

**2013**

# **ANNUAL REPORT**

## **VANDERBURGH COUNTY HEALTH DEPARTMENT**



**Public Health**  
Prevent. Promote. Protect.



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## FOREWORD

While, we had no major health issues during 2013, we certainly were busy preparing to migrate to an electronic health record system complete with integrated scheduling, billing, receipting, and appointment notification system. Additionally, we continue work on the pre-requisites and documentation to support our national local public health department accreditation application. Both of these projects align with the Health Department's efforts to use evidence based or outcome driven methods to meet the needs of the community in improving health outcomes.

Vanderburgh County Health Department was one of Indiana's local public health departments to participate with the Indiana State Department of Health (ISDH) in grant program known as the CDC Billables Project. The primary purpose this grant project is to prepare local health departments to bill Medicaid, Medicare, and major insurance carriers for essential services provided in clinics, especially immunization clinics. This project included immunization billing software integrated with an Electronic Health Record (EHR) system. EHRs focus on the total health of the patient. EHRs are designed to reach out *beyond* the health organization that originally collects and compiles the information. They are built to share information with other health care providers, such as laboratories and specialists, so they contain information from *all the clinicians involved in the patient's care*. The National Alliance for Health Information Technology stated that EHR data "can be created, managed, and consulted by authorized clinicians and staff across more than one healthcare organization." The information moves with the patient—to the specialist, the hospital, the nursing home, the next state or even across the country. In comparing the differences between record types, HIMSS Analytics stated that, "The EHR represents the ability to easily share medical information among stakeholders and to have a patient's information follow him or her through the various modalities of care engaged by that individual." EHRs are designed to be accessed by all people involved in the patients care—including *the patients themselves*. Indeed, that is an explicit expectation in the Stage 1 definition of "meaningful use" of EHRs. And that makes all the difference. Because when information is shared in a secure way, it becomes more powerful. Health care is a team effort, and shared information supports that effort. After all, much of the value derived from the health care delivery system results from the effective communication of information.

We continue to make strides towards becoming an accredited public health department. Dr. Joanne Alexandrovich, PhD - County Ozone Officer and Christopher Allen, MT (ASCP), SH – Director, Laboratory and Public Information Officer (PIO) have been appointed Co-Coordiators for this project.

Respectfully,



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

## 2013 VANDERBURGH COUNTY BOARD OF HEALTH

<b>Name</b>	<b>Position</b>	<b>Original Appointment Date</b>
Robert F. Stayman, Esq.	Chair	March 10, 1994
Catherine M. Engel, PhD	Vice-Chair	February 8, 2005
John D. Pulcini, M.D.	Member	May 1, 1987
Maria Del Rio, M.D.	Member	August 15, 1989
Fred Mulfinger	Member	July 25, 2005
Mark E. Wohlford, D.D.S., PhD	Member	January 1, 2008
R. Michelle Galen, M.D.	Member	January 1, 2013

The members listed above served during the year 2013. 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.

### 2013 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.	Coordinator, WIC Clinic
Jeri Kenning, R.N., B.S.N.	Supervisor, Nursing Programs
Christopher Allen, MT (ASCP), SH	Director, Laboratory
Mary Jo Borowiecki, B.S.	Health Promotion Supervisor
Erica Mitchell, A.A.S.	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.

# 2013 County Officials

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## **Commissioners**

Marsha Abell, President

Joe Kiefer, Vice-President

Stephen Melcher, Member

## **Council**

Tom Shetler, Jr., President

Pete Swaim, Vice-President

Stephanie Terry, Member

Angela Koehler-Lindsey, Member

Mike Goebel, Member

Ed Bassemier, Member

James Raben, 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. 2013 Organizational Chart attached.

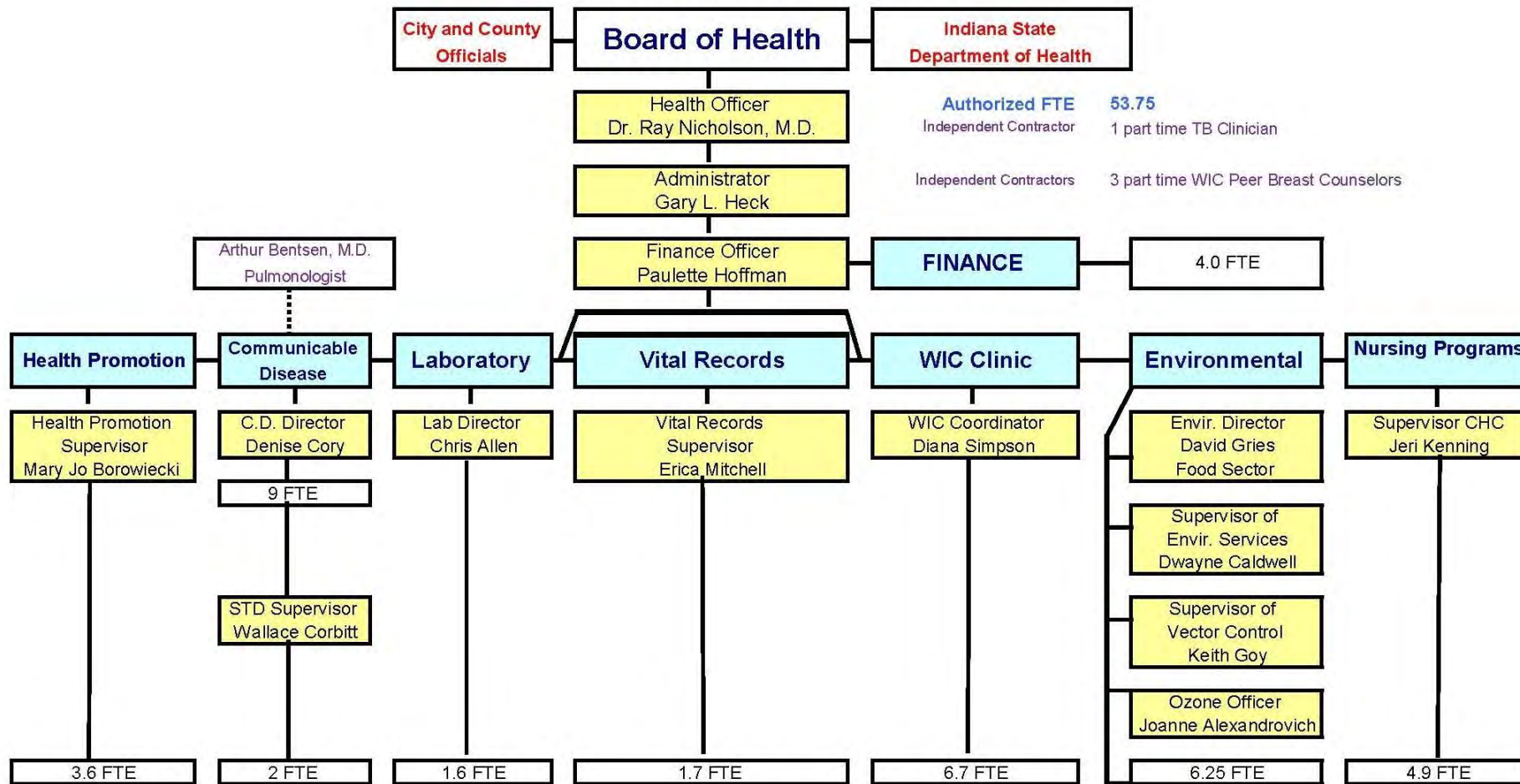
In addition to the day to day operations, the administrative/finance division managed various special projects in collaboration with local, state and national stakeholders.

Highlights from two (2) special projects from 2013 included:

- Vanderburgh County NACo Rx Prescription Drug Discount Card project
- 5<sup>th</sup> Annual Homeless Connect event at The Centre



# Vanderburgh County Health Department 2013 Organizational Chart



3 - Independent Contractors

\* 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**





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## NACo Prescription Drug Discount Card Program

### Vanderburgh County

April 23, 2007 to December 31, 2013

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 2013	4,632	3,035	65.52%	1,597	34.48%	\$ 138,328.93	\$ 29.86	\$ 197,673.67	\$ 42.68	\$ 59,344.74	\$ 12.81	30.02%	1,452
NOV 2013	4,175	2,735	65.51%	1,440	34.49%	\$ 121,242.88	\$ 29.04	\$ 176,938.45	\$ 42.38	\$ 55,695.57	\$ 13.34	31.48%	1,394
OCT 2013	4,293	2,792	65.04%	1,501	34.96%	\$ 125,329.42	\$ 29.19	\$ 181,797.56	\$ 42.35	\$ 56,468.14	\$ 13.15	31.06%	1,368
SEPT 2013	3,944	2,575	65.29%	1,369	34.71%	\$ 113,960.22	\$ 28.89	\$ 166,678.19	\$ 42.26	\$ 52,717.97	\$ 13.37	31.63%	1,326
AUG 2013	4,015	2,675	66.63%	1,340	33.37%	\$ 117,415.25	\$ 29.24	\$ 172,971.09	\$ 43.08	\$ 55,555.84	\$ 13.84	32.12%	1,339
JUL 2013	4,158	2,686	64.60%	1,472	35.40%	\$ 123,636.47	\$ 29.73	\$ 179,365.33	\$ 43.14	\$ 55,728.86	\$ 13.40	31.07%	1,350
JUN 2013	3,517	2,335	66.39%	1,182	33.61%	\$ 106,863.83	\$ 30.38	\$ 157,557.32	\$ 44.80	\$ 50,693.49	\$ 14.41	32.17%	1,169
MAY 2013	3,857	2,518	65.28%	1,339	34.72%	\$ 114,709.59	\$ 29.74	\$ 168,220.36	\$ 43.61	\$ 53,510.77	\$ 13.87	31.81%	1,228
APR 2013	3,819	2,210	57.87%	1,609	42.13%	\$ 117,734.81	\$ 30.83	\$ 165,515.08	\$ 43.34	\$ 47,780.27	\$ 12.51	28.87%	1,222
MAR 2013	3,728	2,373	63.65%	1,355	36.35%	\$ 117,618.09	\$ 31.55	\$ 168,501.49	\$ 45.20	\$ 50,883.40	\$ 13.65	30.20%	1,237
FEB 2013	3,730	2,439	65.39%	1,291	34.61%	\$ 119,284.41	\$ 31.98	\$ 170,632.71	\$ 45.75	\$ 51,348.30	\$ 13.77	30.09%	1,208
JAN 2013	4,460	2,852	63.95%	1,608	36.05%	\$ 136,742.00	\$ 30.66	\$ 196,058.54	\$ 43.96	\$ 59,316.54	\$ 13.30	30.25%	1,393
JAN to DEC 12	62,267	41,392		20,875				\$ 2,742,989.36		\$ 849,258.70			19,163
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
<b>Vanderburgh Totals:</b>	<b>476,430</b>	<b>355,686</b>	<b>74.66%</b>	<b>120,744</b>	<b>25.34%</b>			<b>\$ 21,254,379.98</b>	<b>\$ 44.61</b>	<b>\$ 6,218,748.77</b>	<b>\$ 13.05</b>	<b>29.26%</b>	<b>177,544</b>
<b>Indiana Totals:</b>	<b>6,549,185</b>	<b>4,730,014</b>	<b>72.22%</b>	<b>1,819,171</b>	<b>27.78%</b>			<b>\$ 318,142,918.21</b>	<b>\$ 48.58</b>	<b>\$ 86,471,983.17</b>	<b>\$ 13.20</b>	<b>27.18%</b>	<b>2,360,782</b>

NOTE: Indiana Totals cover 58 counties including: Adams, Bartholomew, Benton, Blackford, Boone, Cass, Clinton, Crawford, Daviess, Dearborn, Decatur, DeKalb, Dubois, Fayette, Floyd, 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, 2013.





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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: March 26, 2013

Re: 2013 Homeless Connect Report from Vanderburgh County Health Department

The Vanderburgh County Health Department participated in the Fifth (5<sup>th</sup>) Annual Homeless Connect event on March 21<sup>st</sup> 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 Communicable Disease booth.

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 190 guests by providing 120 certified copies of individual birth records (Vanderburgh County – Indiana births) and also providing 70 copies of birth certificate applications from Vital Records offices outside of Vanderburgh County.

Our Communicable Disease Booth had two (2) staff members on site. The staff provided health educational materials on a variety of topics. Homeless Connect guests had the opportunity to receive their immunization records from Indiana's web-based Children and Hoosier Immunization Registry Program (CHIRP). Approximately ninety-five (95) individuals visited the booth this year.

We served approximately two hundred and eighty-five (285) guests combined at the two (2) health department booths in 2013.

Over the past five (5) Homeless Connect events, the Health Department served approximately one thousand and fifty (1,050) guests providing a total of 482 certified birth certificates and 280 copies of birth certificate applications from Vital Records offices outside of Vanderburgh County. At the Communicable Disease Information Booth and met face to face with 263 guests and answered additional public health questions on a variety of topics. We provided 262 vaccines to 168 guests in previous years. We conducted cholesterol/glucose screening tests for 25 guests in 2012, 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@vanderburghcounty.in.gov](mailto:gheck@vanderburghcounty.in.gov) 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 (VCHD) 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 Advisory Workgroup is comprised of representatives from each division within the Health Department 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 staff members (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 Health Department has educational affiliation agreements with the University of Southern Indiana and University of Evansville and HIPAA informational orientation is required for all participants. The Health Department also provides education and observation opportunities for nursing students on clinical rotation, medical residents, medical students, physical and occupational therapy students, and dietitian students. We often host interns from health related fields, as well as volunteers and observers. Each of these individuals receive training on HIPAA Security and Privacy Policies and Procedures unique to our agency. Patient/Client confidentiality remains a top priority of our agency.

## **HIGHLIGHTS AND ACCOMPLISHMENTS**

- The Final Rule for 45 CFR Part 160 and 164 was published on January 25, 2013. Our HIPAA Advisory Workgroup worked diligently to update our HIPAA Security and Privacy Policy and Procedures to reflect changes in the final rule. The staff was provided training updates prior to the September 26, 2013 implementation deadline.
- The Health Department implemented CHAMP's Nightingale Notes Electronic Health Records (EHR) system during the fourth (4<sup>th</sup>) quarter of 2013, as an Indiana State Department of Health (ISDH) pilot project. HIPAA Advisory Workgroup members assisted throughout this implementation.

# 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 (human immunodeficiency virus) 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; and,
- 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 (human papillomavirus) and Tdap (Tetanus, Diphtheria and Pertussis) 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
- ❖ Tuberculosis Clinic

## **HIGHLIGHTS AND ACCOMPLISHMENTS**

In the first quarter, staff participated in numerous conference calls and educational session regarding the Affordable Care Act and training in preparation of transitioning to an electronic health record (EHR) in the Immunization, Specialty and TB Clinics. Web-based training with the CHAMP and Nightingale Notes programs were conducted. Clerks continued to cross train to the CD Division clinics. A public health alert and healthcare provider alert were issued for Tdap in March to encourage persons taking care of children under 12 months of age to be vaccinated with Tdap and women to be vaccinated with Tdap at appropriate intervals with every pregnancy. In March, staff provided a booth at Homeless Connect and provided information and counseling regarding TB, Hepatitis C and sexually transmitted diseases to ninety-seven (97) people. In March, for the preparedness program, the CD nurse epidemiologist conducted three (3) Smallpox Vaccinator training courses towards the 2011 goal to train one hundred and eighty (180) RN's and LPN's. Since 2011, one hundred and sixty-six (166) smallpox vaccinators have been trained.

Training and webinars continued in the second quarter regarding the electronic health record.

In the third quarter, the CD nurse epidemiologist resigned. Staff presented a back-to-school workshop for health chairman of private, parochial and charter schools in August. Training and webinars continued regarding the electronic health record.

In the fourth quarter, several on-site investigations occurred in response to outbreaks of diarrheal illness in various venues. Appropriate control measures and exclusion policies were implemented to stop the spread of illness. These measures included: hand washing signage and education, exclusion of infected staff, increased cleaning and disinfection, restriction of movement and activities and active surveillance. On November 1, the Nightingale Notes charting system was activated. Bimonthly staff meetings continued in order to make a smooth transition from paper to electronic health records.

Throughout the year, adult vaccines were offered to uninsured adults that met criteria established by the ISDH Adult Vaccine program. The following vaccines were administered: Hepatitis A (20), Hepatitis B (28), Tdap (27) and HPV (11).



**COMMUNICABLE DISEASE DIVISION**  
**2013 STATISTICAL DISEASE SUMMARY (RESIDENT CASES)**

	<u>2013</u>	<u>2012</u>
Human Immunodeficiency Virus Infection/AIDS.....	6	10
Enteric Diseases:		
Campylobacter.....	34	28
E. coli 0157:H7.....	<5	<5
Giardiasis .....	32	<5
Salmonellosis.....	<5	39
Shigellosis.....	6	0
Hepatitis Type C (Chronic).....	214	113
Meningitis/Bacteremia:		
Invasive Group A/Group B Strep.....	29	25
Severe Staphylococcus Aureus in a Previously Healthy Person.....	0	0
Mosquito Borne Diseases:		
West Nile Virus.....	<5	<5
Respiratory Diseases:		
Histoplasmosis.....	<5	<5
Legionellosis.....	<5	0
Tuberculosis.....	<5	<5
Sexually Transmitted Diseases:		
Chlamydia.....	931	896
Gonorrhea.....	311	174
Syphilis (<1 yr. duration).....	<5	6
Tick Borne Diseases:		
Lyme Disease.....	<5	<5
Rocky Mountain Spotted Fever.....	10	10
Vaccine Preventable Diseases:		
Chickenpox.....	23	40
H. Influenza.....	<5	<5
Hepatitis Type A (Acute) .....	<5	<5
Hepatitis Type B (Acute).....	0	<5
Perinatal Hepatitis B.....	<5	<5
Measles (Rubeola).....	0	0
Mumps.....	0	0
Neisseria Meningitidis.....	0	<5
Pertussis.....	<5	<5
Rubella.....	0	0
Rabies Post Exposure Prophylaxis .....	<5	<5
Streptococcal Pneumonia (invasive).....	36	20
Selected Prevalence Indicators:		
Pediculosis.....	725	635
Pneumonia .....	95	71
Pneumonia Deaths.....	231	172
Tinea Capitis & Tinea Corporis.....	81	75
Streptococcal Diseases (non-invasive).....	788	698

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;
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 provides timely, accurate and confidential surveillance services. To ensure prompt reporting and linkage to care for persons reported with HIV, the DIS works with both newly-diagnosed and previously-diagnosed.

Persons that are not identified through partner notification activities, yet request HIV testing, are referred to healthcare providers, AIDS Resource Group, or other community-based agencies.

**DISTRICT 8 HIV STATISTICS**

	<b><u>2013</u></b>	<b><u>2012</u></b>
Cases Reported by Private Physicians and Hospitals	11	<5
NEW HIV POSITIVE CASES REPORTED in District 8	10	16
New HIV Positive Cases residing in Vanderburgh County	6	10
Cases Interviewed for Partner Notification	12	16
Partners identified for counseling & testing services	27	14
Partners identified that reside outside District 8	<5	<5
Partners accessing counseling & testing services	17	13
Court ordered tests*	5	13
HIV Comprehensive Risk Counseling Services Referrals	17	<5

\*Court ordered testing program for persons convicted of crimes with epidemiological evidence of HIV transmission.

[No cell between 1 and 4 is shown in order to protect confidentiality.](#)

## **COMMUNICABLE DISEASE DIVISION SPECIALITY CLINIC**

### **GOAL**

The goal 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 testing, 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. STD education and risk reduction information are provided. The supervisor and/or Disease Intervention Specialists (DISs) provide investigation and partner notification for persons who may have been exposed to CT, GC or syphilis. 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**

Five (5) cases of early syphilis (primary, secondary and early latent) were reported. Through partner notification activities, twenty-one (21) persons were identified in need of syphilis testing and of those, sixteen (16) 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 not 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 nine hundred and thirty one (931) cases reported. Sixty-four (64%) percent of GC and seventy-four (74%) 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 sixty-nine (69%) of CT cases reported among women. African Americans accounted for fifty-six (56%) of GC and thirty-seven (37%) of CT cases in Vanderburgh County.

In efforts to prevent infertility in females and test those most at risk for acquiring a STD, the Indiana State Department of Health (ISDH) Division of HIV/STD issued new guidelines for use of the Aptima Gen Probe GC and CT test kits supplied by the Indiana Family Health Council, Inc. As guidelines change, clients who are not able to be tested at VCHD are referred to other healthcare providers.

Testing was provided to seventy-nine (79) youth at the Youth Care Center of Evansville. Of these thirteen (13) tested positive for CT and less than five (<5) tested positive for GC. Treatment and partner notification services were provided.

Express Visits are abbreviated clinic visits with urine testing that is offered to clients who meet eligibility criteria. The clinic provided sixty-six (66) express visits.



Field Delivered Therapy (FDT) and Expedited Partner Therapy (EPT) are offered by the DIS. 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 service is provided to less than five (<5) clients who experienced barriers in their ability to secure treatment. EPT protocols is the practice of providing single dose oral antibiotic treatment in the field to sex partners of patients diagnosed with GC or CT. Clients 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. Less than five (<5) partners received EPT.

Clinic observations were performed by twenty-three (23) nursing students from the University of Southern Indiana (USI), and less than five (<5) Indiana University School of Medicine and less than five (<5) students interested in public health as a career.

On November 1, the Nightingale Notes Electronic Health Record system was implemented.

## **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 goal is 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) manages the gonorrhea (GC) and chlamydia (CT) screening program, utilizes 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 Health Connection offices in Knox County (Vincennes) and Davies County (Washington) along with Tri-Cap Family Services in Warrick County (Boonville), Vanderburgh County (Evansville), Dubois County (Jasper), and Pike County (Petersburg).

#### **HIGHLIGHTS AND ACCOMPLISHMENTS**

The six (6) gonorrhea and chlamydia screening sites in District 8 tested fourteen hundred and eight (1408) women and men. This yielded one hundred and twenty-one (121) positive chlamydia tests and twenty-nine (29) positive gonorrhea tests. A total of nineteen hundred and forty-five (1,945) persons were reported with a diagnosis of chlamydia, gonorrhea or syphilis from healthcare providers in District 8. VCHD DIS's provided field testing to one hundred and fifty-three (153) partners of reported CT, GC cases. Of those, fifty (50) tested positive for CT and ten (10) tested positive for GC. VCHD DIS's provided field delivered therapy (FDT) to less than five (<5) clients who experienced barriers to accessing treatment. The DIS/PC provided training and shadowing experience for the Vigo County DIS in interviewing and field investigations. The DIS/PC conducted District 8 Laboratory surveys at the following facilities: Deaconess Hospital (Vanderburgh), The Women's Hospital (Warrick), Deaconess Gateway Hospital (Warrick), Gibson General Hospital, Good Samaritan Hospital (Knox), Daviess Community Hospital, Memorial Hospital (Dubois), Perry County Memorial Hospital, St. Mary's Warrick Hospital, St. Mary's Medical Center (Vanderburgh), and Vanderburgh County Health Department. All eleven (11) laboratories responded to the survey which revealed the following data: thirteen thousand nine hundred and eighty-six (13,986) chlamydia test were performed (1,204) positive results, thirteen thousand eight hundred and forty-seven (13,847) gonorrhea tests were performed (338 positive results), thirteen thousand seven hundred and fifty three (13,753) syphilis tests were performed (59 reactive results), and eight thousand six hundred and fourteen (8,614) HIV test were performed (18 positive results).

The Centers for Disease Control and Prevention (CDC) recommendations for STD treatments were sent to the following: Novia Care Clinic, Dr. Farah Synder, Dr. Gene Ress and Dr. Anna Filley.

## 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. 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 World Health Organization global goals are to cut prevalence and deaths in half by 2015 in comparison with 1990. Global prevalence was 26 million in 1990 and 17 million in 2010. The global mortality rate was 2.4 million in 1990 and 1.4 million in 2010. The United States' 2012 incidence rate is 30.2 cases per million population. In 2010, the CDC elimination goal for the United States was, and continues to be, <1 case per 1 million population.

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 2013 less than five (<5) active TB cases were reported in Vanderburgh County. Since 1991, six (6) cases of HIV and TB co-infection have been reported in Vanderburgh County. The Indiana State Department of Health (ISDH) reported ninety-six (96) active TB cases in Indiana. At the time of this report, March 2014 the national number was not available for 2013.

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 medication dose. This best practice is utilized for suspected TB and active TB cases and contacts at high-risk for TB. TB medications are provided free of charge to Indiana residents through Indiana State Department of Health (ISDH).

## **RESPONSIBILITIES AND SERVICES PROVIDED**

The Tuberculosis Clinic 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) Article 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-two (42) foreign-born students attending the University of Evansville (U of E) or University of Southern Indiana (USI). TB screening, immunizations and medical referrals were provided for forty-two (42) foreign-born persons who relocated to the Evansville area.

Clinic orientation was provided to five (5) students from the USI. The TB Education Program Basic Course, a program of the American Lung Association of Indiana, was provided for one hundred thirty (130) health care workers in ten (10) classes (including classes for IVY TECH students in the Certified Medical Assistant program and the U of E senior nursing students). The TB Education Revalidation Course, a program of the American Lung Association of Indiana, was provided for thirty-two (32) healthcare workers in six (6) classes. Three (3) TB in-services were provided to healthcare workers and physician offices/practices.

The TB RN Case Manager completed training in on-going webinars, the American Lung Association Symposium in April, and the ISDH Regional TB Nurse meeting in Indianapolis, IN, on October 2, 2013. In December, the TB nurse case manager retired.



**COMMUNICABLE DISEASE DIVISION  
TUBERCULOSIS PROGRAM STATISTICAL SUMMARY**

	<u>2013</u>	<u>2012</u>
Total Clinic Visits	1920	2388
New Active TB Cases	<5	<5
PPD Skin Tests	852	1069
Chest X-rays	81	108
Clients Supplied with Medications	28	47
Active TB Cases started on Medication	<5	<5
Medication Regimen Completed	0	<5
-Within recommended time frame	0	<5
-Outside of recommended time frame	0	0
Medication Regimen Not Completed	0	0
-Client Non-Compliant	0	0
-Medication Discontinued by doctor	0	0
-Client moved out of county/lost trace	0	0
-Client deceased	0	0
-Regimen in progress	<5	0
Active TB Case Completion Rate	0%	100%
Reactors/Convertors started on Medication (Treated for Latent TB Infection [LTBI])	25	23
Medication Regimen Completed	27	17
-Within recommended time frame	27	15
-Outside recommended time frame	0	<5
Medication Regimen Not completed	<5	11
-Client Non-compliant	<5	8
-Medication Discontinued by doctor	0	<5
-Client moved out of county/lost trace	<5	<5
-Regimen in progress	9	16
LTBI Completion Rate	100%	61%**

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

## **COMMUNICABLE DISEASE DIVISION FAMILY IMMUNIZATION/FOREIGN TRAVEL PROGRAM**

### **GOALS**

The goal of the Family Immunization Clinic 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 Family Immunization Clinic operates in conjunction with the Indiana State Department of Health (ISDH) Immunization Program. Vaccines are provided by federal Vaccine for Children (VFC) funds and VaxCare to children from birth through eighteen (18) years of age. Federal and state eligibility guidelines are followed. An eight (\$8) dollar administration fee per vaccine is charged to Medicaid, uninsured and underinsured children. Private insurance is billed through VaxCare. In the event that private insurance is not billable through VaxCare, the child is referred to other community-based vaccine programs. Uninsured and underinsured children are not denied vaccines due to inability to pay. Vaccines are offered daily by appointment.

Healthcare providers, daycares, preschools and schools refer clients to the clinic. Cooperation with these entities ensures that clients can meet vaccine requirements. Education and support are provided to the Evansville-Vanderburgh School Corporation (EVSC) nurses 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, tracks vaccine inventory and statistics, and provides a reminder/recall program. Healthcare providers, schools and day cares are encouraged to utilize CHIRP. CHIRP also offers a secure vaccine record to the client through MyVaxIndiana.

Children enrolled in the Women, Infants, and Children (WIC) supplemental nutritional program may receive services after their clinic visit or schedule an appointment.

Foreign travel immunizations are available by appointment. Clients are also provided education 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. On October 1, 2013 the revised fee ordinance went into effect, charging an eight (\$8) administration fee per vaccine, in addition to the cost of the vaccine.

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 January, a Delegation of Authority with ECHO Community Health Care, Inc. was signed, allowing the Family Immunization Clinic to continue vaccinating underinsured children. This document is valid until December 31, 2017. The previous Delegation of Authority was held with Dr. James Kozarek, with the American Health Network, in Edinburgh, IN.

In August, in conjunction with ECHO Community Healthcare, St Mary's Services for Children and the EVSC, a Back-To-School clinic was held. Vaccines were administered, as well as physical and dental exams for uninsured children. VCHD provided two (2) nurses to assist in vaccine record review and counseling with parents and students.

From September through December, a flu vaccination campaign was performed. Public health bulletins were issued promoting vaccination of children six (6) months to eighteen (18) years of age. As the flu season extends through the spring, parents are encouraged to have their children vaccinated as soon as they turn six (6) months of age. The flu vaccine is offered between September and June, while supplies last.

From March to December, staff was trained in Nightingale Notes, an electronic health record system and are participating in a pilot project with ISDH for insurance billing. Nightingale Notes is building an interface with CHIRP to allow staff to enter all vaccine data into Nightingale Notes. The expected completion date is before the end of the second quarter of 2014.

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

Vaccine Name	Number of Vaccinations	
	<u>2013</u>	<u>2012</u>
Diphtheria Tetanus acellular Pertussis (DTaP)	219	140
DTaP/Hepatitis B/IPV	289	201
DTaP/Hib/IPV	74	382
DTaP/IPV	194	206
Hepatitis (Hep) A 2 dose - Adult	126	162
Hep A 2 dose – Pediatric/Adolescent	1041	1255
Hep A/Hep B - Adult	99	154
Hep B - Adult	58	77
Hep B/HiB	<5	0
Hep B Pediatric/Adolescent - Preservative Free	57	249
Hib--PRP-T	381	235
Human Papilloma Virus, bivalent (HPV)	0	20
Human Papilloma Virus, quadrivalent (HPV)	624	801
Immune Globulin	0	0
Influenza Injectable 6-35 months, quadrivalent	15	
Influenza Nasal Spray	83	381
Influenza Split 6 – 35 months + preservative free	225	279
Influenza Split 36 months + preservative free	14	106
Influenza Split	26	298
Influenza live intranasal quadrivalent	252	
Influenza Seasonal injectable	198	
Influenza quadrivalent + preservative free	219	
Measles, Mumps, Rubella (MMR)	222	529
Measles, Mumps, Rubella, Varicella (MMRV)	253	34
Meningococcal Conjugate (MCV4)	430	573
Meningococcal Polysaccharide (MPSV4)	23	<5
Pneumococcal Conjugate (PCV 13)	448	662
Poliovirus Vaccine, Inactivated (IPV)	160	175
Rabies Pre-exposure Prophylaxis	3	11
Rotavirus, pentavalent	167	272
Tetanus diphtheria (Td, Adult)	13	36
Tetanus diphtheria acellular pertussis (Tdap)	363	483
Typhoid, oral	118	116
Typhoid, ViCPs	134	158
Varicella (Chicken Pox)	435	800
Yellow Fever	116	97
<b>Total</b>	<b>7081</b>	<b>8896</b>

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

## **ENVIRONMENTAL HEALTH DIVISION FOOD SAFETY SECTION**

### **2013 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; restaurants, 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 facilities. 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 2013 the Food Safety Section staff worked with the local food industry, and the Indiana State Board of Health to promote food safety at the local Farmers Markets and Value Added food sources. An increased interest in locally grown foods has been on the rise in our community and the staff has worked with groups and individuals to address the special challenges these foods present.

**ENVIRONMENTAL HEALTH DIVISION  
FOOD SAFETY SECTION – STATISTICAL SUMMARY  
2013 ANNUAL REPORT**

	<u>TOTAL 2013</u>	<u>TOTAL 2012</u>
<b><u>FOOD SERVICE ESTABLISHMENT:</u></b>		
Restaurant & Tavern Inspections	1553	1490
Caterer/Commissary Inspections	0	0
Institution Inspections	3	2
School Cafeteria Inspections	117	119
Temporary Food Stands Inspections	443	279
Bed & Breakfast	0	0
<b><u>FOOD MARKETS:</u></b>		
Retail Food Store Inspections	307	284
<b><u>VENDING MACHINES:</u></b>		
Automatic Food Vending Inspections	121	274
<b><u>MOBILE FOOD SERVICE:</u></b>		
Food Transportation and Service Vehicle Inspections	34	22
<b><u>OTHER:</u></b>		
Food Complaint Investigations	248	210
Consultations	579	518
Food Samples	6	19
Food Borne Illness Investigations	9	6
Miscellaneous	91	118
<b><u>SMOKING:</u></b>		
Smoking Inspections	20	56
Complaints	36	78
Consultations	35	124



## **ENVIRONMENTAL HEALTH DIVISION ENVIRONMENTAL HEALTH SERVICES SECTION**

### **GOAL**

Environmental Health Services (EHS) promotes the public health and protects the environment of Vanderburgh County. 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 Environmental Health Services 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. The section provides permits, 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 continues to be a high 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.

Vanderburgh County was among the highest in the state for meth lab busts again this year. When a meth lab is found in Vanderburgh County the responding law enforcement agency reports the action to EHS. The owner of the property is contacted and made aware of Indiana's requirement that all dwellings used as meth labs be decontaminated by a State licensed Qualified Inspector, before being reoccupied, re-rented or sold.

The section performs Environmental Lead Risk Assessments whenever a child is identified with an elevated blood lead level. Since lead poisoning is an environmental disease the activities of this section is critical to the child's wellbeing. Risk 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. When needed, we request aid from the Indiana State Department of Health (ISDH) to do air sampling.

The Environmental Health Services Section is tasked with 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 one hundred and ten (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 our staff works 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 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. Twenty eight (28) installers attended the class. Debbie Barnhizer, ISDH – Environmental Health Division – Onsite Wastewater Disposal presented a workshop on system troubleshooting. Attendees were awarded continuing education credits from the Vanderburgh County Building Commission for their participation in this educational program.

The section conducted a training session for public 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. Separate training sessions were held for the employees of Burdette Park at the request of park management. Our staff has been encouraged by the improved compliance and fewer violations now that the County has an ordinance.

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 detention facility was inspected twice during the year.

EHS 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. In cooperation with the ISDH Laboratory, EHS can do screening tests for meth contamination. Less than five (<5) homes were tested at the request of Child Protective Services and less than five (<5) were tested at the request of owners.

ISDH field personnel assisted EHS in testing eleven (11) properties for mold growth. If requested by a physician, air sampling is conducted to determine if indoor airborne mold counts are higher than exterior counts. A higher interior mold count indicates a mold growth problem.

In cooperation with licensed tattoo shop operators and the City Council, EHS was able to update the municipal ordinance regulating tattoo operations. This clarified several points in the ordinance and updated several outdated sections.

Members of the section were recertified as Lead Risk Assessors and Certified Pool Operators.

Members of the section served on several boards or committees to improve services to the City and County. Examples include:

- Local Emergency Planning Committee (LEPC)
- Southwest Indiana Technical Center Public Safety Advisory Board
- Emergency Management Agency Advisory Board
- Citizens Corp Advisory Board
- Mayor's No Meth Task Force

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

**ENVIRONMENTAL HEALTH DIVISION  
ENVIRONMENTAL HEALTH SERVICES -- 2013 STATISTICAL SUMMARY**

<b>ONSITE WASTEWATER DISPOSAL:</b>	<b><u>2013</u></b>	<b><u>2012</u></b>
System Inspection (new)	28	38
System Inspection (repair)	22	20
Consultations	448	472
 <b>NUISANCE CONTROL:</b>		
Animals	40	46
Insects & rodents	69	92
Solid Waste	264	402
Sewage	282	217
Other	20	41
 <b>ENVIRONMENTAL HEALTH HAZARDS:</b>		
Indoor air	147	178
Water Contamination	13	<5
Spills/Releases	208	168
Carbon monoxide	<5	<5
Lead hazards	38	51
 <b>SWIMMING POOLS:</b>		
Pool Inspections	85	82
Pool Samples	0	0
Consultations	102	69
 <b>DRINKING WATER:</b>		
Consultations	7	<5
 <b>TRAINING/OUTREACH:</b>		
Training attended	38	29
Outreach activities	28	28
 <b>TATTOO/BODY PIERCING:****</b>		
Facility Inspection	16	0
Complaints	9	<5
Consultation	31	6

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

# **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 Coordinator is responsible for coordinating, planning, preparing, and responding to public health emergencies involving the Health Department. Along with the Coordinator, the 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 key stakeholders
- Ensuring that staff and volunteers are trained in the use of personal protective equipment
- Managing the health department's Indiana Health Alert Network (IHAN) communication
- Acquiring and Maintaining Memoranda of Understanding (MOU) or Memoranda of Agreement (MOA) relating to emergency preparedness and response
- Begin adopting the All-hazards Medical Countermeasure Dispensing (MCD) Plan
  - Review/Update current Standard Operating Procedures (SOPs) and appropriate appendices
- Updating the Pandemic Influenza Plan (PIP)
  - Reviewing 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:
  - ECC staff notification
  - ECC 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 (MRC) 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 MRC 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
- Identify sources and acquire funding to support the MRC
- Prepare and amend operating budgets as needed
- Make required purchases such as equipment, and personal protective equipment (PPE) for volunteer force
- Maintain an inventory log of assets
- Validate volunteer credentials and keep track of volunteer training/personnel records

## **HIGHLIGHTS AND ACCOMPLISHMENTS**

### **2013 – 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 2013 was a Command Training and table-top exercise conducted at the Health Department. This involved staff from the Health Department, Indiana State Department of Health (ISDH), and the Emergency Management Agency (EMA). This exercise tested the ability of command staff to develop a written incident action plan, develop and disseminate a Public Information Officer (PIO) statement to local media outlets, and contacting Citizen Emergency Response Teams (CERT) to verify contact information.

### **2013 Public Health Preparedness Grants**

To advance all-hazards preparedness and national health security, Centers for Disease Control and Prevention (CDC) combined the Hospital Preparedness Program (HPP) and the CDC Public



Health Emergency Preparedness (PHEP) grants. During the 2012-2013 fiscal year, the grant was for \$20,000. For 2013-2014, it is for \$15,000. This grant is used to meet the fifteen (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 Material Management and Distribution, Medical Surge, Non-Pharmaceutical Interventions, Public Health Laboratory Testing, Public Health Surveillance & Epidemiological Investigation, Responder Safety & Health, and Volunteer Management.

### **2012-2013 Public Health Preparedness Grant**

During Fiscal year 2012-2013, 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 emergency operations coordination, emergency public information/warning, and medical countermeasure dispensing.

Emergency operations coordination focused on improving the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization and supervision consistent with jurisdictional standards/practices, and the National Incident Management System. Staff wrote an Emergency Operations Center Standard Operating Procedure to outline the roles and responsibilities of the Health Department when operating within the County's Emergency Operations Center (EOC). Staff also wrote a Continuity of Operations Plan (COOP) for the Health Department to establish policy and guidance to assure all-hazards planning allows the capability to continue essential services across a wide range of potential emergencies.

Emergency public information and warning focused on improving the capability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. Staff updated the Crisis Emergency Response Communication Plan (CERC), completed Public Information Officer (PIO) trainings, and wrote a Joint Information System Standard Operating Procedure to help coordination with partner agencies when disseminating critical information to the public in the event of an emergency situation or incident.

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 mid-year and year-end progress and planning improvement reports.

### **2013-2014 Public Health Preparedness Grant**

The 2013-2014 grant year focuses on an additional set of capabilities. These capabilities include: Fatality Management, Responder Safety and Health, 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), and to begin utilizing the State Emergency Registry for Volunteers in Indiana (SERV-IN) volunteer

management database. 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.

- Identifying public health and partner roles in fatality management
- Identify Health Department and partner roles and responsibilities in collecting and communicating antemortem data and in activating and operating a family assistance center
- Develop a plan in conjunction with jurisdictional mental/behavioral health partners to identify and provide services to survivors, responders, and family members of the deceased after an incident
- Participate in fatality processing and storage operations with jurisdictional partners
- Document the medical, environmental and mental health risks faced by public health responders and identify the protective equipment, protective actions or other mechanisms needed to execute their roles
- Develop a respirator fit test standard operating procedure
- Coordinate with health partners to facilitate risk-specific safety and health training
- Develop protocols for coordinating with health partners for the promotion of the availability of medical and mental/behavioral health services for responders
- Develop protocols for participation in surveillance of public health responders before, during and after an incident
- Complete the transition from the Mass Prophylaxis Plan (MPP) to an all-hazards Medical Countermeasure Dispensing (MCD) Plan
- Complete a Point of Dispensing exercise testing throughput utilizing volunteers

Additional grant requirements include:

- Participation in monthly 800MHz Radio drills
- Completion of an updated multiyear Training and Exercise Plan
- Access to and updating of WebEOC
- Participate in two (2) volunteer call-down drill to engage public health volunteers and the MRC
- Create and maintain an inventory of equipment and supplies that support public health preparedness and emergency response

### **Vanderburgh County Medical Reserve Corps (MRC)**

Vanderburgh County's Medical Reserve Corps is comprised of medical, and non-medical, and public health professional volunteers who respond to natural disasters and public health emergencies. Should a biological attack ever happen which required the vaccination of the entire Vanderburgh County population, the Health Department staff would not be capable of performing 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 emergency events. MRC units also staff public health fairs, flu vaccination clinics and promote public health education campaigns. Nationally, MRC is housed under the parent organization Citizen Corps, which also houses the Community Emergency Response Teams (CERT).

## **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 (EEPA) 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
- Air quality and health
- Community health indicator research and assessments
- Air quality and public health surveillance, monitoring, data collection and analysis
- Emergency preparedness and response
- Ethics and conflict resolution
- 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.
- 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**

2013 contingency table	Forecasted Exceedance NO	Forecasted Exceedance YES
Observed Exceedance NO	NA	0
Observed Exceedance YES	0	0

## Ozone

statistic/ year	BIAS	FAR	POD	CSI	# of exceedance days*	# of Ozone Alert Days
2013	NA	NA	NA	NA	0	0
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 2013 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**

2013 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
2013	NA	NA	NA	NA	0	0
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**

2013 was an exceptional year for air pollution. No air quality alerts were issued, and no NAAQS exceedances of ozone and PM2.5 were measured. The good air quality is attributed to emissions reduction and fair weather.

### **COMPLIANCE**

- The Evansville area continues to maintain compliance (attainment) with the current ozone and PM2.5 NAAQS, including the new, more stringent annual NAAQS for PM2.5 set at 12 ug/m3.
- Formally commented on IDEM's 2014 monitoring network plan and the PM2.5 data exclusion request to the USEPA.
- Tracked statutory developments and regulatory rulemaking related to air quality issues.
- The Ozone Officer attended meetings of the Indiana State Environmental Rules Board as an appointed representative of 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
- Southwest Indiana Chamber of Commerce Environmental Committee
- WNIN Advisory Committee for "Healthy Air: Healthy Communities" series
- VCHD HIPAA Advisory Workgroup

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.
- Gave a lecture to University of Southern Indiana (USI) public health class on air pollution and health.
- Submitted a short proposal for an "Ozone Garden" at Roberts Park.
- Provided information and data on local air pollution issues (monitoring, emissions sources, air quality standards and trends, laws and regulations, and pollution alerts) to Health Department interns, 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 (2) 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**

Vanderburgh County experienced high population numbers of mosquitoes in 2013. A particular problem was the “Asian Tiger” mosquito that breeds in containers and is an aggressive daytime biter. Frequent rainfall in the spring created many breeding sites for this mosquito. During the summer months a lack of rainfall created stagnant water breeding sites for mosquitoes which may be infected with West Nile Virus (WNV). Vanderburgh County had eight (8) pools of collected mosquitos test positive for West Nile Virus in 2013. There were <5 probable cases of human West Nile Virus in Vanderburgh County.

The Vector Control program focused its efforts on controlling breeding habitats by treating sewer catch basins, ditches and flooded areas regularly with larvicide. Adulticiding was conducted in areas where pools of mosquitos were found to have tested positive for West Nile Virus. Response to 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.

Although bed bugs have not been shown to transmit disease they pose a significant nuisance to individuals in Vanderburgh County. The Vector Control Program had numerous conversations and educational opportunities with landlords, tenants and community health organizations regarding best practices in preventing and eliminating bed bug infestations. Staff also assisted medical facilities and schools in forming bed bugs action plans.

The Vector Control program also assisted the Indiana State Department of Health (ISDH) with tick collection to determine prevalence of Ehrlichiosis disease activity in the county.

**ENVIRONMENTAL HEALTH DIVISION  
VECTOR CONTROL PROGRAM – STATISTICAL SUMMARY  
2013 ANNUAL REPORT**

	<u>2013</u>	<u>2012</u>
<b>1. <u>ANIMAL INVESTIGATIONS</u></b>		
Animal Complaints	<5	<5
Animal Nuisance	<5	<5
Consultation	9	9
<b>2. <u>“INSECT” INVESTIGATIONS</u></b>		
Bee and Wasp	0	10
Fleas, Fly and Roach	79	51
Spiders	130	67
Ticks	9	0
Consultation	369	361
<b>3. <u>“BIRD” INVESTIGATIONS</u></b>		
Bird Investigations	<5	<5
Consultations	9	7
<b>4. <u>“MOSQUITO” CONTROL</u></b>		
Mosquito Complaints	1726	3559
Adult Collections	32	44
Larval Collections	0	0
Fogging Operations	15	9
Larviciding Operation	876	1930
Dead Bird Collection	0	0
Consultations	303	286
<b>5. <u>“RODENT” CONTROL</u></b>		
Rodent Complaints	0	<5
Baiting Operations	0	0
Rodent Bites	<5	0
Trash Complaints	<5	<5
Consultations	8	<5
<b>6. <u>MISCELLANEOUS</u></b>	75	82

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

# HEALTH PROMOTION DIVISION -- HEALTH EDUCATION PROGRAM

## GOAL

In the Health Promotion 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, consistent with the Healthy People 2020 Goals and Objectives, that 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. Our programs not only provide education for current clients, they also provide improved health for 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.

## HIGHLIGHTS AND ACCOMPLISHMENTS for 2013

Combining the Chronic Disease Program and Health Education has been very beneficial for our community. We changed our name to Health Promotion to better reflect our emphasis on promoting health improvement through lifestyle choices (better nutrition and increased physical activity). Diabetes continues to be an area of concern. The Health Department began implementing Nightingale Notes as an electronic health record (EHR) system for all clinics and programs. This new system will enable staff to gather and maintain pertinent client information but also to produce HIPAA compliant community health (population) reports to better plan future health improvement programs and services. In 2013, we provided enhanced outreach opportunities for the community to participate in our lifestyle behavior programs. We continue to provide programs to address two (2) of Indiana's priorities – Reduce Adult Smoking and Obesity. Our Stop Smoking program provides free nicotine patches to participants (with approval from participant's health care provider). Our Weight Loss program provides valuable information and support to help participants meet their weight loss goals. We partner with local physicians, clinics, and businesses to help spread the word about these opportunities. Examples of other programs include: Hand washing, Wellness Screenings, Community Health Fairs, Stress Management, Yoga, Cancer Information, STD education classes, Lunch and Learn Guest Speakers and many, many more.

In 2013, we are proud to report Health Promotion Division – Health Education reached **16,097** residents through our free programs!

## HEALTH PROMOTION 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 conducted blood pressure screenings at fifteen (15) different monthly sites throughout Vanderburgh County for adults eighteen (18) years of age and over. The guidelines used for these screenings are from the Seventh (7<sup>th</sup>) Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. In addition, our nurses continue to focus on diabetes prevention through risk assessment, education, and increasing the client's physical activity. The guidelines for diabetes risk assessment and standards of care are adapted from the American Diabetes Association. The staff provides blood glucose screenings by appointment at our Oak Park Professional Building office. 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. Our staff actively participated in community workgroups and events that target chronic disease and health improvement. Such events include: participation and leadership role in "Streets Alive", serving on the Trails Coalition and Smoke-Free Indiana organizations.

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 2013, we provided a total of **1,301** health screenings: **1,247** clients for blood pressure screening, **11** clients for diabetes risk assessment, **43** clients for blood glucose screening.

The "Evansville In Motion – 2<sup>nd</sup> Edition" booklet, 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. The booklet is also available on our website at [www.vanderburghcounty.in.gov/health](http://www.vanderburghcounty.in.gov/health) by clicking on the [Evansville In Motion](#) in the Quick Links section.

Implementation of our new electronic health record system, Nightingale Notes was accomplished. Staff was trained and uses the program daily. Separate charting pathways for blood pressure and blood glucose screenings were created to improve information flow and reduce charting time.

In December, the Eighth (8<sup>th</sup>) Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure was released. There are hypertension guideline changes for people with diabetes and people sixty (60) years of age and older. Education regarding these changes will be provided to the community by our division.

The Chronic Disease Program continuously assesses the healthcare needs of our community. In doing so, during 2013, it was learned that blood pressure screenings throughout Vanderburgh County were being duplicated by other health care entities such as ECHO Community Healthcare, Deaconess Healthcare, St. Mary's Medical Services and Aurora Health Care. The Health Promotion Division program staff is adjusting our blood pressure screening schedule to provide unduplicated opportunities for blood glucose screenings and other chronic disease education programs. In 2014, with the new blood pressure screening schedule, we will provide Monday morning blood pressure screenings from 8:30 to 11:30 am at the Health Department – 420 Mulberry Street – 47713-1231. The Health Department is served by three (3) major public transportation METS (Metropolitan Evansville Transportation System) bus routes – Washington Ave, Lincoln Avenue and Covert Avenue.

We continue to develop and strengthen our community partnerships to promote our health screening programs. In November, blood glucose screenings were conducted at the Downtown YMCA and Dunigan YMCA. The Y promoted the screenings and a total of nineteen (19) clients were screened. Participation in community health fairs provides additional benefits of screening of individuals and health promotion information and awareness of services on a variety of topics for caring family members, friends and supportive community members to share to help improve the community health collectively.

We are also active members of the Evansville-Area Trails Coalition (ETC), promoting the Evansville In Motion booklet and helping to create healthy events for our community. The second (2<sup>nd</sup>) annual Evansville Streets Alive! Event was held on Fulton Ave on May 19<sup>th</sup> through a collaboration of Healthier Evansville and Evansville-Area Trails Coalition. There were thirty-three (33) vendors providing physical activity and eight (8) vendors providing nutritious foods between 1 pm and 4 pm for approximately 3,250 participants.

#### **HEALTHY PEOPLE 2020:**

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

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.

**Chronic Disease Program Objective for 2020:** Reduce the proportion of persons with hypertension, by increasing the number of adults with prehypertension or hypertension who meet the recommended guidelines for BMI (body mass index is a measure of body fat based on height and weight that applies to adult men and women.), saturated fats consumption, sodium intake, physical activity & moderate alcohol consumption by education on lifestyle modifications.

## 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 turnaround 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 8,886 tests were performed in 2013. 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,
- C. bacteriological examination of drinking water/ice samples, public and semi-public pools, recreational water, surface water, source water, and wastewater, and
- D. cholesterol and glucose screenings.

We continue to be an active participant in the Centers for Disease Control and Prevention's Systematic Tracking of Elevated Lead Levels and Remediation (STELLAR) Program. In 2013, our laboratory screened 399 children in southern Indiana for lead poisoning. Screening results indicated 13 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 2013, 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 three (3) 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 2013, 542 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 2013, 3,633 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 2013, 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 229 of these samples in 2013.

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 2013 the VCHD Laboratory performed 64 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 2013 we tested 516 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:

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

These programs work collaboratively and cooperatively with other programs within the Health Department.

## **NURSING DIVISION PROGRAMS**

### **OUTREACH SERVICES including MCH GRANT and PREGNANCY RESOURCE AND REFERRAL PROGRAMS**

#### **GOALS:**

The goals of the Outreach Services Program are:

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

#### **RESPONSIBILITIES AND SERVICES PROVIDED**

Full time Public Health Nurses (PHNs) with Bachelors of Science (BSN) degrees in nursing and a Community Health Worker (CHW) worked primarily in client 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 maximum level of health. 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.

Free pregnancy testing continued to be offered five (5) days per week. The confidential testing is done by a PHN or the Community Health Worker (CHW). Counseling is given regardless of the result, as well as education and referrals to various community resources to help meet each client's needs. Prenatal Care Coordination services are offered to pregnant clients to continue to provide education and support in the home during their pregnancy. Through this case managed service, pregnant clients and their families are assisted in accessing primary medical providers, Medicaid, and other resources.

The Title V Maternal Child Health (MCH) grant was approved and funded for another two (2) fiscal years through September 30, 2015. This funding allows for two (2) part-time PHNs and one (1) full-time Community Health Worker (CHW). One of the part-time PHN's is responsible for the Fetal & Infant Mortality Review (FIMR) data abstraction and reporting. The other part-time PHN focuses on providing services for pregnant women, accessing early prenatal care to promote a healthy pregnancy and baby. The CHW works in collaboration with this PHN by providing visits to reinforce the PHN's plan of care for those families.

#### **HIGHLIGHTS & ACCOMPLISHMENTS**

A new standardized documentation software (electronic health record) CHAMP – Nightingale Notes was initiated in the Nursing Division for documentation of services. Its use will provide an improved system not only for documentation but also for scheduling services and visits among all Health Department staff. Training for the new system began in May 2013 and its use initiated in December. Refining and customizing the system will be ongoing.

During 2013, the division experienced a decrease in the number of clients who were referred and admitted due to County hiring moratorium. Most of the vacancies were filled by the end of the year with PHNs. There were one hundred and thirty (130) referrals received, one hundred and eighteen (118) admissions, and a total of one thousand and fifteen (1015) visits, of which five hundred and eighty-eight (588 or 58%) took place in the home. University of Evansville (U of E) senior nursing students provided seventy eight (78 or 7.6%) of those home visits.

A total of three hundred and twenty three (323) pregnancy tests were performed. Of these, one hundred and fifty one (151 – 47%) were positive, of which one hundred and seventeen (117 – 78%) were unplanned pregnancies. Each woman was given a thirty (30) day supply of prenatal vitamins to last until she could begin prenatal care and was encouraged to enroll in Prenatal Care Coordination services. Referrals and education were provided on pregnancy self-care, warning signs, Medicaid/insurance, and nutrition, among other topics. Early access to prenatal care and enrollment in Medicaid remain a primary focus. In addition, substance use cessation, including tobacco remains a priority. Each woman was assessed for her use of all substances including cigarettes, and was given referrals to help her quit. We are fortunate that we have available several new referral sources within our community to serve this population.

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, Little Lambs, and Anthem Medicaid among others.

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 provided continued case management for those clients during both semesters. Nursing Division staff was unable to provide an observation experience this year for first (1<sup>st</sup>) year medical students attending Indiana University School of Medicine - Evansville (IUSM-Evansville), due to staffing shortages, but plan to resume this experience next year.

**OUTREACH PUBLIC HEALTH NURSE SUMMARY    2013 YEAR END**

<b><u>VISITS MADE:</u></b>	<b><u>2013</u></b>	<b><u>2012</u></b>
Home.....	588	1,139
Phone.....	65	139
Other (office, case management) .....	114	246
Attempted/Not Home.....	170	347
Nursing Student Visits.....	78	111
<b>Total.....</b>	<b>1,015</b>	<b>1,982</b>

## Pregnancy Testing Results - 2013

<u>Pregnancy Tests</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>
Total Number Performed	323	430	392
• Positive	151	208	174
• Negative	172	222	218
<b><u>Positive tests by age:</u></b>			
• 15 years	<5*	<5*	<5*
• 16 years	<5*	<5*	<5
• 17 years	<5*	<5*	9
• 18 years	6	17	15
• 19 years	11	15	9
• 20 – 29 years	96	110	107
• 30 – 39 years	25	41	27
• 40 & over	5	<5*	0

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

<u>Trimester at time of testing:</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>
First (1 <sup>st</sup> )	132	187	158
Second (2 <sup>nd</sup> )	15	19	11
Third (3 <sup>rd</sup> )	<5*	<5*	0
<b><u>Planned Pregnancy:</u></b>	34	44	37
<b><u>Unplanned Pregnancy:</u></b>	117	162	136
<b><u>Employed:</u></b>	56	103	72
<b><u>Unemployed:</u></b>	60	102	92
<b><u>Employment Not Reported:</u></b>	35	<5*	10

## **NURSING DIVISION PROGRAMS FETAL AND INFANT MORTALITY REVIEW (FIMR)**

### **GOALS:**

The primary goal of Fetal and Infant Mortality Review (FIMR) is to promote health and well-being of childbearing families in our community by improving the systems that provide health and related services to them. This is accomplished by:

- Examining social, economic, cultural, safety and health systems factors associated with fetal and infant mortality through review of individual cases;
- Developing interventions and policies to address these factors and improve service systems and community resources;
- Assisting in the implementation of those community-based interventions and policies, and,
- Assessing the progress and effectiveness of those interventions and policies.

### **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 social, economic, public health, educational, environmental and safety issues relate to the tragedy of infant or fetal loss. FIMR findings and recommendations are presented to the Regional Perinatal Advisory Board, and at various educational events focusing on women's health issues in our community. Those recommendations are then taken for action to the state level, if indicated.

### **HIGHLIGHTS AND ACCOMPLISHMENTS:**

The Vanderburgh County Health Department (VCHD) continued to lead our community partners in the review process providing the coordinator as well as several committee members. One of the part-time PHN's who is funded by the Maternal Child Health Title V grant, performed data abstraction and hosted the bi-annual meetings. The Case Review Team reviews case summaries, identifies issues and makes recommendations for community change, when appropriate. The team is comprised of a variety of community representatives such as nurses, physicians, genetic counselors, coroners, university professors, bereavement counselors and others. The majority of fetal and infant deaths that occurred in Vanderburgh and Warrick counties were reviewed which incorporated the two (2) local hospitals that provide obstetrical services, also the busiest in Southwestern Indiana.

FIMR statistics continue to be an extremely valuable tool in understanding the mortality rate, possible contributing sentinel events, and interventions to address the problem and reduce the rate of death. As systems and resources continue to improve through the FIMR process, the future for our community and its families will be better.

**NURSING DIVISION PROGRAMS  
2013 FIMR STATISTICS ----- VANDERBURGH COUNTY RESIDENTS**

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YEAR	Race							Ethnicity
	White	Black	American Indian	Asian Pacific Islander	Multi-Racial	Other/ Unknown	Total Of All Races	Hispanic
2013	20	9	<5	<5	<5	<5	33	0
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
2013	33	21	<5	<5	11	<5	<5
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
2013							
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 (1-<28 days)	Post neonatal deaths (29-365 days)	% of all cases reviewed
2013	17	52%	15	<5	
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
2013		14	<5	<5	<5	7	<5
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
2013	82%	15%	<5	0
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
2013	33%	24%	<5	<5	39%	18%	<5
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
2013	39%	9%	9%
2012	29%	23%	23%
2011	33%	8%	5%

YEAR	SIDS/Asphyxia Deaths			
	Total # SIDS	% of Infant Deaths	Total # Asphyxia deaths	% of Infant Deaths
2013	0	0	<5	<5
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
2013	30%	24%	91%	0	0	9%	0
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
2013	15%	<5	<5	0	0	0	0	0
2012	19%	10%	0	0	5%	0	0	0
2011	21%	5%	5%	0	17%	0	0	<5

# **WOMEN, INFANTS & CHILDREN (WIC) CLINIC PROGRAM**

## **Mission Statement**

To safeguard the health of low-income women, infants and children

### **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. A major goal of the WIC Program is to improve the nutritional status of infants; therefore, WIC mothers are encouraged to breastfeed their infants, unless medically contraindicated.

### **RESPONSIBILITIES AND SERVICES PROVIDED**

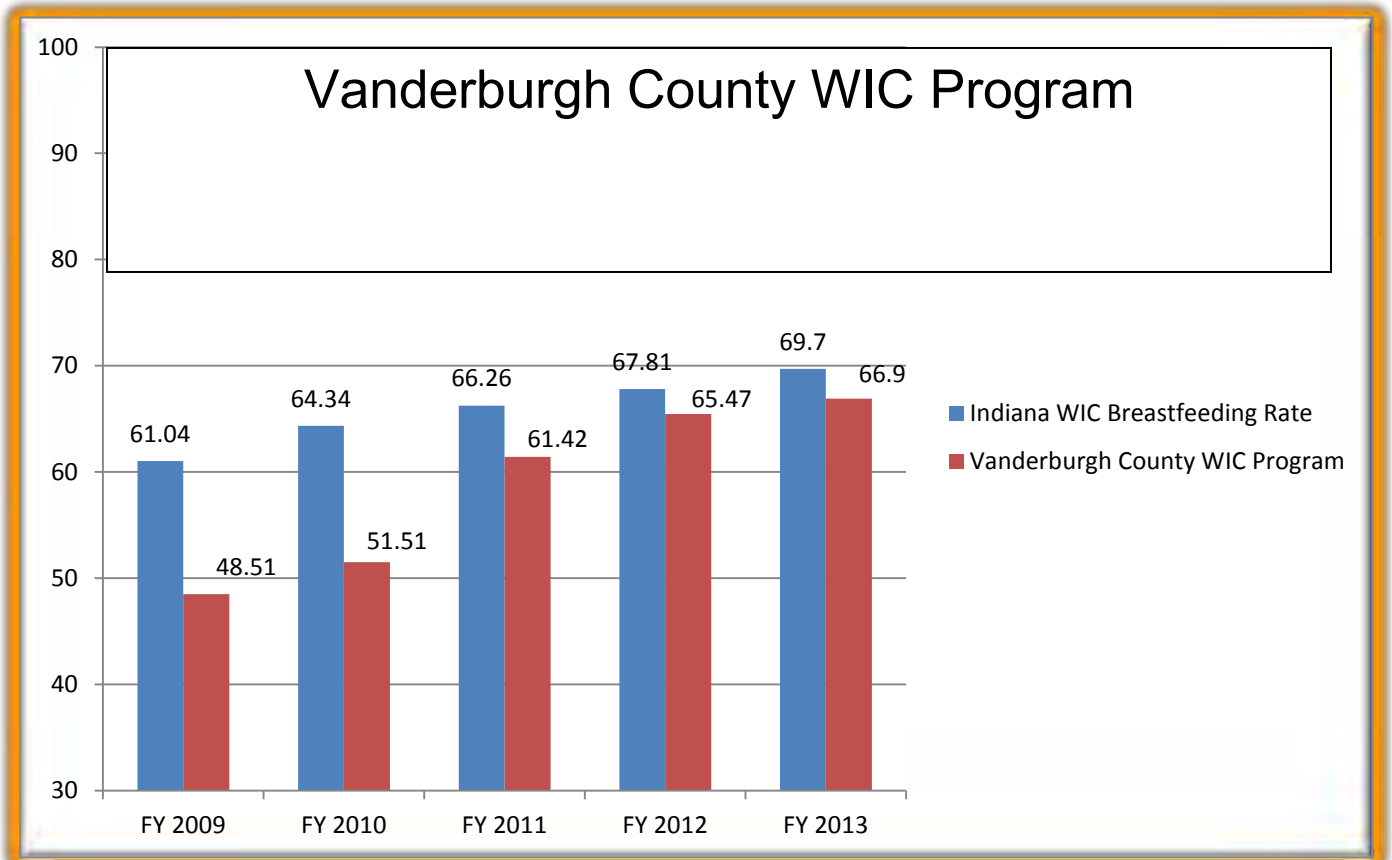
WIC is a Federal grant program for which congress authorizes a specific amount of operations funding each year. The Food and Nutrition Service, which administers the program at the Federal level, provides these funds to WIC State agencies (State Health Departments or comparable agencies) to pay for WIC foods, nutrition education, breastfeeding promotion and support, and administrative costs. WIC serves low-income pregnant, postpartum and breastfeeding women, and infants and children up to age five (5) who have a medical and/or nutrition risk.

WIC provides nutritious foods, nutrition education and referrals to health and other social services to participants at no charge. WIC provides supplemental foods rich in protein, iron, calcium, and vitamins A and C. Because nutrition education is an important component of the WIC Program, individual nutrition education contacts are scheduled on a quarterly basis for all participants.

The Breastfeeding Peer Counselor program continued to support breastfeeding with peer counselors. The WIC Program is fortunate to have one (1) peer counselor who achieved the highest certification available in breastfeeding education/consultation - IBCLE (International Board Certified Lactation Consultant). Peer counselors are mothers who have personal experience with breastfeeding and are trained to provide basic breastfeeding information and support to other mothers with whom they share various characteristics, such as language, race/ethnicity and socioeconomic status. The use of breastfeeding peer counselors adds a critical dimension to WIC's efforts to help women initiate and continue breastfeeding. WIC breastfeeding peer counselors provide a valuable service to their communities, addressing the barriers to breastfeeding by offering breastfeeding education, support and role modeling. Peer counselors are familiar with the resources available to WIC clients, have familiarity with the questions a new breastfeeding mother may ask, and recognize when to refer mothers to other resources during critical periods when mothers may experience difficulty. The peer counselors teach an "Infant Feeding Class" three (3) times per week that is offered to all prenatals.

## HIGHLIGHTS AND ACCOMPLISHMENTS

The breastfeeding initiation rate continued to increase from 65.47% in 2012 to 66.9% in 2013. The Vanderburgh County WIC Program has demonstrated growth in the breastfeeding initiation rate for the past five (5) years. The percentage rate increased from 48.51% in 2009 to 66.9% in 2013. The 2013 WIC state average is 69.7%. Through the WIC breastpump loan program, the peer counselors issued one hundred and fifty six (156) breastpumps to assist women in achieving their breastfeeding goals.



The Vanderburgh County WIC Program participated in United State Department of Agriculture's (USDA's) Farmer's Market Nutrition Program (FMNP) for the eleventh (11) 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, June to September. FMNP checks were issued to one thousand and twenty seven (1,027) families in 2013. Vanderburgh County achieved the fourth highest redemption rate in the State at 49.6% compared to the statewide redemption rate of 36.6%.

Throughout the year the WIC Program offered clinic observations for nutrition and nursing students from the University of Evansville, University of Southern Indiana, Ivy Tech State College and ITT. WIC hosted one Registered Dietician intern for one month from Iowa State University.

## WIC STATISTICS - 2013

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

<b><u>ACTUAL ENROLLMENT:</u></b>	<b><u>2013</u></b>	<b><u>2012</u></b>	<b><u>2011</u></b>	<b><u>2010</u></b>
• Prenatals	408	513	506	475
• Breastfeeding Post-partums	141	155	114	95
• Non-Breastfeeding Post-partums	191	345	281	328
• Infants (up to age 12 months)	1,028	1,136	1,134	1,154
• Children (1 – 5 years)	1,421	1,852	1,948	1,871
<b>TOTAL</b>	<b>3,189</b>	<b>4,001</b>	<b>3,983</b>	<b>3,923</b>
<b><u>PARTICIPANTS BY RACE/ETHNICITY:</u></b>	<b><u>2013</u></b>	<b><u>2012</u></b>	<b><u>2011</u></b>	<b><u>2010</u></b>
• White	2,643	2,925	2,774	2,810
• Black	903	965	971	1,077
• American Indian/Alaska	14	43	56	63
• Asian	36	47	25	26
• Native Hawaiian	28	21	25	32
• Non-Hispanic – subtotal of above	3,678	3,709	3,851	3,995
• Hispanic	256	292	256	251
<b>TOTAL</b>	<b>3,678</b>	<b>4,001</b>	<b>4,107</b>	<b>4,259</b>

### 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:

\$2,581,359.00 in 2013  
 \$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

\$10,107.00 in 2013  
 \$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.

We have begun the process of upgrading our local legacy database program to a more modern user friendly program. This process is scheduled to be completed prior to March 31, 2014.

**BIRTH AND DEATH RECORD SUMMARY  
2013**

**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	448	390	59	37	392	542	934
LEGITIMATE	209	209	95	87	302	288	600
<b>TOTAL</b>	<b>657</b>	<b>599</b>	<b>154</b>	<b>124</b>	<b>694</b>	<b>830</b>	<b>1534</b>

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

<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>	TOTAL BIRTHS TO VAND. RESIDENTS
761	758	1519	694 + 1519 = 2213

**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	8	5	1	0	8	6	<b>14</b>
28 DAYS - 1 YEAR	1	2	0	0	2	1	<b>3</b>
01 TO 14 YEARS	3	2	0	0	0	5	<b>5</b>
15 TO 24 YEARS	11	8	3	0	10	12	<b>22</b>
25 TO 44 YEARS	60	32	6	1	65	34	<b>99</b>
45 TO 64 YEARS	299	208	30	21	361	197	<b>558</b>
65 TO 74 YEARS	256	191	11	8	261	205	<b>466</b>
75 TO 84 YEARS	323	321	11	11	422	244	<b>666</b>
OVER 84 YEARS	274	456	10	20	572	188	<b>760</b>
UNKNOWN AGE	0	0	0	0	0	0	<b>0</b>
<b>TOTAL</b>	<b>1235</b>	<b>1225</b>	<b>72</b>	<b>61</b>	<b>1701</b>	<b>892</b>	<b>2593</b>

**STILLBIRTHS**

2	2	0	0	0	0	4	4
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**CAUSE OF DEATH SUMMARY**

HEART DISEASE	481	ATHEROSCLEROSIS	1
CANCER	358	CORONER	292
STROKE	140	RESPIRATORY FAILURE	454
CHRONIC LUNG DISEASE	84	SEPSIS	108
PNEUMONIA OR INFLUENZA	82	PREMATURE INFANT	8
DIABETES	3	STILLBIRTH	4
CIRRHOSIS OF THE LIVER	19	OTHER	563
		<b>TOTAL BY KNOWN CAUSES</b>	<b>2597</b>

**MANNER OF DEATH SUMMARY**

NATURAL DISEASE	2395	SUICIDE	41
HOMICIDE	8	ACCIDENTAL	147
UNDETERMINED	4	NOT SPECIFIED	2

**VITAL RECORDS YEARLY COMPARISON  
2013 REPORT**

<b><u>BIRTH SUMMARY</u></b>	<b><u>2013</u></b>	<b><u>2012</u></b>
ILLEGITIMATE	600	689
LEGITIMATE	934	980
<b>TOTALS</b>	<b>1534</b>	<b>1669</b>

<b><u>DEATH SUMMARY</u></b>	<b><u>2013</u></b>	<b><u>2012</u></b>
TOTAL DEATHS	2597	2479
STILLBIRTHS	4	0

**VANDERBURGH COUNTY RESIDENTS  
TEENAGE MOTHERS OF 2013**

<b><u>AGE/CHILDS RACE</u></b>	<b><u>2013</u></b>	<b><u>2012</u></b>
14 Black	0	2
15 White	0	3
15 Black	2	1
16 White	0	4
16 Black	4	2
16 Other	1	1
17 White	3	6
17 Black	6	4
17 Other	0	0
18 White	9	12
18 Black	0	1
18 Other	6	2
19 White	16	17
19 Black	7	9
19 Other	7	9
<b>TOTALS</b>	<b>61</b>	<b>73</b>

<b><u>MOTHER AND FATHER MARRIED</u></b>	<b><u>2013</u></b>	<b><u>2012</u></b>
YES	0	0
NO	61	73
NOT MARKED	0	0

TOTAL BIRTHS FOR YEAR	1535	1669
PERCENTAGE OF TEEN BIRTHS	3.97%	4.37%

**FINANCE DIVISION**

**2013 FINANCIAL INFORMATION YEAR TO DATE EXPENDITURES - PAGE 1**

FUND: 1159 (213.0) HEALTH DEPARTMENT

<b>Account Title</b>	<b>ADJUSTED Y-T-D Budget</b>	<b>ACTUAL Y-T-D PAID COSTS</b>	<b>Remaining Budget \$ Dollars</b>	<b>Remaining Budget % Percentage</b>
Salaries	\$ 1,904,636.00	\$ 1,659,566.82	\$ 245,069.18	12.87%
FICA	\$ 148,442.20	\$ 127,446.48	\$ 20,995.72	14.14%
PERF	\$ 185,387.00	\$ 166,574.68	\$ 18,812.32	10.15%
Health Insurance	\$ 598,094.00	\$ 532,337.14	\$ 65,756.86	10.99%
Accrued Payments	\$ 11,571.00	\$ 11,570.31	\$ 0.69	0.01%
Extra Help	\$ 19,724.00	\$ 13,148.91	\$ 6,575.09	33.34%
Fuel	\$ 7,454.08	\$ 4,642.63	\$ 2,811.45	37.72%
Medical	\$ 70,028.73	\$ 68,664.00	\$ 1,364.73	1.95%
Supplies	\$ 6,000.00	\$ 4,535.23	\$ 1,464.77	24.41%
Fees	\$ 100.00	\$ -	\$ 100.00	100.00%
Insurance	\$ 147,183.69	\$ 112,271.55	\$ 34,912.14	23.72%
Postage & Freight	\$ 2,098.35	\$ 571.03	\$ 1,527.32	72.79%
Travel & Mileage	\$ 8,000.00	\$ 6,449.49	\$ 1,550.51	19.38%
Communications	\$ 13,400.00	\$ 9,263.97	\$ 4,136.03	30.87%
Utilities	\$ -	\$ -	\$ -	Included in Rent
Judgements & Refund	\$ 250.00	\$ 90.00	\$ 160.00	64.00%
Training & Education	\$ 900.00	\$ 543.47	\$ 356.53	39.61%
Printing	\$ 3,000.00	\$ 3,000.00	\$ -	0.00%
Advertising	\$ 500.00	\$ 192.70	\$ 307.30	61.46%
Operating Expenses	\$ 21,674.51	\$ 15,756.73	\$ 5,917.78	27.30%
Maintenance & Repairs	\$ 2,000.00	\$ 1,359.01	\$ 640.99	32.05%
Contractual Services	\$ 24,299.56	\$ 23,182.67	\$ 1,116.89	4.60%
Rent	\$ 403,829.97	\$ 341,847.44	\$ 61,982.53	15.35%
Dues & Subscriptions	\$ 1,360.00	\$ 1,330.70	\$ 29.30	2.15%
Laboratory	\$ 30,000.00	\$ 29,551.54	\$ 448.46	1.49%
Mosquito Control	\$ 6,932.00	\$ 6,867.07	\$ 64.93	0.94%
Professional Services	\$ 19,000.00	\$ 16,380.78	\$ 2,619.22	13.79%
Promotional Inc	\$ 400.00	\$ 400.00	\$ -	0.00%
<b>TOTAL</b>	<b>\$ 3,636,265.09</b>	<b>\$ 3,157,544.35</b>	<b>\$ 478,720.74</b>	<b>13.17%</b>



**FINANCE DIVISION**  
**2013 FINANCIAL INFORMATION YEAR TO DATE EXPENDITURES - PAGE 2**

<b>FUND NUMBER</b>	<b>ACCOUNT TITLE</b>	<b>Y-T-D EXPENSES</b>	
			<b>ACTUAL</b>
4901	Health Dental Clinic	\$	17,534.15
4931	Health Med Reserve Corps	\$	19,715.22
4932	Health VAXCARE	\$	5,813.06
7106	Coroner's Continuing Education	\$	28,734.50
8401	Health MCH Grant	\$	70,035.39
8402	Health WIC Grant	\$	606,915.03
8403	Health STD Grant	\$	119,507.78
8406	Health Lactation Grant	\$	15,211.51
8409	Health BPRS Grant	\$	37,537.33
8411	Health Radon Gas Grant	\$	4,949.06
9401	Health Lead Screening	\$	13,451.36
9402	Health Local Health Maintenance Fund	\$	57,777.35
9404	Health Technology & Communication	\$	2,744.67
9406	Health Tobacco Grant	\$	1,647.09
9407	NALBoH Tobacco Cessation Grant	\$	3,148.19
9409	Purdue MSL Collaborative Project Fund	\$	(137.00)
9414	Health IN LHD Trust Account Grant	\$	57,495.03
<b>TOTAL</b>		<b>\$</b>	<b>1,062,079.72</b>

**FINANCE DIVISION**

**2013 FINANCIAL INFORMATION**

**REVENUES - PAGE 1**

**FUND: 1159 (213.0) HEALTH DEPARTMENT\***

PROPERTY TAX	\$	2,571,975.11
EXCISE TAX	\$	208,168.56
IN LIEU OF TAXES	\$	1,997.44
FINANCIAL INSTITUTION	\$	19,023.45
CVET COMMERICAL VEHICLE	\$	23,809.98
POOL PERMIT FEES	\$	3,575.00
PATIENT FEES IMMUNIZATION	\$	38,049.00
MEDICAID FEES	\$	22,564.72
RESTAURANT PERMIT FEES	\$	78,426.00
SEWAGE DISPOSAL	\$	3,280.00
FOREIGN TRAVEL	\$	47,012.00
VITAL RECORDS	\$	277,879.24
WATER SAMPLES	\$	74,500.00
MISCELLANEOUS	\$	51,475.24
<b>TOTAL 1159 (213.0) HEALTH DEPARTMENT REVENUES</b>	<b>\$</b>	<b>3,421,735.74</b>

<b>4901 (215.8) COMMUNITY DENTAL CLINIC REVENUES</b>	<b>\$</b>	<b>13,740.42</b>
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<b>4920 (299.7) EXPORT HEALTH CERTIFICATE</b>	<b>\$</b>	<b>5,210.00</b>
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<b>4931 (299.8) MRC MEDICAL RESERVE CORPS UNIT</b>	<b>\$</b>	<b>20,995.81</b>
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<b>4932 (299.6) VAXCARE</b>	<b>\$</b>	<b>4,843.00</b>
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<b>7106 (298.0) CORONER EDUCATION FUND FEES</b>	<b>\$</b>	<b>29,121.75</b>
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<b>8401 (213.2) MATERNAL CHILD HEALTH GRANT REIMBURSEMENT</b>	<b>\$</b>	<b>69,227.55</b>
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<b>8403 (213.4) WOMEN, INFANTS AND CHILDREN GRANT REIMBURSEMENT</b>	<b>\$</b>	<b>617,529.47</b>
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<b>8404 (213.5) STD GRANT REIMBURSEMENT</b>	<b>\$</b>	<b>111,083.22</b>
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<b>8406 (213.8) LACTATION GRANT REIMBURSEMENT</b>	<b>\$</b>	<b>16,550.04</b>
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<b>8409 (215.6) BPRS GRANT REIMBURSEMENT</b>	<b>\$</b>	<b>37,430.66</b>
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<b>8410 (215.7) INDIANA HEALTHY HOMES (LEAD) GRANT REIMBURSEMENT</b>	<b>\$</b>	<b>5,302.74</b>
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<b>8411 (299.1) INDIANA RADON GAS GRANT REIMBURSEMENT</b>	<b>\$</b>	<b>4,949.06</b>
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<b>9401 (213.1) LEAD SCREENING MEDICAID FEES</b>	<b>\$</b>	<b>1,690.73</b>
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<b>9402 (213.7) LOCAL HEALTH MAINTENANCE FUND GRANT REVENUES</b>	<b>\$</b>	<b>72,672.00</b>
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<b>9403 (215.0) WIC LEAD TESTING MEDICAID FEES</b>	<b>\$</b>	<b>88.35</b>
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<b>9407 (215.5) HEALTH NALBOH TOBACCO CESSATION</b>	<b>\$</b>	<b>3,000.00</b>
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<b>9414 (215.9) LHD TRUST ACCOUNT FUND REVENUES</b>	<b>\$</b>	<b>33,824.31</b>
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## **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**

**812-435-5667**

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 Promotion 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 Programs**

#### **Outreach Public Health Nursing**

**812-435-5765**

Family/Prenatal Home Visits and Pregnancy Testing

### **WIC (Women, Infants, Children) Clinic**

**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](mailto:health@vanderburghcounty.in.gov)

Web Page: [www.vanderburghcounty.in.gov/health](http://www.vanderburghcounty.in.gov/health)