quality assurance, quality control, proficiency testing and continuing education opportunities to assure the highest level of test performance and the highest quality of test results.

NURSING DIVISION

MISSION STATEMENT

Work in partnership with the community to promote and preserve health and prevent disease.

PHILOSOPHY

We believe that public health encompasses the complete physical, mental, and social well-being of the community. Health care is a right and all individuals in our community should have access to the benefits of health services. We support the core public health functions of assessment, policy development, and assurance. Through health education, management, and coordination of care, we work toward the highest level of wellness in our community. We assess, plan, perform interventions, and evaluate to resolve problems according to the science and standards of our respective disciplines. Assessments in the home and community outreach are essential components of public health services. Targeted population groups are the major focus of public health nursing. As public health needs and our activities change, we remain committed to the above beliefs.

The Nursing Division is comprised of three (3) interrelated programs. Services are provided to the community through the following nursing programs:

- ◆ Fetal & Infant Mortality Review (FIMR)
- ◆ Outreach Services including MCH Grant
- ◆ Pregnancy Resource and Referral Programs

Two (2) programs which previously were under the Nursing Division have been reorganized in other areas of the Health Department. The Chronic Disease program was moved to the Health Education Division. The WIC Clinic is operating as an independent program.

NURSING DIVISION PROGRAMS FETAL AND INFANT MORTALITY REVIEW (FIMR)

GOALS:

Fetal and Infant Mortality Review (FIMR) is a process that continually assesses the service system and community resources for women, infants, and families with the intent of improving services and systems. Overall objectives of FIMR programs are:

- Examine significant social, economic, cultural, safety and health systems factors associated with fetal and infant mortality through review of individual cases
- Plan interventions and develop policies to address these factors and improve service systems and community resources
- Participate in implementation of community-based interventions and policies
- Assess the progress of the interventions.

RESPONSIBILITIES AND SERVICES PROVIDED:

The FIMR process brings a community team together to examine confidential, de-identified cases of infant and fetal deaths. The purpose of these reviews is to understand how a wide array of local social, economic, public health, educational, environmental and safety issues relate to the tragedy of infant and fetal loss. FIMR findings and recommendations are presented to the Regional Perinatal Advisory Board, which takes action to affect necessary change at the local level.

HIGHLIGHTS AND ACCOMPLISHMENTS:

The Vanderburgh County Health Department (VCHD) continued to lead the community in hosting FIMR meetings and providing the director and a few committee members. A part-time Registered Nurse (RN), who is funded by Maternal Child Health Title V, continued to perform data abstraction and to host the quarterly meetings. The Case Review Team reviews case summaries, identifies issues and makes recommendations for community change, when appropriate. The local FIMR team members include: nurses, physicians, genetic counselors, a representative from the Coroner's Office, university professors, bereavement counselors and others.

Most of the fetal and infant deaths that occurred in Vanderburgh and Warrick Counties were reviewed, thus including the two local hospitals with the busiest birthing units in southwestern Indiana.

FIMR statistics continue to be a valuable tool in understanding the infant mortality rate and the community education needed to reduce that rate. As service systems and resources continue to improve through FIMR, the future for local women, infants and families will be better.

**NURSING DIVISION PROGRAMS
2012 FIMR STATISTICS ----- VANDERBURGH COUNTY RESIDENTS**

YEAR	Race							Ethnicity
	White	Black	American Indian	Asian Pacific Islander	Multi-Racial	Other/ Unknown	Total Of All Races	Hispanic
2012	12	9	0	0	0	0	21	0
2011	22	<5	<5	<5	<5	<5	24	<5

YEAR	Total # Reviewed	How many had Medicaid	Title XX TANF	CHIPS (Title XXI) Insurance	Private Insurance	No Additional Source	Unknown source of insurance
2012	21	15	0	0	6	0	0
2011	24	9	<5	<5	14	<5	<5

YEAR	% Married	% Single	% ≥HS Education	% < HS Education	% < 19 yrs of age	% 20-34 yrs of age	% >35 yrs of age
2012	43%	57%	Unknown	Unknown	19%	81%	0
2011	67%	33%	Unknown	Unknown	13%	75%	12%

YEAR	Number of cases reviewed				
	Fetal Deaths		Infant Deaths		
	# of Fetal Deaths	% of all cases reviewed	Neonatal deaths (0-<28 days)	Post neonatal deaths (28-364 days)	% of all cases reviewed
2012	9	43%	9	<5	
2011	16	67%	8	0	33%

YEAR	Gestation at time of death						
	<20 wks	>20-<24 wks	>24 -<28 wks	>28 -<32 wks	>32 - <34 wks	>34 - <37 wks	≥37 wks
2012	0	10	<5	<5	0	<5	<5
2011	0	10	0	6	<5	<5	<5

YEAR	Entry Into Prenatal Care			
	% First Trimester	% Second Trimester	% Third Trimester	% No PNC
2012	67%	33%	0	0
2011	83%	5%	5%	8%

YEAR	Medical Risk Factors For Fetal/Infant Death						
	Obesity	HTN	Diabetes	Previous infant death	History of depression/mental illness	Previous Pre-Term Delivery	Previous Low Birth Weight
2012	33%	9.5%	4.7%	4.7%	43%	0	0
2011	63%	17%	8%	5%	25%	29%	5%

YEAR	Mother's Substance Use		
	% Smoking	% Alcohol	% Drug Use
2012	29%	23%	23%
2011	33%	8%	5%

YEAR	SIDS/Asphyxia Deaths			
	Total # SIDS	% of Infant Deaths	Total # Asphyxia deaths	% of Infant Deaths
2012	0	0	<5	<5
2011	0	0	0	0

YEAR	Causes of Death						
	% Anomaly	% Prematurity	% Low Birth Weight	% Perinatal condition	% No fetal Movement	% Nuchal Cord	% Injury/Homicide
2012	14%	29%	90%	0	10%	14%	0
2011	25%	17%	92%	8%	21%	17%	0

YEAR	Other Causes of Death							
	Unknown	Placental abruption or previa	Hydrops	Anoxia	Chorioamnionitis	Pneumonia	Aspiration	Group B Strep
2012	19%	10%	0	0	5%	0	0	0
2011	21%	5%	5%	0	17%	0	0	<5

NURSING DIVISION PROGRAMS

OUTREACH SERVICES including MCH GRANT and PREGNANCY RESOURCE AND REFERRAL PROGRAMS

GOALS:

The goals of the Outreach nurses are threefold:

1. To provide holistic health related services to individuals and families in need;
2. To decrease infant morbidity and mortality and the incidence of low birth weight babies; and,
3. To empower clients in the development of skills essential to responsible parenting, self-care and a healthy lifestyle.

RESPONSIBILITIES AND SERVICES PROVIDED

Full time Public Health Nurses (PHNs) with Bachelors of Science (BSN) degrees in Nursing worked primarily in homes to carry out the core public health functions of assessment, policy development and assurance. Vanderburgh County residents, of all ages, were assisted in accessing resources to maintain/promote their health to their maximum potential. Depending on the client's needs, the home visits focused on showing individuals and/or their families ways to improve their lifestyle by teaching and educational information on a wide variety of topics, including: pregnancy, parenting skills, normal growth and development, safety, lifestyle changes, and wellness. A Community Health Worker (CHW) also provided visits supporting the PHN's plan of care for that particular client.

Free pregnancy testing continued to be offered five (5) days per week. One nurse or the community health worker is scheduled to provide testing, counseling (regardless of result), education, and referrals to various resources to meet the needs of each client. Prenatal Care Coordination services are offered to pregnant clients. Through this case managed service, pregnant clients and their families are assisted in accessing primary medical providers, Medicaid, and other resources in the community.

The second (2nd) year of funding from the Title V Maternal Child Health (MCH) grant was received for FY 2012. This funding supported one full-time Community Health Worker (CHW) and two (2) part-time Registered Nurses. One of the part-time registered nurses is responsible for the Fetal & Infant Mortality Review (FIMR) data abstraction and reporting.

HIGHLIGHTS & ACCOMPLISHMENTS

During 2012 there were two hundred and fifty-three (253) referrals received, two hundred and sixty-eight (268) admissions, and a total of eighteen hundred and seventy-one (1,871) visits (excluding visits from nursing students), of which eleven hundred and thirty-nine (1,139 – 61%) took place in the home. A total of four hundred and thirty (430) pregnancy tests were performed. Of these, two hundred and eight (208 – 48%) were positive. Each woman was given a thirty (30) day supply of prenatal vitamins to last until she could access prenatal care. Referrals and education were provided on pregnancy, Medicaid/insurance, nutrition, and substance use, including tobacco cessation. Each woman was offered the opportunity to enroll in Prenatal Care Coordination services.

Early access to prenatal care and enrollment into Medicaid remained a primary focus. In addition, prenatal substance use cessation including tobacco is gaining more attention. The public health

nurses are active members of the Regional Perinatal Advisory Board that meets bi-monthly to discuss problems affecting maternal and child health. Local concerns are then taken to the State advisory board for further action. Each public health nurse serves the needs of the community by participating in various local agencies, including: the March of Dimes, Evansville-Vanderburgh School Corporation (E-VSC), Prevent Child Abuse, Healthy Families, Headstart, Early Headstart, Little Lambs, Anthem Medicaid and United Way of Southwestern Indiana. New in 2012, a four (4) week series of childbirth education/baby care classes were offered by a PHN who is also certified as a childbirth educator.

The Vanderburgh County Health Department has affiliation agreements with all local institutions with registered nursing programs. Senior nursing students from the University of Evansville “shadow” our public health outreach nurses and then assume a case management role for a family during the fall semester. The spring semester students participate in a more observational role. Our public health nurses also provided public health orientation to the medical students attending Indiana University School of Medicine - Evansville (IUSM-Evansville), as well as the nursing students from University of Southern Indiana by having students accompany them on home visits or other experiences.

OUTREACH PUBLIC HEALTH NURSE SUMMARY
2012 YEAR END

ACTIVE PUBLIC HEALTH CASELOAD BY PROGRAM CATEGORY: 2012 2011

NORMAL MATERNITY:

- TOTAL LOW RISK MATERNITY 124 89

HIGH RISK MATERNITY:

- TOTAL HIGH RISK MATERNITY..... 97 68

CHILDREN AT RISK: (Failure to thrive, abuse/neglect)

- TOTAL CHILDREN AT RISK 45 26

ADULTS AT RISK: (Self-abuse/neglect, substance abuse)

- TOTAL ADULTS AT RISK 16 9

HEALTH PROMOTION: (Promoting positive, healthy lifestyle)

- TOTAL HEALTH PROMOTION 188 148

DISEASE CONTROL: (Chronic/acute health issues - lead poisoning)

- TOTAL DISEASE CONTROL 46 27

<u>VISITS MADE:</u>	<u>2012</u>	<u>2011</u>
Home.....	1,139	1,222
Phone.....	139	226
Other (office, case management)	246	327
Attempted/Not Home.....	347	315
Nursing Student Visits.....	111	105
Total.....	1,982	2,195

Pregnancy Testing Results - 2012

	<u>2012</u>	<u>2011</u>
<u>Pregnancy Tests</u>		
Total Number Performed	430	392
• Positive	208	174
• Negative	222	218
<u>Positive tests by age:</u>		
• 15 years	<5*	<5*
• 16 years	<5*	<5
• 17 years	<5*	9
• 18 years	17	15
• 19 years	15	9
• 20 – 29 years	110	107
• 30 – 39 years	41	27
• 40 & over	<5*	0
 *No cell between 1 and 4 is shown in order to protect confidentiality.		
<u>Trimester at time of testing:</u>		
First (1 st)	187	158
Second (2 nd)	19	11
Third (3 rd)	<5*	0
<u>Planned Pregnancy:</u>	44	37
<u>Unplanned Pregnancy:</u>	162	136
<u>Employed:</u>	103	72
<u>Unemployed:</u>	102	92

WOMEN, INFANTS & CHILDREN (WIC) CLINIC PROGRAM

GOAL

The goal of the Special Supplemental Food Program for Women, Infants, and Children (WIC) is to teach the relationship between proper nutrition and health, to help individuals develop better dietary habits, and to prevent nutrition-related problems by showing participants how best to use the WIC foods with other nutritious foods for a proper diet.

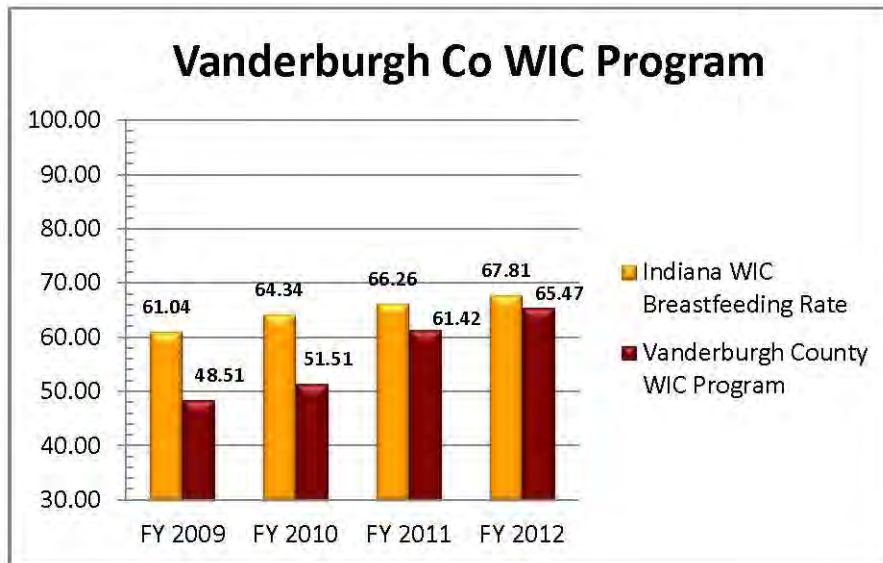
RESPONSIBILITIES AND SERVICES PROVIDED

The Vanderburgh County WIC Program provided basic nutritious foods to approximately 4,000 pregnant, postpartum and breastfeeding women, infants and children up to the age of five years who were income eligible and were found to have a medical and/or nutritional risk factor. WIC provided supplemental foods rich in protein, iron, calcium, and vitamins A and C. Because nutrition education is an important component of the WIC Program, workshops on nutrition and health related issues were offered to all participants. WIC does not provide routine health care but serves as a referral source to other agencies. Since a major goal of the WIC Program is to improve the nutritional status of infants, WIC mothers are encouraged to breastfeed their infants, unless medically contraindicated. WIC mothers who breastfeed their infants are provided information and support through counseling and breastfeeding educational materials and classes. They also receive a Little Lambs voucher for every week of breastfeeding. Breastfeeding mothers receive a greater quantity and variety of foods than mothers who fully formula feed their infants, with mothers fully breastfeeding their infants receiving the most substantial food package. Breastfeeding mothers may receive breast pumps and other aides to help support the initiation and continuation of breastfeeding.

HIGHLIGHTS AND ACCOMPLISHMENTS

Breastfeeding is promoted and supported through WIC's Breastfeeding Peer Counselor Program. These Peer Counselors are WIC mothers who have successfully breastfed and want to support other prenatals who are considering breastfeeding or women who are breastfeeding. They conduct weekly Infant Feeding classes in the WIC clinic and can also be reached at any time by phone for questions or concerns. Our WIC clinic now offers two (2) Spanish Breastfeeding Classes per month. The Peer Counselors issue breast pumps and provided educational support to eligible WIC participants. Breast pumps are available to breastfeeding women who meet certain criteria such as having a baby in the Neonatal Intensive Care Unit (NICU) or are planning to return to work or school and want to continue breastfeeding. The full time Breastfeeding Coordinator, who is responsible for breastfeeding promotion and the activities of the three (3) Breastfeeding Peer Counselors, obtained her International Breastfeeding Certified Lactation Consultant (IBCLC) certification. A Lactation Station was set up and staffed by a Peer Counselor at the 2012 March for Babies event. A "Breastfeeding Walk of Fame" display was created in the WIC Clinic to recognized mothers who have breastfeed or are currently breastfeeding their babies.

The Vanderburgh County WIC Program has demonstrated growth in the breastfeeding initiation rate for the past four (4) years. The percentage rate increased from 61.42% in 2011 to 65.47% in 2012. The 2012 WIC state average is 67.81%. Graphic on next page



The Vanderburgh County WIC Program participated in United State Department of Agriculture's (USDA's) Farmer's Market Nutrition Program (FMNP) for the tenth (10) year. This USDA sponsored program provides fresh, nutritious, unprepared, locally grown fruits and vegetables to WIC participants. This program helps WIC participants benefit from purchasing and consuming locally grown fresh fruit and vegetables from area farmers. Eligible WIC participant receives six (6) \$3.00 checks that can be used during the growing season, May to November. A total of \$10,791 was paid to local farmers participating in the Indiana WIC Farmers Market Nutrition Program in Vanderburgh County. In 2012, 6,258 checks, worth \$18,774, were issued to participants.

WIC STATISTICS - 2012

The Vanderburgh County WIC program had an assigned caseload of 3,473 participants in 2012.

<u>ACTUAL ENROLLMENT:</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>
• Prenatals	513	506	475
• Breastfeeding Post-partums	155	114	95
• Non-Breastfeeding Post-partums	345	281	328
• Infants (up to age 12 months)	1,136	1,134	1,154
• Children (1 – 5 years)	1,852	1,948	1,871
TOTAL	4,001	3,983	3,923
<u>PARTICIPANTS BY RACE/ETHNICITY:</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>
• White	2,925	2,774	2,810
• Black	965	971	1,077
• American Indian/Alaska	43	56	63
• Asian	47	25	26
• Native Hawaiian	21	25	32
• Non-Hispanic – subtotal of above	3,709	3,851	3,995
• Hispanic	292	256	251
TOTAL	4,001	4,107	4,259

GROCERY/PHARMACY VENDORS

There are twenty-four (24) grocery stores in Vanderburgh County that have been trained to redeem WIC checks. Representatives from all stores receive mandatory training every September and optional training in March.

Revenue generated in Vanderburgh County:

\$2,920,000.00 in 2012
\$2,710,092.00 in 2011
\$2,935,243.00 in 2010
\$3,214,636.00 in 2009

FARMER'S MARKET

Revenues paid to local farmers who participated in the Indiana WIC Farmers Market Nutrition Program in Vanderburgh County

\$10,255.00 in 2012
\$10,791.00 in 2011
\$11,259.00 in 2010
\$12,345.00 in 2009

VITAL RECORDS DIVISION

GOAL

The Vital Records Division's goal is to become paperless. Utilizing electronic imaging for record retention is not only better for the environment and it also conserves valuable resources (reduced costs and physical storage space).

RESPONSIBILITIES AND SERVICES

The Vital Records Division's primary duty continues to be the registration of vital events (births and deaths) that occur in the City of Evansville and Vanderburgh County. The statistics gathered by this division are the basis for identifying major health trends; identifying problems and determining areas of need; evaluating the effectiveness of public health efforts; and helping formulate public policy regarding the allocation of health resources and funds. In addition, it helps to ascertain whether new programs are needed to lower the number of preventable deaths. This division is charged with issuing certified birth certificates and death certificates, filing a home birth, executing Paternity Affidavits, Paternity Affidavits Upon Marriage, and issuing other vital event permits and documents designated by the State, including birth records due to adoptions, amendments, and/or court ordered changes.

HIGHLIGHTS AND ACCOMPLISHMENTS

We began the process of integrating our records to an electronic web-based certificate system administered by the Indiana State Department of Health (ISDH) in 2008. This certificate system allows us to file death certificates electronically with ISDH. Funeral homes utilized the electronic certificate system in 2010. Funeral homes received "real time" response from the Social Security Administration (SSA) on the accuracy of the information entered on the death record information. This real time feedback is a quality improvement process to help reduce human error. Physicians (also known as medical certifiers) and coroners began utilizing the web-based system in 2011. This system's ability to report cause-of-death with increased accuracy and timeliness can be an integral part of future patient care and will improve cause-of-death data for disease surveillance and health data statistics for planning public health services. Finally, this web-based death certificate system promotes uniformity in cause-of-death documentation, which is supported by the American Medical Association.

**BIRTH AND DEATH RECORD SUMMARY
2012**

BIRTH SUMMARY

	WHITE		NON-WHITE		VAND.	NON	TOTAL
	<u>MALE</u>	<u>FEMALE</u>	<u>MALE</u>	<u>FEMALE</u>	<u>RESIDENT</u>	<u>RESIDENT</u>	
ILLEGITIMATE	486	391	55	48	435	545	980
LEGITIMATE	260	249	87	93	366	323	689
TOTAL	746	640	142	141	801	868	1669

**VANDEBURGH COUNTY RESIDENTS BORN IN WARRICK COUNTY
(TOTAL NOT INCLUDED IN ABOVE)**

MALE	FEMALE	TOTAL	TOTAL BIRTHS TO VAND. RESIDENTS
757	727	1484	801 + 1484 = 2285

DEATH SUMMARY

	WHITE		NON-WHITE		VAND.	NON	TOTAL
	<u>MALE</u>	<u>FEMALE</u>	<u>MALE</u>	<u>FEMALE</u>	<u>RESIDENT</u>	<u>RESIDENT</u>	
UNDER 28 DAYS	10	7	0	0	5	12	17
28 DAYS - 1 YEAR	1	1	2	0	4	0	4
01 TO 14 YEARS	4	1	1	0	3	3	6
15 TO 24 YEARS	16	9	3	1	12	17	29
25 TO 44 YEARS	64	31	5	3	67	36	103
45 TO 64 YEARS	312	190	37	25	383	181	564
65 TO 74 YEARS	221	178	17	10	243	183	426
75 TO 84 YEARS	279	296	13	15	396	207	603
OVER 84 YEARS	258	442	8	19	555	172	727
UNKNOWN AGE	0	0	0	0	0	0	0
TOTAL	1165	1155	86	73	1668	811	2479

<u>STILLBIRTHS</u>	0	0	0	0	0	0	0
---------------------------	---	---	---	---	---	---	---

CAUSE OF DEATH SUMMARY

HEART DISEASE	510	ATHEROSCLEROSIS	1
CANCER	367	CORONER	306
STROKE	101	RESPIRATORY FAILURE	396
CHRONIC LUNG DISEASE	73	SEPSIS	83
PNEUMONIA OR INFLUENZA	68	PREMATURE INFANT	12
DIABETES	2	STILLBIRTH	0
CIRRHOSIS OF THE LIVER	23	OTHER	537
		TOTAL BY KNOWN CAUSES	2479

MANNER OF DEATH SUMMARY

NATURAL DISEASE	2264	SUICIDE	41
HOMICIDE	14	ACCIDENTAL	157
UNDETERMINED	1	NOT SPECIFIED	2

**VITAL RECORDS YEARLY COMPARISON
2012 REPORT**

<u>BIRTH SUMMARY</u>	<u>2012</u>	<u>2011</u>
ILLEGITIMATE	689	678
LEGITIMATE	980	1037
TOTALS	1669	1715

<u>DEATH SUMMARY</u>	<u>2012</u>	<u>2011</u>
TOTAL DEATHS	2479	2456
STILLBIRTHS	0	5

**VANDERBURGH COUNTY RESIDENTS
TEENAGE MOTHERS OF 2012**

<u>AGE/CHILDS RACE</u>	<u>2012</u>	<u>2011</u>
14 Black	2	0
15 White	3	2
15 Black	1	1
16 Other	1	1
16 White	4	7
16 Black	2	4
17 White	6	18
17 Black	4	3
17 Other	0	5
18 White	12	27
18 Black	1	6
18 Other	2	9
19 White	17	79
19 Black	9	7
19 Other	9	13
TOTALS	73	182

<u>MOTHER AND FATHER MARRIED</u>	<u>2012</u>	<u>2011</u>
YES	0	27
NO	73	158
NOT MARKED	0	2

TOTAL BIRTHS FOR YEAR	1669
PERCENTAGE OF TEEN BIRTHS	4.37%

FINANCE DIVISION

2012 FINANCIAL INFORMATION YEAR TO DATE EXPENDITURES - PAGE 1

FUND: 1159 (213.0) HEALTH DEPARTMENT

Account Title	ADJUSTED Y-T-D Budget	ACTUAL Y-T-D PAID COSTS	Remaining Budget \$ Dollars	Remaining Budget % Percentage
Salaries	\$ 1,883,103.00	\$ 1,822,143.37	\$ 60,959.63	3.24%
FICA	\$ 147,764.47	\$ 135,343.69	\$ 12,420.78	8.41%
PERF	\$ 221,130.00	\$ 203,578.62	\$ 17,551.38	7.94%
Health Insurance	\$ 623,040.00	\$ 558,607.14	\$ 64,432.86	10.34%
Extra Help	\$ 24,543.50	\$ 20,657.08	\$ 3,886.42	15.83%
Fuel	\$ 7,531.22	\$ 7,145.46	\$ 385.76	5.12%
Medical	\$ 50,989.10	\$ 49,854.09	\$ 1,135.01	2.23%
Supplies	\$ 6,000.00	\$ 5,991.01	\$ 8.99	0.15%
Fees	\$ 100.00	\$ -	\$ 100.00	100.00%
Insurance	\$ 127,880.28	\$ 123,732.41	\$ 4,147.87	3.24%
Postage & Freight	\$ 2,000.00	\$ 609.92	\$ 1,390.08	69.50%
Travel & Mileage	\$ 8,000.00	\$ 7,625.99	\$ 374.01	4.68%
Communications	\$ 12,000.00	\$ 8,349.58	\$ 3,650.42	30.42%
Utilities	\$ -	\$ -	\$ -	Included in Rent
Judgements & Refund	\$ 400.00	\$ 200.00	\$ 200.00	50.00%
Training & Education	\$ 900.00	\$ 900.00	\$ -	0.00%
Printing	\$ 3,000.00	\$ 3,000.00	\$ -	0.00%
Advertising	\$ 500.00	\$ 8.20	\$ 491.80	98.36%
Operating Expenses	\$ 15,030.00	\$ 13,256.52	\$ 1,773.48	11.80%
Maintenance & Repairs	\$ 4,517.38	\$ 4,517.38	\$ -	0.00%
Contractual Services	\$ 29,061.09	\$ 29,061.09	\$ -	0.00%
Rent	\$ 373,951.50	\$ 370,456.44	\$ 3,495.06	0.93%
Dues & Subscriptions	\$ 754.00	\$ 706.00	\$ 48.00	6.37%
Laboratory	\$ 30,000.00	\$ 29,899.30	\$ 100.70	0.34%
Mosquito Control	\$ 6,932.00	\$ 6,932.00	\$ -	0.00%
Professional Services	\$ 19,000.00	\$ 19,000.00	\$ -	0.00%
Promotional Inc	\$ 400.00	\$ 400.00	\$ -	0.00%
Dental Clinic	\$ 100,000.00	\$ -	\$ 100,000.00	100.00%
TOTAL	\$ 3,698,527.54	\$ 3,421,975.29	\$ 276,552.25	7.48%

FINANCE DIVISION

2012 FINANCIAL INFORMATION YEAR TO DATE EXPENDITURES - PAGE 2

FUND: 4901 COMMUNITY DENTAL CLINIC EXPENDITURES

Salaries & Wages	\$	104,184.11
FICA	\$	7,727.47
PERF	\$	7,177.92
INSURANCE	\$	22,923.70
DISBURSEMENTS	\$	45,397.90
TOTAL 4901 COMMUNITY DENTAL CLINIC EXPENDITURES	\$	187,411.10

TOTAL 4920 EXPORT HEALTH CERTIFICATE EXPENDITURES \$ 217.17

TOTAL 4931 MEDICAL RESERVE CORPS UNIT EXPENDITURES \$ 6,280.59

TOTAL 7106 CORONER'S CONTINUING ED. EXPENDITURES \$ 24,461.25

FUND: 8401 MCH GRANT EXPENDITURES

Salaries & Wages	\$	46,891.14
FICA	\$	3,389.63
PERF	\$	4,488.23
INSURANCE	\$	15,600.61
DISBURSEMENTS	\$	10,056.85
TOTAL 8401 MCH GRANT EXPENDITURES	\$	80,426.46

FUND: 8403 WIC CLINIC GRANT EXPENDITURES

Salaries & Wages	\$	263,802.30
FICA	\$	19,135.90
PERF	\$	27,415.27
INSURANCE	\$	142,618.04
DISBURSEMENTS	\$	81,274.22
TOTAL 8403 WIC CLINIC GRANT EXPENDITURES	\$	534,245.73

FUND: 8404 STD GRANT EXPENDITURES

Salaries & Wages	\$	38,090.94
FICA	\$	2,913.96
PERF	\$	4,404.17
INSURANCE	\$	7,590.65
DISBURSEMENTS	\$	21,835.83
TOTAL 8404 STD GRANT EXPENDITURES	\$	74,835.55

TOTAL 8406 LACTATION GRANT EXPENDITURES \$ 35,111.25

TOTAL 8409 BPRS GRANT EXPENDITURES \$ 12,036.20

FUND: 8410 IN CHILDHOOD LEAD PREVENTION GRANT EXPENDITURES

Salaries & Wages	\$	17,243.80
FICA	\$	1,284.29
PERF	\$	2,168.59
INSURANCE	\$	5,269.60
DISBURSEMENTS	\$	3,154.30
TOTAL 8410 IN CHILDHOOD LEAD GRANT EXPENDITURES	\$	29,120.58

TOTAL 8411 RADON GRANT EXPENDITURES \$ 3,282.83

FINANCE DIVISION

2012 FINANCIAL INFORMATION

YEAR TO DATE EXPENDITURES - PAGE 3

TOTAL 9401 LEAD SCREENING EXPENDITURES	\$	7,641.13
---	-----------	-----------------

FUND: 9402 LOCAL HEALTH MAINTENANCE FUND EXPENDITURES

Salaries & Wages	\$	38,507.95
------------------	----	-----------

FICA	\$	2,861.27
------	----	----------

PERF	\$	4,449.94
------	----	----------

INSURANCE	\$	2,631.98
-----------	----	----------

DISBURSUREMENTS	\$	41,986.04
-----------------	----	-----------

TOTAL 9402 LHMf EXPENDITURES	\$	90,437.18
-------------------------------------	-----------	------------------

TOTAL 9404 TECHNOLOGY & COMMUNICATION EXPENDITURES	\$	3,299.21
---	-----------	-----------------

TOTAL 9406 TOBACCO SETTLEMENT GRANT EXPENDITURES	\$	28,411.26
---	-----------	------------------

TOTAL 9408 PUBLIC HEALTH SYSTEM Q.I. EXPENDITURES	\$	1,822.13
--	-----------	-----------------

TOTAL 9414 IN LHD TRUST ACCOUNT EXPENDITURES	\$	14,753.23
---	-----------	------------------

FINANCE DIVISION

2012 FINANCIAL INFORMATION

REVENUES - PAGE 1

FUND: 1159 (213.0) HEALTH DEPARTMENT*

PROPERTY TAX	\$	2,771,502.39
EXCISE TAX	\$	237,541.74
IN LIEU OF TAXES	\$	2,176.42
FINANCIAL INSTITUTION	\$	17,053.04
CVET COMMERCIAL VEHICLE	\$	25,461.70
PATIENT FEES IMMUNIZATION	\$	27,666.00
MEDICAID FEES	\$	30,978.91
RESTAURANT PERMIT FEES	\$	79,240.00
SEWAGE DISPOSAL	\$	2,760.00
FOREIGN TRAVEL	\$	51,004.10
VITAL RECORDS	\$	246,734.20
WATER SAMPLES	\$	87,980.00
TRASH & DEBRIS	\$	303.00
MISCELLANEOUS	\$	44,237.00
TOTAL 1159 (213.0) HEALTH DEPARTMENT REVENUES	\$	3,624,638.50

4901 (215.8) COMMUNITY DENTAL CLINIC REVENUES	\$	179,587.94
4920 (299.7) EXPORT HEALTH CERTIFICATE	\$	5,920.00
4931 (299.8) MRC Medical Reserve Corps Unit	\$	5,000.00
4932 (299.6) VAXCARE	\$	5,741.00
7106 (298.0) CORONER EDUCATION FUND FEES	\$	24,924.25
8401 (213.2) MATERNAL CHILD HEALTH GRANT REIMBURSEMENT	\$	87,775.14
8403 (213.4) WOMEN, INFANTS AND CHILDREN GRANT REIMBURSEMENT	\$	514,750.34
8404 (213.5) STD GRANT REIMBURSEMENT	\$	84,591.67
8406 (213.8) LACTATION GRANT REIMBURSEMENT	\$	35,729.58
8408 (215.1) IMMUNIZATION ONE TIME GRANT REIMBURSEMENT	\$	16.00
8409 (215.6) BPRS GRANT REIMBURSEMENT	\$	11,381.73
8410 (215.7) INDIANA HEALTHY HOMES (LEAD) GRANT REIMBURSEMENT	\$	48,914.06
8411 (299.1) INDIANA RADON GAS GRANT REIMBURSEMENT	\$	5,000.00
9401 (213.1) LEAD SCREENING MEDICAID FEES	\$	2,396.22
9402 (213.7) LOCAL HEALTH MAINTENANCE FUND GRANT REVENUES	\$	71,647.00
9403 (215.0) WIC LEAD TESTING MEDICAID FEES	\$	199.47
9404 (215.2) TECHNOLOGY & COMMUNICATION REIMBURSEMENT	\$	275.03
9414 (215.9) LHD TRUST ACCOUNT FUND REVENUES	\$	67,648.62

VCHD Division/Section Contact Information List

Communicable Disease Division

812-435-5692

Data Collection, Reporting, Investigation and Surveillance of Infectious disease of significance as well as follow up on Animal Bites Perinatal hepatitis B program

Specialty Clinic

812-435-5683

STD – Gonorrhea, Chlamydia & Syphilis testing by appointment
HIV/AIDS

Tuberculosis (TB) Clinic Program

812-435-5682

TB Skin tests, Chest X-rays, Refugee health screening, TB skin test class & Educational programs

Immunizations Clinic Program

812-435-5997

Childhood immunization & Foreign Travel Vaccines

Environmental Health Division

Food Safety Section

812-435-5695

Inspects & Issues permits to: Retail Food Establishments, Food Markets, Mobile Food Service Establishments, Temporary Stands and Vending Machines – Investigate Consumer Complaints

General Environmental Section

812-435-5695

Sewage/septic systems & Investigate Reports of Environmental Contamination & Inspect Public and Semi-public pool operation
Tattoo/body piercing/permanent makeup inspections

Vector Control Section

812-435-5667

Mosquitoes/Roaches/Ticks/Dead birds/Rodents/Tire Dumps, etc.

Public Health Emergency Preparedness and Response

812-435-5082

Emergency Preparedness Planning

Ozone Office

812-435-5764

Air Quality Information & Forecasting

Finance Division

812-435-5694

Grant management, bookkeeping, account payable and receivable processing, budget and payroll processing.

Health Education Division

812-435-5807

Educational Programs & Free Guest Speakers, Health Fair Information
Health Education Literature

Chronic Disease Screening Program

812-435-5015

Blood Pressure & Glucose Screenings

Laboratory Division

812-435-5657

Bacterial analysis of water
Pool Water & Well Water testing
Lead Poisoning Screening

Nursing Division

Outreach Public Health Nursing

812-435-5765

Family/Prenatal Home Visits and Pregnancy Testing

WIC (Women, Infants, Children) Nutrition Program

812-435-5701

Provides nutrition education & counseling and vouchers for specified nutritious foods –
Breastfeeding education and support.

Vital Records Division

(Vanderburgh County only)

Birth Certificates **812-435-5681**

Death Certificates **812-435-5359**



Public Health
Prevent. Promote. Protect.

Vanderburgh County Health Department

Oak Park Professional Building
420 Mulberry Street
Evansville, IN 47713-1231

Voice: (812) 435-2400

Email: health@vanderburghcounty.in.gov

Web Page: www.vanderburghcounty.in.gov/health