

Public Health
Prevent. Promote. Protect.

Brown County Health Department

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Nashville, IN 47448
812-988-2255

Annual
Report

2016

In accordance with Section 16-1-6-24 of the Indiana Public Code, I am pleased to submit the following Annual Report of the activities of the Brown County Health Department covering the 2016 calendar year.

Respectfully Submitted,

Norman Oestrike, MD
Health Officer

Norman Oestrike, M.D.
Brown County Health Officer
March 1, 2017

2016 Annual Report

Brown County Health Department

This is the third Annual Report I have prepared as the Brown County Health Officer. My four year term expires in December of this year. This report is meant to be a general overview of the Health Department activities and planning. Each health department section has submitted detailed reports about their activities during the year.


I first want to thank Judy Swift Powdrill for her 27 years of dedicated service to the Health Department. Judy is now the Brown County Recorder, and we wish her the best.

The Health Department remains strong and dedicated to the citizens it serves. Our employees have continued to provide excellent health services, including nursing services, immunizations, food services and inspections, environmental services including septic systems and environmental clean-ups, and emergency preparedness. We have also worked diligently to improve and modernize our administrative procedures. The Department has spent considerable efforts to support the development of sewers in Brown County. We have also spent considerable efforts into examining what we might do to help in the scourge of substance abuse in our county. We have spent a lot of time and energy revising our septic ordinance, working closely with the Health Board members, as well as contractors and with other community input.

I remain very proud of all of our staff and their accomplishments. I am also very grateful for the time our board has invested in the oversight of our activities; but also for the direct involvement in revising our septic ordinance and the various legal issues that have arisen these past years.

I wish to reassure the Health Board and our citizens that even though we have no direct role in establishing sewers, our department will continue to support our county in the development of adequate sewage treatment systems. Plans also include working with the Solid Waste Department to help keep our environment clean and healthy. We are also continuing to work through some legal challenges to our enforcement procedures, so that they can be brought up to current legal standards. We also are continuing to monitor the County Hepatitis C and AIDS statistics to try to be prepared if a sudden outbreak occurs in Brown County, as has occurred in other Indiana counties. These are very challenging activities, but we are committed to seeing them through.

Thanks for everyone's support and encouragement.


Norman W. Oestrike, M.D.

Brown County Commissioners

Dave Anderson

Diana Biddle

Joe Wray

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
Judy Hess	Assistant Registrar/Clerical Support
Tina Jacobs, RN, MSN	Public Health Nurse
John Kennard, BS	Environmental Health Specialist – Supervisor
Norman Oestrike, MD	Health Officer
Ernie Reed, AS	Environmental Health Specialist
*April Reeves, BA	Environmental Health Specialist
Jennifer Rugenstein, BFA	Environmental Health Specialist (Food Division)
Judith Swift	Office Manager/Administrator
Jennifer Unsworth, RN	Public Health Nurse
Antoinette Warburton, RN, BSN	Public Health Nurse – Supervisor

*April Reeves resigned in 2016

Expenditures for 2016

	Total Appropriations	Disbursements
Personnel Services Health	\$518,420.75	\$471,749.00
Supplies / Operating Expenses	\$30,875.82	\$26,650.00
Local Health Maintenance Fund and Tobacco II	\$34,271.73	\$22,625.53
Master Tobacco Settlement (LHD Trust Account)	\$14,889.62	\$7,277.85
Local Health Maintenance Fund Carryover	\$1,132.73	\$1,132.73
Public Health Coordinator Base Grant (Fiscal year)	\$15,784.00	\$15,784.00
Cities Readiness (Fiscal year)	\$8,676.00	\$2,882.76
Total	\$624,050.65	\$548,101.87

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 ISDH for approval of expenditures. These dollars are to enhance the Local 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 and detailed as to how the dollars will be used. The ISDH 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.

Public Health funds (Base Grant and Cities Readiness Grant) are pass-through Federal grants from Home Land Security/CDC to ISDH. The budget is approved by ISDH for supplies and all expenditures.

Receipts for 2016

<i>Fees Collected</i>	
Installer Fees	\$2,200.00
Septic Permits	\$17,350.00
Visual Inspections	\$700.00
Food Service	\$23,603.00
Nursing (includes reimbursement for flu vaccine)	\$1,989.00
Vital Records	\$4,635.00
Misc. (copies)	\$10.00
Reimbursement	\$10.35
Total	\$50,497.35
<i>Tax Monies Received</i>	
General Property Taxes	\$476,495.16
Excise Tax	\$37,598.32
Financial Institution	\$717.51
CVET (Commercial Vehicle Tax)	\$1,462.14
Health Department Fees Collected	\$50,497.35
Total	\$566,770.48
<i>Grants</i>	
Tobacco Settlement Local Health Mt Fund Combined	\$34,271.73
Master Settlement (L.H. Trust Account) Now on Calendar Year	\$14,889.62
Base Grant (Public Health Coordinator Expenses)*	\$15,784.00
Cities Readiness **	\$8,676.00
Total	\$73,621.35
Grand Total	\$690,889.18

*Base Grant: This amount will go into the 1159 Health Fund to help offset the Emergency Preparedness coordinator salary. Grant runs from 7/1/2015-6/30/16.

**Cities Readiness: Grant runs from: 7/1/2015-6/30/2016.

OFFICE MANAGEMENT

Submitted by Judy Swift Powdrill, Office Administrator

The Office Manager assumes many of the responsibilities delegated by the Health Officer. The following are a few of the duties assumed by 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 important, independent decisions on day-to-day business regarding the department.
- Prepares the office budgets, attends the budget hearings and submits to Health Board for approval.
- Prepares all financial reports regarding grants, budgets. Sends to ISDH as requested and responsible to State Board of Accts for Audits.
- Attends County Commissioner's meetings as needed or as requested by Health Officer or Board.
- Attends meetings with various county individuals as needed.
- Keeps personnel records for staff.
- Reviews time sheets and gives to Health Officer for signature.
- Answer questions regarding time sheets, corrections.
- Approves time off requests for staff, per health officer. (Health Officer approves Office Managers time off requests.)
- Prepares monthly personnel reports.
- Prepares bi weekly payroll.
- When requested, works with H.R. and Commissioners on Personnel Policy issues and Prep.
- Helps to coordinate activities for Health Officer and Board.
- Most importantly, meets with the Health Officer and keeps him apprised of all events, concerns etc. within the department and works with each department within the office to help ensure the department runs smoothly for the community.
- Prepares Board minutes for Health Officer.
- Attends Health Board meetings.
- Coordinates and facilitates staff meeting.
- Is second in command over department, under Health Officer, per Health Officer.

The office manager works closely with the county health officer. The office manager spends time working with the health officer on a weekly basis regarding 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 sets up staff and makes arrangements and creates the agenda for the health board meetings which are held six times a year.

The office manager and front office personnel are the first persons the public sees. I feel it is my duty to greet them with a smile and helpful cheerful attitude. I feel the office manager should try to be positive and have a positive attitude when dealing with the public. Dealing with the public can be very trying at

times. I feel it is the office manager's job to help the public the best as we can within the scope of our job duties. We set the tone of the office when we greet the public in person or on the telephone.

The office manager also does daily activities in the office such as fielding 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.

Judy Hess was hired April 2014. Judy Hess is quite knowledgeable on the computer. She has continued with the previous streamlined areas in the front office and has developed some as well. Judy Hess was a reporter at the Brown County Democrat. Judy Hess has incredible writing skills and is very detailed oriented. She has been cross trained to do many of the tasks I do, with a few exceptions. With anticipation of winning the election for Recorder for 2017, I started teaching Judy all aspect of my job. This office requires everyone to have a back-up person.

The office has been very busy this past year. The number of septic searches, septic information, food permits, taking information on complaints, etc. has grown. It is great the economy, at least in Brown County, is doing pretty well. Of course this is my outlook based upon the number of things the front office does as public servants.

Work Shops/Conferences attended in 2016

- State Health Officer meetings that include staff
- Office Manager/Administrator meetings held 4 times per year
- Human Resource Meetings
- Wellness Initiative for Brown County Employees and Community
- Partnership Meetings (Was invited to attend once the Partnership was up and running again.)

VITAL RECORDS

There were 100 deaths reported in 2016 living an average age of 77 years.

They were classified as:

CANCER	19
Bladder	2
Esophageal	1
Kidney	1
Liver	2
Lung	6
Head/Neck	1
Ovarian	1
Tumor	1
Anal	1
Uterus	1
Lymphoma	1
Prostrate	1

SUICIDE	2
Hanging	2

OTHER	28
Renal Failure	4
Parkinson's Disease	3
Stroke	2
Gastrointestinal Bleed	1
Alzheimers Dementia	11
Heat Stroke	1
Degeneration of the Brain	3
Fatty Liver	1
Sepsis	1
Calorie Malnutrition	1

HEART DISEASE	31
Fatal Arrhythmia	2
Congestive Health Failure	11
Coronary Artery Disease	5
Myocardial Infarction	4
Hypertension	2
Vascular Disease	2
Aortic Stenosis	2
Acute Catastrophic	3

GRAND TOTAL	100
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RESPIRATORY	14
COPD	2
Pneumonia	4
Pulmonary Disease	3
Respiratory Failure	3
Emphysema	2

ACCIDENTAL	6
Blunt Force Trauma	2
Drug Overdose	3
Hypothermia	1

Registration of Births Received

Female (0) Male (3)

Registration of Deaths Received

Female (45) Male (55)

Certified Copies Issued

Birth (52) Death (699)

Smoking Prevalence

Did tobacco use contribute to death?

Yes (8)

No (49)

Unknown (33)

Probably (10)

2016: 33 Veteran Deaths

2015: 35 Veteran Deaths

2016: 3 home births

2015: 3 home births

2016: 77 average age at death

2015: 75 average age at death

2016: 100 in-county deaths

2015: 118 in-county deaths

Emergency Preparedness

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

BUDGET

- Base Budget of \$12,828 has been accepted.
- CRI (City Readiness Initiative) available budget of \$8,329 has been accepted.

REGULAR MEETINGS ATTENDED

- District 8 meetings held quarterly, representatives from all counties in District 8 are present. Those counties are Monroe, Lawrence, Orange, Bartholomew, Jackson, Washington and Brown.
- Attend 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.
- Initiated monthly meeting with ESF-8 Partners.
- Attended all ISDH and District 5 planning meetings for CRI grant full scale exercise.

ACTIVITIES

- Command staff call down and redundant communication drills.
- Volunteer notification drills.
- ESF-8 Drills.
- Prepare for 2017 POD exercise in support of District 5 MSA Indy.
- Attend TEPW (Training and Exercise Planning Workshop).
- Network with state and local officials regarding emergency preparedness .
- Plan and prepare for implementation P25 cutover.
- Site security survey of primary POD (Point of Dispensing) site.
- 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.
- Completed Medical Counter Measure Operational Readiness Review and submitted to the CDC Sharepoint site.
- Completed Emergency Notification during a public health emergency plan.

TRAINING

- Emergency Response to Biological Incidents
- District table top exercise in French Lick
- Cyber Security Awareness Training
- Exercise Design and Development Training

FUTURE GOALS

- Community Outreach in our schools about Emergency Preparedness.
- POD full-scale exercise 30 March 2017.
- Acquire Homeland Security Exercise Evaluation Program certification.
- Attend Center for Domestic Preparedness in Anniston, Alabama.
- Continue updating Mass Prophylaxis Plan.
- Secure new MOU's from partners.
- Continue to help build and maintain productive relationships through Coalition Building.
- Develop a closed POD plan for our LEC and Brown County Health and Living Facilities.
- Evaluate Shelby and Morgan counties full scale exercise in March/April.

Environmental Health

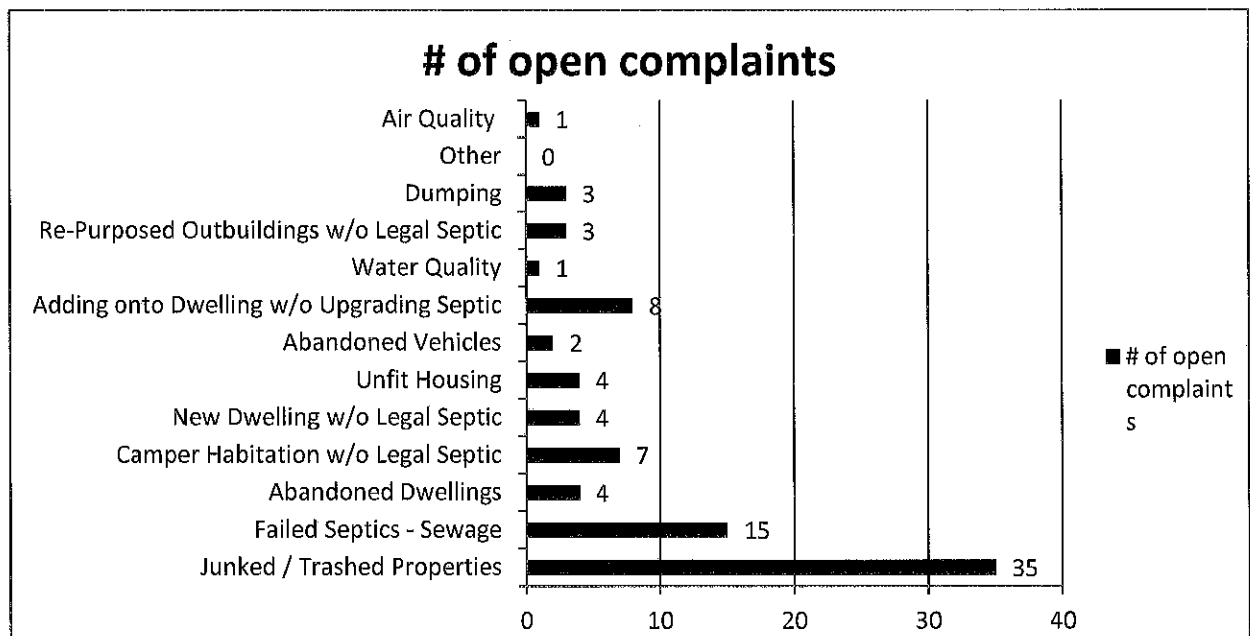
Submitted by Ernie Reed, Environmental Health Specialist

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

COMPLAINTS

At the end of 2016 there were 87 active complaints, which was a drop from 140 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 by the end of 2016:

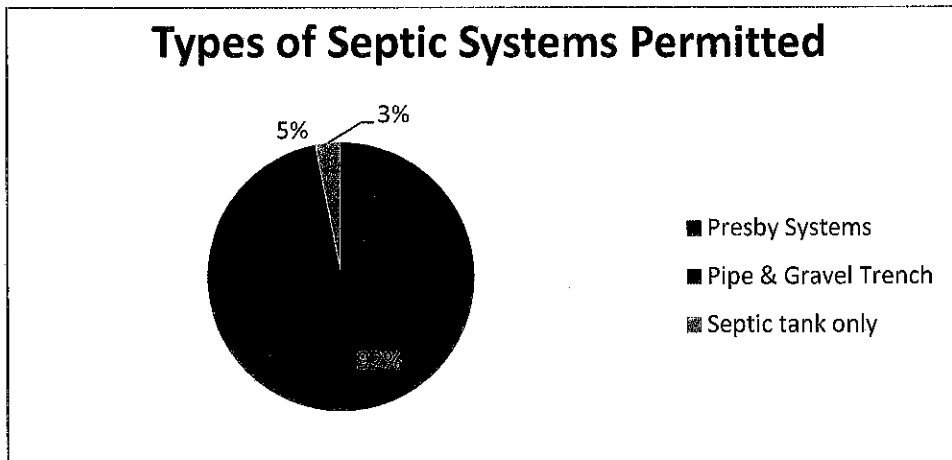


Note: This list is based on the number of complaints the health department has received, and not the number of complaints found to be valid. This data does not reflect the total number of complaints but rather the number of complaints received by two of three environmental health specialists.

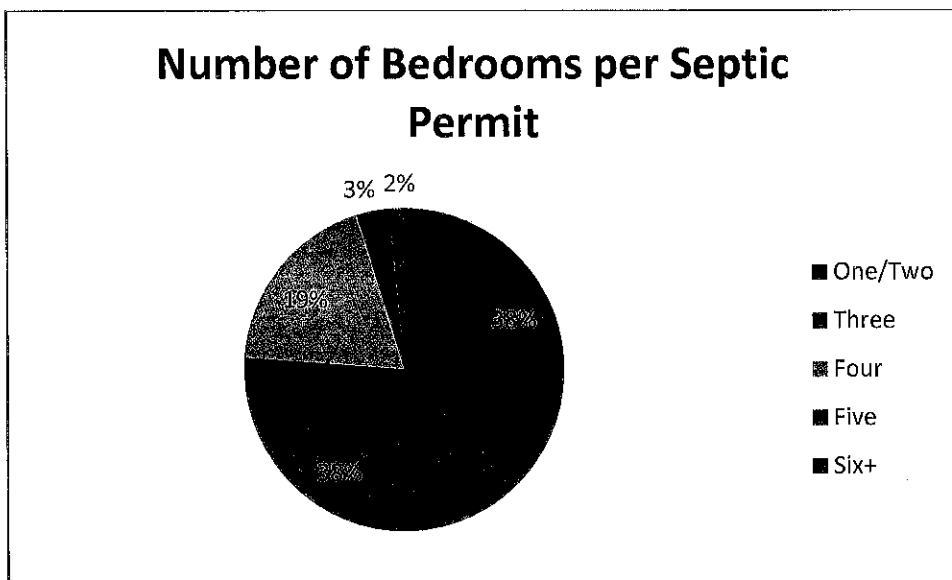
WASTEWATER

- Eighty eight (88) septic permits were issued in 2016.
- In 2015, the number of septic permits issued was seventy nine (79).
- Septic systems installed: 52
- There was about a 17% increase in septic systems installed in 2016 compared to 2015. In 2016, the septic season began later in the year than normal due to the unusually long rainy spring season, but the dry fall helped with installations.
- Average registered septic installers: 20 (21 in 2015)

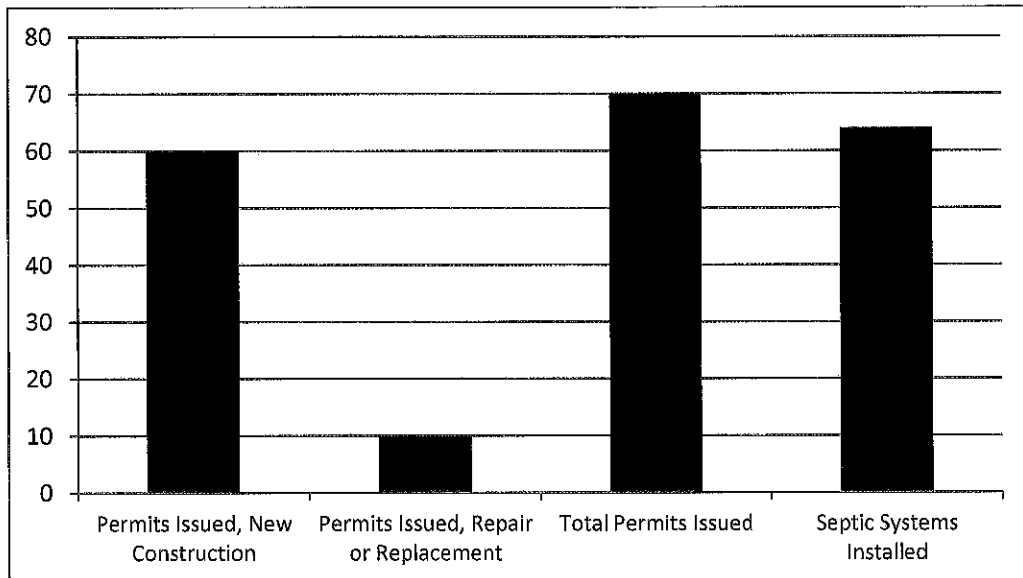
Types of septic systems installed:



Percentage of the number of bedrooms per homes with septic systems permitted in 2016:



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



PROPOSED SEPTIC ORDINANCE

1. Review from the Health Board

The Health Board will review the latest draft. If changes are required based on Health Board input, the changes are made with a new draft. Once Health Board approves...

2. 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.

The proposed septic ordinance continues into 2017.

FUTURE GOALS

1. Instate the new septic ordinance.
2. Annual contractor meeting. (Effects of the new ordinance)
3. Instate new point of sale inspection. (once ordinance is passed)
4. Provide training and testing for the new Septic Inspection Program. (When the ordinance passes)
5. Provide public education classes in environmental health (septic issues) if the interest is there.

Environmental Health: Food Protection Division

Submitted by Jennifer Heller Rugenstein, Environmental Health Specialist

INTRODUCTION

The inspection of local food establishments and food safety training are two of the main responsibilities of the Food Division of Environmental Health. Other areas of environmental health are also included in the job responsibilities. These areas include;

- Food Establishment Inspections
- Temporary (mobile) Food Establishment inspection
- Recalls
- Instructing and proctoring testing for the ServSafe Food Manager classes and certification
- Meth house condemnation
- Vector Control
- Complaints (general and food)
- Smoking complaints follow up
- Grease traps inspection
- Tattoo parlor inspection
- Food Safety and Environmental Outreach
- Conferences and trainings attendance
- Committee work
- EMAC/LEPC participation
- Webinars and online education training

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

FOOD ESTABLISHMENT INSPECTIONS

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

There were 132 regular full-time food establishments in 2016. For these, 158 inspections were performed in 2016, which is an increase from 136 performed in 2015.

Of the 132 inspections that were done, the facilities with the most risk were all inspected at least once except for one; Mike's Dance Barn. I never managed to coincide with their open times due to their intermittent schedule.

Of the second risk category in which there are 34 establishments, all received at least one inspection.

Of the 65 establishments with one inspection, the lowest risk, 31 were inspected. This category includes the camps, bed and breakfasts, and some vendors who operate on a temporary basis, like our local bar-b-ques who are somewhat mobile. I missed most of the camps this year as they shortened their time by a week due to the extended school year. I also missed all the B&B's mainly due to my time being taken up by septic inspections after April Reeves departed our staff, and Ernie Reed had not yet been hired. I normally do the B&B's in August, prior to their busy fall season.

There were 80 temporary facilities and events this year. Of these I managed to inspect 52 at various temporary event venues. Overall I inspected 65% of the temporary vendors. There were several additional events with vendors this year that I did not inspect. Every year there are more temporary events, and more vendors. There is an event almost every weekend starting in spring into the summer. There is also a parking lot at the base of town that rents out space to temporary vendors. Unfortunately, they have also rented space to a Home Based Vendor, which is legal under Indiana Law for being a "roadside stand". These facilities are not inspected or licensed, but are restricted to certain foods made at home and labeling requirements that they do follow.

There were some closings; Story Hilltop Lodge ceased to function as a B&B, McDonalds Shopworth finally closed and is in process of being remodeled into a Dollar General. The Seasons was sold to Kevin Ault of Hotel Nashville. That Sandwich Shop was sold to the owners of the Sunshine Shack. Comfort Inn was sold to a new firm.

New places opened in 2016 were: Johnny's Grub to Go, Let's Have Tea, Talley's Bar-B-Que, Chocolate Moose, Gnaw Bone Tenderloin. Thrive Alliance is providing a free meal daily at the YMCA prepared in the High School Kitchen

I have performed 8 inspections on the IGA as there seems to be more issues here with the new management and store ownership. They finally replaced the holding unit for the deli section which was not working consistently. Issues still include a gap in the rear delivery section overhead door and back door, which they have attempted to repair unsuccessfully. Managers from the mother ship office have changed several times over the year also.

The Chocolate Moose, with mostly young staff has continuing issues with head covering and hand contamination. I am in contact with management frequently.

The Democrat Local newspaper published all the food establishment inspections for 2016 in the newspaper either in 2016 or will complete this posting in early 2017. These inspections are also posted on our Brown County Health Department website as electronic PDF files. They are public record 10 days after the inspection. Viewers have the option to see the inspection history for our food establishments, starting with the 2011-12 inspections. This has been well

received by the community, and gives the restaurants further incentive to have a good inspection

Several pre-opening inspections and/or consultations were performed for new establishments or potential kitchens in current establishments:

Inquiries are made almost monthly from retailers who would like to open a business in Nashville. In addition to local questions, I also answer 3-4 calls weekly concerning food trucks/mobile vendors that would like to be licensed in the County.

All inspections are held prior to release as required for Public Record for ten days as per Indiana Code.

There are currently 8 operating Bed & Breakfast establishments in the County. There are 6 Schools, 23 Non-profits, and 10 camps.

All full-time regular establishment inspections are entered electronically into the Health Department database "S" drive. They can be accessed by anyone in the office and can be transmitted electronically via email, or we can provide with a paper copy to whoever requests a copy (subject to the 10 day waiting period). This database is maintained by front office staff.

Most 2016 inspections are now in electronic format and on file and also exist as a paper copy in the file cabinet with original signatures. These will be finished up by the end of the month if not sooner.

The State Department of Health has dropped the CODEPAL software for Food inspections and is now implementing a new software that has been utilized in several other states. This software was written specifically for food inspections and initial reports are good. We may pursue this software in the future.

The State is still working on updating our Food Code to the 2013 version as we currently use the 2004 Food Code. The State may or may not accept all the new code recommendations by the FDA.

TEMPORARY VENDOR INSPECTIONS (25 events)

Temporary vendors licenses were requested this year for:

- Antique Machinery Show – 3 vendors all inspected
- Horse and Pony Show -1 vendor- did not inspect (4-H Club)
- Muddbogg- 1 Vendor (4-H Livestock Leaders) did not inspect
- Craft Sale (4-H Council) –did not inspect
- Kretschmar Mobile Tour (free samples) did not inspect
- Barisgo Coffee Truck (TC Steele Paintout) –did not inspect

- Spring Blossom Parade (Kettle Corn) – Did not inspect
- Extension Homemakers Garage Sale (Purdue Extension) did not inspect
- John Hartford Festival -10 Vendors – all inspected
- Bill Monroe Bluegrass Festival – 11 Vendors – all inspected
- GnawBrew – 1 vendor (Taco Tent) did not inspect
- Revs N Rods Tour 2 vendors- did not inspect
- Southern Gospel Tour- 1 vendor- did not inspect
- Brown County Fair- 13 Vendors- all but one late arrival inspected
- Bluesfest- 9 vendors – all inspected but one not open
- Bikefest- 6 Food, 2 Tattoo all inspected
- 28th Annual Great Outdoor Art contest – 1 vendor- did not inspect
- Village Green – one vendor did not inspect
- Foxfire Park – One Vendor- did not inspect
- Uncle Pen Days – 8 Vendors – I was tied up with septic inspections did not inspect this event
- Kelps Pumpkin Patch- 1 vendor- did not inspect
- Indiana 2016 Music and Motor Festival- 3 vendors – inspected one, the rest didn't get there til the evening
- Foxfire Park again- 1 vendor- did not inspect (Bison)
- 4H Demo Derby- 1 vendor- did not inspect
- Foxfire Park- 1 vendor (Bison again) inspected (Kona Ice licensed but no-show here)

RECALLS

Recall information is received from several email notification services including the FDA and USDA. These recalls arrive on almost a daily basis. These recalls are usually generated by a mislabeled product that failed to include an allergen notification, although there have been several Class I recalls for various products. If there is a Class I recall, I will follow up by a phone call to local establishments that may carry the product, if there is significant risk, such as a compromised product or contamination. Recalls are compiled and sent out to all food service establishments in the County either by email or regular postal service mail, if the food establishment does not have an email address. In the email version there are clickable links in blue type to the official recall notice. These links have additional contact information, product photographs, SKU numbers and where to call for more information.

We send recall notices to 10 food establishments by USPS. Some establishments just do not have access to the internet or do not have email capabilities.

In 2016 there were 393 recalls distributed to our food establishments. This is an increase of 35 from 2015, in which there were 358 various recalls disseminated to our County food establishments. In 2014 there were 252, in 2013 there were 315 recalls, in 2012 there were 289 recalls, and in 2011, 229 recall notices were sent to food establishments in the County. The trend continues to rise, mainly due to labeling issues, such as allergens not included on the

label. The recall notice may call for sending the product back or destroying the product. In all cases, the establishment is reimbursed for their loss.

If space was available on the recall notifications pages sent out to our county food establishments, additional information was occasionally added to these recall notices, such as notification of ServSafe Food Manager classes or upcoming license renewals, or special health information. . This was done only on a limited basis, and only if a blank space on the page was available so as not to add an additional page to the notification unnecessarily.

SERVSAFE CLASSES

This year I taught 5 ServSafe classes, and proctored 5 online ServSafe tests. There were a total of 49 people in the classes.

Two environmental staff, myself or John Kennard, Environmental Health Supervisor, can proctor an online ServSafe certification exam on the computer at the Health Department. Any person desiring ServSafe certification can take the class online, but the test needs to be proctored at an approved testing center to take the test to pass the class. We charge \$50 to proctor the test. There needs to be advance notice to set up the online test with ServSafe. To take the Servsafe class online, It costs around \$211 for the ServSafe class and test and voucher, plus our \$50 proctoring fee. The class I teach in the County Building costs \$125 including the text, test and class. If someone already has the text, we charge \$50 to take the test and they can audit the class at no cost. I try to schedule these ServSafe classes quarterly unless I have a group request the class.

METH HOUSES

The follow up on a meth house is one of my assigned duties for the Health Department. This could involve condemning the house until it is cleaned by a Qualified Inspector. The Health Dept. works with Law Enforcement on this. This year no houses were involved in Meth production, but there were three instances in 2016 in this County of meth production in the woods, outside of structures. This situation then required no further action on my part. I attended an IDEM meth training on how to deal with condemned houses in the County. From this, I have developed a packet of information to be provided to the owner of a structure designated as a residence contaminated by Meth. This would be done after notification by Law Enforcement is received by the Health Department. This packet includes a draft County Ordinance that needs to be approved through the County channels, and additional pages with recommendations for cleaning, testing and the financial aid available for remediation. This ordinance is starting through the County channels for acceptance, beginning with the Health Board.

VECTOR CONTROL

Last year saw the rise of ZIKA virus concerns nationally. I started to apply for a grant for mosquito control but the timeframe did not work with our current process for receiving grant funds and the money would have come in during September, past the mosquito season. There may be more grant opportunities this year (2017). The Indiana Environmental Health Response Team has received a grant for mosquito control and will be available to assist if it becomes necessary. We will send out information in late spring via media to help people prevent mosquito breeding in wet sites and to help prevent mosquitos from biting.

COMPLAINTS

Food related complaints, and several others were responded to in 2016. There were two specific complaints on IGA this year, concerning produce and one on chicken with an off smell, both proved to be unfounded. There were also two complaints on a smell in the McDonalds Restaurant ice tea, which may have resulted from their tea line cleaning procedure. They have since changed the production of ice tea and no long distance lines are now used
All food complaints have been closed out for 2016

SMOKING

I work with Indiana State Excise Police on follow-up on smoking complaints received from this County. They will send me a notice if they receive a complaint, and I will inspect and then respond with the results of the inspection of the complaint. We had a complaint on Nashville House in 2015 with smoking in the kitchen twice and then this was turned back over to the Excise police. There have been no further complaints from there or any other smoking complaints in 2016.

GREASE TRAPS

In 2015, The Town of Nashville requested that the Health Department assist in inspecting Grease Traps, due to a large fats, oil, and grease issue at the wastewater treatment plant. Initially, I was to do these inspections with a Town of Nashville employee, but then it was agreed at a meeting of the Health Board that I should do the inspections alone. The Town would pay \$25 per inspection.

In 2015, I designed a check-off sheet and informational sheet for food establishments that fall within the area of the sewer lines of Nashville, and sent out a general email notice on who would be required to have a grease trap. For the actual grease trap sizing, I would refer the establishment to the Town. 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. They are a heavy cast iron plate held down with screws and clamps. The establishment with the grease trap would have to provide an employee to assist me with the removal of the trap lid and the return of the trap lid, which then 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. Fortunately, I am not required to go up on roofs to look for grease build-up.

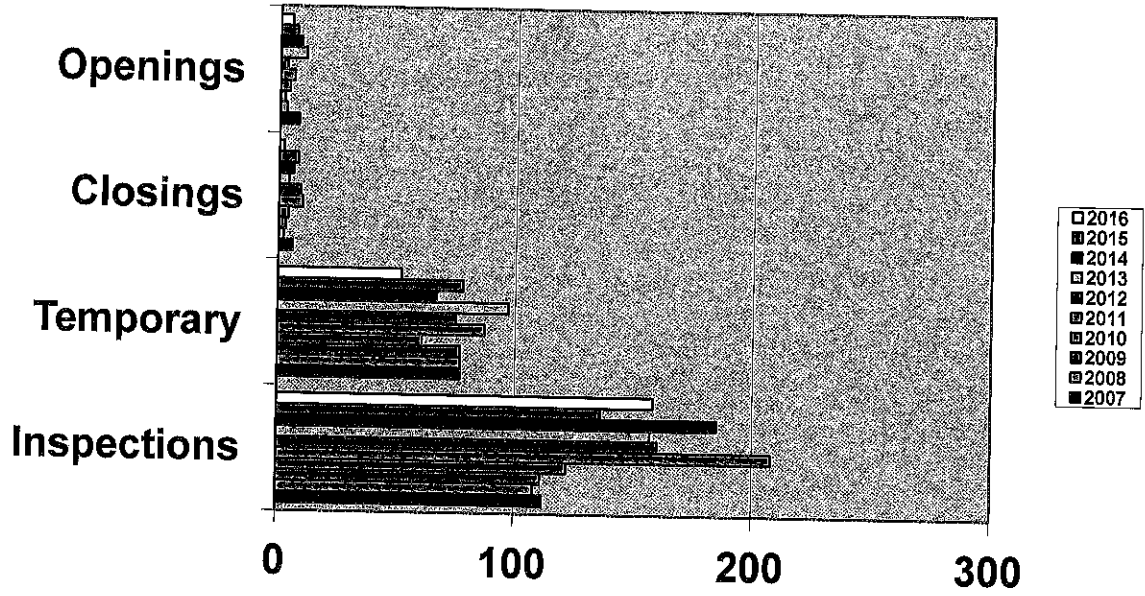
Some grease traps are actually constructed like a septic tank, called an "interceptor" and are in-ground. These need to be opened like a septic tank and to be pumped out professionally. I cannot inspect these. The Town of Nashville has issued two documents with guidance on grease traps on their website. Of the restaurants I inspected in 2015 for grease traps only a few had a grease trap that I could actually see without additional staff, so we billed the Town for about 4 inspections.

The town wastewater manager changed and so far this year, the grease trap issue has not been a priority for them. I have not inspected any of the traps this year, as there is another issue with these traps, which is the very strong and unpleasant odor once these are opened. This odor can permeate the kitchen and dining area. I do not feel it is fair to require a restaurant to open these during normal dining hours.

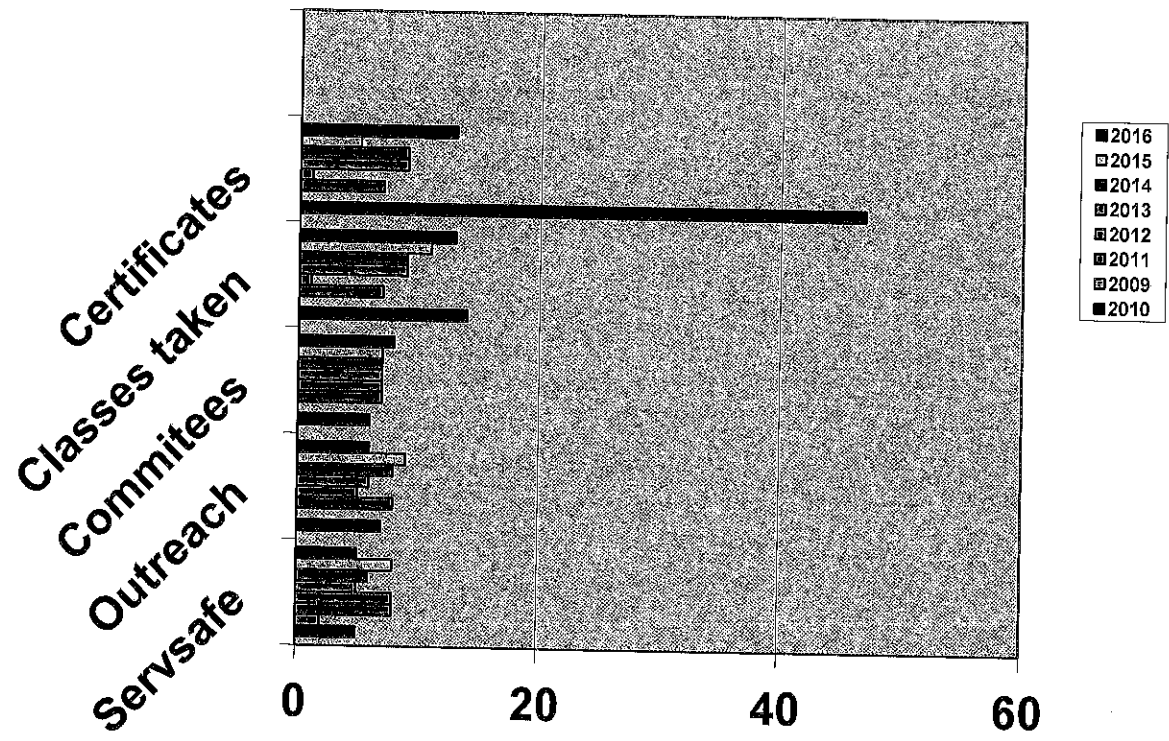
TATTOO PARLORS

There are no tattoo parlors in town. There are two mobile tattoo parlors that regularly attend Bikerfest, which I inspected these this year. They register and are licensed as a temporary vendor in our County for this event.

Licenses, Closings, Openings,



Servsafe, Committees, Certificates, Classes



OUTREACH

The following outreach projects were accomplished:

- A general food safety class was given to Happy Hollow Camp Counselors prior to camp start-up
- An intern was secured from IU to assist our department over the summer and then another intern worked with us in the fall
- Several articles were submitted to the Democrat newspaper, and subsequently published, concerning health. One example was advice on purchasing from Farmer's Markets, and another was on not buying meat from a truck on the street (which subsequently was picked up and published by a National Food Safety Magazine) and there were other articles on Food safety.
- Logistics and registrations were coordinated for 2 NCBRT Classes "A Coordinated Response to Food Emergencies; Practice and Execution" held in Hamilton County and " Emergency Response to Domestic Biological Incidents" here at the County Building in December.
- 40 free Radon test kits were secured, then distributed to Brown County residents upon request. This was advertised in the Democrat
- I have participated,(still ongoing) , in planning the next ESF-8 conference, (Executive Support Function-8 involving health, by Presidential Directive) to be held in 2016 with a focus on People with Disabilities planning in Disasters.
- A Farmer's Market talk with a powerpoint presentation was given for St. David's Farmer's Market on what were the acceptable foods to sell at a farmer's market and other rules governing Farmer's Markets
- A Food Safety presentation was given to the Pine Room/Muddy Boots staff in January
- Participated in the Point of Dispensing Exercise in March with the Brown County Health Department Staff

MEETINGS and COMMITTEES

- IEHA Southern Chapter –President, and Food Safety Representative and Executive Committee Representative- as President this year I was responsible for coordinating four meetings, which included tours and educational speakers. These were: February- A talk and Demo of Radiation detection Equipment. May- tour of Azalea Gardens with a talk on pesticides, August- Tour of "Cool Springs" facility with sustainable lumber and a working Algaewheel septic system, and November- Tour of Mother's Cupboard with a talk on Soup Kitchens from the Indiana State Health Department Food Protection representative Lisa Harrison, and also a lecture/question/answer session with Mike Mettler on Presby Septic Systems

- IEHA Terrorism and All Hazards Prevention Committee – Chair; responsible for IEHA Fall Conference speakers and committee projects such as training sessions; set up and logistics. (Indiana Environmental Health Association)
- LEPC for Brown County – Environmental Health Rep and Vice-Chair (Local Emergency Planning Committee)
- EMAC for Brown County – Environmental Health Rep/Secretary (Emergency Management Assistant Compact)
- ISDH Food Protection Committee member (Indiana State Department of Health)
- IEHA Executive Board Member, Southern Chapter Rep
- Food Safety Defense and Task Force member –FDA sponsored Committee in Indiana
- INEHRT (Indiana Environmental Health Emergency Response Team) Secretary

ONLINE MEMBERSHIPS

- FoodShield member
- Infragard Member

OTHER MEMBERSHIPS

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

CERTIFICATE CLASSES

The following certificate classes were completed in-person:

- Onsite Wastewater Training by the State health department
- Forensic Pathology by IU Med
- Reduced Oxygen Packaging – four day course by the State Health Department
- Active Shooter Course by the Federal Government
- Food Protection Symposium by State Health Department
- Bloodborne Pathogen Training
- Coordinated Response to Food Emergencies; Practical Applications

CERTIFICATE CLASS ON LINE

- Food Protection
- Small Fly Control

CONFERENCES

- 1) Midwest Damage Prevention Conference (attended by Scholarship grant)
- 2) IEHA Fall Conference, where I put together two sessions for the TAHP committee;
 - Indiana Pipeline Awareness
 - Railroad Crime
- 3) The PUMPER (WETT) Septic Show- which included educational sessions (I attended 8 sessions)

- 4) Indiana Emergency Response Conference- 8 various sessions attended
- 5) CITES Environmental Symposium conference in Indianapolis- educational environmental sessions
- 7) Weapons of Mass Destruction Conference – FBI /IDEA- 1 day of educational sessions on emergency preparedness and various topics attended (2 day conference but could not attend second day)
- 8) Indiana Food Safety and Defense Task Force – two meetings, spring and fall, attended both
- 9) Trauma conference, IU Med sponsored two day conference
- 10) IDEM Meth conference for Health Departments
- 11) IEHA Spring Conference

WEBINARS

Several varied webinars were watched on Food Protection

AWARDS

IEHA President's Commendation for Chairing the Terrorism and All Hazards Preparedness Committee in 2016

Southern Chapter received the Harry Werkowski Award for outstanding Chapter of Indiana Environmental Health Association.

STANDARDIZATION

I am still a Standardized Food Inspection Officer for the State but the State has not officially re-certified me. I gained 4 points towards certification by attending the Reduced Oxygen Packaging Training and another 2 by attending the Food Symposium. I now need 2 inspections with Lisa Harrison of the State Health Department to be officially recertified but she is extremely busy so I don't expect this to happen anytime soon.

GOALS FOR 2017

- To promote food safety throughout the County by classes, articles, and educational information to food establishments.
- To have a continuing Brown County Health Department presence in conferences, trainings and State Health Department sponsored events
- 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 WMD First Responder conference, the Infragard Conference and the two conferences sponsored by

the IEHA in Spring and Fall, possibly an IU Med center conference if it is applicable to my position

- To attend the onsite Wastewater training at ISDH in February
- To take at least 2 additional training sessions in person to continue my education and keep current in food safety news
- To continue to monitor local news for any mention of food related events within the County to make sure that licensing is done, if required, and that groups serving food know how to do so safely
- To provide consultation to any person or food establishment with questions on food service or safety requirements
- To be an information source to anyone considering food as a business

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. I am continuing my on the job training on this aspect of my job, and through the septic sessions at the WETT show and through ISDH wastewater trainings. In 2016 I did 64 septic site system evaluations/inspections of installations as opposed to 6 that I did in 2015.

SOME NOTABLE EVENTS OF 2016

McDonalds Shopworth closed and was gutted and remodeled into a Dollar General – to open in early 2017.

April Reeves left us for a job in Florida, Ernie Reed took her place.

All in all a very busy year as usual. I am happy to discuss any aspect of this report, or provide further details on any topic of this report upon request.

Nursing

Submitted by Toni Warburton, RN, BSN, 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

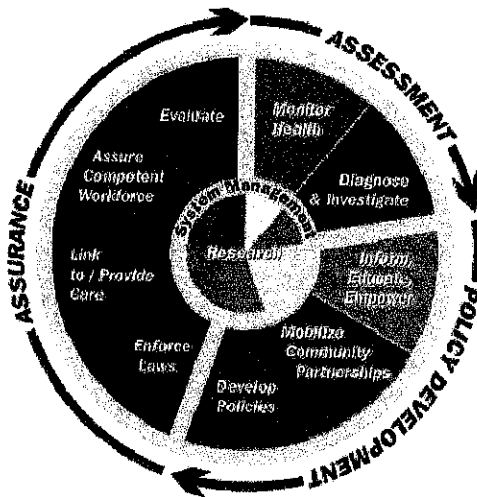
- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that 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

Tina Jacobs, RN, MSN, hired January 2016

Jennifer Unsworth, RN, hired January 2016

Toni Warburton, RN, BSN, Public Health Nurse Supervisor

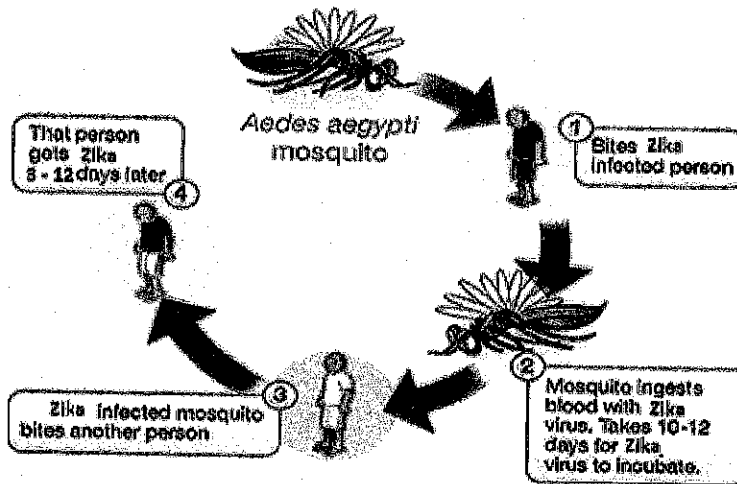


EMERGENCY PREPAREDNESS

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

2016 INTRODUCTION OF THE ZIKA VIRUS TO THE UNITED STATES OF AMERICA

HOW ZIKA IS TRANSMITTED



Transmission

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.**

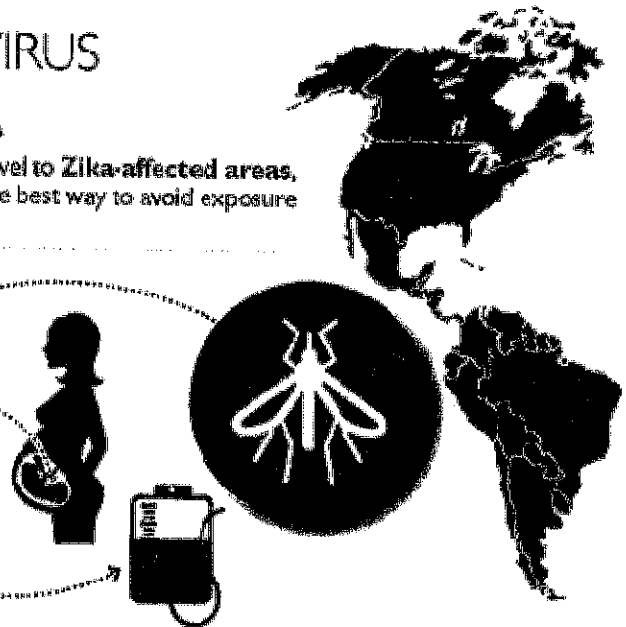
MOTHER-TO-BABY & SEXUAL ACTIVITY

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.



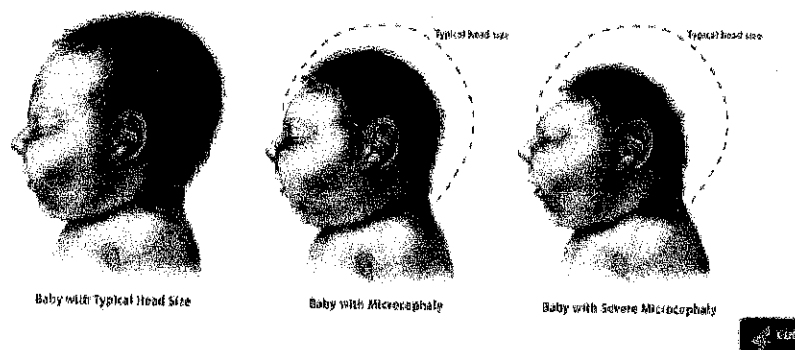
The Zika virus was first discovered in 1947 and is named after the Zika Forest in Uganda. In 1952, the first human cases of Zika were detected and since then, outbreaks of Zika have been reported in tropical Africa, Southeast Asia, and the Pacific Islands. Zika outbreaks have probably

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 nation health alert to healthcare providers, state and local health departments about recognizing the Zika virus in returning traveler 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 has 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



The nursing staff participates in the Local Emergency Planning Committee meeting bimonthly (6 meetings per year) and exercises. The Local Emergency Planning Committee (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 Indiana Emergency Response Commission 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 EMA building. The incident the exercise covered was for a hazardous chlorine spill. Jennifer Unsworth 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 1980's. 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; and 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 of children 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 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 the parents work in. 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 to enter 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 = one preformed at the health department.

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

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 parent's 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 (10 in 2016) and other locations in the community upon request. A total of 87 seniors were screened at the Hickory and provided education related to any screening results. If the screening was a significant issue, the senior's medical provided 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, 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 includes more sweet and salty foods. Unfortunately, both weight loss and gain issues can have serious affects on senior's 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-fee-scale" 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	maybe 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 maybe justified to establish diagnosis.

The number of individuals screened:

Blood Pressure/ Pulse = 93

Diabetes Screenings = 93

Urine Checks = 9

STD Preventions and Education = 14

Cholesterol Screenings = 16

Height = 18

Weight = 82

Hemoglobin = 63

Temperature = 5

HEALTH EDUCATION

Health education is provided daily by phone, in person, or writing information. 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 STD, 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 isn't a required vaccine for school, the nurses highlighting cervical cancer prevention through the immunization of teens with GARDASIL 9[®]. Many individuals have misinformation on the vaccines and also 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 do scheduled head checks for lice or nits in the elementary and middle 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 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 to treat lice infestation and 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.

Treatments 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 gaining, nutrition with emphasis on folic acid, nutritional information on balanced diet is provided and the nurse explains the role folic acid plays in fetal development and prevention of birth defects. We inform them of free prenatal vitamins are available at Marsh 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 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 Pregnancy Crisis 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. Mother's 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 (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 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 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, condoms.

Number of pregnancy tests = 20 Positives = 14

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 disease according to the ISDH policy. Indiana State Department of

Health Immunization Division directs the policy and changes are made based on funding provided Health and Human Service through the Center for Disease Control and Prevention to the State of Indiana. The affordable health 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 and also at the time of the immunization visit parents are required to fill out a form entitled Patient Eligibility Screen Record and become 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 and 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 = 200

Immunizations given to infants and children through 18 years = 600

Total number of patients = 320

Total number of vaccines =800

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 week 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,

EMT's, 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 = 91

Number of Active Cases = <5

Number of Latent Cases = <5

Medication set ups = >20

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-NEDDS) 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 increase HIV, Hepatitis B, and Hepatitis C infections are monitored closely due to the increase usage of IV drug use in Brown County mirroring the development in increased IV drug use in the entire county.

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 a 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 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 affect on the mother's health.

Smoking Cessation Participants = 9. 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. 14 classes were conducted.

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:

- Healthy Families
- Brown County Network Meeting
- Brown County Local Coordinating Counsel for Drug Free Indiana
- Speaker for various organizations on health topics and issues
- Mentorship for nursing students for clinical rotation in public health nursing
- Wellness committee for Brown County employee Wellness Program
- Drug Task Force

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 disease 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 blood cholesterol, obesity, and related behavioral risk factors, including smoking, unhealthy eating, 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. 104 became

certified in CPR training. The nurses worked with HeadStart 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 2016:

- District #8 Public Health Nurses Meeting
- Children's Hoosiers Immunization Registry - Web trainings.
- ISDH webcast meeting/training
- Jennifer Unsworth, RN became a certified American Heart CPR instructor. She assisted the Brown County High School nurses with teaching the Heart Saver Classes. Jennifer will teach CPR, AED, and First Aid to 29 community members for a total of people being trained in CPR. Jennifer assisted in instructing 15 with the nurses at the school and instructed 14 as lead instructor
- Indiana State Department of Health Leadership Meeting
- Indiana State Public Health Nurses Conference
- A-Z Immunization Training
- National Immunization Conference
- Laboratory training on obtaining blood specimens for Quantiferon gold and T-Spot testing for tuberculosis screening
- Lead testing training
- TB regional nurses meeting and educational training
- Brown County Coordinated School Health and Safety program meeting on school health policy
- 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.
- 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
- Interviewed by a BSN student for her class project at IUPUC regarding services provided for pregnant women

- Youth Worker Café attended by T. Warburton. A detective from Morgan County presented information on youth sexting and predators of youth
- Emergency Response to domestic biological incidents attended by T. Jacobs & J. Unsworth
- Risk Management /OSHA Training attended by all nursing staff
- T. Jacobs & J. Unsworth attended ISDH Public Health Nurse and Environmental Orientation
- Immunization Coalition Training
- LEPC/EMAC Table Top Exercise
- School Wellness Council-Dr. Jon Agle presented on the Youth Risk Behavior Survey (YRBS) the trends in use of tobacco, alcohol and drugs in Brown County Schools.
- PHN training on New Communicable Disease Rule
- Attending “World TB Day” at Marion County Health Department
- County Wellness Kick off
- Blood Pressure at the IGA
- POD planning meeting and walk through the Nazarene Church
- Webcast of the Governor’s Task Force on Drug Enforcement, Treatment and Prevention
- Lunch and Learn at Bartholomew County Health Department on Meningococcal B
- Attended conference on MenB, Trumenba® presented by Pfizer
- Corey Frost presented training for a POD exercise and POD exercise
- The Count Wellness 5K walk/run was held in September and at the end of the event at the Hotel Nashville water, snacks, wine, and beer were available for the participants after their walk/run. During this time the health department presented information on alcohol. What is a serving size, effect on the body good and bad, as well as signs of alcohol abuse.
- HPV poster created and placed at the entrance of the health department to inform parents about the risk of cancer and vaccine prevention. The rate of HPV vaccine on our state review was down so this is an attempt to increase parent’s awareness that the vaccine is to prevent cancers rather to focus on that the disease is transmitted by sexual activity.

**THE VALUE OF A STRONG PUBLIC HEALTH SYSTEM IS
ALL AROUND US. IT IS IN THE AIR WE BREATHE, THE
WATER WE DRINK, AND THE FOOD WE EAT, AND THE
PLACES WHERE WE LIVE, LEARN, WORK AND PLAY**

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



Public Health
Prevent. Promote. Protect.