

Brown County Health Department

2017 Annual Report



Public Health
Prevent. Promote. Protect.

I am pleased to submit the following annual report of the activities of the Brown County Health Department covering the 2017 calendar year.

Respectfully Submitted,

Norman Oestrike, MD
Health Officer

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2017 Annual Report

The Brown County Department of Health remains fully staffed and continues to provide quality professional health services to its residents, including nursing services, environmental services, disaster preparedness, administration and vital records.

This report is only meant to be an overview of the departmental activities for the year. Each department has submitted detailed reports of their activities throughout the year.

Toni Warburton, RN, our Nursing Supervisor, retired this past year after 21 years of service to the department and the county. Our two new nurses are Kelly Hilligoss, RN and Seleah Settle, RN. We are pleased to welcome them both to our department.

Judy Hess was promoted to the position of Health Department Administrator. We also welcomed Gretchen Gallagher as our new Vital Statistics Clerk and front office assistant.

This past year we welcomed three interns from Indiana University. They rotate through our department to gain practical experience in their chosen field of public health.

One of our Environmental Health Specialists, Jennifer Rugenstein, received the highly coveted award of "Indiana Environmental Specialist of the Year". The award, presented by the Indiana Environmental Health Association, recognized Jennifer for her many noted activities in her profession.

Corey Frost, our Public Health Coordinator, received \$60,000 in grants to develop a training program for first responders and to develop a mass casualty trailer.

This past year we have continued to diligently work towards revising our septic ordinance, as the last one was ruled invalid by the court system. This has been a very long process, as there are many ideas of how it should be done. We have continued to push for an ordinance that protects all of our citizens. The Health Board has been very active in developing this ordinance.

We are slowly resolving the legal issues faced by the department. The claim of malpractice by one of our employee's, was dropped. There was no malpractice.

The Health Department continues to work with the Sewer Board in advisory capacities, to promote the development of sewers for the county, a much needed service.

We continue to monitor communicable disease in the county and watch for Hepatitis C and HIV infections from illicit drug usage. We continue to monitor drug usage and the potential need for our intervention, as allowed by law.

Also, the Health Board reappointed yours truly, as your Health Officer for another term. I will do my best to provide the needed health services to my fellow "Brown Countians."

Thanks to the Commissioners, Board Members and all of our employees for your support and dedication.

Respectfully submitted,

Norman W. Oestrike, MD

Brown County Commissioners

Dave Anderson

Diana Biddle

Jerry Pittman

Brown County Council

Keith Baker

Darren Byrd

David Critser

Debbie Guffey

Art Knight

John Price

Glenda Stogsdill

Brown County Board of Health

Linda S. Bauer

Michael Day, MD

Thomi G. Elmore (Vice Chair)

William Irvine, MD

Cynthia S. Rose, RN & Attorney

Catherine Rountree, RN

James Zimmerly (Chair)

Norman Oestrike, MD

Health Officer/Secretary

Michael Day, MD

Assistant Health Officer

Brown County Health Department Staff

Corey Frost	Public Health Coordinator
Gretchen Gallagher	Registrar/Clerical Support
Judy Hess	Office Manager/Administrator
Kelly Hilligoss, RN	Public Health Nurse
*Tina Jacobs, RN, MSN	Public Health Nurse
John Kennard, BS	Environmental Health Specialist – Supervisor
Norman Oestrike, MD	Health Officer
Ron Pancake**	Registrar/Clerical Support
Ernie Reed, AS	Environmental Health Specialist
Jennifer Rugenstein, BFA	Environmental Health Specialist (Food Division)
Seleah Settle, RN	Public Health Nurse
Jennifer Unsworth, RN	Public Health Nurse – Supervisor
***Antoinette Warburton, RN, BSN	Public Health Nurse – Supervisor

*Tina Jacobs resigned in March 2017

** Ron Pancake resigned in February 2017

*** Antoinette Warburton retired in August 2017

Receipts for 2017

<i>Revenues</i>	
Property Tax	\$483,494.11
Financial Institution Tax	\$1,355.43
Excise Tax	\$35,848.17
Commercial Vehicle Excise Distribution	\$3,043.82
Health Department Fees:	\$55,276.00
Food	\$24,465.00
Installer License	\$1,900.00
Nursing (includes reimbursement for flu vaccine)	\$2,367.00
Septic	\$21,600.00
Visual Inspections	\$1,000.00
Vital Records	\$3,944.00
Public Health Coordinator Base Grant	\$12,818.00
Total	\$591,835.53
<i>Grants</i>	
Local Heath Maintenance Fund and Tobacco II	\$33,139.00
Master Tobacco Settlement (LHD Trust Account)	\$14,889.62
Public Health Coordinator Base Grant (7/1/2016-6/30/2017)	\$12,818.00
Cities Readiness Initiative (7/1/2016-6/30/2017)	\$8,329.00
Total	\$69,175.62
Grand Total	\$661,011.15

Public Health Coordinator Base Grant: This amount is reimbursed through a Federal grant from the Centers for Disease Control & Prevention and goes into the Health Fund to help offset the salary of the Public Health Coordinator.

Expenditures for 2017

	<u>Total Appropriations</u>	<u>Disbursements</u>
Personnel Services Health	\$505,121.37	\$464,933.49
Supplies / Operating Expenses	\$91,911.47	\$54,291.48
Local Health Maintenance Fund and Tobacco II	\$33,139.00	\$2,621.10
Master Tobacco Settlement (LHD Trust Account)	\$14,889.62	\$5,454.77
Public Health Coordinator Base Grant (7/1/2016-6/30/2017)	\$12,818.00	\$12,818.00
Cities Readiness Initiative (7/1/2016-6/30/2017)	\$8,329.00	\$8,329.00
Total	\$666,208.46	\$548,447.84

- The Local Health Maintenance Fund and Tobacco dollars are combined and governed by IC 16-46-10.
- The Master Tobacco Settlement (LHD Trust Account) is governed by IC 4-12-7.
- Grant dollars are spent according to code. A detailed budget, with documented items and a detailed plan is sent to the Indiana Department of Health for approval of expenditures. These dollars are to enhance the Brown County Health Department. Local funds are not to be reduced by using these dollars, according to code. Any requests to use carry over dollars, must be in writing, presented to the Indiana State Department of Health and detail how the dollars will be used. The Indiana State Department of Health will approve or deny the request.
- These funds are not tax dollars. They are from the tobacco companies based upon the settlement actions in the 80's and 90's. These dollars cannot be used by other departments in local government.

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- The Public Health Coordinator Base Grant and the Cities Readiness Initiative Grant are Federal grant funds that have been awarded by the Centers for Disease Control & Prevention through the Indiana State Department of Health to further public health preparedness capabilities.
 - The budget is approved by the Indiana State Department of Health for all expenditures.
 - The Base Grant goes into the Health Fund to help offset the salary of the Public Health Coordinator.
 - Dollars not spent in the Cities Readiness Initiative Grant are cycled into the Indiana State Department of Health Unobligated Funds.

OFFICE MANAGEMENT

Submitted by Judy Hess, Office Administrator

The office manager assumes many of the responsibilities delegated by the Health Officer. The following are a few of the duties assigned to the office manager.

- Attends County Council meetings as needed for financial responsibilities.
- Assists in interviewing and hiring of employees.
- Helps to resolve conflicts with the public and/or employees. Consults with individual department supervisors.
- Makes decisions on day-to-day business regarding the department.
- Prepares the office budget, attends budget hearings and submits to Health Board for approval.
- Prepares all financial reports regarding grants and budgets. Sends to ISDH as requested and responsible to State Board of Accounts for Audits.
- Attends County Commissioner's meetings as needed or as requested by Health Officer or Board.
- Attends meetings with various county offices as needed.
- Keeps personnel records for staff.
- Responds to and gathers information for requests for records.
- Reviews time sheets and answers questions regarding time sheets, corrections.
- Approves time off requests for staff, per health officer. (Health Officer approves time off for office manager.)
- Prepares bi weekly payroll.
- Coordinates meetings for Health Officer and Board.
- Meets with the Health Officer and keeps him informed of all events, concerns etc. within the department.
- Prepares board minutes for Health Officer.
- Attends Health Board meetings.
- Coordinates and facilitates staff meetings when needed.

The office manager works closely with the county health officer. The office manager spends time working with the health officer regarding any Health Department issues such as: budget, personnel, health officer duties, arranging trainings for the Health Officer, letter reviews, etc. She also works with department supervisors within the department as needed. She makes arrangements and creates the agenda for the health board meetings which are held six times a year.

The office manager also does daily activities in the office such as answering questions from the public, answering the phone, filing, deposits, bookkeeping duties, monthly claims for accounts payable, issues receipts, issues septic permits, septic searches, food licenses, pool licenses, bed and breakfast permits, collection reports, all state reports concerning grants and grant reviews. She assists with vital records as needed.

VITAL RECORDS

Submitted by Gretchen Gallagher, Registrar and Office Assistant

There were 108 deaths reported in 2017 living an average age of 73 years.

They were classified as:

Cancer	21
Brain	1
Breast	4
Colon	2
Esophageal	2
Kidney	1
Liver	1
Lung	9
Soft Tissue	1

Heart Disease	38
Acute Catastrophic	12
Cardiac Arrest	1
Cardiomyopathy	1
Congestive Heart Failure	13
Coronary Artery Disease	2
Myocardial Infarction	6
Vascular Disease	3

Respiratory	9
COPD	3
Pneumonia	2
Pulmonary Disease	3
Respiratory Failure	1

Accidental	9
Blunt Force Trauma	6
Drug Overdose	3

2017: 2 home births

2016: 3 home births

2017: 108 in-county deaths

2016: 100 in-county deaths

2017: 31 Veteran deaths

2016: 33 Veteran deaths

Other	31
Alcoholism	1
Alzheimer's/ Dementia	9
Anorexia/Nutritional	2
Asphyxiation	1
Cerebellar Type Atrophy	1
Degeneration of the Brain	5
Diarrhea/Colitis	1
Dysphagia	1
Leukemia	2
Liver Failure	1
Parkinson's Disease	1
Renal Failure	1
Seizure	1
Sepsis	1
Stroke	2
Unknown	1

Grand Total	108
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Registration of home births

Female (2) Male (0)

Registration of deaths

Female (48) Male (60)

Certified copies issued

Birth (31) Death (605)

Did tobacco use contribute to death?

Yes (14)

No (46)

Unknown (34)

Probably (14)

2017: 73 average age at death

2016: 77 average age at death

EMERGENCY PREPAREDNESS

Submitted by Corey M.B. Frost, Public Health Coordinator

BUDGET (7/1/2017 through 6/30/2018 grant cycle)

- Base Budget of \$14,377 has been accepted.
- CRI (City Readiness Initiative) budget of \$8,078 has been accepted.
- Public Health Emergency Preparedness Cooperative Agreement Representative for \$10,000 has been accepted.
- Special Project for Training Institute and Mass Casualty Trailer of \$49,936 has been accepted from the Indiana State Department of Health Unobligated Funds.

REGULAR MEETINGS ATTENDED

- District 8 meetings held quarterly, representatives from all counties in District 8 were present. Those counties are Monroe, Lawrence, Orange, Bartholomew, Jackson, Washington and Brown.
- Attended and Chaired LEPC (Local Emergency Planning Committee) meetings.
- Table top exercise held in Brown County for our LEPC.
- Monthly mobile office meetings with District 8 staff.
- DPC (District Planning Committee) bi-monthly.
- Attend EMAC (Emergency Management Advisory Committee) meetings.
- Serves as the District 8 Local Health Department Representative to the Hospital Healthcare Coalition that meets monthly.
- Individual meetings with District 8 staff and ISDH for the purpose of meeting grant deliverables and to discuss the Mass Prophylaxis Plan (MPP) as well as update several documents within.
- Continue monthly meeting with ESF-8 Partners.
- Attended all ISDH and District 5 planning meetings for CRI grant full scale exercise.
- Attend Operational Readiness Review Meetings with District 5 Partners

ACTIVITIES

- Command staff call down and redundant communication drills.
- Volunteer notification drills.
- ESF-8 Drills.
- Prepare for 2018 POD exercise.
- Attend TEPW (Training and Exercise Planning Workshop) State Level.
- Network with state and local officials regarding emergency preparedness.
- State Certification Letter submitted for the Brown County Public Safety Training Institute (in process of procuring remaining equipment and supplies).

- Deployed command tent at Hilly Half Marathon in BC State Park in support of EMS.
- Attended Emergency Management Association of Indiana Conference.
- Attended Indiana Hospital Emergency Preparedness Symposium.
- Attended Midwest Damage Prevention Conference.
- Attended First Net Conference for the next Communication Roll-Out
- Completed Security Clearance and Identify Proofing for new CDC DCIPHER System.
- Completed Emergency Notification during a public health emergency plan.
- Completed an ESF-8 Annex Update to the County Emergency Management Plan

TRAINING

- Homeland Security Exercise and Evaluation Program Certified
- Incident Command System Level 400 Certified
- District Table Top Exercise in Paoli for all Center for Medicaid Services Partners
- Bombing Prevention Awareness Course Completed
- Managing Food Emergencies Training Completed
- Infectious Disease Summit

FUTURE GOALS

- Community Outreach in our schools about Emergency Preparedness.
- POD full-scale exercise April 25, 2018.
- Complete Profession Emergency Manager Credential
- Attend Center for Domestic Preparedness in Anniston, Alabama.
- Continue updating Mass Prophylaxis Plan.
- Update MOU's from partners.
- Continue to help build and maintain productive relationships through Coalition Building and merger of District Planning Council with Emergency Preparedness and Planning Coalition.
- Complete the planning phase of our District Table Top Exercise in April
- Start the Training Program through our Institute once approved by IDHS

ENVIRONMENTAL HEALTH

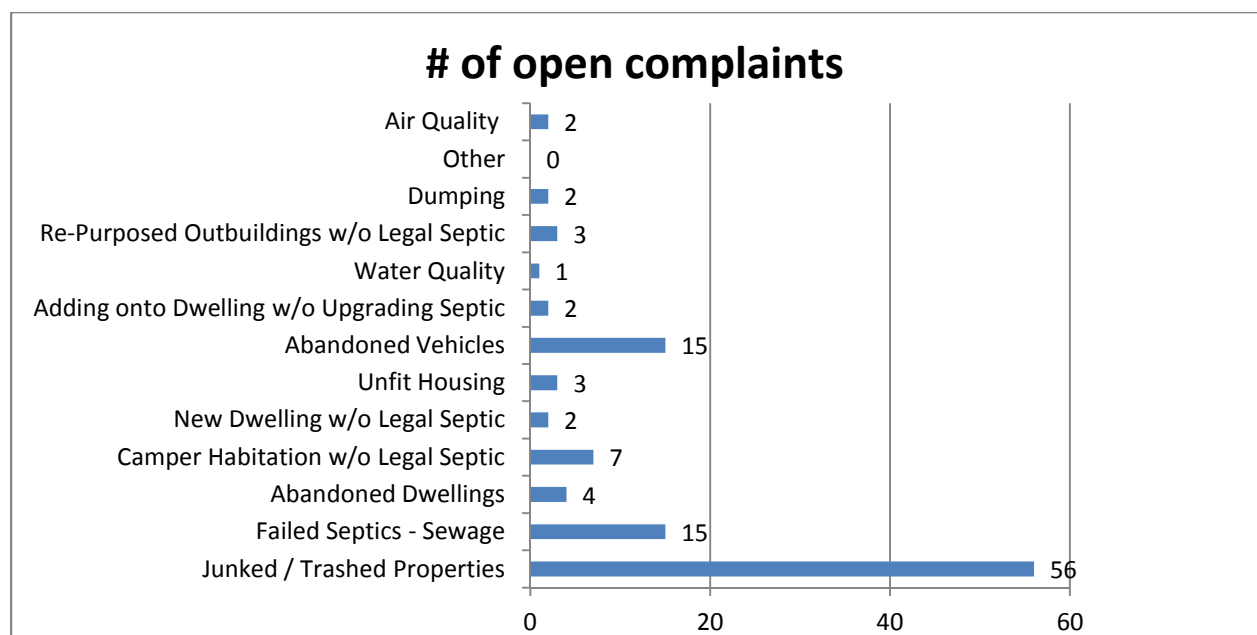
Submitted by Ernie Reed, Environmental Health Specialist

COMPLAINTS, WASTEWATER, PROJECTS, VECTOR CONTROL, SANITATION, WATER QUALITY

COMPLAINTS

At the end of 2017 there were 193 active complaints, which is an increase from 87 active complaints at the beginning of the year. These numbers do not represent the total number of complaints that were resolved by the end of the year, since complaints are added to and removed from the list throughout the year.

Below is a chart of the type and number of each complaint the year of 2017:



Note: This list is based on the number of complaints the health department received and not the number of complaints found to be valid. This data does not reflect the total number of complaints but rather the number of complaints received by two of three environmental health specialists.

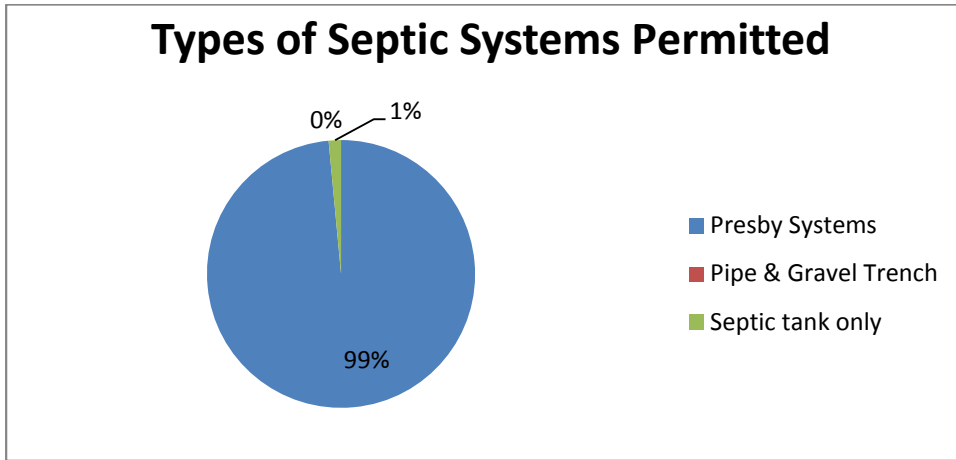
WASTEWATER

There were 175 soil evaluations submitted for review and specification work sheets.

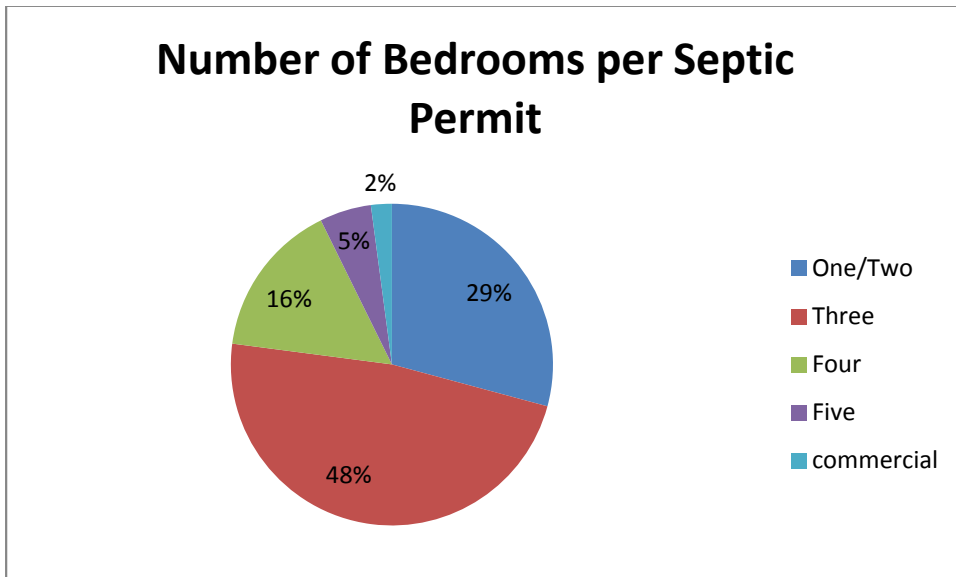
There were 109 septic permits issued in 2017. In 2016, the number of septic permits issued was 85. This is an increase of nearly 22% for 2017.

The number of septic systems installed in 2017 was 68. This is about a 20% increase in septic systems compared to 2016. The average number of registered septic installers in 2017 was 23 (20 in 2016).

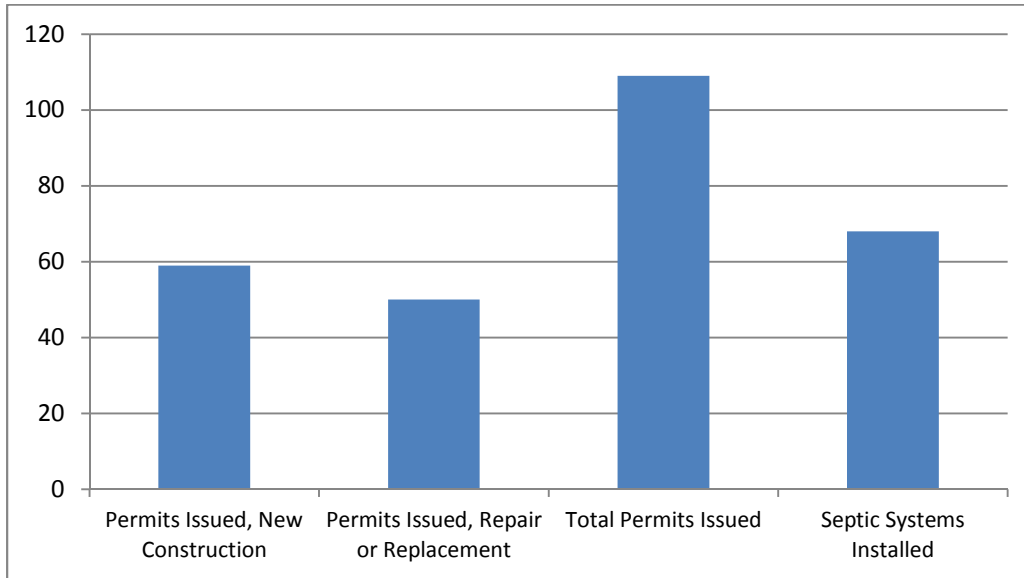
Types of septic systems installed:



Percentage of the number of bedrooms per homes with septic systems permitted in 2017:



New construction, repair, total number of systems permitted and total number of systems installed:



PROPOSED SEPTIC ORDINANCE

- The proposed septic ordinance continues into 2018.
- The latest draft was passed by the Health Board. (November 2017)
- Review and approval from Commissioners (Public input invited)
- The Commissioners will review and (eventually) approve. Changes by the Commissioners will be reviewed. If changes are made, a new draft will be made and the cycle will continue until approved.

FUTURE GOALS

- Instate the new septic ordinance.
- Annual contractor meeting. (Once ordinance is passed.)
- Instate new point of sale inspection. (Once ordinance is passed.)
- Provide training and testing for the new Septic Inspection Program. (Once ordinance is passed.)
- Provide public education classes in environmental health (septic issues) if the interest is there.

ENVIRONMENTAL HEALTH: FOOD PROTECTION

Submitted by Jennifer Heller Rugenstein, Environmental Health Specialist

My responsibilities as an Environmental Health Specialist for the Brown County Health Department mainly involve the inspection of local food establishments and food safety training. However, I have other duties, broken down in this report by these categories:

- Recall notifications to food establishments
- Food Establishment Inspections
- Consultation on new food establishments design
- Published inspections
- Teaching ServSafe Food Manager classes
- Meth house condemnation when needed
- Complaints (hotel, food, smoking)
- Grease traps inspection
- Tattoo parlor inspection
- Food Establishment Database maintenance (jointly with Reception)
- Food Safety and Environmental Outreach
- Conference attendance with educational sessions
- Committee work for Indiana Environmental Health Association
- Executive Committee work for IEHA as Southern Chapter President
- Further Training – in person and with Webinars

I would be happy to provide further information upon request on any area in this report.

RECALLS

Recall information comes in from several email notification services to which I subscribe including the FDA and USDA. Recalls arrive on almost a daily basis, but I usually compile a weekly report unless it is a Class I (most dangerous). Most of the recalls are usually generated by a mislabeled product that failed to include an allergen notification and are not Class I recalls. If there is a Class I recall, I will send out a notice, and follow up by a phone call to local establishments that may carry the product. Recalls are compiled and sent out to all food service establishments in the County either by email or by regular postal service mail to the eight establishments without email. In the email version that I send, there are clickable links in blue type that will take the email recipient to the official recall notice. These links also have additional contact information, product photographs, SKU numbers and where to call for more information.

In 2017 there were 330 various recalls disseminated to our County food establishments. This is slightly lower than 2016, probably due to companies being more careful in labeling, with the expense of a recall a possibility. I do not send pharmaceutical recall notices.

On the recall notices BCHD sent out, if space was available, additional information was occasionally added, such as notification of upcoming ServSafe Food Manager classes or special health information. This was done only on a limited basis and only if a blank space on the page was left open.

REGULAR FOOD ESTABLISHMENT INSPECTIONS

Food establishment inspections were divided between temporary event establishments and full-time regular food establishments.

There were 127 regular full-time establishments in 2017 and of these 172 inspections were performed, which is an increase from 158 inspections performed in 2016 and 136 in 2015.

Of the 172 inspections that were done, the facilities in the highest risk category were all inspected at least once. There are 31 food establishments in the high risk category. Of these, eight had one inspection, ten had two inspections, eight had three inspections, five had four inspections and two had five inspections.

Of the second highest risk category, in which there are 40 establishments, all received at least one inspection. 11 received one inspection and 29 had two inspections.

Of the 56 establishments with lowest risk and only needing one inspection, all but 9 were inspected. These are the lowest risk, and they have the least actual food handling. I missed the Schwan truck again, (all frozen food, and on a once-a-week schedule here in Nashville), St. Vincent de Paul food bank, Valley Branch/Explore Brown County (which only serves hot chocolate occasionally to zip line riders) Brown County Dragway (only Sundays and only in good weather which we did not have early summer), Shepherd of the Hills Foodbank (only open a few hours one day a week) Candy Miller "let's have tea" – operates on an as needed basis every four months or so from Mother's Cupboard, Church of the Lakes Farmers Market (Friday afternoon summer only) , The Banded Rooster at Rawhide Ranch (Tried several times to coordinate our schedule, didn't happen) Uncle Beni's Bar B Q (tried four times, each time he was not there) and Fruitdale Fire Department (fish fry when the Bill Monroe events are going on).

Oliver's Bar B Que was licensed but did not serve food this year, same as Talley's Bar B Q at the Red Barn parking lot, licensed, but he did not open this year.

TEMPORARY FOOD INSPECTIONS

There were 87 temporary facilities applications for 18 various temporary events in 2017, up from 80 temporary inspections applications in 2016. Of the 87 applications, 53 vendors were inspected or 60% of the applicants. Sometimes vendors were not open at the time when I was

inspecting. Ernest Reed inspected part of the Brown County fair with me on a later date to catch the vendors who were not there on the opening day, which I did inspect. Ernest also inspected the Bill Monroe Bluegrass Festival, as I was out of town and also the Story Inn Wine Fair. There is an event almost every weekend starting in spring and going throughout the summer.

Here is the 2017 breakdown by event:

- Brown County 4-H craft fair in May – 1 vendor not inspected
- Story Wine Fair-3 vendors, Ernest Reed inspected
- Antique Machinery Show – 2 vendor applications, rained out
- Bill Monroe Bluegrass- 8 vendors, Ernest Reed inspected
- John Hartford festival- 8 vendors, 4 inspected (others not open)
- South Gospel – 3 vendors, not inspected
- BC Extension Homemakers- 1 vendor, not inspected
- 4-H Animal club- 1 vendor, not inspected
- Jerry Garcia Tribute—2 vendors, 2 inspected
- Brown County Fair- 10 vendors, 10 inspected (Ernest Reed did 2)
- Bluesfest—7 vendors, 7 inspections
- Story “Hoosier Hops’n Harvest” – 1 vendor (Brozinni’s) not inspected
- Bikefest—7 vendors 2 tattoo, all inspected
- Gnawbrew—3 vendors, 2 inspected
- Kelp Pumpkin Patch- 1 vendor, not inspected
- Dead Barn Fest—1 vendor, not inspected
- Jr. Leader Bake Sale- 1 vendor, not inspected
- Uncle Pen days—8 vendors, 6 inspected

There were some closings. Pineroom Tavern closed in late fall and Tacos Mia truck did not operate or license this year.

CONSULTATIONS

New food establishments opened in 2017 were: Big Woods Food Truck, Bird’s Nest Café, Gnawbone Coffee ‘n Bakery, Gnawbone Country Store and Bakery, Gnawbone Bar B Que, Heartland Tattoo and Helmsburg Store. I was consulted prior to opening for all of these for design questions and requirements, except the Tattoo store, which opened without a license and has since been corrected.

PUBLISHED INSPECTIONS

The *Brown County Democrat* newspaper published all the food establishment inspections that I forwarded to them for 2017 during the year. I will finish sending these in early 2018 for publication. These inspections are also posted on our Brown County Health Department website as PDF files. They can be seen and opened but not amended in any way on this website. Inspections are public record 10 days after the inspection. Viewers have the option to see the inspection history of our food establishments, starting with the 2011-12 inspections and

up to our current date. This information has been well received by the community, and gives the restaurants further incentive to have a good inspection.

Inquiries were made from several retailers about putting food in their operations. In addition to local questions, I probably answer 3-4 calls weekly concerning food trucks/mobile vendors.

All camps were inspected at least once. There were no major issues at any of the camps.

There are currently eight operating B&B's in the county. There are six schools, 23 non-profits, and 10 camps.

SERVSAFE CLASSES

This year I taught 11 ServSafe classes, and proctored 4 online ServSafe tests. There were a total of 68 people in the classes.

I, or John Kennard who is also certified, can proctor an online ServSafe exam at the health department on our computer. Any person desiring ServSafe certification can take the class online, but the test needs to be proctored at a testing center to take the test to pass the class. We charge \$50 to proctor the test with advance notice to set up the online test with ServSafe.

METH HOUSES

I am assigned to do condemnations on houses that have been determined by the sheriff's department to have had meth production. The house is condemned until it is cleaned and certified by a qualified inspector. I have submitted an ordinance to the commissioners so that this process is clear as to the health department responsibilities. This ordinance was taken from another county's ordinance with review by our attorney and the county's attorney. It has yet to be voted on and adopted.

This year no houses in Brown County were involved in meth production. There were only three instances in 2017 in this county of meth production and all were in the woods, outside of structures, which required no further action on my part. There is overall a reduction in meth production due to other drugs becoming more available and inexpensive. Meth production also requires certain chemicals which are more regulated now.

SMOKING

I am responsible for follow-up on smoking complaints. I work with Indiana State Excise Police on this. They will send me a notice if they receive a complaint, and I will respond to them with the results of an inspection of the complaint. We had a complaint once on smoking in the kitchen two years ago, where I responded twice and then turned it over to the Excise police when the smoking ban was still being violated. It has not been a problem since.

GREASE TRAPS

The Town requested in 2015 that the Health Department assist in inspecting Grease Traps, due to a large quantity of fats, oil and grease arriving at the wastewater treatment plant. Initially, I was to do these inspections with a Town employee, but then it was agreed at a meeting of the Health Board for me to do the inspections alone and the Town would pay \$25 an inspection. I designed a check sheet and informational sheet for food establishments that fall within the sewer lines of Nashville, and sent out a general email notice on who would be required to have a grease trap in 2016. Once I started looking for these grease traps in restaurants, I realized for the most part I would not be able to get the lids off these traps to inspect them. The establishment with the trap will have to provide an employee to assist me with the removal of the trap lid and then return of the trap lid, which requires advance notice and scheduling of a visit with their maintenance staff or someone capable of assisting. Some of these trap lids weigh quite a bit due to their construction of iron. I am also not required to go up on roofs to look for grease build-up. Some grease traps are actually like a septic tank, called an interceptor and are in-ground. These need to be opened like a septic tank and to be pumped out professionally. I do not inspect these. The Town of Nashville has issued two documents with guidance on grease traps on their website. I will ask about the grease trap during inspection, and whether or not it is being cleaned regularly but it is unfair to the establishment to ask to have these opened during working hours. They have a very bad strong odor that could permeate the facility.

The grease trap issue has not been a priority this year with the exception of one needed at Carmel Corn Cottage, as the town felt the grease in that line was coming from there. I was asked to speak to the owner about getting a trap and I referred him to the town for sizing of the trap.

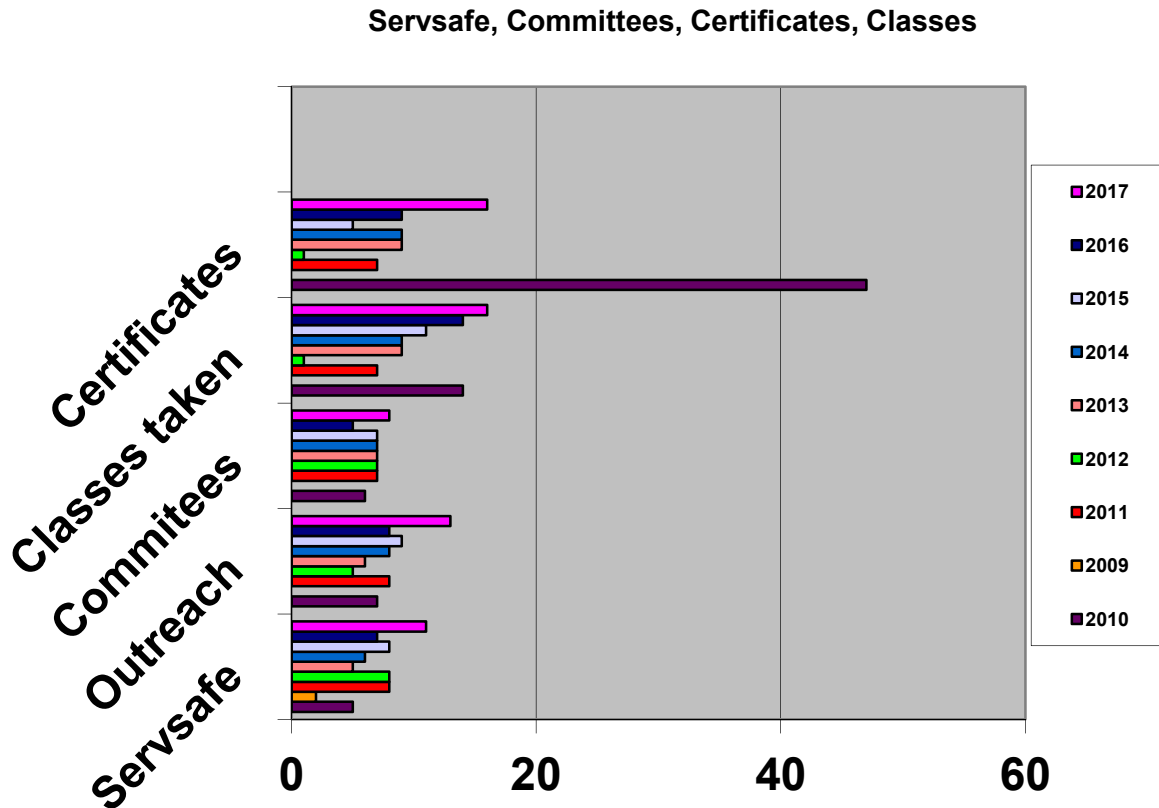
TATTOO PARLORS

There is now a tattoo parlor in town, Heartland Tattoo. Two artists work there and it is licensed. There are also two mobile tattoo parlors that attend Bikerfest. There were no issues there either.

FOOD ESTABLISHMENT DATABASE

All full-time regular food establishment inspections are entered electronically into the Health Department database "S" drive. These can be accessed by anyone in the office and can be transmitted electronically via email, or provided as a paper copy to whoever requests a copy (subject to the 10 day waiting period). All of 2017 inspections are now in electronic format and on file and also exist as a paper copy in the file cabinet with original signatures.

The State Department of Health has a new software program as an electronic way to enter inspection data and replacement for the much hated “CodePal” which we did not enlist into. We are not going to consider this new software until it is more popular and shown to be a good alternative. So far the reports are not promising. The State would like everyone to be on the same software so inspections can be tracked.



OUTREACH

The following outreach projects were accomplished:

- A general food safety class was given to Happy Hollow Camp counselors prior to summer camp start-up
- I secured three interns from IU to assist our department over the year. One was in the Master’s Program and started work for an environmental company after leaving here.
- Several articles were submitted to *The Democrat* newspaper; one on the West Nile mosquitoes found in our county in September, one on the Mass Casualty training that two members of the Health Department participated in (Corey Frost and myself), one on food safety in emergencies, one on summer health concerns, one on ticks and 2 on mosquitoes and bite prevention

- Mention was made of an article I wrote about rogue meat sales in the Food Safety News magazine on January 5th
- I obtained grant from the Lion’s Club to print Handwashing signs that were distributed to many food establishments.
- I provided several articles for the Indiana Environmental Health Association newsletter on tours for the Southern Chapter and trainings held here in Brown County
- I brought in and coordinated the NCBRT Class “Managing Food Emergencies; Strategies for Community Response”
- I brought in the class “Bomb Prevention Awareness” from DHS- Office of Bombing Prevention
- I brought in a Radiation Awareness Course from IDHS
- I consulted on 6 other new establishment’s design.
- I obtained from the American Lung Association 25 free Radon test kits, advertised these in the Democrat, and distributed them to Brown County residents.
- After extensive negotiations, I assisted in developing a new license for Farmer’s Market meat vendors as part of the licensing ordinance for food vendors at Farmer’s Markets—not to include mobile food trucks, this new license is for wholesalers, or people with a food establishment in another County that wish to sell meat, fish or poultry
- I provided a PowerPoint presentation on Farmer’s Market rules and regulations to the St. David Farmer’s Market. This was also shared via email with other Market Masters.

MEETINGS & COMMITTEES

Currently I am serving on the following committees:

- IEHA Southern Chapter –President and Executive Board Committee Representative- as President this year I was responsible for coordinating four meetings, which included tours and educational speakers. These were:
 - Feb 2017- DeWig’s Meat market in Haubstadt, IN
 - Tour of the Rex Vault Company in Odon, IN
 - July 2017- St. Meinrad’s Abbey
 - Dec 2017- Toured the historical French Lick Hotel.
- IEHA Terrorism and All Hazards Prevention Committee – Chair; responsible for IEHA Fall Conference speakers and committee projects such as training session set up and logistics and a monthly news email.
- LEPC for Brown County – Environmental Health Rep and Vice-Chair
- EMAC for Brown County – Environmental Health Rep and Secretary
- ISDH Food Protection Committee member
- Food Safety Defense and Task Force member
- INEHRT Environmental Response Team Secretary

ONLINE MEMBERSHIPS

- FoodShield member
- Infragard Member
- IOWPA member

OTHER MEMBERSHIPS

- Indiana Environmental Emergency Response Team (INEHRT)
- Indiana Environmental Health Association

CERTIFICATE CLASSES

The following certificate classes were completed in-person:

- Mass Fatalities by IDHS
- Managing Food Emergencies; Strategies for a Community Response
- Bomb Prevention Awareness
- Radiation Awareness

CERTIFICATE CLASS ON-LINE

- Legal Aspects of Public Health food Safety
- Crisis and Emergency Risk Communication (CERC)
- Food Code Chapter 1 (FDADC02)
- Food Code Chapter 2 (FDAFC07)
- Food Code Chapter 3 (FDAFC06)
- Food Code Chapter 3 Part 1 (FDAFC03)
- Food Code Chapter 3 Part II (FDAFC05)
- Food Code Chapter 4 (FDAFC08)
- Food Code Chapter 5 (FDAFC04)
- Food Code Chapter 7 Poisonous and toxic material (FDAFC01)
- Plumbing Controls for Commercial Food Establishments
- Pipeline Emergencies Awareness Level

CONFERENCES ATTENDED

- Indiana Vector Association Conference
- IEHA Fall Conference
- FirstNet Conference at French Lick
- Midwest Damage Prevention Conference, French Lick
- CITES Environmental Symposium conference in Indianapolis- educational environmental sessions on water, air quality, legislative updates, and IDEM

WEBINARS

I listened to several webinars online in 2017- all related to Food Safety, FSMA, Allergens, and FDA information

AWARDS

- Environmental Health Specialist of the Year, Indiana Environmental Health Association award
- IEHA President's Commendation for Chairing the Terrorism and All Hazards Preparedness Committee in 2017

STANDARDIZATION

I am still a Standardized Food Inspection Officer for the State, the State Health Department has no one who can re-certify this license, due to their time constraints, but they tell me I am not expired. The State has not been able to certify or re-certify anyone in 2015, 2016 or 2017 due to lack of staff.

GOALS FOR 2018

- To promote food safety throughout the County by classes, articles and educational information to food establishments during inspections.
- To continue my committee work both through the Indiana Environmental Health Association and through our local EMAC and LEPC
- To inspect and have a continuing Health Department presence at temporary events both at the event and in advance of the event by information provided to potential vendor attendees of the event specifying our requirements.
- To attend all IEHA meetings either by conference call or in person
- To bring at least two major trainings to Brown County on Emergency Preparedness/Food Safety
- To attend the Pumper Show (now called the WETT show), the Indiana Emergency Preparedness Convention as the Brown County LEPC representative, the First Responder conference, the Infragard Conference and the two conferences sponsored by the IEHA in Spring and Fall
- To attend the onsite Wastewater training at ISDH in January
- To take at least 2 additional training sessions in person
- To continue to monitor local news for any mention of food related events to make sure licensing is done if required and that groups serving food know how to do so safely
- To provide consultation to any establishment with questions on food service or safety requirements
- To disseminate food safety knowledge whenever I can

As an environmental health specialist, I am also trained in septic site evaluation and inspection for septic construction. I am called upon occasionally to do site evaluations for new septic systems and ongoing septic construction. This is on an "as-needed" basis

Hopefully 2018 will be a safe year for food in Brown County. I am happy to discuss any aspect of this report further upon request.

NURSING

Submitted by Jennifer Unsworth, RN, Public Health Nurse Supervisor

VISION: Healthy people in a healthy Brown County community.

MISSION: Promote physical and mental health, prevent disease, injury and disabilities.

PUBLIC HEALTH

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists the community in recovery
- Assures the quality and accessibility to health services

ESSENTIALS OF PUBLIC HEALTH

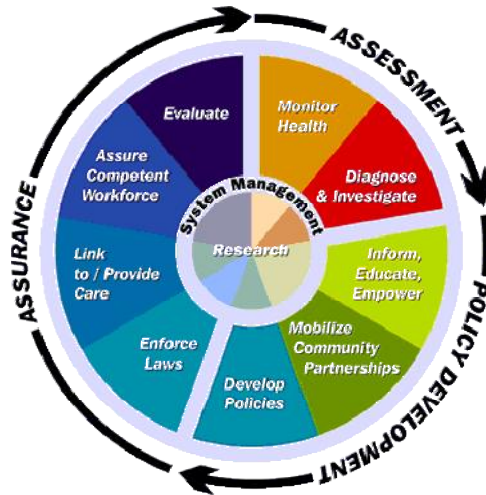
- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

NURSING STAFF OF BROWN COUNTY HEALTH DEPARTMENT

Kelly Hilligoss, RN, BSN, hired May 2017

Seleah Settle, RN, BSN, hired November 2017

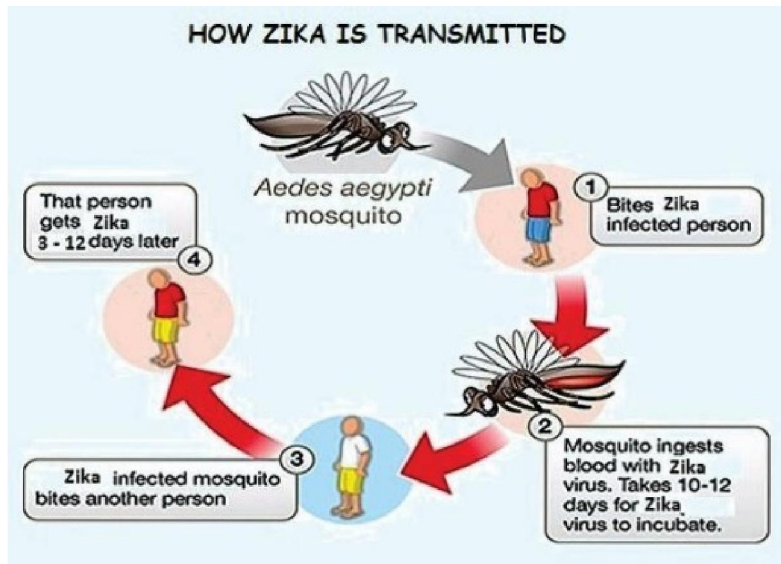
Jennifer Unsworth, RN, Public Health Nurse Supervisor



EMERGENCY PREPAREDNESS

Planning and preparing for emergencies due to biological, chemical, radiological, or natural event continues through training and participating in exercise drills.

2017 CONTINUATION OF CONCERN FOR THE ZIKA VIRUS IN THE UNITED STATES OF AMERICA



Initially associated with travel to infected countries

ZIKA VIRUS

For anyone who plans to travel to **Zika-affected areas**, avoiding mosquito bites is the best way to avoid exposure to the virus.

Zika virus is primarily spread through the **BITE OF INFECTED MOSQUITOS.**

MOTHER-TO-BABY & SEXUAL ACTIVITY
If a pregnant woman is bitten by an infected mosquito, the infection can cross the placenta, infecting the fetus.
The virus can also be transmitted sexually.

TRANSFUSION
The virus can also be transmitted through blood transfusion or laboratory exposure.



The Zika virus was first discovered in 1947 and is named after the Zika Forest in Uganda. In 1952, the first human cases of Zika were detected and since then, outbreaks of Zika have been reported in tropical Africa, Southeast Asia, and the Pacific Islands. Zika outbreaks have probably occurred in many locations. Before 2007, at least 14 cases of Zika had been documented, although other cases were likely to have occurred and were not reported. Because the

symptoms of Zika are similar to those of many other diseases, many cases may not have been recognized. (<https://www.cdc.gov/zika/about/overview.html>).

In January of 2016, the federal Centers for Disease Control and Prevention (CDC) issued a national health alert to healthcare providers and state and local health departments about recognizing the Zika virus in returning travelers from Zika-affected areas. Indiana State Department of Health activated IHAN alerts and began to prepare for Zika cases in Indiana in returning travelers from the countries affected. The Brown County Health Department nursing division began its role to educate. The local medical practices were informed of the health alerts from the CDC or ISDH through faxing. Also, an educational board was created for people to see current information to read. The school was also updated on pertinent information especially prior to spring break, which is the time of typical travel to warm climates where the *Aedes aegypti* mosquito may be present. The goal was to stop the spread of Zika. Wear protective clothing and use insect repellent and, if planning on becoming pregnant, avoid any travel to affected areas. Through the course of the year we saw that Zika began to occur from local transmission in the states of Florida and Texas. Indiana saw cases related to travel or sexual transmission from travelers. At the present, no cases of local transmission from the *Aedes aegypti* mosquito have occurred in Indiana. Should a case of Zika develop in an individual from Brown County, the nurses would do a case investigation involving travel history and sexual contacts. In the event a woman would contract Zika and a pregnancy developed, the infant and mother would be followed.

Sequella of Zika during pregnancy

Range of Microcephaly Severity



LOCAL EMERGENCY PLANNING COMMITTEE

The nursing staff participates in the Local Emergency Planning Committee (LEPC) with exercises and bimonthly meetings (6 meetings per year). The LEPC reports directly to their LEPC chairperson and the Indiana Emergency Response Commission (IERC). The LEPC is a state

agency. The committee has been appointed by the IERC as a special state appointee. The primary purpose of the committee is to implement Sara Title III in Indiana, but its broader purpose is to enhance environmental protection and public health and safety as these are affected by chemical hazards in Brown County. The committee includes representatives from the following: local and state government, law enforcement, emergency management, fire departments, emergency medical services, health, hospital, environmental, transportation, media, industry, and community groups. Nursing assisted in the organization and participated in the LEPC tabletop exercise at the Brown County EMA building. The incident the exercise covered was for a hazardous chlorine spill. Jennifer Unsworth, Kelly Hilligoss, and Seleah Settle attended representing the Brown County Health Department.

LEAD SCREENING

Lead is a heavy metal that has been widely used in industrial processes and consumer products. Lead's effects on the nervous system are particularly serious and can cause learning disabilities, hyperactivity, decreased hearing, mental retardation and possible death. Lead is particularly hazardous to children between six months and six years of age because their neurological system and organs are still developing. Children who have suffered from the adverse effects of lead exposure for an extended period of time are frequently in need of special health and educational services in order to assist them to develop to their potential as productive members of society.

Lead was removed from gasoline in the United States in the early 1980s. However, significant amounts of lead remain in the environment. Some common lead containing substances that are ingested or inhaled by children include: dust and soil; tap water; food stored in lead soldered cans or improperly glazed pottery; traditional folk remedies and cosmetics; lead-based paint that is peeling, chipping, or otherwise in a deteriorated condition; lead-contaminated dust created during removal or disturbance of leaded paint in the process of home renovation; and, lead-contaminated dust brought into the home by adults who work in an occupation that involves lead or materials containing lead, or who engage in a hobby where lead is used. Toys and other products manufactured outside of the United States have also been identified as a source.

Local Health Officers are responsible for ensuring the provision of case management to all children less than seven (7) years of age in their jurisdiction (410 IAC 29-2). A staff person authorized by the local health department to perform case management responsibilities will contact you about services for your lead poisoned child. The case manager will:

1. Work with your child's primary medical provider on follow-up treatment.
2. Assist in arranging a retesting schedule for your child.
3. Arrange for testing other children in your home who are under 7 years old.
4. Conduct an initial home visit to assess further needs your child or children may have.

5. Help you arrange an environmental assessment to find out the cause of your child's lead poisoning.
6. Recommend other actions that the local health officer believes will assist you in preventing the child's blood lead level from increasing.

All parents are reminded of the importance of lead screening and are educated on the risk to the child who experiences a lead exposure. Posters informing parents of the importance of lead screenings are prominently displayed for viewing. Parents are advised that all children should be screened for lead at one and two years of age. Many of our children seen are on Hoosier HealthWise insurance and have their lead screenings done at their medical provider's office. The Brown County nursing staff is notified of any child with an elevated lead level by the Indiana State Department of Health Lead and Healthy Homes Division. Parents and the child's medical provider are contacted. The parents are provided information on the dangers of lead and provided screening questions to determine where in the child's environment their child could have been in contact with lead, such as soil, toys containing lead paint, dishes and also the environment in which the parents work. The Brown County Health Department provides lead testing for children under the age of seven. The nurses call the parents with children whose blood lead level is border line to educate them on lead dangers, nutrition, and clean home environment. Lead level screening is required for entry into the Head Start Program when the child is 3-4 years of age. The Head Start Program is a program of the United States Department of Health and Human Services that provides comprehensive early childhood education, health, nutrition, and parent involvement services to low-income children and their families.

Lead screenings = 2 performed at the health department.

Lead Levels monitored and followed but not performed by BCHD: 1

Educating parents of the need for a lead level check by the Brown County Health Department or their health care provider will continue as a priority. As with most dangers, until there is media attention to the matter, it isn't a subject on parents' minds although it is very dangerous for the minds of their children.

As of January 2017, the lead level for a confirmatory test has been reduced to 5.9-9.9 ug/dL; prior to this year the level was 9.9ug/dL of blood.

ADULT HEALTH PROGRAM AND ADULT SCREENINGS

The nurses at the Brown County Health Department conduct adult screenings at the Hickory Ridge Senior Center (12 dates in 2017) and other locations in the community upon request. A total of 65 seniors were screened at the Hickory Ridge Senior Center and provided education related to any screening results. If the screening was a significant issue, the senior's medical provider was notified and information faxed to their office. At the location, the nurses provide screening for height, weight, BMI. This is beneficial to identifying seniors that may be losing weight or gaining weight. Both are important indicators of health in seniors. Weight loss can be

from lack of food sources, loss of taste, dietary restriction, memory loss (forgetting to eat) or disease process. Weight gain may be due to water retention, which may be caused by diet (high sodium) which may raise blood pressure or not taking medications as prescribed, such as diabetic medications or diuretics. Weight gain may be caused from high calorie intake from sweets or carbohydrate meals. As individuals age the salt and sweet taste often are the only taste sense seniors have so their diets often include more sweet and salty foods. Unfortunately, both weight loss and gain issues can have serious effects on seniors' health. Clients are also screened for anemia by finger stick hemoglobin, and a blood sugar for identifying diabetes or low blood sugar. Some of the clients are known to have diabetes. Any problems are reported to their medical provider or seniors may be referred to other agencies that provide services to seniors. Nutrition education is provided at each clinic.

Any adult is welcome at the senior center clinics but younger clients tend to prefer an appointment at the health department. The health screenings in the Brown County Health office provide early detection or monitoring of health problems. Information on risk reduction is a benefit offered to Brown County citizens for a healthier life. Many health problems and diseases leading to premature death or disability are preventable. Screenings that assess health risks, increase knowledge of the catastrophic health risk, and provide information, guidance, and support of healthier lifestyles can have a major influence on reducing health problems. Parents of children in for immunizations are notified of the screenings available and on smoking cessation programs available. Individuals without health insurance are referred to WindRose Health Center. This is a community health center which provides reasonably priced, family-oriented, comprehensive, primary and preventive health services. It strives to serve as a "medical home" for patients that emphasizes long-term, holistic approaches to care that includes prevention and health promotion. The centers charge affordable fees while offering a "sliding-scale fee" to consumers with limited financial means and no insurance. Patient navigators are also available to assist patients with applying for insurance through the affordable health care exchange.

One goal of the health department is to educate Brown County citizens, social groups and other agencies of the role of public health. Public health nurses care for the entire population of the community. Screening tests are not diagnostic tests; the primary purpose of screening tests is to detect early disease or risk factors for disease in large numbers of apparently healthy individuals. The purpose of a diagnostic test is to establish the presence (or absence) of disease as a basis for treatment decisions in symptomatic or screen positive individuals (confirmatory test).

	Screening tests	Diagnostic tests
Purpose	To detect potential disease indicators	To establish presence/absence of disease
Target population	Large numbers of asymptomatic, but potentially at risk individuals	Symptomatic individuals to establish diagnosis, or asymptomatic individuals with a positive screening test
Test method	Simple, acceptable to patients and staff	May be invasive, expensive but justifiable as necessary to establish diagnosis
Positive result threshold	Generally chosen towards high sensitivity not to miss potential disease	Chosen towards high specificity (true negatives). More weight given to accuracy and precision than to patient acceptability
Positive result	Essentially indicates suspicion of disease (often used in combination with other risk factors) that warrants confirmation	Result provides a definite diagnosis
Cost	Cheap; benefits should justify the costs since large numbers of people will need to be screened to identify a small number of potential cases	Higher costs associated with diagnostic test may be justified to establish diagnosis.

The number of individuals screened:

Blood Pressure/Pulse = 74

Diabetes Screenings = 68

Urine Checks = 3

STD Prevention and Education = 11

Cholesterol Screenings = 9

Height = 3

Weight = 57

Hemoglobin = 71

Temperature = 5

HEALTH EDUCATION

Health education is provided daily by phone, in person, or in written form. The topics covered include information on various communicable diseases and prevention practices. Other topics of health education include: nutrition, low iron levels, elevated cholesterol, elevated blood sugar, prenatal nutrition including folic acid and food high in calcium, potassium and fiber, transmission of STDs, prevention, and places to receive diagnosis and/or treatment of STDs, and daily information regarding vaccine preventable diseases. Because Indiana's immunization rates for the human papilloma virus are so low and it is not a required vaccine for school, the nurses have been highlighting cervical cancer prevention through the immunization of teens with GARDASIL 9[®]. Many individuals have misinformation on the vaccines and cervical cancer

so this provided the nurses the opportunity to inform parents on cancer prevention. For the health education, the length of time spent with each individual varies according to their knowledge base and level of understanding of the subject matter.

HEAD LICE PREVENTION PROGRAM

The Brown County School Corporation no longer does scheduled head checks for lice or nits in the elementary and intermediate school. The Indiana Department of Education does not encourage schools to check for lice or withhold a child from school if the child has nits. If a child is referred to the nurse by a teacher, the child is checked by the health assistant or nurse and then can return to class. They are not sent home. The parent or guardian is provided notification by note or call regarding the lice issue. This has greatly reduced the number of cases of lice we see. Parents are telling us that there is a problem with lice in the schools and some of the cases are not being treated. Parents are taught that infestation with head lice (*Pediculus humanus capitis*) is very common among preschool and elementary school age children and are **not** known to transmit disease. Also, an infestation of head lice is not an infection. It does not pose a significant health hazard and no disease is spread through lice; however, secondary bacterial infection of the skin resulting from scratching can occur with any lice infestation. The most common symptom is itching due to sensitization to allergens in lice saliva. Many times there are no symptoms. Occasionally the scratching leads to chafing and secondary bacterial infection requiring treatment with an antibiotic. The public health disease impact from Pediculosis capitis is negligible. The purpose of this public health program is to provide a comprehensive guide to identify, educate, treat, manage, control, and prevent head lice infestations. Head lice can be a sensitive topic; the nurses strived to make recommendations in the best interest of children and others impacted by head lice. The big challenge is treating our culture's response to head lice rather than the condition itself. The core of that treatment is educating the families in a calm and nonjudgmental fashion and offering support to all involved. Resources are also available at reduced cost for purchase for nit removal. Education is provided verbally and in print for individuals to refer to later because the parent and/or child may be overwhelmed and stressed emotionally and may not retain all of the information. Information provided includes information on lice, their life cycle, treatments and precautions to follow when using chemical treatment and alternative treatment to pediculicides such as olive oil and mayonnaise, which can be used to smother live lice but does nothing to the nits. Heads are examined for lice and/or nits upon request. Referrals are accepted from schools, clients, physicians, or service agencies.

Nit combs dispensed = 4

The Brown County Health Department no longer dispenses NIX® for lice treatment. The company that we had purchased the product from was sold and is now the same price at what is available in stores. Children on Medicaid are eligible to receive Sklice® (ivermectin) Lotion, the only FDA-approved, single dose head lice treatment with ivermectin at no cost.

MATERNAL CHILD HEALTH SERVICES

This service offers support, information, and advice regarding parenting, child health and development, child behavior, maternal health and well-being, child safety, immunization, breastfeeding, nutrition, family planning, and pregnancy testing. Referrals to other organizational programs are provided to assist the parents with meeting their needs and their children's needs. Parents are informed of the nutritional assistance programs within the county, such as WIC, Food Bank, Salvation Army, Mother's Cupboard, St. Vincent DePaul, and the food pantry with an emphasis on the importance of nutrition on maternal and child development. Children are referred to First Steps if any physical or developmental delays are suspected. Parents are informed they can also self-refer to First Steps and are provided the web site to apply for an evaluation of their child at <http://www.firststepssoutheast.org/general-referral-form/>. If the parent does not have access to a computer, the nurses at the health department can make the referral. The mission of First Steps of Indiana is to assure that all Indiana families with infants and toddlers experiencing developmental delays or disabilities have access to early intervention services close to home when they need them. This is accomplished through the implementation of a comprehensive, coordinated statewide system of local interagency councils called First Steps. Indiana's First Steps System is a family-centered, locally-based, coordinated system that provides early intervention services to infants and young children with disabilities or who are developmentally vulnerable. Brown County is in cluster J with an office in Columbus, Indiana. Referrals are done via an online form. If parents do not have access to the internet, the nurse can fill in the form at the health department and provide the parents with a copy of the referral form.

Infant mortality is a serious problem in Indiana. Infant mortality is defined as the number of infant deaths per 1,000 live births during the first year of life. The three primary causes of infant mortality are perinatal complications, birth defects, and SIDs (Sudden Infant Death Syndrome). The nursing staff at the Brown County Health Department is committed to reducing infant mortality. Pregnancy testing is offered for free and confidentially. Women who are pregnant are provided with resources to take home with them as well as verbal information on weight gain, nutrition with emphasis on folic acid and the role it plays in fetal development and prevention of birth defects, and information on balanced diet. We inform them free prenatal vitamins are available at Marsh, Kroger, and Meijer grocery stores in the pharmacy departments. Mothers are provided a pamphlet on the WIC nutrition program and explain that the foods chosen to be on the program are high in iron and folic acid. Mothers are advised to stop smoking and are offered a smoking cessation program at the health department or through the use of 1-800-QUIT NOW. Referrals to agencies such as Department of Family Services are done for women that are uninsured. Mothers receive presumptive eligibility so that they can see a medical provider during their first trimester. Other programs the women are referred to include Healthy Families and Clarity (formerly Pregnancy Care Center). The goal is to improve birth outcome. The prenatal patient is also encouraged to be honest with her

provider regarding any drug or alcohol usage. The warning signs of pregnancy complications that may affect the fetus or mother are explained as well as the signs of preterm labor. Families are also referred to education and employment programs through Work One and the Career Resource Center. Mothers that are homeless can be referred to the Women's Resource Center. Women are also educated on breastfeeding and encouraged to breastfeed, emphasizing the health benefits for the infant and mother and how cost effective it is to breastfeed. Mothers and their sexual partners are encouraged to obtain testing for sexually transmitted diseases, including HIV. If a pregnant woman's partner and/or father of the baby or others that will have direct contact with the infant are uninsured, they are provided information on the Adults Vaccine Program. This provides the Tetanus Diphtheria and Pertussis vaccine (Tdap) at no cost to the individual to protect the infant from development of Pertussis from a family member. It is an extremely dangerous and, at times, fatal disease for infants. Immunization to protect the infants does not begin until the infant is 6 weeks to 2 months of age so they are vulnerable to the disease if those around them are not immunized.

Women with a negative pregnancy test are offered condoms and referred to agencies for STD testing, family planning, and preconception education. Non-insured women are referred to Futures in Bloomington IN. The Futures Family Planning Clinic provides family planning health services for adolescents, men, and women. Affordable services are available on a sliding fee schedule, which means that the fees are based on their income. Services that are offered include: female exams including pap, breast exam, pelvic exam, pregnancy counseling, testing and referral, sexually transmitted disease testing and treatment, including HIV testing, gonorrhea and chlamydia, emergency contraception (Plan B), health education, birth control counseling and supplies including pills, patch, shot, IUD, and condoms.

Number of pregnancy tests = 17 Positives = 8

IMMUNIZATION SERVICES

Immunizations have been called the greatest achievement in public health behind safe drinking water. It saves millions of lives each year. Children and adults are provided immunizations against vaccine preventable diseases according to the ISDH policy. Indiana State Department of Health Immunization Division directs the policy and changes are made based on funding provided by Health and Human Services through the Center for Disease Control and Prevention to the state of Indiana. The Affordable Care Act has shifted money away from the immunization program because insurance providers are to cover preventative services, including vaccines. Parents of Brown County children have voiced anger about the health department's inability to provide vaccines locally but screening of all children for insurance is done on all patients verbally when an appointment is made. Screening is also done at the time of the immunization visit. Parents are required to fill out a form entitled Patient Eligibility Screen Record and this form becomes a part of the patient's chart as documented proof the nurses are stewards of the federally provided vaccines. Public health is facing new challenges with the funding changes at

the state and federal level. The direction of public health according to CDC is that “public health must be run like a business”. Billing for private insurance is being considered since everyone is to be insured. Brown County Health Department became a provider of Indiana State adult funded (317) vaccines. These vaccines are provided to adults that are uninsured or underinsured with specific medical needs or lifestyles that puts them at risk for certain disease. We also provide adult vaccine at the cost of the vaccines for individuals nineteen years of age and older that are not included in the requirements for state funded vaccines. Immunizations for protection against Hepatitis B for those identified at risk due to employment exposure are provided at the agencies or individuals expense. Influenza (flu) vaccines are provided to insured individuals at cost.

Immunizations given to adults 19 years and over = 510

Immunizations given to infants and children through 18 years = 531

Total number of patients = 371

Total number of vaccines = 639

TUBERCULOSIS

This program serves all ages and interprets the extent of Tuberculosis in Brown County. This is accomplished through the identification and supervision of Tb patients, contacts, suspected cases and associates, and people at risk for Tb. Instruction and help in understanding the diagnosis and prescribed treatment of Tb is provided. All patients with active tuberculosis disease are provided medication from Indiana State Department of Health through Purdue University pharmacy. All medication therapy is done under direct observation the first 2 weeks in person and then may continue via an electronic method to visualize that the patient is compliant in taking all medications.

Groups screened for Tb include the Sheriff’s Department, group home workers, daycare workers, immigrants to the U.S., participants of outpatient treatment programs, foster parents, EMTs, Headstart teachers, Centerstone, Senior Center employees, and college students who are in medical training programs with clinical, such as nursing, EMTs, Paramedics, and X-Ray technology programs. The nurses attended the Indiana State Department of Health Regional tuberculosis training and meeting.

Number of TB Screenings = 82

Number of Active Cases = <5

Number of Latent Cases = <5

Medication set ups = <15

Direct observational therapy <15

ISDH Tb Regional Meeting was attended by the health department nurses. The program educates the nurses on the important issues related to tuberculosis testing, surveillance, and treatment.

COMMUNICABLE DISEASE PROGRAM

The purpose of the communicable disease program is to control the spread and minimize the effects of communicable disease on the individual and the community by providing case management to infected individuals, encouraging screening of high risk individuals, reviewing surveillance of the general population, and investigating potential contacts and sources, as well as educational activities for the general public. The health department nurses use Indiana National Electronic Disease Surveillance System (I-NEDSS) to collect information regarding patients with reportable communicable disease. This is a secure system that provides a method for electronically entering, updating, reporting, and tracking of communicable disease in Indiana counties and creates an online communicable disease program. Communicable diseases are also reported by medical providers, laboratories, patients, and infection preventionists of hospitals or extended care facilities. The trends in increased HIV, Hepatitis B, and Hepatitis C infections are monitored closely due to the increased usage of IV drugs in Brown County, mirroring the development in increased IV drug use in the entire country.

Investigations and follow-up < 75

HEALTH EDUCATION SMOKING CESSATION

The Smoking education and cessation program is offered to those under 18 who wish to discontinue smoking or those referred by the court system. Nicotine Replacements are not used because it is illegal in Indiana to provide nicotine in any form to minors. Adults are referred to the 1-800-QUIT NOW telephone line for tobacco cessation. This program is offered through the Indiana State Tobacco Coalition. Participants are connected with tobacco cessation counselors that are Masters-prepared social workers who begin education and counseling by phone. Participants may receive tobacco cessation patches free of charge. All patients with a positive pregnancy test are referred and encouraged to fill in the consent to contact form as well as advised about the issues associated with smoking and fetal development, and tobacco's effect on the mother's health.

Smoking Cessation Participants = 4. These were all teens that were charged with tobacco possession. If the teens attend the classes and did community service, all charges and fines were dropped by the court. Some of the teens did not complete all of the classes.

OUTREACH ACTIVITIES/PROGRAMS

Outreach activities, program planning, and implementation include explaining public health to all service organizations and educational groups, teaching healthy habits to various audiences, assisting the schools with health education topics, and screenings and participating in community activities to raise awareness of various health issues.

Representation of health department on:

- Brown County Network Meeting
- Brown County Drug Free Coalition (formerly Local Coordinating Council for Drug Free Indiana)
- Healthy Families
- Local Emergency Planning Committee
- Mentorship for nursing students for clinical rotation in public health nursing
- Speaker for various organizations on health topics and issues
- Wellness Committee for Brown County employee Wellness Program

The Brown County Health Department cooperated in the planning, organization, and implementation of a health program for the community that focused on ways to help citizens learn to identify the problems and behaviors that prevent them from developing a healthy lifestyle to prevent chronic disease. The consequences of chronic disease are far-reaching. They include premature loss of life, reduced quality of life, family stress, financial costs to the health care system, and the loss of productivity. The three most prevalent chronic diseases include cardiovascular disease, diabetes, and cancer. These also place the greatest burden on our health care system. Other prevalent chronic diseases include chronic obstructive pulmonary disease (COPD), asthma, mental illness (including depression, stress, and anxiety), and arthritis. Many chronic diseases can be prevented or delayed. Furthermore, some chronic diseases share a common set of preventable biological risk factors, notably high blood pressure, high cholesterol, obesity, and related behavioral risk factors, including smoking, unhealthy eating, and sedentary lifestyle. The Brown County Health Department staff encourages screenings followed by education programs to enable them to adopt and maintain regular physical activity and a healthy eating program. The Brown County Health Department offered CPR and AED classes to community members in order to decrease risk of death during a heart event. 129 became certified in CPR training. The nurses worked with Head Start program instructor to provide information on safety to preschoolers and their parents/guardians.

TRAINING EDUCATION AND OUTREACH PROGRAMS

One of the ten essential public health services, specifically number eight, is to assure a competent public health workforce. Brown County public health nurses are committed to attaining this standard by continuing education and training. Nursing's goal is to retain a qualified public health team of nurses with diverse public health experience. Plans are underway to develop and address gaps in staff competencies and address these gaps with individual training and development opportunities. The nursing department also provides a location for nursing students to receive their clinical training in public health.

The nurses attended the following training programs during 2017:

- A-Z Immunization Training
- Bombing Awareness Training
- Brown County Coordinated School Health and Safety program meeting on school health policy
- Children's Hoosiers Immunization Registry - Web trainings.
- Cities Readiness Initiative Medical Countermeasures Operational Readiness Review Workshop/Training at Indiana State Department of Health
- Corey Frost presented training for and performed execution of POD exercise.
- CPR training and skills testing for instructor
- District 8 Public Health Nurses Meeting
- District 8 Public Health Preparedness Local Health Departments Meeting
- Indiana Immunization Coalition End of Year Conference
- Indiana Immunization Coalition Training
- Indiana State Association of County & City Health Officials (IN SACCHO)
- Indiana State Department of Health Leadership Meeting
- Indiana State Department of Health webcast meeting/training
- Indiana State Public Health Nurses Conference
- Infectious Diseases Summit hosted by Indiana State Department of Health
- Interviewed by a BSN student for her class project at IUPUC regarding services provided for pregnant women
- Interviews with BSN nursing student for the purpose of identifying the location of the county's health statistical data and important health issues for the county citizens. Student was referred to the County Health Ranking website.
- Jennifer Unsworth assisted the Brown County School Corporation nurses throughout the year with teaching Heart Saver CPR/AED Classes. Jennifer assisted in instructing 67 students with the nurses at the school. Jennifer also certified 28 community members as lead instructor at the Health Department.
- K. Hilligoss & S. Settle attended ISDH Public Health Nurse and Environmental Orientation
- Labor of Love Summit hosted by Indiana State Department of Health
- Lead testing training
- LEPC/EMAC Table Top Exercises (2)
- Local Health Department Manager's Association of Indiana Meeting
- Local Public Health Leadership Symposium
- Lunch and Learn sponsored by Bartholomew County Health Department on Meningococcal B
- Meningococcal B Conference & Training through Indiana State Department of Health
- National Immunization Conference

- POD planning meeting and walk through at the Nazarene Church
- Public Health Nurse Conference
- Public Health Nurse Orientation hosted by Indiana State Department of Health
- Public Health Nurse Regional Conference
- Public Health Nurse training on New Communicable Disease Rule
- Public Safety & Public Health Opioid Conference & Training
- Radiation Training
- Risk Management /OSHA Training
- Tri-State TB educational training
- TB Regional Nurses Meeting
- TB skills testing
- The Brown County Health Department served as a clinical site and provided supervision for a nursing BSN student to complete clinical hours in public health nursing.
- The County Wellness Committee partnered with Brown County Parks & Recreation in November to host the Cabin Fever 5K walk/run. The race started and ended at the Brown County High School.
- Training on National Electronic Disease Surveillance System (NEDSS) Base System (NBS). NBS is a CDC-developed integrated information system that helps local, state, and territorial public health departments manage reportable disease data and send notifiable disease data to the CDC. We are switching from INEDSS, SWIMSS TB, and SWIMSS STD to one program for reporting diseases to the CDC and ISDH.
- Vaccines for Children (VFC) training and site visit by Indiana State Department of Health Field Rep
- Vector-Borne Disease Session with District 8 Field Epidemiologist from Indiana State Department of Health

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WHERE WE LIVE, LEARN, WORK AND PLAY.**

<https://www.whitehouse.gov/.../cross-post-celebrate-national-public-health-week-april...>



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