

**Meeting of the Board of Health
St. Joseph County Department of Health
Accessible by Zoom only**

<https://zoom.us/j/95326442094?pwd=VTd3Q2NTZ1JYWW0zOFpLM2x2VkJaZz09>

Meeting ID: 953 2644 2094

Passcode: 138811

One tap mobile

+13126266799,,95326442094# US (Chicago)

Dial by your location

+1 312 626 6799 US (Chicago)

Meeting ID: 953 2644 2094

Find your local number: <https://zoom.us/u/aeiSH773W1>

**January 20, 2021
4:30 p.m.**

I. CALL TO ORDER & ROLL CALL

II. ADOPTION OF THE AGENDA

It is recommended the Board of Health members adopt the agenda for the January 20, 2021.

Motion by _____ Seconded by _____ Vote _____

III. APPROVAL OF THE MINUTES

It is recommended the Board of Health members approve the minutes of December 16, 2020.

Motion by _____ Seconded by _____ Vote _____

IV. BOARD PRESIDENT ANNOUNCEMENTS:

V. HEALTH OFFICER PRESENTATION and REPORT:

21-01 Discussion and Vote on December 2020 Health Officer's Report
Environmental Health
Emergency Preparedness
Finance
Food Services
Health Equity, Epidemiology and Data (HEED)
Health Outreach, Promotion & Education (HOPE)
Nursing – Immunization Clinic
Nursing – Public Health
Vital Records
Financials

VI. DEPUTY HEALTH OFFICER PRESENTATION:

21-02 COVID-19 Update

VII. NEW BUSINESS:

21-03 Introduction of new Board of Health member
21-04 COVID-19 Vaccination Clinic
21-05 SJCDoh Strategic Plan Update

VIII. OLD BUSINESS:

IX. BOARD NOTIFICATIONS:

1. Hiring's: Giovanni Alvarez, Environmental Health Specialist, 01/04/21
2. Resignations: None
3. Retirements: None
4. Terminations: None

X. PUBLIC COMMENT: (3 Minute Limit)

At regular meetings, the public is invited to address the Board for three minutes regarding items posted or not posted on the agenda. Individuals may only speak once during this section of the agenda. Speakers shall properly identify themselves by stating their name and address for the record. Personnel issues are not to be addressed during open sessions of the Board of Health. The Board President may interrupt, warn, or terminate a person's statement if the statement becomes personally directed, abusive, obscene or inflammatory.

XI. TIME AND PLACE OF NEXT REGULAR MEETING:

February 17, 2021 – 4:30 p.m. St. Joseph County Department of Health Boardroom (Zoom only)

XII. ADJOURNMENT

The Title VI Coordinator has made available at this meeting a voluntary Public Involvement Survey to collect demographic data to monitor and demonstrate St. Joseph County's compliance with its non-discrimination obligations under Title VI and Federal Regulation 23CFR 200.9(b)(4), and more importantly, ensure that affected communities and interested persons are provided equal access to public involvement. Compliance is voluntary. However, in order to demonstrate compliance with the federal regulation, the information requested must be documented when provided. It will not be used for any other purpose, except to show that those who are affected or have an interest in proceedings, or the proposed project have been given an opportunity to provide input throughout the process.

MINUTES AND MEMORANDA
ST. JOSEPH COUNTY BOARD OF HEALTH

December 16, 2020
Regular Meeting

Present at the Meeting:

Heidi Beidinger-Burnett, Ph.D., MPH
Jason Marker, MD.
Emily Dean
John Linn
Michelle Migliore, D.O.

President - Zoom
Vice President - Zoom
Member - Zoom
Member - Zoom
Member - Zoom

Also Present at the Meeting:

Robert M. Einterz, M.D.
Mark Fox, M.D., Ph.D., MPH
Jennifer S. Parcell
Amy Ruppe
Robin Vida

Brett Davis
Carolyn Smith
Cassy White

Frank Spesia
Mary Mumbi Wachira
Juan Esteban Baus
J. David Keckley

Health Officer - Zoom
Deputy Health Officer-Zoom
Executive Administrative Asst - Zoom
Finance Manager - Zoom
Director, Health Outreach, Promotion
and Education (HOPE) - Zoom
Asst. Dir Environmental Services-Zoom
Director, Food Services – Zoom
Director, Health Equity, Epidemiology
And Data (HEED) – Zoom
ND Fellow – HEED - Zoom
ND Fellow – HEED - Zoom
ND Fellow – HEED - Zoom
Attorney for Board of Health – Zoom

I. CALL TO ORDER

Board President, Dr. Beidinger-Burnett, called the December 16, 2020 regular Board of Health meeting to order at 4:31p.m. All board members, members of the public, and press, participated via audio/visual Zoom.

II. ADOPTION OF THE AGENDA

On motion made by Emily Dean, seconded by Dr. Migliore, and unanimously approved, the agenda for the December 16, 2020 regular meeting of the Board of Health was adopted.

III. APPROVAL OF THE MINUTES

On motion made by John Linn, seconded by Dr. Marker, and unanimously approved, the revised minutes of the October 21, 2020 regular meeting of the Board of Health were approved.

On motion made by Dr. Marker, seconded by Emily Dean, and unanimously approved, the minutes of the November 18, 2020 regular meeting of the Board of Health were approved as presented.

IV. BOARD PRESIDENT ANNOUNCEMENTS

1. Dr. Beidinger-Burnett acknowledged the letter of retirement received from Attorney J. David Keckley, effective December 31, 2020.

On behalf of the Board of Health, Dr. Beidinger-Burnett thanked Attorney Keckley for his 22 years of service and advocacy representing the Health Officer, Board of Health, and County Department of Health.

V. HEALTH OFFICER PRESENTATION AND REPORT

Dr. Einterz also thanked Attorney Keckley for his years of service and the assistance provided in his transition to the role and responsibility as St. Joseph County's Health Officer.

He referenced the submission of his November 2020 Health Officer's Report of Unit Activities and welcomed any questions or comments with regard to this report. He explained that all the units of the Department of Health continued to be focused on COVID-19 activities and are preparing for receipt of the vaccine which is expected to arrive in January. The Department of Health is waiting to receive information from both the Federal and State level as to the arrival date and quantity.

Dr. Einterz noted that a disease commonly known as "BABESIOSIS" was initially found in the East Coast area of the Country and is spread by ticks, commonly called Blacklegged Ticks or Deer Ticks. Brett Davis has been handling vector control and has been monitoring ticks in our county. A tick has been found with this parasite and the Department of Health will continue to monitor this situation.

Dr. Marker questioned whether, in light of the recent Strategic Plan adopted for the Department of Health there would be any changes to the monthly Health Officer's Report regarding data and statistics for the various units. Dr. Einterz explains that the report will continue to reflect the activities of the respective units and he would welcome suggestions with regard to any additional information the Board would like to have. He anticipates that the various units will also focus on goals and the progress to achieve those goals. It was agreed that discussions will continue with regard to the subject matter to be included in the monthly report.

Dr. Beidinger-Burnett asked for information regarding the recent Birth Equity Grant. Robin Vida, Director of our Health Outreach, Promotion and Education (HOPE) unit responded. The Community Foundation of SJC provided the grant, with a match from Indiana Minority Health Coalition. The purpose of the Grant is to initiate special projects to improve community health and wellbeing, with a focus to develop best practices with regard to prenatal care and services. Afro-American women will be a priority. The Department of Health hopes to accomplish a collaboration with the National Birth Equity Foundation and Birth Equity Assessment and develop a plan for St. Joseph County.

Upon questioning by Dr. Beidinger-Burnett, Finance Manager Amy Ruppe reviewed with Board members the departments financials and spending, to include funds available from the COVID Cares Act and the Lead Fund. Cassy White, Director of Health Equity, Epidemiology and Data (HEED) plans to utilize some of the Lead Fund in the 2021 Budget for education and travel expenses. Dr. Fox reported that for a variety of reasons discussed with the Board, the Lead Fund money has not been utilized as much as expected and the department probably will not request an additional \$200,000.00 in 2021. This will not affect the resumption of this annual funding in 2022.

VI. DEPUTY HEALTH OFFICER PRESENTATION

20-54 COVID-19 Update

Dr. Fox reported that he has been actively involved, together with Unified Command, in the preparation for the distribution of the COVID vaccine. He is also watching the results of the continuing testing of county residents and noted an increase in positive cases following the Notre Dame-Clemson football game on October 31st. Hospitalizations had decreased before Thanksgiving, but we are now seeing an increase in hospitalizations since Thanksgiving.

Efforts are underway to improve the data being reported to the ISDH so there might be a more accurate accounting of the number of positive cases in St. Joseph County. It is expected that hospitalizations will continue to increase through January but there should be some relief by February.

He also noted that the Governor has put restrictions on social gatherings of no more than 50 persons if the county's color is orange, and no more than 25 persons if the county's color is red. The colors reflect the positivity percentage per 100,000 cases which continues to be evaluated daily. The Local Department of Health cannot override these restrictions. Exceptions are religious services, weddings and funerals; however, the restrictions do apply to receptions and funeral home viewings.

Dr. Fox reviewed the planned priority list for individuals to receive the vaccine and noted that negotiations are continuing, and the list is subject to change.

He noted that there continues to be evaluation in testing protocols and saliva-based testing is expanding. Continuing efforts to improve testing are ongoing. Providing testing during evening hours and weekends continue to be a challenge.

Dr. Marker encouraged Dr. Fox and Dr. Einterz to provide updates and communicate with the community as to the role the Department of Health will play in the distribution of the vaccine.

VII. NEW BUSINESS

20-55 Discussion and Reflection

- a. Environmental Injustice: Lead Poisoning in Indiana.

Board member Emily Dean provided Board members with an overview of the report entitled “Environmental Injustice: Lead Poisoning in Indiana”. The report has been provided to Board members. She noted that the Board’s recent Strategic Plan addresses issues contained in the report.

She characterized the Report as upsetting. The report notes that neither Federal Agencies, nor State Agencies, are doing enough to address the harm caused by lead poisoning, especially in the Afro-American community. Specific examples of decisions made, such as building apartments on a superfund site in East Chicago, Indiana, were addressed to include the consequences of that decision.

Ms. Dean recommended that Board members review the Findings and Recommendations portion of the Report beginning at page 52 and continuing through page 59. She highlighted the following language:

III, A,2 h: The Indiana State Government and its agencies have not acted to address the clear racial health disparities facing black children. Governmental neglect at addressing issues related to environmental contamination are a known form of environmental racism and environmental injustice.

III, A,2 i: Indiana relies on Federal funds for lead poisoning prevention programs and contributes \$0 in State funds to the lead poisoning prevention program. There are disproportionate levels of people of color impacted by lead poisoning in Indiana. There are serious civil rights implications for Indiana’s lack of investment and lead prevention and mitigation strategies, given it’s reliance on Federal funds covered under Title VI of the Civil Rights Act of 1964, which prohibits discrimination based on race.

She notes that this report represents a sobering view of children being poisoned by their own homes.

Efforts need to continue here to prioritize testing all children under the age of 6 with emphasis on testing at age 12 months and age 24 months.

Remediation programs to address lead found in homes must continue.

Efforts must continue to lower the threshold for case management from the point .10 range to the range of 5-9.9.

Recognize families living in unsafe housing to assist moving families to safe housing.

Although programs often end at age 6, the impact of lead poisoning continues. Help is needed for those who are raising lead poisoned children.

Board members thanked Emily Dean for her interest in this important area and her advocacy for children. Various strategies were discussed by Board members and all agreed that it would be

important to receive regular updates from Cassy with regard to the implementation of Section 3.5 of the Strategic Plan which addresses the lead problem.

- b. SB Tribune “Indiana has Second Highest COVID Hospital Rate” (December 2, 2020)

At the request of the Board, the Notre Dame Fellows working with Cassy were asked to address the accuracy and inferences being made in this SB Tribune Article. Notre Dame Fellow Juan Esteban Baus presented their findings.

The main point of the Article was that Indiana has an abnormally high hospitalization rate and the hospitals do not appear to have the capacity to sustain this rate of hospitalization. The Article seems to be a report on the impact of COVID on hospital resources. The Article does not appear to be investigative in nature.

Juan explained that they looked at data including a Kaiser Family Foundation about hospital bed space per capita, Indiana Small Business Association information on small business ownership since 2015, and CDC data on COVID case and death rates across the country.

While this Kaiser Family Foundation study was the motivation for the South Bend Tribune’s reference to Indiana’s poor rate of hospital beds per capita, closer examination suggested that the problem may not be as severe as the Tribune suggested. Indiana ranks 20th out of all 50 States for hospital beds per capita, meaning that although this is not an area of strength for the State, it is not a glaring weakness in our Healthcare System.

Further research focused on COVID case and death rates per State. These data show that Indiana has some of the highest case and death rates in the country which is unsurprising for anyone who has followed the COVID trends across the Nation. The research team then compared COVID case and death rates to hospital beds per capita and found no correlation between hospital beds and COVID prevalence. On the contrary, the State with the most hospital beds per capita (South Dakota) has some of the worst rates of COVID infection and death in the Nation. Conversely, the State with the fewest hospital beds per capita (Oregon) has some of the lowest infection and death rates in the country. This led the Public Health Fellows to conclude that hospital beds per capita are not predictive of, or correlated with, the COVID outcomes. The Fellows hypothesize that COVID prevalence and deaths will be correlated with mass enforcement/social distancing regulations and population density.

The Public Health Fellows were also tasked with explaining how Indiana’s business friendly nature may play a role in the high COVID hospitalization rates. Research in the State level business data shows that new businesses have opened steadily since 2015. Unemployment has gone down steadily since 2015, with the exception of the past few months of COVID when unemployment data has been quite noisy. Migration patterns show that Indiana has gained residents since 2015. In summation: in the past 5 years, Indiana has seen an increase in population and new businesses, with a decrease in unemployment, suggesting that business and business growth have been strong. It is unclear how these business data may correlate with Indiana’s COVID case and death rates. In in-depth study comparing State and Local mask mandates, bar and restaurant closings, and other

emergency COVID response issues may reveal more about the impact of specific policy decisions on COVID prevalence.

In conclusion, the Public Health Fellows emphasize that hospitalization rates do not appear to be an appropriate or descriptive measure of the impact of COVID.

20-56 Nominating Committee Recommendations for Election of 2021 Officers

Attorney Keckley reviewed with Board members a brief history of the annual appointment of the President and Vice-President for the Board of Health. This included the recommendation in 2017 that the Board President be appointed for a term of 2 years and that the Vice-President would then assume the position of President and a new Vice-President would be selected.

In view of the circumstances that the current President, Dr. Heidi Beidinger-Burnett, is concluding her first year as President, Attorney Keckley recommended that Dr. Beidinger-Burnett continue in her role as President, and that Dr. Jason Marker continue in his role as Vice-President for 2021, and that a nominating committee be appointed in November, 2021, to make recommendations for the appointment of the Officers for 2022.

Board members unanimously approved this recommendation and agreed that Dr. Heidi Beidinger-Burnett shall continue as President and Dr. Jason Marker shall continue as Vice-President for 2021. Committee assignments will be made at the January 2021 regular meeting.

20-21 Board of Health Meeting Schedule

Board members agreed to continue to meet monthly on the 3rd Wednesday of each month at 4:30 p.m. The 2021 meeting schedule was approved as presented and will be attached to the minutes.

20-58 Status of Board of Health Appointments

Dr. Beidinger-Burnett noted that Emily Dean's appointment as a Board member has been renewed. This appointment is made by the South Bend Mayor.

She also noted that James Shoemaker, Jr. MD has been appointed to replace Board member Amy Murray. This appointment was made by the St. Joseph County Commissioners. He will be introduced at the January meeting.

VIII. OLD BUSINESS

There was no old business discussed at this meeting.

IX. BOARD NOTIFICATIONS

There were no Board notifications at this meeting.

X. PUBLIC COMMENTS

Latorya Greene, Policy Coordinator for Smoke Free Coalition, appeared to thank Board members for their support and policy statement in opposition to the proposed Amendment to the 2016 Smoke Free Ordinance. She noted that the Amendment was tabled indefinitely by the South Bend Common Council in light of the opposition to this Amendment.

Amy Drake appeared and utilized her time to talk about the COVID-19 vaccines. She emphasized that because every medical intervention can have a side effect, vaccines should always be voluntary and never mandatory. Each of us has different risk factors, different medical histories and different personal beliefs. Those need to be respected.

She requested that efforts be made to provide informed consent to those receiving vaccines. Her discussion included several recommendations being made to the Department of Health. She provided the Board with a written report of her comments to include her recommendations which will be attached to the minutes.

XI. TIME AND PLACE OF NEXT REGULAR MEETING:

The next regular meeting of the St. Joseph County Board of Health is scheduled for Wednesday, January 20, 2021, at 4:30 p.m., at the St. Joseph County Department of Health, 8th Floor Board Room. (Zoom only)

XII. ADJOURNMENT

The meeting was adjourned at 5:57 p.m.

ATTEST:

Robert M. Einterz, MD
St. Joseph County
Health Officer

Respectfully submitted,

J. David Keckley
Attorney for St Joseph County Board of
Health

I would like to take up my public comment today talking about vaccines.

As you know, I've been here since May or so challenging you on your mask mandate. It is my feeling that no medical intervention should be forced upon another without his or her consent. That is true for masks, and esp true for vaccines. Because every medical intervention can have a side effect, vaccines should always be voluntary and never mandatory. All of us have different risk factors, different medical histories, and different personal beliefs. Those need to be respected.

As the health dept starts organizing its aggressive vaccine effort in St. Joe County, it is my hope that efforts will be made to provide informed consent to those receiving vaccines. People should know the risks and benefits before the vaccines are administered. We have to remember that Covid may be less dangerous to many than the vaccine itself. For instance, according to one writer who reports regularly on the corona virus, if you are a healthy person under 40, you have a 1 in 100,000 to 400,000 chance of dying from Covid.

And, a 1 in 5 chance of suffering a severe adverse event after the second Moderna shot.

Remember, worldwide we have about a 99.9 percent survival rate.

All of us need to know the cost/ benefit of these vaccines. Especially the parents among us.

And it is our duty to share all the information we can with them.

We know that Operation Warp Speed produced these vaccines quickly. How safe they are will not be immediately known. Generally, healthy, younger people were used in these trials, which does not reflect the nation at large – and esp the people most in danger of dying from Covid.

It is my hope as you launch your mass vaccination plan that you keep a few things in mind:

--Make sure vaccine inserts describing side effects are available to any patient receiving a vaccine.

--Make sure medical staff is available on site to anyone who has a severe and immediate reaction to the vaccine.

--Make sure patients know where they can follow up if they suffer a later adverse reaction to the shot.

-- Make sure that posters are displayed and information is made available for the Vaccine Adverse Event Reporting System, which tracks vaccine side effects nationwide so that we can get a more clear picture of how safe these vaccines are down the line.

--And finally make sure that patients know that their vaccine information is safe and protected, and not shared with reporting or tracking applications that they feel would be a breach of their privacy.



ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

Health Officer's Report of Unit Activities

December 2020

ENVIRONMENTAL HEALTH

	December 2020	YTD 2020	YTD 2019
SEPTIC PROGRAM			
Residential - New Construction			
A. Inspections	13	154	236
B. Consultations	1	16	11
Residential - Replacement			
A. Inspections	61	871	766
B. Consultations	3	53	23
Commercial			
A. Inspections	1	30	20
B. Consultations	1	8	2
C. Cluster System Inspections	0	5	2
Abandonments without Replacements	13	130	20
Permit Applications Received	45	758	532
Permits Issued	51	609	464
Public Information Events	0	2	0
SUBDIVISION PROGRAM			
A. Health Officer Reports	4	40	28
B. Subdivision Reviews	6	56	35
C. Rezoning and Replat Reviews	0	8	9
WELLHEAD PROGRAM			
A. Inspections Performed	1	125	174
WELL DRILLING PROGRAM			
Residential			
A. Inspections	26	209	170
B. Well Abandonments	29	247	185
Commercial			
A. Inspections	1	1	2
B. Well Abandonment Inspections	1	4	6
New Construction			
A. Permit Applications Received	1	65	120
B. Permits Issued	3	69	110
Replacement Permits Issued	26	270	234
Public Information Events	0	0	1
SOURCE WATER PROGRAM			
A. Phase I Inquiries	5	124	147
B. Spill Responses	0	4	2
C. Meth Lab Occurrence Response	0	0	1
D. Other Source Water Inspections	3	13	36

SURFACE WATER PROGRAM

A. Surface Water Sampling	0	0	0
---------------------------	---	---	---

LEAD PROGRAM

A. HUD Lead Inspections	0	6	3
B. Lead Risk Assessments	3	56	89
a. EBLL Assessments	2	22	25
b. Parent Request	1	34	64
C. Clearances	2	24	38
D. Off-site Meetings	0	5	27
E. Public Information Events	0	1	28
D. Children Tested for Lead Levels*	288	3560	4446

CAFO PROGRAM

A. Inspections Performed	0	0	0
--------------------------	---	---	---

AIR QUALITY PROGRAM

A. Indoor Air Quality Investigations	0	1	0
B. Mold Investigations	0	6	1

VECTOR PROGRAM

A. Inspections Performed	0	24	18
B. Sites Treated	0	17	6
C. Traps Collected	0	212	29
D. ISDH Submissions	0	125	14
E. Public Information Events	0	2	2

HEALTHY HOMES PROGRAM (Inside)

A. Initial Complaints	10	152	132
a. No Water	4	48	34
b. Garbage/Food Waste	2	40	50
c. Feces	3	33	18
d. Rodents/Cockroaches	1	31	30
A. Follow-up Complaints	17	192	172
a. No Water	8	90	44
b. Garbage/Food Waste	5	49	74
c. Feces	1	45	20
d. Rodents/Cockroaches	3	25	34
B. Dwellings Declared Unfit	0	13	20

MASSAGE

A. Establishment Inspections	1	70	64
------------------------------	---	----	----

TATTOO/BODY PIERCING PROGRAM

A. Inspections Performed	2	28	23
--------------------------	---	----	----

COMPLAINTS / INVESTIGATIONS

A. Garbage/Food Waste (Outside)	1	93	67
B. Sewage	1	111	81
C. Water (ditches, lakes, ponds & swells)	0	4	7
D. Motels/Hotels	0	7	3
E. Burning	0	26	10
F. Other	2	82	80

ABATEMENT LETTERS

A. Abatement Letters Sent	27	174	147
B. Immediate Threat to Public Health Letters Sent	0	4	3
C. Order to Vacate/Condemn Letter Sent	1	12	24
D. Impending Legal Action Letters Sent	0	22	10

* Due to time lag of State Database System, the Lead testing numbers are one month behind.

EMERGENCY PREPAREDNESS UNIT

Participated in District 2 monthly meeting

Facilitated weekly incident command meetings for planning vaccination

Visited several possible vaccination sites

Negotiated with St. Hedwig to become COVID vaccination site

Submitted several COVID Clinic Annex plans to IDOH

Finalized all plans with IDIH

Numerous TESM meetings with IDOH

Acct	FINANCE UNIT Revenue (Tax & Fund)	2020 Budget	October	November	December	Year To Date
00000	Beginning Balance	\$1,999,238.85				\$1,999,238.85
00100	Property Tax	\$1,400,000.00	\$0.00	\$0.00	\$628,872.07	\$1,437,511.15
00201	Financial Institution Tax	\$2,300.00	\$0.00	\$0.00	\$1,343.86	\$3,030.87
00202	Auto Excise Tax	\$115,000.00	\$0.00	\$0.00	\$67,530.02	\$127,813.88
00217	Commercial Vehicle Excise Tax	\$11,000.00	\$0.00	\$0.00	\$5,253.92	\$10,507.84
02710	Local Grant Reimbursements		\$0.00	\$105.00	\$750.00	\$4,445.00
02711	Reimbursements		\$4,007.22	\$240.43	\$0.00	\$30,042.77
05205	Interfund Transfer		\$0.00	\$0.00	\$0.00	\$0.00
05206	Transfer of Funds		\$0.00	\$0.00	\$0.00	\$0.00
05600	Refunds		\$0.00	\$0.00	\$0.00	\$3,868.78
05602	Returns or Voided Checks		\$0.00	\$0.00	\$0.00	\$0.00
06400	Donations		\$0.00	\$0.00	\$0.00	\$0.00
Revenue (Tax & Fund) Total		\$3,527,538.85	\$4,007.22	\$345.43	\$703,749.87	\$3,616,459.14

Revenue (Fee)	2020 Budget	October	November	December	Year to Date
Environmental & Food					\$922,314.25
CAFO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Cluster	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Copy	\$0.40	\$0.00	\$0.00	\$0.00	\$10.65
Food Annual	\$1,470.00	\$1,000.00	\$375.00	\$375.00	\$256,340.00
Food Annual Late Fee	\$131.25	\$131.25	\$0.00	\$0.00	\$12,406.25
Food CP/PF	\$0.00	\$0.00	\$0.00	\$0.00	\$4,375.00
Food P&R/App Fee	\$800.00	\$1,030.00	\$435.00	\$435.00	\$9,735.00
Food Temp	\$860.00	\$470.00	\$170.00	\$170.00	\$18,475.00
Food Temp Late Fee	\$150.00	\$120.00	\$60.00	\$60.00	\$2,475.00
Lead Home Visits	\$0.00	\$0.00	\$0.00	\$0.00	\$282.85
Massage Establishment	\$225.00	\$0.00	\$0.00	\$0.00	\$14,500.00
Massage Establishment Late Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$225.00
Massage Therapist	\$0.00	\$200.00	\$0.00	\$0.00	\$12,600.00
Massage Therapist Late Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00
Pool	\$0.00	\$0.00	\$0.00	\$0.00	\$13,990.00
Pool Late Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$101.25
Property Transfer	\$17,850.00	\$22,050.00	\$16,750.00	\$16,750.00	\$245,550.00
Registration	\$1,150.00	\$175.00	\$0.00	\$0.00	\$29,025.00
Schematic	\$210.00	\$5.00	\$133.25	\$133.25	\$8,788.25
Septic	\$7,775.00	\$8,200.00	\$10,225.00	\$10,225.00	\$135,500.00
Septic - Commercial	\$0.00	\$0.00	\$0.00	\$0.00	\$850.00
Subdivision	\$800.00	\$400.00	\$1,300.00	\$1,300.00	\$9,200.00
Tattoo & Body Piercing Establishment	\$0.00	\$250.00	\$0.00	\$0.00	\$6,100.00
Tattoo & Body Piercing Establishment Late Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tattoo & Body Piercing Practitioner	\$100.00	\$550.00	\$0.00	\$0.00	\$14,400.00
Tattoo & Body Piercing Practitioner Late Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$168.75
Trash	\$0.00	\$0.00	\$0.00	\$0.00	\$17,150.00
Trash Late Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$431.25
Well	\$5,310.00	\$6,770.00	\$5,670.00	\$5,670.00	\$67,050.00
Well - Commercial	\$0.00	\$0.00	\$60.00	\$60.00	\$860.00
Wellhead Protection	\$5,525.00	\$1,900.00	\$2,425.00	\$2,425.00	\$41,625.00
Immunization Clinic - SOUTH BEND					\$72,422.22
Admin Fee	\$3,210.00	\$1,935.00	\$960.00	\$960.00	\$15,870.00
Copies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Flu Vaccine	\$45.00	\$0.00	\$0.00	\$0.00	\$1,270.00
Hep A (Adult)	\$100.00	\$0.00	\$190.00	\$190.00	\$4,340.00
Hep B (Adult)	\$240.00	\$0.00	\$0.00	\$0.00	\$1,640.00
Medicaid	\$3,925.70	\$4,279.00	\$1,794.34	\$1,794.34	\$21,530.22
Medicare Part "B"	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Meningococcal (Adult & Peds)	\$945.00	\$0.00	\$0.00	\$0.00	\$1,215.00
Meningococcal B (Adult & Peds)	\$1,665.00	\$0.00	\$0.00	\$0.00	\$1,850.00
MMR (Adult & Peds)	\$100.00	\$0.00	\$0.00	\$0.00	\$700.00
Non-Resident	\$0.00	\$0.00	\$0.00	\$0.00	\$360.00
Pneumovax (Adult & Peds)	\$0.00	\$0.00	\$0.00	\$0.00	\$375.00
Polio (Adult & Peds)	\$50.00	\$0.00	\$0.00	\$0.00	\$155.00
Rabies (Adult)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Rabies RIG (Adult)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Records	\$7.00	\$1.00	\$6.00	\$6.00	\$57.00
Set Up Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TB Test	\$810.00	\$480.00	\$690.00	\$690.00	\$8,670.00
Td (Adult)	\$120.00	\$0.00	\$180.00	\$180.00	\$660.00
Tdap (Adult & Peds)	\$300.00	\$0.00	\$350.00	\$350.00	\$1,550.00
Twinrix (Adult)	\$0.00	\$0.00	\$650.00	\$650.00	\$1,420.00
Typhim (Adult)	\$0.00	\$0.00	\$0.00	\$0.00	\$425.00
Typhim, Oral (Adult)	\$0.00	\$0.00	\$0.00	\$0.00	\$715.00
Varicella (Adult & Peds)	\$155.00	\$0.00	\$0.00	\$0.00	\$775.00
Yellow Fever (Adult)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Zoster (Adult)	\$495.00	\$0.00	\$0.00	\$0.00	\$2,310.00
DTaP (Pediatric)	\$0.00	\$0.00	\$0.00	\$0.00	\$90.00
DTaP, IPV (Pediatric)	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
DTaP, IPV, Hep B (Pediatric)	\$0.00	\$0.00	\$0.00	\$0.00	\$95.00
DTaP, IPV, Hib (Pediatric)	\$0.00	\$0.00	\$0.00	\$0.00	\$110.00
Hep A (Pediatric)	\$100.00	\$0.00	\$0.00	\$0.00	\$350.00
Hep B (Pediatric)	\$0.00	\$0.00	\$0.00	\$0.00	\$110.00
Hib - Hep B (Pediatric)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Hib (Pediatric)	\$0.00	\$0.00	\$0.00	\$0.00	\$235.00
HPV/Gardasil (Pediatric)	\$2,760.00	\$0.00	\$0.00	\$0.00	\$4,140.00
Prevnar (Pediatric)	\$210.00	\$0.00	\$0.00	\$0.00	\$1,050.00
Rotavirus (Pediatric)	\$0.00	\$0.00	\$0.00	\$0.00	\$280.00

FINANCE UNIT	2020 Budget	October	November	December	Year To Date
Immunization Clinic - MISHAWAKA					\$17,313.00
Admin Fee	\$1,785.00	\$990.00	\$540.00	\$8,763.00	
Copies	\$0.00	\$0.00	\$0.00	\$0.00	
Flu Vaccine	\$0.00	\$0.00	\$0.00	\$490.00	
Hep A (Adult)	\$0.00	\$0.00	\$0.00	\$225.00	
Hep B (Adult)	\$0.00	\$0.00	\$0.00	\$70.00	
Medicaid	\$0.00	\$0.00	\$0.00	\$0.00	
Medicare Part "B"	\$0.00	\$0.00	\$0.00	\$0.00	
Meningococcal (Adult & Peds)	\$0.00	\$0.00	\$0.00	\$540.00	
Meningococcal B (Adult & Peds)	\$0.00	\$0.00	\$0.00	\$0.00	
MMR (Adult & Peds)	\$0.00	\$0.00	\$0.00	\$300.00	
Non-Resident	\$60.00	\$20.00	\$0.00	\$380.00	
Pneumovax (Adult & Peds)	\$0.00	\$0.00	\$0.00	\$0.00	
Polio (Adult & Peds)	\$50.00	\$0.00	\$100.00	\$260.00	
Rabies (Adult)	\$0.00	\$0.00	\$0.00	\$0.00	
Rabies RIG (Adult)	\$0.00	\$0.00	\$0.00	\$0.00	
Records	\$2.00	\$1.00	\$1.00	\$10.00	
Set Up Fees	\$0.00	\$0.00	\$0.00	\$0.00	
TB Test	\$270.00	\$90.00	\$90.00	\$2,280.00	
Td (Adult)	\$0.00	\$0.00	\$0.00	\$240.00	
Tdap (Adult & Peds)	\$0.00	\$0.00	\$0.00	\$120.00	
Twinrix (Adult)	\$0.00	\$0.00	\$0.00	\$220.00	
Typhim (Adult)	\$0.00	\$0.00	\$0.00	\$1,170.00	
Typhim, Oral (Adult)	\$70.00	\$70.00	\$0.00	\$725.00	
Varicella (Adult & Peds)	\$0.00	\$0.00	\$0.00	\$155.00	
Yellow Fever (Adult)	\$0.00	\$0.00	\$0.00	\$0.00	
Zoster (Adult)	\$0.00	\$0.00	\$0.00	\$0.00	
DTaP (Pediatric)	\$50.00	\$0.00	\$50.00	\$145.00	
DTaP, IPV (Pediatric)	\$0.00	\$0.00	\$0.00	\$0.00	
DTaP, IPV, Hep B (Pediatric)	\$0.00	\$0.00	\$95.00	\$190.00	
DTaP, IPV, Hib (Pediatric)	\$0.00	\$0.00	\$0.00	\$0.00	
Hep A (Pediatric)	\$0.00	\$0.00	\$0.00	\$0.00	
Hep B (Pediatric)	\$0.00	\$0.00	\$0.00	\$0.00	
Hib - Hep B (Pediatric)	\$0.00	\$0.00	\$0.00	\$0.00	
Hib (Pediatric)	\$0.00	\$0.00	\$110.00	\$360.00	
HPV/Gardasil (Pediatric)	\$0.00	\$0.00	\$0.00	\$0.00	
Prevnar (Pediatric)	\$230.00	\$0.00	\$230.00	\$670.00	
Rotavirus (Pediatric)	\$0.00	\$0.00	\$0.00	\$0.00	
Vital Records - SOUTH BEND					\$426,428.00
Birth Certificates	\$12,360.00	\$11,520.00	\$11,925.00	\$160,474.00	
Death Certificates	\$26,145.00	\$14,385.00	\$31,320.00	\$257,775.00	
Correction & Correction Copy	\$175.00	\$70.00	\$210.00	\$1,845.00	
Genealogy	\$0.00	\$0.00	\$0.00	\$91.00	
Paternity & Paternity Copy	\$810.00	\$495.00	\$495.00	\$6,195.00	
Notary	\$4.00	\$1.00	\$0.00	\$48.00	
Vital Records - MISHAWAKA					\$48,693.00
Birth Certificates	\$3,495.00	\$2,910.00	\$705.00	\$32,160.00	
Death Certificates	\$195.00	\$135.00	\$0.00	\$16,140.00	
Correction & Correction Copy	\$0.00	\$0.00	\$0.00	\$15.00	
Genealogy	\$0.00	\$0.00	\$0.00	\$0.00	
Paternity & Paternity Copy	\$0.00	\$15.00	\$0.00	\$375.00	
Notary	\$1.00	\$0.00	\$0.00	\$3.00	
Charges	-----	-----	-----	-----	-----
LESS Charge 1 Sales (Credit Cards)	\$31,753.25	\$15,463.35	\$17,358.75	\$338,398.64	
LESS Charge 2 Sales (Charity Care)	\$1,813.30	\$1,270.93	\$864.40	\$9,202.80	
LESS Cash Short	\$0.00	\$0.00	\$0.00	\$0.00	
PLUS Cash Over	\$0.00	\$0.00	\$0.00	\$0.00	
TOTAL COLLECTED	\$69,804.80	\$63,913.97	\$70,071.44	\$1,139,576.03	
LESS Coroner Fee (State)	\$3,951.00	\$2,178.00	\$4,689.00	\$41,010.75	
TOTAL DEPOSITED	\$65,853.80	\$61,735.97	\$65,382.44	\$1,098,565.28	
PLUS Credit Quietused to Account (Credit Cards)	\$26,871.60	\$31,223.46	\$15,565.79	\$333,176.11	
*** GRAND TOTAL ***	\$1,340,000.00	\$92,725.40	\$92,959.43	\$80,948.23	\$1,431,741.39

Acct	Expenses	2020 Budget	October	November	December	Unexpended
10000 Series						
11041	Attorney Part Time	\$17,787.00	\$2,052.36	\$1,368.24	\$1,162.88	\$205.24
11055	County Health Officer	\$140,000.00	\$16,153.86	\$10,769.24	(\$0.08)	\$28,892.28
11073	Finance Manager	\$51,510.00	\$5,943.45	\$3,962.30	\$3,962.40	\$0.00
11077	Admin. Assistant	\$95,856.00	\$11,060.31	\$7,373.54	\$7,373.53	\$4,344.43
11143	Registrars	\$97,500.00	\$11,250.00	\$7,500.00	\$7,362.47	\$2,862.71
11144	Nursing Registrars	\$83,325.00	\$6,409.62	\$4,273.08	\$4,273.04	\$18,116.00
11145	Staff Assistants	\$57,718.00	\$6,659.76	\$4,439.84	\$4,439.92	\$0.00
11151	Director of Vital Records	\$51,510.00	\$5,943.45	\$3,962.30	\$3,962.40	\$0.00
11154	Asst. Director Vital Records	\$47,470.00	\$5,477.31	\$3,651.54	\$3,651.52	\$0.00
11155	Nurses	\$335,825.00	(\$141,218.87)	\$25,703.49	\$25,507.13	\$195,423.92
11157	Epidemiologist/EP Supervisor	\$51,510.00	\$5,943.45	\$3,962.30	\$3,962.35	\$17,229.59
11161	Director of Env Health	\$51,510.00	\$5,943.45	\$3,962.30	\$1,585.00	\$0.00
11162	Asst. Dir Environmental Health	\$47,470.00	\$5,477.31	\$3,651.54	\$3,651.52	\$0.00
11163	Director of Food Services	\$51,510.00	\$5,943.45	\$3,962.30	\$3,962.40	\$0.00
11164	Environmental / Food Specialist	\$586,810.00	\$66,174.32	\$42,397.43	(\$217.51)	\$62,534.46
11165	Asst Dir Food Services	\$47,470.00	\$5,477.31	\$3,651.54	\$3,651.52	\$0.00
11192	Director of Health Education	\$51,510.00	\$5,943.45	\$3,962.30	(\$11,886.88)	\$0.00
11193	Health Educator	\$41,915.00	\$4,836.36	\$3,224.24	(\$4,514.02)	\$7,738.14
11650	Executive Secretary	\$37,875.00	\$4,370.19	\$2,913.46	\$2,913.48	\$0.00
11701	Director of Nursing	\$60,095.00	\$6,934.05	\$4,622.70	\$4,622.60	\$1,155.75

FINANCE UNIT		2020 Budget	October	November	December	Year To Date
11709	Asst. Dir. Nursing	\$103,020.00	\$11,886.90	\$7,924.60	\$7,924.80	\$0.00
11950	Part Time	\$12,000.00	\$0.00	\$0.00	\$0.00	\$12,000.00
11976	Deputy Health Officer	\$48,000.00	\$5,538.45	\$3,692.30	(\$14,769.20)	\$18,461.60
14800	FICA Taxes @ 7.65%	\$165,944.00	\$18,198.25	\$11,845.20	\$4,339.52	\$21,616.73
14810	PERF @ 11.2%	\$234,238.00	\$25,830.39	\$17,013.75	\$8,066.23	\$25,948.57
14840	Group Health Insurance	\$778,780.00	\$194,695.00	\$0.00	\$0.00	\$0.00
Total 10000 Series		\$3,348,158.00	\$302,923.58	\$189,789.53	\$74,987.02	\$434,756.10
Acct 20000 Series						
21030	Office Supplies	\$21,698.50	\$365.62	\$473.63	\$888.42	\$7,000.96
22120	Garage & Motor Supplies	\$9,480.00	\$436.57	\$354.44	\$295.19	\$3,637.26
22148	Field Supplies	\$3,000.00	\$65.65	\$107.34	\$22.22	\$793.45
22328	Equipment Repairs	\$2,250.00	\$0.00	\$0.00	\$0.00	\$2,250.00
22448	Education Books	\$200.00	\$0.00	\$0.00	\$0.00	\$140.00
24120	Medical Supplies	\$50.00	\$0.00	\$0.00	\$0.00	\$50.00
Total 20000 Series		\$36,678.50	\$867.84	\$935.41	\$1,205.83	\$13,871.67
Acct 30000 Series						
31150	Medical Services	\$1,750.00	\$20.00	\$0.00	\$20.00	\$926.50
32020	Travel/Mileage	\$11,108.97	\$82.90	\$530.00	\$759.95	\$4,894.61
32050	Conferences & Training	\$3,867.50	\$2,625.00	\$0.00	\$0.00	\$0.00
32200	Telephone	\$20,221.66	\$1,337.82	\$1,427.82	\$0.00	\$3,236.48
32350	Postage	\$250.00	\$3.99	\$8.26	\$0.00	\$232.56
33118	Immunization Supplies	\$102,714.62	\$824.07	\$6,030.21	\$1,985.17	\$71,941.74
33128	Environmental Health	\$12,999.00	\$180.00	\$76.00	\$8.00	\$11,529.57
34030	Liability Insurance Coverage	\$17,340.00	\$0.00	\$0.00	\$0.00	\$0.00
36500	Service Contract	\$16,842.23	\$5,357.00	\$3,801.00	\$1,424.15	\$0.00
37100	Auto Lease	\$53,617.00	\$4,468.06	\$4,468.06	\$4,468.06	\$0.28
39010	Dues & Subscriptions	\$1,474.00	\$0.00	\$0.00	\$0.00	\$272.93
39600	Refunds, Awards & Indemnities	\$0.00	\$25.00	\$30.00	\$0.00	(\$435.00)
39750	Information Technology	\$5,374.45	\$56.97	\$478.00	\$746.68	\$486.64
Total 30000 Series		\$247,559.43	\$14,980.81	\$16,849.35	\$9,412.01	\$93,086.31
Acct 40000 Series						
45523	ERP Software System	\$10,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Total 40000 Series		\$10,000.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL EXPENSES		\$3,632,395.93	\$318,772.23	\$207,574.29	\$85,604.86	\$531,714.08
Net Income		(\$3,632,395.93)	(\$222,039.61)	(\$114,269.43)	\$699,093.24	
FUND BALANCE		\$1,999,238.85	\$1,362,694.87	\$1,248,425.44	\$1,947,518.68	

FOOD SERVICES UNIT

	Month	YTD 2020	YTD 2019
Food Store Complaints	11	99	18
Food Service Complaints	29	396	192
Civil Penalties	0	8	8
Health Officer Hearings			1
Abatements Correspondence	1	13	51
Possible Foodborne Illness Investigations	1	5	6
Opening Inspections	4	114	170
Inspections	153	2798	2620
Plan & Review/New Constr./Remodel	3	30	46
Fire Investigations		2	10
# Establishments Requested to Close			3
Number of Temporary Events	5	261	262
Temporary Inspections	0	100	748
Mobile Inspections		6	109
Meetings	7	110	45
Smoking Information			
Smoking Complaints	0	7	0
Smoking Appeals Hearings			0
Pool Information			
Pool Inspections	0	97	149
Pool Consultations	0	32	16
Pool Complaints	0	3	2
Pool Closings	0	42	43

Key Notes

In preparation for renewal of all St. Joseph County food establishment permits, St. Joseph County's Department of Infrastructure, Planning & Growth completed online procedures for submission and payment of food permit applications. Although permit applications can now be submitted and paid for online, the actual permit document cannot be generated from online. To reduce traffic, in the DoH, and with the County Commissioners approval, kiosks were set-up, in the lobby of the County-City, so owner/operators can pick up permits.

The **2798** total YTD routine inspections, conducted through December of 2020, represents a 6.8% increase over the **2620** total inspections reported as being completed in 2019. **153** inspections performed in December 2020, are 26.7% fewer than the **209** performed in December 2019.

495 combined food store/service complaints, reported as investigated in 2020, represents a 57.5% increase over the complaints reported as investigated in 2019. The number reflects total complaint investigation performed by food inspectors and does not reflect the total number of complaints received.

HEALTH EQUITY, EPIDEMIOLOGY, AND DATA (HEED)

Social Needs Assessment:

Follow-up phone calls continue to occur to connect individuals with community resources based on the needs identified in the assessment. The Community Health Workers continue at Broadway Christian every Thursday morning to conduct assessments and provide resources. A total of 15 assessments were conducted this month.

Needed Service	DOH Clinic (SB)	Broadway Christian
Food Pantry	Less than 5	7
Housing	Less than 5	10
Food Stamps	Less than 5	8
Utilities	Less than 5	Less than 5
Transportation	Less than 5	6
Finances	Less than 5	Less than 5
Child Care	Less than 5	Less than 5
Legal	Less than 5	Less than 5
Employment	Less than 5	Less than 5
Healthcare	Less than 5	6
Insurance	Less than 5	6
Immunizations	Less than 5	Less than 5
Lead Screening	Less than 5	Less than 5
STD Clinic	Less than 5	Less than 5
Education	Less than 5	Less than 5
Substance Abuse	Less than 5	5
Mental Health	Less than 5	Less than 5
Domestic Violence	Less than 5	Less than 5

Insurance Assistance:

Location	# Individuals Requesting Assistance	# Individuals Signed Up
St. Adalbert - COVID Testing Site	7	3

Highlights:

Director of HEED remains heavily involved in COVID-19 response by managing and analyzing COVID data and collaborating with other Units as a contact/resource for the local school systems and long-term care facilities. Director participated in COVID vaccine preparation internal meetings. Director worked with Enfocus to purchase SAS Visual Analytics for the Department to improve data management.

One of the Community Health Workers (CHW) became a certified community health worker through HealthVisions Midwest. The other CHW is working to complete their certification through ASPIN. CHWs are now working with Public Health Nurses for lead referrals. They are hand delivering a lead certificate to families who need their child to confirm their lead level prior to case management or case

monitoring. In the month of December, they conducted five lead referrals. CHWs are connecting COVID positive individuals, who requested, with local social support resources. In December, they assisted 37 individuals.

Public Health Fellows Updates:

ACEs:

The Public Health Fellow primarily worked on finalizing the ACE dashboard prototype. The prototype has over 50 indicators across five domains, and describes the state of resilience, adversity, and risk factors among children and families in St. Joseph County. A slide deck was prepared to convey the composition method and process for the dashboard. He also continued to meet with different community partners.

Health Equity:

Public Health Fellow finalized the first version of the Burden of Disease for St. Joseph County, which included the economic burden based on major payers in the county. She also created a prototype of a Health Equity scorecard based on the current strategic plan and shelved the completion of this project to the post report phase. The Fellow started working with the FIMR Coordinator on a map of Social Determinants of Maternal Health for the county.

Lead:

Public Health Fellow worked with a Notre Dame professor to learn how to plot and geocode lead-related data. He also analyzed the lead data of cases above 5 $\mu\text{g}/\text{dL}$ per 100,000 individuals for each race and ethnicity. The analysis displayed Black individuals and those categorized as “other” had a statistically significant result. The Public Health Fellow started a proposal for lead evaluation, monitoring, and remediation efforts. He also translated COVID and Influenza-related posters and pamphlets into Spanish.

Community Boards, Meetings, Reports, and Committees

- Participated in a Community Health Worker supervisor focus group for Purdue University.
- Participated in the bi-weekly meetings for the Health and Sanitation subcommittee for the Homeless Implementation Group.
- Participated in the Safe States Alliance Anti-racism and Health Equity Working Group.
- Participated in the Lead Affinity meeting.
- Participated in SJC Food Access Council meeting.
- Participated in Child Fatality Review Council meeting.
- Participated in Fetal Infant Mortality Review meeting.

HEALTH OUTREACH, PROMOTION & EDUCATION (HOPE) UNIT

*No events/presentations were held in December due to increasing COVID-19 cases and our efforts focusing on response. Our team is continuously looking for innovative approaches for health education and outreach.

Highlights:

Director of Hope continues to be heavily involved in COVID-19 response as part of Unified Command and serving as Public Information Officer. All regular meetings have been scheduled via zoom. COVID-19 specific meetings include: weekly communications meetings with Chamber of Commerce and other partners, Emergency Food Initiative, United Way Mask Up Initiative, Safe school efforts, continual community education efforts, etc.

Meetings that continued in the month of December non-related to COVID-19 include: SJC Cares (local system of care), The Partnership for a Drug-free SJC (Formerly PEPSA), SJC Food Access Council, Mobile Opioid Response team meeting, Mobilizing family supports (United Way), Overdose Fatality Review team, FIMR-related meetings, TI-ROSOC, Homelessness Implementation task force & sub-committee updates, Ready to Grow Community meeting, Health Improvement Alliance ELC meeting, enFocus.

The Director of HOPE has been working with the Health Officer, Oaklawn, City of South Bend, Mishawka, and the County Police on the development of a pilot program for crisis intervention. A few meetings were held this month to discuss and brainstorm ideas and next steps.

Director of HOPE has also met with AIDS Ministries/AIDS Assist, Imani Unidad and the State Department of Health to discuss a syringe exchange program. Next steps are for these organizations to provide data to the Dept. of Health and connect with the County Health officer to decide next steps.

Health Promotion Specialists have been heavily involved in the operations of our COVID-19 response especially with vaccination clinic planning. Both are working on education and outreach efforts for prevention of COVID-19 and COVID-19 vaccine.

FIMR Updates:

FIMR Case Review and FIMR Reporting

- No Case Review Meeting this month. Next meeting is January 15th at 12:00noon. Medical Record Abstracting and requests continues.

FIMR Community Action: Preconception Health

- No Workgroup meeting this month.
- The FIMR Coordinator met with the Perinatal Center Coordinator at Beacon regarding her experience teaching pregnancy health at area high schools as well as potential to work with emergency department to refer to prenatal care coordination. The FIMR Coordinator will follow up with school contacts about resuming this project with Covid still restricting in person meetings.

FIMR Community Action : Connection to Prenatal Care and Community Resources. OB Navigation.

- No OB Navigation/My Healthy Baby meetings held in November, and this activity is now shifted to

FIMR Community Action: Maternal Infant Health

- This workgroup will resume activities in 2021.

FIMR Community Action: Birth Equity

- The FIMR Program Birth Equity co-chairs, Kelli Brien and Marla Godette, along with FIMR Coordinator, Sally Dixon and Director of HOPE Robin Vida met with leadership from Indiana Minority Health Coalition regarding a possible contribution to provide matching funds for the Community Foundation Grant to fund our work with the National Birth Equity Collaborative. They agreed to provide the full match.
- Sally Dixon and Kelli Brien met with NBEC representative regarding project details and start date.
- To allow time for funding receipt and appropriation and NBEC's scheduling needs, the project will begin in late February/early March.
- The FIMR Birth Equity Group met in December to review the funding success and plan activities for January. The next meeting is scheduled for January 14th.
- Kelli Brien and Sally Dixon met with State Representative Maureen Bauer regarding proposed legislation to extend postpartum coverage to one year postpartum, reimbursement for doulas, and disparities in infant and maternal birth outcomes.
- The FIMR Coordinator and many FIMR team members participated in a meeting at the invitation of Linda Wolfson from the Community Forum for Economic Justice.
- Sally Dixon, Kelli Brien, Cassy White, Robin Vida met with Notre Dame: Anna Geltzer, Amy Kryston, and Marie Donahue regarding their interest in research regarding Medicaid access and birth outcomes.

Community Boards, Meetings, Reports, and Committees

- FIMR Coordinator attended the IDoH Annual Labor of Love Infant Mortality Summit via Virtual Conference
- Maternal Mortality Review Committee: Please see first annual report from this committee for 2018 cases reviewed
- Preparing 2020 written annual report
- Monthly Title V State Report

**NURSING
IMMUNIZATION, and TB UNIT**

Immunizations			
	December, 2020	YTD 2020	YTD 2019
Mishawaka clinic:			
Patients seen	41	757	<5
Immunizations Administered	96	1780	<5
Records Request	6	47	0
South Bend clinic:			
Patients seen	41	1084	2058
Immunizations Administered	110	2496	5242
Records Requests	12	192	NA
Mobile clinic:			
Patients seen	27	411	759
Immunizations Administered	64	925	1227
Combined Totals:			
Patients seen	109	2252	2818
Immunizations Administered	270	5201	6470
Records Request	18	239	NA

Tuberculosis			
	December, 2020	YTD 2020	YTD 2019
TST Placed	23	338	448
TST Positive	0	11	17
Direct Observed Therapies	45	696	1859
Nurse Visit	18	223	249
QFT Gold Tests Ordered	<5	29	75
Chest X-rays Ordered	0	8	5
Suspect Cases	7	87	162
New Active Cases	<5	<5	18

Total Active Cases Tracking - <5

Total Latent Cases Tracking - 16

NURSING
PUBLIC HEALTH UNIT

Lead			
	Dec, 2020	YTD 2020	YTD 2019
10 mcg/dL & above			
New Cases Received	<5	23	23
Closed Cases	<5	14	23
Open Cases Being Followed	34	35	48

Case Monitoring for 5-9.9 mcg/dL Elevated Blood Levels			
	Dec, 2020	YTD 2020	YTD 2019
5-9.9 mcg/dL	Unconfirmed	Confirmed	
Open Cases Being Followed	56	47	119
			198

Tuberculosis			
	2020	YTD 2020	YTD 2019
TST Placed	19		448
TST Positive	0		17
Direct Observed Therapies	48		1859
QFT Gold Tests Ordered	<5		75
Suspect Cases			181
New Active Cases			7

Total Active Cases Tracking -

Total Latent Cases Tracking -

VITAL RECORDS UNIT

	<u>Records Filed in December 2020</u>	<u>YTD 2020 Occurrences</u>	<u>YTD 2019 Occurrences</u>
<u>Birth Statistics*</u>			
Total Births	248		
<u>Death Statistics*</u>			
Total Deaths	317		

Birth & Death data reflected as of 1/01/2021.

Statistics are subject to change. Statistics were generated from our local database, Chronica, which does not have the finalized numbers due to a State migration into new software.

HEALTH OFFICER

Report in the Health Officer Presentation and Report portion.

Respectfully,

Robert M. Einterz, MD
Health Officer

County-Wide Lead Initiative

During our budget discussions in 2018 (preparing for FY2019), the importance of lead was stressed and the Auditor, Commissioners and Council created this fund and provides the funding for it.

LEAD: Dr. Fox - Deputy Health Officer - SUPPORT: Cassy White, MPH - Director of Health Equity, Epidemiology & Data

	Fund 4940	2020 Budget	July	August	September	October	November	December	Total Expenditures	Unexpended
Acct	REVENUE									
00000	Beginning Balance	\$387,812.10							\$387,812.10	
05205	Interfund Transfer of Funds		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$200,000.00	
06400	Donations		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	TOTAL REVENUE	\$387,812.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$587,812.10	
	EXPENSES									
Acct	10000 Series									
11164	Environmental/Food Specialist	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11167	Community Health Worker	\$32,000.00	\$0.00	\$0.00	\$0.00	\$615.39	\$2,461.54	\$2,461.54	\$5,538.47	\$26,461.53
11991	Outreach Coordinator	\$45,335.00	\$0.00	\$0.00	\$0.00	\$2,615.47	\$1,220.52	\$0.00	\$3,835.99	\$41,499.01
14800	FICA Taxes	\$9,123.00	\$0.00	\$0.00	\$0.00	\$247.15	\$188.32	\$188.32	\$623.79	\$8,499.21
14810	PERF	\$13,356.00	\$0.00	\$0.00	\$0.00	\$361.86	\$275.70	\$275.70	\$913.26	\$12,442.74
14840	Group Health Insurance	\$50,790.00	(\$12,697.50)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,790.00
	Total 10000 Series	\$150,604.00	(\$12,697.50)	\$0.00	\$0.00	\$3,839.87	\$4,146.08	\$2,925.56	\$10,911.51	\$139,692.49
Acct	30000 Series									
31059	Lead Program	\$49,396.00	\$37.64	\$88.05	\$278.19	\$1,428.64	\$1,864.32	\$5,289.00	\$10,346.04	\$39,049.96
	Total 30000 Series	\$49,396.00	\$37.64	\$88.05	\$278.19	\$1,428.64	\$1,864.32	\$5,289.00	\$10,346.04	\$39,049.96
	TOTAL EXPENSES	\$200,000.00	(\$12,659.86)	\$88.05	\$278.19	\$5,268.51	\$6,010.40	\$8,214.56	\$21,257.55	\$178,742.45
	Net Income									
	FUND BALANCE	\$387,812.10	\$586,414.26	\$586,326.21	\$586,048.02	\$580,779.51	\$574,769.11	\$566,554.55	\$566,554.55	

Health Ebola

The PHEP Ebola Grant provided guidance and funding to address planning and resource gaps in the local jurisdiction's response to Ebola Virus Disease and other highly infectious diseases. Grant expired June 30th, 2016.

LEAD: Paul Burrows - Public Health Coordinator

	Fund 8126	2020 Budget	July	August	September	October	November	December	Total Expenditures	Unexpended
Acct	REVENUE									
00000	Beginning Balance	\$20,346.62							\$20,346.62	
01412	State Grant		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	TOTAL REVENUE	\$20,346.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20,346.62	
EXPENSES										
Acct	30000 Series									
32020	Travel/Mileage	\$142.08	\$0.00	\$0.00	\$300.00	(\$300.00)	\$106.95	\$0.00	\$106.95	\$35.13
32203	Cell Phones	\$1,325.87	\$81.62	\$0.00	\$263.93	\$84.08	\$84.08	\$0.00	\$1,095.58	\$230.29
33368	Public Info & Educ	\$6,594.69	\$0.00	\$0.00	\$0.00	\$0.00	\$18,834.69	(\$14,257.41)	\$4,577.28	\$2,017.41
39750	Information Technology	\$12,283.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$43.98	\$12,240.00
	Total 30000 Series	\$20,346.62	\$81.62	\$0.00	\$563.93	(\$215.92)	\$19,025.72	(\$14,257.41)	\$43.98	\$20,302.64
	TOTAL EXPENSES	\$20,346.62	\$81.62	\$0.00	\$563.93	(\$215.92)	\$19,025.72	(\$14,257.41)	\$5,823.79	\$14,522.83
	Net Income		(\$81.62)	\$0.00	(\$563.93)	\$215.92	(\$19,025.72)	\$14,257.41	(\$5,823.79)	
	FUND BALANCE	\$20,346.62	\$19,639.15	\$19,639.15	\$19,075.22	\$19,291.14	\$265.42	\$14,522.83	\$14,522.83	

Health FIMR

The Title V Fetal Infant Mortality Review (FIMR) Grant provides continuity of our Fetal Infant Mortality Review program which review all infant death cases under the age of 1 and identifies trends for prevention of infant mortality. Grant is valid October 1st to September 30th.

LEADS: Robin Vida - Director of Health Outreach, Promotion and Education and Betsy McCue - Epidemiologist - SUPPORT: Sally Dixon - FIMR Project Manager

	Fund 8129	2020 Budget	July	August	September	October	November	December	Total Expenditures	Unexpended
Acct	REVENUE									
00000	Beginning Balance	\$23,742.13							\$23,742.13	
01412	State Grant		\$0.00	\$2,853.60	\$2,853.60	\$5,079.90	\$0.00	\$7,109.40	\$41,015.55	
06400	Donations		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	TOTAL REVENUE	\$23,742.13	\$0.00	\$2,853.60	\$2,853.60	\$5,079.90	\$0.00	\$7,109.40	\$64,757.68	
	EXPENSES									
Acct	10000 Series									
11446	Project Manager	\$71,065.00	\$2,853.60	\$2,853.60	\$2,226.30	\$4,255.80	\$2,853.60	\$2,853.60	\$36,414.15	\$34,650.85
11990	Program Assistant	\$6,300.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,300.00
14800	FICA Taxes	\$3,464.21	\$217.29	\$217.29	\$169.30	\$324.56	\$217.29	\$217.29	\$2,773.56	\$690.65
	Total 10000 Series	\$80,829.21	\$3,070.89	\$3,070.89	\$2,395.60	\$4,580.36	\$3,070.89	\$3,070.89	\$39,187.71	\$41,641.50
Acct	20000 Series									
21030	Office Supplies	\$4,764.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,764.95
	Total 20000 Series	\$4,764.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,764.95
Acct	30000 Series									
31070	Other Contractual Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32020	Travel /Mileage	\$2,939.93	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	\$0.00	\$200.00	\$2,739.93
32203	Cell Phones	\$717.04	\$41.17	\$0.00	\$82.34	\$41.27	\$41.27	\$0.00	\$492.40	\$224.64
33368	Public Info & Educ	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
36015	Contractual Services	\$9,791.00	\$2,350.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,998.44	\$1,792.56
	Total 30000 Series	\$13,447.97	\$2,391.17	\$0.00	\$82.34	\$241.27	\$41.27	\$0.00	\$8,690.84	\$4,757.13
Acct	40000 Series									
44010	Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total 40000 Series	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	TOTAL EXPENSES	\$99,042.13	\$5,462.06	\$3,070.89	\$2,477.94	\$4,821.63	\$3,112.16	\$3,070.89	\$47,878.55	\$51,163.58
	Net Income		(\$5,462.06)	(\$217.29)	\$375.66	\$258.27	(\$3,112.16)	\$4,038.51	(\$6,863.00)	
	FUND BALANCE	\$23,742.13	\$15,536.14	\$15,318.85	\$15,694.51	\$15,952.78	\$12,840.62	\$16,879.13	\$16,879.13	

Health Immunization CoAg

The Indiana State Department of Health aims to increase vaccinations in each county, increase use in the state immunization registry, increase utilization of publicly funded adult vaccines, and reduce wastage of publicly funded vaccines. Grant is valid July 1st to June 30th.

LEAD: Neiko Rust - Assistant Director of Nursing (Immunizations)

	Fund 8131	2020 Budget	July	August	September	October	November	December	Total Expenditures	Unexpended
Acct	REVENUE									
00000	Beginning Balance	(\$5,034.72)							(\$5,034.72)	
01412	State Grant		\$34,477.23	\$19,230.75	\$0.00	\$0.00	\$0.00	\$4,089.98	\$80,095.36	
5600	Refunds		\$0.00	\$0.00	\$0.00	\$0.00	\$6,000.00	\$0.00	\$6,000.00	
	TOTAL REVENUE	(\$5,034.72)	\$0.00	\$0.00	\$0.00	\$0.00	\$6,000.00	\$0.00	\$81,060.64	
	EXPENSES									
Acct	10000 Series									
11193	Part Time	\$82,893.62	\$3,655.82	\$3,508.24	\$3,432.81	\$5,670.96	\$3,761.33	\$3,773.30	\$46,360.08	\$36,533.54
14800	FICA Taxes	\$6,342.63	\$279.69	\$268.39	\$262.61	\$433.84	\$287.74	\$288.65	\$3,546.55	\$2,796.08
	Total 10000 Series	\$89,236.25	\$3,935.51	\$3,776.63	\$3,695.42	\$6,104.80	\$4,049.07	\$4,061.95	\$49,906.63	\$39,329.62
Acct	20000 Series									
21030	Office Supplies	\$5,074.25	\$0.00	\$140.55	\$0.00	\$1,392.21	\$0.00	\$341.41	\$2,948.42	\$2,125.83
	Total 20000 Series	\$5,074.25	\$0.00	\$140.55	\$0.00	\$1,392.21	\$0.00	\$341.41	\$2,948.42	\$2,125.83
Acct	30000 Series									
32020	Travel /Mileage	\$2,314.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$86.40	\$2,228.00
32203	Cell Phones	\$823.83	\$40.81	\$0.00	\$81.62	\$40.91	\$40.91	\$0.00	\$488.08	\$335.75
33118	Immunization Supplies	\$20,243.83	\$0.00	\$0.00	\$846.48	\$2,654.79	\$0.00	\$0.00	\$9,745.10	\$10,498.73
33368	Public Info & Educ	\$76,459.10	\$0.00	\$0.00	\$0.00	\$0.00	\$6,000.00	(\$6,000.00)	\$13,999.10	\$62,460.00
36500	Service Contract	\$50,540.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25,000.00	\$25,540.00
39980	Nonappropriated Expenditures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,000.00	\$6,000.00	(\$6,000.00)
	Total 30000 Series	\$150,381.16	\$40.81	\$0.00	\$928.10	\$2,695.70	\$6,040.91	\$0.00	\$55,318.68	\$95,062.48
Acct	40000 Series									
44010	Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total 40000 Series	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	TOTAL EXPENSES	\$244,691.66	\$3,976.32	\$3,917.18	\$4,623.52	\$10,192.71	\$10,089.98	\$4,403.36	\$108,173.73	\$136,517.93
	Net Income		(\$3,976.32)	(\$3,917.18)	(\$4,623.52)	(\$10,192.71)	(\$4,089.98)	(\$4,403.36)		
	FUND BALANCE	(\$5,034.72)	(\$79,981.70)	(\$83,898.88)	(\$88,522.40)	(\$98,715.11)	(\$102,805.09)	(\$107,208.45)	(\$27,113.09)	

Health PHEP

The PHEPCA Grant provides assistance to the Local Health Department that agrees to serve as the PHEPCA Representative for their District. The District PHEPCA Representative will be responsible for familiarity within their Districts public health capabilities and needs, and serve as the primary point of contact on behalf of the District to healthcare, state, and other public safety partners on issues pertaining to the District as a whole. Grant expired June 30th, 2016.

The PHEP Grant provides funds to enhance Department of Health preparedeness in order to respond to public health and healthcare emergencies. Grant is valid until Jun 30th, 2021.

LEAD: Paul Burrows - Public Health Coordinator

	Fund 8134	2020 Budget	July	August	September	October	November	December	Total Expenditures	Unexpended
Acct	REVENUE									
00000	Beginning Balance	\$2,809.22							\$2,809.22	
01412	State Grant		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,069.91	\$9,069.91	
	TOTAL REVENUE	\$2,809.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,069.91	\$11,879.13	
	EXPENSES									
Acct	20000 Series									
22148	Field Supplies	\$7,809.22	\$0.00	\$15.69	\$0.00	\$1,595.14	\$0.00	\$0.00	\$2,809.22	\$5,000.00
22410	COVID Supplies	\$20,000.00	\$0.00	\$0.00	\$0.00	\$530.39	\$8,539.52	\$0.00	\$9,069.91	\$10,930.09
	Total 20000 Series	\$7,809.22	\$0.00	\$15.69	\$0.00	\$2,125.53	\$8,539.52	\$0.00	\$11,879.13	(\$4,069.91)
	TOTAL EXPENSES	\$7,809.22	\$0.00	\$15.69	\$0.00	\$2,125.53	\$8,539.52	\$0.00	\$11,879.13	(\$4,069.91)
	Net Income			\$0.00	(\$15.69)	\$0.00	(\$2,125.53)	(\$8,539.52)	\$9,069.91	(\$2,809.22)
	FUND BALANCE	\$2,809.22	\$1,610.83	\$1,595.14	\$1,595.14	(\$530.39)	(\$9,069.91)	\$0.00	\$0.00	

Health Overdose Response

For communities to address the overdose crisis and response in their communities. Intent of this project is to implement the Indiana Overdose Response Toolkit and develop an overdose response plan for our jurisdiction. Grant expired August 31st, 2019

LEAD: Betsy McCue - Epidemiologist and Robin Vida - Director of Health Outreach, Promotion and Education

	Fund 8140	2020 Budget	July	August	September	October	November	December	Total Expenditures	Unexpended
Acct	REVENUE									
00000	Beginning Balance	(\$21,379.22)							(\$21,379.22)	
01412	State Grant		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,379.22	
	TOTAL REVENUE	(\$21,379.22)	\$0.00							
	EXPENSES									
Acct	10000 Series									
11957	Interns Part Time	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14800	Fica Taxes	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total 10000 Series	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Acct	30000 Series									
31070	Other Contractual Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32020	Travel/Mileage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33368	Public Info & Educ	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39600	Refunds, Awards & Indemnities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total 30000 Series	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Acct	40000 Series									
44010	Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total 40000 Series	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	TOTAL EXPENSES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Net Income		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
	FUND BALANCE	(\$21,379.22)	\$0.00							

Health IN Cares Echo

This grant enhances collaboration across the county to improve linkages to care for the treatment of opioid use disorder, and to enhance our nascent efforts in developing an Overdose Fatality Review Team, specifically with increased involvement from the coroner's office. Grant is valid December 1st to December 1st.

LEAD: Robin Vida - Director of Health Outreach, Promotion and Education

	Fund 8145	2020 Budget	July	August	September	October	November	December	Total Expenditures	Unexpended
Acct	REVENUE									
00000	Beginning Balance								\$0.00	
01412	State Grant		\$0.00	\$25,216.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25,216.00	
	TOTAL REVENUE	\$0.00	\$0.00	\$25,216.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25,216.00	
	EXPENSES									
Acct	30000 Series									
36015	Contractual Services	\$60,432.00	\$25,216.00	\$0.00	\$0.00	\$25,216.00	\$0.00	\$0.00	\$50,432.00	\$10,000.00
	Total 30000 Series	\$60,432.00	\$25,216.00	\$0.00	\$0.00	\$25,216.00	\$0.00	\$0.00	\$50,432.00	\$10,000.00
	TOTAL EXPENSES	\$60,432.00	\$25,216.00	\$0.00	\$0.00	\$25,216.00	\$0.00	\$0.00	\$50,432.00	\$10,000.00
	Net Income		(\$25,216.00)	\$25,216.00	\$0.00	(\$25,216.00)	\$0.00	\$0.00	(\$25,216.00)	
	FUND BALANCE	\$0.00	(\$25,216.00)	\$0.00	\$0.00	(\$25,216.00)	(\$25,216.00)	(\$25,216.00)	(\$25,216.00)	

Health COVID Cares Act - Testing

The Indiana State Department of Health has allocated Cares Act funding for partnering with the two hospitals in St. Joseph County to expand testing capacity of COVID-19

LEAD: Bob Einterz - Health Officer

	Fund 8905	2020 Budget	July	August	September	October	November	December	Total Expenditures	Unexpended
Acct	REVENUE									
00000	Beginning Balance								\$0.00	
02725	COVID Grant Review		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	TOTAL REVENUE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENSES									
Acct	30000 Series									
31070	Contractual Services	\$300,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$300,000.00	\$300,000.00	\$0.00
	Total 30000 Series	\$300,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$300,000.00	\$300,000.00	\$0.00
	TOTAL EXPENSES	\$300,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$300,000.00	\$300,000.00	
										\$0.00
	Net Income		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$300,000.00)	(\$300,000.00)	
	FUND BALANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$300,000.00)	(\$300,000.00)	

Health Local Health Services

The Local Health Maintenance grant is a long-standing grant from the Indiana State Department of Health which allows Local Health Departments to utilize the funds to work on any area in ISDH's long range plan. The St. Joseph County Department of Health uses these funds to fund a Health Educator and a Community Health Worker. Carry-forward pays for benefits, supplies, travel, educational materials and trainings for staff. Grant is valid January 1st to December 31st.

LEAD: Robin Vida - Director of Health Outreach, Promotion and Education

	Fund 9101	2020 Budget	July	August	September	October	November	December	Total Expenditures	Unexpended
Acct	REVENUE									
00000	Beginning Balance	\$100,391.05							\$100,391.05	
01412	State Grant		\$36,336.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$72,672.00	
	TOTAL REVENUE	\$100,391.05	\$36,336.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$173,063.05	
	EXPENSES									
Acct	10000 Series									
11167	Community Health Worker	\$35,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,019.19	\$2,692.30	\$4,711.49	\$30,288.51
11193	Health Educator	\$41,915.00	\$3,224.24	\$3,224.24	\$3,224.24	\$4,836.36	\$3,224.24	\$3,224.12	\$41,915.00	\$0.00
14800	FICA Taxes	\$5,885.00	\$234.74	\$234.74	\$234.74	\$358.07	\$389.21	\$440.69	\$3,423.95	\$2,461.05
14810	PERF	\$8,615.00	\$361.12	\$361.12	\$361.12	\$541.68	\$587.27	\$662.64	\$5,222.23	\$3,392.77
14840	Group Health Insurance	\$33,860.00	\$0.00	\$0.00	\$8,465.00	\$0.00	\$0.00	\$4,232.50	\$16,930.00	\$16,930.00
	Total 10000 Series	\$125,275.00	\$3,820.10	\$3,820.10	\$12,285.10	\$5,736.11	\$6,219.91	\$11,252.25	\$72,202.67	\$53,072.33
Acct	20000 Series									
21030	Office Supplies	\$2,500.00	\$16.99	\$54.44	\$0.00	\$0.00	\$154.77	\$0.00	\$346.66	\$2,153.34
	Total 20000 Series	\$2,500.00	\$16.99	\$54.44	\$0.00	\$85.00	\$154.77	\$0.00	\$346.66	\$2,153.34
Acct	30000 Series									
32020	Travel /Mileage	\$5,266.33	\$0.00	\$52.06	\$0.00	\$85.00	\$107.72	\$29.64	\$274.42	\$4,991.91
32203	Cell Phones	\$1,088.67	\$83.93	\$0.00	\$167.86	\$84.08	\$84.08	\$0.00	\$1,004.59	\$84.08
33368	Public Info & Educ	\$7,300.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,300.00
	Total 30000 Series	\$13,655.00	\$83.93	\$52.06	\$167.86	\$169.08	\$191.80	\$29.64	\$1,279.01	\$12,375.99
	TOTAL EXPENSES	\$141,430.00	\$3,921.02	\$3,926.60	\$12,452.96	\$5,990.19	\$6,566.48	\$11,281.89	\$73,828.34	
										\$67,601.66
	Net Income		\$32,414.98	(\$3,926.60)	(\$12,452.96)	(\$5,990.19)	(\$6,566.48)	(\$11,281.89)		
	FUND BALANCE	\$100,391.05	\$139,367.83	\$135,441.23	\$122,988.27	\$116,998.08	\$110,431.60	\$99,149.71	\$99,234.71	

Health Trust Fund

The Indiana Local Health Department Trust Account was established within the Indiana Tobacco Master Settlement Agreement Fund for the purpose of providing funding for services provided by local Boards of Health in each county. In using money distributed by this fund, the local Board of Health shall give priority to: (1) programs that share common goals with the mission statement and long range state plan established by the state department of health; (2) preventive health measures; and (3) support for community health centers that treat low income persons and senior citizens.

Grant is valid January 1st to December 31st.

LEADS: Dr. Einterz - Health Officer and Dr. Fox - Deputy Health Officer - SUPPORT: Amy Ruppe - Finance Manager

	Fund 9111	2020 Budget	July	August	September	October	November	December	Total Expenditures	Unexpended
Acct	REVENUE									
00000	Beginning Balance	\$117,704.98							\$117,704.98	
01412	State Grant		\$47,815.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$95,631.30	
05600	Refunds		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,674.00	
	TOTAL REVENUE	\$117,704.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$215,010.28	
	EXPENSES									
Acct	10000 Series									
11195	Public Health Coordinator	\$41,915.00	\$3,224.24	\$3,224.24	\$3,224.24	\$4,836.36	\$3,224.24	\$3,224.12	\$41,915.00	\$0.00
14800	FICA Taxes	\$3,207.00	\$234.74	\$234.74	\$234.74	\$358.07	\$234.74	\$234.73	\$3,063.55	\$143.45
14810	PERF	\$4,695.00	\$361.12	\$361.12	\$361.12	\$541.68	\$361.12	\$361.10	\$4,694.53	\$0.47
14840	Group Health Insurance	\$16,930.00	\$0.00	\$0.00	\$8,465.00	\$0.00	\$0.00	\$4,232.50	\$16,930.00	\$0.00
	Total 10000 Series	\$66,747.00	\$3,820.10	\$3,820.10	\$12,285.10	\$5,736.11	\$3,820.10	\$8,052.45	\$66,603.08	\$143.92
Acct	20000 Series									
22328	Equipment Repairs	\$5,000.00	\$0.00	\$93.00	\$0.00	\$0.00	\$0.00	\$57.81	\$1,176.80	\$3,823.20
	Total 20000 Series	\$5,000.00	\$0.00	\$93.00	\$0.00	\$0.00	\$0.00	\$57.81	\$1,176.80	\$3,823.20
Acct	30000 Series									
31070	Other Contractual Services	\$1,600.00	\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,500.00	\$100.00
32020	Travel/Mileage	\$4,100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$809.24	\$3,290.76
34030	Liability Insurance Coverage	\$14,334.31	\$0.00	\$0.00	\$9,621.44	\$0.00	\$0.00	\$0.00	\$11,252.44	\$3,081.87
36500	Service Contract	\$3,850.00	\$0.00	\$0.00	\$0.00	\$2,736.00	\$0.00	\$540.00	\$3,276.00	\$574.00
	Total 30000 Series	\$23,884.31	\$1,500.00	\$0.00	\$9,621.44	\$2,736.00	\$0.00	\$540.00	\$16,837.68	\$7,046.63
	TOTAL EXPENSES	\$95,631.31	\$5,320.10	\$3,913.10	\$21,906.54	\$8,472.11	\$3,820.10	\$8,650.26	\$84,617.56	\$11,013.75
	Net Income		(\$5,320.10)	(\$3,913.10)	(\$21,906.54)	(\$8,472.11)	(\$3,820.10)	(\$8,650.26)		
	FUND BALANCE	\$117,704.98	\$81,523.53	\$77,610.43	\$55,703.89	\$47,231.78	\$43,411.68	\$34,761.42	\$130,392.72	

Health Cooking Healthy

The Cooking Healthy Program is used to purchase food and cooking supplies for our Let's Cook! Healthy Eating program. It will be used for monthly live cooking demos and recording of basic cooking skill demos on YouTube. No expiration.

LEAD: Robin Vida - Director of Health Outreach, Promotion and Education

	Fund 9134	2020 Budget	July	August	September	October	November	December	Total Expenditures	Unexpended
Acct	REVENUE									
00000	Beginning Balance	\$134.62								\$134.62
06400	Donations		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$500.00
	TOTAL REVENUE	\$134.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$634.62
	EXPENSES									
Acct	30000 Series									
33368	Public Info & Educ	\$634.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$634.62
	Total 30000 Series	\$634.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$634.62
	TOTAL EXPENSES	\$634.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$634.62
	Net Income		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
	FUND BALANCE	\$134.62	\$634.62	\$634.62	\$634.62	\$634.62	\$634.62	\$634.62		\$634.62

Health Vector

The Department of Health has been awarded a grant for our vector program to address Eastern Equine Encephalitis (EEE) from a local philanthropic foundation which prefers to maintain anonymity.

LEAD: Brett Davis - Assistant Director of Environmental Health

	Fund 9158	2020 Budget	July	August	September	October	November	December	Total Expenditures	Unexpended
Acct	REVENUE									
00000	Beginning Balance	\$0.00								\$0.00
02710	Local Grant Reimbursement		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$25,000.00
	TOTAL REVENUE	\$0.00	\$25,000.00							
	EXPENSES									
Acct	30000 Series									
33938	Vector Supplies	\$25,000.00	\$9,106.79	\$132.11	\$3,543.47	\$0.00	\$281.84	\$10.99	\$13,075.20	\$11,924.80
	Total 30000 Series	\$25,000.00	\$9,106.79	\$132.11	\$3,543.47	\$0.00	\$281.84	\$10.99	\$13,075.20	\$11,924.80
	TOTAL EXPENSES	\$25,000.00	\$9,106.79	\$132.11	\$3,543.47	\$0.00	\$281.84	\$10.99	\$13,075.20	\$11,924.80
	Net Income		(\$9,106.79)	(\$132.11)	(\$3,543.47)	\$0.00	(\$281.84)	(\$292.83)	(\$292.83)	
	FUND BALANCE	\$0.00	\$15,893.21	\$15,761.10	\$12,217.63	\$12,217.63	\$11,935.79	\$11,642.96	\$11,924.80	

Tests drawn November 1, 2020 – November 30, 2020

<i>Pb Level (ug/dL)</i>	<i>Venous</i>	<i>Capillary</i>	<i>Total</i>
<i>0-4.9</i>	97	171	268
<i>5-9.9</i>	11	7	18
<i>10-19.9</i>	1	1	2
<i>20-29.9</i>	0	0	0
<i>30-39.9</i>	0	0	0
<i>40-49.9</i>	0	0	0
<i>≥50</i>	0	0	0
<i>Total</i>	109	179	288

There were no duplicate tests in the month of November, 288 unique children were tested.

2020 YTD = 3,560

2019 YTD = 4,862

Test Levels (ug/dL)	Percentage of venous draws
0-4.9	36%
5-9.9	61%
≥10	50%

Elevated tests by zip codes

46601	3 elevated
46613	4 elevated
46616	5 elevated
46619	2 elevated
46628	2 elevated
46637	1 elevated
46544	3 elevated

COVID-19 Summary Data

St. Joseph County, IN

Prepared by
St. Joseph County Department of Health



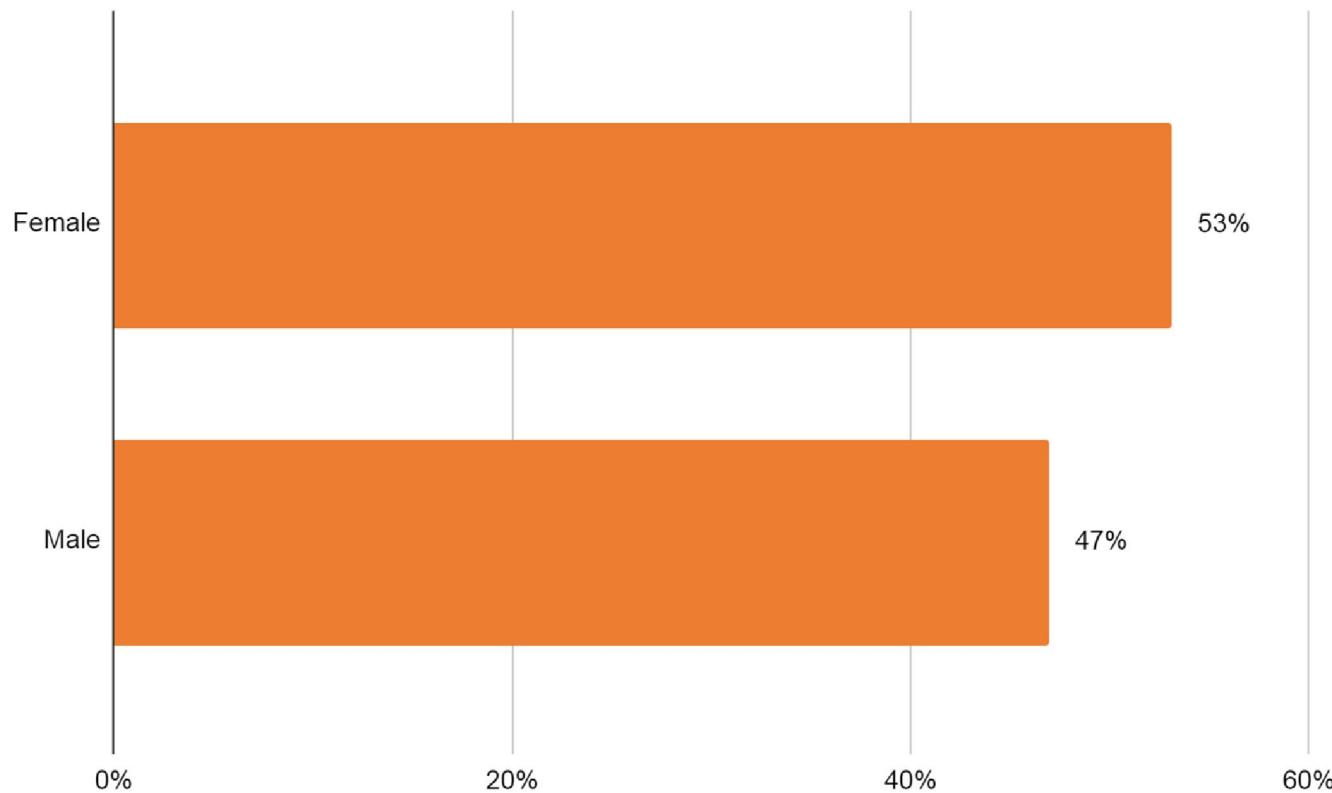
Summary Data

St. Joseph County, IN

Total Cases in St. Joseph County (as of 11:59 pm 1/14/21)	26,667
Current Hospitalizations (COVID+/PUI)	69/0
Deaths (SJC Residents)	399
Average Days to Test Result (January)	2
Cases per 100,000 Residents	9,810
“Active Cases” (Cumulative diagnoses in last 14 days)	2,149

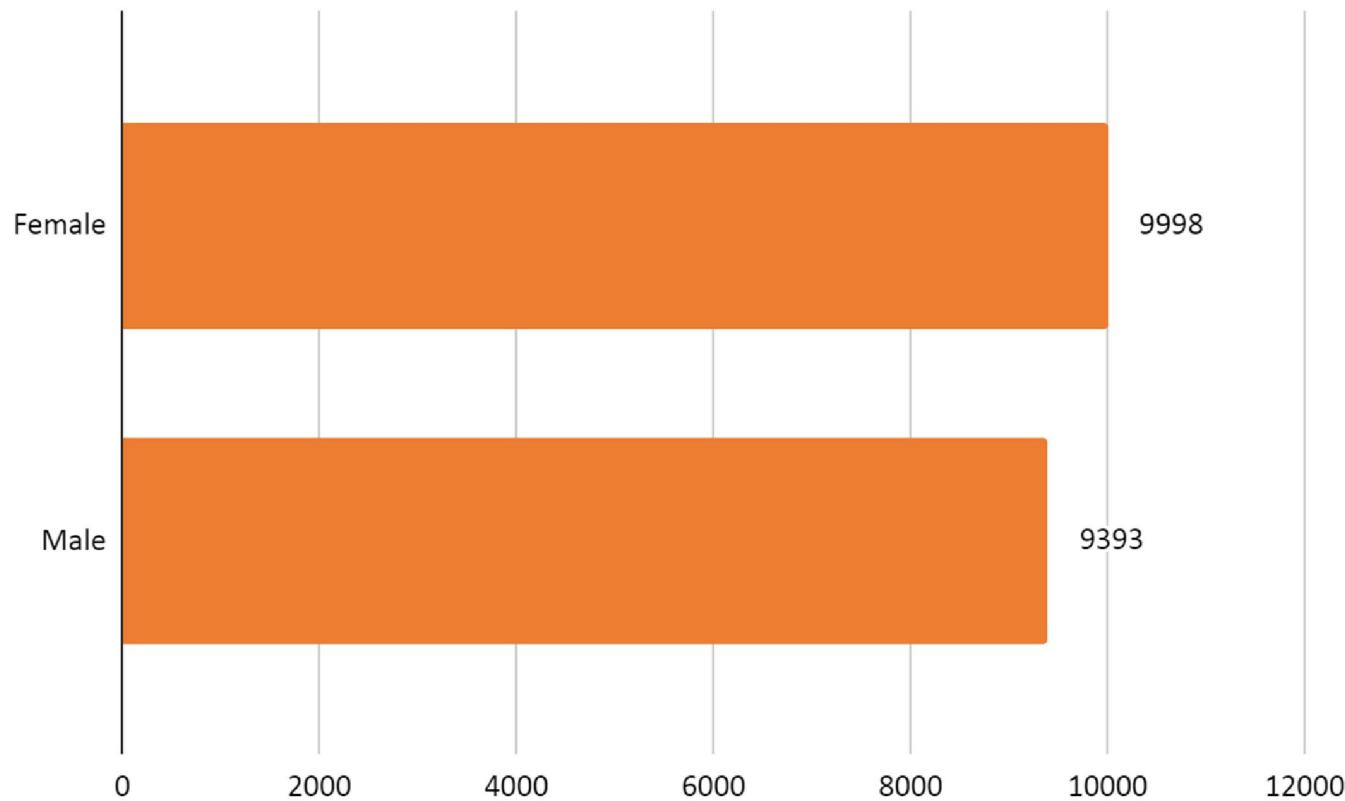
Demographic Data - Gender

St. Joseph County, IN



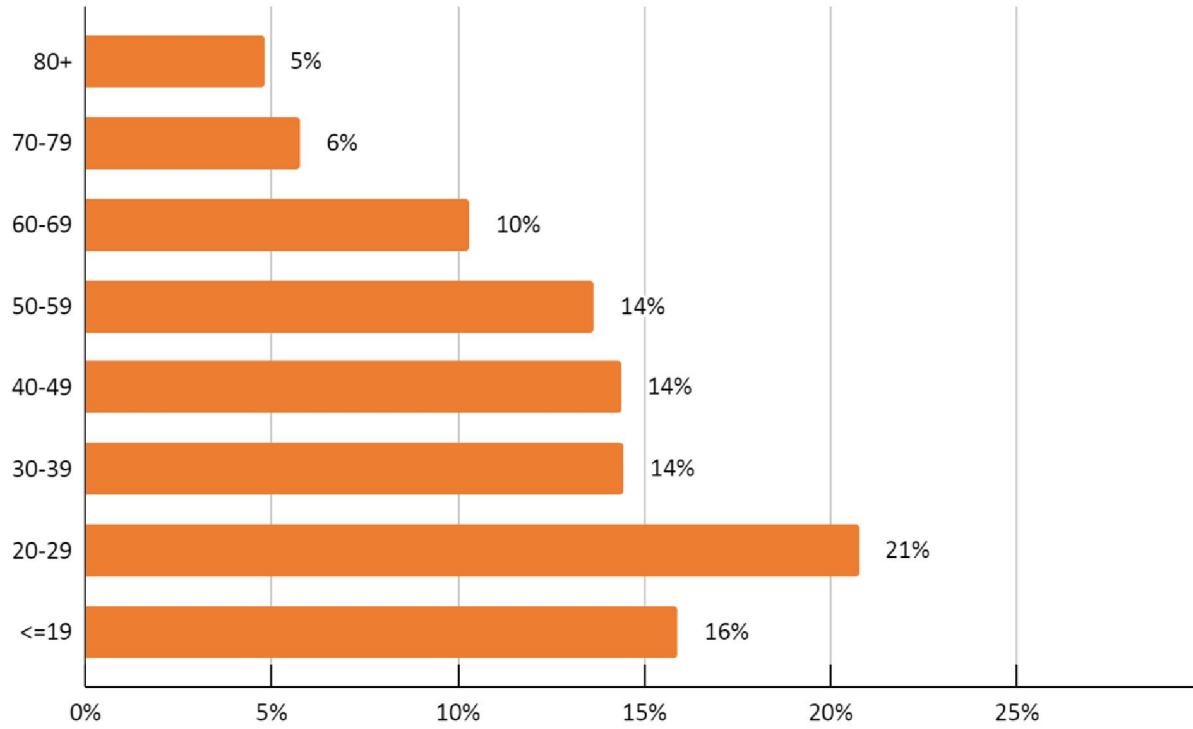
Cases per 100,000 Residents - Gender

St. Joseph County, IN



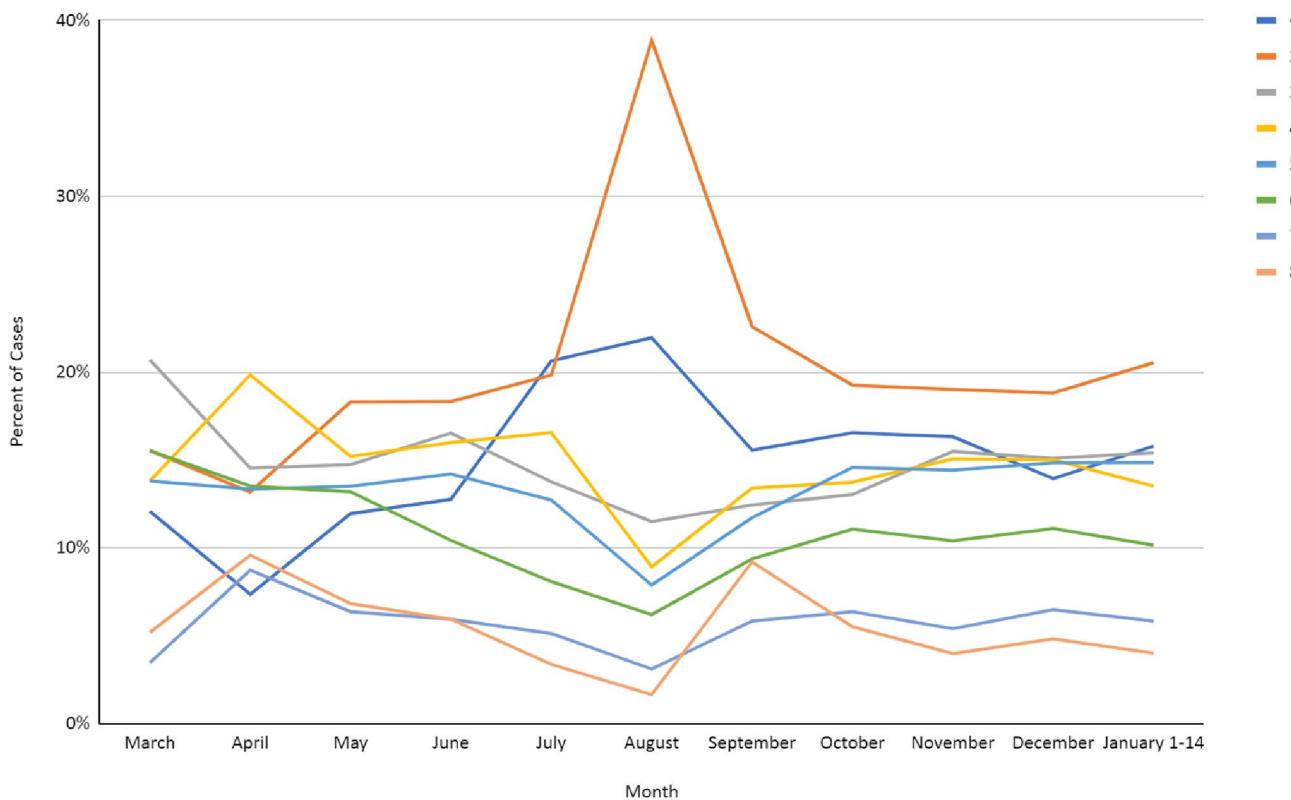
Demographic Data - Age

St. Joseph County, IN



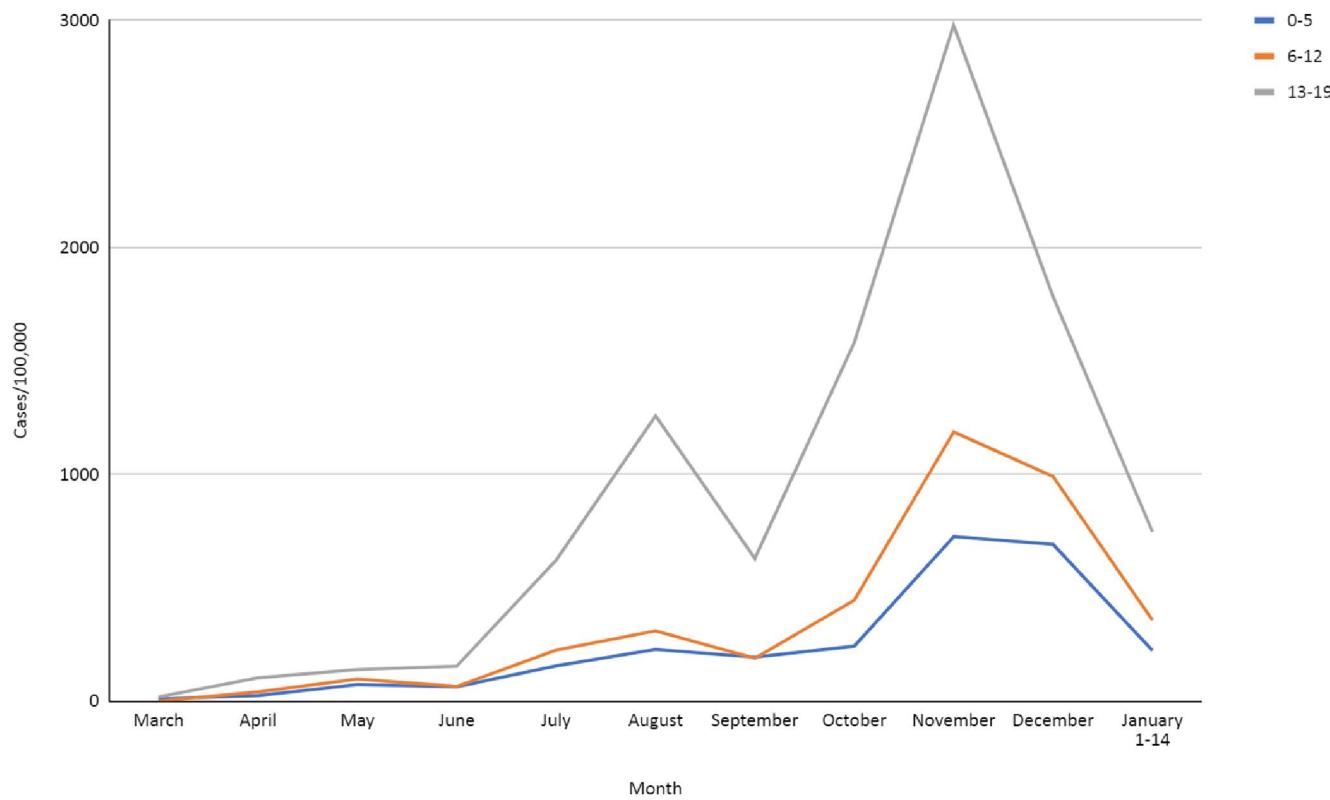
Distribution by Age over Time

St. Joseph County, IN



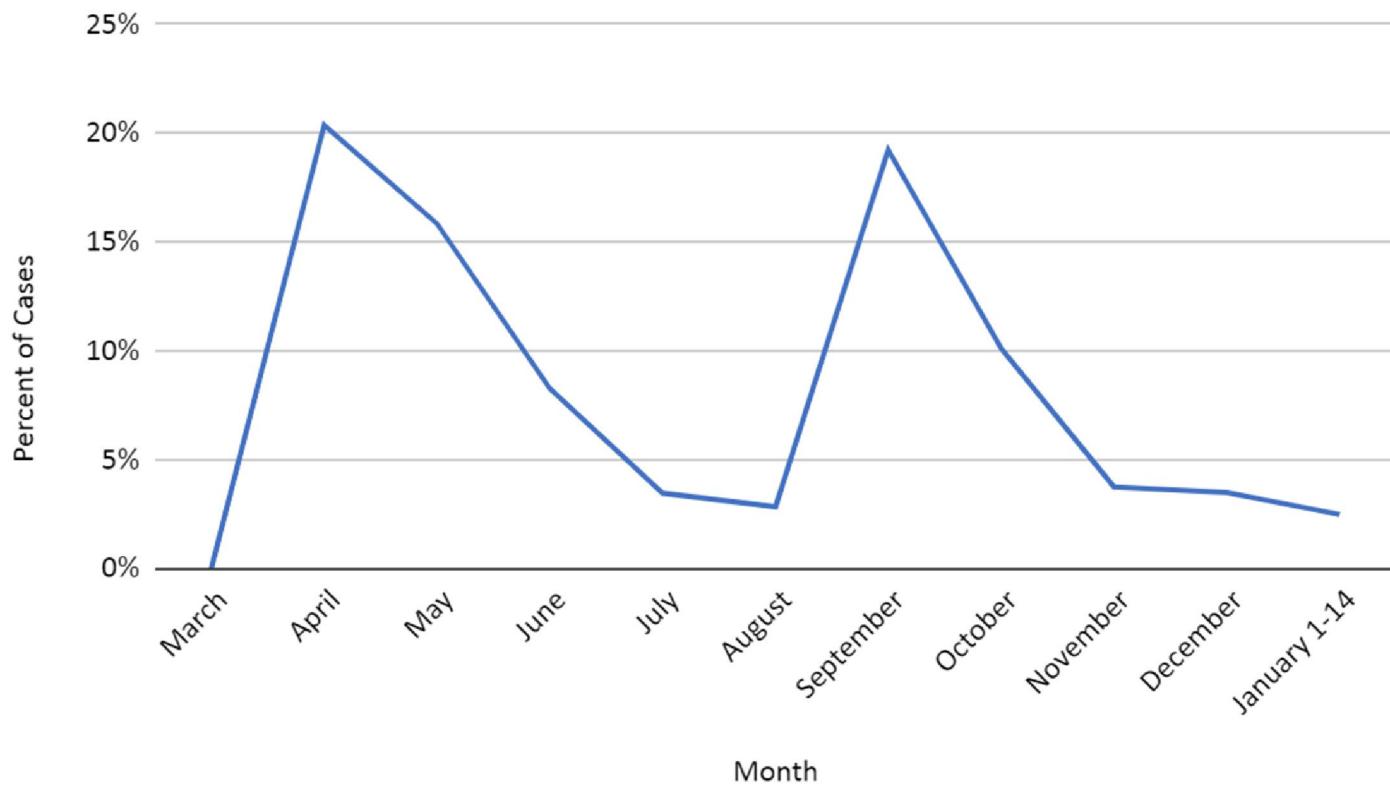
School-ages Case Rates over Time

St. Joseph County, IN



Distribution of Long-Term Care Cases over Time

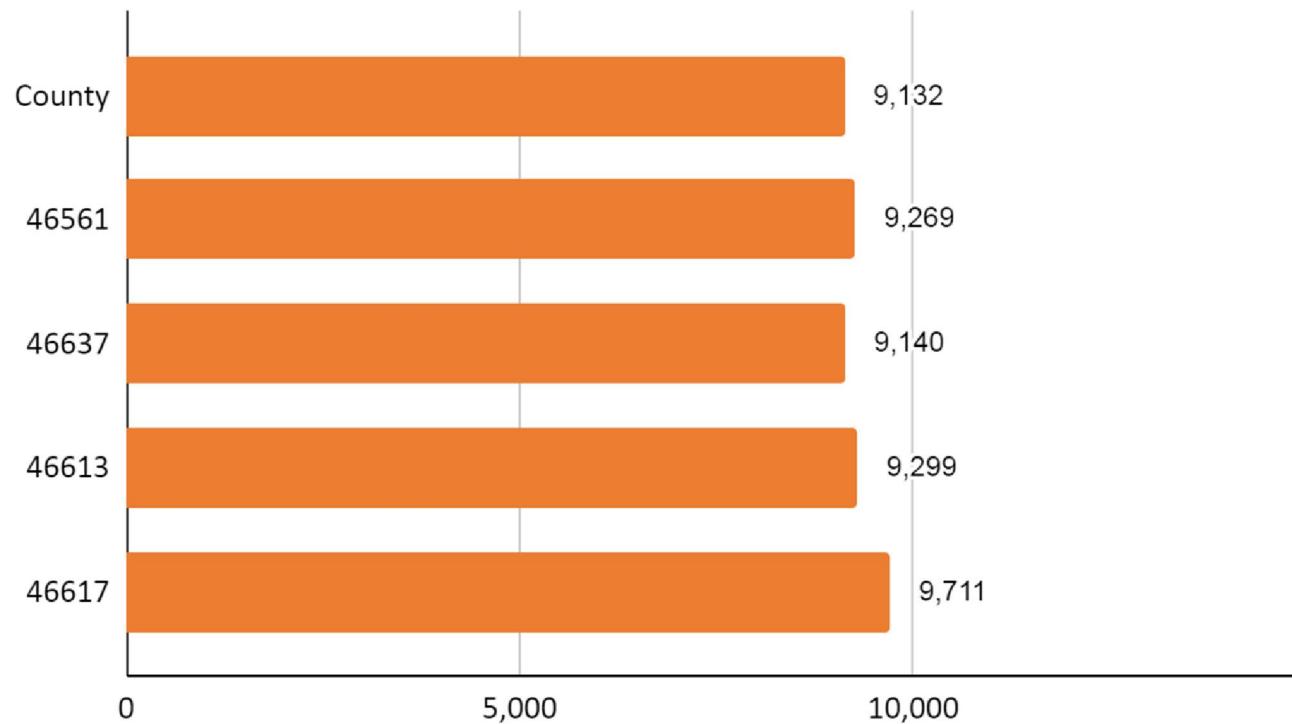
St. Joseph County, IN



Cases per 100,000 Residents by Zip Code

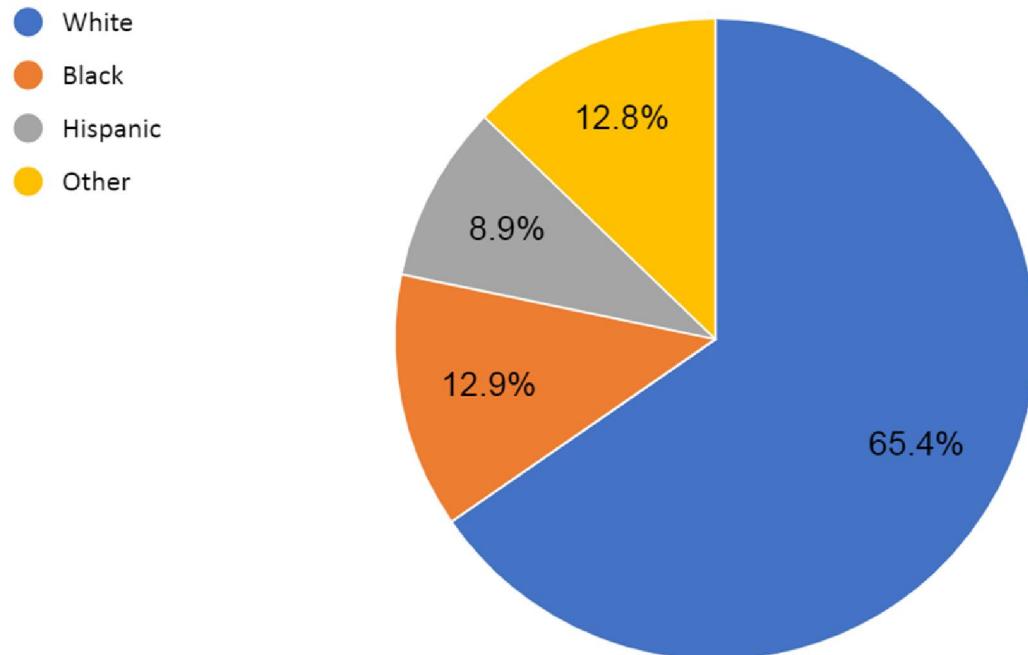
St. Joseph County, IN

Cases/100,000 Population from July 1, 2020 - January 14, 2021



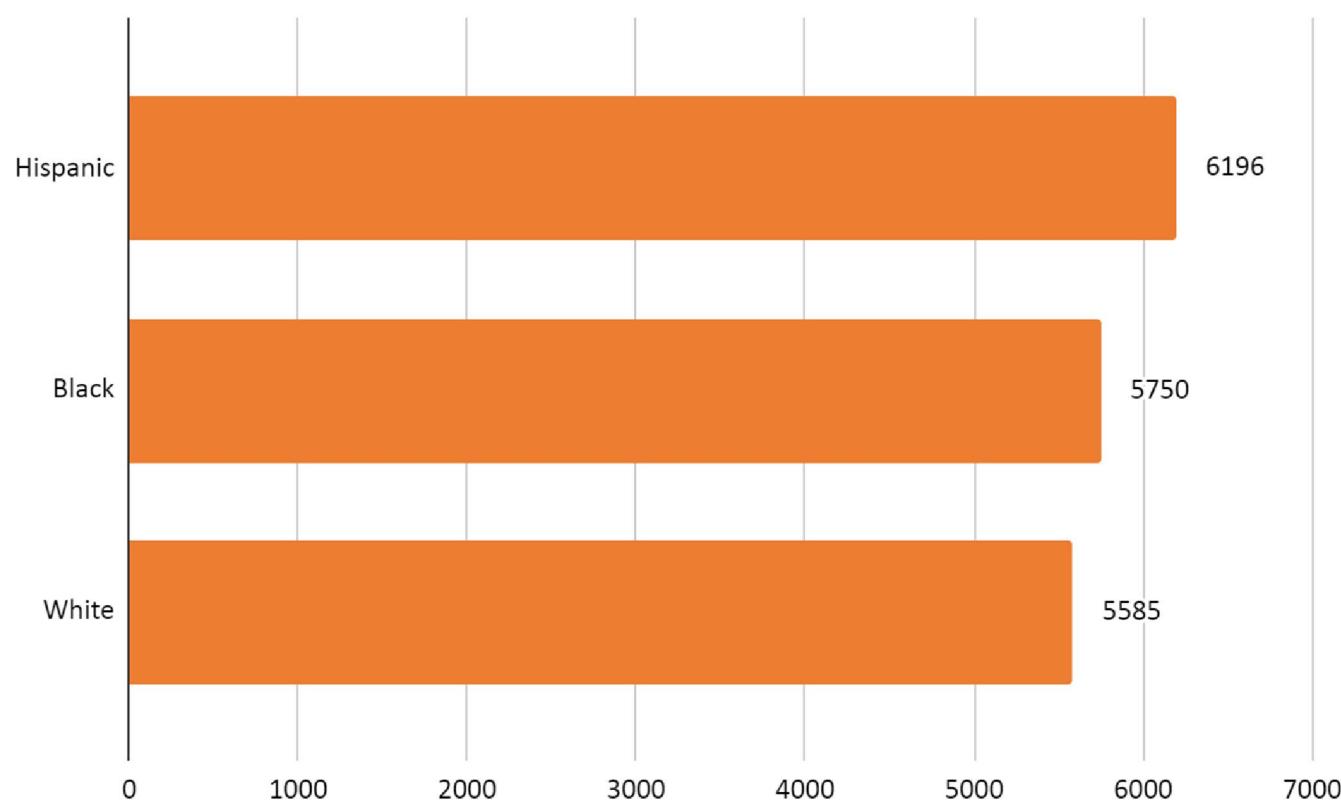
Demographic Data – Race/Ethnicity

St. Joseph County, IN



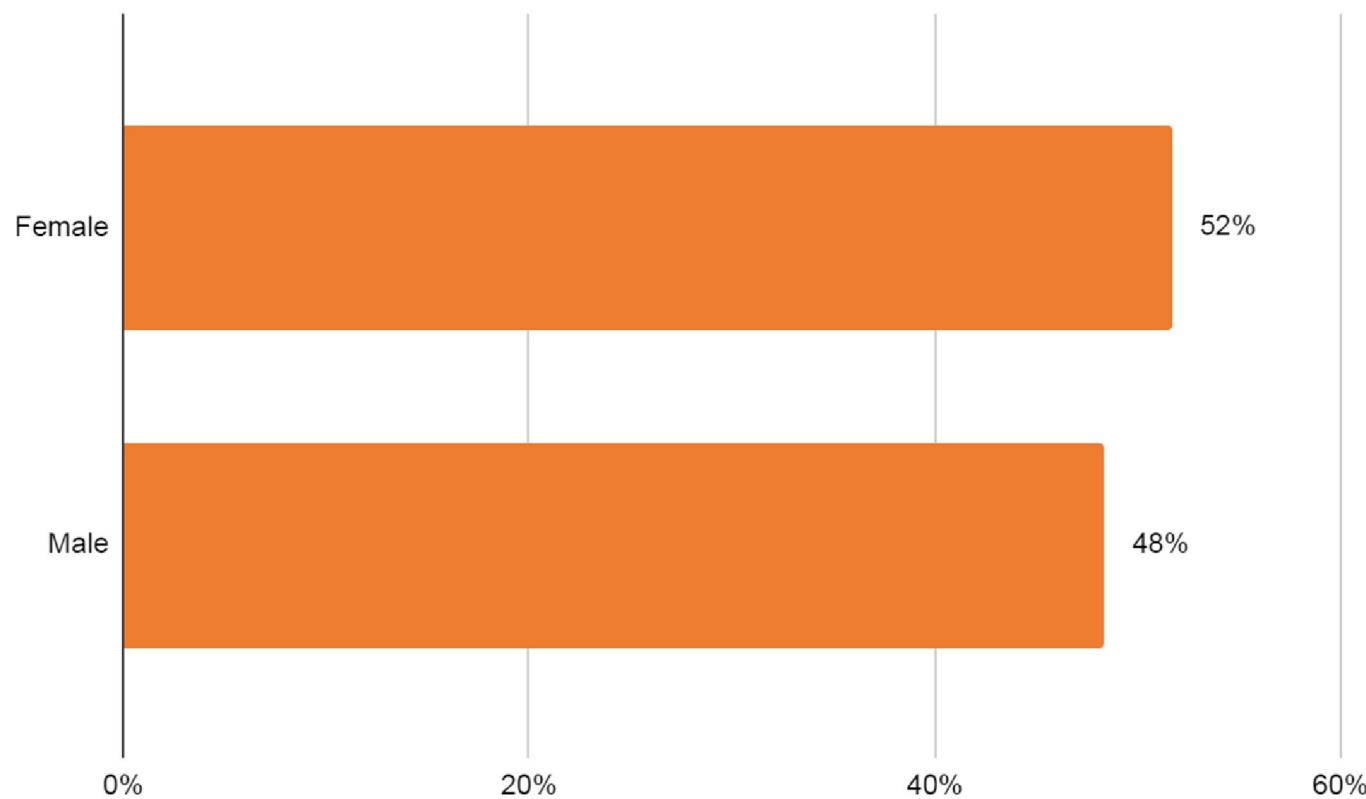
Cases per 100,000 Residents – Race/Ethnicity

St. Joseph County, IN



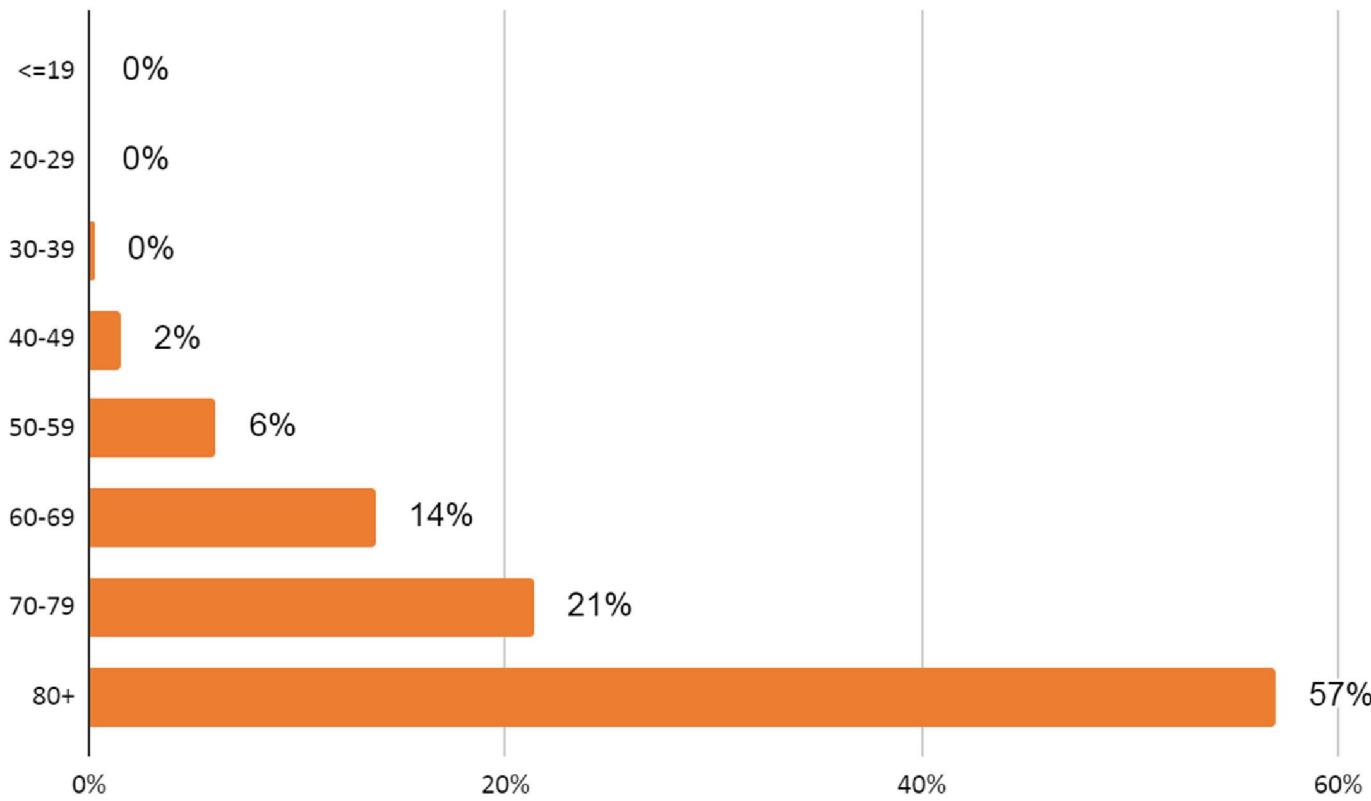
Fatality Data - Gender

St. Joseph County, IN



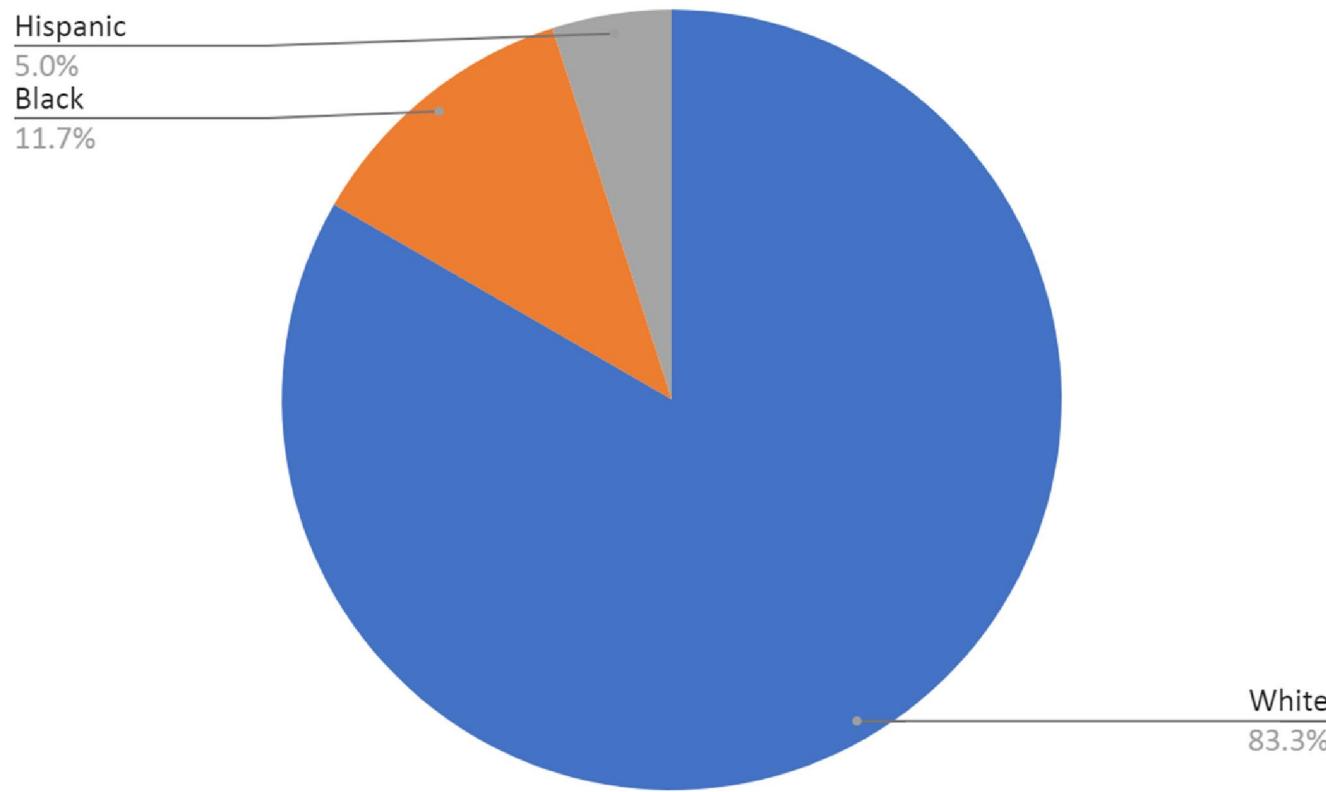
Fatality Data - Age

St. Joseph County, IN



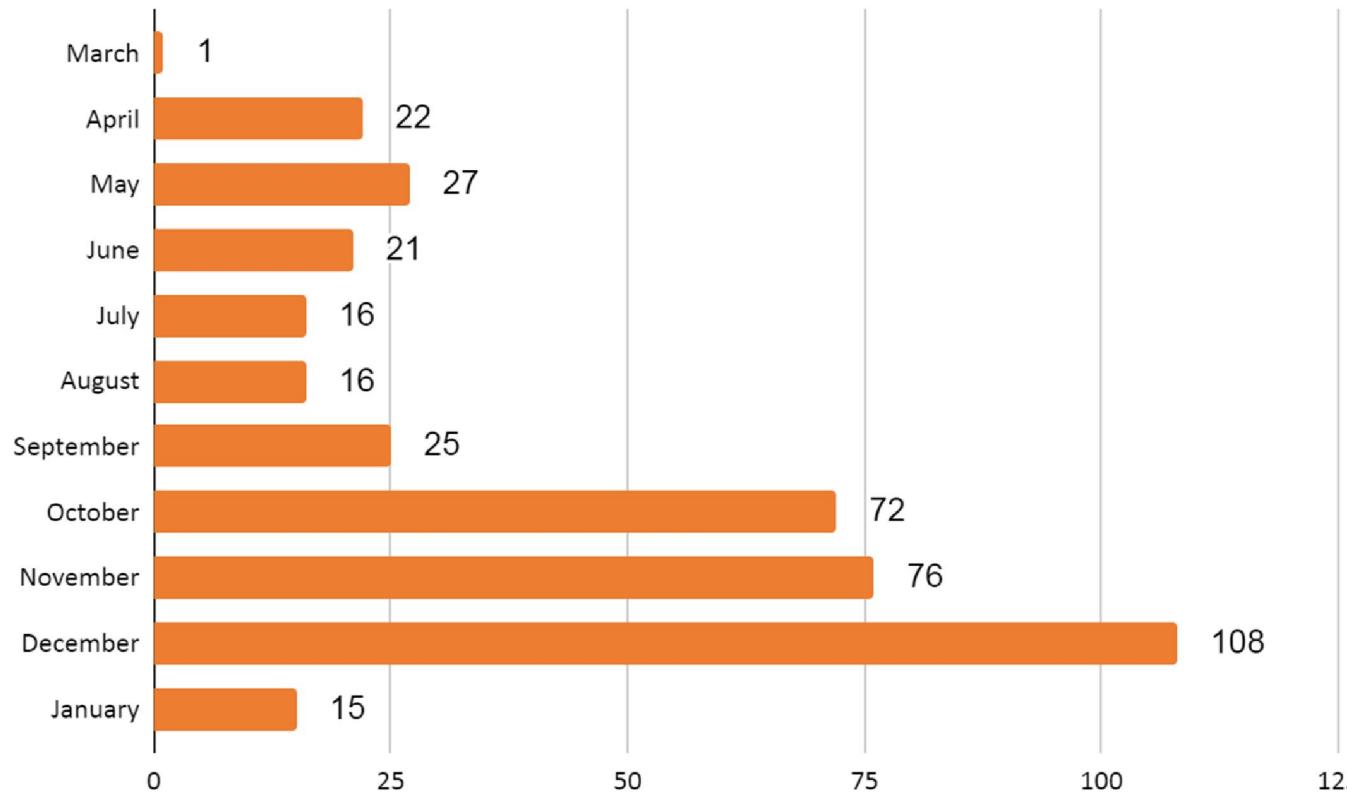
Fatality Data – Race/Ethnicity

St. Joseph County, IN



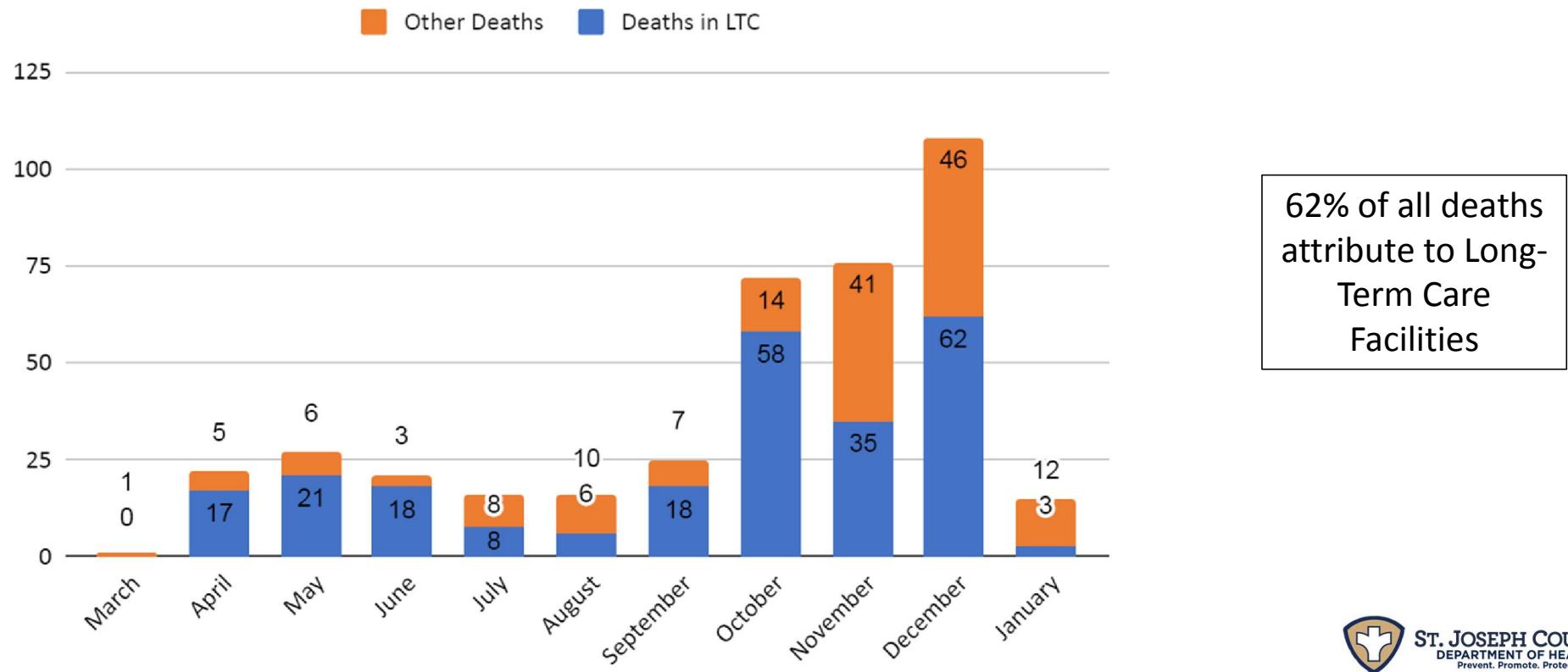
Fatality Data – Distribution of Deaths over Time

St. Joseph County, IN



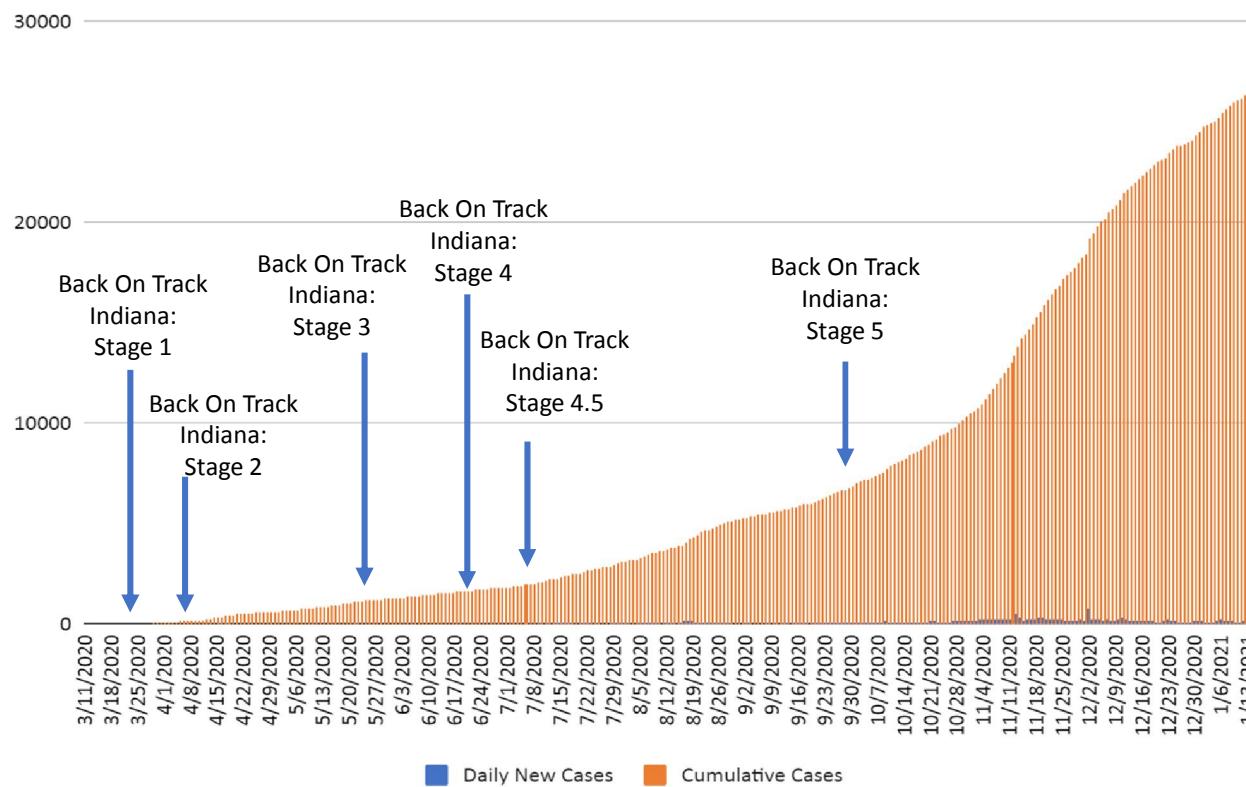
Fatality Data –Deaths Associated with LTC over Time

St. Joseph County, IN



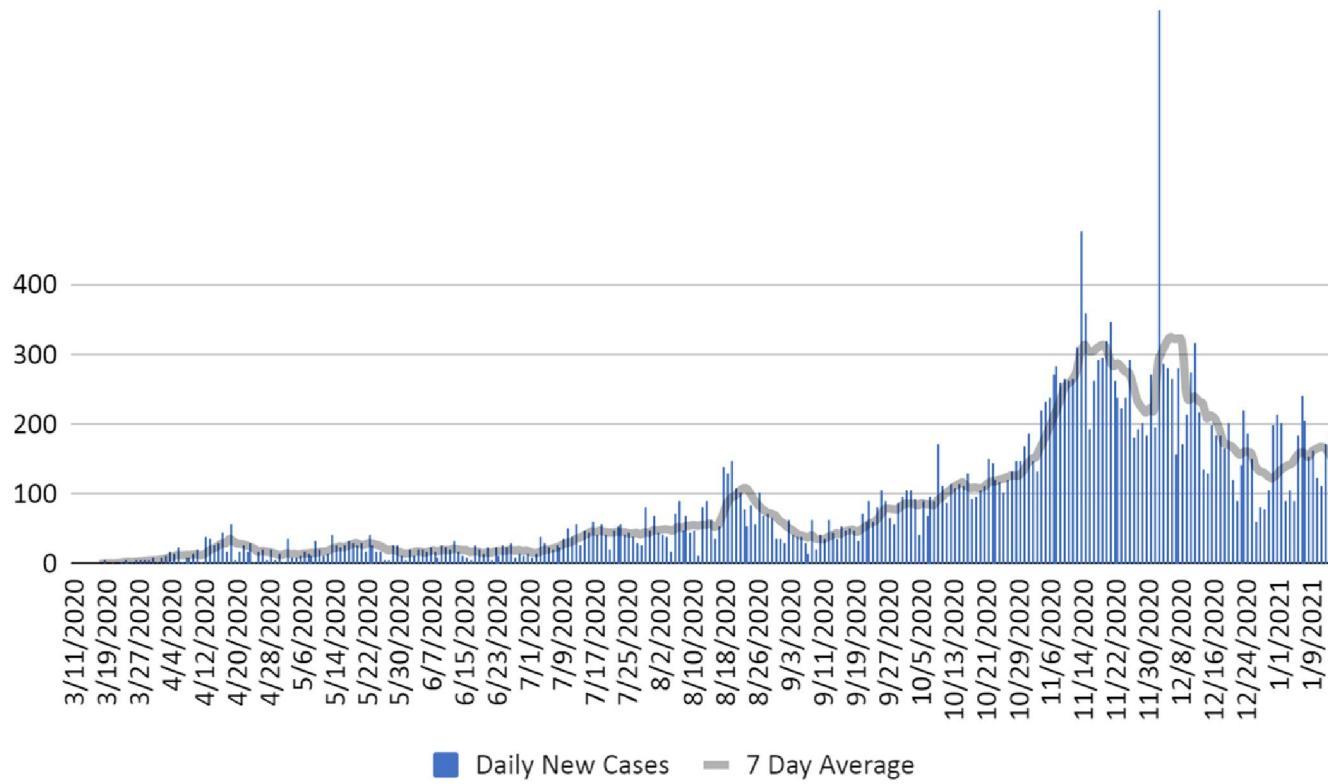
Cumulative COVID-19 Cases

St. Joseph County, IN



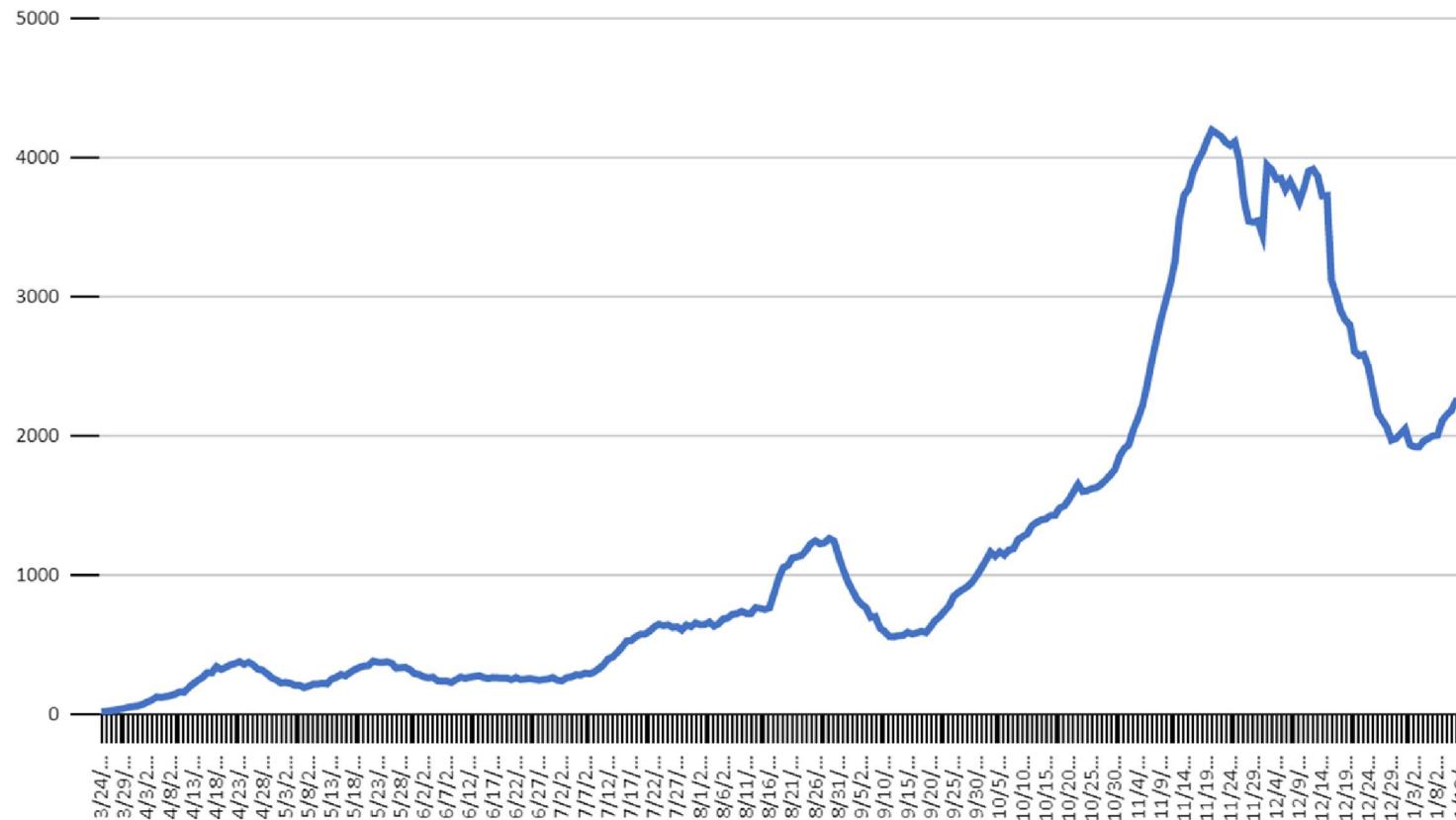
Daily COVID-19 Cases

St. Joseph County, IN



Active COVID-19 Cases

St. Joseph County, IN



ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

Active COVID-19 Cases

St. Joseph County, IN

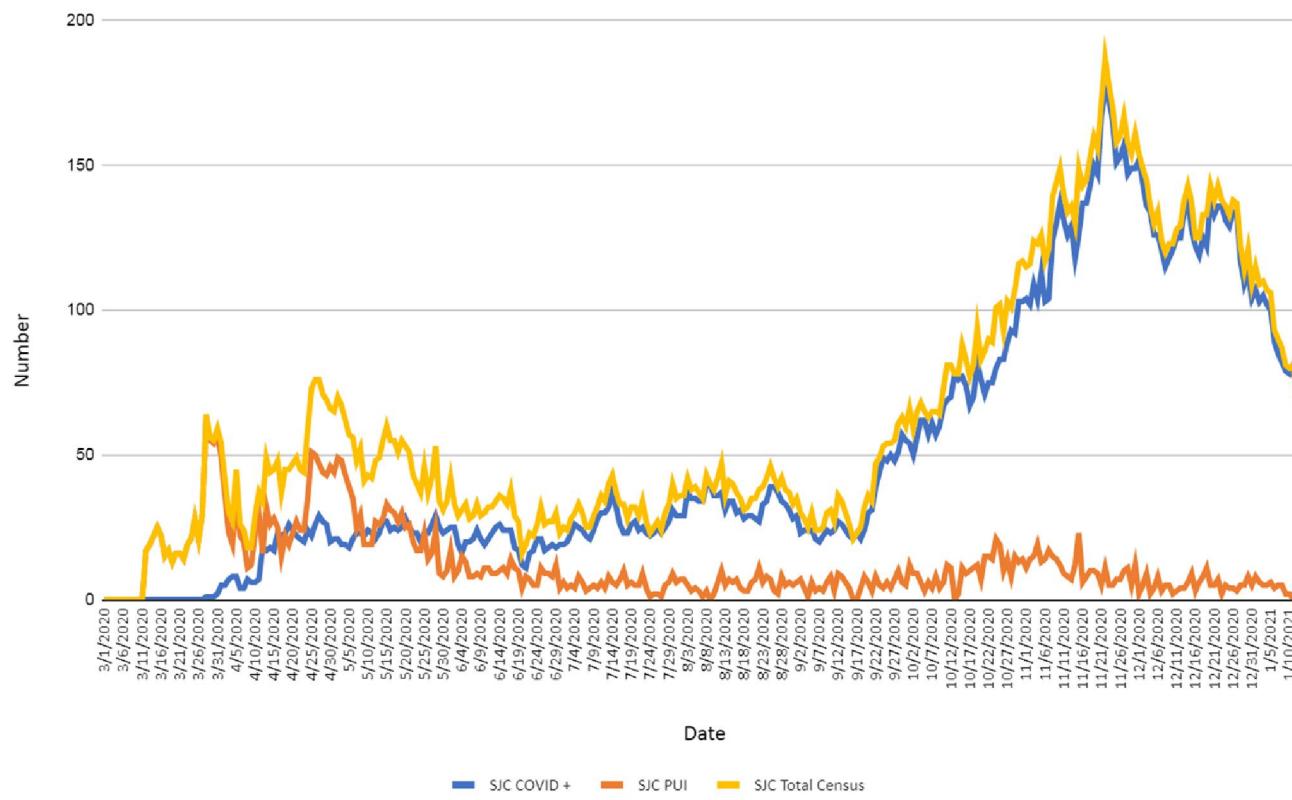
	New cases per day in SJC, based on a 7-day rolling average	Active cases in SJC (Cases diagnosed in preceding 14-day period)	Percent positivity of tests in SJC (from ISDH website)	R0 Estimate (available at covid-19.scientifichpc.com)
RED	148	2,149	12.2% (as of 1/8/2021)	
YELLOW				0.99 (as of 1/7/2021)
GREEN				



ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

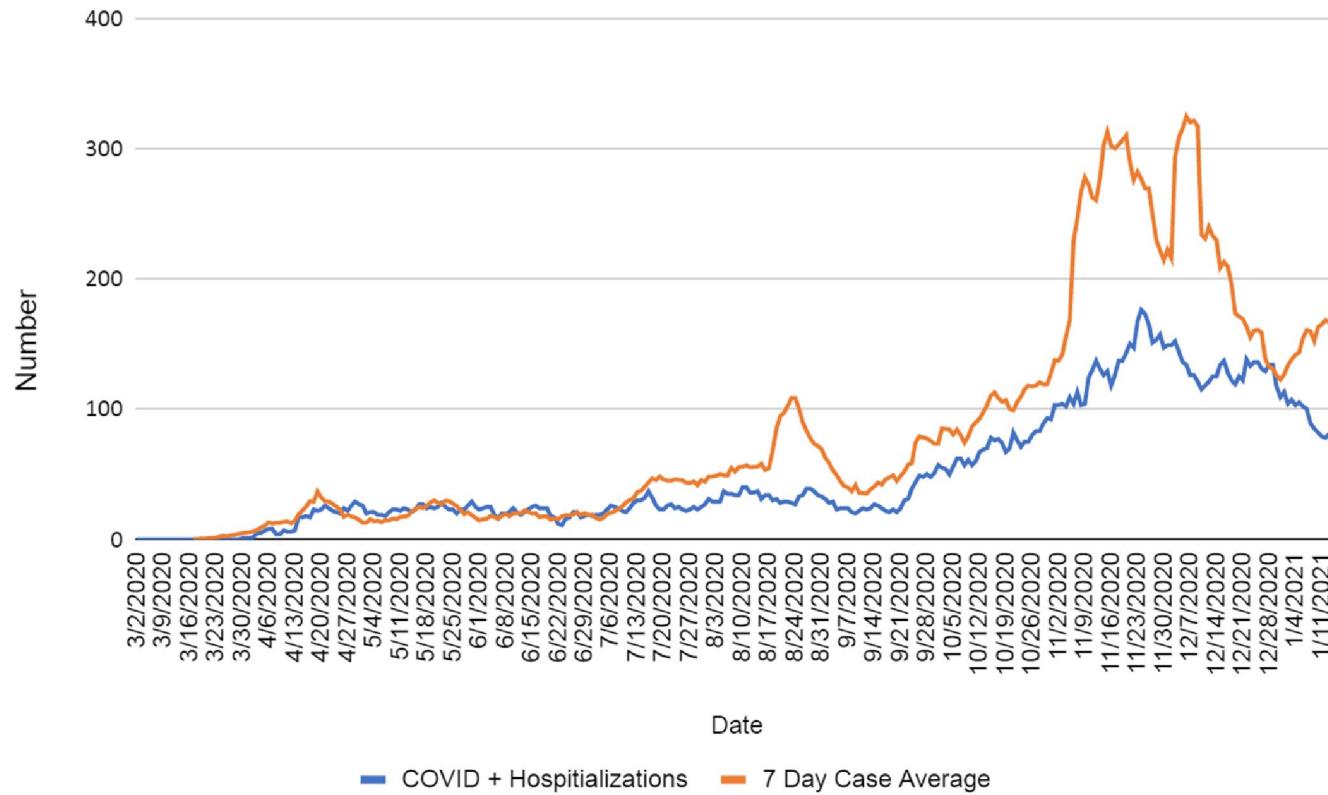
COVID+ & PUI Hospitalizations

St. Joseph County, IN



Trends in COVID+ Hospitalizations & Cases

St. Joseph County, IN



St. Joseph County Department of Health Strategic Plan 2020 – 2024

Progress to Date, 19 January 2021

Mission

The current mission statement of St. Joseph County Department of Health SJCDoh states: "To promote physical and mental health and facilitate the prevention of disease, injury and disability for all St. Joseph County residents." This strategic plan will affirm the elements of that mission statement. The strategic plan will also include delivery of health care services, enabling access to curative or palliative services, and attentiveness to social well-being.

Vision

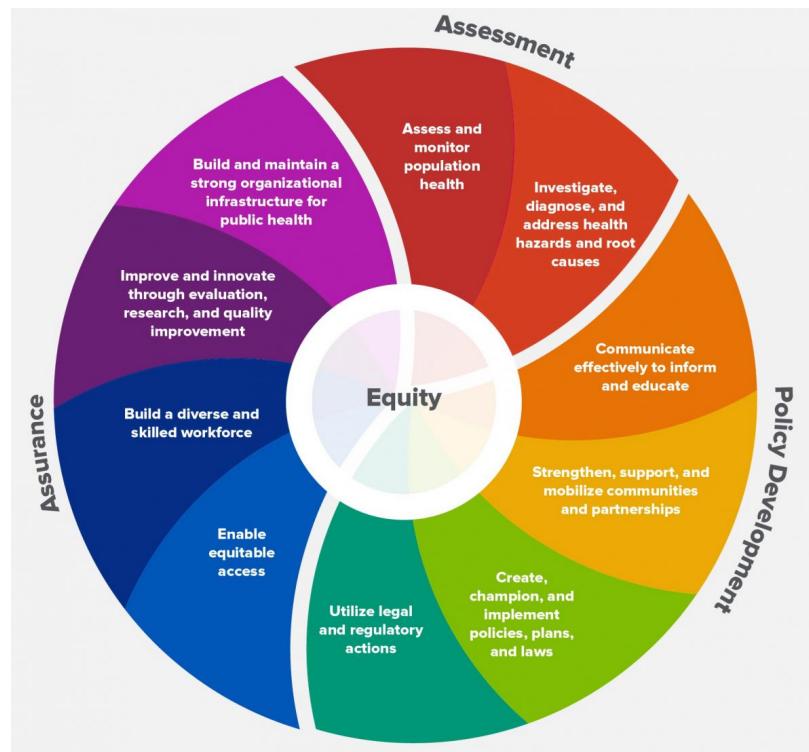
Healthy people in a healthy St. Joseph County.

Values

The strategic plan will align with the following aspirational values: Effectiveness, Efficiency, Equity, Evidence-based Decisions, Excellence, Humility, Integrity, Resiliency, Respect, and Service.

Introduction

This plan uses the definition of health as defined in the Declaration of Alma Ata: Health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity. According to the US Department of Health and Human Services and the Centers for Disease Control and Prevention, the SJCDoh should perform the following ten essential public health services:



Ten Essential Public Health Services

1. Monitor Health
2. Diagnose and Investigate
3. Inform, Educate, Empower
4. Mobilize Community Partnership
5. Develop Policies
6. Enforce Laws
7. Link to/Provide Care
8. Assure a Competent Workforce
9. Evaluate
10. Research

There is no systematic reporting and assessment in St. Joseph County of the health conditions and associated risk factors, disparities, and inequities. However, based on reports from a number of reliable sources including Robert Wood Johnson County Health Profile; IHME burden of disease report; community assessments done by local hospital systems; interviews with local business, health and medical leaders; reports from ISDH; the documentation and experience of the SJCDoh; and personal experiences, one can ascertain a reasonably accurate list of the most important and/or prevalent health conditions, associated risk factors, disparities, and inequities.

The health conditions that cause the most disability (as measured in DALYs) and death are:

- Ischemic Heart Disease
- COPD
- Drug use disorders
- Lung Cancer
- Low back pain
- Diabetes
- Stroke
- Alzheimer's disease
- Depression/Anxiety disorders
- Headache disorders

Additional conditions that merit inclusion in the above list based on their perceived importance locally coupled with magnitude of disparity are COVID 19; neonatal, infant, and child mortality; maternal mortality; interpersonal violence; sexual health; and, lead poisoning. Furthermore, though a number of conditions such as vaccine preventable diseases; other infectious diseases; and water, food, and vector-borne illnesses are not on the above list, they are not there because the public health department has done a stellar—though often unrecognized—job of controlling and preventing those conditions. The commitment to continuing the activities that control those conditions must remain steadfast.

The risk factors that drive the most disparities, death and/or disability are:

- Adverse childhood experiences
- Poverty
- Racism
- Poor housing
- Tobacco
- High body mass index
- High fasting glucose
- High blood pressure
- Drug use
- High LDL
- Alcohol use
- Impaired kidney function
- Air pollution
- Occupational risks

The long-term aim of the SJCDoh is to minimize the morbidity and mortality associated with each of the above-mentioned health conditions and risk factors. To achieve this aim, SJCDoh will prioritize the following goals and objectives. These goals and objectives were chosen after considering local health conditions and risk factors, and the magnitude of local disparities.

The unit of the Department of Health with responsibility for achieving each objective is designated at the end of each listed objective using the following abbreviations: Environmental Health (EH); Emergency Preparedness (EP); Epidemiology and Health Equity (EQ); Finance/Administration (FA); Food Safety (FS); Health Officer (HO); Health Outreach, Promotion and Education (HOPE); Immunization (IZ); Public Health Nursing (PHN); and Vital Records (VR). The Board of Health is abbreviated BoH.

Goal 1: St. Joseph County Department of Health will be data-driven: We will identify the metrics that matter, have robust information systems and analytics, and aspire to be effective and efficient.

Objective 1.1: Fund, recruit and hire an information system director/team with expertise in information systems, programming, and data sciences. The information system director will be responsible for developing an information system that serves relevant units of the Department of Health, exchanges health and demographic information electronically among the medical and health providers, and integrates seamlessly with ISDH systems. (HO, BoH)

- Partnered with enFocus using CARES Act funding to analyze and improve DoH workflow.

Recommendations:

Recommendation	SJCDoh	enFocus
1a - Build Organizational Strength	<ul style="list-style-type: none">• Create and hire data strategist position• Purchase data tools through SAS and R	<ul style="list-style-type: none">• Draft Data Strategist job description• Fill the job role vacancy until the hire can be made (with SJCDoh approval)• Determine the implementation plan for SAS/R
1b - Implement EMR	<ul style="list-style-type: none">• Pursue the purchase of athenahealth	<ul style="list-style-type: none">• Determine the implementation plan for athenahealth• Work backwards from April 1, 2021 go-live date
2 - Implement Permitting software	<ul style="list-style-type: none">• Collaborate with SJC IPG Dept to pursue the purchase of Energov and DHD	<ul style="list-style-type: none">• Determine the implementation plan for Energov/DHD• Work backwards from January 1, 2022 go-live date

- Awarded \$70K grant from an anonymous source to fund a data strategist for one year.
- Purchased SAS

Objective 1.2: Compile a list of resources available electronically that report measures of health burden (morbidity, mortality, DALYs), health outcomes, quality of life, health behaviors (smoking, obesity, physical activity, alcohol and drug use, sexually transmitted infections, teen births); clinical care (uninsured, cancer screening, immunizations, chronic diseases, etc); social and economic factors (unemployment, children in poverty, income inequality, violent crime, injuries, etc); and/or physical environment (air pollution, drinking water violations, housing) for the county and in selected geographic and racial/ethnic subsets of the county. (EQ, HOPE)

- Developed partnership with Notre Dame
- Embedded three Masters-trained ND graduates
- Ongoing projects on health disparities, lead prevention and control, and ACEs
- Developing an ACEs dashboard in collaboration with various service providers
- Developing a SJC equity scorecard and report
- Burden of disease report completed and under review

Objective 1.3: Develop a socio-behavioral team (SBT) in partnership with the University of Notre Dame charged with helping the DoH create a learning environment to enable continuous quality improvement of the DoH's activities and programs. (HO, FA, EQ)

- Three faculty members from ND, each with PhD, serve as mentors for the ND/HEED team
- Various faculty from ND participate on an as needed basis to support the above listed projects

Output: Personnel within DoH with expertise in Information Systems; a socio-behavioral team embedded within the DoH; a better, evidence-based understanding of unmet health care needs in SJC.

Outcome: The capacity to investigate and analyze social, behavioral, and economic barriers to achieving stated goals and objectives; a learning environment within SJC;

Impact: Continuous improvement in DoH activities leading to greater reduction in morbidity and mortality in SJC; a system that will enable SJC leadership to monitor and evaluate interventions and guide decision making and policy development

Goal 2: St. Joseph County Department of Health will be equity-focused: Using data, we will identify disparities and we will be leaders in mobilizing resources (personnel, policies, and partnerships) to address them.

Objective 2.1: Develop a Health Equity, Epidemiology and Data Unit and an analytical framework to conduct an equity-focused health impact assessment; define baseline data regarding health disparities and equity in SJC; identify factors contributing to health disparities; and, examine and implement best practices to minimize health disparities; and develop metrics to monitor progress. (EQ, HOPE)

- HEED unit established, directed by Cassandra White
- Equity report and scorecard are being developed
- Burden of disease report provides baseline data

Objective 2.2: Train two DoH staff members to serve as peer navigators to assist uninsured individuals in applying for and receiving health insurance. Include on the website of SJCDoh information that directs individuals seeking health insurance to the appropriate resource and/or navigator. (HOPE, PHN)

- Two CHWs have been hired
- CHWs have been reaching out to individuals who self-identify as uninsured at COVID testing sites; and CHWs have f/u with individuals who request insurance assistance through a social needs assessment that was implemented in the immunization clinic

Objective 2.3: Convene a quarterly meeting of representatives from Healthlinc, Indiana Health Center, Beacon Health System, St. Joseph Health System, and South Bend Clinic to identify and review barriers to care for the uninsured and underinsured, and to determine mechanisms to lower those barriers. (HO, EQ, HOPE)

- SJC HO and deputy HO meet three times/week with VPs of Beacon and St Joe, representative of South Bend Clinic, and a representative of business community/elected officials to plan and implement strategies and activities to control and prevent COVID 19

Objective 2.4: Develop a primary care clinic to serve selected individuals that have difficulty establishing a relationship with a primary care provider. The nature of the services provided by the clinic will be determined, in part, by the findings of the health impact assessment. Possible services will include medical assessment of newly arrived refugees, contraception, diagnosis and treatment of sexually transmitted infections, tuberculosis diagnosis and treatment, follow up of selected individuals who test positive for COVID 19, lead draws, and well-baby visits. Explore collaborating with the student clinic at the School of Medicine. (HO, EQ, PHN)

- Ongoing discussions with Beacon Family Medicine residency at E. Blair Warner regarding starting a refugee clinic
- Ongoing discussions with leaders of a potential refugee resettlement program in SJC

Objective 2.5: Participate in Fetal, Infant and Child Mortality Review Committees; compete successfully for renewal of the FIMR program; continue to employ SJC's FIMR coordinator (HOPE, EQ)

- Sally Dixon continues to lead this effort, hold regular FIMR meetings with multiple collaborators

Objective 2.6: Determine which local organizations overlap with the mission and goals of DoH, prioritize them, and network with them on a priority basis. (HOPE)

- Work in progress led by Robin Vida

Objective 2.7: Identify all children served by DoH in SJC who need immunizations (IZ)

1. List all children who are behind on immunizations, and reduce the number of children behind on immunizations by 20% by 2022.
 - Make reminder recalls
 - Send reminder postcards
 - Offer appointments
2. Expand the number of opportunities for children to receive immunizations.
 - Mobile Clinics—we will offer 10 in the next year specifically geared at the schools.

- Fire House Blitz -back to school vaccines—one in 2020.
- Saturday Clinic--offer 4 per year.
- Additional clinic hours in late afternoon/early evening—2 per month

3. Cross train 2 additional RNs trained from the registration process to the RN process in the next 12 months.

Objective 2.8: Increase immunizations in under resourced populations by focusing on where the disparities and unmet needs are within the community. (IZ and EQ)

Objective 2.9: Compile and review best public health practices to reduce the incidence of ASCVD, COPD, Diabetes, and Lung Cancer; determine if those best practices are being implemented in SJC; and of those practices that are not being implemented, assess the feasibility of implementing them next year. (HOPE, EQ)

Objective 2.10: Assess access to and availability of reproductive health services in SJC, identify any gaps, and develop a strategy to fill those gaps. (HO, EQ, PHN)

Output: Heightened awareness among the public about local health disparities and inequities; capacity to link uninsured individuals and their families to health insurance; regular meetings to address barriers to care among institutions that deliver medical care; identification of some barriers to receiving immunizations and some new activities to reduce those barriers; improved access and availability of contraception; participation on key committees pertaining to fetal, infant, child, and maternal mortality.

Outcome: A roadmap toward more equitable health care in SJC; more responsiveness on the part of DoH and SJC to barriers to care; increased immunization rates; reduction in uninsured rates in SJC; improved access to contraception; improved policies and procedures to reduce fetal, infant, child and maternal mortality.

Impact: Greater access to and availability of care; reduced incidence of unintended and mistimed pregnancies; a more equitable health system; a reduction in morbidity and mortality; reduction in fetal, infant, child and maternal mortality.

Goal 3. St. Joseph County Department of Health will address the social factors impacting health, most notably poverty, racism, and trauma. We will do this through enhanced community engagement and education, and expanded personnel and services (CHWs, navigators, and social workers).

Objective 3.1: Assess public understanding of Adverse Childhood Experiences and their short and long-term health consequences including their impact on racial disparities, chronic diseases, anatomic and physiological changes in the brain, etc. Develop a strategy to respond to the gaps in the public's understanding of ACEs. (HOPE, EQ)

- Ongoing project led by Frank Spesia working with HEED unit, ND collaborators

Objective 3.2: Create the capacity to monitor the incidence of child hood trauma in SJC including personal trauma (physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect)

and family trauma (parents with alcohol use disorder, domestic violence in the home, family member in jail, family member with mental illness, and loss of parent through divorce, death or abandonment); and, develop an accrual ACE scorecard. (EQ)

- Developing the ACE scorecard is an ongoing project, currently under evaluation by ND, Oaklawn, United Way and Beacon

Objective 3.3: Identify evidence-based best practices for the primary prevention of ACEs; identify and list the organizations/agencies that have already implemented programs to raise awareness of ACEs; and, describe any interventions that they have implemented for primary or secondary prevention of ACEs (that is, interventions that reduce the incidence of ACEs or improve resiliency of individuals, families and communities that suffer trauma). (EQ, HOPE)

- Best practices were identified by the HEED unit and Mr. Spesia; the HEED unit submitted one grant to NACCHO requesting funding to implement best practices

Objective 3.4: Engage parents and other community members in dialogue about racism and black infant mortality. (EQ, HOPE)

- BoH declared racism a public health crisis; BoH members and DoH leadership have participated in multiple community wide for in follow up of that declaration

Objective 3.5: Recruit, hire, and deploy community health workers with “lived experience” to build relationships between SJCDoh and the communities it serves and to work in partnership with the community to reduce health disparities including lead poisoning, infant mortality, and selected other conditions; enhance access to and utilization of lead testing, case management, and remediation; develop a strategy to form peer groups to address lead and other health conditions; leverage social media to facilitate interaction among CHWs and groups. The DoH will hire a couple of mothers and/or grandmothers whose children/grandchildren had lead poisoning and whose home subsequently participated in a lead abatement program. The CHWs will be recruited from low income, Black and Latinx neighborhoods. We will explore forming a social media support group (e.g. using WhatsApp) consisting of mothers in the community with children who are diagnosed with high lead levels. We will also explore replicating in SJC the We Care program that has successfully reduced Black infant mortality rate in Marion County. (HO, HOPE, EQ, EH)

- The HEED unit hired one LatinX male and one Black woman to serve as CHWs; they have been working on a number of issues including lead poisoning, health insurance, and COVID related matters.
- Exploration of the WeCare program done in context of writing and submitting the Safety Pin proposal with Beacon Health System

Objective 3.6: Convene a meeting every four months of high-level representatives from IU School of Medicine, Beacon and St. Joseph Health Systems, South Bend Clinic, Healthlinc, IHC, South Bend Regional Chamber of Commerce, and the Health Officer to review and respond to priority health issues. (HO)

- Unified Command meets three times weekly

Objective 3.7: Convene a meeting every four months of the Mayors of Mishawaka and South Bend, the President of the County Commissioners, the Health Officer and Deputy Health Officer to review and respond to priority health issues. (HO)

- Deputy HO, President of Commissioners, and Mayor of SB meeting every other week in a press conference focused on COVID 19

Objective 3.8: Explore with law enforcement, emergency response units, hospital systems, behavioral health systems, and other local and state partners the feasibility of creating, funding, implementing, monitoring and evaluating a pilot program of crisis intervention consisting of crisis interventionists employed by the Department of Health or health systems to provide mobile crisis intervention in response to non-criminal situations including substance abuse, mental/emotional crisis, disorientation, and dispute facilitation - providing assessment, intervention, and transport to services as needed. (HO, EQ, HOPE)

- The Health Officer and the director of HOPE have had multiple meetings regarding this matter with SBPD, SJCPD, Oaklawn, Epworth, 911 Dispatch, BLM leadership, elected leaders, and others. A collaborative group is writing a proposal in response to a block grant opportunity.

Objective 3.9: Recruit and hire one master's trained, licensed clinical social worker. (HO, EQ)

- A social worker was hired but did not work out well. We continue to pursue other options.

Objective 3.10: Increase the visibility and utilization of the SJC Reducing Obesity Coalition

Objective 3.11: Improve the SJC Food Access Council infrastructures and direction by creating operating principles and structure based on best practices for food access sustainability; and, by developing a draft food action plan.

Objective 3.12: Develop and implement a strategy for needle exchange and other evidence-based harm reduction strategies. (HO, HOPE, EQ)

- Collect and disseminate the evidence supporting needle exchange as a best practice
- Liaise with partners in the community to develop a specific policy for needle exchange, a strategy for adopting it, and a procedure for implementing and monitoring it
- Review, update, and continue ongoing efforts to distribute harm reduction packets inclusive of naloxone.

Output: Meetings that produce a more collaborative, coordinated, and community based approach to lead prevention, remediation, abatement; infant mortality; ACEs; obesity; food security; and crisis intervention; a set of indicators that will serve as a “report card” on the health of SJC, including adverse childhood experiences; a strategy to inform the public about ACEs; a list of best public health practices that SJC should consider implementing to prevent the most prevalent chronic diseases; implementation of novel programs to reduce infant mortality and respond to crisis situations; a pilot program to reduce interpersonal violence and trauma; augmentation of DoH with addition of a licensed clinical social worker; a needle exchange policy and procedure

Outcome: Increased lead testing, reduction in lead poisoning, IMR, incidence of ACEs, obesity, food insecurity, and incarceration rates, a pilot program of crisis intervention that holds the promise of scale-

up in the future; reduction in the incidence of HIV, hepatitis B and C, cellulitis due to injecting drug use, infective endocarditis.

Impact: A healthier and safer community; reduction in racial tension; reduction in the long-term morbidity and mortality of numerous chronic diseases, reduced morbidity and mortality from injecting drug use; huge cost savings to the public

Goal 4: The St. Joseph County Department of Health will strengthen its infrastructure to meet all statutory requirements.

Objective 4.1: Identify the steps of national certification of the DoH. (FA)

- In progress

Objective 4.2: Create a culture of professional development for Department of Health by identifying professional development needs and developing and implementing professional development programming. Likely components of such programming will include a list of continuing public health education opportunities for all staff; documentation and reporting of the continuing public health education activities of each member of the DoH; a department-wide health communications strategy & plan with a focus on wellness, inclusive of a department-wide listserv and newsletter. (HOPE, FA)

- In progress; \$12K budgeted for professional development in 2021; Implicit bias training completed

Objective 4.3: Develop more robust capacity to bill third-party payors for clinical services provided by SJCDoh, either contractually or by creating capacity within DoH. (PHN, FA)

- In progress

Objective 4.4: Develop and implement a customer satisfaction survey for Vital Records, Environmental, Immunizations, and Food Services units. (HOPE)

- The instrument has been developed but not yet implemented

Objective 4.5: Continue to provide immunization clinic and vital records services at the CCB and in Mishawaka. (IZ, VR)

- Ongoing

Objective 4.6: Provide on-site birth certificate service within the community corresponding with other community-based outreach initiatives. (VR)

- Monthly meeting among HOPE and Vital Records team to coordinate better on outreach initiatives—In progress.
- Contact community partners for scheduled events that could benefit from onsite access to birth certificates (little leagues, kindergarten round-up, etc.) In progress.
- Secure mobile equipment and IT standards to make these efforts obtainable—in progress.

Objective 4.7: Expand online services for customers seeking Vital Records (VR)

- Continue/complete digitizing and indexing of vital records—done!

- Communicate with ISDH and up to three other counties to see if we could benefit from any of their programming or procedures—in progress

Objective 4.8: Train vital records staff to use and implement ISDH's Database Registration of Indiana's Vital Events (VR)

- In progress

Objective 4.9: Retain public health nursing, pandemic/disaster preparedness, environmental, and food safety teams; re-assess their reporting relationships and scopes of work to promote greater efficiency; respond expeditiously and effectively to complaints received from the community; meet statutory obligations. (HO, all units, BoH)

- In progress; salaries for multiple unit directors and pandemic preparedness staff are far below market and need to be boosted

Objective 4.10: Establish a vector program to educate and protect the public from vector borne diseases, particularly Eastern Equine Encephalitis and West Nile Virus. (EH)

- Secure a minimum of \$25K funding. Done, grant funded by an anonymous donor.
- Increase surveillance and mitigation of mosquitoes (ULV spraying, larvicide, and public education). Done
- Purchase a ramp reader and cartridges specific to West Nile Virus. Done
- Map mosquito breeding sites and trapping locations in GIS.
- Increase tick surveillance. Done

Objective 4.11: Improve internal and public transparency of the Food Service Unit through clear, intentional, and effective communication. (FS)

- Establish/verify working email contact list for all permitted establishments—Done.
- Review and update website information, and create an area for Frequently Asked Questions—In progress.
- Establish web access of inspection/complaint investigation results.

Objective 4.12 Review and revise the Food Service permit renewal process (FS)

- Identify steps to simplify or modify procedures—In progress.
- Expand on-line permit renewals to include annual permits—In progress.
- Add evening/weekend service hours during January renewal—no longer pursuing.

Objective 4.13: Revise routine Food Service inspection process to include a scheduled procedure consult. (FS)

- Survey target establishments to determine interest and relevant topic areas
- Develop consultation format—Done.
- Create a method to assess consultation's impact.

Objective 4.14: Improve indoor air quality, specifically addressing radon, in under resourced populations by partnering with school systems to distribute radon test kits to improve the current dataset and increase awareness. (EQ, EH and HOPE)—In progress.

Objective 4.15: Improve tracking and management of septic cluster systems. (EH)

- Create a program or develop Filemaker to allow for centralized tracking of maintenance reports and escrow payments. In progress.
- Update database to allow for the input of all available data, past and present. In progress.
- Develop auto-generated correspondence for delinquent accounts. Not started.

Objective 4.16: Improve the timeliness of the septic permitting process (EH)

- Work with EnFocus to review, analyze and map the current septic permitting process—Done.
- Develop a permit timeliness tracking system—In progress.

Output: Listing of steps toward national certification; educational opportunities for staff; capacity to bill third party payors; results of a customer satisfaction survey; retention of DoH workforce; and an expanded vector control program

Outcome: First steps toward national certification; more informed and competent staff; improved capacity to generate revenue; communicable diseases are quantified, reported and controlled; capacity to investigate environmental health and food safety complaints; data to make strategic decisions regarding COVID; reduced incidences of West Nile Virus and EEE; improved tracking of septic cluster systems and a review of the septic permitting process; more efficient and effective septic tracking and permitting

Impact: Higher quality services provided by DoH; greater efficiency, sustainability and responsiveness of the DoH; improved customer service; greater protection of the environment; statutory obligations are fulfilled; prevention of morbidity and mortality from communicable diseases and food and water borne illnesses

Goal 5: St. Joseph County Department of Health will control the spread of respiratory viral illnesses including SARS-CoV-2 and influenza.

Objective 5.1: Continue to convene and participate on St. Joseph County Unified Command, consisting of representatives of St. Joseph County Department of Health, Beacon Health System, St. Joseph Health System, the South Bend Clinic, and the COVID-19 Response Coordinator, serving as a liaison to the elected officials and the business community in the South Bend region.

- On going 3X/week

Objective 5.2: Plan and prepare for mass SARS-CoV-2 immunization of SJC residents.

With the certain development of a COVID-19 vaccine, planning for mass immunization of county residents is essential. Planning strategy should start soon to ensure locations, staffing, and outside partners are prepared to take on this task, though some strategies may change based on ISDH guidance. (EP, IZ)

- Evaluate health department training needs pertaining to dispensing operations.
- Identify and procure needed POD PPE and resources.

- EP, IZ and HOPE to meet and identify alternate/drive thru dispensing sites.
- Assign staff POD positions and train accordingly.
- Based on ISDH guidance, identify needed community partners for vaccine distribution.
- Formulate temporary MOU's with identified partners.
- Train partners in POD organization and operation.
- Identify vendors capable of meeting our needs.
- Establish outside partners willing to allow us to piggyback off their suppliers, like how we partnered with ND to access supplies during the early COVID pandemic.

All the above have been done as of Jan 2021

Objective 5.3: Using CARES funding, establish two SARS-Co-V testing sites welcoming of all people but accessible to uninsured and underinsured populations in Black and Latinx neighborhoods. The sites will have capacity to do diagnostic and serological testing for SARS CoV 2, and to respond to testing needs in selected congregate living centers serving persons experiencing homelessness. (HO, PHN, HOPE, EQ)

- Done contractually through South Bend Clinic through end of 2020 @ St. Adalbert, and for a lesser time period at WUBS
- COVID serological testing done for selected homeless population

Objective 5.4: Plan and prepare for the upcoming influenza season in tandem with a surge in COVID 19 (EP, HOPE, EQ)

- Review usage of PPE during the first half of 2020 and project the quantity and cost of needed PPE for stockpiling in SJC in the event of a viral pandemic in the future.
- Establish outside partners willing to allow us to piggyback off their suppliers, similar to how DoH collaborated with University of Notre Dame to order PPE during the early COVID epidemic.
- Review best practices for promoting influenza vaccine and implement them (IZ, HOPE, EP)

Done; of note, the incidence of influenza to date has been negligible in SJC and across much of the world

Objective 5.5: Create the capacity to isolate and quarantine persons experiencing homelessness who are infected with SARS-CoV-2 or under investigation for infection with SARS-CoV-2. (HO, EQ, PHN)

- Done at Motel 6 in 2020

Output: Immunization campaign for SARS CoV 2 ready to begin as soon as a vaccine is available; knowledge and awareness of the PPE levels and resources that will be needed for future pandemics or emergency situations; functional isolation and quarantine to protect the public from COVID 19 and to protect the health of persons experiencing homelessness

- Ongoing at Hedwig Memorial Center

Outcome: Quantification of the degree of immunity to SARS-CoV-2 in select populations; herd immunity within SJC against SARS-CoV-2; political commitment to stockpile needed PPE and related commodities; reduced transmission of SARS-Co-V-2 and influenza

Impact: Reduced morbidity and mortality from COVID 19 and influenza