

**Meeting of the Board of Health
St. Joseph County Department of Health
8th Floor, County–City Building
Boardroom**

**April 20, 2022
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 April 20, 2022.

Motion by _____ Seconded by _____ Vote _____

III. APPROVAL OF THE MINUTES

It is recommended the Board of Health members approve the minutes of February 16, 2022.

Motion by _____ Seconded by _____ Vote _____

It is recommended the Board of Health members approve the minutes of March 16, 2022.

Motion by _____ Seconded by _____ Vote _____

IV. BOARD PRESIDENT ANNOUNCEMENTS:

V. HEALTH OFFICER PRESENTATION and REPORT:

22-09 Discussion on March 2022 Health Officer's Report
Congregate Living Outreach
Emergency Preparedness
Environmental Health
Finance
Food Services
Health Equity, Epidemiology and Data (HEED)
Health Outreach, Promotion & Education (HOPE)
Nursing – Immunizations & Mobile Clinic
Nursing – Public Health
Vital Records

VI. NEW BUSINESS:

22-10 Approval of the decorum statement for all future Board of Health Meetings

22-11 Health Equity Report – Cassy White, Director of Health Equity,
Epidemiology and Data (HEED)

22-12 2021 Department of Health Annual Report – Cassy White – Director of
Health Equity, Epidemiology and Data (HEED)

VII. OLD BUSINESS:

VIII. BOARD NOTIFICATIONS:

1. Hirings: Barbara James, RN – 03/14/22
Stephanie Swanson, RN – 03/22/22
Tracina Chism-Fikes – Community Health Worker – 03/28/22
2. Resignations: Carla Dawson, RN – 03/03/22
Connie Wawrzyniak – Immunization Registrar – 03/11/22
3. Retirements: Paul Burrows – Public Health Emergency Coordinator –
03/31/22
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:

May 18, 2022 – 4:30 p.m. 8th Floor County City Building, Boardroom

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, 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
February 16, 2021
Regular Meeting

Present at the Meeting:

Heidi Beidinger-Burnett, PhD, MPH	President
Jason Marker, M.D.	Vice President
Ilana T. Kirsch, M.D., FACOG	Member
Michelle Migliore, D.O.	Member
Jamie Shoemaker, M.D.	Member
John Linn	Member
Ellen Reilander, J.D.	Member

Also Present at the Meeting:

Robert M. Einterz, M.D.	Health Officer
Mark D. Fox, MD, PhD, MPH	Deputy Health Officer
Jennifer S. Parcell	Executive Administrative Asst.
Amy Ruppe	Administrator
Robin Vida	Director Health Outreach Promotion and Education (HOPE)
Carolyn Smith	Director Food Services - Zoom
Mark Espich	Director - Environmental Health
Cassy White	Director – Health Equity, Epidemiology, and Data (HEED)
Brett Davis	Asst. Director – Environmental Health
Harrison Gilbride	Congregate Living Outreach Coordinator
Karen Teague	Asst. Director Food Services - Zoom
Paul Burrows	Public Health Emergency Coordinator - Zoom
Jodie Pairitz	Director of Nursing
Marcellus Lebbin	Department of Health Attorney

I. CALL TO ORDER, ROLL CALL, & NOMINATIONS

Board President, Dr. Beidinger, called the February 16, 2022, regular Board of Health meeting to order at 4:30 p.m.

II. ADOPTION OF THE AGENDA

On motion made by Dr. Marker, seconded by Dr. Migliore, and unanimously approved, the agenda for the February 16, 2022, regular meeting of the Board of Health was adopted.

III. APPROVAL OF THE MINUTES

On motion made by Mr. Linn, seconded by Dr. Marker, and unanimously approved, the minutes of the January 19, 2022, regular meeting of the Board of Health were approved.

IV. BOARD PRESIDENT ANNOUNCEMENTS

Dr. Beidinger gave a warm welcome to Ellen Reilander, Esq. and noted how nice it was to have the Board back to its full complement of members.

V. HEALTH OFFICER REPORT

Dr. Einterz noted that the Board was provided with the Health Officer's written report and then highlighted that the report shows permit revenue in January was up as a result of food establishments renewing their licenses. Dr. Kirsch asked about the number of applications that were timely filed, what happens when applications are late, and what happens when they are not renewed. Ms. Smith joined the conversation and answered the questions posed by Dr. Kirsch by stating how the Department works with vendors. At the end of that process is an application if not received an establishment will be closed.

Attorney Reilander then asked if the Department was able to receive anonymous donations to which Mr. Lebbin responded it was, that there is a State Statute that allows for such donations.

Mr. Linn then asked what the reference to "bats" in the report was regarding. Dr. Einterz responded that there was a bite incident.

Attorney Reilander then asked about the numbers for the vital records data. Dr. Einterz noted that there is a delay in reporting as it takes time for the information to make its way to the Department, Dr. Fox noted the information for deaths takes longer than births.

VI. DEPUTY HEALTH OFFICER REPORT

Dr. Fox noted that the COVID peak occurred between the 7th and 21st of January. With the peak infection numbers declining there is a corresponding reduction in hospitalizations. The positivity rate for the County also falling. This is occurring even with the supply of tests increasing. The Department has worked with the school districts to get tests to households with children in kindergarten through 8th grade.

Dr. Shoemaker asked if the Department of Health limited the number of students who were allowed to attend PHM's Snowball Dance as a COVID precaution. Dr. Fox said that the Department of Health asked PHM to delay the dance due to the Omicron surge. Dr. Fox then said that the Department of Health had nothing to do with limiting the number of tickets for PHM's Snowball Dance, it was a PHM decision.

Dr. Fox then stated that he was working on a mask plan with schools and that PHM accelerated the removal of masks, making them optional as of tomorrow (02/17). Dr. Fox noted that the current CDC recommendation is to wear masks in indoor public spaces.

Dr. Shoemaker stated that the principal of Penn High School said plans for the Snowball Dance were made with the Department of Health and tickets were limited because of the Department of Health. Dr. Fox responded that the Department of Health had no role in establishing the numbers for attendance as the dance was not a public health issue. Dr. Shoemaker inquired as to if the Department of Health issued guidance. Dr. Einterz then admonished Dr. Shoemaker stating that the

Department of Health had nothing to do with the attendance limit at the Snowball. An exchange followed and Dr. Beidinger-Burnett called for order. Dr. Shoemaker asked why PHM was citing the Department of Health. Dr. Beidinger-Burnett responded that the schools always cite the Department, but that Dr. Fox made it clear he had nothing to do with the limits. Dr. Shoemaker then stated that he had no issue with Dr. Fox, but that he took issue with Dr. Einterz's lack of decorum.

Mr. Linn then stated other States are starting to remove masks and said that he trusted the judgment of the St. Joseph County Department of Health, not that of the CDC and asked that locally masks were removed as soon as possible. Dr. Marker joined the conversation stating that as numbers come down and color charts move back to green, we can move back to something normal. Dr. Fox then noted that the Department of Health did not tie actions to colors on the chart this year, as has been done the previous year. Dr. Marker mentioned that PHM adopted its mask policy at the start of the school year based on the matrix. The PHM School Board made the decision this week to move to mask optional, which was not tied to the matrix.

Attorney Reilander asked how many people had COVID naturally. Dr. Fox responded that he was uncertain, but that he tried to ascertain how many people had COVID recently. Attorney Reilander inquired as to the number of cases in the County since COVID started. Dr. Marker then stated that the number is of interest to the Board because we use it as an indicator of immunity, but that different variants impact the immunity levels so there is more nuance in the data. Dr. Kirsch then noted that physicians will have indicators by the types of cases they are seeing. Attorney Reilander then said the question is when do the other concerns outweigh the risks of COVID. Dr. Kirsch said that personal concerns and choices need to be protected, but we also need to be concerned with public health as a whole as when hospitals are overwhelmed. Attorney Reilander then asked what the current hospitalization rates were. Dr. Kirsch said they were coming down. Dr. Shoemaker said the main concern with the hospitals now was staffing. Dr. Marker said they are seeing many people come to the hospital who delayed or neglected treatment due to COVID. Dr. Fox said that there are 70,000 confirmed cases in the County since March of 2020, but that he believed that number was underreported by about twenty-five percent. Dr. Fox also said that he believed natural immunity was tied to how recent the individual was infected.

Dr. Shoemaker then asked Dr. Fox to send something to PHM saying there is no recommendation from the Department of Health on the number of individuals who can attend the dance. Dr. Fox responded that PHM reached out to the Department of Health asking if they could increase the number of tickets and the Department of Health said it had no objection.

Attorney Reilander then turned the topic back to COVID, vaccines, and immune responses. A conversation with Attorney Reilander, Dr. Fox, and Dr. Kirsch ensued.

VII. NEW BUSINESS

Mr. Burrows gave a presentation on the Emergency Preparedness Unit. After the presentation Dr. Marker asked if money were no object what would be the top one or two priorities. Mr. Burrows responded that a reverse 911 system and storage site would be the top priorities.

VIII. OLD BUSINESS

There was no Old Business.

IX. BOARD NOTIFICATIONS

The new director of nursing was introduced along with two community health workers.

X. PUBLIC COMMENT

Mr. Rutten addressed the Board. He said he is a PHM parent and that his son organized a mask optional event on Monday. Mr. Rutten stated masks do not work and that they lead to depression. He also said contract tracing punishes those who are not sick. Finally, he said PHM's low case rate would be a better guide.

Dr. Heckman-Davis thanked the Board and the efforts of Dr. Einterz and Dr. Fox during the pandemic. She also said masks work.

Ms. Go also thanked the Board and Doctors. Ms. Go said people should not use children to get what they want, she noted that she has two children, and they are not suffering because of masks.

XI. TIME AND PLACE OF NEXT REGULAR MEETING

The next regular meeting of the St. Joseph County Board of Health is scheduled for Wednesday, March 16, 2021, at 4:30 p.m., at the County-City Building.

XII. ADJOURNMENT

The meeting was adjourned at 5:55 p.m.

NOTE: Media of the meeting can be found at:
<https://www.in.gov/localhealth/stjosephcounty/board-of-health/meeting-information/2022/>

ATTEST:

Respectfully submitted,

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

Marcellus Lebbin, Esq.
Health Department Attorney

MEMORANDUM

To: Saint Joseph County, Indiana, Board of Health
From: Marcel Lebbin
Date: April 1, 2022
Re: Transcription of Board of Health Meeting on February 16, 2022

The following transcription was made from the video recording available at <https://www.youtube.com/watch?v=R8PE2TswMtU>.

Members of the Board of Health, seated from left to right as observed on the recording are, are: (1) John Linn, who is seated off-camera, (2) Ellen Reilander, (3) Jason Marker, (4) Ilana Kirsh, who is not on-camera during rollcall, but takes her seat at approximately four minutes thirty second (4:30) into the recording, (5) Heidi Beidinger-Burnett, the Meeting Chair and Board President, (6) Michelle Migliore, and (7) James Shoemaker, Jr. With their backs to the camera, facing the Board, from left to right as observed on the camera are: (1) Mark Fox, (2) Robert Einterz, and (3) Marcellus Lebbin.

No audio or video plays for approximately the first two minutes twenty-five seconds (00:02:25) of the recording. The following thirty (30) seconds are pre-meeting pleasantries picked up on the chamber's microphones. The meeting is called to order approximately three minutes ten seconds (00:03:10) into the recording.

Note bene:

- Every effort has been taken to create an accurate written record of the video recording of the February 16th, 2022, meeting of the Saint Joseph County, Indiana, Board of Health.
- Approximate time references are included for each new matter discussed.
- During instances where multiple speakers were simultaneously recorded, as much dialog has been transcribed from each speaker as could be understood. An ellipsis (...) is used to indicate that someone else started talking over the speaker.
- Grammar and punctuation are used in the manner to best capture the tone, inflection, and any greater meaning of a speaker.
- Guttural pauses, stutters, and stammers that convey no meaning have been excluded.

~ BEGIN TRANSCRIPTION ~
00:03:10

Heidi Beidinger-Burnett:

So, I'm going to go ahead and call this meeting to order at four-thirty-one (4:31), and we're going to take a rollcall. But, just before. Is this working?

Jason Marker:

It's working, we're just not listening.

Heidi Beidinger-Burnett:

Oh, nobody's listening. Okay. So before, that's all right, so before, we take a roll call we want to introduce our new board member Ellen Higgins. Welcome.

Ellen Reilander:

Reilander.

Heidi Beidinger-Burnett:

Reilander, thank you. Reilander, Ellen Reilander. Welcome very, to the Board of Health.

(Members of the Board):

[greetings and affirmations]

Heidi Beidinger-Burnett

Welcome. We'll go ahead and take roll call. John Linn?

John Linn:

Present.

Heidi Beidinger-Burnett:

Ellen Reilander?

Ellen Reilander:

Present.

Heidi Beidinger-Burnett:

Jason Marker?

Jason Marker:

Present.

Heidi Beidinger-Burnett:

Michelle Migliore?

Michelle Migliore:

Present.

Heidi Beidinger-Burnett:

Jamie Shoemaker?

James Shoemaker, Jr.:

Present.

Heidi Beidinger-Burnett:

And, Ilana Kirsch? Ilana must not be here. So, and then of course, we have present Dr. Mark Fox and Dr. Einterz, Marcel Lebbin is here, Cassie White, Robin Vida. I'm seeing Joe-Jody Parasulties, that's what I thought, and Ilana Kirsch is in the room, and there's Mark Espidge, and, of course, Jenny Parcell. So, we are all here. So, moving on to number two (2) adoption of the Agenda. It's recommended that the Board of Health members adopt the Agenda for the February 16, 2022, meeting. Can I have a motion?

00:04:21

Jason Marker:

So moved.

Heidi Beidinger-Burnett:

Second?

Ellen Reilander:

Second.

Heidi Beidinger-Burnett:

No, uh discussions. Excuse me. We'll take a vote. All those in favor of adopting the Agenda as presented, say aye.

(Members of the Board):

Aye.

Heidi Beidinger-Burnett:

All those opposed? The ayes have it. We have adopted the Agenda. Moving on to number three (3), approval of the Minutes. It's recommended the Board of Health members approve the Minutes of January 19, 2022. Can I have a motion?

00:04:46

Jason Marker:

Excuse me, Heidi, point of information. Is this the Agenda with the corrections in it? Like...

John Linn:

The Minutes with the...

Jason Marker:

So, we can just go right to that.

Ilana Kirsh:

Yes. Yes, exactly, thank you. Yeah, because that was sent out at a couple times.

Heidi Beidinger-Burnett:

Yes, thanks. Thanks, Jason. Motion for the approval of the minutes from January 19th?

Jason Marker:

So moved.

John Linn (maybe James?):

Second.

Heidi Beidinger-Burnett:

Thank you. Any discussion? Hearing no discussion, we'll vote. Approval for the Minutes, please say aye.

(Members of the Board):

Aye.

Heidi Beidinger-Burnett:

Those opposed? Ayes have it. We have approved the Minutes. Board President announcements, I am just thrilled that we have a full Board of Health. So again, welcome Ellen to the Board of Health. Moving on to Agenda number item number five (5). That's the Health Officer's presentation and report, and now I turn it over to Dr. Einterz.

00:05:34

Robert Einterz:

Thanks, Heidi. Is this on? Doesn't sound on.

Heidi Beidinger-Burnett:

You got to bring it in pretty closely.

Robert Einterz:

It's like real, boy, now I got to be real close, it's like I'm gonna eat this thing. Yeah, there's really not much to report that's new. You should have in front of you the usual monthly review of each of the units. I do want to point out just a couple of things in the financial report and it really is the first one (1) the County Health Department. I don't want to get your hopes up when we look at the revenue coming into the Environmental and Foods you'll notice it's two-hundred twenty-one thousand three-hundred thirty-five dollars (\$221,335.00) dollars in the month of January, and if that would continue for the next eleven (11) months, I personally would retire immediately. But unfortunately, that was just due to the permits. Right, of month of January. As a renewal of the of the permits for in foods and so we will not see such a number in the future, so I didn't want you all to get confused by that. And, that was pretty much...

Ilana Kirsh:

May I ask a question on that?

Robert Einterz:

Yes, please. And Amy, Amy's on the phone and of course will be the expert when it comes to this. I'll do my best, but I'll probably defer to Amy. She has laryngitis though, so.

Ilana Kirsh:

Okay, is this, can you hear me?

Robert Einterz:

Yeah, I can hear you. I don't know if...

(00:07:03)

Ilana Kirsh:

When I was looking at the minutes, I saw that, probably Amy, had written that maybe something like seventy-five percent (75%) of permits were renewed,...

Robert Einterz:

Yeah.

Ilana Kirsh:

One (1) time and then people have a, you know, they have a fine if they don't renew on time. But if they continue to not renew, say a restaurant, a food service permit, what happens to that establishment?

Robert Einterz:

Well, that's actually a Carolyn Smith, and she's the one (1) that had written that in the Foods Unit, and I see that she's on the line. So Carolyn, what do you do when they're so delinquent?

Carolyn Smith, via telephone:

Okay, so in the month of February, we do reach out by phone and by visits, and if they are still delinquent, they get a Three-Day Letter, and the Three-Day Letter says you must renew within the next three (3) days or else we will close you, and you will remain closed until renewal is completed.

Ilana Kirsh:

Okay.

Robert Einterz:

And, and to be clear, maybe to be fair, it's not really a fine. We just charge more if they're delinquent.

Ilana Kirsh:

Right, that's a late fee.

Robert Einterz:

Yeah, it's a late fee. Yeah, it's a late fee, which is, you know, takes a little bit more work to cover these delinquents. And so, yeah. Thank you.

Ellen Reilander:

Actually, I have a question.

Robert Einterz:

Sure.

(00:08:35)

Ellen Reilander:

It's probably an "I'm new here a question" but, I was looking through the budget in the section where it says "health vector" they talk about a vector program to address eastern equine encephalitis from a local philanthropic foundation which prefers to maintain anonymity. And I, I was just, this is more of a general question and maybe probably a legal question, like is that allowed?

Robert Einterz:

Yeah, it is.

Ellen Reilander:

And, can you. Okay, okay. How is that? So, a private foundation can donate money anonymously to the Health Department? Do you have to...

Robert Einterz:

I think...

Marcellus Lebbin:

Any, any public government entity, so there's a statute in Indiana that says if you want to donate to governmental entities anonymously, you can do that, and ...

Ellen Reilander:

Okay, is there, like, a cap on how much you can donate?

Marcellus Lebbin:

I do not believe so.

Ellen Reilander:

Okay, okay, cool, thank you for telling me.

Robert Einterz:

And, individuals can donate as well, anonymously, right?

Marcellus Lebbin:

Were you thinking of donating?

Robert Einterz:

I was suggesting, you know that we do.

(Members of the Board):

[Laughter]

(00:09:42)

James Shoemaker, Jr.:

So, I have a question. Has to do with masking in the schools, and are you, are you, the one providing the guidance to Penn-Harris-Madison for the limit on the people that can participate in the Snow Ball?

Robert Einterz:

Yeah, thank you for...

Mark Fox:

Want me to address it in my report?

Robert Einterz:

Yeah. Yeah, okay, fine.

Michelle Migliore:

Mark sent an e-mail back on that.

James Shoemaker, Jr.:

That's great, but I wanna...

Heidi Beidinger-Burnett:

He did. So why don't we, why don't we pause that one (1). We'll finish up Dr. Einterz's Health Officer report, and then let's switch over to the COVID conversation.

Robert Einterz:

It's a terrific question and we do want to address it in public because there is a fair amount of misinformation that's out there regarding that. So...

Heidi Beidinger-Burnett:

Are there any other, let me just ask the Board if there are other questions for Dr. Einterz regarding the Health Officer's report.

(00:10:26)

John Linn:

I just have a quick, kind of on the, on the Public Health Unit, the Nursing. At the bottom, there's an asterisk and it says "bats." I was just curious. What's...

Ellen Reilander:

I saw that, too.

Robert Einterz:

It says what?

John Linn:

It says, "bats."

Ilana Kirsh:

What page is that?

John Linn:

It's right after, there's a 'mobile immunization clinic report' and then right after that is the 'Nursing Public Health Unit,' is kind of a chart. At the bottom, it just had an asterisk for "bats," and I was just curious...

Robert Einterz:

Well...

John Linn:

How bats made it on there. What if we have a...

Robert Einterz:

As you know, we do have to follow up any bat exposures and bat bites. I'm trying to find.

Heidi Beidinger-Burnett:

I mean it appears under the box called "animal bites," so is that?

Robert Einterz:

Right. That's one (1) of the animal bites that we need to follow up on.

John Linn:

There's a little asterisk at the bottom.

Robert Einterz:

Oh, you know what, actually I didn't bring that down with me. Could I see it? Yeah, thanks. Yeah, this must have been from, this is just for January, and, as best I can tell, and I don't think Nancy Pemberton, 'cause, is on the line and she's the one that gave this to us. I'm not sure if, I'm not sure on this one (1). I'd have to check on that, John. Because, I am aware, and I reported last month, you know, that we had a bat exposure and a bat bite that was rabid, And, I don't know if that is the specimen that was sent to the ISDH Lab in January, or not. Or, maybe that occurred in December, and that's why it's not showing up here. But bottom line is, I don't honestly know and I'd have to look at some of the previous reports and to see when we did have bats if there was something that was started, like last December's. I can, I can look into that. I'm just not sure.

John Linn:

Thank you.

Ellen Reilander:

Actually, on the next page, where it says "Vital Records Unit,"

Robert Einterz:

Yeah?

Ellen Reilander:

I'm, I'm curious about this. They say, "records filed in January 2022" in "year-to-date" "twenty-two (22) occurrences." And, for this year then, the numbers are different in total deaths. Is there a, I guess, I'm maybe, it's me trying to figure out how to read this, but, so it's saying birth statistics, total births in January 2022? Or, is this.

John Linn (?):

Yes.

Ellen Reilander:

Yes. Okay, and then total deaths in January 2022 are three-nineteen (319) but the year-to-date occurrence is three-forty (340). Is that just a typo?

Ilana Kirsh (?):

It seems like it, yeah.

Ellen Reilander:

Okay.

Ilana Kirsh:

It seems like an error.

Ellen Reilander:

Okay.

Robert Einterz:

It may, or may not, be a typo. I would just have to ask. Is...

Ellen Reilander:

Okay, 'cause,...

Robert Einterz:

Erica on?

Ellen Reilander:

'Cuase it was like,

Ilana Kirsh:

The same exact number of births and deaths.

Ellen Reilander:

Yeah, well and, and, I would think the monthly number of three-nineteen (319) would be the year to date.

Ilana Kirsh:

I bet, I bet one of these is wrong, because I wouldn't expect them to be the same number.

Ellen Reilander:

Okay. Maybe, that's probably a typo.

Robert Einterz:

Well, it's, though, I would also question, you know in terms of what, the records actually filed as opposed to actual occurrences.

Ilana Kirsh:

Right, yeah. Exactly.

Ellen Reilander:

Okay.

Robert Einterz:

And, so.

Ilana Kirsh:

It's filed from months before.

Ellen Reilander:

There's delay?

Robert Einterz:

Yes. There's going to be a delay in these things, and it does not happen immediately. And so, and so, that's what we would see.

Ellen Reilander:

Okay.

Mark Fox:

And, there is more of a delay in deaths than with births, that's for sure.

Ellen Reilander:

Yeah, okay. So, you aren't going to see them be automatically the same. Okay.

Heidi Beidinger-Burnett:

Any other questions from the Board for Dr. Einterz? Not hearing any we will close that part of the agenda, and then we'll move on to Dr. Fox to give us an update on COVID-19 and then to speak directly to Dr. Shoemaker's question about Penn High School. Go ahead, Dr. Fox.

00:14:34

Mark Fox:

So, in the month of January, you know we still were largely dealing with the Omicron (O) surge. The peak of that was from January 7th to January 21st, in St. Joseph County, where our numbers really had plateaued with case rates up as high as twelve-hundred ninety-five (1,295) per hundred-thousand (100,000) cases per week, which is higher than at any point in the Pandemic.

Mark Fox (continued):

Hospitalization numbers peaked in the, I think in the one-eighties (180s) and had stayed kind of one-fifty (150) to one-eighty (180) for, for several months. Fortunately, you know, we've come down precipitously both on cases dropping, now to I think a-hundred fortyish (140-ish) cases per hundred-thousand (100,000) per week. As of today, hospitalization numbers look much better in terms of both COVID patients hospitalized as well as total hospital capacity in St. Joseph County. The percent positivity is a little bit slower to recover, but we're down under ten percent (10%) in the County, as of today, and actually local labs are reporting, you know, numbers around the five percent (5%) range, so all of that is very encouraging.

That said, you know, a lot of our effort in January was working with both higher-ed institutions and K through twelve (K-12) schools in responding to Omicron surge when there was decreased access to testing. There was kind of an inconsistent supply of rapid antigen testing in stores and for a while the State Department of Health did not have any rapid antigen tests to supply. We were able to work with HealthLink, the federally qualified health center, to make some tests available to area school districts. So, you know, very grateful to HealthLink for, because their tests came from a different federal source, and so they had a different brand, but greater availability of tests that they were able to make available for area school districts. So fortunately, we're through the worst of that. Part of that guidance though, Jamie to your point, did revolve around Snow Ball. So back even before the winter holidays, I encouraged them to postpone the Snow Ball dance which was originally scheduled for mid-January and put it off until sometime after February 1st, based on the projections for the Omicron surge. So, they were able to do that. It's scheduled for this coming weekend. The Department of Health played no role in establishing a capacity limit for that event. The school leadership determined that based on the venue that they're using, and my understanding is, based in part on historical attendance of the dance. They set that limit at a thousand (1,000) people. Somehow, there is a perception that the Health Department drove that. We did not. They did reach out to me this week and ask about increasing the capacity by either one- or two-hundred (100 or 200), and I think they were making some adjacent spaces available to be able to do that. You know, we had no objection to that plan at all.

We also have been working with the K through twelve (K-12) schools on transitioning mask plans in anticipation of the Public Health, the Governor's Public Health Emergency Order, likely expiring and not being renewed in March, after March 4th. So most area districts, you know, we're really targeting that date as a transition point for them, as it has implications for mask wearing and associated implications for how contact tracing is done, and etc. So, it was a bit of a surprise when the P-H-M Board chose to accelerate that plan and go mask optional as of tomorrow. Dr. Marker sent a very helpful e-mail this afternoon that kind of summarized the current CDC recommendation, in an effort to keep schools open and to reduce the need for quarantine and contact tracing, recommends universal masking in schools for students, faculty, and staff.

Mark Fox (continued):

That has been our position, because by both the State and CDC metrics, and our own metrics, despite the improvement in case rates and positivity in the County, we're still an area of high transmission. The other part of the CDC recommendation is, in areas of substantial or high transmission, they recommend indoor masking in public spaces, irrespective of vaccination status. That's the current recommendation. There's some thought that the CDC will update their mask guidance in the near future, but that's their recommendation at this point.

One thing I think the Board should be aware of is that the State Department of Health uses some the same metrics but different cut points on their metrics for their red, orange, yellow, and blue zones. The CDC is, and we're more closely aligned with the CDC in that, but use a different cut point both for the case rate per hundred thousand (100,000) and on the percent positivity. So, there is discrepancy there. The other problem is, you know, our metrics and CDC metrics are updated daily. Where the State Department of Health metrics are updated once a week based on, they're updated on Wednesday, based on data from the preceding Sunday, and so there can be a change. Even in the last ten (10) days, we've seen a pretty significant change in our case rates and our percent positivity. The State metrics won't pick that up, for, you know, potentially ten (10) days. Whereas, the CDC and our metrics are more real-time reflections of those measures. So, bottom line is we're headed in the right direction which is great news, but we are still considered an area of high transmission in St. Joseph County.

00:20:57

James Shoemaker, Jr.:

Thank you for that. You need to know that the Department of Health is being implied in the communications from the Principal from Penn-Harris-Madison High School. And, I think that it's deplorable that it's sold out for these students. There are students in this grade that can't attend because there's not enough space, and the latest communication I got from a citizen talks about the inappropriate cooperation and collaboration with the St. Joseph County Department of Health and with plans throughout the Pandemic, that's how they made their plans for this. And, that's what's being sent to parents. So, you should be aware of that. And, so I think what should happen is if you think it's okay, which I think it is, you should let them know that they should open this up to any student that's able to go to the dance. This should not be sold out. This is at the Penn High School Main Arena. And...

Mark Fox:

It's not in the main arena, or it was not originally planned for the main arena.

James Shoemaker, Jr.:

Okay, it's now in the main arena, and maybe that's for space, but any student should be able to go to this. I mean, they've had two (2) years of hell from COVID where they had to wear masks, all these things were cancelled. I think it'd be a great gesture if you say, "you know what, if you want to do this, the students should be able to go to this." I mean, they have a chance. Students can be vaccinated if they choose to do so. They're able to wear masks if they feel they want to do that. But to see, I just went on Eventbrite, it's sold out. I think that's inappropriate, and I think that the latest e-mail from Galiher (?) to a parent says, "it's in conjunction with the Department of Health." So, if it's not, I completely, I trust you,...

Mark Fox:

Well, I meet with P-H-M leadership every week. At times, we've discussed Snow Ball. We've had no role in establishing the capacity limit.

James Shoemaker, Jr.:

Are they using social distancing? Is it past guidance that you gave them? Maybe you need to step up and say, "You know what? This is okay to have this dance."

Mark Fox:

I have provided guidance appropriate based on CDC recommendations, and I'm comfortable with the guidance I've provided. Their leadership has been very clear that they set the capacity limit, not me. Attendance of the dance is not a public health concern about, you know, whether everyone in the school should be allowed to attend or not. So.

00:22:47

Robert Einterz:

You're on the Board of Health, tell them yourself Jamie.

James Shoemaker, Jr.:

Well, give me the information, I will.

Robert Einterz:

You just got the information. You could have asked us earlier. We're tired of being pilloried by you.

James Shoemaker, Jr.:

Oh,

Robert Einterz:

Just stop it.

Robert Einterz:

This was not us. You know that,...

James Shoemaker, Jr.:

I don't know that.

Robert Einterz:

And yet you're doing this as a Board Member. Stop it, and stop. And, get off of Dr Fox's back.

James Shoemaker, Jr.:

With all due respect, no, no, timeout, no, no. Tap the breaks...

Robert Einterz:

No timeout. Nothing. You are causing a problem.

James Shoemaker, Jr.:

Oh,

John Linn:

Dr. Einterz, that's...

Heidi Beidinger-Burnett:

Okay.

John Linn:

Not appropriate.

James Shoemaker, Jr.:

That's not appropriate.

John Linn:

That's not appropriate.

James Shoemaker, Jr.:

I'm a [unclear]...

(00:23:19)

Heidi Beidinger-Burnett:

Hold up! I am the President of the Board of Health, and I will call order. I'm not going to have this. Dr. Fox has answered the question...

James Shoemaker, Jr.:

And, then I got belittled by this gentleman here. Unprofessional. Unethical. I was brought to this Board to represent the citizens of the County. I asked you a question, and you answered it...

Robert Einterz:

No, you are here, you are here...

James Shoemaker, Jr.:

Yeah, absolutely, I'm here and I got the answer...

Robert Einterz:

To promote health within the County.

James Shoemaker, Jr.:

You know, I'm told not to send e-mails because it could be discoverable. All this different stuff, so phone call communications. So, all of a sudden, now, I asked a question,

Robert Einterz:

You're attacking Dr. Fox in a public meeting.

James Shoemaker, Jr.:

I'm asking him the question, if, here is an e-mail from the Principal that says it came from the Department of Health, and he represents...

Robert Einterz:

And, he told you no,...

Heidi Beidinger-Burnett:

Can I push...

Robert Einterz:

And, he didn't do it, and you pressured and continued to push.

James Shoemaker, Jr.:

I tried to ask Dr. Fox...

Robert Einterz:

I told you to stop it.

James Shoemaker, Jr.:

No. You know, you told me I'm a problem on this Board. If that's, you're going to have a real issue because I'm not going anywhere.

00:24:08

Heidi Beidinger-Burnett:

Excuse me. I'm going to have to push pause on this. We can have a conversation afterwards and finish this up. The thing with the high schools, what I have noticed, and also with Notre Dame does the same thing, they seem to generally always include the Department of Health. Don't they? They always say "in conjunction with" or "in consultation with," and so, I think sometimes that language gets dropped in just about every, I know at Notre Dame, I can speak for Notre Dame, I see that language in nearly every single communication, "we are in consultation with the Health Department." I do. Dr. Fox says that he was not part of the capacity issue, I trust that. Dr. Fox has been doing this now for two (2) years. I'm going to accept that. The conversation that's happening now I want to continue that afterwards.

James Shoemaker, Jr.:

I don't...

Heidi Beidinger-Burnett:

We don't...

James Shoemaker, Jr.:

I don't know why we can't continue that now, to be honest. Because, I've done nothing incorrect. I've asked questions. You're telling me to reach out as a board [unclear]. I don't know how to contact these individuals. I trust your answer, but I didn't know that, because now, you know, I have my, my son has friends that can't get tickets to Snow Ball. So, I'm going to ask you that question, because...

Heidi Beidinger-Burnett:

I'm not sure what capacity, why we are involved in, the Board of Health is talking about the number of tickets being sold.

James Shoemaker, Jr.:

I don't know. Now, I know he didn't do that, but that's not what's being implied by the School Board. That's all...

Heidi Beidinger-Burnett:

Okay.

James Shoemaker, Jr.:

That's all I'm saying.

Heidi Beidinger-Burnett:

So, to close out this conver-, this part of the conversation, we hear from Dr. Fox, he is not part of a capacity discussion. I think that we need to end that part of it, because, of course, we have nothing to say about capacity. Right? They choose their venue. That's, I mean my children went to Penn, you know. I. They made all those choices, but the Board of Health wouldn't weigh in on where you can have your function or not. So...

James Shoemaker, Jr.:

Yeah, but to be personally attacked for asking tough questions or questions you don't want to answer is inappropriate, and I won't stand for it. I was asked to be on this Board, to bring my expertise. I'm going to ask questions. It may not always be in lockstep with what you all think, but that's just how this works and so...

Heidi Beidinger-Burnett:

At no time have would we expect people to be in lockstep with each other, that, because of course, that's not public discourse. But we do have to show each other professionalism. Obviously, things got heated, things have been said. If we can, please, let's maintain that level of decorum and professionalism,...

James Shoemaker, Jr.:

Oh, absolutely.

Heidi Beidinger-Burnett:

And let's move on to the next topic.

James Shoemaker, Jr.:

I have no issue with Dr. Fox. Dr. Einterz, that was unprofessional.

Heidi Beidinger-Burnett:

Said and noted.

James Shoemaker, Jr.:

Thank you.

Ellen Reilander:

May I, may I make, it just sounds to me like there might be a problem with, perhaps, some educational institutions around here and saying, for example, it sounds like, what you're saying, is that they talked with you, they wanted to get what you had to say, but then it's Penn High School itself that is making this decision. Is there a way that maybe the Board of Health could, excuse me, clarify that, I mean, it sounds like, and I'm just, from what I'm hearing, that Penn High School is trying to craft its language so that even though they're the ones making the decision, they're trying to imply that you were the one who was kind of pushing them in a certain direction, when it sounds like that's not the case? Is there a way that the Board of Health can request that institutions like this say that that, "we consulted with them but the decision is entirely our own?" Because, it seems like everybody wants to pass the buck on these unpopular decisions. And, if this was Penn High School's decision, solely, to make these capacity limits that, apparently, are causing, you know, a lot of, you know, kids to not be able to do something that they've been looking forward to for a long time, it seems like Penn High School needs to own it and not try to pass the buck to this Board. Is there a way that we could request that clarification? And, I'm not saying that it was anything that you said it in some sort of conversation, but, I wonder if going forward, is there a way that we can kind of request clarification and not squishy lawyer language.

Mark Fox:

Yeah. Very often, you know, they will give me the opportunity to review district-wide communication about changes in policy. Not always. But, you know, I'm a P-H-M parent as well, so, but they will they will occasionally run something by me and how they reference either me individually or the Department of Health, you know, I've, I have not seen whatever communication Dr. Shoemaker's referring to, but the, you know, the High School Principal usually is not in the weekly leadership meeting that I have with Dr. Thacker and the COO and a few other members of his leadership team. So, it may be something that is not, you know, that a building principle is not necessarily aware of, and maybe misrepresenting that, you know, where the decision-making lies in communications to parents. But, the COO has been very clear when parents have asked him that it was not the Department of Health that's at the capacity limit.

(00:29:17)

John Linn:

If I could ask. We see a lot of states that are basically getting rid of masks in schools and my particular issues with schools, can I ask, that when you, as you evaluate the data of our County, you know, I'm not the CDC, I don't really know much about them, but they seem to get very broad, very um, and their data sets are not always great in my opinion. And again, we see other states that are getting rid of the masks across the board even in schools, when I just want to just mention that I don't think it's without cost to our children that they wear these masks, and the sooner, as soon as you think we can get rid of them, regardless of the CDC, I trust your judgment, not some bureaucrats that have never seen a patient, you know, in Washington DC. I would ask that between you and Dr. Einterz, please, do that, and not wait around and just lean on the CDC, 'cause I don't think they know what's going on in St. Joe. County, Indiana. Thanks.

Mark Fox:

Thanks, John.

(00:30:32)

Jason Marker:

One (1) quick follow-up question for you about the color method cut points. As we come down, then, from red into the other colors are, is our County color chart likely to arrive at a place where we can have that conversation about school masking sooner or later than the State? I understand there's a difference between a couple of different cut points, whose is where? I don't remember that from a few months ago.

Mark Fox:

So, ours is more conservative but more real time than the State Department of Health. The State Department of Health takes an average of case rate and percent positivity and there are some challenges with that. This academic year we didn't have any specific recommended actions tied to our color zones. Whereas, last academic year, we had specific recommendations of when to go virtual, when to do some hybrid, and when full in-person instruction is possible. So, we've shifted away from that based on data about transmission in school and the impact of universal masking on transmission in schools. And as a pediatrician, I'm a med peds physician, so as a pediatrician, you know, I recognize the value of being in school, and wanting kids to be in school, and wanting schools to be open, and to be open safely. So, we don't have recommended actions based on those colors, but it's more to kind of give the gestalt, if you will, of "yeah, we're still seeing fairly significant community transmission," or "we're seeing improvement in that."

Jason Marker:

We're falling through the high transmission range, but a lot of the CDC definitions are based on when you get to low transmission...

Mark Fox:

Right.

Jason Marker:

And, so their low transition will be somewhere abouts when we hit the yellow into green range as far as how we might understand our relationship as a county to the CDC guidelines around masking in schools.

Mark Fox:

Yeah.

Jason Marker:

Okay.

Mark Fox:

And, you know, the P-H-M district at the beginning of the school year had adopted a mask action plan tied to public health metrics of when they were required, when they were optional, and when, you know, they essentially recommended no masking once they got into a certain level.

Mark Fox (continued):

And so again, it was a departure this week for them to say we're accelerating based on, compared to, what either the Governor's Public Health Emergency Order has or what the Administration was recommending in consultation with me, and then to go mask optional sooner than expected, but also to say irrespective of any public health metrics.

Jason Marker:

Do you have to know if they change their policy, or if they just decided to move against their policy and make a decision about masking independent of the policy?

Mark Fox:

I don't know the answer to that question.

(00:33:40)

Ellen Reilander:

Out of curiosity, what percentage of the population of the County do you think has had COVID at this point? Not vaccination, but actually had the disease, of the COVID disease?

Mark Fox:

So, I don't have that number like off the top of my head right now. We have previously done some calculations trying, based on the best estimates, and this was in the Delta (Δ) wave, that probably two and a half to three and a half times (2.5-3.5x) the number of laboratory confirmed cases, you know, that was the estimate for the county. The issue, at least I believe the issue, is how many have had a natural infection recently enough to feel pretty assured of having good natural immunity. Obviously, with the recent Omicron surge a lot of people, there certainly were a lot of breakthrough infections, also a lot of infections in people who are unvaccinated, so that number over the last month or six (6) weeks is certainly significant.

Ellen Reilander:

Do you, do you know what the total number of COVID cases that we've had in the County in the past, since the pandemic started, what that total number is?

Mark Fox:

Jessie, help me out.

Jessie (?):

(Unclear)

Mark Fox:

Total number of coveted cases identified in the County since the beginning of the Pandemic?

Jessie (?):

I don't know off the top of my head.

Mark Fox:

I can tell you in just a couple minutes.

Ellen Reilander:

Okay.

(00:35:22)

Jason Marker:

Let me say something while Dr Fox looks for that. That's been a question of great interest for us as clinicians, because we think in terms of when we might approach a point where there is herd immunity, and that has to take into account people who've had an active infection in a recent time frame that we believe could give them some natural immunity, which is inconsistent across the variants from the original variant through Delta and Omicron, in addition to people who have been vaccinated. So, trying to put all those people together, especially when there are now over-the-counter home tests available, we'll never know, really, the answer to that. And so, trying to get some sense from our statistician and epidemiology friends what is the calculation that we can use based on known test positives, because the time course is going to be variable, who had the infection when and what type of infection was it. But maybe more importantly for me, which version did they have, and how recently did they have it, and did they even let anybody know about that? I have lots and lots of patients who've been infected at home, they've talked to me about it, they took a home test, I believe that they were infected. I don't know how long they'll have their natural immunity as far as applying to the herd immunity pool, and it's never going to be part of the statistics that our County looks at. So, we will likely never really have an answer to the question "are we there yet?" It'll take clinicians sort of working together in our community to say, "yeah we think we're there."

Ellen Reilander:

Okay.

Ilana Kirsh:

I think we'll know more that we're there as we see cases drop off, with you know, with the effects of herd immunity. I read recently a statistic that said that before the Omicron surge something like forty percent (40%) of the Country had been infected with COVID, and, because Omicron is so transmissible, that there was a feeling that after the end of Omicron, that up to eighty percent (80%) of the Country will have been infected, including, you know, obviously people who have been vaccinated, who have way, on average, way more mild symptoms, or maybe no symptoms. But, up to eighty percent (80%).

Jason Marker:

Is our current precipitous drop a sign of an arrival near herd immunity...

Ilana Kirsh:

Right.

Jason Marker:

Only herd immunity to Omicron, or would other variants be sort of mitigated by that...

Ilana Kirsh:

And, I guess we'll find out as, you know, more variants happen.

Jason Marker:

Or, is this just the end of this wave? And, that's what makes it hard to make recommendations about masking is if we know that this is sort of the end of an epoch of it, that's great, if it's a temporary blip like last June and July, then we'll be back at this again in another couple of months...

Ilana Kirsh:

When Psi (Ψ) variant happens, or whatever.

Jason Marker:

Yes. So as a clinician, as a father, we just, we monitor and we watch, we try to do shared decisions with our patients around what is the best step forward for you individually.

Ellen Reilander:

But at the same time, it seems like our entire population is getting some various types of exposure to different COVID variants. And, isn't it kind of like the flu or colds, like over a period of time, just repeated exposure to various variants gives you some level of immunity if a new variant comes around? Isn't that typical?

Jason Marker:

Well, in the sense that we still have lots of people who die every winter from influenza. I mean, at what point does a pandemic become an epidemic, and that's an epidemiological question based on statistics. But, I think most of us clinicians, and I'm happy to be corrected by the other clinicians at the table, believe that we're going to switch. We're going to cross a line at some point where this moves from pandemic to an epidemic, and then we just have to, when we do that, we are basically saying, "we now believe that there's a set number of people who will contract and die from this every year that is acceptable to us in this country." And then, we will decrease some of these mitigation efforts, because we'll just say, like, this is the new normal now. When is the right time for public health officials to make that leap, and say "this is just what we have to accept now and mask learning doesn't make any sense." That's a policy proposition.

Ilana Kirsh:

Probably when the numbers are comparable to people lost from Influenza. I mean, there's an ongoing epidemic of Pertussis, year after year, that's ongoing. It's been forever, it's never going away, because people don't get vaccinated enough to Pertussis. That's the same thing.

Ilana Kirsh (continued):

So, at some point, we'll see that the numbers of people being hospitalized and dying of COVID are significantly less than what they are now, which is still a high number, there's still a lot of people.

Jason Marker:

But we don't wear masks for Pertussis, and we try to convince our patients to get the Pertussis vaccine....

Ilana Kirsh:

Right, because it's not as next, right.

Jason Marker:

We'll get to a point like that with COVID. The question is when. When do we do that? Is that in the spring? Is it in two (2) more years? Like, that that's...

Ilana Kirsh:

Could be some point in the future. Who knows?

Ellen Reilander:

Well, it seems like we also have to take into account not just the number of cases, but also all of the mitigation that we've been doing over the past couple of years. At some point it goes on too long and it has too many other consequences, and I think masking kids is a great example of this. You know, when people first started doing it, we thought it'd be a month or two (2). You know, you can, and you didn't think of it as being a long-term thing. But now, I should say, you know, my kids aren't in school. I home school, and I did that before the pandemic. But, I would not have, if I had my kids in school, I would not put them in school if, I had, if they had to mask. Because, I can, because, I'm concerned about the other harms that children are faced with in terms of language ability and development, in terms of social and emotional learning, communication with each other, and, it seems like generally across the board, I think people are, I know of a lot of people who are kind of hitting a point where this has gone on so long that those other concerns about what is happening to us, happening to our societal interactions, it's worth the risk of COVID.

Ilana Kirsh:

And that's fine, if you want to say that it's worth the risk for you personally, for your family, but as a public health board we have to think about societal risks, and until the hospitals are not overflowing with COVID patients, which they still are, then I think we need to view this from a public health perspective, and while I think we all appreciate your own concerns, which have been expressed by various other members of society, and we've heard those concerns, and we understand and respect them, and we are concerned also, but ultimately, I think we need to be concerned about the sheer numbers of patients in the hospital. You know, I as a surgeon have had cases at hospitals canceled or delayed because there were no beds for an overnight stay for my patient, and that happened as recently as December, because the hospitals were so overwhelmed with inpatients with COVID and couldn't handle, you know, a patient who didn't have an emergency surgery. Well, you might say it's not an emergency if she has chronic pain and needs her surgery. It's an emergency to her, but it's not considered an emergency.

Ilana Kirsh (continued):

So, until we get to the point where we don't have you know overflowing numbers of patients in the hospital, I think that we still do have to continue mitigation strategies to decrease community transmission.

Ellen Reilander:

What are the hospital rates right now in terms of...

Ilana Kirsh:

Well, that's what Dr. Fox was talking about. They're coming down now...

Ellen Reilander:

Okay.

Ilana Kirsh:

So, we're just waiting and seeing, and, you know, at some point they'll come down to a point where they're not, the hospitals are not overwhelmed with COVID patients, and then, as Dr. Marker said, we'll get to the point where we can call this an epidemic and not a pandemic, and we can decrease our public health mitigation strategies.

(00:43:33)

Ellen Rylander:

Is it simply an overwhelming number of COVID patients? Is that why, or is it because of issues with staffing? Is it because of...

Ilana Kirsh:

No. It's really a lot of COVID patients. It's a lot.

Jason Marker:

I would say it's a lot of (unclear)...

Mark Fox:

Yeah there...

Ilana Kirsh:

...I mean it's staffing also, but...

James Shoemaker, Jr.:

December was COVID, but now it's...

Ilana Kirsh:

It's coming down.

James Shoemaker, Jr.:

Markable. Now it's staffing. Staffing is a real issue in our community, in many communities.

Jason Marker:

And, to your point...

Ellen Reilander:

What is, staffing is?

James Shoemaker, Jr.:

Staffing is.

(00:44:01)

John Marker:

To your point about the other non-specific COVID related effects on children's growth, and we'll totally believe that, a lot of what we're seeing in the hospital now are folks who are having complications of their chronic medical conditions that they were not able to seek help for...

Ellen Reilander:

Okay.

John Marker:

During the height of the Pandemic, who are now circling back around with their heart attack, their stroke, their bad knee replacement, there whatever it is, because they weren't taking care of those things because of COVID, and now they're in the hospital, not with COVID, though there's plenty of incidental cases of COVID picked up on those inpatients, but because they didn't have the ability or willingness to take care of some of those things during the Pandemic and their...

Ellen Reilander:

So basically, we're dealing with the backlog?

John Marker:

Yeah. Which, you know you can, individually we can decide whether we call that a COVID related stroke or not a COVID related stroke, but we in primary care certainly do see that as something like, "gosh, we didn't see this person for eighteen (18) months even though we called and could do telehealth with them and now they've had a big heart attack." Like that's sort of COVID related, and it's the same thing as children who may have language delay because of wearing masks. And, these are not intended consequences of an attempt to not overwhelm the U.S. healthcare system during COVID and that's a lot of what we're seeing.

Ilana Kirsh:

And, our local health care system more specifically.

(00:45:21)

Mark Fox:

And, to go back to the original question, I apologize for that, you know I'm so buried in the weeds of weekly and daily numbers. About seventy-thousand (70,000) confirmed cases of COVID in St. Joseph County since March of 2020.

Ellen Reilander:

I'm sorry, what is it?

Mark Fox:

Seventy-thousand (70,000), seven-zero (70).

Ellen Reilander:

Seventy-thousand (70,000), okay.

Mark Fox:

Seventy-thousand (70,000).

Jason Marker:

What's the time frame on that again?

Mark Fox:

That's from March of 2020. So, two (2) years. Now...

Ilana Kirsh:

That's maybe twenty percent (20%) So there's clearly way more cases than that.

Mark Fox:

Yeah, so that would be about a quarter ($\frac{1}{4}$) of the County population with confirmed cases. We know there's a multiplier there because a lot of people don't ever appear in that system even more now with the availability of at-home testing. But as Dr. Marker was saying, you know, it's the duration of natural immunity we believe really is predicated on how recent that infection is. Since the beginning of this year, you know, in the last six weeks, we've had, and this is a rough number, so don't pin me to this, but twelve-thousand (12,000) cases in St. Joseph, just confirmed cases in St. Joseph County since the beginning of 2022. So, you know, we were hitting three-thousand (3,000) a week there for several weeks in January, so twelve-thousand (12,000), give or take a few thousand,

(00:46:50)

James Shoemaker, Jr.:

Just for closure, is it worthwhile, and I thank you for letting us know you were not part of the decision for the dance to not limit capacity, is it possible to communicate to them that you're not recommending limit, that if it's a venue size, because the dance is this weekend, because it's clear that Principal Galiher and staff feel that they're still using information from the past, and they're inferring it, clearly, because you said you didn't communicate that to them? Is it worthwhile to send them a communication., maybe even via e-mail, that right now we're not, there's no limits, COVID restrictions on limiting attendance, if the venue could facilitate this?

Mark Fox:

Yeah, as I said, they reached out to me this week and said that they were increasing the capacity and wanted to make sure we didn't have any objections. And, I indicated that.

(00:43:36)

Ellen Reilander:

I do have another question. I'm just curious, what's the average age of somebody who's been hospitalized for COVID, you know, in the past month or so?

Mark Fox:

Well, it's hard to quote an average. There is a discrepancy. We're seeing an older cohort of individuals who are vaccinated at least with the primary series, oftentimes vaccinated but not boosted, and then a younger cohort of people generally who have not been vaccinated at all. So, it's almost like this there's a bimodal distribution with about a ten (10) year, roughly a ten (10) year gap between those two (2). So, you know, mid-sixties (60s) versus mid-fifties (50s)

Heidi Beidinger-Burnett:

Mark, when you say that they were vaccinated, the older group is vaccinated, had they received both doses, was it usually just a one (1) dose?

Mark Fox:

No. Most of those had gotten the primary series. Many had not been, had not necessarily been boosted.

Heidi Beidinger-Burnett:

Okay.

Mark Fox:

That booster data is a little bit squishy. I mean, it's just harder to track that down a lot of times.

(Unknown):

Cool.

Heidi Beidinger-Burnett:

Thank you.

Mark Fox:

But, you know, there was such a strong effort in the initial rollout of the vaccine in nursing home residence and then in, you know with the age tiers in Indiana, a lot of them got the primary series. The booster outreach for some of those populations was not as robust as that initial [unclear].

Heidi Beidinger-Burnett:

Right. Thanks Mark.

Ellen Reilander:

So, oh. I'm sorry.

(00:49:05)

Heidi Beidinger-Burnett:

Why don't. One (1) more question, and then why don't we move on to our next agenda item. Go ahead.

Ellen Reilander:

Oh, I was going to ask, well it was, sorry a two (2) part question, but when somebody, so is somebody fully vaxxed when they have the two (2) part series or are you fully vaxxed if you have a booster as well?

Mark Fox:

Oh, that's a great question. So, you know, operationally at this point, I would advocate that we consider, you know, the most robust protection being attached to people who have completed their primary series. So, for Johnson & Johnson, that would be the one (1) dose.

Mark Fox (continued):

For Pfizer Moderna, it'd be the two (2) dose series that's the primary series, and then a booster of whatever flavor. That offers the most robust protection. The CDC definition, and Jason, I know you were looking at all this today, the CDC, I believe, still says, at least in K through twelve (K-12) schools, they consider completing the primary series fully vaccinated. So, the K through twelve (K-12) guidance is still predicated on that.

Ellen Reilander:

So, for the hospitals in our County, and for the County Health Department, you consider somebody to be fully vaccinated if they had either one (1) J&J or two (2) of the other, okay, but no booster?

Ilana Kirsh:

However, the booster is known to decrease the hospitalization...

Ellen Reilander:

I guess...

Ilana Kirsh:

like ten (10) times

Ellen Reilander:

Okay, I'm just trying to figure out, for purposes of the stats, like when you see stats, you're referring to stats, when it says fully vaxxed, I just want to know, what does that mean?

Mark Fox:

Yeah, so that's a great question. To be clear, in the County metrics, when we report the percent vaccinated, that is simply based on primary series,...

Ellen Reilander:

Okay.

Mark Fox:

Because the ability to track the booster doses, it's been difficult for the hospitals to get us reliable data on which of their patients are boosted. They have pretty good data on who had the primary series, and the booster dose has been much squishier, but when we report data on our County metrics, it is completion of the primary series.

Ellen Reilander:

And, are you considered, when are you considered fully vaccinated? So for example...

Ilana Kirsh:

Two (2) weeks after the vaccine.

Ellen Reilander:

Okay, so if you've gotten a COVID shot, and you got J&J because that's just one (1) shot, and a week later you get COVID, are you considered, for the purposes of the metrics, are you considered vaccinated or unvaccinated?

Mark Fox:

that would be considered a breakthrough infection. No, I'm sorry, that would not be considered a breakthrough infection. It's only considered a breakthrough infection if it occurs two (2) weeks or more beyond the final dose of your primary series.

Ellen Reilander:

So, you'd be considered unvaccinated?

Mark Fox:

Not fully vaccinated. Yes.

Ellen Reilander:

So, all of that data of unvaccinated people and hospitalizations and everything, that includes both people who haven't gotten any vaccines and people who've gotten vaccinated...

Mark Fox:

Partially vaccinated, but...

Ellen Reilander:

But haven't...

Mark Fox:

Not fully immunized.

(00:52:09)

Ellen Reilander:

Okay. Do you have data that breaks down the difference between like people who haven't gotten vaccinated versus people who have gotten a vaccine and are still in that window, in terms of hospitalizations?

Mark Fox:

Not in terms of hospitalizations, no.

Ilana Kirsh:

I can read you an interesting statistic though from three (3) weeks ago. Okay, this is national data. The U.S. death rate for unvaccinated was nine-point-seven-four (9.74) per hundred thousand (100,000) people. Okay. For fully vaccinated, but lacking a booster, point-seven-one (0.71) per hundred thousand (100,000). So, about twenty-five (25) times less, no, fifteen (15) times less. And for those with a booster on top of it, point-one (0.1) per hundred thousand (100,000). So, going from unvaccinated nine-point-seven-four (9.74) per hundred thousand (100,000) to zero-point-one (0.1) so ninety-nine percent (99%) effective in preventing death.

Ellen Reilander:

Okay, and I guess I'm just asking about that window, like I'm thinking of it in terms of I'm unvaccinated, I get the first shot, but I'm still considered unvaccinated for...

Ilana Kirsh:

Two (2) weeks.

Ellen Reilander:

Two (2) weeks after the second shot?

Ilana Kirsh:

After you've completed your series.

Mark Fox:

Two (2) weeks after you complete your primary series. So...

Ellen Reilander:

So, what's the time from first shot to two (2) weeks after second shot, is what? Six (6), seven (7) weeks?

Mark Fox:

So, it's five (5) or six (6) weeks depending whether it's Moderna or J&-, 'er Modern or Pfizer...

Ilana Kirsh:

Right.

Mark Fox:

And then it would be, you know, two (2) weeks after the single J&J.

Ellen Reilander:

So, there's like a month and a half period where I'd be considered unvaccinated, even though I have the vaccine in my body.

Ilana Kirsh:

Because that's how vaccines work. They don't work the second you put them in. You have to mount an immune response. It doesn't matter if it's COVID or any other vaccine.

Ellen Reilander:

Yeah, I understand that. But I guess I'd like, it would be nice to know the statistical data that shows unvaccinated, vaccinated but haven't gotten a full immune response in your body yet, full immune response, booster but haven't gotten a full immune response to the booster, boosted with full immune response. It seems like there should be...

(Unknown):

That's a lot.

Ilana Kirsh:

That may not exist. It's a lot.

Ellen Reilander:

Pardon? That doesn't exist?

Mark Fox:

Are you asking in terms of cases or deaths?

Ellen Reilander:

Pardon me? Either.

Mark Fox:

So...

Ellen Reilander:

I think that would...

Mark Fox:

This is clearly...

Heidi Beidinger-Burnett:

Could I interject, just for a moment. I know that is a really interesting conversation and so forth, but in light of time and the Board's education level already of other board members, perhaps there could be an offline conversation where you meet with Dr. Fox and you can have some of those questions answered. I would like to move on to our next agenda item, if that is all right with the with the rest of the Board. So, but thank you for all of these questions. These are all things Ellen, actually that we have been talking about for two (2) years...

Ellen Rylands:

Okay.

Heidi Beidinger-Burnett:

So, there's lots and lots to unpack and the nuances between all of that data is actually, what do I want to say, that it's kind of mind-numbing actually, because things, it's shape-shifting, things change, data, just like what Mark was saying about how there's real-time data, there's a lag in data, and so who's responding to which data...

(Unclear):

Crazy.

Heidi Beidinger-Burnett:

So anyway, I encourage you to reach out to Mark Fox to have a meeting so that you can continue that conversation. So moving on to new business. It's now time for Paul Burrows to give us a unit spotlight on public health emergency, and the work that he's doing with preparedness. Paul?

(00:55:47)

Paul Burrows, via Zoom:

Can you hear me?

Heidi Beidinger-Burnett:

Yes, we can.

Paul Burrows, via Zoom:

As Jenny, does jenny have the slides up?

(Unclear):

He's getting there.

Paul Burrows, via Zoom:

All right. Good evening, everyone. My name is Paul Burrows. I'm the Emergency Coordinator, Public Health Coordinator, for St. Joe. County Health Department. And, next slide Jen, I've been with the Health Department since 2006. Prior to working in the Health Department, I worked thirty (30) years for Simplicity Pattern Company in Niles, Michigan, where I was, worked my way up through the ranks and was, ended up being superintendent of Printing. I left there in ninety-six ('96) and went to work for the Sisters of Holy Cross as environmental manager. Worked under Sister Agnes Ann Roberts there, until I came here to the Health Department. When I originally hired in, I hired in as a Lead Risk Assessor Lead Inspector. I did hundreds, probably thousands, of inspections in clearance exams during a five (5) year period. We also, at that time, had a program, a Lead Safe Work Practice Program that myself and another person, who's not currently here with the Health Department, where we trained the contractors, and lead safe work practices, and helped them get some of their supervisors certified in those roles for their companies. I assumed the role of Public Health Coordinator in 2011. Next slide, Jen.

The Emergency Preparedness Coordinator role. This is a list of some of the things that I do. I act as a liaison with EMA and District Two (2) Healthcare Coalition, our Health Department is a part of District Two (2) Healthcare Coalition, and the local health department District Two (2) Group and the seven (7) counties are Elkhart, Bolton, Kosciuszko, Marshall, Pulaski, St. Joe. County, and Stark Counties. And, we meet, well up until COVID, we would meet monthly, in Plymouth. The coalition would meet on a Wednesday, and the health departments would meet on a Friday, down there, and we're looking for that to resume a little bit starting next month on the Health Department side. They're still not sure on the coalitions, the health care coalition side, if they're gonna go face-to-face yet. They've been doing everything virtual on Zoom. So, I assisted and organized Health Department response to emergency events, which means the last couple years I've been pretty busy, and working with everyone here who had to respond to the event, which almost was everybody, in the beginning stages, it was, we didn't use everybody in the Health Department, but as things grew, and as this event expanded, we had more and more to do, so we had to pull in more of our folks, get them trained into doing different titles, different jobs in different areas, when we got to a point where we had vaccine, we had to set up pods. One (1) of the things that I do is for new employees. We do train them. We have an orientation. Then we train them in incident command. We want them to have a basic understanding of incident command, so we have four (4) required trainings for them.

Paul Burrows, via Zoom (continued):

These are FEMA trainings to give them an overview. So when, you know, actually went into live with it, we've always done just practices and exercises in the past, but with COVID, we actually had to use all this information. We were fortunate in the sense that to set the Hedwig Site up as a pod, that we had people that were familiar with pod operation. There's been a lot of turnover over the years in different departments in the Health Department. Dr Einterz came in at, I think he was only here a week or two (2) maybe, when COVID hit. And, so you know, everything, the whole Health Department routine, everything was really new to him. But so, this ongoing training is important so everybody is at the same, is on the same page, when we start talking about things. We facilitate the ESF-eight (8) group. ESF-eight (8), or Emergency Support Function Eight (8), is a group of healthcare businesses in our County that, we meet quarterly, and there are partners, and some of them are stakeholders, in some of the things that we do as far as emergency preparedness, if we need help from them, if we need resources from them, these are folks that we know we can go to for those resources, or for that help.

A guide to community partners and importance of COOP plans, a Continuity Of Operation Plans. Currently we're trying to get the long-term care facilities, the LTCs, a lot of them we found out during COVID did not have any plan-b, let's say, or COOP plan, and, therefore, didn't have any resources and counted on the Health Department for resources early on. And so, we've been working with them the last couple months trying to get them to establish a burn rate for the PPE they use in their facilities, and to get them to have their own cash of supplies. I personally, I just don't trust that the Strategic National Stockpile is going to have those things for us when needed. You know, it was a, it didn't work in the beginning stages, what we thought and what we trained for all these years, that we would have these supplies, didn't happen, and if it wasn't for the donations of PPE from businesses, from the local universities, from Notre Dame, and other people who had labs, who had some of these items, quite frankly, it would have been very difficult for these long-term care facilities, because it was a matter of months before we started getting things trickling in from the State, supposedly from the Strategic National Stockpile. And we all know, we all know the story about N-95 masks, which all these things were very hard to get. But, with these partners, and again a lot of them are part of our ESF-8 group, and these massive donations we got from them, we were able to do our part when IDOH was asking us to make sure we take care of the long-term care facilities concerning PPE.

You know, we have a lot of plans, I update these plans, we have MOUs with a lot of folks. We have MOUs with a lot of our ESF-eight (8) group, and then we have the MOUs with our pod pointed dispensing sites, of which there are six (6) located around the County. I also help maintain, make sure our ERV, our Emergency Response Vehicle, is running to the best of its ability. We've got one (1) that we've had for a few years that we have a lot of trouble with. We've got a new one (1) coming that should be here next month, and that's going to be a big help for nursing, and for the mobile clinics, for the mobile shock clinics.

I schedule trainings based on core capabilities mandated by the IDOH. You can go to the next slide, Jen. These are capabilities defined by the CDC. We always know there's public health threats present and, you know, whether natural occurring or intentional terrorist activities, being prepared is what we want to be. And so, you can see this list of fifteen (15) capabilities here defined by the CDC.

Paul Burrows, via Zoom (continued):

What District Two (2) does when we meet monthly, and what IDOH does, is we base our trainings that we have for the District, or we try to base our trainings that we can have for the County, based off of these capabilities, and a lot of times they're tied to grants that we have, emergency preparedness grants, PEP grants, that we have, these will be tied into some of the deliverables. They'll want us to, you know, they may go say take one (1), two (2), and three (3), and we want you to address those three (3) areas as part of the grant requirement. Next slide, Jen

As I said previously, all employees are required to complete the fourth FEMA ICS, Incident Command System, trainings. We give them ninety (90) days to complete the courses. Once the course is completed, there's a short test at the end of it, and you pass a test, and then there's a certificate they print out, and those certificates go to Jen. She keeps them in their files. And the other thing this does, completing these four (4) trainings, there's other trainings that FEMA, that come into our District, to our County, that FEMA will host, are the TEEX, another company out of Texas, will host, or that the MRC, the Medical Reserve Corps, could host. And, a lot of them require these four (4) trainings as prerequisites. So, there could be a training coming into the area, and you want to go to it, and what they're going to ask for is copies of your certificates to show that you've done these trainings. So that's one (1) of the reasons that we have the new employees take these trainings, so they'll be able to take further trainings down the road, if need be. Next slide, Jen.

Some of the plans that we have, that we're always updating, or always working with the State, or we're working with District Two (2) with these plans, we have our Countermeasure Dispensing Guide, a Pan Flu Plan, Mass Prophylaxis Plan, our CERC, Crisis Emergency Risk Communication plan, the new one (1), the EOP, Emergency Operation Plan, is kind of a combination of all those previous plans I mentioned. And, we're in the process right now of developing the EOP out and also a training, a TEP, a Training Exercise Plan. So, we have a lot of plans. When COVID hit, all these plans, even though we have an Emerging Infectious Disease Plan, bits and pieces out of all these plans, as far as organizing responses, is what we use. There wasn't one (1) plan, like the Pan Flu Plan, didn't cover everything that we did during COVID, or the Mass Prophylaxis Plan didn't cover everything we did, you know, setting up the point of dispensing site which was St. Hedwig, and now is the lobby here, in the County-City Building. Next slide, Jen.

These are the sites that we have MOUs with. They're strategically located around the County. If we go to the next slide, there's a map, that's a little, gives you a little more. We try to keep them located strategically, so all population would have access to them. So, you can see, there we have LaSalle Intermediate Academy, Clay High School, Penn High School, South Bend Central Fire, Grissom, and, down in the lower left-hand corner of our County, John Glenn High School, South Bend Central Fire can also be used as a drive drive-through point of dispensing site. So that's kind of a plus there, used two (2) ways. Next slide, Jen.

We also have a group of businesses and organizations that are closed pods, open pods are open to the public, closed pods are agreements that we have with these organizations. We look at them as a win-win for an organization. What it does, it allows them, and when we're talking about these, I'm talking about meds now, I'm not talking about vaccine so much,

Paul Burrows, via Zoom (continued):

If there was an anthrax release, where we'd have to distribute Cipro or Doxy, these things will be pushed out to our closed pod partners, and they could distribute these things to their employees, and, you know, allow their employees to come into work, and so they can keep their business running, and it helps us, because we have to push out Doxy and Cipro to everybody in the County, you know, over two-hundred seventy-thousand (270,000) people. That would be a monumental task. So, it helps relieve some of that pressure off of us. Next slide, Jen. Did you miss one (1)? ESF-eight (8)? I touched on that a second ago.

You know, all events start and end locally, so even though this is a pandemic, you know, what we do starts with us and ends with us, and our ESSF-eight (8) partners are a big part of, again, of everything that we do. And, so this kind of gives you an idea of who they were. I mentioned earlier, you know, universities, medical, you know, hospitals, mental health services. We work with the coroner's office. We have a Mass Fat-, they have a Mass Fatality Plan. EMA. EMA doesn't have resources, but they have the ability to get us resources, and it was kind of interesting during the COVID response as far as the PPE side, when we were involved in that. EMA was getting PPE, but theirs was coming through Homeland Security side, and so we kind of worked with them. They had some things we needed, we had some things they needed, because they supplied fire departments a lot of the EMS teams in the County. So, we kind of worked together and was able to trade off and share some of the PPE that we had, that they needed. And, they did the same for us. Next slide, Jen.

Moving forward. I'm retiring at the end of March, next year, and so we have someone working with Harry Gilbrides, kind of doing, picking up some of this stuff and learning some of these things. He's doing a very good job. He's excited about it. He catches on quick. He's a good learner. But, some of the things that we want to do is to still procure PPE for future emergencies for us, and so we're working on, you know, how big of a cash do we need. One (1) of the issues we face when we talk cash for Health Department is storage. There is no storage space down here, at the County-City Building, and, not just for us, but for anybody who works out of County-City Building. We have our Emergency Response Vehicles stored at the County Garage on Riverside, out there by the Wastewater Facility, and we have, I know that, I believe environmental, believe Mark's got some stuff stored out there, Brett's got some stuff stored out there, and we kind of have things spread all over. I've got a room on ninth (9th) floor full of PPE. I've got a room on fourth (4th) floor, here at the County-City Building, full of PPE. I've got stuff in the basement. And, we've got some things out at the Beacon Hub, South of town. And, what we want to do in the next couple weeks is figure out what level of these things do we really need. The other thing we're doing is putting together the Training and Exercise Plan for all the way through, actually through, 2025. And, that will involve, you know, we'll go in and visit some things, some trainings that we'll have for our folks here in the Health Department, things like Psychological First Aid and other trainings, FEMA Trainings, and probably some TEEX Training. We'd like to have a lot of trainings. The problem is, even with COVID, some of these places aren't opening these things up anymore. So, when things start, you know, hopefully things are turning the tide, we're heading in the right direction, and like FEMA, an TEEX, and [unclear], some of these other places, will make more trainings available as, I guess, the Country opens up a little bit more.

Paul Burrows, via Zoom (continued):

We also facilitate the Medical Reserve Corps, which is a group of volunteers. As you know, we had a, I think we had, and I may be wrong, but I know we had over nine-hundred (900) volunteers that we used, that were on a list for Hedwig. I guess we had a response from over nine-hundred (900) people to volunteer at Headwig. Probably very few of those were part of the Medical Reserve Corps. We have at the time, when COVID hit, we had one-hundred-six (106) names in the Medical Reserve Corps. These are people who sign up, I'd go out in the community and do presentations at various community groups, and try to get volunteers, or different health clinics, or surgery centers to try to get some of the nurses to volunteer, sign-up for the Medical Reserve Corps. The thing is that, I believe that, that list needs to be scrubbed. One (1) of the things that we met with Harry and talked with Robin about was possibly getting the, he and Sarah, and I believe Cassie was involved, and that was getting that group of volunteers that we use for Headwig, being able to get these folks, reach out to them, and see if they'd be interested in signing up for the Medical Reserve Corps. Medical Reserve Corps is a group that could, generally gets called up locally. Again, it's a volunteer. They could get called up statewide. They could get called up nationally, and when you when you sign up and volunteer with the Medical Reserve Corps, you have the option in there to sign up for those if you, if you're willing to be sent around to the State at different locations. They did that during, like, the Henryville tornado. I had some people that, some nursing staff that, went to Gary, Indiana, a couple years ago when they were doing a lot of lead testing. They needed some help over there, outside help, to get all the lead testing done on children that needed to be done. We had four (4) off of the Medical Reserve Corps volunteer list that went over there for two (2) days and helped do some testing there. We want to continue working with the long-term care facilities in home health, hospice, and other community businesses. We really want people to see how important this, the Continuity Of Operation Plan, or Plan-B, really is. Basically, with a letdown for the Strategic National Stockpile, we don't want to see people have to face that again, and we want to do our best to help them establish, you know, give them the information need to establish, those PPE levels, and to help them know what to do if there's some kind of event that would really have a big impact on businesses or business in our County.

Website update. We're doing that all the time. You know, we think we're going to put some more resources on there for the public and businesses. It would be easy, easier for us a lot of times, I know I've had inquiries from some of the businesses that we deal with, that, you know, I'm constantly sending them links or sending them plans. Where, if we have this stuff on our website, we can direct them right to the website, and they can get that information there. So, there's a lot of stuff in the works. I think you're going to see emergency preparedness reimagined. Just the fact that we were part of District Two (2), which was, I always thought was, a good thing. But we found out with COVID, that there wasn't anything that anybody could do to help each other, and we don't want to be in that situation again. So, with that, I'm willing to answer any questions, if anybody has any questions.

Heidi Beidinger-Burnett:

Thanks, Paul, for a very detailed presentation. We really appreciate it, and I know you played a really important role during the COVID response, especially during those early days when we were all scrambling to try and find our PPE. Does the Board, do Board Members have any questions for Paul? Yeah, please.

(01:17:24)

Jason Marker:

Mr. Burrows, this is Dr. Marker. Thank you very much for that report. I appreciate hearing those items. Here's my question for you. If money were no object, and of course we know that it is, but, if money were no object, what are the one (1) or two (2) things that would be on your wish list to help our community be really even more prepared from an emergency preparedness standpoint, in our community?

Paul Burrows, via Zoom:

I'd like to see a system like Reverse 9-1-1. And, if you're familiar with Reverse 9-1-1, that's actually a system where you can send messages out to everybody's cell phone. And, you know, communication's always a big breakdown, when it, in anything, anytime there's an event, communication always seems to be the problem we had. And, things changed so rapidly during, you know, this time, in the last couple years. And, when I mean rapidly, it's like, "okay, where are the testing sites? What are the hours of the testing sites?" And, we fielded thousands of phone calls here at the Health Department that were pushed around, all over, to everybody. And people, you know, people wanting information, and if we have a way to push that information to 'em that would be one (1) big help. The second (2nd) thing. So, some kind of a system, Reverse 9-1-1. Are there other systems out there that are similar to that that help reach the masses?

The other thing that I think we could, would be nice, would be to have storage. You know, One (1) storage building some place, where we could, you know, once we establish what our PPE, what we think should be a safe level PPE, because we don't know what the next big event is going to be, but we know there will be one (1), we want to make sure we can address it. You know, with some, a little peace of mind, knowing that we do have the resources available to be able to do that. So, storage and a mass notification system, I think would be extremely helpful.

Heidi Beidinger-Burnett:

Thank you. Any other questions? Thank you so much, Paul. We appreciate your time and effort on this.

Paul Burrows, via Zoom:

Thank you. Thank you for giving me the time.

(01:19:44)

Heidi Beidinger-Burnett:

Absolutely. Hey, before I move on to the next agenda item, I need to remind folks that if you wanted to do public comment and you're on Zoom, just please put your name and city in the chat, and then we'll call on you in the order in which you've signed up in the chat, and then, if you're here in the gallery, there's a clipboard by the front door there, and you can sign up, and then we'll call you in the order in which you're signed up. So, moving on. We've got agenda item number eight (8), that's old business, and we don't have anything for that. So moving on to board notifications.

(01:20:19)

Heidi Beidinger-Burnett:

We've had a few hirings, I think we've heard about most of these folks, Laronda Jose is a community health worker with us now, and Jody, who, [unclear], who's here in the gallery, is our new Director of Nursing, and Clara Davis, who has also been hired as a community health worker. And, so we welcome our new employees. So, moving on to public comment. This is a three (3), this is a section of our Agenda where we allow the public to have three (3) minutes. At regular meetings, the public is invited to address the board for three (3) minutes regarding items that are 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, and the Board President may interrupt, warn, or terminate a person's statement if the statement becomes personally directed, abusive, obscene, or inflammatory. So, I'm going to go ahead and get started with public comment, here in the gallery. Andy Rutten?

Andy Rutten:

Yes.

Heidi Beidinger-Burnett:

Did I say that correctly? You may come up to the microphone. And, by the way, for all folks who are doing public comment, I just time the three (3) minutes on my cell phone, and then I will let you know when those three (3) minutes expire. You have the floor, Mr. Rutten. Go ahead.

(01:21:46)

Andy Rutten:

Great, thank you. Hello, Board of Health members. My name is Andy Rutten. I own property at 55304 Cedar Trail. I'm a temper tantruming parent at Penn-Harris-Madison School District. I wanted to share some of my notes from speaking at Penn's awesome school board meeting on Monday night. My teenage son helped organize the Mask Free Event Friday, a student-led initiative, this event caught me by surprise. I didn't think any mask optional initiatives would pop-up until Spring. Why is there a hesitancy to wear a mask? They hinder socializing and education. They're dirty, uncomfortable, a nuisance that doesn't work well. These are reasons why I don't wear a mask, unless working on a construction project. Some other reasons is, well, flu season is winding down, and, of course, the inspiration of the fantastic Canadian trucker protest. You know, this all comes down to Mask Depression, a mental health issue. Symptoms of mask depression include irritability, increased lethargy, and stunted communication. Other symptoms include increased apathy to school teachers, authority, even parents. Symptoms may be temporary, or permanent. Shaming those with Mask Depression seems like harassment. Alternate mandates such as partitioning and segregation may cause similar depression and, of course, contact tracing leads, tends to punish those who aren't even sick and couldn't spread germs. So, the parents had suggested next steps. COVID mandates regardless of individual risk, seem arbitrary and capricious. They disrespect parents, like myself, who guide their kids on fundamentals of healthy living essential to being disease resistant and avoiding unhealthy dependency on medical intervention. Shaming those, [clears throat] I'm sorry. Other tantruming parents noted how P-H-M currently has minimal COVID cases, and can use more localized relevant metrics for decision making.

Andy Rutten (continued):

I'm disappointed in the St. Joe. County Department of Health. I ask this board, is this the professional ethics of the Department of Health to insult public citizenry who do not wish to embrace their flawed data, unscientific recommendations, and arbitrary timelines?

Heidi Beidinger-Burnett

You have eight (8) seconds.

Andy Rutten:

Well, I'm done. So, I was just seeing if I could get an answer of my question. Thanks for listening to me.

Heidi Beidinger-Burnett

Thank you. Jenny, could you read off who is next on the Zoom for public comment, please?

Heidi Beidinger-Burnett:

Cynthia Heckman-Davis, you have three (3) minutes. Please, go ahead.

(01:25:02)

Cynthia Heckman-Davis, via Zoom:

Thank you. I would like to thank our Board of Health, Dr. Fox, and Dr. Einertz for the very hard job that they've had during this COVID epidemic-pandemic. I'd like to thank, during this meeting, Dr. Marker and Dr. Kirsch for the comments that you've made. The mitigation efforts of washing our hands, masking up, socially distancing have worked, and research shows that it has saved lives. I personally plan to continue masking up in public. I will certainly continue washing my hands, but I wanted to thank the Board of Health for all their hard work during this Pandemic. And, I wanted to thank Paul Burrows for an excellent report tonight. I think we'll all be better prepared next time. Thank you.

Heidi Beidinger-Burnett:

Thank you, Miss Heckman. Jenny, who do we have next?

Heidi Beidinger-Burnett:

Rebekah Go, you have three minutes. Please, go ahead.

(01:26:11)

Rebekah Go, via Zoom:

Hi. Yes, my name is Rebekah Go, and I'm from South Bend, Indiana. I'm sorry. I had to pick up my kids, so they're in the back seat. I wanted to say, I wanted to thank the Board of Public Health, and also the staff, and the direction under the leadership of Dr. Fox and Dr. Bob of the Health Department, and keeping our community safe in the last couple of years. I know there's not, it's not been done without criticism and without stress, both individually and collectively, and I want to commend you for your ongoing work and your fortitude in difficult times. I've been disappointed in listening in this meeting how many times I've heard people use kids almost as a way to say, "give me what I want," as though asking kids to mask is just the worst thing in the world. I have two (2) kids. I have a thirteen (13) year old and an eleven (11) year old, both of them attend schools and both of them wear masks every day, and, guess what, they're not suffering.

Rebekah Go, via Zoom (continued):

They're not dying. They're perfectly fine, and I think that they'll be well adjusted. What they are learning about is care for each other, care for the neighbor, and care for the community. They're learning that their individual actions have collective responsibilities. In my day job, I'm the Director of an Office at St. Mary's called the Office for the Common Good. In this Office, we promote the idea that nobody gets to have what is good unless everybody gets to have what is good. It's actually a really Catholic idea, because I work at a catholic women's college. And I'd like to hope that people who say that, "well, my teenager can't go to this dance," or "my kids, I would never do that to them," would think about, maybe, teaching their kids different values, maybe teaching their kids the values of being responsible and actually, like, caring about their community. I Would also say, finally, just that I think that it is kind of absurd to ask Dr. Fox to continue to state what he's already stated, when you could simply ask the Principal of Penn-Harris-Madison to send out a revised statement saying these were our own internal policies and not throw the Health Department under the bus, because they've been thrown under the bus so often recently. I don't think that's a hard thing to do. I think it would be a very reasonable request. As an administrator, I know I respond to these kinds of requests all the time. Take some ownership, but please stop beating up our public officials. I just don't think it's right. Thank you.

Heidi Beidinger-Burnett:

Thank you, Miss Go. Jenny, do we have anyone else? Okay, thank you. So, that concludes the part of our Agenda item number ten (10) for public comment. Our next meeting is on March sixteenth (16th), four-thirty (4:30), right here, in this room. And, we're adjourned. Thank you everybody.

~ END OF TRANSCRIPTION ~
(01:29:12)

MINUTES AND MEMORANDA
ST. JOSEPH COUNTY BOARD OF HEALTH
March 16, 2021
Regular Meeting

Present at the Meeting:

Heidi Beidinger-Burnett, PhD, MPH	President
Jason Marker, M.D.	Vice President
Ilana T. Kirsch, M.D., FACOG	Member
Michelle Migliore, D.O.	Member
John Linn, P.E.	Member
Ellen Reilander, J.D.	Member

Also Present at the Meeting:

Robert M. Einterz, M.D.	Health Officer
Mark D. Fox, MD, PhD, MPH	Deputy Health Officer
Jennifer S. Parcell	Executive Administrative Asst.
Amy Ruppe	Administrator - Zoom
Robin Vida	Director Health Outreach Promotion and Education (HOPE)
Mark Espich	Director - Environmental Health
Cassy White	Director – Health Equity, Epidemiology, and Data (HEED)
Brett Davis	Asst. Director – Environmental Health
Harrison Gilbride	Congregate Living Outreach Coordinator
Jodie Pairitz	Director of Nursing
Neiko Rust	Immunization Nurse – Zoom
Ericka Tijerina	Director of Vital Records
Sally Dixon	MIH Coordinator
Marcellus Lebbin, J.D.	Department of Health Attorney

I. CALL TO ORDER, ROLL CALL, & NOMINATIONS

Board President, Dr. Beidinger, called the March 16, 2022, regular Board of Health meeting to order at 4:33 p.m.

II. ADOPTION OF THE AGENDA

On motion made by Mr. Linn, seconded by Attorney Reilander approval of the agenda with the addition of a discussion on decorum for the March 16, 2022, regular meeting of the Board of Health was adopted with Mr. Linn, Attorney Reilander, and Dr. Marker voting in favor; Dr. Beidinger and Dr. Kirsch voting against; and Dr. Migliore abstaining.

III. APPROVAL OF THE MINUTES

A motion was made to approve the Minutes was made by Dr. Kirsch and seconded by Dr. Migliore. That Motion failed with Dr. Kirsch, Dr. Migliore, and Dr. Beidinger voting in favor and Mr. Linn, Attorney Reilander, and Dr. Marker voting against. Discussion was held on the content of the February meeting minutes. After deliberation a motion was made by Attorney Reilander and seconded by Mr. Linn to table so that additional information on video record keeping and transcript review could be gathered. The Motion filed with Mr. Linn, Attorney Reilander, and Dr. Marker voting in favor and Dr. Kirsch, Dr. Migliore, and Dr. Beidinger voting against. The matter was tabled until the next meeting as there was no majority.

IV. BOARD PRESIDENT ANNOUNCEMENTS

Dr. Beidinger yielded two (2) minutes to Attorney Reilander who thanked the Department and staff for the warm welcome and orientation.

V. HEALTH OFFICER REPORT

Dr. Einterz apologized to the Board for the row at the last meeting and stated it would not happen again. Dr. Einterz then thanked Attorney Reilander for taking the time to meet the staff and learn about the Department.

Dr. Einterz noted that the Birth Equity Conference is taking place. He then noted that there is, thankfully, not much to report on COVID as the number of positive cases continues to decline. Dr. Einterz then thanked Dr. Fox for his stewardship during the pandemic.

Dr. Einterz then informed the Board that he received an unsolicited email from Penn Harris Madison School Corporation stating that the decisions with regard to COVID precautions at the Snowball Dance were those of the School Corporation and the Department of Health played no roll in setting the number of attendees allowed at the dance.

Dr. Migliore inquired as to if the County is testing for COVID variants. Dr. Einterz responded that tests are being performed, but the Department is not tracking the which variant positive individuals have. Dr. Marker asked if there was concern about this with students returning from Europe and Asia where they have seen an increase in numbers. Dr. Einterz said that the Department of Health as well as the State Department of Health do not currently have any information that a new variant is of concern at this time.

VI. DEPUTY HEALTH OFFICER REPORT

Dr. Fox added that the Universities are still testing, and they have not seen an uptick in students who have returned from vacation. Dr. Fox also noted that the rise in cases in Europe and Asia is something that is being followed. Dr. Migliore asked if home tests are reported in the State's numbers, Dr. Fox responded that they do not, but if treatment is sought then that would be reported. Attorney Reilander asked what the mitigation protocols are now that masks are not required. Dr. Fox noted the various safety measures implemented by the school corporations.

Mr. Linn thanked Dr. Fox for his efforts noting that it has been a tough line to walk.

Dr. Marker asked why abatement letters for septic systems have more than doubled. Mr. Espich noted that this was a procedural change to increase safety measures.

Dr. Beidinger asked about equipment that was purchased and Mr. Espich responded it is for ground penetrating radar.

Dr. Beidinger then asked for the lead report. Dr. Fox started by saying that the Department is shifting back to making lead a priority after devoting so many resources to COVID. Dr. Fox outlined the new initiatives being implemented with the goal of catching lead exposure by age three (3). Dr. Fox noted this will take additional resources, both human and technological, but reiterated that there is no safe level of lead in the blood and that this will have long term positive effects on the health of St. Joseph County. Dr. Beidinger applauded the goal of seven hundred (700) tests per month. Dr. Kirsch then inquired about target areas to get the greatest impact and Dr. Fox responded that this data was being created. Dr. Marker asked about locating additional funding for faster testing. Dr. Fox said new lab partnerships were being explored. Attorney Reilander asked about the new legislation on lead in Indiana. Dr. Fox responded that this is going to decrease the acceptable levels.

VII. NEW BUSINESS

Ms. Ruppe gave an update on the Financial Unit. Dr. Beidinger thanked Ms. Ruppe for her work. Dr. Marker then asked Ms. Ruppe to speak to the challenges involved in moving money between funds. A discussion followed on Indiana financial governance. Attorney Reilander then inquired into recent grants and Dr. Einterz responded with information as to the purpose of the various grants including reducing adverse childhood experiences, which is cutting edge for a Department of Health. Mr. Linn asked about the \$800,000 deficit and Ms. Ruppe said that the County approved the budget with that deficit and that this is an improvement over past years.

A motion was then made by Attorney Reilander and seconded by Dr. Marker to ask the personnel committee to come back with a recommendation on a decorum statement. The motion was unanimously approved.

Mr. Linn asked who should take the meeting minutes. Dr. Marker said that could be included in the discussion of the personnel committee. Mr. Linn approved of that idea and wondered if someone from the staff could do the minutes.

VIII. OLD BUSINESS

There was no Old Business.

IX. BOARD NOTIFICATIONS

There was one new hire.

X. PUBLIC COMMENT

Sheila Niezgodski thanked Dr. Fox for his work and looked forward to the new lead testing.

Kathy Schuth thanked Dr. Fox and the partnership the near northwest neighborhood has had with the Department on lead.

Emily Dean supported the progress in the lead and reduction in adverse childhood experience.

Katheryn Redding asked what happens to funding when the federal grant runs out and asked about lead testing requirements for newborns.

XI. TIME AND PLACE OF NEXT REGULAR MEETING

The next regular meeting of the St. Joseph County Board of Health is scheduled for Wednesday, April 20, 2021, at 4:30 p.m., at the County-City Building.

XII. ADJOURNMENT

The meeting was adjourned at 6:12 p.m.

ATTEST:

Respectfully submitted,

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

Marcellus Lebbin, Esq.
Health Department Attorney



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

Health Officer's Report of Unit Activities

March 2022

CONGREGATE LIVING OUTREACH UNIT

March was a great month for Wash Wednesday since it worked out that we had three Wash Wednesday occasions instead of the usual two. This led us to be able to wash a whopping 6,130 pounds of clothing or about 613 loads of laundry total over the course of the three Wednesdays! Things are starting to ramp up again on that front, and we are proud to be able to serve those in need!

In terms of COVID-19 testing we performed three rapid tests in March! So glad to see that the tests that we got out to the service providers are still filling the need as well as local incidences of COVID-19 dropping across the board!

EMERGENCY PREPARDNESS UNIT

- Virtual District 2 meeting
- In person District 2 health departments meeting
- Introduced Harry to Michelle (District 2 Coordinator) and Lydia (Elkhart County Public Health Coordinator). Along with Beth Buchanan they will be the best resources for Harry in EP.
- Had ERV towed to Hedman's and replaced battery
- Continued training with Harry and transferring documents and plans to him
- Continued working on completing EOP (Emergency Operation Plan) state just changed completion date from March 31st to June 30th
- Picked up new mobile unit form Primetime and had graphics put on unit
- Put together instructional manual for both mobile units

ENVIRONMENTAL HEALTH UNIT

	March 2022	YTD 2022	YTD 2021	YTD 2020	YTD 2019
SEPTIC PROGRAM					
Residential - New Construction					
A. Inspections	13	31	37	24	41
B. Consultations	0	0	1	4	2
Residential - Replacement					
A. Inspections	50	96	122	105	154
B. Consultations	22	27	7	6	7
Commercial					
A. Inspections	5	11	0	4	0
B. Consultations	2	4	2	4	0
C. Cluster System Inspections	0	0	8	1	5
Abandonments without Replacements	2	4	10	8	
Permit Applications Received	50	93	115	123	
Permits Issued	50	92	95	94	
Public Information Events	0	1	0	0	
SUBDIVISION PROGRAM					
A. Health Officer Reports	2	6	14	8	5
B. Subdivision Reviews	3	9	16	13	3
C. Rezoning and Replat Reviews	1	3	6	5	2
WELLHEAD PROGRAM					
A. Inspections Performed	12	24	26	27	26
WELL DRILLING PROGRAM					
Residential					
A. Inspections	21	38	53	33	33
B. Well Abandonments	26	50	57	47	38
Commercial					
A. Inspections	0	0	0	0	0
B. Well Abandonment Inspections	0	0	2	1	1
New Construction					
A. Permit Applications Received	12	19	24	18	
B. Permits Issued	12	19	21	16	
Replacement Permits Issued	21	40	44	43	
Public Information Events	1	1	0	0	
SOURCE WATER PROGRAM					
A. Phase I Inquiries	17	53	43	40	25
B. Spill Responses	0	0	0	0	0
C. Meth Lab Occurrence Response	0	0	0	0	1
D. Other Source Water Inspections	0	1	8	3	3
A. Surface Water Sampling	1	1	0	0	0

LEAD PROGRAM					
A. HUD Lead Inspections	0	0	0	2	0
B. Lead Risk Assessments	3	7	18	11	19
a. EBLI Assessments	0	2	4	5	
b. Parent Request	3	5	14	6	
C. Clearances	1	5	5	11	
D. Off-site Meetings	0	0	0	4	
E. Public Information Events	0	1	0	1	8
D. Children Tested for Lead Levels*	225	446	644	843	1135
CAFO PROGRAM					
A. Inspections Performed	0	0	0	0	0
AIR QUALITY PROGRAM					
A. Burn Permits	3	4	0		
B. Indoor Air Quality Investigations	0	0	0	1	0
C. Mold Investigations	0	0			0
VECTOR PROGRAM					
A. Inspections Performed	20	20	8	0	0
B. Sites Treated	0	0	0	0	
C. Traps Collected	0	0	0	0	
D. ISDH Submissions	0	0	0	0	
E. Public Information Events	0	0	0	0	
HEALTHY HOMES PROGRAM (Inside)					
A. Initial Complaints	23	39	37	30	31
a. No Water	2	6	11	7	
b. Garbage/Food Waste	9	15	6	15	
c. Feces	9	12	8	1	
d. Rodents/Cockroaches	3	6	12	7	
e.					
A. Follow-up Complaints	16	32	38	26	
a. No Water	7	14	22	8	
b. Garbage/Food Waste	9	14	5	14	
c. Feces	0	4	8	1	
d. Rodents/Cockroaches	0	0	3	3	
B. Dwellings Declared Unfit	0	5	6	4	6
MASSAGE					
A. Establishment Inspections	37	47	47	60	57
TATTOO/BODY PIERCING PROGRAM					
A. Inspections Performed	23	25	28	13	14
COMPLAINTS / INVESTIGATIONS					
A. Garbage/Food Waste (Outside)	13	29	6	10	5
B. Sewage	15	19	12	17	3
C. Water (ditches, lakes, ponds & swells)	0	0	0	2	2
D. Motels/Hotels	0	1	3	0	0
E. Burning	2	4	2	4	2

F. Other	19	52	27	17	1
ABATEMENT LETTERS					
A. Abatement Letters	49	136	43	51	61
B. Immediate Threat to Public Health Letters	0	2	1	1	9
C. Order to Vacate/Condemn Letter	0	5	5	1	
D. Impending Legal Action Letters	4	8	7	3	3
SUBSURFACE INVESTIGATIONS					
A. Internal	2	12	0	0	0
B. External	0	0	0	0	0
			0	0	0

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

FINANCE UNIT		2022 Budget	January	February	March	
Acct	Revenue (Tax & Fund)					
00000	Beginning Balance	\$1,897,461.29				\$1,897,461.29
00100	Property Tax	\$1,675,000.00				\$0.00
00201	Financial Institution Tax	\$3,031.00				\$0.00
00202	Auto Excise Tax	\$123,000.00				\$0.00
00217	Commercial Vehicle Excise Tax	\$10,508.00				\$0.00
02708	Federal Reimbursements			\$5,286.74	\$56,742.84	\$62,029.58
02710	Local Grant Reimbursements					\$0.00
02711	Reimbursements		\$4,930.00		\$3,825.00	\$8,755.00
05205	Interfund Transfer					\$0.00
05206	Transfer of Funds					\$0.00
05600	Refunds			\$2,014.81		\$2,014.81
05602	Returns or Voided Checks					\$0.00
06500	Other Revenue				\$735,010.46	\$735,010.46
	Revenue (Tax & Fund) Total	\$3,709,000.29	\$4,930.00	\$7,301.55	\$795,578.30	\$2,705,271.14

	Revenue (Fee)	2022 Budget	January	February	March	Year to Date
	Environmental & Food		\$221,335.00	\$131,669.00	\$108,238.25	\$461,242.25
	Immunization Clinic - SOUTH BEND		\$11,104.85	\$10,554.29	\$11,651.60	\$33,310.74
	Medicaid - Blood Lead Testing Services		\$8.88	\$2.94	\$3.00	\$14.82
	Medicaid - Lead Targeted Case Management		\$60.65	\$51.98	\$0.00	\$112.63
	Medicaid - Environmental Lead Investigation		\$384.17	\$565.70	\$0.00	\$949.87
	Medicaid - Community Health Workers		\$0.00	\$0.00	\$0.00	\$0.00
	Vital Records - SOUTH BEND		\$44,321.95	\$40,078.05	\$59,816.00	\$144,216.00
	MISHAWAKA - Immunization Clinic & Vital Records		\$2,109.00	\$1,882.00	\$1,953.00	\$5,944.00
	Charges					
	LESS Charge 1 Sales (Credit Cards)		\$16.00	\$0.00	\$0.00	\$16.00
	LESS Charge 2 Sales (Charity Care)		\$1,606.97	\$723.67	\$1,153.67	\$3,484.31
	LESS Cash Short		\$0.00	\$0.00	\$0.00	\$0.00
	PLUS Cash Over		\$0.00	\$0.00	\$0.00	\$0.00
	TOTAL COLLECTED		\$277,701.53	\$184,080.29	\$180,508.18	\$642,290.00
	LESS Coroner Fee (State)		\$4,338.00	\$3,618.00	\$4,664.25	\$12,620.25
	TOTAL DEPOSITED		\$273,363.53	\$180,462.29	\$175,843.93	\$629,669.75
	PLUS Credit Quietused to Account (Credit Cards)		\$0.00	\$0.00	\$0.00	\$0.00
	*** GRAND TOTAL ***	\$1,340,000.00	\$273,363.53	\$180,462.29	\$175,843.93	\$629,669.75

	Expenses	2022 Budget	January	February	March	Expenditures	Unexpended
Acct 10000 Series							
11030	Administrator	\$67,980.00	\$5,229.24	\$5,229.24	\$5,229.24	\$15,687.72	\$52,292.28
11055	County Health Officer	\$144,200.00	\$11,092.30	\$11,092.30	\$11,092.30	\$33,276.90	\$110,923.10
11077	Admin. Assistant	\$111,765.00	\$5,731.52	\$6,161.12	\$8,597.28	\$20,489.92	\$91,275.08
11087	Billing/Records Registrar	\$34,075.00	\$2,621.16	\$2,621.16	\$2,621.16	\$7,863.48	\$26,211.52
11143	Registrars	\$102,225.00	\$7,732.45	\$7,863.48	\$7,863.48	\$23,459.41	\$78,765.59
11144	Nursing Registrars	\$68,150.00	\$5,242.32	\$5,242.32	\$5,237.95	\$15,722.59	\$52,427.41
11145	Staff Assistants	\$68,150.00	\$5,242.32	\$5,242.32	\$5,242.32	\$15,726.96	\$52,423.04
11151	Director of Vital Records	\$60,000.00	\$4,615.38	\$4,615.38	\$4,615.38	\$13,846.14	\$46,153.86
11154	Asst. Director Vital Records	\$48,895.00	\$3,761.16	\$3,761.16	\$3,761.16	\$11,283.48	\$37,611.52
11155	Nurses/Other Medical	\$401,630.00	\$18,495.15	\$23,882.68	\$19,681.80	\$62,059.63	\$339,570.37
11161	Director of Env Health	\$60,000.00	\$4,615.38	\$4,615.38	\$4,615.38	\$13,846.14	\$46,153.86
11162	Asst. Dir Environmental Health	\$48,895.00	\$3,761.16	\$3,761.16	\$3,761.16	\$11,283.48	\$37,611.52
11163	Director of Food Services	\$60,000.00	\$4,615.38	\$4,615.38	\$4,615.38	\$13,846.14	\$46,153.86
11165	Asst Dir Food Services	\$48,895.00	\$3,761.16	\$3,761.16	\$3,761.16	\$11,283.48	\$37,611.52
11170	Director of HEED	\$65,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$15,000.00	\$50,000.00
11171	Special Projects Officer	\$60,095.00	\$4,622.70	\$7,498.21	\$0.00	\$12,120.91	\$47,974.09
11172	Environmental Health Specialist	\$389,385.00	\$29,153.88	\$29,952.72	\$29,941.62	\$89,048.22	\$300,336.78
11174	Food Service Specialist	\$216,325.00	\$16,584.92	\$16,357.48	\$16,640.40	\$49,582.80	\$166,742.20
11195	Public Health Coordinator	\$51,510.00	\$3,328.08	\$3,328.08	\$3,328.08	\$9,984.24	\$41,525.76
11196	Health Promotion Specialist	\$43,265.00	\$3,328.08	\$3,328.08	\$3,328.08	\$9,984.24	\$33,280.76
11197	Director of HOPE	\$60,000.00	\$4,615.38	\$4,615.38	\$4,615.38	\$13,846.14	\$46,153.86
11650	Executive Secretary	\$39,450.00	\$3,034.62	\$3,034.62	\$3,034.62	\$9,103.86	\$30,346.14
11701	Director of Nursing	\$80,000.00	\$0.00	\$5,846.11	\$6,153.84	\$11,999.95	\$68,000.05
11781	Imm Outreach Coordinator	\$21,633.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,633.00
11950	Part Time	\$30,683.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30,683.00
11969	Health Coord/Congregate Living	\$43,265.00	\$3,328.08	\$3,328.08	\$3,328.08	\$9,984.24	\$33,280.76
11976	Deputy Health Officer	\$49,440.00	\$3,803.08	\$3,803.08	\$3,803.08	\$11,409.24	\$38,030.76
12010	Data Analyst	\$44,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$44,000.00
14800	FICA Taxes @ 7.65%	\$191,746.00	\$12,122.16	\$13,148.14	\$12,464.49	\$37,734.79	\$154,011.21
14810	PERF @ 11.2%	\$273,145.00	\$17,188.30	\$18,682.48	\$17,709.46	\$53,580.24	\$219,564.76
14840	Group Health Insurance	\$801,000.00	\$0.00	\$0.00	\$193,500.00	\$193,500.00	\$607,500.00
	Total 10000 Series	\$3,784,802.00	\$192,625.36	\$210,386.70	\$393,542.28	\$796,554.34	\$2,988,247.66
Acct 20000 Series							
21030	Office Supplies	\$22,905.16	\$1,580.41	\$506.64	\$2,378.04	\$4,465.09	\$18,440.07
22120	Garage & Motor Supplies	\$12,593.96	\$1,631.08	\$0.00	\$662.66	\$2,293.74	\$10,300.22
22148	Field Supplies	\$4,013.60	\$17.58	\$298.00	\$412.07	\$727.65	\$3,285.95
22328	Equipment Repairs	\$2,250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,250.00
22406	Immunization Supplies	\$83,545.00	\$1,069.28	\$7,212.80	\$1,641.58	\$9,923.66	\$73,621.34
22448	Education Books	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$200.00
24120	Medical Supplies	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00
	Total 20000 Series	\$125,557.72	\$4,298.35	\$8,017.44	\$5,094.35	\$17,410.14	\$108,147.58
Acct 30000 Series							
31150	Medical Services	\$1,750.00	\$0.00	\$209.00	\$676.00	\$885.00	\$865.00
32020	Travel/Mileage	\$13,941.00	\$10.60	\$875.00	\$1,015.64	\$1,901.24	\$12,039.76

FINANCE UNIT		2022 Budget	January	February	March		
32050	Conferences & Training	\$975.00	\$0.00	\$0.00	\$0.00	\$0.00	\$975.00
32200	Telephone	\$19,876.00	\$0.00	\$1,508.12	\$3,015.55	\$4,523.67	\$15,352.33
32350	Postage	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$250.00
32550	Miscellaneous Costs	\$560,296.46	\$0.00	\$65.68	\$1,278.60	\$1,344.28	\$558,952.18
33128	Environmental Health	\$6,369.83	\$3,119.83	\$300.00	\$0.00	\$3,419.83	\$2,950.00
33368	Public Info & Ed	\$21,896.00	\$0.00	\$12,496.00	\$500.00	\$12,996.00	\$8,900.00
33938	Vector	\$36,585.46	\$8,435.92	\$0.00	\$1,765.10	\$10,201.02	\$26,384.44
34030	Liability Insurance Coverage	\$17,340.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,340.00
36015	Contractual Services	\$58,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$58,000.00
36500	Service Contract	\$17,000.00	\$0.00	\$2,400.00	\$0.00	\$2,400.00	\$14,600.00
38012	Interest on Debt	\$7,821.00	\$651.72	\$0.00	\$1,303.44	\$1,955.16	\$5,865.84
38013	Principle on Debt	\$45,797.00	\$3,816.34	\$0.00	\$7,632.68	\$11,449.02	\$34,347.98
39010	Dues & Subscriptions	\$1,474.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,474.00
39600	Refunds, Awards & Indemnities	\$0.00	\$525.00	\$0.00	\$0.00	\$525.00	(\$525.00)
39750	Information Technology	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00
Total 30000 Series		\$814,371.75	\$16,559.41	\$17,853.80	\$17,187.01	\$51,600.22	\$762,771.53
TOTAL EXPENSES		\$4,724,731.47	\$213,483.12	\$236,257.94	\$415,823.64	\$865,564.70	\$3,859,166.77
Net Income			\$64,810.41	(\$48,494.10)	\$555,598.59		
FUND BALANCE		\$1,897,461.29	\$1,962,271.70	\$1,913,777.60	\$2,469,376.19		

County Health Department

Main fund supported by tax revenue and fee revenue

LEAD: Dr. Einterz - SUPPORT: Amy Ruppe

Acct		Budget	January	February	March	TOTALS	
	REVENUE						
	Beginning Balance	\$1,897,461.29				\$1,897,461.29	
	Property, FIT, Excise, Vehicle Excise Tax		\$0.00	\$0.00	\$0.00	\$0.00	
	Federal Reimbursements		\$0.00	\$5,286.74	\$56,742.84	\$62,029.58	
	Miscellaneous Revenue		\$4,930.00	\$2,014.81	\$738,835.46	\$745,780.27	
	TOTAL TAX and MISC REVENUE		\$4,930.00	\$7,301.55	\$795,578.30	\$2,705,271.14	
	Environmental & Food		\$221,335.00	\$131,669.00	\$108,238.25	\$471,298.50	
	Immunization Clinic (South Bend)		\$11,558.55	\$11,174.91	\$11,654.60	\$36,116.78	
	Vital Records (South Bend)		\$44,321.95	\$40,078.05	\$59,816.00	\$148,846.00	
	Mishawaka - Immun Clinic & Vital Records		\$2,109.00	\$1,882.00	\$1,953.00	\$5,959.00	
	Fees (Charge, Charge 2, Coroner Fee)		(\$5,960.97)	(\$4,341.67)	(\$5,817.92)	(\$16,818.30)	
	TOTAL FEE REVENUE		\$273,363.53	\$180,462.29	\$175,843.93	\$645,401.98	
	GRAND TOTAL REVENUE		\$278,293.53	\$187,763.84	\$971,422.23	\$3,350,673.12	
	EXPENSES						
Acct	10000 Series					Expenditures	Unexpended
	Salaries & Benefits	\$3,784,802.00	\$192,625.36	\$210,386.70	\$393,542.28	\$796,554.34	\$2,988,247.66
	Total 10000 Series	\$3,784,802.00	\$192,625.36	\$210,386.70	\$393,542.28	\$796,554.34	\$2,988,247.66
Acct	20000 Series						
	Supplies	\$125,557.72	\$4,298.35	\$8,017.44	\$5,094.35	\$17,410.14	\$108,147.58
	Total 20000 Series	\$125,557.72	\$4,298.35	\$8,017.44	\$5,094.35	\$17,410.14	\$108,147.58
Acct	30000 Series						
	Services	\$814,371.75	\$16,559.41	\$17,853.80	\$17,187.01	\$51,600.22	\$762,771.53
	Total 30000 Series	\$814,371.75	\$16,559.41	\$17,853.80	\$17,187.01	\$51,600.22	\$762,771.53
	TOTAL BUDGET	\$4,724,731.47					
							\$3,859,166.77
	GRAND TOTAL EXPENSES		\$213,483.12	\$236,257.94	\$415,823.64	\$865,564.70	
	Net Income		\$64,810.41	(\$48,494.10)	\$555,598.59	\$587,647.13	
	FUND BALANCE	\$1,897,461.29	\$1,962,271.70	\$1,913,777.60	\$2,469,376.19		

MIH Initiatives

Funds raised through sponsorships of the Achieving Birth Equity events will provide education and awareness for maternal infant health professionals and future community engagement, awareness events, and outreach to mothers and families through Maternal Infant Health Initiatives at the SJCDoH.

LEAD: Robin Vida - SUPPORT: Sally Dixon

		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$0.00				\$0.00	
06400	Donations		\$706.43	\$8,442.78	\$9,253.62	\$18,402.83	
	TOTAL REVENUE	\$0.00	\$706.43	\$8,442.78	\$9,253.62	\$18,402.83	
	EXPENSES						
Acct	20000 Series						
24012	Promotion Supplies	\$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
	TOTAL EXPENSES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
							\$0.00
	Net Income		\$706.43	\$8,442.78	\$9,253.62	\$0.00	
	FUND BALANCE	\$0.00	\$706.43	\$9,149.21	\$18,402.83	\$18,402.83	

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: Cassy White

		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$430,966.60				\$430,966.60	
05205	Interfund Transfer of Funds		\$0.00	\$200,000.00	\$0.00	\$200,000.00	
06400	Donations		\$0.00	\$0.00	\$0.00	\$0.00	
	TOTAL REVENUE	\$430,966.60	\$0.00	\$200,000.00	\$0.00	\$630,966.60	
	EXPENSES						
Acct	10000 Series						
11167	Community Health Worker	\$111,000.00	\$9,762.14	\$6,699.34	\$8,230.74	\$24,692.22	\$86,307.78
11176	Asst. Director HEED	\$56,908.00	\$0.00	\$8,755.08	\$4,377.54	\$13,132.62	\$43,775.38
14800	FICA Taxes	\$12,845.00	\$736.66	\$1,166.35	\$948.62	\$2,851.63	\$9,993.37
14810	PERF	\$18,806.00	\$1,093.36	\$1,730.89	\$1,412.12	\$4,236.37	\$14,569.63
14840	Group Health Insurance	\$72,000.00	\$0.00	\$0.00	\$9,000.00	\$9,000.00	\$63,000.00
	Total 10000 Series	\$271,559.00	\$11,592.16	\$18,351.66	\$23,969.02	\$53,912.84	\$217,646.16
Acct	20000 Series						
21030	Office Supplies	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00
22148	Field Supplies	\$5,000.00	\$0.00	\$0.00	\$376.85	\$376.85	\$4,623.15
	Total 20000 Series	\$10,000.00	\$0.00	\$0.00	\$376.85	\$376.85	\$9,623.15
Acct	30000 Series						
32020	Travel/Mileage	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,000.00
32050	Conferences & Training	\$3,500.00	\$149.77	\$0.00	\$0.00	\$149.77	\$3,350.23
32203	Cell Phones	\$2,200.00	\$0.00	\$163.36	\$326.72	\$490.08	\$1,709.92
32350	Postage	\$2,000.00	\$51.46	\$41.90	\$42.12	\$135.48	\$1,864.52
33368	Public Information & Education	\$9,269.00	\$269.00	\$74.94	\$886.97	\$1,230.91	\$8,038.09
36500	Service Contract	\$5,000.00	\$126.08	\$144.04	\$157.60	\$427.72	\$4,572.28
39750	Information Tech	\$10,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,000.00
	Total 30000 Series	\$33,969.00	\$596.31	\$424.24	\$1,413.41	\$2,433.96	\$31,535.04
	TOTAL EXPENSES	\$315,528.00	\$12,188.47	\$18,775.90	\$25,759.28	\$56,723.65	
							\$258,804.35
	Net Income		(\$12,188.47)	\$181,224.10	(\$25,759.28)	\$143,276.35	
	FUND BALANCE	\$430,966.60	\$418,778.13	\$600,002.23	\$574,242.95	\$574,242.95	

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.

LEAD: Robin Vida - SUPPORT: Sally Dixon

		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$6,887.28				\$6,887.28	
06400	Donations		\$0.00	\$0.00	\$0.00	\$0.00	
	TOTAL REVENUE	\$6,887.28	\$0.00	\$0.00	\$0.00	\$6,887.28	
	EXPENSES						
Acct	20000 Series						
21030	Office Supplies	\$3,423.04	\$116.50	\$34.00	\$135.00	\$285.50	\$3,137.54
	Total 20000 Series	\$3,423.04	\$116.50	\$34.00	\$135.00	\$285.50	\$3,137.54
Acct	30000 Series						
32020	Travel /Mileage	\$3,423.04	\$375.00	\$0.00	\$0.00	\$375.00	\$3,048.04
32203	Cell Phones	\$41.20	\$0.00	\$41.20	\$0.00	\$41.20	\$0.00
	Total 30000 Series	\$3,464.24	\$375.00	\$41.20	\$0.00	\$416.20	\$3,048.04
	TOTAL EXPENSES	\$6,887.28	\$491.50	\$75.20	\$135.00	\$701.70	
							\$6,185.58
	Net Income		(\$491.50)	(\$75.20)	(\$135.00)	(\$701.70)	
	FUND BALANCE	\$6,887.28	\$6,395.78	\$6,320.58	\$6,185.58	\$6,185.58	

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.

LEAD: Jodie Pairitz - SUPPORT: Neiko Rust, Shelley Chaffee and Robin Vida

		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	(\$5,956.67)				(\$5,956.67)	
02708	Federal/Grants Reimbursements		\$0.00	\$6,935.89	\$6,816.58	\$13,752.47	
5600	Refunds		\$0.00	\$0.00	\$0.00	\$0.00	
	TOTAL REVENUE	(\$5,956.67)	\$0.00	\$0.00	\$0.00	\$7,795.80	
	EXPENSES						
Acct	10000 Series						
11193	Part Time	\$99,142.55	\$6,443.58	\$5,569.78	\$5,734.61	\$17,747.97	\$81,394.58
14800	FICA Taxes	\$7,584.53	\$492.31	\$425.98	\$438.26	\$1,356.55	\$6,227.98
	Total 10000 Series	\$106,727.08	\$6,935.89	\$5,995.76	\$6,172.87	\$19,104.52	\$87,622.56
Acct	20000 Series						
21030	Office Supplies	\$875.22	\$0.00	\$0.00	\$0.00	\$0.00	\$875.22
22406	Immunization Supplies	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00
	Total 20000 Series	\$1,875.22	\$0.00	\$0.00	\$0.00	\$0.00	\$1,875.22
Acct	30000 Series						
32020	Travel /Mileage	\$2,183.54	\$0.00	\$0.00	\$0.00	\$0.00	\$2,183.54
32203	Cell Phones	\$688.46	\$0.00	\$82.04	\$164.08	\$246.12	\$442.34
33368	Public Info & Educ	\$5,837.00	\$0.00	\$0.00	\$691.15	\$691.15	\$5,145.85
36015	Contractual Services	\$15,109.42	\$0.00	\$738.78	\$0.00	\$738.78	\$14,370.64
	Total 30000 Series	\$23,818.42	\$0.00	\$820.82	\$855.23	\$1,676.05	\$22,142.37
	TOTAL EXPENSES	\$132,420.72	\$6,935.89	\$6,816.58	\$7,028.10	\$20,780.57	
							\$111,640.15
	Net Income		(\$6,935.89)	(\$6,816.58)	(\$7,028.10)		
	FUND BALANCE	(\$5,956.67)	(\$12,892.56)	(\$19,709.14)	(\$26,737.24)	(\$12,984.77)	

Health PHEP

The PHEP Grant provides funds to enhance Department of Health preparedness in order to respond to public health and healthcare emergencies.

LEAD: Paul Burrows

	Fund 8134	2021 Budget	January	February	March	Total Expenditures	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$0.00				\$0.00	
02708	Federal/Grants Reimbursements		\$0.00	\$502.50	\$3,085.60	\$3,588.10	
	TOTAL REVENUE	\$0.00	\$0.00	\$502.50	\$3,085.60	\$3,588.10	
	EXPENSES						
Acct	30000 Series						
32550	Miscellaneous Costs	\$25,000.00	\$502.50	\$3,085.60	\$12,828.24	\$16,416.34	\$8,583.66
	Total 20000 Series	\$25,000.00	\$502.50	\$3,085.60	\$12,828.24	\$16,416.34	\$8,583.66
	TOTAL EXPENSES	\$25,000.00	\$502.50	\$3,085.60	\$12,828.24	\$16,416.34	
							\$8,583.66
	Net Income		(\$502.50)	(\$2,583.10)	(\$9,742.64)	(\$12,828.24)	
	FUND BALANCE	\$0.00	(\$502.50)	(\$3,085.60)	(\$12,828.24)	(\$12,828.24)	

Health COVID Vaccinations

The St. Joseph County Department of Health will assist the Indiana Department of Health regarding promotion of the COVID-19 vaccine and conduct direct outreach to minority and hard to reach populations.

LEAD: Dr. Einterz - SUPPORT: Amy Ruppe

		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	(\$322,753.03)				(\$322,753.03)	
02708	Federal/Grants Reimbursements		\$322,753.03	\$20,594.54	\$39,086.47	\$382,434.04	
	TOTAL REVENUE	(\$322,753.03)	\$322,753.03	\$20,594.54	\$39,086.47	\$59,681.01	
	EXPENSES						
Acct	10000 Series						
11155	Nurse	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11167	Community Health Worker	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11193	Immun Outreach Coord	\$21,939.42	\$3,321.00	\$3,335.16	\$3,328.08	\$9,984.24	\$11,955.18
11950	Part Time	\$16,538.82	\$0.00	\$2,460.38	\$1,828.33	\$4,288.71	\$12,250.11
11985	Temporary/Seasonal Help	(\$120,230.14)	\$2,607.30	(\$2,607.30)	\$0.00	\$0.00	(\$120,230.14)
14800	FICA Taxes	\$2,021.86	\$444.67	\$774.22	\$385.43	\$1,604.32	\$417.54
14810	PERF	\$2,911.20	\$371.96	\$373.54	\$372.74	\$1,118.24	\$1,792.96
14840	Group Health Insurance	\$9,000.00	\$0.00	\$0.00	\$4,500.00	\$4,500.00	\$4,500.00
16800	Bonuses	\$7,054.61	\$0.00	\$7,054.61	\$0.00	\$7,054.61	\$0.00
	Total 10000 Series	(\$60,764.23)	\$6,744.93	\$11,390.61	\$10,414.58	\$28,550.12	(\$89,314.35)
Acct	30000 Series						
32020	Travel /Mileage	\$10,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,000.00
32050	Conferences & Training	\$9,814.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,814.00
32203	Cell Phones	\$445.43	\$0.00	\$40.84	\$81.68	\$122.52	\$322.91
32550	Miscellaneous Costs	\$166,799.08	\$12,503.46	\$1,616.57	\$29,248.45	\$43,368.48	\$123,430.60
36015	Contractual Services	\$61,499.95	\$1,346.15	\$26,038.45	\$2,692.30	\$30,076.90	\$31,423.05
	Total 30000 Series	\$248,558.46	\$13,849.61	\$27,695.86	\$32,022.43	\$73,567.90	\$174,990.56
	TOTAL EXPENSES	\$187,794.23	\$20,594.54	\$39,086.47	\$42,437.01	\$102,118.02	
							\$85,676.21
	Net Income		\$302,158.49	(\$18,491.93)	(\$3,350.54)		
	FUND BALANCE	\$0.00	\$302,158.49	\$283,666.56	\$280,316.02	(\$42,437.01)	

Health TB Elimination

To provide directly observed therapy (DOT) services and directly observed preventive therapy (DOPT) for high-risk contacts, augmenting the TB services available in St. Joseph County.

LEAD: Dr. Einterz - SUPPORT: Amy Ruppe

		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$0.00				\$0.00	
02708	Federal/Grants Reimbursements		\$0.00	\$0.00	\$33,779.96	\$33,779.96	
	TOTAL REVENUE	\$0.00	\$0.00	\$0.00	\$0.00	\$33,779.96	
	EXPENSES						
Acct	10000 Series						
11155	Nurse-Other Medical	\$30,513.00	\$0.00	\$0.00	\$29,781.33	\$29,781.33	\$731.67
14800	FICA Taxes	\$2,266.00	\$0.00	\$0.00	\$2,278.32	\$2,278.32	(\$12.32)
14810	PERF	\$3,318.00	\$0.00	\$0.00	\$3,335.52	\$3,335.52	(\$17.52)
14840	Group Health Insurance	\$10,682.00	\$0.00	\$0.00	\$8,104.17	\$8,104.17	\$2,577.83
	Total 10000 Series	\$46,779.00	\$0.00	\$0.00	\$43,499.34	\$43,499.34	\$3,279.66
	TOTAL EXPENSES	\$46,779.00	\$0.00	\$0.00	\$43,499.34	\$43,499.34	
							\$3,279.66
	Net Income		\$0.00	\$0.00	(\$43,499.34)		
	FUND BALANCE	\$0.00	\$0.00	\$0.00	(\$43,499.34)	(\$9,719.38)	

Health CHWs for COVID

Train and deploy community health workers in St. Joseph County by building and strengthening community resilience to fight COVID-19 through addressing health disparities.

LEAD: Cassy White

		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$0.00				\$0.00	
02708	Federal/Grants Reimbursements		\$0.00	\$29,583.34	\$140,262.70	\$169,846.04	
	TOTAL REVENUE	\$0.00	\$0.00	\$0.00	\$0.00	\$169,846.04	
	EXPENSES						
Acct	10000 Series						
11030	Administrator	\$2,284.64	\$253.84	\$0.00	\$507.68	\$761.52	\$1,523.12
11055	Health Officer	\$4,846.16	\$538.46	\$0.00	\$1,076.92	\$1,615.38	\$3,230.78
11167	Community Health Worker	\$253,510.88	\$19,365.36	\$23,906.41	\$24,076.94	\$67,348.71	\$186,162.17
11170	Director of HEED	\$3,566.04	\$396.24	\$0.00	\$792.48	\$1,188.72	\$2,377.32
11197	Director of HOPE	\$3,566.04	\$396.24	\$0.00	\$792.48	\$1,188.72	\$2,377.32
11976	Deputy Health Officer	\$6,646.16	\$738.46	\$0.00	\$1,476.92	\$2,215.38	\$4,430.78
12014	Social Worker	\$19,125.00	\$2,125.00	\$0.00	\$4,250.00	\$6,375.00	\$12,750.00
14800	FICA Taxes	\$22,502.29	\$1,779.62	\$1,786.72	\$2,446.91	\$6,013.25	\$16,489.04
14810	PERF	\$32,877.48	\$2,667.10	\$2,677.50	\$3,693.00	\$9,037.60	\$23,839.88
14840	Group Health Insurance	\$135,350.00	\$0.00	\$0.00	\$18,000.00	\$18,000.00	\$117,350.00
	Total 10000 Series	\$484,274.69	\$28,260.32	\$28,370.63	\$57,113.33	\$113,744.28	\$370,530.41
Acct	20000 Series						
22148	Field Supplies	\$948.77	\$0.00	\$20.74	\$250.01	\$270.75	\$678.02
	Total 20000 Series	\$948.77	\$0.00	\$20.74	\$250.01	\$270.75	\$678.02
Acct	30000 Series						
31015	Consultant Services	\$65,000.00	\$0.00	\$30,000.00	\$5,000.00	\$35,000.00	\$30,000.00
32020	Travel/Mileage	\$4,857.30	\$0.00	\$0.00	\$411.35	\$411.35	\$4,445.95
32050	Conferences & Training	\$30,709.85	\$303.10	\$2,419.00	\$416.39	\$3,138.49	\$27,571.36
32203	Cell Phones	\$4,374.46	\$0.00	\$367.56	\$735.12	\$1,102.68	\$3,271.78
33368	Public Information & Education	\$89,661.09	\$1,019.92	\$487.50	\$3,532.04	\$5,039.46	\$84,621.63
36015	Contractual Services	\$96,200.00	\$0.00	\$8,300.68	\$100.00	\$8,400.68	\$87,799.32
39750	Information Tech	\$7,713.33	\$0.00	\$0.00	\$2,738.35	\$2,738.35	\$4,974.98
	Total 30000 Series	\$298,516.03	\$1,323.02	\$41,574.74	\$12,933.25	\$20,831.01	\$277,685.02
	TOTAL EXPENSES	\$783,739.49	\$29,583.34	\$69,966.11	\$70,296.59	\$169,846.04	
							\$613,893.45
	Net Income		(\$29,583.34)	(\$69,966.11)	(\$70,296.59)	(\$169,846.04)	
	FUND BALANCE	\$0.00	(\$29,583.34)	(\$99,549.45)	(\$169,846.04)	\$0.00	

Health COVID Crisis CoAg

Based on a jurisdiction population tier, the IDOH will provide funding to the LHDs to hire additional staff (minimum 1 – maximum 7) to support continued COVID-19 response efforts in K-12 schools within the jurisdiction. The additional team member(s) will serve as the School COVID-19 Liaison(s) and be identified as the subject matter expert related to COVID-19 Response in schools.

LEAD: Dr. Einterz and Dr. Fox

		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$0.00				\$0.00	
02708	Federal/Grants Reimbursements		\$137,500.00	\$0.00	\$137,500.00	\$275,000.00	
	TOTAL REVENUE	\$0.00	\$137,500.00	\$0.00	\$137,500.00	\$275,000.00	
Acct	EXPENSES						
	10000 Series						
						\$0.00	\$0.00
						\$0.00	\$0.00
	Total 10000 Series	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Acct	20000 Series						
						\$0.00	\$0.00
						\$0.00	\$0.00
	Total 20000 Series	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Acct	30000 Series						
						\$0.00	\$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
	TOTAL EXPENSES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
							\$0.00
	Net Income		\$137,500.00	\$0.00	\$137,500.00		
	FUND BALANCE	\$0.00	\$137,500.00	\$137,500.00	\$275,000.00	\$275,000.00	

Health UND COVID Reimbursement

To provide food for workers at COVID clinics held at University of Notre Dame in 2021.

LEAD: Amy Ruppe, Administrator

	Fund 8134	2021 Budget	January	February	March	Total Expenditures	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$0.00				\$0.00	
02708	State Grant		\$0.00	\$27,475.39	\$0.00	\$27,475.39	
	TOTAL REVENUE	\$0.00	\$0.00	\$27,475.39	\$0.00	\$27,475.39	
	EXPENSES						
Acct	30000 Series						
32550	Miscellaneous Costs	\$27,475.39	\$0.00	\$27,475.39	\$0.00	\$27,475.39	\$0.00
	Total 20000 Series	\$27,475.39	\$0.00	\$27,475.39	\$0.00	\$27,475.39	\$0.00
	TOTAL EXPENSES	\$27,475.39	\$0.00	\$27,475.39	\$0.00	\$27,475.39	
							\$0.00
	Net Income		\$0.00	\$0.00	\$0.00	\$0.00	
	FUND BALANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

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.

LEAD: Robin Vida and Cassy White

		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$37,061.75				\$37,061.75	
01412	State Grant		\$0.00	\$36,336.00	\$0.00	\$36,336.00	
	TOTAL REVENUE	\$37,061.75	\$0.00	\$36,336.00	\$0.00	\$73,397.75	
	EXPENSES						
Acct	10000 Series						
11167	Community Health Worker	\$0.00	\$2,846.14	(\$2,846.14)	\$0.00	\$0.00	\$0.00
11193	Health Promotion Specialist	\$43,265.00	\$3,328.08	\$3,328.08	\$3,328.08	\$9,984.24	\$33,280.76
14800	FICA Taxes	\$3,309.00	\$455.78	\$26.09	\$243.82	\$725.69	\$2,583.31
14810	PERF	\$4,846.00	\$691.50	\$53.97	\$372.74	\$1,118.21	\$3,727.79
14840	Group Health Insurance	\$18,000.00	\$0.00	\$0.00	\$4,500.00	\$4,500.00	\$13,500.00
	Total 10000 Series	\$69,420.00	\$7,321.50	\$562.00	\$8,444.64	\$16,328.14	\$53,091.86
Acct	20000 Series						
21030	Office Supplies	\$2,280.00	\$24.22	\$0.00	\$0.00	\$24.22	\$2,255.78
	Total 20000 Series	\$2,280.00	\$24.22	\$0.00	\$0.00	\$24.22	\$2,255.78
Acct	30000 Series						
32020	Travel /Mileage	\$5,167.00	\$227.00	\$1.11	\$0.00	\$228.11	\$4,938.89
32203	Cell Phones	\$540.00	\$0.00	\$86.28	\$172.56	\$258.84	\$281.16
33368	Public Info & Educ	\$7,300.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,300.00
	Total 30000 Series	\$13,007.00	\$227.00	\$87.39	\$172.56	\$486.95	\$12,520.05
	TOTAL EXPENSES	\$84,707.00	\$7,572.72	\$649.39	\$8,617.20	\$16,839.31	
							\$67,867.69
	Net Income		(\$7,572.72)	\$35,686.61	(\$8,617.20)		
	FUND BALANCE	\$37,061.75	\$29,489.03	\$65,175.64	\$56,558.44	\$56,558.44	

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.

LEAD: Dr. Einterz - SUPPORT: Amy Ruppe

		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$225,408.27				\$225,408.27	
01412	State Grant		\$0.00	\$46,828.51	\$0.00	\$46,828.51	
	TOTAL REVENUE	\$225,408.27	\$0.00	\$0.00	\$0.00	\$272,236.78	
	EXPENSES						
Acct	10000 Series						
12014	ACEs Coordinator	\$55,221.00	\$0.00	\$0.00	\$0.00	\$1.00	\$55,220.00
14800	FICA Taxes	\$4,225.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,225.00
14810	PERF	\$6,185.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,185.00
14840	Group Health Insurance	\$18,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,000.00
	Total 10000 Series	\$83,631.00	\$0.00	\$0.00	\$0.00	\$1.00	\$83,630.00
Acct	30000 Series						
32020	Travel/Mileage	\$10,026.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,026.00
	Total 30000 Series	\$10,026.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,026.00
	TOTAL EXPENSES	\$93,657.00	\$0.00	\$0.00	\$0.00	\$0.00	
							\$93,657.00
	Net Income		\$0.00	\$0.00	\$0.00		
	FUND BALANCE	\$225,408.27	\$225,408.27	\$225,408.27	\$225,408.27	\$272,236.78	

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

		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$354.94				\$354.94	
06400	Donations		\$0.00	\$0.00	\$0.00	\$0.00	
	TOTAL REVENUE	\$354.94	\$0.00	\$0.00	\$0.00	\$354.94	
	EXPENSES						
Acct	30000 Series						
33368	Public Info & Educ	\$354.94	\$0.00	\$0.00	\$29.56	\$29.56	\$325.38
	Total 30000 Series	\$354.94	\$0.00	\$0.00	\$29.56	\$29.56	\$325.38
	TOTAL EXPENSES	\$354.94	\$0.00	\$0.00	\$29.56	\$29.56	
							\$325.38
	Net Income		\$0.00	\$0.00	(\$29.56)	\$0.00	
	FUND BALANCE	\$354.94	\$354.94	\$354.94	\$325.38	\$325.38	

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

		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$11,924.80				\$11,924.80	
02710	Local Grant Reimbursement		\$0.00	\$0.00	\$0.00	\$0.00	
	TOTAL REVENUE	\$11,924.80	\$0.00	\$0.00	\$0.00	\$11,924.80	
	EXPENSES						
Acct	30000 Series						
33938	Vector Abatement	\$11,924.80	\$0.00	\$0.00	\$0.00	\$0.00	\$11,924.80
	Total 30000 Series	\$11,924.80	\$0.00	\$0.00	\$0.00	\$0.00	\$11,924.80
	TOTAL EXPENSES	\$11,924.80	\$0.00	\$0.00	\$0.00	\$0.00	
							\$11,924.80
	Net Income		\$0.00	\$0.00	\$0.00	\$0.00	
	FUND BALANCE	\$11,924.80	\$11,924.80	\$11,924.80	\$11,924.80	\$11,924.80	

Health National Birth Equity

Bi-yearly the Community Foundation of SJC offers special project challenge grants. The special project challenge grant encourages projects that include community development, health & human services, parks, recreation, and entertainment, and youth & education.

LEAD: Robin Vida - SUPPORT: Sally Dixon

		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$20,000.00				\$20,000.00	
02710	Local Grant Reimbursement		\$0.00	\$0.00	\$0.00	\$0.00	
	TOTAL REVENUE	\$20,000.00	\$0.00	\$0.00	\$0.00	\$20,000.00	
	EXPENSES						
Acct	30000 Series						
36015	Contractual Services	\$20,000.00	\$0.00	\$10,000.00	(\$10,000.00)	\$0.00	\$20,000.00
	Total 30000 Series	\$20,000.00	\$0.00	\$10,000.00	(\$10,000.00)	\$0.00	\$20,000.00
	TOTAL EXPENSES	\$20,000.00	\$0.00	\$10,000.00	(\$10,000.00)	\$0.00	
							\$20,000.00
	Net Income		\$0.00	(\$10,000.00)	\$10,000.00	\$0.00	
	FUND BALANCE	\$20,000.00	\$20,000.00	\$10,000.00	\$20,000.00	\$20,000.00	

Health COVID Reimbursement

To provide financial compensation for the administrative costs for participating in the CDC and HRSA COVID-19 vaccination program.

LEAD: Dr. Einterz - SUPPORT: Amy Ruppe

		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$735,010.46				\$735,010.46	
01412	State Grant		\$0.00	\$0.00	\$0.00	\$0.00	
	TOTAL REVENUE	\$735,010.46	\$0.00	\$0.00	\$0.00	\$735,010.46	
	EXPENSES						
Acct	10000 Series						
11077	Administrative Assistant	\$37,255.00	\$0.00	\$0.00	\$0.00	\$0.00	\$37,255.00
11155	Nurse	\$4,048.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,048.00
11781	Immun Outreach Coordinator	\$21,650.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,650.00
11950	Part Time	\$20,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20,000.00
14800	FICA Taxes	\$6,346.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,346.00
14810	Perf	\$7,051.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,051.00
14840	Group Health Insurance	\$34,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$34,600.00
	Total 10000 Series	\$130,950.00	\$0.00	\$0.00	\$0.00	\$0.00	\$130,950.00
Acct	30000 Series						
32550	Miscellaneous Costs	\$554,060.46	\$65.68	(\$65.68)	\$0.00	\$0.00	\$554,060.46
36015	Contractual Services	\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,000.00
65030	Interfund Transfer	\$735,010.46	\$0.00	\$0.00	\$735,010.46	\$735,010.46	\$0.00
	Total 30000 Series	\$1,339,070.92	\$65.68	(\$65.68)	\$735,010.46	\$735,010.46	\$604,060.46
	TOTAL EXPENSES	\$1,470,020.92	\$65.68	(\$65.68)	\$735,010.46	\$735,010.46	
							\$735,010.46
	Net Income		(\$65.68)	\$65.68	(\$735,010.46)		
	FUND BALANCE	\$0.00	(\$65.68)	\$0.00	(\$735,010.46)	\$0.00	

Beacon Safety Pin Grant

This grant was submitted by Beacon Health System and includes a partnership with Saint Joseph Health System, Elkhart Department of Health, St. Joseph County Department of Health, and Franciscan Health to decrease infant mortality through public health initiatives, clinical care, and community outreach. SJCDH FIMR is part of this collaborative to develop a birth equity plan and work to address the system issues that delay entry to prenatal care including insurance coverage and the delay in entry to prenatal care for mothers who access the system through emergency departments and crisis pregnancy centers.(CPC) SJCDH FIMR will also lead outreach, awareness, and training for purpose of eliminating inequities in birth outcomes.

LEAD: Robin Vida - SUPPORT: Sally Dixon

		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	(\$48.25)				(\$48.25)	
02710	Local Grant Reimbursement		\$0.00	\$0.00	\$0.00	\$0.00	
	TOTAL REVENUE	(\$48.25)	\$0.00	\$0.00	\$0.00	(\$48.25)	
	EXPENSES						
Acct	30000 Series						
33368	Public Info & Educ	\$9,649.75	\$24.00	\$0.00	\$0.00	\$24.00	\$9,625.75
36015	Contractual Services	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,000.00
	Total 30000 Series	\$11,649.75	\$24.00	\$0.00	\$0.00	\$24.00	\$11,625.75
	TOTAL EXPENSES	\$11,649.75	\$24.00	\$0.00	\$0.00	\$24.00	
							\$11,625.75
	Net Income		(\$24.00)	\$0.00	\$0.00		
	FUND BALANCE	(\$48.25)	(\$72.25)	(\$72.25)	(\$72.25)	(\$72.25)	

Health Trailblazer Planning

Funding opportunity through the Indiana CTSI Community Health Partnerships to elevate community-university partnerships to improve health, examine social determinants of health, or enhance health equity to result in future collaborative research proposals. The DoH is applying to strengthen their partnership with Notre Dame's Neuroscience Behavior Health program to preventing Adverse Childhood Experiences in St. Joseph County.

LEAD: Cassy White

		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$4,029.00				\$4,029.00	
	TOTAL REVENUE	\$4,029.00	\$0.00	\$0.00	\$0.00	\$4,029.00	
	EXPENSES						
Acct	10000 Series						
11170	Director of HEED	\$1,287.00	\$0.00	\$0.00	\$0.00		\$1,287.00
14800	FICA Taxes	\$98.00	\$0.00	\$0.00	\$0.00		\$98.00
14810	PERF	\$144.00	\$0.00	\$0.00	\$0.00		\$144.00
	Total 10000 Series	\$1,529.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,529.00
Acct	30000 Series						
32550	Miscellaneous Expenses	\$1,500.00	\$0.00	\$0.00	\$69.54		\$1,500.00
33368	Public Information & Education	\$1,000.00	\$0.00	\$0.00	\$0.00		\$1,000.00
	Total 30000 Series	\$2,500.00	\$0.00	\$0.00	\$69.54	\$0.00	\$2,500.00
	TOTAL EXPENSES	\$4,029.00	\$0.00	\$0.00	\$69.54	\$69.54	
							\$3,959.46
	Net Income		\$0.00	\$0.00	(\$69.54)	(\$69.54)	
	FUND BALANCE	\$4,029.00	\$4,029.00	\$4,029.00	\$3,959.46	\$3,959.46	

Safety PIN Grant

Using FIMR recommendations to create a community of accessible and respectful care through intentional and simultaneous action with systems and policy, providers and institutions, and women and families through the addition of an Maternal Infant Health Initiatives Coordinator to facilitate community action while maintaining the FIMR Coordinator position fulfill activities related to Case Review.

LEAD: Robin Vida - SUPPORT: Sally Dixon

		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	(\$10,576.49)				(\$10,576.49)	
01412	State Grant		\$0.00	\$0.00	\$0.00	\$0.00	
	TOTAL REVENUE	(\$10,576.49)	\$0.00	\$0.00	\$0.00	(\$10,576.49)	
	EXPENSES						
Acct	10000 Series						
11782	MIH Coordinator	\$66,598.30	\$2,853.60	\$4,174.20	\$3,111.75	\$10,139.55	\$56,458.75
12019	FIMR Coordinator	\$62,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$62,400.00
14800	FICA Taxes	\$9,873.21	\$217.29	\$318.31	\$237.03	\$772.63	\$9,100.58
	Total 10000 Series	\$138,871.51	\$3,070.89	\$4,492.51	\$3,348.78	\$10,912.18	\$127,959.33
Acct	20000 Series						
24012	Promotion Supplies	\$15,326.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,326.00
	Total 20000 Series	\$15,326.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,326.00
Acct	30000 Series						
32020	Travel /Mileage	\$3,536.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,536.00
32203	Cell Phones	\$1,440.00	\$0.00	\$0.00	\$82.40	\$82.40	\$1,357.60
36015	Contractual Services	\$3,750.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,750.00
39150	Other Expense	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,500.00
	Total 30000 Series	\$11,226.00	\$0.00	\$0.00	\$82.40	\$82.40	\$11,143.60
	TOTAL EXPENSES	\$165,423.51	\$3,070.89	\$4,492.51	\$3,431.18	\$10,994.58	
							\$154,428.93
	Net Income		(\$3,070.89)	(\$4,492.51)	(\$3,431.18)		
	FUND BALANCE	(\$10,576.49)	(\$13,647.38)	(\$18,139.89)	(\$21,571.07)	(\$21,571.07)	

CHW Safety PIN

Funding opportunity through the Indiana State Department of Health's Safety PIN (Protecting Indiana's Newborns) grant program to implement programs focused on reducing infant mortality.

LEAD: Cassy White - SUPPORT: Sally Dixon

		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$0.00				\$0.00	
01412	State Grant		\$0.00	\$0.00	\$0.00	\$0.00	
	TOTAL REVENUE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENSES						
Acct	10000 Series						
11167	Community Health Worker	\$148,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$148,000.00
14800	FICA Taxes	\$27,898.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27,898.00
14810	Perf	\$17,376.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,376.00
14840	Group Insurance	\$72,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$72,000.00
	Total 10000 Series	\$265,274.00	\$0.00	\$0.00	\$0.00	\$0.00	\$265,274.00
Acct	30000 Series						
32020	Travel /Mileage	\$1,123.20	\$0.00	\$0.00	\$0.00	\$0.00	\$1,123.20
32050	Conferences & Trainings	\$5,590.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,590.00
32203	Cell Phones	\$1,558.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,558.00
33368	Public Info & Educ	\$1,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,200.00
39750	Information Technology	\$1,008.00	\$0.00	\$0.00	\$27.96	\$27.96	\$980.04
	Total 30000 Series	\$10,479.20	\$0.00	\$0.00	\$27.96	\$27.96	\$10,451.24
	TOTAL EXPENSES	\$275,753.20	\$0.00	\$0.00	\$27.96	\$27.96	
							\$275,725.24
	Net Income		\$0.00	\$0.00	(\$27.96)		
	FUND BALANCE	\$0.00	\$0.00	\$0.00	(\$27.96)	(\$27.96)	

FOOD SERVICES UNIT

	Month	YTD 2022	YTD 2021	YTD 2020	YTD 2019	% Difference 2022 vs 2021
Food Store Complaints	3	7	9	7	4	-22.2%
Food Service Complaints	17	43	50	42	48	-14%
Civil Penalties	0	0	1	4	1	-100%
Health Officer Hearings	0	0	0	0	0	
Abatements Correspondence	0	1	2	5	9	-50%
Possible Foodborne Illness Investigations	0	4	3	1	5	33.3%
Opening Inspections	12	32	16	37	68	100%
Inspections	281	656	465	797	683	41.1%
Plan & Review/New Constr./Remodel	2	9	6	13	11	50%
Fire Investigations	0	1	2	2	1	-50%
# Establishments Requested to Close	0	0	0	0	2	
Number of Temporary Events	18	29	23	34	31	26.1%
Temporary Inspections	16	24	21	32	60	14.2%
Mobile Inspections	*	*	*	*	15	
Meetings	8	19	11	14	13	63.6%
Smoking Information						
Smoking Complaints	0	0	1	5	0	-100
Smoking Appeals Hearings	0	0	0	0	0	
Pool Information						
Pool Inspections	1	1	14	0	0	-92.9%
Pool Consultations	0	0	0	22	2	
Pool Complaints	0	0	1	0	0	-100%
Pool Closings	0	0	5	0	0	-100%

3-4 Food Service Director & Asst Director met with video crew to discuss concept and next steps for the SJCDoh video highlight of the Foods Unit. To provide context and an overview of Food Unit tasks and activities, filming began on 3-24, with an interview with the Unit Director. Filming at a restaurant and pool is planned for early April.

3-10 Applicant interviewed for the position of Administrative Assistant vacated as a result the promotion/transfer of current employee. Position offered to and accepted by Sarah DeFreeuw employed as a registrar, in our COVID Clinic, since February 2021.

3-28 All Food Unit staff attended a virtual inspector training hosted by the Association of Food and Drug Officials (AFDO). There was no charge for the training that covered Aggression vs Violence, Diversity & Cultural Awareness and Pest Control, as related to food inspections. Staff will attend additional virtual training in April, also at no charge. AFDO works with food and medical product professionals representing numerous disciplines, including industry, government, academia, and consumer groups. Staff may choose to become a AFDO member for \$50.00 annually which will then give them access to webinars, more training, and a resource library covering a wide range of industry related topics.

HEALTH EQUITY, EPIDEMIOLOGY, AND DATA (HEED) UNIT

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 (CHWs) completed 14 new assessments this month through the Mishawaka Clinic, CCB Clinic, lead home visits, COVID-19 Testing at La Casa, Health Cafes and Wash Wednesdays.

CHW Lead Referrals:

The CHWs continued with the lead referrals from the Public Health Nurses (PHNs). They hand deliver a lead certificate to families who need their child to confirm their lead level prior to case management or case monitoring. The CHWs continued home visits for all unconfirmed cases with a blood lead level 5ug/dL and greater referred from the PHNs.

Month	# of Referrals	# Children Rec'd Lead Test after CHW Visit
January 2021	5	4
February 2021	13	6 (4 moved out of county)
March 2021	3	3
April 2021	5	3
May 2021	8	6 (1 moved out of county)
June 2021	15	12
July 2021	1	1
August 2021	9	6
September 2021	4	1 (1 aged out)
October 2021	18	11
November 2021	10	3
December 2021	11	4
YTD 2021	102	60
January 2022	7	1
February 2022	0	0
March 2022	11	1

COVID Testing:

The CHWs and Congregate Outreach Coordinator provide Rapid Antigen testing to symptomatic individuals. They focus on under-resourced populations. The CHWs provided testing once a week at La Casa's 2910 Western location. It decreased to one day due to decreased need from the community.

Month	Total Positive	Total Negative	Total
September 2021	8	90	98
October 2021	12	220	232
November 2021	36	176	212
December 2021	77	292	369
YTD 2021			925
January 2022	103	193	296
February 2022	3	7	10
March 2022	2	4	6
YTD 2022			312

Highlights:

Director of HEED remains 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.

In the month of February, the CHWs assisted two community members with insurance. Of the 11 CHWs, 10 are now licensed insurance navigators.

Public Health Fellows Updates:**ACEs:**

In March 2022, the ACEs project focused on collaboration with the school system. The Fellow discussed a Positive Childhood Experiences survey with South Bend Schools and led an ACEs professional development workshop for the South Bend Empowerment Zone. Clinical partnerships continue with Primary Care Partners of South Bend and the E Blair Warner clinic.

ACE Screening Partnerships	
Active Screening Partnerships	2
Potential Screening Partners Approached	0

ACEs Engagement Metrics	
Presentations given	2
Webinars/Professional Learning Groups Attended	4
Meetings with Community Partners	17
Planning Sessions or meetings for grants	5

The Fellow developed a post-presentation survey when he provides the ACEs training to community partners. Below displays the responses from community partners who received his training.

ACE Presentation Effectiveness	
Survey Question	Responses (28 total respondents)
<i>I knew a lot about ACEs before the presentation</i>	75% disagree or neutral
<i>My time was well served by attending this presentation</i>	96% agree
<i>I learned something new about ACEs</i>	100% agree
<i>I can think of ways to use this information in my life</i>	93% agree
<i>I am interested in learning more about ACEs science or ACE prevention strategies in SJC</i>	93% agree
<i>The presenter was knowledgeable about the content</i>	100% agree
<i>The presenter delivered information clearly and effectively</i>	100% agree
<i>The content was relevant for my profession</i>	100% agree
<i>It was easy to hear and understand everything the presenter was saying</i>	100% agree
<i>I would recommend this presenter to a colleague or friend</i>	100% agree

Health Equity:

In March 2022, the Fellow continued to edit the Health Equity report based on the health officers' suggestions. This included creating a brief write up on the reports and short version of the different projects that show the interaction of the reports and the current HEDA project in the community. The Fellow also presented at the IUSB nursing students conference on the health disparities in the county. Finally, based on the first community health workers reflections on the health cafes, Mary conducted an additional session to help in finding out more on social determinants of health in the community.

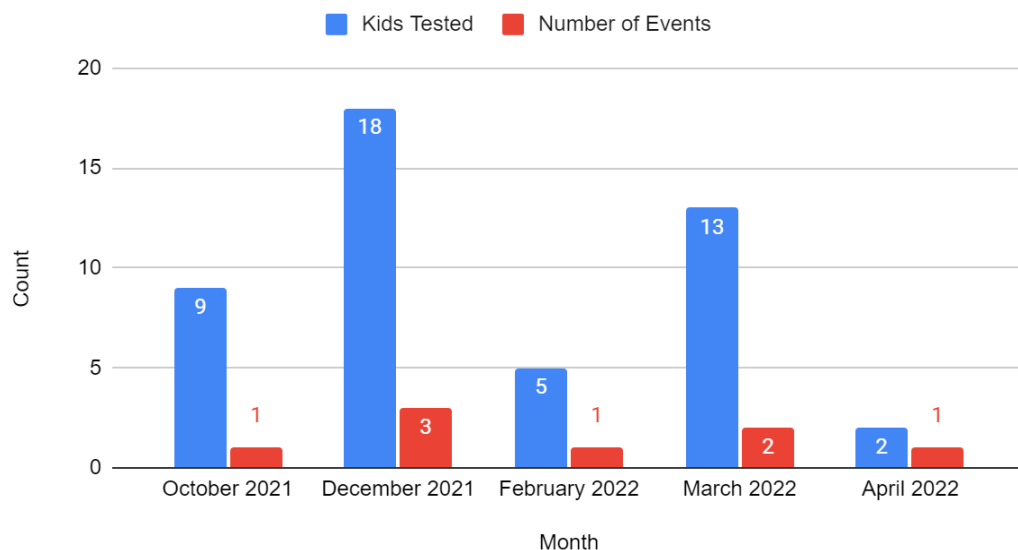
Lead:

In the month of March, the Fellow worked on a IDOH Lead Funding grant application. This RFP was intended to ease the transition of increased case management and monitoring caseloads as the elevated blood lead level threshold will be lowered. Potential funds received will be utilized for additional community health workers, a pre/perinatal coordinator, and environmental risk assessor support. He additionally worked in collaboration with Notre Dame's Lead Innovation Team for coordination of Mulch Madness and canvassed the River Park neighborhood for these efforts. He attended a Community Connections Event as a DoH representative to disseminate lead poisoning information to families.

To fulfill a data request, the Fellow analyzed the past five years of lead data on a census tract level. He also looked at how CDC CHW census tracts correspond to lead testing.

In March, he also worked to translate the DoH Notice of Privacy Practices into Spanish. Other translations he worked on included updated covid clinic signage and promotional materials, and infant mortality and maternal child health documents.

Below is a chart to show lead testing events hosted by HEED staff.



Community Boards, Meetings, Reports, and Committees

- Assistant Director of Health Equity presented on the CHW program to Anthem Health Insurance team and to City of South Bend's outreach team.
- Participated in the Health Alliance meeting.
- 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.
- Participated in planning meeting of CHW Collaboration for all CHWs in St. Joseph County and surrounding counties.
- Director of HEED serves as Data, Analytics and Grants (DAG) subcommittee chair for the Health Improvement Alliance.
- Assistant Director of Health Equity serves on the CAB for Nurse Family Partnership, AIDS Ministry board and SJC Cares DEI committee.

HEALTH OUTREACH, PROMOTION & EDUCATION (HOPE)

Presentation Topic	Total Number (Presentations)	Adult (age)	High School (age)	Middle School (age)	Elementary School (age)	Pre-School (age)
Wellness (Nutrition, Physical Activity, etc.)	0					
Substance Abuse	3	3				
Communicable Disease	0					
STDS/Sexuality Healthy Relationships	0					
Chronic Disease	0					

Event	Topic	Location
Let's Cook	Shamrock Shakes	Mishawaka Parks
Parent Resource Fair	DoH Services	Brown Community Center

*Dept of Health services = Lead, safe sleep, nutrition/activity, CHW services, immunizations, summer safety (mosquitos, sun safety, etc.)

The HOPE team is re-envisioning our health outreach & education efforts; shifting from one time, pop in presentations, to a more substantial training method, and use of indirect education methods such as social media, the website, and other interactive tools (you tube videos, etc.)

Highlights:

Meetings attended and/or facilitated in the month of March by HOPE team include: SJC Cares (local system of care), The Partnership for a Drug-Free SJC (Formerly PEPSA), Suicide/Overdose Fatality Review team, FIMR-related meetings (x 4), Health Improvement Alliance ELC meeting, VA Veteran Suicide Outreach Coalition, planning for SBIRT training with Prevention Insights; Reducing Obesity Coalition SJC (x 2), DoH development/outreach; SJ Community Communications meeting; Lead Prevention efforts (x 2); Westside SB Community Development planning; TI-ROSOC; Overdose Response Plan Planning meeting; Food system planning; suicide asset mapping; SBIRT training planning; outreach meeting with DoH teams; see FIMR notes for all meeting related to Maternal/Infant Health initiatives.

HOPE team's social media efforts focused on highlighting National Nutrition month. Posts, etc. focused on all aspects of the importance of nutrition, recipes, ways to be active, etc.

Director of HOPE successfully submitted the 2022-2023 immunization grant from the Indiana State Department of Health.

HOPE team continued with "Brunch in the Boardroom" to focus on team building within the department of health and encourage collaboration on activities. This will occur every 2nd & 4th Thursday for the next several months.

Director of HOPE and HEED ND Fellow continue to work on comprehensive strategy on addressing the intersection of ACEs, suicide and overdoses. A NACCHO grant was awarded to assist us in these efforts.

HOPE team continued working on the development and training for the new County Department of Health website.

Health promotion specialists continue to assist with the development of outreach/education materials for CHWs as well as curriculum for CHWs.

HOPE team continues meeting with Unit Directors to discuss primary prevention topics to focus on each month. Primary prevention activities include social media campaign, website information, and potentially events.

Director of HOPE is still participating in a weekly community ECHO sponsored by the IU School of Public Health-Fairbanks on the CDC's Project Firstline that focuses on infection prevention and supports communication between local departments of health. She has presented two community stories to the group.

Director of HOPE continued work on a branding campaign for the Department of Health- this includes a series of videos highlighting the work of the department and the important role public health plays in the community.

Director of HOPE and HOPE team developed three different public education campaigns focused on highlighting the work of the DoH. The process for implementation is on-going as well as cultivation of the "Friends of the DoH".

FIMR Updates:

FIMR Case Review and FIMR Reporting

- Case Review meeting on March 18th, attended by 23 team members. Minutes attached. 8 cases were reviewed, with 10, 2021 cases remaining to review.
- Next meeting May 20th.
- One CHW hired and orientation started for project with Women's Care Center. Maternal Infant Health Coordinator also scheduled to meet with a WCC to review interview process to help prevent duplication of questions by SJCDoh WCC. Cassy White and Sally Dixon working with Jenny Hunsberger of WCC on CHW orientation and work flow process.

FIMR Community Action: Maternal Infant and Preconception Health Workgroup

- No March meeting due to Achieving Birth Equity Conference planning and preparation. Next meeting scheduled for May 10th.

FIMR Community Action: Birth Equity & Justice SJC

Community Engagement subcommittee

- 3 committee meetings regarding April, Achieving Birth Equity event planning.
- Maternal Infant Health Initiatives Coordinator also facilitated meetings with event speakers, communicated with event sponsors, and team members met with venue and tech companies to organize logistics of the events.
- Current attendance numbers projected to be: 80 for the April 13th evening event and 175 for the April 14th conference.
- MIHI Coordinator participated in a radio interview at WUBS, along with Kelli Brien and Marla Godette about inequities in birth outcomes and reason for the April conference.

- Conference logistics planning meeting with keynote speaker, Dr. Joia Crear-Perry's management team.

Policy & Legislation Subcommittee

- No meeting in March because the State Legislative Session ended. Will resume meetings on May 11th.
- Maternal Infant Health related legislation, supported by this subcommittee, that passed in the 2022 session included:
 - HB1140. Extends Postpartum Medicaid from 60 days to 1 year postpartum which is vital for maternal health and infant health. Passed the IN House and Senate. Beginning in April, Medicaid will include postpartum coverage for 1 year after delivery following the governor's signature.
 - Legislation ending routine shackling of pregnant inmates during labor and pregnancy care.
- US Senate: Awaiting a vote on Pregnant Worker Fairness Act HR 1065. This bill passed the US House in May 2021 and would extend reasonable workplace accommodations to pregnant worker in every state.

National Birth Equity Collaborative Birth Equity Assessment & Workplan

- Met with NBEC to review next steps. Organizational survey extended to 20 additional partners. Planning on partner kick off Zoom meeting in April, after the conference.

Community Boards, Meetings, Reports, Presentations, and Committees and Connections

Maternal Infant Health Initiatives Coordinator:

- Met with Dr. Camuela Wright, Medical Director at CareSource regarding upcoming conference and other opportunities to partner. She is also on the board of a student organization whose mission is healthy moms and babies, that has a branch at the University of Notre Dame.
- Presented to public health class at Indiana University South Bend.
- Discussions with Joyce Adams from University of Notre Dame and MCH nursing leadership from Memorial Hospital regarding application for NIH grant to explore integrating models of care to improve birth outcomes and eliminate disparities.
- Presented Community Action update to community via Zoom regarding FIMR data and ongoing action to reduce infant mortality.
- Presented FIMR update to Healthy Babies consortium via Zoom
- Presented information about SJCDoh FIMR and Maternal Infant Health Initiatives to the IPQIC Governing Council at invitation of Indiana Minority Health Coalition.
- Co-presented a lecture for the Education of the Whole Physician Series at the University of Notre Dame with Dr. Carlos Bolden, obstetric hospitalist from Memorial Hospital. For this year's theme of Race, Equity, & Justice, Dr. Bolden and Sally Dixon presented on root causes of racial inequity, local data, and focused action to eliminate inequities in birth outcomes.

**NURSING
IMMUNIZATION, TB, and MOBILE UNIT**

	March 2022	YTD 2022	YTD 2021	YTD 2020	YTD 2019
Mishawaka Clinic					
Patients Seen:	0	0	222	109	0
Vaccines Administered:	0	0	529	245	0
Record Requests:	0	0	33	5	na
Mobile Clinic					
Patients Seen:	26	54	33	81	54
Vaccines Administered:	106	192	54	217	73
South Bend Clinic					
COVID Administered:	275	2250	36149	na	na
Immunizations Administered in :	297	894	7	557	1083
Patients seen in CCB & SB Clinic:	393	2505	32323	251	439
Record Requests:	73	188	3	32	92
Combined Totals:					
Patients Seen:	419	2559	32578	441	493
Immunizations Administered:	678	3336	36739	1019	1156
Record Requests:	73	261	36	37	92
Tuberculosis					
	Feb. 2022	YTD 2022	YTD 2021	YTD 2020	YTD 2019
TST Administered	36	89	56	96	92
TB Assessments	5	6	<5	0	<5

We have hired and are training two new nurses for the immunization clinic and mobile clinic. Both the mobile unit and the clinic are working hard to catch children up with their regular required vaccines by calling doing reminder calls. We are working hard to immunize as many people as possible with HPV and MenB.

The mobile unit is going to schools and promoting not only regular required immunizations but also HPV and MenB.

The Covid clinic will be going to three days a week starting next week.

We have had a lot of travelers come in for yellow fever and other vaccines depending on where they are traveling to.

MOBILE IMMUNIZATION CLINIC

Carla's last day was March 3rd. Abby covered the regular immunization clinic for half days on March 7, 8, 10, 14, 15, 17, and all day on March 21, 22, 24, 28.

Barbara James started March 14 as a part-time immunization nurse. Stephanie Swanson started March 23rd as a part time mobile nurse. They both will be trained in the South Bend clinic for a while. Abby helped to train them on the days she was in clinic and Stephanie observed a mobile clinic on March 31st.

The second week of March they started painting so we can move the covid clinic upstairs. We moved up on March 23rd and now all covid vaccine operations happen in the old STD lobby on the 9th floor.

The team had several meetings with community organizations and connection opportunities to share information about the services we provide and to plan mobile clinics. We had a meeting with the LGBTQ Center, a couple meetings with staff at IMHC Doula Services, and meetings with the nurse for the HeadStart & School Aged Mothers Program, Mishawaka schools' staff, Washington High School's nurse, and MDWise staff. We also had several internal staff meetings about outreach and the immunization grant.

We joined in on the Doula Services Zoom "Breastfeeding Kickback" on March 17th to talk about the services we provide and answer questions about immunizations.

We had educational tables at Riley HS Parent-Teacher Conference night and at the Parent & Family Expo for South Bend Schools.

We picked up our new mobile unit on March 21st and are excited to start using it!

The mobile unit saw 26 patients and administered 106 routine immunizations. We also administered 8 covid vaccinations at a mobile clinic.

Clinics:

3/3/22 Adams High School

3/10/22 Adams High School

3/17/22 Clay High School

3/17/22 IMHC Doula Services Breastfeeding Kickback – Education

3/19/22 Parent & Family Expo at Brown school – Education

3/24/22 The NEXUS Center – Covid clinic

3/24/22 Riley High School Parent Teacher Conferences – Education

3/31/22 Riley High School

**NURSING
PUBLIC HEALTH UNIT**

LEAD CASE MANAGEMENT					
10mcg & ABOVE					
	March 2022	YTD 2022	YTD 2021	YTD 2020	YTD 2019
New Cases Received	1	1	<5	<5	<5
Closed Cases	0	0	<5	<5	<5
Open Cases being followed	36	36	32	21	32
CASE MONITORING 5 – 9.9 mcg/dl					
	March 2022	YTD 2022	YTD 2021	YTD 2020	YTD 2019
New Cases Received	7	16	23	21	23
Total Monitored Cases	93	93	106	97	93
TUBERCULOSIS					
	March 2022	YTD 2022	YTD 2021	YTD 2020	YTD 2019
Directly Observed Therapies	142	353	99	329	694
Nurse Visits	31	70	18	82	50
QFT Ordered	18	23	0	13	13
CXR	0	3	0	5	2
New Active Cases	3	4	0	<5	<5
<i>Active TB Cases Following</i>	9	9	<5	5	12
<i>Latent TB Cases Following</i>	20	28	8	25	22
ANIMAL BITES					
	March 2022	YTD 2022	YTD 2021	YTD 2020	YTD 2019
Animal Bites	44	97	146	122	143
Specimens Sent to ISDH Lab	12	97	13	21	22
Specimens Positive	0	0	0	0	0

VITAL RECORDS UNIT

	<u>Records Filed in March 2022</u>	<u>YTD 2022 Occurrences</u>	<u>YTD 2021 Occurrences</u>	<u>YTD 2020 Occurrences</u>	<u>YTD 2019 Occurrences</u>
<u>Birth Statistics*</u>					
Total Births	328	1006	996	908	1005
<u>Death Statistics*</u>					
Total Deaths	232	847	848	803	755

Birth & Death data reflected as of 04/04/2022.

Statistics are subject to change. Statistics were generated from our local hospitals, Chronica, and DRIVE.

HEALTH OFFICER

Report in the Health Officer Presentation and Report portion.

Respectfully,

Robert M. Einterz, MD
Health Officer

Tests drawn February 1, 2022 – February 28, 2022

<i>Pb Level (ug/dL)</i>	<i>Venous</i>	<i>Capillary</i>	<i>Total</i>
<i>0</i>	19	57	76
<i>0.1-3.4</i>	16	120	136
<i>3.5-4.9</i>	4	2	6
<i>5-9.9</i>	1	4	5
<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>	41	184	225

There were two duplicate tests in the month of February, 225 unique children were tested.

2022 YTD = 446

2021 YTD = 644

Test Levels (ug/dL)	Percentage of venous draws
0	25%
0.1-3.4	18%
3.5-4.9	67%
5-9.9	20%
≥10	50%

Elevated tests by zip codes:

46601	1 elevated
46616	1 elevated
46628	3 elevated
46545	1 elevated
46561	1 elevated

St. Joseph County Board of Health Personnel Committee Meeting
April 5, 2022

Minutes and Recommendations to the Board

Present: Marker(chair), Beidinger, Kirsch, Reilander, Lebbin, Einterz

There was a Board motion that the Personnel Committee consider options for a “meeting decorum” statement of some sort to set guidelines around how those present at Board meetings conduct themselves. The Personnel Committee met and discussed our options and had a robust conversation about various options.

RECOMMENDATIONS:

- 1) Amend the existing statement of decorum to read as follows:

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 any person's statement if the statement becomes personally directed, abusive, obscene, or inflammatory.

- 2) Move the location of this statement within the regular Board of Health meeting agenda to the top of the agenda with the following header: “The following statement provides guidance for the public comment portion of this meeting and the expected decorum for all conversation during the meeting.”
- 3) Portions of Robert’s rules of Order (the official parliamentary guide for our meetings) pertinent to Board meeting decorum and management will be distributed to all Board Members and be added to orientation materials for future new Board Members.

Respectfully submitted by the Personnel Committee member for consideration,

Jason Marker, MD
Personnel Committee Chair

HEALTH EQUITY, EPIDEMIOLOGY, AND DATA REPORTS

Health Equity, Epidemiology, and Data (HEED) Unit

The St. Joseph County Department of Health works to promote physical and mental health and facilitate the prevention of disease, injury and disability for all St. Joseph County (SJC) residents.

To guide this work, the Department of Health has embraced a data-driven, evidence-based and community-centered focus on health equity.

Over the past two years the HEED Unit has worked to define the burden of disease in SJC, understand how social and structural factors impact health in the county, and center community voices in creating a healthier county.



Our Vision

Healthy people in a healthy St. Joseph County

HEED Reports Series

- ✓ Burden of Disease
- ✓ Health Equity Report
- ✓ Health Equity Data Analysis

The creation of the reports uses a tree analogy to show the relationship between root causes and outcomes in health. The soil correlates to the systems of power and its nutrients represent community assets, policies, and practices. The leaves and fruits represent health outcomes. When the systems of power are advantageous—that is, when community policies and practices lead to fair access to resources—the soil quality is good and health outcomes improve. When the soil is lower quality, the health of the tree (and the community) is diminished.

The Burden of Disease Report 2021

Data-driven

Leading Cause of Death in SJC (2018 to 2020) All Age Groups	Death	Rate / 100,000 People
Diseases of Heart	1780	218.7
Malignant Neoplasms / Cancer	1643	201.8
Chronic Lower Respiratory Diseases	534	65.6
Cerebrovascular Diseases	525	64.5
Alzheimer Disease	483	59.3
Accidents (Unintentional Injuries)	423	59.5
COVID-19	372	45.7
Diabetes Mellitus	274	33.7

Source: CDC WONDER

This report establishes the leading causes of death in the county, the illnesses that burden the community, and a discussion of healthcare costs. The report analyzes the impact of illnesses across various demographics. It determines the main payer for the hospitalization of the county residents. It provides a detailed baseline for health outcomes in SJC. This data-driven report creates a foundation for the Health Equity Report.

The Health Equity Report 2022

Education

Food Systems

Neighborhood and Built Environment

Economic Stability

Community and Social Context

Healthcare System



This report documents the county health outcomes in relation to the conditions and contexts in which people live and how these places influence illness and wellbeing. The report discusses the social determinants of health and explores the concepts of health disparities and health equity. It further suggests evidence-driven approaches that can be implemented across multiple levels of society to improve health outcomes. This report informs the different approaches the department of health takes towards engaging the community in creating better health outcomes. It leads us to the community centered model referred to as the Health Equity Data Analysis (HEDA).



Evidence-based

The Health Equity Data Analysis - Ongoing

The Burden of Disease Report 2021 and Health Equity Report 2022 are based on data and evidence from multiple departments and organizations in the United States as well as scholars and researchers. The Health Equity and Data Analysis (HEDA) is built on the premise that local community voices are important in discussions of data and evidence. This dialogue builds locally responsive approaches to improve health outcomes.



Community-centered

Health Cafes

In SJC, the HEDA process is conducted through multiple health cafes located in selected neighborhoods in the county. The health cafes are open conversation spaces hosted by the Department of Health Community Health Workers (CHWs). These conversations follow a set of questions exploring the health of the community, resources, and challenges to being healthy, and possible changes that can be implemented to improve local health. The participants in the conversations are residents of SJC living within the identified neighborhoods. The evaluation of information from the health cafe sessions will guide how the department of health engages residents to advance health and health equity.

HEALTH EQUITY REPORT



Our Vision
Healthy people in a healthy St. Joseph County
Data-driven | Evidence-based | Community-centered

Health Equity Report 2022

The St. Joseph County Department of Health works to promote physical and mental health and facilitate the prevention of disease, injury and disability for all St. Joseph County residents. To guide this work, the Department of Health has embraced a data-driven, evidence-based, and community-centered focus on health equity. Over the past two years the Health Equity, Epidemiology, and Data (HEED) Unit has worked to define the burden of disease in SJC, understand how social and structural factors impact health in the county, and include community input to create a healthier county. The Health Equity report shares evidence-based practices at multiple levels of society for how to make a difference in health for St. Joseph County.



Health equity is achieved when we eliminate the social and structural factors that prevent individuals from achieving health and wellbeing. In health equity, all residents have equal opportunity for optimum health. Health equity reflects principles of nondiscrimination and equality. Health equity is inherently multi-sectoral. Achieving health equity in the county requires shared vision and values. It also requires consideration and inclusion of various systematically disadvantaged groups and seeks to remedy historic and present inequities through collective community action.

- This initial health equity report by the St. Joseph County Department of Health seeks to:
- Use data-driven approaches to document health outcomes and identify health disparities
 - Examine the relationships between health disparities, social determinants of health, and systems of power
 - Outline policies, practices, and programs in which the department, community organizations, and residents can engage to reduce and eliminate health disparities

HEALTH OUTCOMES WE AIM TO IMPROVE:



Key Recommendations:

- Implement interventions at multiple levels to achieve greater impact on health
- Enhance systems for data collection, sharing, evaluation, and analysis
- Develop and implement interventions to address root causes of health outcomes



6.5% of the population of SJC is foreign-born



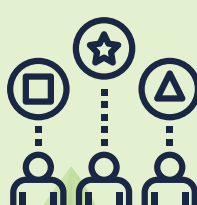
71 religious groups



Median age is 36.6 years



15.2% of the county residents have a disability

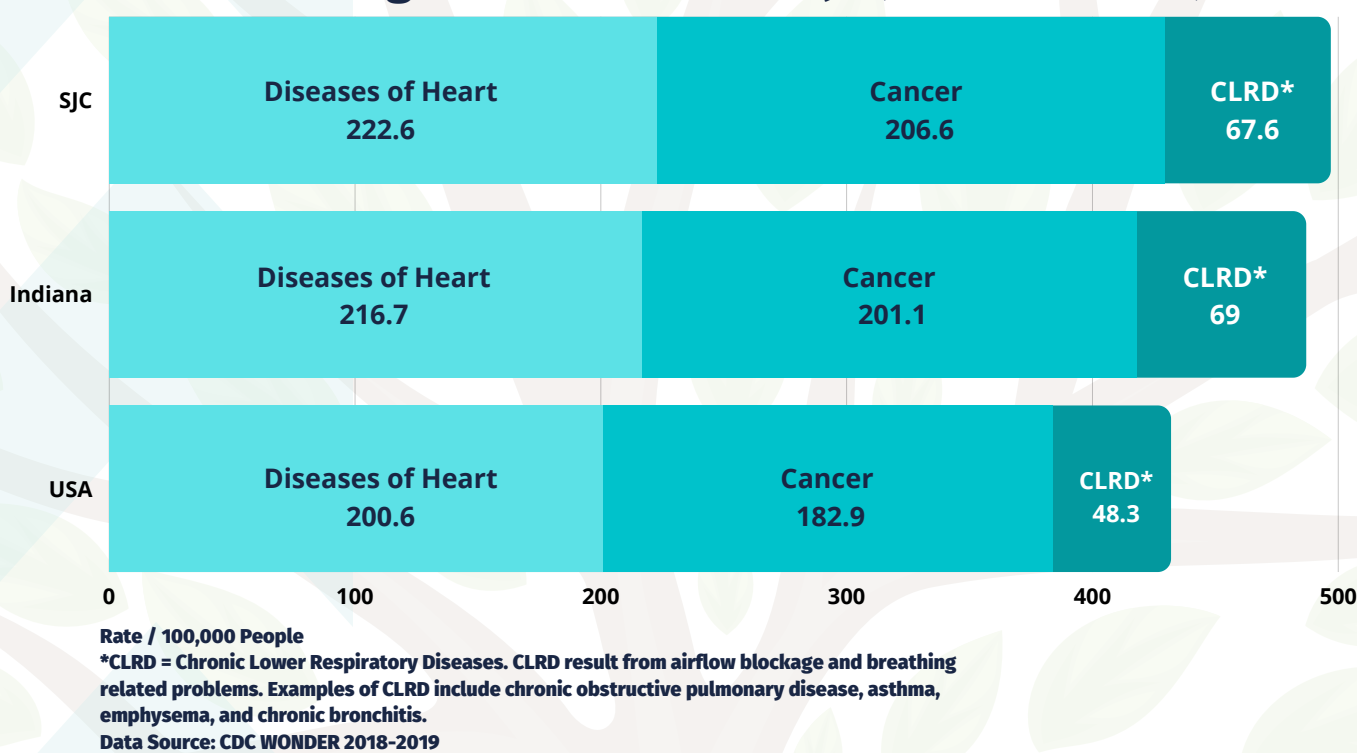


Various races and ethnicities

Health Outcomes

Health outcomes range from wellbeing to sickness and death. Different root causes lead to different health outcomes and can influence life expectancy. Some of the health outcomes include heart disease, cancer, asthma, and mental illness. You will see 19 health outcomes in our full report.

3 Leading Cause of Death in SJC (2018 and 2019)



In the leading causes of death, SJC has slightly higher rates for the top two diseases than the state and the country. While CLRD is the third leading cause of death in Indiana and SJC, it is the fourth leading cause in the United States. The third leading cause for the United States is accidents and injuries inclusive of drug overdoses.

Root Causes

Social determinants of health refers to the conditions and environments in which people are born, live, learn, play, work, age, and die that shape health outcomes. The examples in this report of health outcomes and their associated root causes are not an all-encompassing explanation of each health outcome but are meant to provide insight and context into the multifactorial origins of morbidity and mortality.

Systems of Power

The intrapersonal, interpersonal, institutional, and systemic mechanisms that shape the distribution of resources in society are known as systems of power. These systems act across social domains like law, governance, and culture. They are rooted in historic and current policies, practices, and programs.

Improving Health Outcomes

Evidence-based approaches show that adopting policies, programs, and practices that support better social and economic conditions across the individual, relationship, organizational, community, and policy levels can positively influence health outcomes.

Education



Food Systems



Neighborhood and Built Environment



Economic Stability



Community and Social Context



Healthcare System



This report was created by the Health Equity, Epidemiology, and Data (HEED) Unit of the St. Joseph County Department of Health.

For access to the full report, click [here](#).

Annual Snapshot 2021



A Message from the Health Officer:

This year marks the halfway point in the Department of Health's four-year strategic plan. The plan was designed to reduce the burden of suffering due to preventable conditions. Priority goals in the plan included controlling the spread of SARS-CoV-2; meeting all statutory requirements; addressing social factors that influence health; reducing health disparities and promoting health equity; and enabling data-driven, evidence-based solutions. The Department is on-track to meet each of these goals.

The Department's effort to control SARS-CoV-2 and mitigate its effects continued throughout 2021. With the help of hundreds of volunteers and staff members from every departmental unit, the Department created and implemented a highly successful mass immunization clinic at St. Hedwig Memorial Center. The clinic at Hedwig, which later transitioned to the County City Building, provided an opportunity for every age-eligible resident of the county to protect themselves against the virus. The Department's daily COVID metrics, COVID dashboard, recommendations, and frequent communications provided all residents the opportunity to make informed choices regarding ways to reduce viral transmission and protect vulnerable members of our community.

The Health Equity, Epidemiology and Data (HEED) Unit took a major step forward when it competed successfully for a \$3 million grant from the Centers for Disease Control (CDC) to deploy a team of eight Community Health Workers (CHWs) to reduce health disparities and improve the health of the community, particularly in census tracts with the highest social vulnerability indices in the county. The CHWs collaborate with many community organizations, administer COVID-19 testing, perform and respond to social needs assessments, and assist county residents to obtain health insurance. The CHWs also promote lead awareness and prevention and assist with lead case management.

The Environmental, Food Services, and Vital Records units remained open to the public throughout the pandemic, issuing permits and certificates, doing inspections, and responding to citizens' concerns. Emergency Preparedness unit played a key role in establishing and maintaining the COVID vaccination clinics. The Department's outreach to unhoused individuals and their congregate spaces mitigated the impact of COVID 19 and responded to other needs of that population.

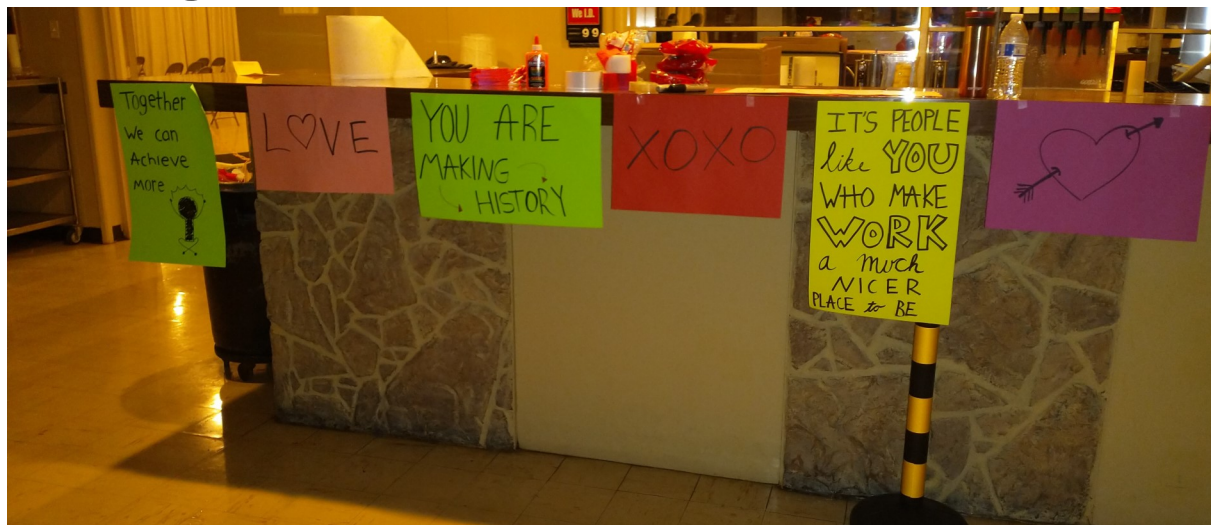
Though the strategic plan will continue to guide the Department's activities for the next couple of years, we will also draft and present a comprehensive community plan to address opioid use disorder. The HOPE unit will have the lead responsibility for this additional goal. It is prompted by the increase in deaths due to drug overdoses in the county over the last four years.

Despite numerous challenges and the impact of the political polarization in our country on public health, the staff of the St. Joseph County Department of Health performed admirably throughout the year. I am proud to be associated with them, and the residents of the county owe each and every one of them a debt of gratitude.

Respectfully,

Robert Einterz MD

Our Organization



OUR VISION

Healthy People in a Healthy
St. Joseph County

OUR MISSION

To promote physical and mental health and facilitate the prevention of disease, injury, and disability for all St. Joseph County residents

Board of Health

The Board of Health advocates for the department's mission, ensures a program plan to address population needs, evaluates the department's effectiveness, hires and evaluates the Health Officer, and provides financial stewardship.

Board of Health 2021:

President: Heidi Beidinger-Burnett, PhD, MPH

Vice President: Jason Marker, MD

Board Members: Ilana Kirsch, MD; John Linn;
Michelle Migliore, MD; Jamie Shoemaker, MD;
Emily Dean

Attorney: Marcellus Lebbin



Health Officer

Robert M. Einterz M.D.

The Health Officer is the chief executive of the department of health. Dr. Einterz was appointed health officer in February 2020.



Deputy Health Officer

Mark D. Fox, M.D., PhD, MPH

The Health Officer is the chief executive of the department of health. Dr. Fox was appointed deputy health officer in 2018. His priority areas are lead, infant mortality, immunizations, health equity, and health promotion.

Administration

Health Officer— Robert M. Einterz, M.D.

Deputy Health Officer— Mark D. Fox, M.D., PhD, MPH

Executive Administrative Assistant— Jennifer Parcell

Administrator/Finance Manager— Amy Ruppe

Special Projects Officer—Christine Hinz

Our Organization: Units and Staff



Environmental Health

Director—Mark Espich
 Assistant Director—Brett Davis
 Administrative Assistant—Pam Thompson
 Staff Assistant—LaTeesha Wright
 Environmental Health Specialists—
 Allison Zandarski; Briannah McCall; David
 Ekkens; Jeff Murawski; Jessica Dilling; Josiah
 Hartman; Kara Dishman; Patrick Sovinski,
 Sarah Mitchell



Nursing

Public Health Nursing Director—Nancy Pemberton
 Immunizations Director—Neiko Rust
 Registrars—Connie Wawrzyniak; Danielle Sims,
 Paula Sulentic, Ana Otero-Torres
 Billings Clerk—Carol Frazee
 Immunization Nurses—Aaron Fox; Abigail Maxwell;
 Carla Dawson
 Public Health Nurses—Danielle Laskowski; Jan
 Boyk; Lauren Gunderson; Lori Montgomery;
 Summer Murdock
 Outreach Coordinator—Shelley Chaffee



Health Outreach, Promotion, & Education

Director—Robin Vida
 Health Promotion Specialists—
 Kristen Sachman
 Sarah Zepeda
 Maternal/Infant Health Coordinator—Sally
 Dixon



Food Services

Director—Carolyn Smith
 Assistant Director—Karen Flanagan
 Administrative Assistant—Renata Williams
 Staff Assistant—Sharyl Smith
 Food Service Specialists—Audrey Funk;
 Jacob Parcell; Lynette Wesby; Melissa Papp;
 Susan Burnett, Shayla Kimbrough



Vital Records

Director—Ericka Tijerina
 Assistant Director—Denise Kingsberry
 Registrars—
 Angelica Macedo
 Katie Mesaros
 Kimyon Woods-Holt



Emergency Preparedness

Public Health Coordinator—Paul Burrows



Health Equity, Epidemiology, & Data

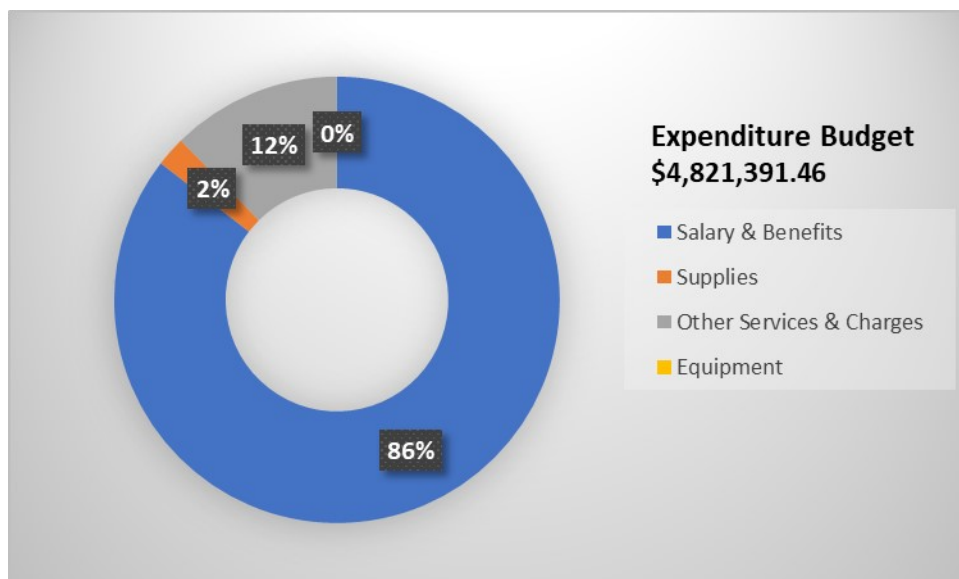
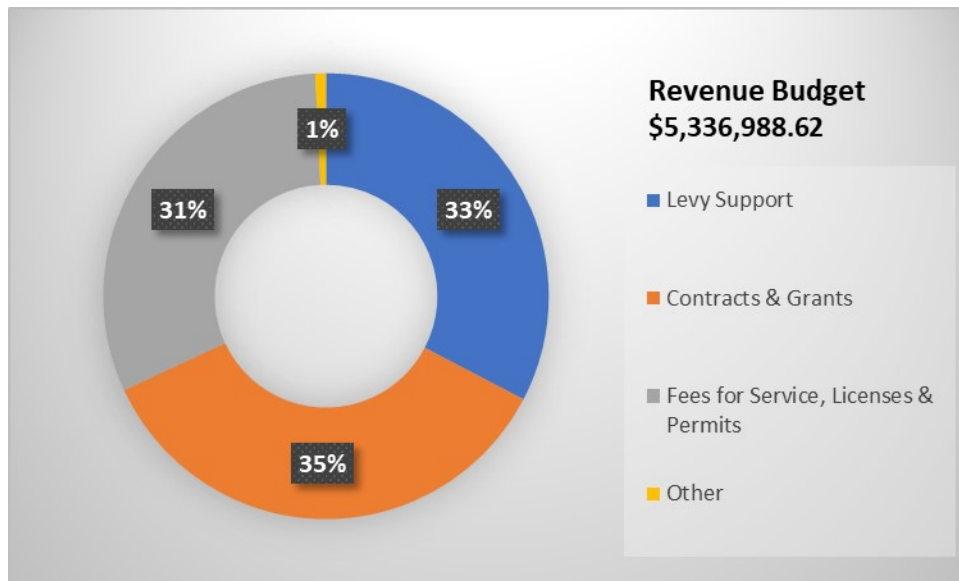
Director—Cassy White, MPH
 Social Worker—Taylor Martin, LCSW
 Community Health Workers— Jael Jackson, Jona-
 than Carmona, Jackie Lopez, Jen Gonzalez, Kim
 Dreibelbeis, LaShawna Love, Melissa Elissetche,
 Savannah Hardy, TaKisha Jacobs, Veronica Es-
 cobedo
 Public Health Fellows— Frank Spesia, Juan Esteban
 Baus, Mary Mumbi



Congregate Outreach

Congregate Outreach Coordinator—Harry Gilbride

Financials



Environmental Health



CAMP MILLHOUSE

The Environmental Health Unit worked with the Indiana Onsite Wastewater Professionals Association to help get Camp Millhouse a new septic system for their lodge and other buildings. Camp Millhouse is a non profit residential summer camp for children and adults of all ages with varying disabilities. All of the materials and labor were donated, and contractors from across Indiana helped install their new system. The installation began in October of 2020 and was completed in April of 2021 in time for camp season.

PERMITS

Septic system and well drilling permits accounted for 938 of the 1,310 permits issued by the Environmental Health Unit. The remainder are comprised of massage therapy facilities and practitioners, solid waste, tattoo and body piercing facilities and practitioners, and burn permits.

VECTOR CONTROL

The Department of Health's Vector Control program expanded this year to include significant Eastern Equine Encephalitis surveillance as well as a collaboration with the University of Notre Dame. In total, 26,015 mosquitoes were split among 455 pools to be tested for West Nile Virus, Eastern Equine Encephalitis, and LaCrosse Virus. The Department of Health tested 119 of those pools via in-house RAMP testing, while the remaining 336 were sent to the Indiana State Department of Health for PCR testing. St. Joseph County accounted for 18% of all mosquitoes tested in the entire state of Indiana in 2021. There were 22 positive West Nile Virus pools, and 1 human West Nile Virus case (non-fatal).

NUMBERS AT A GLANCE

- Conducted 68 lead risk assessments
- Conducted 1,059 septic inspections/ consultations
- Conducted 114 wellhead protection area inspections
- Conducted 38 routine massage establishment inspections and 28 tattoo/body piercing establishments
- 706 complaint responses regarding housing:
 - Pests
 - Cleanliness
 - Water shutoff
 - Waste disposal
- Processed 5,884 property transfer applications

Nursing



IMMUNIZATIONS

The Immunization Unit played a key role in bringing up a mass COVID-19 immunization clinic at St. Hedwig Memorial Center. The clinic ensured that all residents of the County had the opportunity to get vaccinated against COVID-19. With the support of hundreds of volunteers, the clinic was one of the most productive immunization clinics in the State of Indiana. By the end of the 2021, the immunization team had immunized more residents of SJC than any other single provider in the county.

Though the COVID immunization clinic at St. Hedwig required the closure of the routine immunization clinic on the 9th floor of the County-City building, the Department continued to provide all residents of the County the opportunity to receive routine immunizations at the Mishawaka clinic and in various mobile clinics throughout the year.

TUBERCULOSIS (TB)

Tuberculosis, if left untreated, is a deadly disease. Though the prevalence of TB in the county is much less now compared to decades ago, it continues to pose a threat to the health of our community. Department of Health nurses cared for multiple individuals infected with tuberculosis during the last year, providing directly observed therapy in-person or by video chat for cases of latent and active disease.

PUBLIC HEALTH NURSING

The Public Health Nurses (PHNs) investigated 597 communicable disease cases, with Hepatitis C being our top reportable disease, followed by Hepatitis B. In addition, the PHNs managed 598 animal bites for the year. PHNs also performed lead case management and monitoring throughout the year.

NUMBERS AT A GLANCE

- Mobile clinics conducted: 42
- Immunizations provided: 89,818
- Number of unique individuals vaccinated: 45,927
- Active TB case management: 12
- TB nurse visits: 249
- Directly observed therapies (DOT) visits by TB nurses: 1,879
- Lead managed cases (>10ug/dL): 38
- Lead Monitoring Cases (5 to 9.9ug/dL): 116

Health Outreach Promotion and Education



COVID-19 RESPONSE The HOPE team played a critical role in the COVID-19 vaccine rollout, including recruitment, support, and scheduling of hundreds of volunteers; managing clinic logistics; nurturing morale of clinic workers; and, informing the public.

MENTAL HEALTH (SUBSTANCE USE & SUICIDE PREVENTION)

The HOPE team distributed Narcan to multiple sites and partners throughout 2021; hosted an intern who developed an outline of a comprehensive community plan to address opioid use disorder; participated on the Suicide and Overdose Fatality Review Team and shared recommendations with community partners; and, performed asset mapping for suicide prevention to gain a better understanding of the existing system.

MATERNAL/INFANT HEALTH The HOPE team received several grant awards that supported:

- The department's efforts to review all fetal and infant deaths in the county and share recommendations with relevant partners and the community
- The first ever Birth Equity Conference (planned for 2022)
- A birth equity luncheon for the First Ladies of the Church and female Clergy
- Collaboration with the National Birth Equity Collaborative to begin a birth equity assessment and workplan

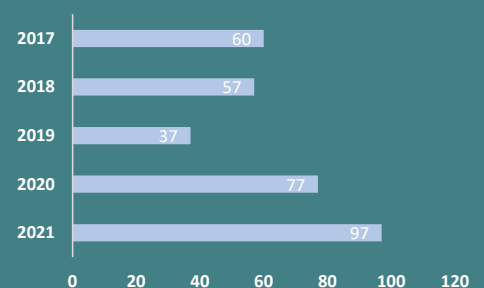
The team also participated with elected officials to address legislation that would impact pregnant workers.

CREATING A CULTURE OF PUBLIC HEALTH Working with a local team of documentary artists, the HOPE team developed a [video](#) highlighting some of the critical work of the Department of Health.

Numbers at a Glance

- 26 community events
- 1,800 doses of naloxone distributed to community partners and members
- Collaborated with the SJC public library to host a 3-part COVID-19 vaccine Series virtually to over 200 community members

Over Dose Deaths



Food Services



FOOD SERVICES Food inspectors prevent food borne illnesses, promote safe food handling practices and protect consumers from unsafe food. In 2021, the Unit performed unannounced inspections for 1725 permitted entities to evaluate food handling practices and assess compliance with state and local regulations. The major goals of inspection are to educate and advise food handlers and enforce regulations. Recognizing that observations made during an inspection may be different from one day to the next, we also review past inspection reports and the establishment's records, and observe and interview workers to reach an accurate assessment of an establishments understanding of and compliance with food safety and sanitation requirements.

TEMPORARY EVENTS As the pandemic eased, SJC saw a significant increase in the temporary events in 2021. Total event inspections increased from 100 in 2020 to 388 in 2021. Festivals, the 4H County Fair, sporting events and food truck vendors all returned to welcoming crowds and long lines.

AQUATICS While the Indiana Department of Homeland Security reviews and approves construction of new pools, food staff were responsible for conducting annual inspections. The food staff offer consultations to pool operators regarding correct signage, life saving equipment, pool chemistry and sanitary facilities. Inspections are conducted based on Indiana State Public and Semi-Public Pools Rule 410 IAC 6-21. We conducted 170 pool inspections in 2021 compared to the 97 inspections in 2020. Inspections are performed by a Certified Pool/Spa Operator (CPO). In 2021, two staff gained new certification credentials and one staff renewed their credentials), bringing the total CPOs in the Food Services Unit to four.

NUMBERS AT A GLANCE

- Service complaints: 218
- Food store complaints: 39
- Perfect inspections certificates: 513
- Abatement correspondence: 19
- Opening inspections: 171
- Retail inspections : 2172
- Temporary events: 305
- Temporary inspections: 388
- Possible food borne illness investigations: 15
- Smoking complaints: 5
- Fire investigations: 9
- Pool inspections: 170
- Pool consultations: 1
- Pool complaints: 5
- Pools closed: 78

Vital Records Unit



BACKGROUND

St. Joseph County Vital Records Unit provides services for birth and death events that occurred in the county. Our office offers the ability to establish paternity in office, make corrections to birth records, record legal name and gender changes, and a variety of other maintenance services. We conveniently offer two locations for services in South Bend and Mishawaka.

DATABASE UPDATE

On January 1, 2021 The Indiana State Department of Health introduced a new software for vital records utilization, Database Registration of Indiana's Vital Events (DRIVE). Early stages of the migration caused some delays in vital record functions for the entire state of Indiana at the local and state levels. St. Joseph County was a leader in finding opportunity and solutions within this new system for ourselves and other neighboring counties.

Numbers at a Glance

- Total births: 4,092
- Total deaths: 3,385
- Births records
Issued: 17,317
- Deaths records
Issued: 20,263
- Corrections/
amendments: 50
- Correction/
amendment Copy: 1
- Paternities: 72
- Paternity copy: 175

Emergency Preparedness Unit



EMERGENCY PREPARDNESS

The Public Health Coordinator participated in District 2 Local Health Department meetings and facilitated Emergency Support Function (ESF8) quarterly call downs. Part of all new Department of Health employee onboarding includes an emergency preparedness orientation. The Coordinator revamped and improved this orientation for staff. This Unit spends time ensuring the Emergency Training and Exercise Plan and Emergency Operations Plan stays up to date.

COVID-19 VACCINE CLINIC

By January 2021, preparation for a mass COVID-19 vaccine clinic was set at Hedwig Memorial Center. This unit played point on procuring the agreement between parties. The Public Health Coordinator helped organize and set up the most efficient and effective way for community members to receive their COVID-19 vaccine. In partnership with the Nursing Unit, the Coordinator helped design and purchase a new mobile clinic to expand Department of Health services into the community. The Coordinator continued to monitor PPE supplies and reorder as needed for all field and clinic Department of Health staff.

Numbers at a Glance

- Ordered over 3,000 rapid COVID-19 tests for community
- Facilitated monthly emergency support meetings
- Over 8,000 PPE supplies (gloves, masks, hand sanitizer, etc) for stocked for Department of Health staff or community partners

Health Equity, Epidemiology, & Data



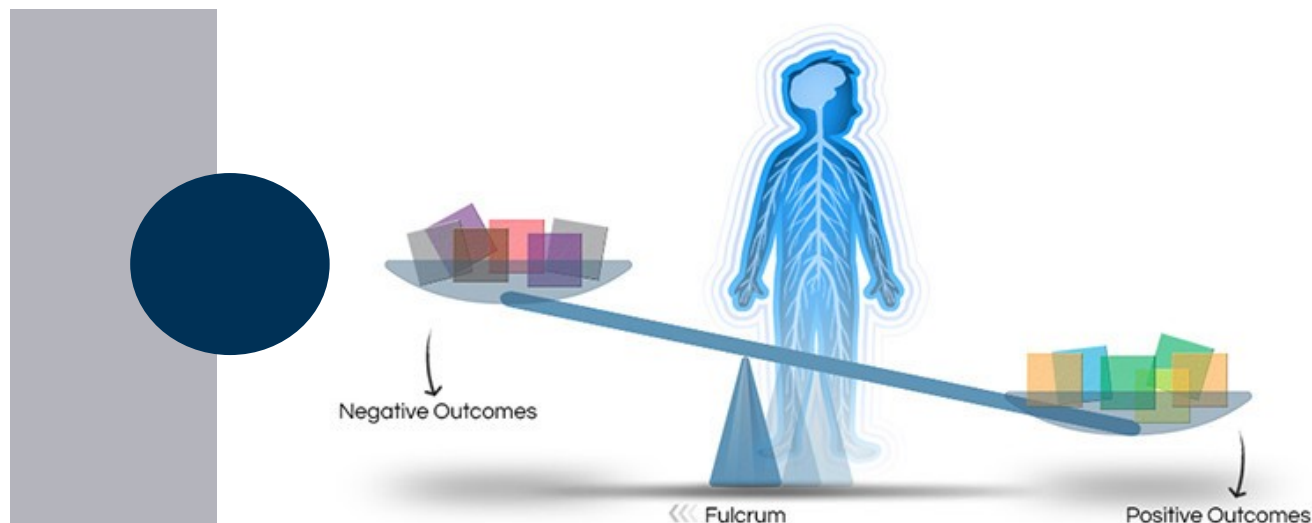
Community Health Workers (CHWs) The HEED Unit competed successfully for a \$3 million grant from the CDC to deploy a team of eight CHWs to reduce health disparities and improve the health of the community. The CHWs work primarily in census tracts with the highest social vulnerability indices in the county. Having begun the year with just two CHWs, by year's end the Department had recruited and hired nine more CHWs. Two of the eleven CHWs were promoted to the CHW Coordinator role. The CHWs collaborate with many community organizations, administer COVID-19 testing, perform needs assessments, connect residents to community resources, and assist residents to obtain health insurance. The CHWs also promote lead awareness and prevention and assist with lead case management. Eight CHWs completed their CHW certification through Health Visions Midwest, and nine CHWs passed the Indiana Insurance Navigation exam. Throughout 2022, the CHWs will host Insurance Navigation Clinics and Health Cafés in neighborhoods throughout SJC. The Health Cafés are designed to improve health literacy and empower county residents to take a more active role in improving their own health and the health of their communities.

Data Analysis and Reporting Throughout 2021, the HEED Unit collected, analyzed, and reported data pertinent to the health conditions and problems affecting the county. The HEED Unit informed departmental leadership and elected officials, enabling them to discern appropriate policy and recommendations. HEED's Daily COVID metrics and the [COVID dashboard](#) enabled community members to make informed choices.

Numbers at a Glance

- Conducted 182 Needs Assessments
- Lead Referrals: 102
- 59 Children Received Lead Test after CHW home visit
- Hosted 10 Daycare Lead Screening Events
- Provided insurance assistance to 17 St. Joseph County Residents
- Provided 620 COVID tests to community members in partnership with La Casa de Amistad
- Created the first Burden of Disease report for St. Joseph County

Health Equity, Epidemiology, & Data



Adverse childhood experiences (ACEs) are traumatic events that occur in childhood such as experiencing violence, abuse, or neglect; witnessing violence in the home or community; and having a family member attempt or die by suicide. Also included are events that undermine a child's sense of safety, stability, and bonding, such as growing up in a household with substance use problems, mental illness, or instability due to parental separation or household members being in jail or prison. ACEs are linked to chronic health problems, mental illness, and substance use problems in adulthood. Preventing ACEs could reduce many health conditions (CDC, [ACEs fast facts](#)).

The HEED Unit's ACEs work focused on three areas in 2021: outreach, research, and clinical partnerships. ACEs outreach aims to improve the county's understanding of ACEs, and to identify opportunities for organizations to align around a shared goal of ACE prevention. ACEs research aims to ensure that new opportunities for ACE prevention and public health responses to ACEs are identified, and that our ACE prevention efforts are grounded in research and best practices. Clinical partnerships focus on developing relationships with local physicians to incorporate ACEs science into their practices. Clinical partnerships are centered primarily on improving individual patient health outcomes through a trauma informed approach. Preventing ACEs is a multifaceted problem that requires the careful attention of a broad group of stakeholders. Our efforts in 2021 focused on identifying immediate areas of impact and developing relationships with community partners that will inform future collaborative efforts for ACE prevention.

Numbers at a Glance

- Provided 10 ACEs Training
- Conducted 3 focus groups with community partners to determine Department of Health's role in ACEs response
- Created a public health response to ACEs
- Developed relationships with 19 community partners

Caring For Unhoused Individuals



CONGREGATE OUTREACH COORDINATOR

The Congregate Outreach Coordinator, a new position in 2021, addresses the health needs of unhoused individuals and individuals residing in congregate living facilities such as homeless shelters and in-patient rehabilitation centers. The Congregate Outreach Coordinator assisted in establishing quarantine and isolation spaces and protocols; monitored individuals in quarantine; and worked with community health partners to roll out COVID-19 vaccine and testing to shelters, in-patient rehab, and soup kitchens.

COMMUNITY PARTNERSHIPS

In the face of COVID-19 pandemic, the Congregate Outreach Coordinator worked with community partners to collaborate and leverage shared resources. He collaborated with the Continuum of Care (a consortium of shelters, in-patient rehab facilities, soup kitchens and other service providers) and community healthcare centers to improve the health of unhoused individuals.

WASH WEDNESDAYS

Wash Wednesdays is a program created in partnership with Burton's Laundry where every other Wednesday unhoused individuals can wash their clothes free of charge. Burton's Laundry invites individuals into the facility to utilize the Laundry's washers, dryers, and detergent at no charge. The Congregate Outreach Coordinator manages and monitors this program for the Department and for the owner of Burton's Laundry. This program has been extremely successful with over 3,800 loads of laundry washed in 2021.

Numbers at a Glance

- Vaccinated over 450 unhoused individuals in partnership with Healthline
- Washed over 3,828 loads of laundry in partnership with Burton's Laundry
- Provided 311 COVID tests to unhoused individuals

Annexes:

Environmental Health

Work Activities	YTD 2019	YTD 2020	YTD 2021
SEPTIC PROGRAM			
Residential - New Construction			
A. Inspections	236	154	180
B. Consultations	11	16	29
Residential - Replacement			
A. Inspections	766	871	683
B. Consultations	23	53	87
Commercial			
A. Inspections	20	30	12
B. Consultations	2	8	6
C. Cluster System Inspections	2	5	18
Abandonments without Replacements	20	130	44
Permit Applications Received	532	758	589
Permits Issued	464	609	495
Public Information Events	0	2	3
SUBDIVISION PROGRAM			
A. Health Officer Reports	28	40	48
B. Subdivision Reviews	35	56	55
C. Rezoning and Replat Reviews	9	8	10
WELLHEAD PROGRAM			
A. Inspections Performed	174	125	114
WELL DRILLING PROGRAM			
Residential			
A. Inspections	170	209	281
B. Well Abandonments	185	247	314
Commercial			
A. Inspections	2	1	1
B. Well Abandonment Inspections	6	4	4
New Construction			
A. Permit Applications Received	120	65	97
B. Permits Issued	110	69	95
Replacement Permits Issued	234	270	304
Public Information Events	1	0	0

Work Activities	YTD 2019	YTD 2020	YTD 2021
SOURCE WATER PROGRAM			
A. Phase I Inquiries	147	124	191
B. Spill Responses	2	4	1
C. Meth Lab Occurrence Response	1	0	0
D. Other Source Water Inspections	36	13	16
SURFACE WATER PROGRAM			
A. Surface Water Sampling	0	0	0
LEAD PROGRAM			
A. HUD Lead Inspections	3	6	7
B. Lead Risk Assessments	89	56	68
EBLL Assessments	25	22	20
Parent Request	64	34	48
C. Clearances	38	24	23
D. Off-site Meetings	27	5	0
E. Public Information Events	28	1	1
D. Children Tested for Lead Levels*	4446	3560	3286
CAFO PROGRAM			
A. Inspections Performed	0	0	0
AIR QUALITY PROGRAM			
A. Indoor Air Quality Investigations	0	1	0
B. Mold Investigations	1	6	0
VECTOR PROGRAM			
A. Inspections Performed	18	24	35
B. Sites Treated	6	17	9
C. Traps Collected	29	212	275
D. ISDH Submissions	14	125	323
E. Public Information Events	2	2	8
HEALTHY HOMES PROGRAM (Inside)			
A. Initial Complaints	132	152	202
No Water	34	48	37
Garbage/Food Waste	50	40	57
Feces	18	33	37
Rodents/Cockroaches	30	31	71
A. Follow-up Complaints	172	192	161
No Water	44	90	60
Garbage/Food Waste	74	49	58
Feces	20	45	26
Rodents/Cockroaches	34	25	17
B. Dwellings Declared Unfit	20	13	22

Work Activities	YTD 2019	YTD 2020	YTD 2021
MESSAGE			
A. Establishment Inspections	64	70	78
TATTOO/BODY PIERCING PROGRAM			
A. Inspections Performed	23	28	38
COMPLAINTS / INVESTIGATIONS			
A. Garbage/Food Waste (Outside)	67	93	64
B. Sewage	81	111	96
C. Water (ditches, lakes, ponds & swells)	7	4	8
D. Motels/Hotels	3	7	5
E. Burning	10	26	17
F. Other	80	82	153
ABATEMENT LETTERS			
A. Abatement Letters Sent	147	174	341
B. Immediate Threat to Public Health Letters Sent	3	4	8
C. Order to Vacate/Condemn Letter Sent	24	12	31
D. Impending Legal Action Letters Sent	10	22	35

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

Finance

Overview of Revenue and Expenditures

	2019	2020	2021
County Health Fund Revenue	\$3,212,625.94	\$3,048,961.68	\$3,468,867.48
County-Wide Lead Initiative Revenue	\$200,500.00	\$200,000.00	\$0
Grant Revenue	\$383,616.76	\$396,887.39	\$1,868,121.14
TOTAL REVENUE	\$3,796,742.70	\$3,645,849.07	\$5,336,988.62
County Health Fund Expenditures	\$3,197,108.61	\$3,100,681.85	\$3,518,924.87
County-Wide Lead Initiative Expenditures	\$6,663.10	\$21,257.55	\$135,357.88
Grant Expenditures	\$417,348.05	\$695,717.04	\$1,167,108.71
TOTAL EXPENDITURES	\$3,621,119.76	\$3,817,656.44	\$4,821,391.46

Food Services

Food Division	2019	2020	2021
Complaints - Food Service	192	396	218
Complaints - Food Store	18	99	39
Certificates of Perfect Inspection	541	380	513
Abatement Correspondence	51	13	19
Health Officer Hearings	1	0	4
Number of Opening Inspections	170	113	171
Retail Inspections Completed	2620	2798	2172
Establishments Ordered to Cease Operations	3	0	2
Temporary Events	262	261	305
Temporary Inspections	748	115	388
Possible Food Borne Illness Investigations	6	5	15
Smoking Complaints	0	7	5
Fire Investigations	10	2	9
Pool Information			
Number of Inspections	149	97	170
Consultations	16	32	1
Pool Complaints	2	3	5
Closings	43	42	78
Staff Development			
Meetings and Trainings (Total in Hours)	209.5	***	***

*** Information not tracked in this format due to reporting system change.

Health Outreach, Promotion, and Education (HOPE)

	2019		2020		2021	
TOPIC	School (K-College)	Adults	School (K-College)	Adults	School (PreK-College)	Adults
Wellness	356	57	8	9	10	1
Substance Abuse Prevention	0	8	0	4	3	2
Communicable Disease	2	11	0	3	0	4
Reproductive Health	74	0	17	1	2	0
Chronic Disease	0	2	0	0	0	0
TOTAL presentations(participants)	510 (10,167)		41 (710)		22 (3,309)	

Total Number of Events
(i.e. Health Fairs, Community Events, etc.)

	2019	2020	2021
	75	32	33
# of Participants	29,001	689	4,190

Events and educational programs were limited due to staff assisting with COVID-19 vaccine roll-out and clinic operations.

Nursing

Immunizations				
Description		2019	2020	2021
COVID-J&J		0	0	47
COVID-Moderna		0	0	20612
COVID-Pfizer 5-11		0	0	2771
COVID-Pfizer 12+		0	0	61263
DTaP		139	95	119
DTaP-HepB-IPV		191	97	141
DTaP-HIB-IPV		0	21	0
DTaP-IPV		87	65	96
HPV9		594	637	606
Adult Hepatitis A		529	116	59
Pediatric Hepatitis A		582	503	455
Adult Hep A & B		48	17	24
Pediatric Hepatitis B		101	50	82
Adult Hepatitis B		75	40	57
Hib (PRP-OMP)		209	124	159
IPV		195	126	165
Influenza, Injectable, Quadrivalent, Preservative Free*		0	802	585
Influenza, live, intranasal, quadravalent*		0	104	85
influenza, high-dose, quadrivalent*		0	39	62
Adult Influenza*		446	0	0
Pediatric Influenza*		500	0	0
MMR		240	147	153
MMRV		192	119	191
Meningococcal B, OMV (Bexsero)		333	456	319
Meningococcal MCV4O		625	675	649
Pneumococcal conjugate PCV13		235	150	168
Td Adult, Preservative Free		60	36	28
Tdap		637	441	567
PPSV 23		5	3	11
rotavirus, monovalent		82	43	42
typhoid, VICPs		70	17	50
typhoid, oral		59	22	0
varicella		219	156	169
yellow fever		0	0	65
zoster recombinant		13	22	18
TOTAL VACCINES		6530	5198	89818
TOTAL PATIENTS SEEN		2843	2252	45927

*Influenza vaccine manufacturer Department of Health uses was approved for 6 month indication in 2020

Tuberculosis			
	2019	2020	2021
TST Placed	448	361	338
TST Positive	17	11	5
Active Cases	7	5	12

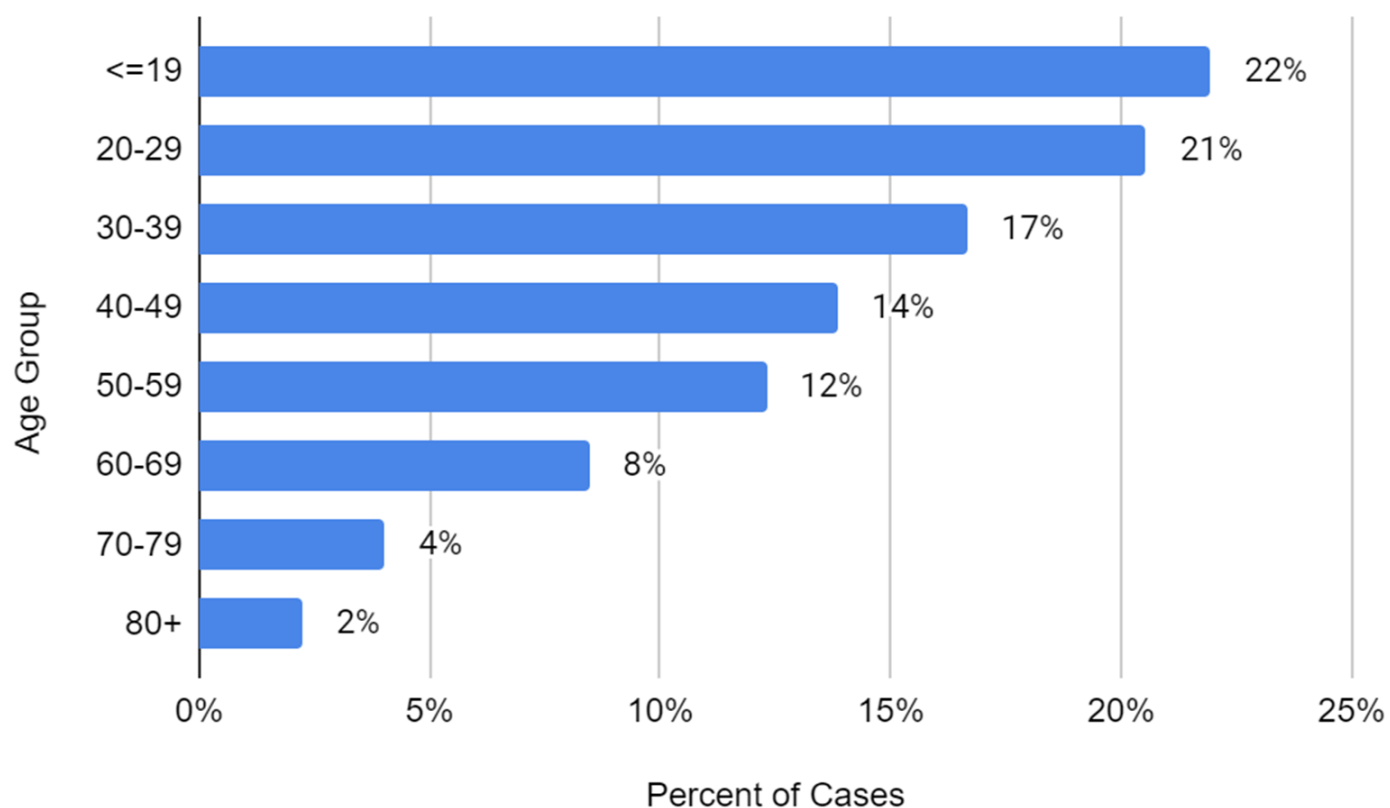
Communicable Disease Surveillance						
	2019		2020		2021	
Condition	Started	Confirmed	Started	Confirmed	Started	Confirmed
2019 Novel Coronavirus	0	0	33274	22140	0	0
Anaplasmosis	<5	0	<5	<5	<5	0
Animal Bites	752	752	598	598	752	752
Babesiosis	<5	0	0	0	<5	0
Botulism (Infant) *	0	0	<5	0	0	0
Campylobacteriosis	83	20	49	35	83	20
Candida auris, clinical	0	0	<5	<5	0	0
Carbapenemase producing-Carbapenem resistant (CP-CRE)	15	7	8	<5	15	7
Coccidioidomycosis	0	0	<5	<5	0	0
Cryptococcus neoformans	<5	<5	<5	<5	<5	<5
Cryptosporidiosis	7	6	10	5	7	6
Dengue	<5	0	<5	<5	<5	0
EEE (Encephalitis)	<5	0	0	0	<5	0
Ehrlichiosis	<5	0	0	0	<5	0
Giardiasis	9	9	14	12	9	9
Hemophilus influenza, invasive disease	8	5	5	<5	8	5
Hepatitis A - Acute	14	<5	37	0	14	<5
Hepatitis B - Chronic	50	8	33	9	50	8
Hepatitis B - Acute	5	<5	<5	<5	5	<5
Hepatitis C – Perinatal	<5	0	<5	0	<5	0
Hepatitis C – Acute	<5	<5	7	<5	<5	<5
Hepatitis C – Chronic	168	77	208	79	168	77
Hepatitis E	<5	0	<5	0	<5	0
Histoplasmosis	12	<5	16	<5	12	<5
Influenza -Associated Deaths	6	6	<5	<5	6	6
Legionellosis	22	12	15	7	22	12
Listeriosis	0	0	<5	<5	0	0
Lyme Disease	95	14	60	31	95	14
Meningococcal Invasive Disease (Neisseria)	<5	<5	0	0	<5	<5
Multisystem Inflammatory System (MIS)	0	0	<5	0	0	0
Mumps	6	0	<5	0	6	0
Novel Influenza A - Virus Infection	0	0	0	0	0	0
Paratyphoid Fever	<5	<5	0	0	<5	<5
Pertussis (Whooping Cough)	9	<5	7	0	9	<5

Communicable Disease Surveillance						
	2019		2020		2021	
Condition	Started	Confirmed	Started	Confirmed	Started	Confirmed
Q- Fever (Coxiella Burnetii Infection)	<5	0	<5	0	<5	0
Rocky Mountain Spotted Fever	<5	0	<5	0	<5	0
Rubeola (Measles)	5	0	0	0	5	0
Rubella (Measles)	0	0	<5	0	0	0
Salmonellosis	25	20	17	11	25	20
Severe Staph (Previously Healthy Person)	<5	0	0	0	<5	0
Severe Acute Respiratory Syndrome (Sars-CoV)	0	0	0	0	0	0
Shiga-toxin producing E. coli (O157 and others)	7	0	<5	<5	7	0
Shigellosis	6	<5	0	0	6	<5
Strep Pneumoniae, invasive	34	33	20	19	34	33
Streptococcal Group A Invasive Disease	25	15	12	10	25	15
Toxic Shock Syndrome Streptococcal (STSS)	<5	<5	0	0	<5	<5
Tularemia	0	0	<5	0	0	0
Typhus Fever	<5	0	0	0	<5	0
Unknown Vector Zoo	<5	0	0	0	<5	0
Varicella (Chickenpox)	47	5	29	<5	47	5
West Nile Virus neuro-invasive disease	<5	0	<5	<5	<5	0
West Nile Virus Non-Invasive Disease	<5	0	0	0	<5	0
Yersiniosis	0	0	<5	<5	0	0
Zika Virus Infection, Non-Congenital	<5	0	0	0	<5	0
Total	1445	1013	34456	22985	1445	1013

COVID-19 Summary

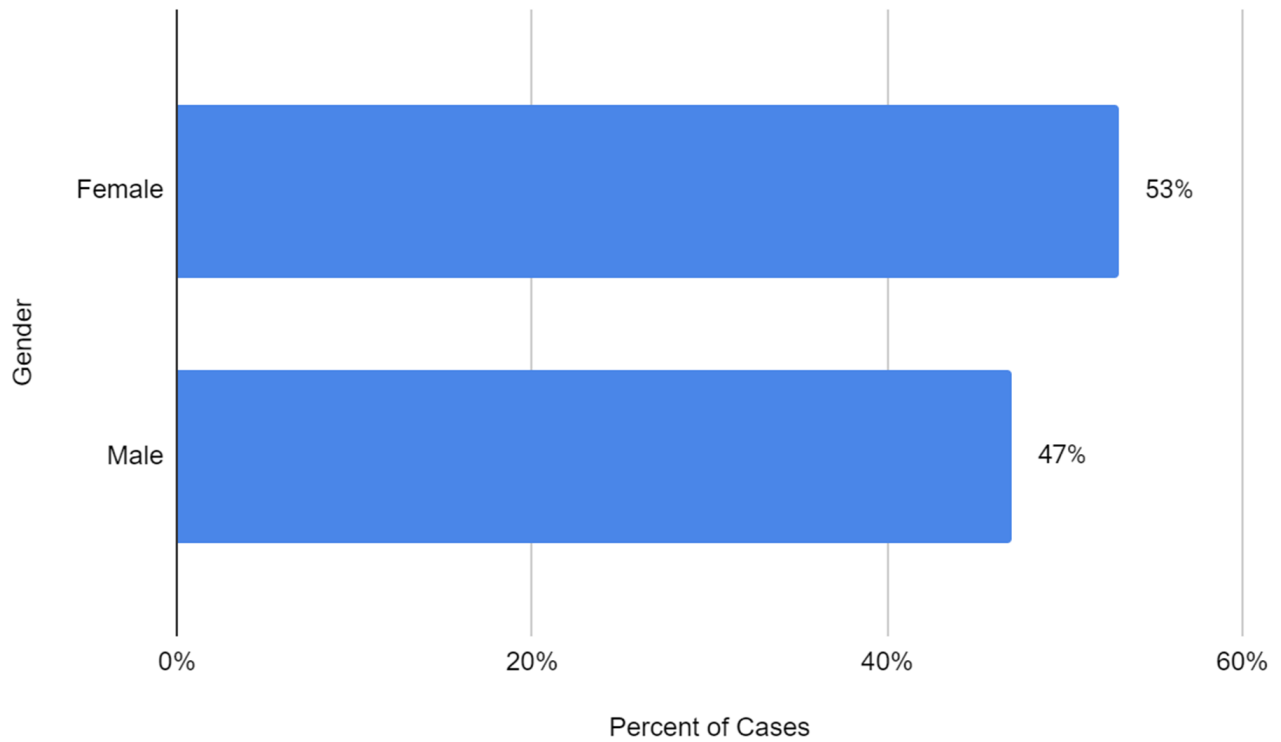
2021 Summary Data (as of 11:59 pm 12/31/21)	
Total Cases in St. Joseph County	32,513
Percent of County Residents Infected	12%
Deaths	288
Cases per 100,000 Residents	11,913

Percent of Cases by Age Group

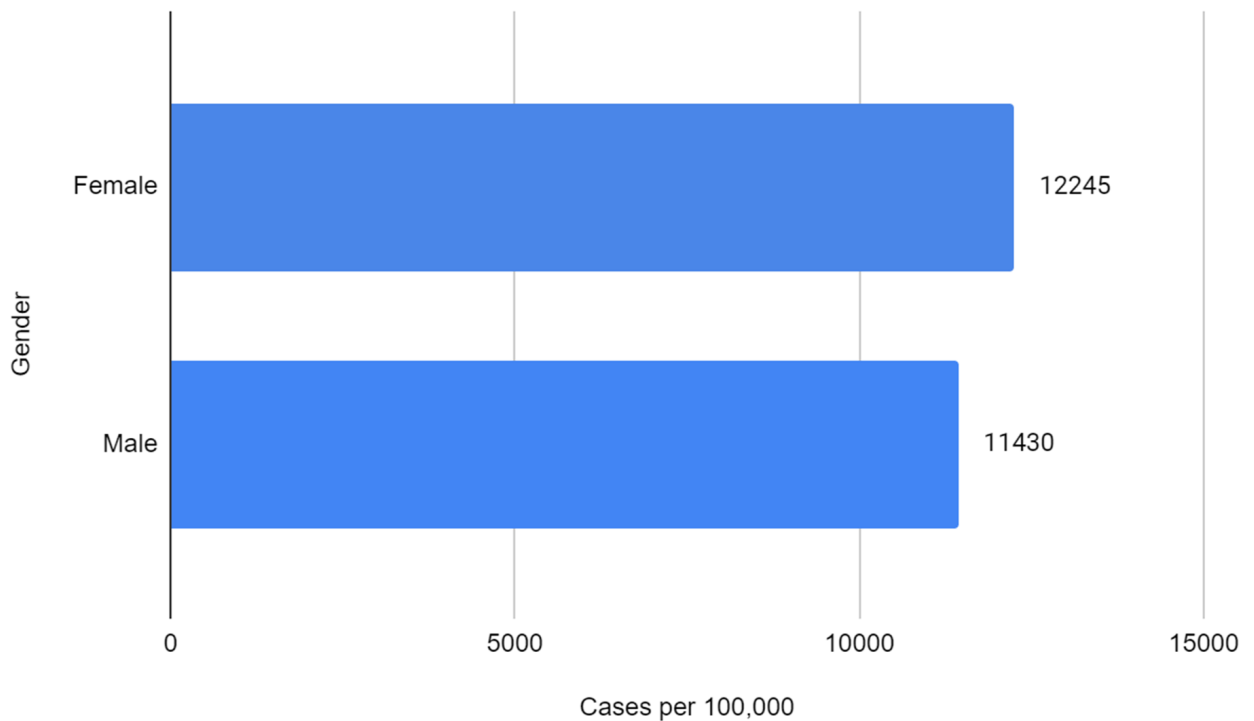


COVID-19 Summary

Percent of Cases by Gender

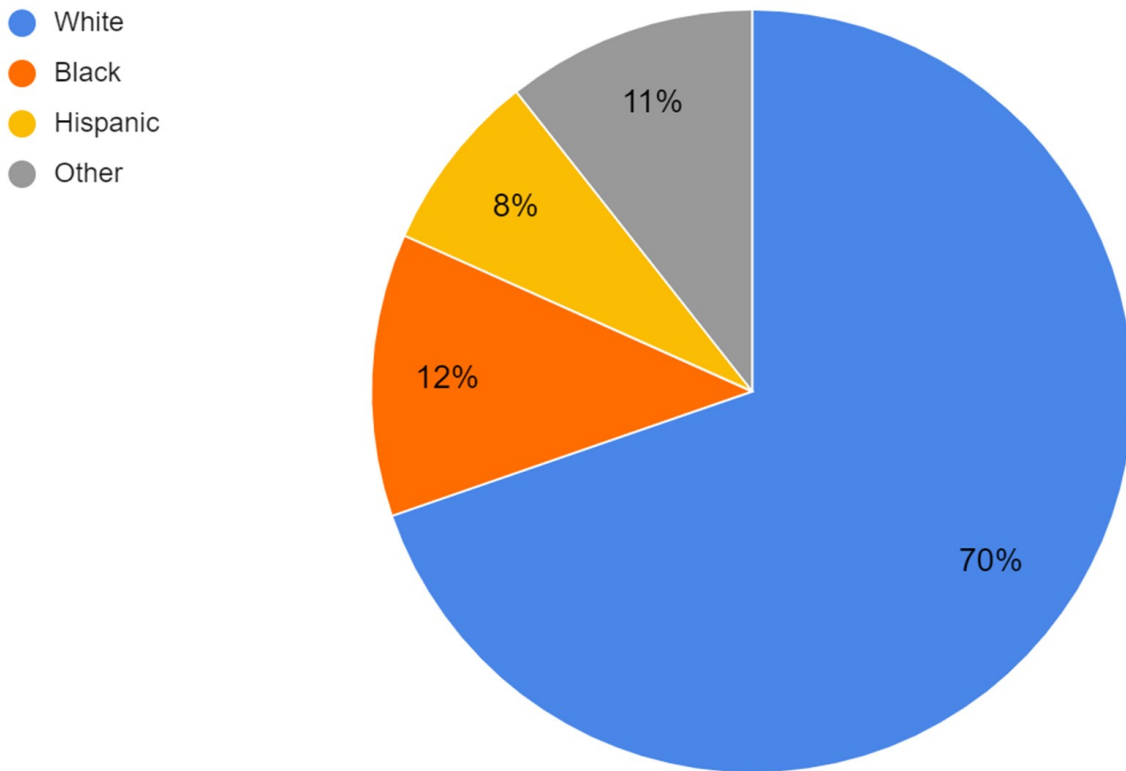


Case Rates per 100,000 Residents by Gender

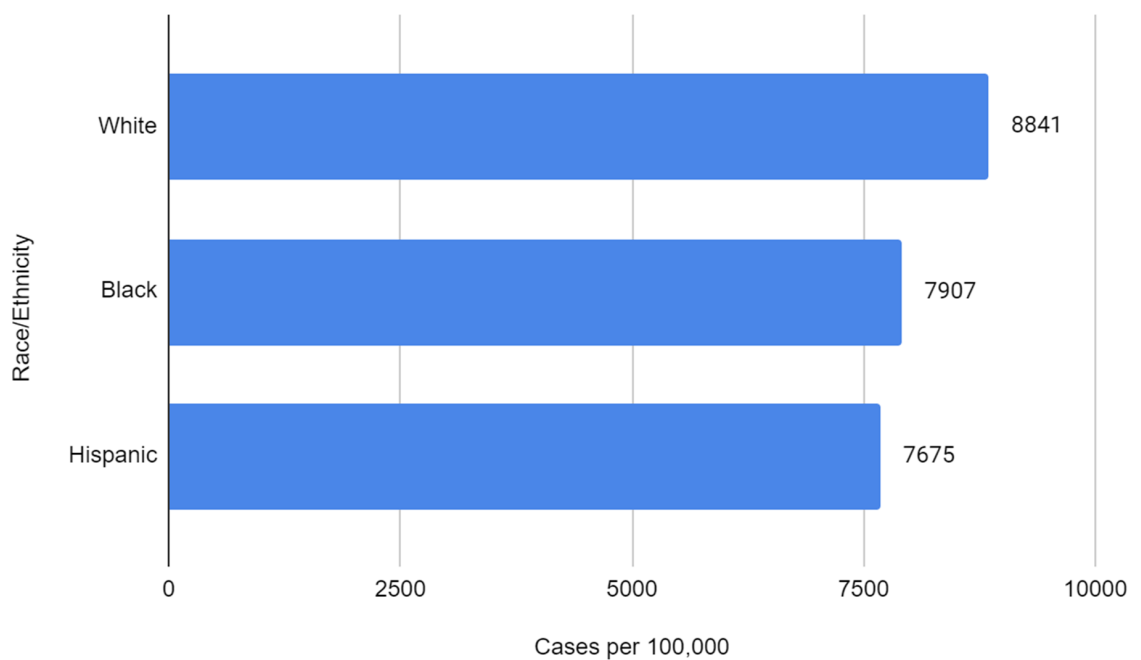


COVID-19 Summary

Percent of Cases by Race/Ethnicity

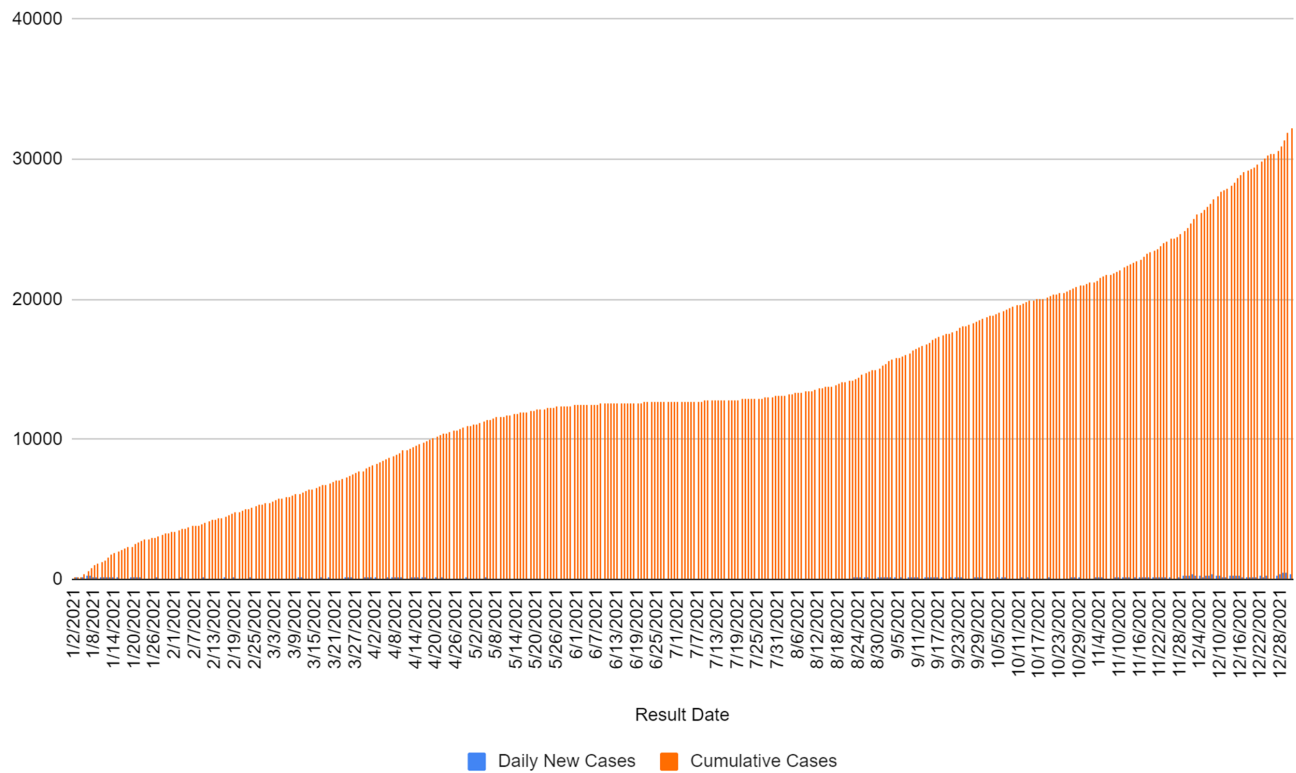


Case Rates per 100,000 Residents by Race/Ethnicity

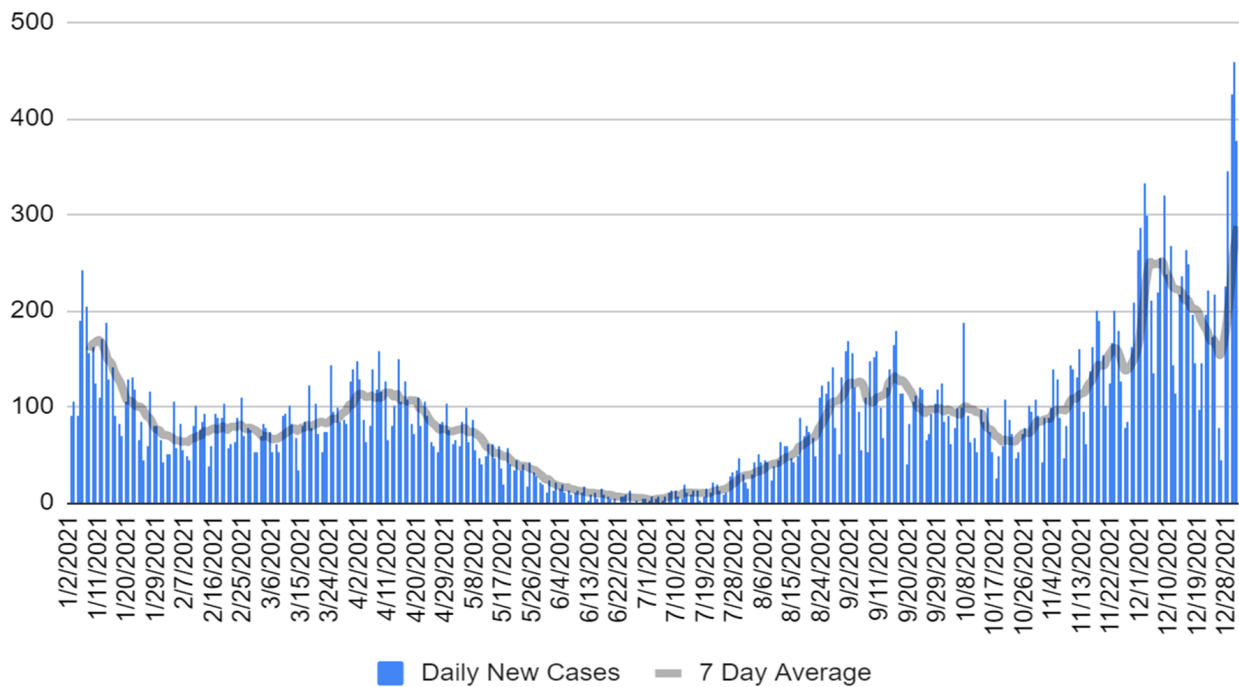


COVID-19 Summary

Cumulative Cases

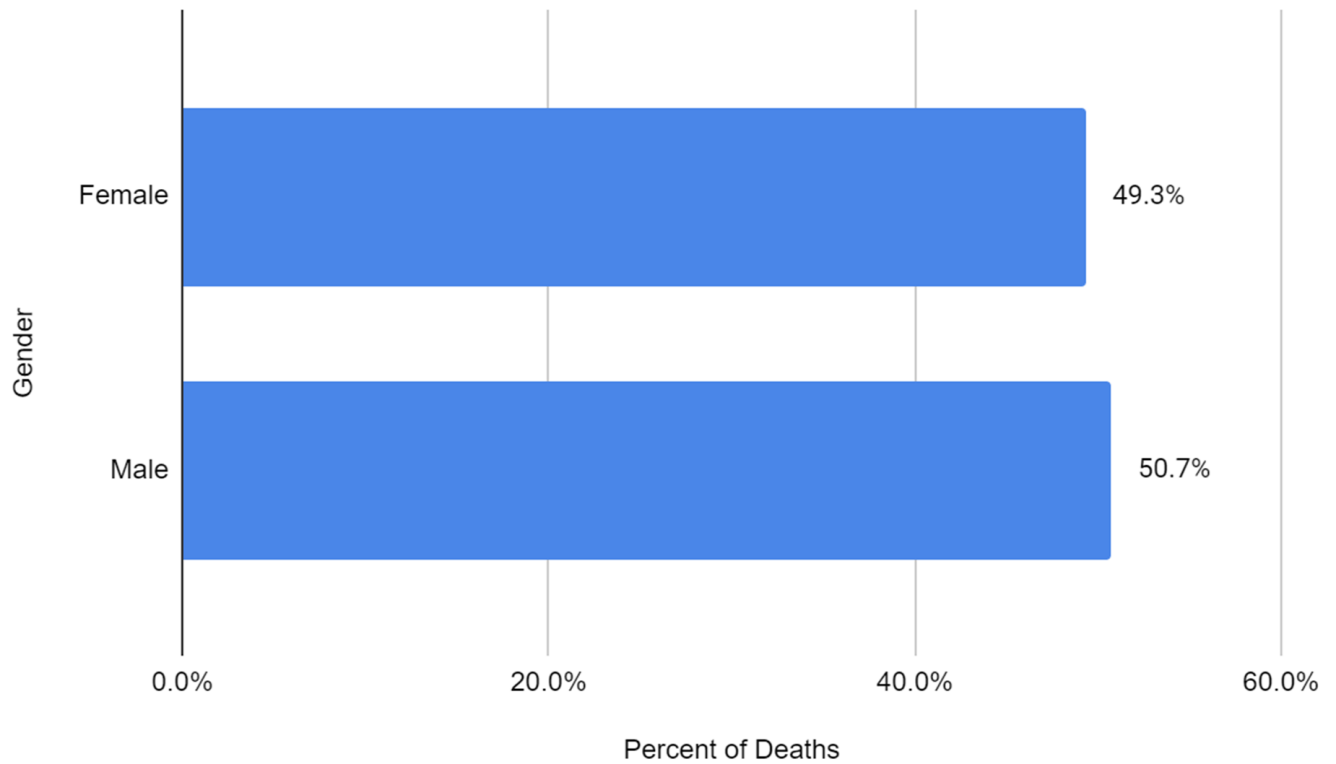


Daily Cases

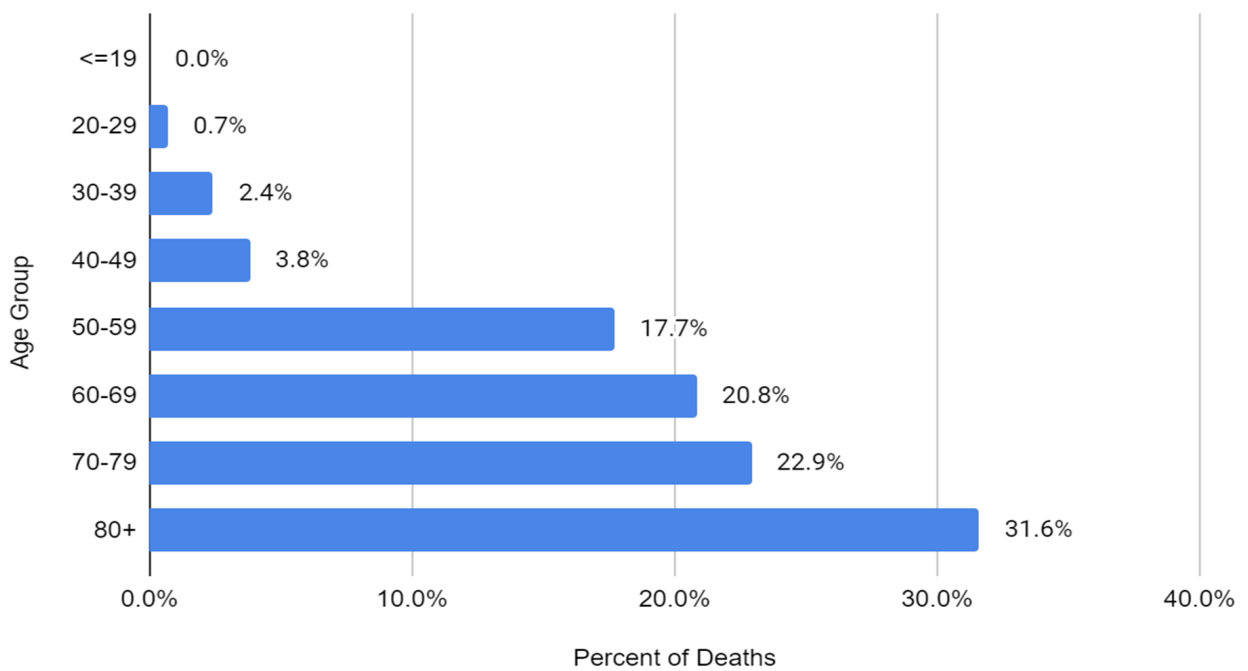


COVID-19 Fatality

Percent of Deaths by Gender



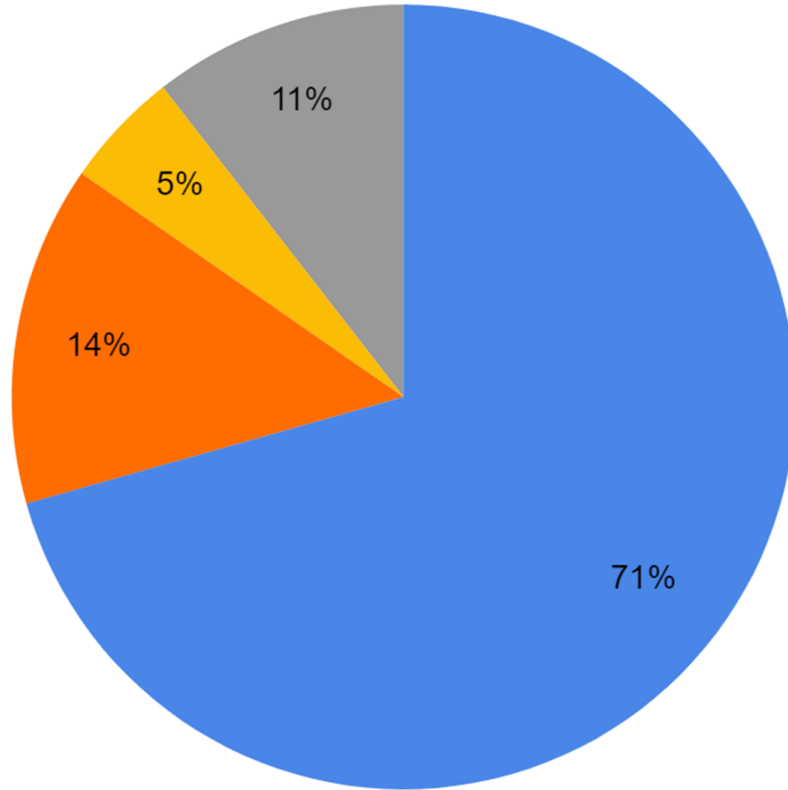
Percent of Deaths by Age Group



COVID-19 Fatality

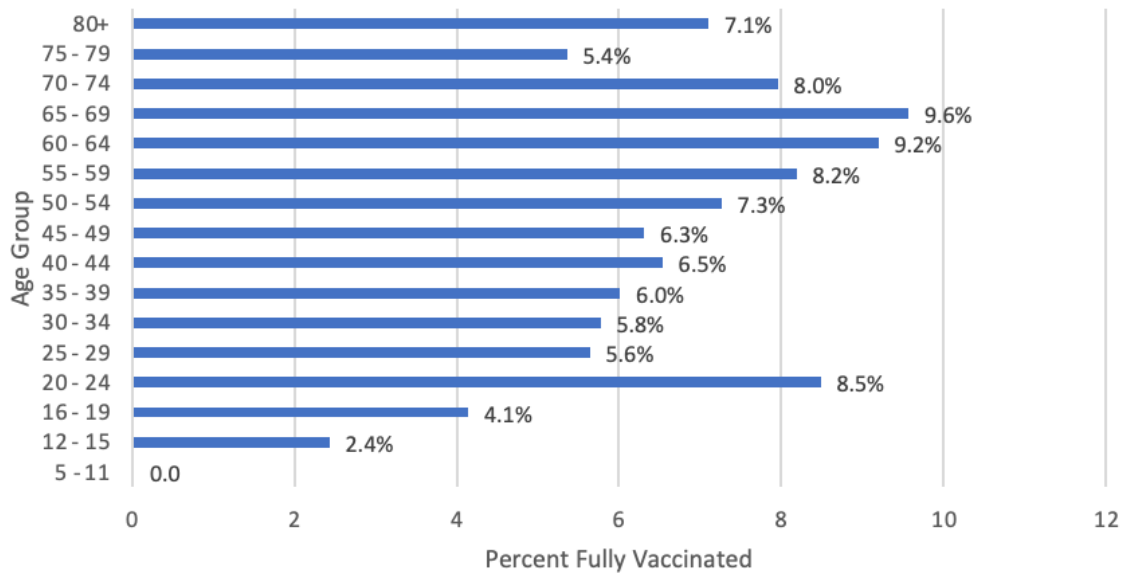
Percent of Deaths by Race/Ethnicity

- White
- Black
- Hispanic
- Other

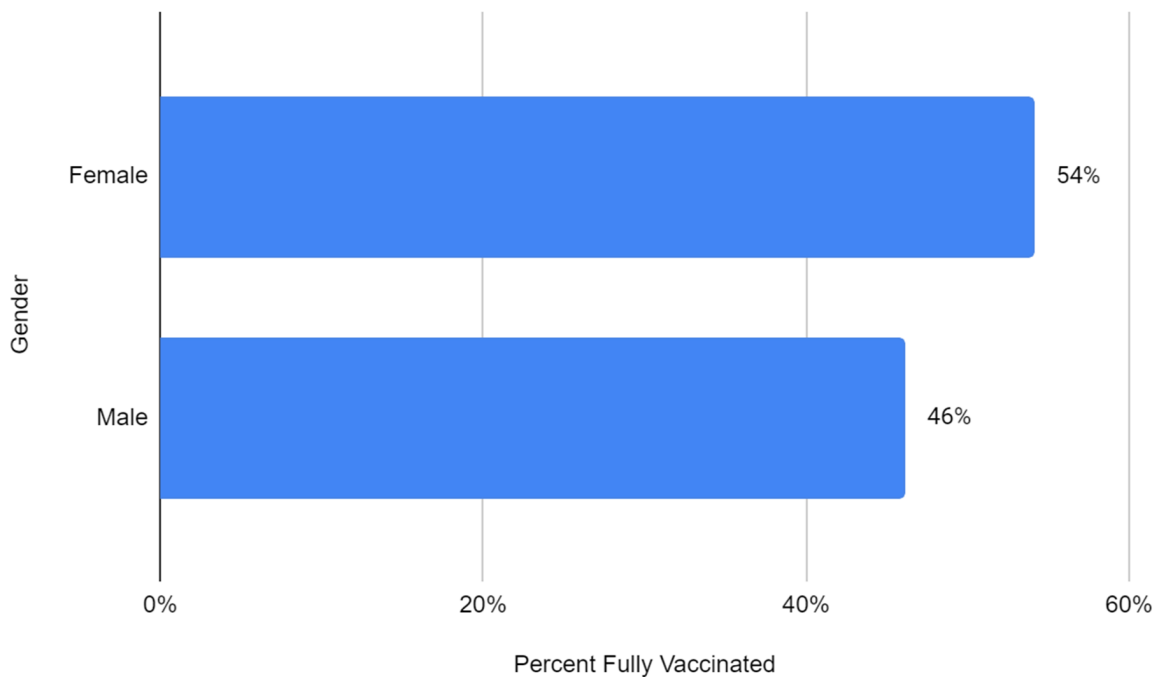


COVID-19 Vaccinations

Percent of Vaccinations by Age Group

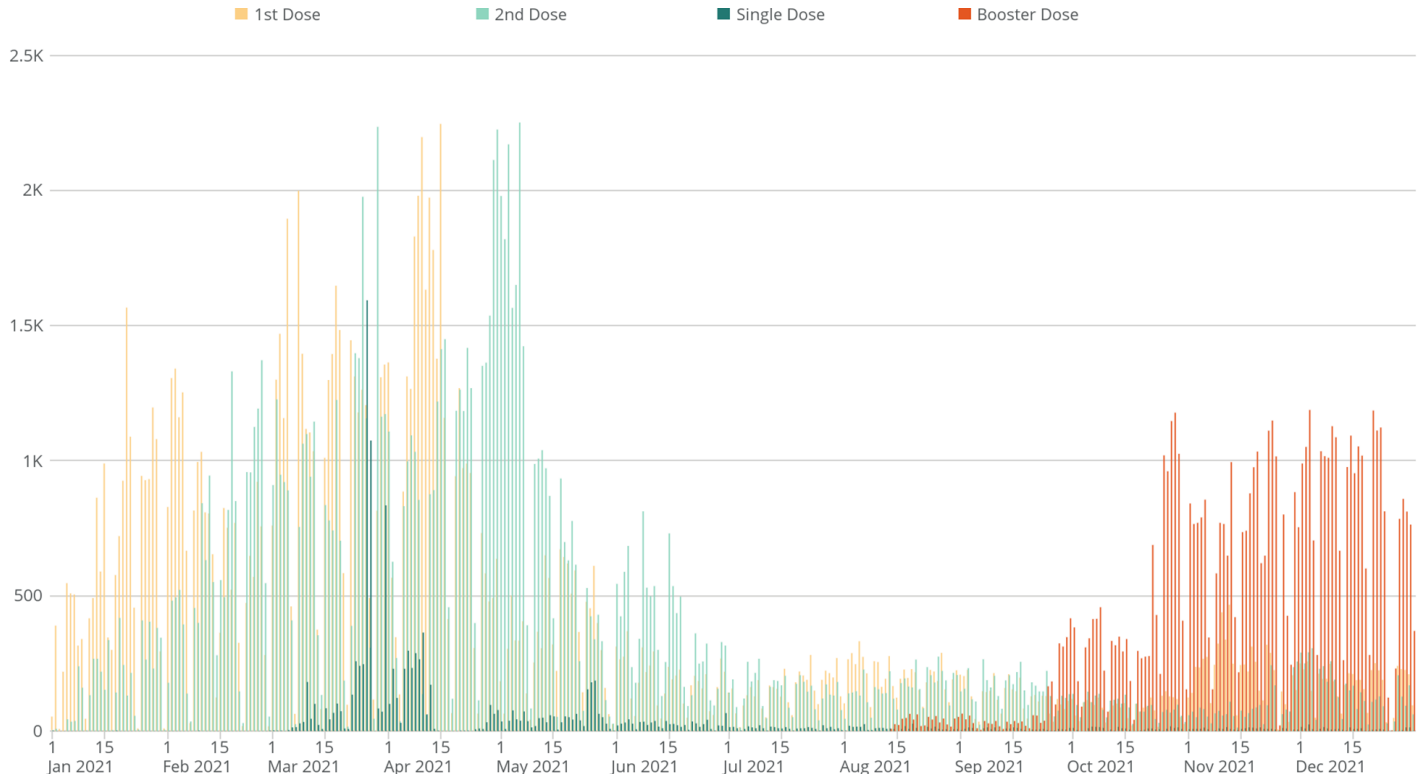


Percent of Vaccinations by Gender



COVID-19 Vaccinations

Daily Vaccinations



Cumulative Vaccinations

