



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

# **Brown County Health Department**

## **2018 Annual Report**

I am pleased to submit the following annual report of the activities of the Brown County Health Department for the 2018 calendar year.

Respectfully Submitted,

Norman Oestrike, MD  
Health Officer

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Nashville, IN 47448  
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## 2018 Annual Report

The Brown County Health Department has had a very active and productive year, as you will learn from the attached departmental reports from Environmental Services, Nursing Services, Emergency Preparedness, Vital Records and Administration Services.

We continue to have a very dedicated staff, striving to administer the activities required of the health department, and to develop and implement new programs designed to benefit the health of our county.

These activities are backed by our very active and involved board members, who are also striving to improve the health environment of our county as well as the health of our citizens.

To highlight some examples of the above activities, various committees involving board members, department employees and many county volunteers have been formed so that we can develop the best Onsite Sewage Ordinance to protect our environment as well as the health of our citizens.

Similarly, board members and departmental employees are serving on county wide organizations to help develop and implement strategies to combat the Opioid Epidemic and to protect our residents and find treatment and prevention programs.

The health department has implemented new programs to immunize more people in the county, including our children in the school system.

In a collaborative effort, the health department has established a public safety training institute in our county for first responders. This was financed through a substantial grant from the Indiana State Department of Health. The first class of Emergency Medical Technicians has graduated from this program, providing a much needed increase in the number of pre-hospital first responders in our county.

Another activity started this past year is a program to manually go through the septic records of Brown County, as they exist, and extract information useful to the Sewer Board so that they can better fulfill their mission. The Health Department is supporting the development and implementation of a much needed county wide sewer system.

The Health Department is continuing to evaluate our activities and procedures to develop the most effective ways to keep our county healthy and help the community. In addition, other potential new and innovative ways to improve the health environment of our community and our residents are being considered and evaluated regularly.

I cannot thank the employees of the Health Department and the members of the Health Board enough for their dedication and participation in carrying out our mission.

Respectively submitted,

Norman 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  
Jeffrey Cambridge, RPh, MBA  
Michael Day, MD (Vice Chair)  
Thomi G. Elmore (Chair)  
William Irvine, MD  
Cynthia S. Rose, RN & Attorney  
Catherine Rountree, RN

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
Taylor Hardesty	Registrar/Clerical Support
Jennifer Heller, BFA	Environmental Health Specialist (Food Division)
Judy Hess	Office Manager/Administrator
Kelly Hilligoss, BSN, RN	Public Health Nurse
John Kennard, BS	Environmental Health Specialist – Supervisor
Norman Oestrike, MD	Health Officer
Ernie Reed, AS	Environmental Health Specialist
Seleah Settle, BSN, RN	Public Health Nurse
Jennifer Unsworth, BSN, RN	Public Health Nurse – Supervisor

\*Gretchen Gallagher resigned July 5, 2018

## Receipts for 2018

### *Revenues*

Property Tax	\$474,876.83
Financial Institution Tax	\$1,280.10
Excise Tax	\$35,595.51
Commercial Vehicle Excise Distribution	\$2,464.02
VaxCare	\$1,155.48
Health Department Fees:	\$62,387.25
<i>**Breakdown of Health Department Fees:</i>	
Food	\$23,385.00
Installer License	\$2,900.00
Nursing (includes reimbursement for flu vaccine)	\$9,474.25
Septic	\$20,500.00
Visual Inspections	\$550.00
<i>**Vital Records</i>	<i>\$5,578.00</i>
*Local Health Maintenance Fund	\$33,139.00
Local Health Department (LHD) Trust Account	\$14,889.62
*Public Health Coordinator Base Grant (7/1/2017-6/30/2018)	\$14,377.00
Cities Readiness Initiative (7/1/2017-6/30/2018)	\$8,078.00
Unobligated Funds (7/1/2017-6/30/2018)	\$49,936.00
*Public Health District Coordinator (7/1/2017-6/30/2018)	\$10,000.00
<b>Total</b>	<b>\$708,178.81</b>

\*The Local Health Maintenance Fund helps offset the salary of a Nurse and Environmental Health Specialist.

\*Public Health Coordinator Base Grant and Public Health District Coordinator: These amounts are reimbursed through a Federal grant from the Centers for Disease Control & Prevention to help offset the salary of these positions.

\*\* Includes coroner's training and continuing education funds.

## Expenditures for 2018

	Total Appropriations	Disbursements
Personnel Services Health	\$500,183.00	\$492,282.41
Supplies / Operating Expenses	\$74,485.00	\$60,734.62
Local Health Maintenance Fund	\$33,139.00	\$28,081.32
Local Health Department (LHD) Trust Account	\$14,889.62	\$5,057.68
Public Health Coordinator Base Grant (7/1/2017-6/30/2018)	\$14,377.00	\$14,377.00
Cities Readiness Initiative (7/1/2017-6/30/2018)	\$8,078.00	\$8,078.00
Unobligated Funds (7/1/2017-6/30/2018)	\$49,936.00	\$49,936.00
Public Health District Coordinator (7/1/2017-6/30/2018)	\$10,000.00	\$10,000.00
<b>Total</b>	<b>\$705,087.62</b>	<b>\$668,547.03</b>

- The Local Health Maintenance Fund is governed by IC 16-46-10
- The Indiana Local Health Department Trust Account is governed by IC 4-12-7
- These 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. Part of the Local Health Maintenance Fund helps offset the salaries of a nurse and an environmental health specialist.
- 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 approves or denies any request.
- The Local Health Maintenance Fund and the Indiana Local Health Department Trust Account 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.

- 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 and Public Health District Coordinator 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.
- Unobligated Funds: Used to establish a public safety training institute in our county for first responders.

# OFFICE MANAGEMENT

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*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 issue 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, farmer markets permits, collection reports, all state reports concerning grants and grant reviews. She assists with vital records as needed.

# VITAL RECORDS

*Submitted by Taylor Hardesty, Registrar and Office Assistant*

There were 117 deaths reported in 2018 living an average age of 77 years.

They were classified as:

Cancer	16
Anal	1
Breast	2
Colon	4
Esophageal	1
Liver	1
Lung	6
Prostate	1

Heart Disease	31
Acute Catastrophic	5
Cardiac Arrest	4
Cardiac Disease	1
Cardiomyopathy	3
Congestive Heart Failure	6
Coronary Artery Disease	4
Myocardial Infarction	5
Vascular Disease	3

Respiratory	17
COPD	1
Pneumonia	2
Pulmonary Disease	4
Pulmonary Fibrosis	1
Respiratory Failure	9

Other	53
Alzheimer's/ Dementia	10
Amyotrophic Lateral Sclerosis	1
Anorexia/Nutritional	1
Asphyxiation	1
Blunt Force Trauma	2
Cerebrovascular Accident	1
Cirrhosis	2
Degeneration of the Brain	12
Diabetes	1
Drug Overdose	3
End Stage Heart Failure	1
Gangrene	1
Kidney Failure	1
MRSA	1
Pancreatitis	1
Parkinson's Disease	3
Renal Failure	1
Self Inflicted Gunshot Wound	5
Septic Shock	2
Smoke Inhalation/Car Fire	1
Systolic Heart Failure	2

Grand Total	117
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2018: 2 home births

2017: 2 home births

2018: 117 in-county deaths

2017: 108 in county deaths

Registration of home births

Female (1)      Male (1)

Registration of deaths

Female (57)      Male (60)

Certified copies issued

Birth (53)      Death (759)

Did tobacco use contribute to death?

Yes (10)

No (56)

Unknown (40)

Probably (11)

2018: 33 Veteran deaths

2017: 31 Veteran deaths

2018: 77 average age at death

2017: 73 average age at death



# EMERGENCY PREPAREDNESS

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

## **BUDGET**

- Base Budget of \$13,429.00 has been accepted.
- CRI (City Readiness Initiative) available budget of \$8,078 has been accepted.
- Public Health Emergency Preparedness Cooperative Agreement Representative \$10,000 allocation accepted

## **REGULAR MEETINGS ATTENDED**

- District 8 meetings held Bi-Monthly, representatives from all counties in District 8 are present. Those counties are Monroe, Lawrence, Orange, Bartholomew, Jackson, Washington and Brown.
- Attend and Chair LEPC (Local Emergency Planning Committee) meetings.
- Monthly mobile office meetings with District 8 staff.
- EPPC meetings (Emergency Preparedness and Planning Coalition) bi-monthly. Formerly the District Planning Council.
- 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 Medical Counter Measure Action Item Meeting at Marion County Public Health Department for purposes of updating CDC program.
- 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 2019 POD exercise with included Medical Countermeasure Game
- 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 was approved in March for Basic Life Support Medical Training.

- Procured Mass Casualty Response Unit - outfitted to respond a mass casualty incident. Plan and procedures on request and deployment are in the process of being developed.

## **TRAINING**

- Functional Exercise in November for LEPC - Live Propane Fire
- Complete the Emergency Medical Technician Course and all the prerequisites. This was a 6 Month training program that was taught on Monday, Wednesday and Saturdays through the newly formed Training Institute. The institute was able to train and graduate 12 first responders at the EMT level.
- Attended National Healthcare Preparedness Summit and attended the trainings on Community Reception Centers with a focus on Radiological Events.

## **FUTURE GOALS**

- Community Outreach in our schools about Emergency Preparedness.
- POD full-scale exercise 25 April 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 Functional Exercise in April
- Maintain high-level trainings and schedule for the Training Institute. The disciplines that benefit from this program are all responder agencies, including Fire, EMS, Law Enforcement, EMA and Public Health.
- Initiate trainings on Mass Casualty and Tactical Emergency Casualty Care as the Rescue Task Force concept moves forward.

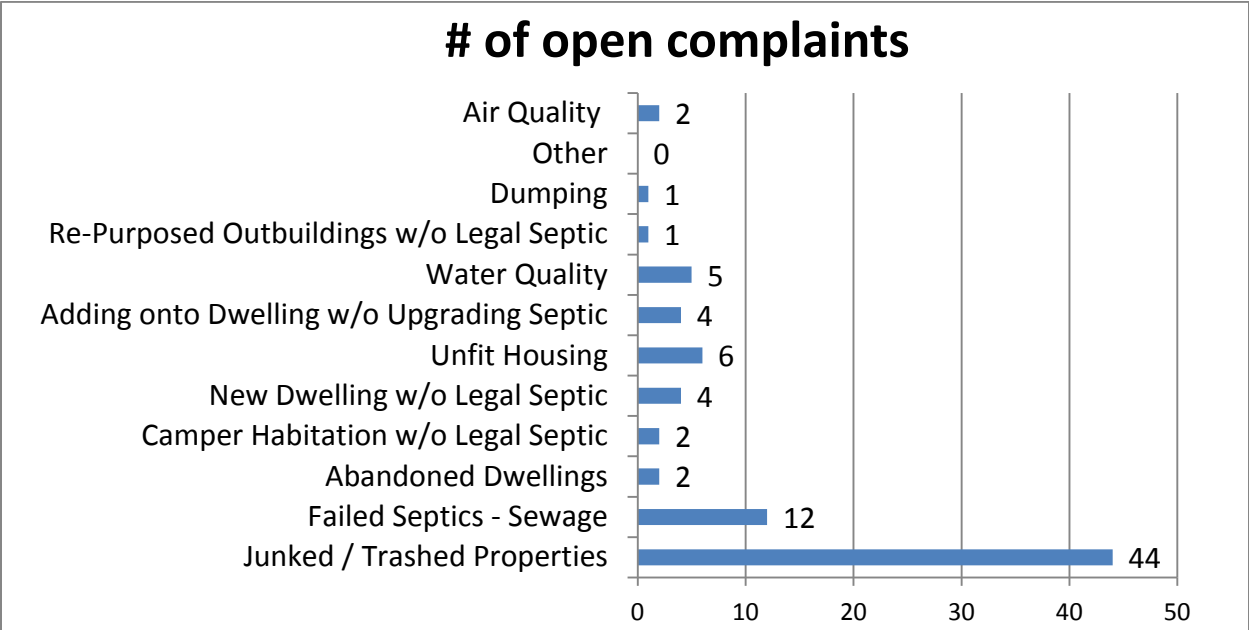
# ENVIRONMENTAL HEALTH

*Submitted by Ernie Reed, Environmental Health Specialist*

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

**COMPLAINTS:**

At the end of 2018 there were two hundred fifty eight (258) active complaints, which is an increase from one hundred ninety three (193) 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 for 2018:



Note: This list is based on the number of complaints found to be valid that the health department received.

**WASTEWATER:**

One hundred sixty one (161) soil evaluations submitted for review and specification work sheets issued compared to one hundred seventy five (175) in 2017.

One hundred and thirteen (113) septic permits were issued in 2018 compared to one hundred nine (109) in 2017.

Seventy one (71) septic systems were installed in 2018 compared to sixty eight (68) in 2017

NOTE: Some of the septic installations were permitted in 2017.

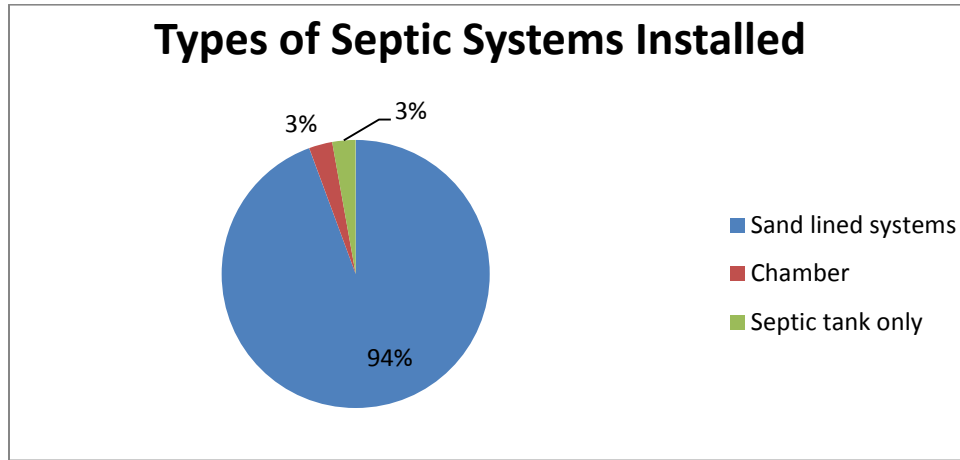
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**113**

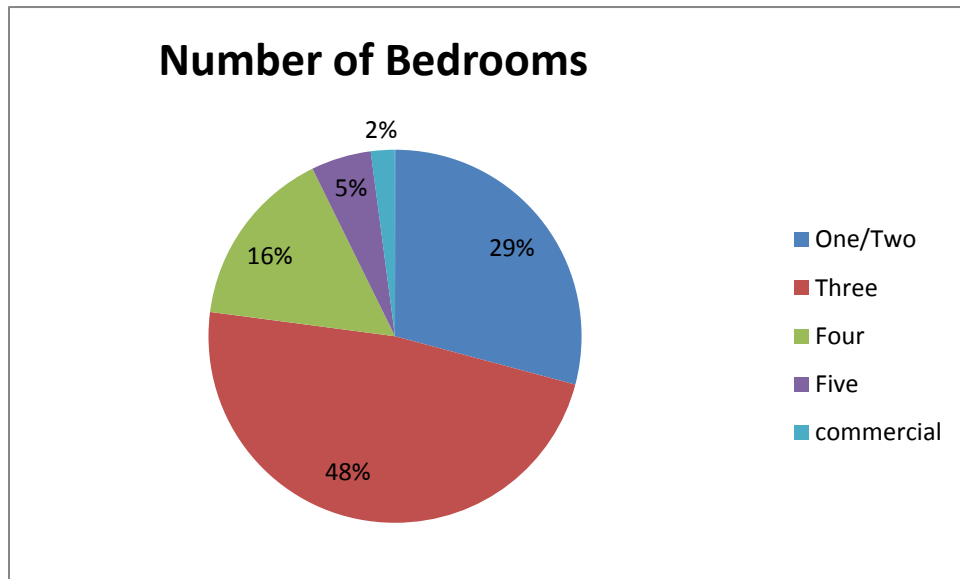
*Septic Permits issued in 2018*

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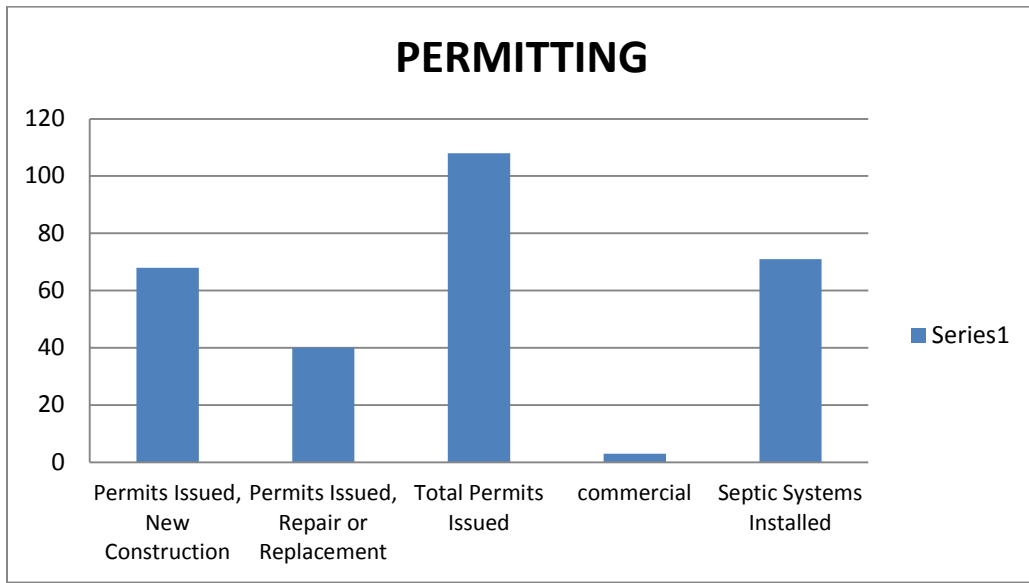
Types of septic systems installed:



Percentage of the number of bedrooms per homes with septic systems permitted in 2018



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



**PROPOSED SEPTIC ORDINANCE**

The proposed septic ordinance continues into 2019

1. Sub-committees working on different parts of the ordinance
2. Hoping for first reading in the spring

**FUTURE GOALS**

1. Finalization of the new septic ordinance
2. Annual contractor meeting

# ENVIRONMENTAL HEALTH – FOOD DIVISION

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*Submitted by Jennifer Heller, Environmental Health Specialist*

## **INTRODUCTION:**

As an Environmental Health Specialist for the Brown County Health Department my main role involves 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
- Consultations/Openings/Closings
- 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

## **RECALLS:**

Recall information comes in from the FDA and USDA and arrives on almost a daily basis. I compile a weekly recall report unless there is a Class I recall (most dangerous). Most of the product recalls are usually generated by a mislabeled product that has failed to include an allergen notification. 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. The recalls are compiled and sent out to all food service establishments in the County mostly by email but some are sent by regular postal service mail to the establishments without email (variable by season but usually about 8-9 establishments). 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 with additional contact information, product photographs, SKU numbers and where to call for more information.

In 2018 there were 292 various recalls that were sent out. Some had multiple items included in the recall. For example, a particular biscuit was recalled and the ingredient in question was in several varieties of this company's biscuits. These different biscuit product notices went out as one recall, but with multiple label information. This total for the recalls this year is slightly lower than in 2017, which had 330 recalls sent out to Brown County Establishments. I do not

send pharmaceutical recall notices. I also do not try and determine what food establishment might have what product, the notices just go out to all establishments

On the recall notice, 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, so as not to add to confusion.

**REGULAR FOOD ESTABLISHMENT INSPECTIONS:**

Food establishment inspections were divided between temporary event establishments and full-time regular food establishments, which were then further divided down into risk categories.

There were 116 regular full-time establishments in 2018 and there were 167 inspections performed. Of the 167 inspections that were done, the facilities in the highest risk category were all inspected at least once. There are 37 food establishments in the high risk category. These are the establishments that serve more diversified food that they prepare, possibly hold, cool and reheat. Of these, 14 had 1 inspection, 19 had 2 inspections, 6 had 4 inspections, 2 had 5 inspections and 1 had 6 inspections, for a total of 68 high risk inspections

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**167**

*Food establishment inspections  
completed in 2018*

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Of the second highest risk category, in which there are 37 establishments, all received at least 1 inspection, 20 had 2 inspections or 57 total inspections of the medium risk

Of the 42 establishments with lowest risk and only needing one inspection, all but 7 were inspected. This is the lowest risk category, and they have the least actual food handling. I did not inspect the Schwan Food truck (all frozen food, and on a once-a-week schedule here in Nashville), St. Vincent de Paul food bank, Uncle Beni's Bar B Que (as he was not cooking this year other than briefly in the spring) Valley Branch/Explore Brown County (which only serves hot chocolate occasionally to zip line riders), Candy Miller "Let's Have Tea", (operates on an as needed basis every four months or so from Mother's Cupboard and we have not been able to connect), as she is only blending dry teas, this is very low risk. I also missed inspecting the Oak Haven B&B this year and the Big Woods Mobile Truck as they only used this truck in County for one event I know of this year which was at their facility before the kitchen was operational.

One of our food establishments – Story Inn - successfully applied for a variance from the State Health Department to preserve meat in Reduced Oxygen Packaging. I assisted them in preparing the application to apply for the variance for this process as it has increased risk due to the affinity of clostridium botulinum for reduced oxygen atmospheres. The process is strictly controlled and all steps in the process are detailed and followed to keep this food safe.

### **TEMPORARY FOOD INSPECTIONS:**

There were 87 temporary facilities applications for 22 various temporary events in 2018. This is the same number of temporary vendor inspections as in 2017 but there was an increase in the number of events in 2018.. Of the 87 applications, 80 vendors were inspected. Occasionally vendors were not open at the time when I was inspecting but the majority of these temporary vendors were inspected. Ernest Reed inspected the vendors at the Brown County Story Wine Fair. There is now an event almost every weekend starting in spring and going throughout the summer. Farmer's Markets are scheduled on Friday afternoons and on Sunday afternoon. The Red Barn has been hosting almost weekly weekend music events with at least one vendor per event and of course there are the additional temporary events at the Bill Monroe Campground, and some other places in town.

Here is the 2018 breakdown by event:

- Story Wine Fair-6 vendors, Ernest Reed inspected
- Morel Festival 2 vendors, 2 inspected
- Antique Machinery Show – 1 vendor not inspected
- Bill Monroe Bluegrass- 11 vendors, all inspected
- John Hartford festival- 12 vendors, all inspected
- South Gospel – 3 vendors applied, only one showed, inspected
- BC Extension Homemakers- 1 vendor, not inspected
- 4-h Animal club event- 1 vendor, not inspected
- Jerry Garcia Tribute—3 vendors, 2 inspected one not set up
- Brown County Fair- 13 vendors, all inspected
- Bluesfest—9 vendors all inspected
- Bikefest—6 vendors 2 tattoo, all inspected
- Gnawbrew—1 vendor, 1 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—6 vendors, 6 inspected
- Andromeda Festival- 2 vendors 2 inspected
- Chocolate Walk – 1 vendor (2 registered), 1 was inspected
- Lazy Summer – 2 vendors 2 inspected
- Christmas Lights at the Bill Monroe Park 6 weekends – one vendor, Combs Kettle Corn (very low risk- not inspected as he was at most of the events at this location in the summer and never had a violation)

### **CONSULTATIONS, OPENINGS, CLOSINGS:**

There were two closings: Brownies Restaurant and Nashville House.

Allison House does not serve food anymore- gives a voucher for breakfasts, and the same with Robin Wood Inn. A Chicken wing truck opened for one day and never returned to the Foxfire Parking lot. A sushi truck operated at Foxfire for a few weekends, then moved into the Playhouse kitchen area and then closed. Ooey Goey rolls moved into a fulltime food



establishment location and is now also selling sandwiches. Big Jims BBQ moved to New York, I am not sure if he will return. Brown Bike opened with outdoor seating and completely separate food preparation area. As there was no interaction with the food area they were allowed to have dogs on their outside area. The Food code does not prohibit dogs in non-food prep areas, that are separate from kitchens etc., but it is up to the owner if they will allow canines in these areas. Service animals are permitted in restaurants, but they have to have been trained to perform a specific task for the owner. You can only ask if they are a service animal and what they have been trained to do. They have to be under control at all times, and not disruptive. There is no licensing of a service animal, no vests or permits.

Hard Truth Hills opened their large 250 seat restaurant/distillery. The restaurant food is prepared in a kitchen upstairs, and box lunches are provided on the lower floor if requested. They do have an operational licensed food truck that is used on occasion. Shepherd of the Hills closed their food bank. "Soups On"- a mobile truck was licensed but only sold food one weekend at the Red Barn. The former Flea Market on 46 changed hands and is now the "Gnawbone Trading Post" with food being prepared inside the main building and also has a weekend vendor there called R&D Concessions. Sweettea's and the Daily Grind changed ownership, but kept the name. Several people consulted on opening a food establishment, some are yet to follow up. Beta Teen Center moved and will only provide pre-packaged snacks to the teen participants. Several wedding barns opened but all insist they are only using caterers to serve the food at the events. They do have plumbing.

#### **PUBLISHED INSPECTIONS:**

*The Democrat* newspaper published all the food establishment inspections that I forwarded to them for 2018 during the year. These inspections are also posted on our Brown County Health Department website as electronic 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 for 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 6 operating B&B's in the county. There are 6 schools, 23 non-profits, and 10 camps.

#### **SERVS SAFE CLASSES:**

This year I taught 4 ServSafe classes, and proctored 5 online ServSafe tests. There were a total of 37 people in the classes. The online test is now cheaper and people may be going with that option. I do get people attending this class from all over, one drove all the way from Madison. 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 submitted an Ordinance in 2017 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. There has been no action - not voted on or adopted.

I did not receive any Indiana Police Clandestine Laboratory reports this year. The concern now more than meth is the Fentanyl Labs and derivatives. We have not had one of these to my knowledge in the County

### **COMPLAINTS:**

I responded to 11 complaints in 2018. These included seven concerning food, mostly lack of beard nets, facilities complaints. The others were miscellaneous.

### **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. There were no complaints or violations this year that required my participation.

### **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. I did not open or inspect any grease traps this year. I do advise potential

food establishments that they have a need for a grease trap and to get with the town for appropriate sizing of the trap/grease interceptor.

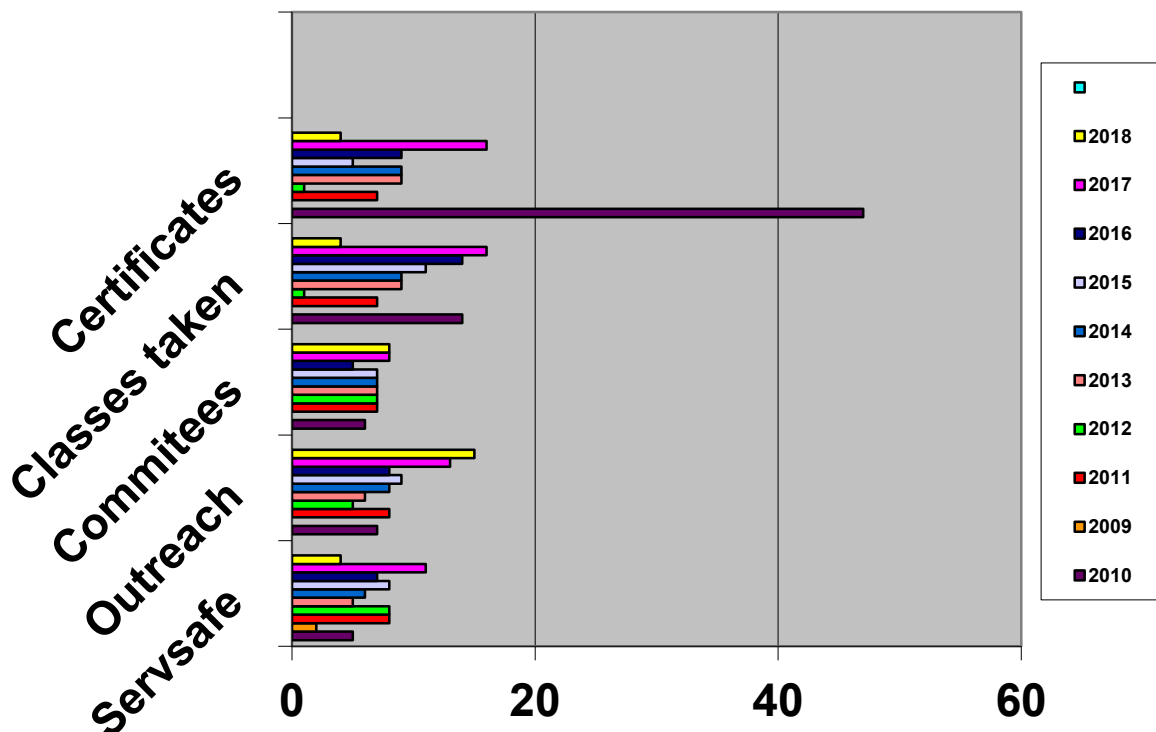
**TATTOO PARLORS:**

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 2018 inspections are now in electronic format and on file and also exist as a paper copy in the file cabinet with original signatures. We do not use the software recommended by the State Health Department as it is still in the “roll-out” phase and not proven yet to be useful.

**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 summer camp start-up
- I secured three interns from IU to assist our department over the year.
- Several articles were submitted to *The Democrat* newspaper; Pool Safety, Radon information, ServSafe Class announcements
- I provided several articles for the Indiana Environmental Health Association newsletter for tours for the Southern Chapter and the trainings held here in Brown County
- I brought in an Active Shooter Class in June with the Office of Bombing Prevention, Department of Homeland Security and the FBI providing speakers
- I brought in a class from the National Center for Biomedical Research and Training (NCBRT) called "Team Approach to Food Borne Outbreak Response"
- I brought in a class from NCBRT in the fall called "Campus Emergencies, Preparedness, Response and Recovery"
- I brought in a class in December from the Office of Bombing Prevention called "Improvised Explosive Device Search Procedures"
- I consulted on 4 new establishment's design.
- I obtained from the American Lung Association 50 free Radon test kits, advertised these in *The Democrat*, and distributed them to Brown County residents upon request.
- 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.
- I participated in "Trick or Treat on the Trail" at the YMCA and handed out food safety coloring books and crayons obtained at no cost from the FDA.

## **MEETINGS AND COMMITTEES:**

I served on the following committees:

- Indiana Environmental Health Association (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 2018- Tour of the Ivy Tech Culinary kitchen in Bloomington
  - Aug 2018- Tour of the Squire Boone Caverns in Corydon
  - Sept 2018- Tour of the White River Hops Farm in Jasper
  - Nov 2018- Tour of the Hard Truth Hills Distillery in Nashville
- 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.
- Local Emergency Planning Committee (LEPC) for Brown County – Environmental Health Rep and Vice-Chair
- Emergency Management Association Committee (EMAC) for Brown County – Environmental Health Rep and Secretary
- ISDH Food Protection Committee member
- Food Safety Defense and Task Force member

- Indiana Environmental Emergency Response Team (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:

- FDA Food Code training
- “Team Approach to Food Borne Outbreak Response” from NCBRT
- “Improvised Explosive Device Search Procedures” OBP
- “Campus Emergencies Preparedness, Response Recovery” NCBRT
- Moulage (Basic Wound make-up course)
- Naloxone Information and Training
- From the IERC Conference; certificates for; I-65 South Managing Hazmat Incidents from Emergency to Cleanup, emerging trends in Emergency Care, Building Better Providers, Navigating Difficult Conversations and Communicating Effectively
- FDA Central Region Retail Food Protection Seminar

**CERTIFICATE CLASSES ON LINE:**

- Food Code Chapter 9 (FDADC09)
- Food Code Chapter 11 (FDAFC11)
- “Donations Management” (for Food Donations)
- “Food Defense Awareness” from Food Safety Preventative Controls Alliance
- “You are the Help Until Help Arrives” from the Department of Homeland Security
- “Emergency Management and Preparedness – Inclusion of Persons with Disabilities”

**CONFERENCES ATTENDED:**

1) Indiana Onsite Wastewater – IOWPA Conference- Sessions included; Onsite Inspector Challenges and Successes, Soil Properties and Landscapes, Advancing Treatment beyond Conventional Technology, Installation with Maintenance in mind.

2) WWETT Show (wastewater international Conference) – Attended multiple wastewater sessions

3) Onsite Wastewater Training by ISDH in Indianapolis- 2 day training

4) Midwest Damage Prevention Conference, French Lick- Sessions included; Real Stories from PHMSA's Accident Division, Gas Migration after the strike, The Future of Utility Locating, Advanced Case Studies from the Indiana Underground Plant Protection Advisory Committee,

5) AFDOFF Conference (FDA Food training) Louisville- Sessions included; Active Managerial Control, NACCHO funding for health Departments, Overcoming the challenges of a Hep A Outbreak, FBI WMD Program overview and Threats to the Food Sector., Environmental Sampling at Retail Food Establishments, Keeping food out of the landfill Using Social Media for Foodborne Illness Surveillance.

6) IEHA Fall Conference Evansville- Sessions where I provided the speakers/topics; Mass Fatalities, Livestock Disease Emergency Preparedness and Response, Ingestion Pathway Plan and Exercise, Disaster Responders and Survivors Panel Talk. Other sessions attended; Produce Safety Rule Building a Food Safety System, ADA Guidelines, State Dept of Health Updates, Mass Bat Exposure in a Sorority House.

7) Food Symposium ISDH in Rochester – food safety and ISDH updates

8) Indiana Emergency Response Conference in Indianapolis- see list of certificates above for classes attended

#### **WEBINARS:**

I listened to several webinars online in 2018- all related to Food Safety Updates, and FDA information

#### **AWARDS:**

Indiana Environmental Health Association (IEHA) President's Commendation for Chairing the Terrorism and All Hazards Preparedness Committee in 2018.

#### **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, 2017 or 2018 due to lack of staff.

#### **GOALS FOR 2019:**

- 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. Make sure advance information is provided to potential vendor attendees of the event specifying our County 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 WWETT show), the Indiana Emergency Preparedness Convention as the Brown County LEPC representative, the Infragard Conference if feasible, the Midwest Damage Prevention Conference and the two conferences sponsored by the IEHA in Spring and Fall
- To attend the onsite Wastewater training at ISDH in February To take at least 2 additional training sessions in person
- To continue to monitor local news and media for any mention of food related events to make sure licensing is done if required
- To provide consultation to establishments 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. I performed several inspections in 2018.

My main goal for 2019 is to keep food safe in Brown County. I am happy to discuss any aspect of this report further upon request.

Respectfully Submitted,  
 Jennifer Heller  
 Environmental Health Specialist

# NURSING

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*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

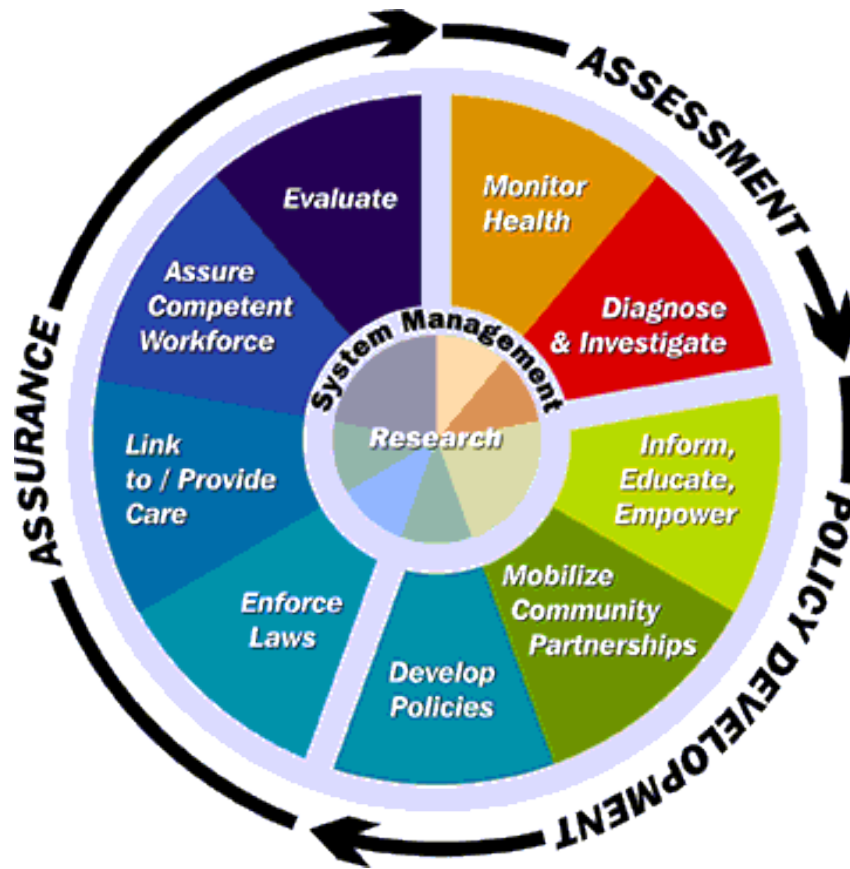
## **NURSING STAFF OF BROWN COUNTY HEALTH DEPARTMENT:**

Kelly Hilligoss, BSN, RN, hired May 2017

Seleah Settle, BSN, RN, hired November 2017

Jennifer Unsworth, BSN, RN, Public Health Nurse Supervisor





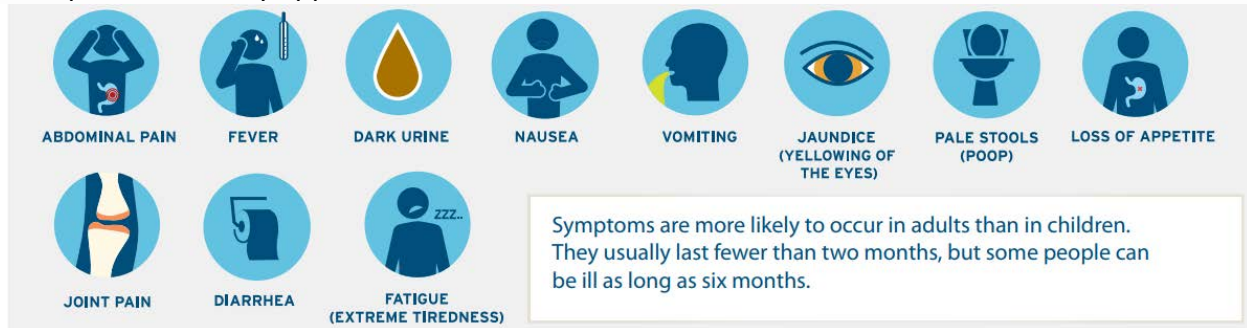
**EMERGENCY PREPAREDNESS:**

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

## 2018 CONCERN FOR HEPATITIS A IN THE UNITED STATES OF AMERICA

### **WHAT IS HEPATITIS A? (INFORMATION PROVIDED BY INDIANA STATE DEPT. OF HEALTH)**

Hepatitis A is a highly contagious liver infection caused by the hepatitis A virus (HAV). It can range from a mild illness lasting a few weeks to a severe illness lasting a few months. Symptoms of hepatitis A usually appear two to six weeks after someone is infected and can include:



### **INDIANA HEPATITIS A OUTBREAK:**

Indiana is one of several states experiencing a hepatitis A outbreak. Hepatitis A is usually spread person-to-person when someone accidentally consumes stool of someone with hepatitis A or by consuming food or water contaminated with the virus. During this outbreak, the hepatitis A virus has been spread person-to-person; no contaminated food or water has been identified.

### **MORE INFORMATION ABOUT THE INDIANA HEPATITIS A OUTBREAK**

Hepatitis A in Indiana

- Since November 2017, the Indiana State Department of Health (ISDH) has been investigating an outbreak of acute hepatitis A virus (HAV).
- Outbreak-related cases have been confirmed across the state.
- In previous years, Indiana has had an average of 20 cases of hepatitis A per 12-month period.

Cases in Indiana: 915 with 2 deaths

Cases in Brown County: 0

Hepatitis A vaccines administered in Brown County: 192

### **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 participated in the functional LEPC exercise in November executed in the Brown County High School Parking Lot and Goldberg Room. The

exercise included a tabletop exercise, propane explosive incident training and a live-fire propane exercise. Nursing also participated in Mass Antibiotic Dispensing Training at the Seymour Police Department. 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 = 0 performed at the health department.

Lead Levels monitored and followed but not performed by BCHD: 2

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 2018) and other locations in the community upon request. A total of 53 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
<b>Purpose</b>	To detect potential disease indicators	To establish presence/absence of disease
<b>Target population</b>	Large numbers of asymptomatic, but potentially at risk individuals	Symptomatic individuals to establish diagnosis, or asymptomatic individuals with a positive screening test
<b>Test method</b>	Simple, acceptable to patients and staff	May be invasive, expensive but justifiable as necessary to establish diagnosis
<b>Positive result threshold</b>	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
<b>Positive result</b>	Essentially indicates suspicion of disease (often used in combination with other risk factors) that warrants confirmation	Result provides a definite diagnosis
<b>Cost</b>	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 = 88

Diabetes Screenings = 56

Urine Checks = 5

STD Prevention and Education = 10

Cholesterol Screenings = 2

Height = 0

Weight = 47

Hemoglobin = 57

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<sup>®</sup>. 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 – 3.

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.firststepsse.com/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 = 8      Positives = 3

### **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.

Total number of patients = 583  
Total number of vaccines = 964

**964**

*Number of vaccines provided in 2018*

### **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 = 89  
Number of Active Cases = 0  
Number of Latent Cases = 1  
Medication set ups = 0  
Direct observational therapy = 0

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 no longer offered through the Brown County Health Department. The Brown County School Corporation has taken over this program.

### **NALOXONE:**

In May, the Brown County Health Department submitted a grant proposal for Naloxone to Indiana State Department of Health. Naloxone Hydrochloride, also known by the brand name Narcan®, is an opioid antagonist and is a safe and effective medication used to quickly reverse the life-threatening effects of an opioid overdose. The naloxone kits distributed in accordance to this grant will be administered intranasally by spraying a fine mist up the nostril of the affected person.

The Brown County Health Department initially requested 120 Naloxone kits to be distributed. Due to the Health Department attending a local recovery festival, Hope Fest, we requested additional kits from Indiana State Department of Health (60+ kits). Centerstone of Indiana in Nashville joined with the Brown County Health Department to become a partner distributor of Naloxone. From July to December, the Brown County Health Department provided Naloxone kits to Centerstone, the Sheriff's Department, community members, and local fire departments and other emergency personnel. In total, the Brown County Health Department distributed 183 Naloxone kits from July to December.

### **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)
- Brown County Health Board Subcommittee (Opioids)
- Healthy Families
- Healthy Brown County Council
- Local Emergency Planning Committee
- Mentorship for nursing students for clinical rotation in public health nursing
- Speaker for various organizations on health topics and issues
- Treatment & Support Task Force as subcommittee of Brown County Drug Free Coalition
- 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. 53 became certified in CPR training.

#### **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 2018:

- Active Shooter Course, hosted by Jennifer Heller, BCHD
- Attorney General’s Drug Abuse Symposium x2 days, Noblesville
- Biological Incidents & PPE Training, Camp Atterbury
- Bombing Awareness Training
- Brown County Coordinated School Health and Safety program meeting on school health policy
- Brown County Healthy Schools Council
- Children’s Hoosiers Immunization Registry - Web trainings
- Communicable Disease Training – ISDH epi
- Corey Frost presented training for and performed execution of POD exercise.
- CPR training and skills testing for instructor
- Cybertech Midwest Conference, Indianapolis – cyber-security and healthcare
- Foodborne Outbreak Response Class hosted by Jennifer Heller, BCHD
- Head Start Outreach at Brown County IGA
- Hepatitis A presentations and trainings to county employees
- Immunizations A-Z Training
- Indiana Immunization Coalition Training
- Indiana State Department of Health Leadership Meeting
- Indiana State Department of Health webcast meeting/training
- Indiana State Public Health Nurses Conference
- 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 Brown County Health Department on Influenza
- Mass Antibiotic Dispensing Training hosted by Seymour Police Department
- National Immunization Conference
- Opioid Summit x2 days, Bloomington
- POD planning meeting and walk through at the Nazarene Church
- Public Health Nurse Conference
- Public Safety & Public Health Opioid Conference & Training
- Risk Management /OSHA Training
- School Immunization Clinic
- TB Regional Nurses Meeting

- TB skills testing
- 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
- VaxCare Training, Jackson County Health Department
- Vector-Borne Disease Session with District 8 Field Epidemiologist from Indiana State Department of Health
- World Tuberculosis Day, Indianapolis

**VAXCARE:**

In July, the Brown County Health Department started accepting healthcare insurance, which is processed through VaxCare. VaxCare supplies the Health Department with private pay vaccines. When individuals with insurance request these vaccines, the nursing staff will process the individual's insurance information and set up the appointment. The Brown County Health Department does not require an administration fee, a co-pay, or a visit fee. This has allowed the Health Department to accept a whole new category of individuals to vaccinate.

**The mission of the Brown County Health Department  
is to encourage organized community efforts to  
address public health issues by applying medical,  
scientific and technical knowledge to prevent  
disease and promote health.**



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