

Health First Indiana



The Future of Public Health

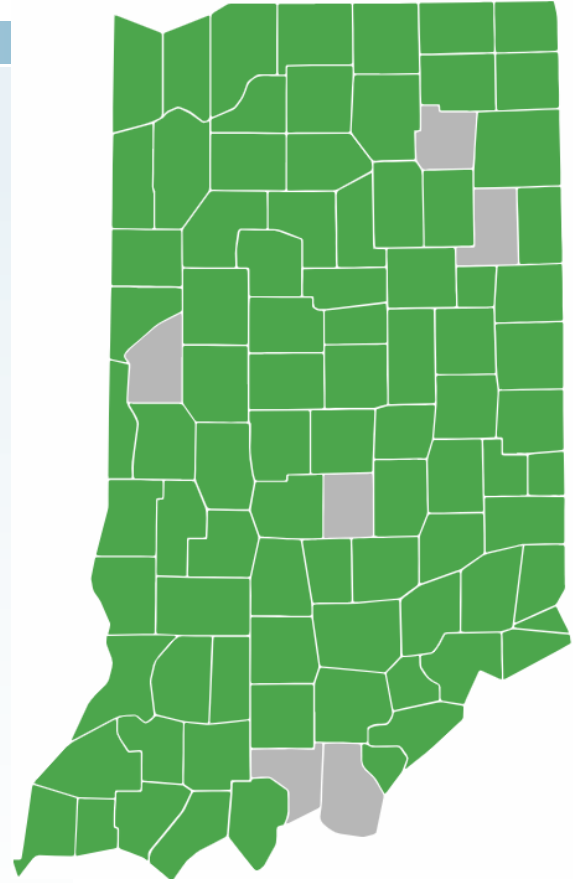
The Governor’s Public Health Commission Conclusion

https://www.in.gov/health/files/GPHC-Report-FINAL-2022-08-01_corrected.pdf

“Indiana fares well on a number of economic and educational measures but ranks low among all the states on many health outcomes. Our poor health inhibits our economic performance, weakens our communities, and shortens the lives of too many Hoosiers. This Commission believes that we can and must do better.

The recommendations we set forth in this report will transform Indiana’s public health system to improve the health and safety of Hoosiers while strengthening communities. We strongly urge state leaders to adopt the recommendations and related action items in their entirety, as each recommendation reinforces and magnifies the impact of the others. The COVID-19 pandemic – the worst public health emergency in over 100 years – had a devastating impact on our communities, our state, and our nation, and highlighted the fragility of Indiana’s current public health system. We must act now to apply the lessons that we have learned and prepare the state for the public health challenges of the future. If we do that, we will not only leave a legacy of good health for future Hoosier generations, but also economic prosperity.

Benjamin Disraeli remarked in 1877 that “the health of the people is really the foundation upon which all their happiness and all their powers as a state depend.” This report has demonstrated the public health issues that need to be addressed in order to secure Indiana’s future. While the issues might seem great, and even daunting, the solutions we propose are thoughtful and realistic actions that can be taken. “



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HEALTH FIRST INDIANA (HFI)

A state investment in local public health

More information at healthfirstindiana.com



Health First Indiana is an initiative created by Senate Enrolled Act 4, legislation passed by the 2023 Indiana General Assembly that transforms public health. The legislation provides funding so counties can determine the health needs of their community and implement evidence-based programs focused on prevention.

Health First Indiana establishes a public health infrastructure through a state and local partnership where services are delivered at the county level. Counties decide whether to opt-in to the new funding and providing the core public health services, including trauma and injury prevention, chronic disease prevention, maternal and child health and more.

Quick Facts about Health First Indiana

- \$75 million in fiscal year 2024, \$150 million in fiscal year 2025
- Investment in prevention leads to healthier communities and workforce, which attracts businesses and benefits the economy
- Brings together local elected officials, public health, clinical health and community partners
- Partnerships allow us to identify gaps and reduce duplication to ensure the efficient delivery of services.
- Benefits rural communities that often have fewer resources, such as free health screenings and connection to care

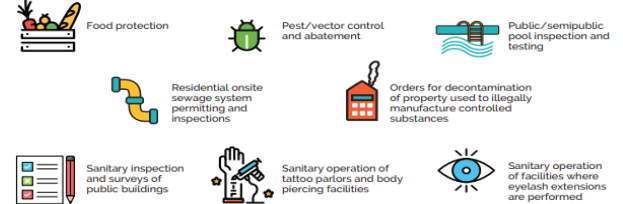
Porter County will receive \$1,753,072.76 in HFI funding for 2024

Porter County will receive a minimum of \$3,377,692.50 in HFI funding for 2025

At least 60% of HFI funding must be spent on these core services



No more than 40% of funding may be spent on these core services



[-https://www.in.gov/health/files/23_GPHC-60-40.pdf](https://www.in.gov/health/files/23_GPHC-60-40.pdf)



Porter County Health Scorecard "At a Glance"

<https://www.in.gov/health/directory/office-of-the-commissioner/gphc/county-scorecard/>

County Porter	Topic	Indiana Rate	County Rate	Rank
	Adult Obesity	35%	36%	#47
	Children < 3 Years Old Completing Recommended Vaccine Series	57.7%	63.3%	#40
	Infant Mortality Rate	6.8	3.70	#5
	Life Expectancy	76.5	77.9	#23
	Smoking Rate	21.0%	20.5%	#33
	Suicide Rate	17.2	16.8	#50
	Years of Potential Life Lost Due to Injury (Age-Adjusted)	2527.14	2163.3	#44

The Porter County Health Department contracted with Pyrcce Healthcare Group to conduct a Public Health Needs Assessment. The Public Health Needs Assessment was conducted using 35 key informant interviews and 2 focus group discussions. This information, data from the IDOH County Health Score Card (seen above) and data from County Health Rankings from the University of Wisconsin were integrated into the county health rankings model (see below). Using this data, the ten essential functions of public health framework (seen below) were initiated to identify gaps in public health access and/or unmet needs. The entire Public Health Needs Assessment report can be found at:

<https://www.in.gov/localhealth/portercounty/files/Pyrcce-Group-Report-Porter-County-Needs-Assessment.pdf>

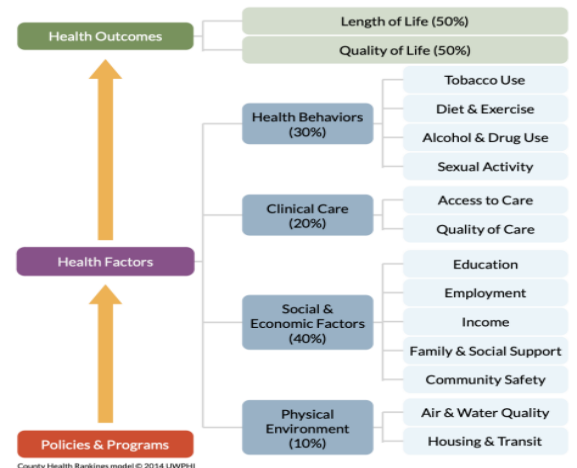


Ten Essential Public Health Services:

<https://www.apha.org/what-is-public-health/10-essential-public-health-services>

County Health Rankings Model:

<https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model>



Summary of Public Health Needs Assessment (Identified Needs):

- **Basic Needs:**
 - ⇒ Housing
 - ⇒ Transportation
 - ⇒ Food Security
- **Safety Needs:**
 - ⇒ Gun Safety
- **Environmental Needs:**
 - ⇒ Pest/Vector Control
 - ⇒ Flood Prevention & Response
- **Healthcare Needs:**
 - ⇒ Mental Health Services
 - ⇒ Maternal/Child Health Services
 - ⇒ Education Around Social Determinants of Health

Key:

HFI: Health First Indiana

PC: Porter County

PCHD: Porter County Health Department

IDOH: Indiana Department of Health

KPI: Key Performance Indicator

PHN: Public Health Nurse

RFE: Retail Food Establishment

CFR: Child Fatality Review

FIMR: Fetal-Infant Mortality Review

SOFR: Suicide-Overdose Fatality Review

PCP: Primary Care Provider

VFC Program: Vaccines for Children Program

317 Program: Adult Vaccine Program for uninsured/underinsured

SUD: Substance Use Disorder

SOP: Standard Operating Procedure

CPO: Certified Pool Operator

HAZMAT: Hazardous Materials

Most Common Repeating Themes

Physical Environment:

Lack of affordable housing, food insecurity and lack of transportation were all identified as barriers to public health in Porter County. These three issues were noted in almost every key stakeholder interview and focus group meeting. Diaper and infant formula insecurity were also noted during multiple interactions, as well as concerns over insect infestations of bed bugs, lice, and scabies.



Health Behaviors:

Substance Use Disorder and Vaping were noted, particularly in youth. Many key stakeholders identified the need for a community forum to break down the stigma surrounding such topics.



Social and Economic Factors:

Gun safety at home was identified as a concern for the health of our youth.



Social and Economic Factors/Clinical Care:

Mental health concerns arose in nearly every interview during the assessment. Areas of concern included mental health crisis in youth, access to mental health treatment and the need to mitigate social and economic factors contributing to mental health problems in our community. There was a call for a community forum to reduce stigma around mental health and substance use disorder.

View of the Health Department:

Overall, stakeholders had a positive view of the health department and made some constructive suggestions that will be incorporated into Porter County's strategic health plan. These include increased use of the mobile health clinic, increased advertisement of health department services for public awareness, and partnerships with medical groups to provide specialist services out in the community.



Core Public Health Clinical Services:

KPI: Number of counties that initiated a public health investigation within 24 hours for 95% of the immediately reportable conditions reported to them and within two business days for 85% of non-immediately reportable conditions reported to them.



Infectious
disease prevention
and control

Does PCHD Meet the KPI: **Yes**, PCHD reviews all laboratory and infectious disease reports upon receipt and responds appropriately according to the immediately reportable and non-immediately reportable infectious disease lists. PCHD initiates an investigation including patient and/or caregiver interviews, obtaining clinical records, sample collection and submission as necessary, identification of outbreak situations, and notification or follow-up actions based on this information. PCHD also initiates action to mitigate further risk of ongoing transmission.

Opportunities: There are always opportunities to promote preventative health decisions and preventative immunizations through education and direct delivery of these services to PC residents where they are (use of our mobile health clinic).

Possible/Current Partnerships: IDOH Enteric Team, Homeless Outreach Service Team (HOST), Porter County Community Resource Network, Porter County School Corporations, Retail Food Establishments



Vital records

KPI: Number of counties providing birth certificates to all Hoosiers irrespective of their county of birth once the IDOH DRIVE system has appropriate functionality.

KPI: Number of counties able to offer Vital Records services without disruption to

Does PCHD Meet the KPI: **Yes**, PCHD has an office manager and two staff with extensive training in vital records requests and request fulfillment, in addition to employees trained to back-up this service. PCHD vital records employees also sit on this KPI taskforce regarding complete KPI implementation once IDOH DRIVE system has proper functionality. We are ready to both assist with this process and carry it out. PCHD currently has the ability to offer Vital Records services in two locations, thus being able to refer to a second location in the event that one location is unable to open for service.

Opportunities: In order to offer Vital Records services in the event that all county government buildings are unable to open or to offer Vital Records services in the field, on-site during an emergency or natural disaster, we have budgeted for designated laptop computers, mobile Wi-Fi hotspots, portable printers, and the associated office supplies to be stored off-site.

Possible/Current Partnerships: IDOH Vital Records Division

KPI: Number of counties that through a tobacco prevention and cessation coalition have a comprehensive program to address youth tobacco and addictive nicotine prevention.



Tobacco and
Vaping Prevention
and Cessation

Does PCHD Meet the KPI: **Yes**, PCHD is an active part of the Tobacco Education & Prevention Coalition for Porter County (PC TEPC). PC TEPC has offered “Catch My Breath” training to PCHD nursing staff for tobacco cessation education in clinic and during outreach events. We also partner to employ an individual who works part-time for PC TEPC and part-time for PCHD. This allows “Catch My Breath” program delivery directly to students in Porter County School Corporations, as well as at outreach events. As a part of the Coalition, we work together on school tobacco policy review and recommendations as well as “smoke-free” community efforts.

Opportunities: With the increase in instances of youth vaping and the addition of THC in vape products, along with the increase in stress and anxiety placed on today’s youth, there are great opportunities for partnerships among various community organizations to initiate community conversations and anti-stigma campaigns regarding vaping, other substance use, and youth mental health. This will allow education through youth to parents/guardians and the community at-large. We would also like to explore the possibility of offering adult smoking cessation education and treatment at the health department, including writing prescriptions for quit-smoking medicines.

Possible/Current Partnerships: Porter County School Corporations, HUB (Porter County Substance Abuse Council), PATH (Positive Approach to Teen Health), Porter County Municipal Chambers of Commerce, Porter County Businesses, Porter County Municipal Governments.

Core Public Health Clinical Services:

KPI: Number of counties partnering with schools, based on community need, to implement wellness policies and comprehensive strategies to promote student health.



Student health

Does PCHD Meet the KPI: Yes, PCHD is in the third year of participation in the school liaison program. We have an assigned PHN dedicated to keeping open communication with all PC schools, providing guidance and education where necessary, assessing needs and helping to fill them, and setting up immunization clinics as needed.

Opportunities: PCHD plans to put on a large youth health fair this summer involving more community partners than can be listed below. During the health fair, various school and family resource connections will be offered as well as a SMART START immunization clinic, sports physicals, and youth cardiac screenings. We also plan to partner with all of our schools and a handful of community partners to engage in community conversations and a county-wide anti-stigma campaign regarding youth mental health, vaping, and other substance use. Additionally, we would like to partner with some of our local non-profit food providers to offer a weekend meal program, coupled with an evidence-based nutrition and fitness program.

Possible/Current Partnerships: Porter County School Corporations, PC TEPC, HUB, PATH, NWI No Child Hungry, First Fruits Gives, NWI Food Bank



Fatality review (child, suicide, overdose)

KPI: Number of counties that participate in local CFR, FIMR, and SOFR teams and provide birth certificates, stillbirth certificates and death certificates to local fatality review teams.

KPI: Number of counties that identified a leading cause of fatality in their

Leading Cause of Death in Porter County: Cardiovascular Disease (see chronic disease prevention)

Does PCHD Meet the KPI: Partially, PCHD participates in the local CFR and has implemented and will lead the local FIMR team. We do not currently have representation on the SOFR team, but have made contact with the team lead and plan to put representation in place. PCHD does have representation on the PC Suicide Prevention Taskforce. Stillbirth and death certificates are provided.

Opportunities: As previously discussed, our community conversation and anti-stigma campaigns can be brought to the Community Action Team for county wide awareness and participation. Also, we have the opportunity to assist with the implementation of any needed changes identified by the Community Action Team.

Possible/Current Partnerships: Coroner's Office, Sheriff's Department, Community Action Teams, LOSS team, Prevention Groups, Local Hospital Groups

KPI: Number of counties with documented processes to refer families to needed services including contraceptive care, WIC, home visiting, prenatal care, substance use disorder treatment, an insurance navigation.

KPI: Number of counties who have identified an opportunity to improve birth outcomes and implemented an evidence-based or promising program or activity to improve that birth outcome.



Maternal and child health

Does PCHD Meet the KPI: No, PCHD currently offers pregnancy testing and, until recently, referral for prenatal care and other maternal and child health services through education and business or rack card referral. We have currently hired a care-coordinator who will act as a warm hand-off for all referral services (including those listed above) from this point forward and who will also offer insurance navigation services.

Opportunities: Our care coordinator is currently working to establish a comprehensive database of services for referral. Our hope is for continuous connection to care, addressing and helping to overcome all barriers along the way. Our PHNs are also familiarizing themselves with developmental milestones, signs of postpartum depression, and signs of substance use disorder, in order to be aware of when care coordination is needed. A long-term goal is to offer early pre-natal care at the HD for high-risk pregnancies, including early screenings, prenatal vitamin prescriptions and a first appointment scheduled with the patient's OB-GYN.

Possible/Current Partnerships: Nurse Family Partners, WIC, NWI Food Bank, First Thing's First, Healthy Families, Geminis Head Start, Tot Shop, Local Hospital Groups

Core Public Health Clinical Services:

KPI: Number of counties offering testing/counseling for HIV, HCV, STI.



Testing/counseling
for HIV, HCV, STI

Does PCHD Meet the KPI: Yes, PCHD offers testing, counseling, treatment, and expedited partner therapy in office at both locations as well as at the Juvenile Detention Center, the county jail, and HOST events.

Opportunities: To overcome service barriers, PCHD plans to offer increased testing and counseling to the community by taking these services in our mobile health unit to PC residents where they live and work. There are also opportunities for increased preventative education for all PC residents. A long-term plan would also include offering examinations and HIV PrEP.

Possible/Current Partnerships: IDOH Disease Intervention Specialists, PC Juvenile Detention Center, PC Sheriff's Department, HOST, PC Community Resource Network, Family and Youth Services Bureau, Department of Child and Family Services, and PC Community School Corporations



TB prevention and
case management

KPI: Number of counties with established partnerships for housing, food security, and interpretation services to assist in case management services for patients with TB and latent TB infection (LTBI) in their communities.

Does PCHD Meet the KPI: Yes, PCHD works with local medical groups, universities, and Hoosier Uplands as necessary to ensure that all TB and LTBI patients have secured housing and food provisions in order to ensure the health and safety of themselves and those around them for a successful, comprehensive case management experience.

Opportunities: PCHD currently offers active TB and Latent TB educational materials in multiple languages, however we have encountered a few instances where we were unable to offer communication and/or education in the patient's primary language. We plan to contract with a language services company in order to offer all communications in the language in which all patients are most comfortable communicating.

Possible/Current Partnerships: Language Service Company, Local Hospital Groups, Local Universities, Infectious Disease Physician Consultant, Hoosier Uplands, Local Food Pantries

KPI: Number of counties that have updated public health emergency response plans.

KPI: Number of counties exercising current emergency response plans with community partners within a biennial timeframe.



Emergency
preparedness

Does PCHD Meet the KPI: Yes, PCHD has public health emergency response plans that act as living documents, updated regularly as necessary. These plans are also exercised regularly as "call down drills", table top exercises, and as full-scale exercises, complete with partner agency participation.

Opportunities: PCHD's long-term goal for the remainder of this budget period into the next budget period is to develop a Continuity of Operations Plan in the event that the entire department would be displaced and need to continue all operations off-site and/or to continue uninterrupted services during a wide range of emergency situations. This will require high-level planning and interaction with partners in Porter County and counties in surrounding districts.

Possible/Current Partnerships: PC and other Local Emergency Management Agencies (EMAs), PC and other Local HAZMAT Teams, Indiana District 1 (and other) LHDs, Emergency Support Function-8 (ESF-8) partners, Healthcare Coalition, IDOH, Department of Homeland Security (DHS), Volunteer Agencies

Core Public Health Clinical Services:

KPI: Number of local health departments providing accessible, equitable clinical services, such as those related to communicable diseases, to meet the needs of the community.

KPI: Number of local health departments engaging with the local and state health delivery system to address gaps and barriers to health services and connect the population to needed health and social services that support the whole person, including preventive and mental health services.



Referrals to clinical care

Does PCHD Meet the KPI: Yes, PCHD offers in office clinical services, as well as services offered from the mobile health clinic at various outreach and community events. PCHD has offered referrals to additional clinical care services, not offered by the department, through informational brochures, fliers or business cards in the past and is working to improve this through our care coordination program.

Opportunities: PCHD has the opportunity to provide increased services remotely with their mobile health clinic to meet residents where they live and work. This includes plans to offer services from the mobile unit in neighborhoods and at business both as requested and as suggested by the department. We also have the opportunity to enhance the database for care referral by working with our branded PC “findhelp” website, ensuring all resources are listed appropriately and encouraging organizations to claim and update their pages as needed. With the best resource information available, our care coordinator will be available to ensure a warm hand-off to clinical care needed for patients of the PCHD, other medical providers, schools, etc, offering assistance with insurance navigation and other services to overcome any existing barriers to care.

Possible/Current Partnerships: Local hospital groups, Federally Qualified Health Centers (FQHCs), PCPs, PC School Corporations, PC Trustee Offices, Community Resource Network, all other Community Partners listed on portercounty.findhelp.com.



Chronic disease prevention and reduction

KPI: Number of counties that through a healthy community coalition have a comprehensive, evidence-based program to address obesity and obesity-related disease prevention.

Does PCHD Meet the KPI: Partially, PCHD participates in the PC Wellness Coalition and works to promote evidence-based programming for community wellness. PCHD provides blood pressure and blood sugar screenings in office and also out at community events and provides education based upon results.

Opportunities: PCHD has the opportunity to perform additional screenings in office and within the mobile health clinic, including: A1C screening, and provide increased education and referrals to care based on these results. A long-term plan would also include offering initial exam and screening services for those who are newly diagnosed or are at a high-risk due to family history, but are unable to get into a PCP right away. This will allow residents to begin with lifestyle adjustments and possible prescriptions while being connected with continuing care. In addition, we have an opportunity to use social media to promote community, healthy eating and increased movement and to partner with local RFEs in order to establish healthy menu items and promote social groups to gather together in community at these locations and at our local senior centers.

Possible/Current Partnerships: PC Wellness Coalition, PC Purdue Extension Program, PC RFEs, PC Senior Centers, Local Hospital Groups, PCPs

Core Public Health Clinical Services:

KPI: Number of counties with access to a trained or licensed case manager and a risk assessor in the county and offering weekly lead testing at a location



Childhood lead screenings and case management

Does PCHD Meet the KPI: **Yes**, PCHD has a blood lead level measuring device in the Valparaiso office and offers blood lead level testing during appointments for all patients 7 years of age or under. Those identified with elevated blood lead levels are referred to PCHD for case management and lead inspection/risk assessment when identified threshold is reached. PCHD has a PHN that is a trained case manager and an environmental health specialist that is a trained inspector/risk assessor. Case management continues until cases can be closed.

Opportunities: PCHD has a blood lead level measuring device in the Valparaiso office and intends to purchase the same device for the Portage office in 2024. This assists with the ease of testing and allows for an immediate turn-around time for results, leading to quick case management/assessment. Our current inspector/risk assessor is retiring at the end of this year and will continue on with the department on a part-time basis until our remaining environmental health specialists can receive training certification.

Possible/Current Partnerships: IDOH, IVY Tech/Environmental Management Institute, Women, Infants, Children, First Steps, Nurse-Family Partnerships

KPI: Number of counties that identified a leading cause of injury and/or harm in their community and implemented a comprehensive, evidence based program or activity for prevention.



Trauma and injury prevention and education

Leading Cause of Trauma/Injury Related Death in Porter County: Substance Use Disorder

Does PCHD Meet the KPI: **Partially**, Substance use disorder has been identified as our leading cause of trauma and injury related death in PC. PCHD has employees that sit on the HUB (Substance Use Coalition) and participate in promoting their efforts. PCHD promotes Narcan distribution locations, distributes doses of Narcan from the office and mobile health clinic, and accepts sharps for disposal.

Opportunities: HUB Coalition has an evidence-based program, "Overdose Lifeline", that we can partner with to promote prevention in schools and community youth organizations. In addition, there is an opportunity for community forums/conversations and a SUD anti-stigma campaign, geared appropriately to different target audiences throughout the county based on age/experiences. PCHD plans to purchase DeTerra jugs for safe disposal of prescription medications. We have budgeted for two public health vending machines that will be located in different areas of the county based on need and accessibility. Medication Assisted Treatment is also being explored as a possible service. Plans are also in place to address other causes of trauma such as bicycle and motor vehicle accidents and slips and falls.

Possible/Current Partnerships: HUB Coalition, SOFR Team, PC TEPC, PC School Corporations, PATH, PC Community Resource Network, Local Medical Groups, PCPs, FQHCs, Recovery Organizations, Porter-Starke Services



Child and adult immunizations

KPI: Number of counties that can vaccinate all individuals at time of service regardless of insurance status.

KPI: Number of counties with extended vaccination hours beyond routine business hours to meet the needs of the community/jurisdiction through the LHD or community partners.

Does PCHD Meet the KPI: **Yes**, PCHD offers all required and recommended immunizations for children and adults regardless of insurance status. We have private stock and also participate in the VFC and 317 programs. We also offer travel vaccines in private stock and self-pay options. PCHD offers SMART START back to school immunization clinics for schools as needed. We offer immunizations as a part of our HOST outreach services and assist with immunizations at extended care facilities and employer immunization clinics upon request.

Opportunities: PCHD has the opportunity to utilize the mobile health clinic to bring vaccines directly to residents where they live and work. We also have the opportunity to extend our SMART START program by offering immunizations at our 1st Annual Youth Health Fair this June 14, 2024.

Possible/Current Partnerships: Local Businesses, PC Chambers of Commerce, PC Trustee Offices, PC School Corporations, PC Community Resource Network.

Core Public Health Regulatory Services:



Food protection

KPI: Number of counties that have developed a timely and professional risk-based food inspection standard operation procedure.

Does PCHD Meet the KPI: Yes, PCHD assigns “menu type” designation to all retail food establishments and performs inspections according to risk per the Indiana Food Code (410 IAC 7-24). All food protection staff are trained according to a standardized procedure and all inspections are conducted according to an SOP in order to promote consistency. We also have a robust RFE and mobile unit plan review procedure in order to set establishments and operators up for the most success. PCHD offers RFE and Mobile Unit operator training annually and on an individual, as needed basis.

Opportunities: Design and implementation of an Active Managerial Control program that can be adopted by RFEs can augment the PCHD Food Protection Program. This “train the trainer” program assists establishments to develop and implement tools to actively lead their employees in practices that reduce foodborne illness risk factors. This would be a first of its kind program in the state of Indiana. We will continue to encourage our staff of inspectors to participate in training opportunities to increase regulatory knowledge through the IDOH, Indiana Environmental Health Association, National Environmental Health Association, and the Food and Drug Administration.

Possible/Current Partnerships: Local municipal building and zoning departments, local fire departments, and local RFEs



Pest/vector control and abatement

KPI: Number of counties with trained and licensed, if required, staff conducting required environmental inspections, such as onsite sewage, vector control, public and semi-public pools, and property-related complaints.

Does PCHD Meet the KPI: Yes, PCHD has an employee trained and licensed in pesticide application and another employee currently undergoing training as well. At this time, environmental health specialists respond to all pest/vector control complaints, perform assessments, provided education and directives to eliminate harborage sources. They also place larvicide in any standing water in the area for mosquito control.

Opportunities: PCHD plans to contact all PC municipalities and confirm current vector control actions and what geographic areas of the municipality are covered. Any gaps in active vector control will be identified and additional actions for pest/vector control will be instituted based on need.

Possible/Current Partnerships: Local municipalities, 3rd party pest control companies

KPI: Number of counties with trained and licensed, if required, staff conducting required environmental inspections, such as onsite sewage, vector control, public and semi-public pools, and property-related complaints.



Public/semipublic pool inspection and testing

Does PCHD Meet the KPI: Yes, PCHD environmental health specialists are CPO trained and all public and semipublic pools are permitted and inspected on an annual basis per the Indiana Public and Semi-Public Pool Rule (410 IAC 6-2.1).

Opportunities: No opportunities for expanding this program are known at this time.

Possible/Current Partnerships: Public/Semi-Public Pool owners/operators and Certified Pool Operators

Core Public Health Regulatory Services:

KPI: Number of counties with trained and licensed, if required, staff conducting required environmental inspections, such as onsite sewage, vector control, public and semi-public pools, and property-related complaints.



Residential onsite sewage system permitting and inspections

Does PCHD Meet the KPI: **Yes**, PCHD environmental health specialists are IOWPA trained and certified. All residential onsite sewage system repairs, replacements, and new installations are permitted and inspected based on system type and design according to the Indiana Code for Residential Onsite Sewage Systems (410 IAC 6-8.3).

Opportunities: Legislation was passed in 2023 that eliminated local policies and ordinances having requirements more stringent than the state code. Local policies and ordinances can be reinstated after approval from Indiana's new technical review panel. PCHD environmental health specialists are drafting our proposed ordinance for review, approval, and adoption by the Board of County Commissioners ahead of review and approval by the technical review panel.

Possible/Current Partnerships: Local municipal building and zoning departments, Porter County Board of Commissioners, Technical Review Panel, Septic Installers, Indiana Registered Soil Scientists, Land Surveyors, Engineers and Septic Designers



Orders for decontamination of property used to illegally manufacture controlled substances

KPI: Number of counties responding to all housing and nuisance complaints within a timeframe determined by urgency or risk.

Does PCHD Meet the KPI: **Yes**, PCHD is prepared to respond to all housing and nuisance complaints and act accordingly based upon situation, urgency and risk. This includes orders for decontamination, guidance, and follow-up.

Opportunities: No opportunities for expanding this program are known at this time.

Possible/Current Partnerships: Local law enforcement, local government officials, and local municipal building and zoning departments

KPI: Number of counties responding to all housing and nuisance complaints within a timeframe determined by urgency or risk.

KPI: Number of counties with trained and licensed, if required, staff conducting required environmental inspections, such as onsite sewage, vector control, public and semi-public pools, and property-related complaints.



Sanitary inspection and surveys of public buildings

Does PCHD Meet the KPI: **Yes**, PCHD currently responds to all housing and nuisance complaints and acts accordingly based upon situation, urgency and risk.

Opportunities: PCHD has the opportunity to reach out to local municipal departments and officials for conversations regarding the presence or absence of local ordinances pertaining to these types of complaints and make pro-active decisions regarding to management of these situations. PCHD and local departments and officials may work together to draft ordinances for possible approval. We also have the opportunity to gather resources and educational materials and refer owners or occupants for care coordination.

Possible/Current Partnerships: Local government officials, local municipal building and zoning departments, local fire departments and local law enforcement

Core Public Health Regulatory Services:

KPI: Number of counties (Target 90%) with trained staff who can respond to tattoo, body piercing and eye lash extension complaints.



Sanitary operation of tattoo parlors and body piercing facilities

Does PCHD Meet the KPI: Yes, PCHD environmental health specialists have been trained per the Sanitary Operation of Tattoo Parlors Rule and all facilities which offer tattooing, body piercing or other body art are required to obtain a permit for operation annually and are subject to annual inspection per the Rule (410 IAC 1-5).

Opportunities: No opportunities for expanding this program are known at this time.

Possible/Current Partnerships: Tattoo parlors and body piercing facilities



Sanitary operation of facilities where eyelash extensions are performed

KPI: Number of counties (Target 90%) with trained staff who can respond to tattoo, body piercing and eye lash extension complaints.

Does PCHD Meet the KPI: Yes, PCHD environmental health specialists are currently prepared to respond to any complaint regarding the sanitary operation of facilities where eyelash extensions are performed.

Opportunities: At this time, eyelash extensions that are performed within salons and/or spas are regulated by the Indiana State Board of Cosmetology. Those that are performed in alternate locations are under our jurisdiction. If the service becomes commonplace outside of salons and spas, the need for annual permitting and inspection may become an opportunity.

Possible/Current Partnerships: Eyelash Extension Professionals

HFI Plans :

Immediate Action/Implementation:

- Youth Health Fair June 14, 2024 *Updates*
- Advertising PCHD and Partner Services—*Promotional Videos and Partner Features*
- Medical Supplies to Expand Mobile Health Clinic Services
- DeTerra Jugs for Safe Medication Disposal
- Language Services Company for Written and Oral Communication
- Sharps Disposal at PCHD
- Public Health Vending Machines
- Diapers through Indiana Food Bank for Distribution *Updates*
- Bicycle Program *Updates*
- CPR Training *Waiting on Date for Train the Trainer*

Program Ideas/Partnerships Published 30-day, Contracts/MOUs to be Executed:

- Partnership with Purdue Extension for Nutrition Education Services
- Partnership with HUB, PC TEPC, PATH for Development of Adolescent Taskforce
- Partnership with Local Food Pantries for Backpack Meal Funding
- Partnership with Northwest Health for Screening Services
- Partnership with Portage YMCA for Delivery of Evidence-Based Prevention Programs

Program Ideas/Partnerships Currently Published:

- Partnership with PC Sheriff's Department for PC First Responder Mental Health Support (4/08/2024)
- Partnerships with Retail Food Establishments for Nutrition Program (RFP posted 3/11/2024, due 4/15/2024)

Program Ideas/Partnerships We Would Like to Publish Next Month:

- CHS (Powers Health) Diabetes/Pre-diabetes Diagnosis, Education, Referral, Follow-up Program

Programs We Plan to Post for Partner Proposal:

- Partner Proposal for Gun Safety Program

Future Staffing:

- Expansion of Health Officer Position (Job Posted 3/27/2024)
- Addition of Community Health Worker

HFI Implementation :

Staffing

- Care Coordinator hired 12/04/2023
- Grants and Contracts Specialist hired 01/02/2024
- Foods/Environmental Clerical Staff part-time to full-time 01/02/2024
- Food Service Inspector part-time to full-time 01/02/2024



From SEA 4:

SECTION 43. IC 16-46-10-2.2 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]:

Sec 2.2 (k):

Before funds may be used to hire or contract for the provisioner administration of core public health services, the local health department shall post the position or contract to the public for at least thirty (30) days

All such positions, contract proposals and requests for proposal can be found at:

[Porter County: PoCo Health First Indiana](#)

2024 is a planning year for counties regarding HFI planning and funding. For 2024, IDOH in partnership with LHDs from each district, have developed the state-level key performance indicators (KPIs) seen on the previous core services pages.

By 12/31/2024 each county must develop their own county level KPIs and strive to meet those goals with HFI programming and funding in 2025. These will continue to expand as our programs, services, and partner services grow.

County Level KPIs :

Infectious Disease Prevention & Control:

Vital Records:

Tobacco & Vaping Prevention & Cessation:

Student Health:

Fatality Review (child, suicide, overdose):

Maternal & Child Health:

Testing/Counseling for HIV, HCV, STI:

TB Prevention & Case Management:

Emergency Preparedness:

Referrals to Clinical Care:

Chronic Disease Prevention & Reduction:

Childhood Lead Screenings & Case Management:

Trauma & Injury Prevention & Education:

Child & Adult Immunizations:

Food Protection:

Pest/Vector Control and Abatement:

Public/Semi-Public Pool Inspection & Testing:

Residential Onsite Sewage System Permitting and Inspections:

Orders for Decontamination of Property Used to Illegally Manufacture Controlled Substances:

Sanitary Inspection and Surveys of Public Buildings:

Sanitary Operation of Tattoo Parlors and Body Piercing Facilities:

Sanitary Operation of Facilities Where Eyelash Extensions are Performed:

Porter County Health Department

Health First Indiana Mission Statement:

"To transform public health and improve the well-being of Hoosiers through a collaborative state and local partnership, delivering essential services at the county level and ensuring access to core public health services for optimal health and thriving communities."

Health First Porter County

"PoCo Health First Indiana: Empowering Communities, Transforming Lives."

Next Steps:

- Identify Actions that can be taken immediately to meet needs.
- Draft Proposals for Possible Programming with Proposed Partnerships.
- Draft Potential Program Requests for Community Proposals.
- Develop County Level KPIs for 2025.
- At each step, HD/BOH will meet to
 - ⇒ Review
 - ⇒ Approve Actions
 - ⇒ Create Development/Implementation Committees as Necessary

Porter County Health Department

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