

# St. Joseph County Health Department

## 2003 Annual Report



### **Main Office**

St. Joseph County Health Department  
227 West Jefferson Boulevard  
8<sup>th</sup> Floor, County City Building  
South Bend, Indiana 46601  
574-235-9750

### **Branch Office**

219 Lincolnway West  
Mishawaka, Indiana 46544  
574-256-6218

[sjchd@co.st-joseph.in.us](mailto:sjchd@co.st-joseph.in.us)

Janice Carson, M.D.  
Health Officer

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## **Board of Health Members**

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### **President**

Jeffrey Buchs, DVM  
Appointed by the Mayor of South Bend  
Republican, Term Expired December 31, 2003

### **Vice President**

Robert Jones  
Appointed by the Mayor of South Bend  
Democrat, Term Expired December 31, 2003

### **Members**

Stephen Guss, MD  
Appointed by Mayor of Mishawaka  
Republican, Term Expired December 31, 2003

Michael Harding  
Appointed by the Mayor of South Bend  
Democrat, Term Expires December 31, 2006

Ernest Jankowski, MD  
Appointed by the County Commissioners  
Democrat, Term Expires December 31, 2004

Jane Mason, MSN, RN  
Appointed by the County Commissioners  
Republican, Term Expires December 31, 2005

Randy Squadroni  
Appointed by County Commissioners  
Democrat, Term Expires December 31, 2005

### **Board Attorney**

David Keckley, JD

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## **Public Officials**

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### **St. Joseph County Commissioners**

Cynthia Bodle – President  
Mark Dobson – Vice President  
David Niezgodski – Member

### **St. Joseph County Council**

Rafael Morton – President  
Mark Catanzarite – President Pro-Tempore  
Joseph Baldoni – Vice President Pro-Tempore

### **District Representation**

Randy Przybysz – District A  
Andy Kostielney – District B  
Dale DeVon – District C  
Rafael Morton – District D  
Michael Kruk – District E  
Dennis R. Schafer – District F  
Mark A. Catanzarite – District G  
Joseph Baldoni – District H  
James A. Reinholtz – District I

### **City of South Bend**

Stephen Luecke – Mayor

### **City of Mishawaka**

Robert Beutter – Mayor

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## Mission, Vision and Value Statements

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### Mission

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

### Vision

*Healthy people in a healthy  
St. Joseph County community.*

### Values

***Daily we will:***

- ⊆ *Carry out the MISSION of the Health Department while striving to achieve EXCELLENCE in our work product and interactions with customers and coworkers.*
- ⊆ *Exhibit INTEGRITY in the workplace, always being truthful, honest and trustworthy.*
- ⊆ *Show RESPECT to customers, supervisors, coworkers and oneself.*
- ⊆ *Display a POSITIVE ATTITUDE.*
- ⊆ *ADVOCATE for our community's health.*

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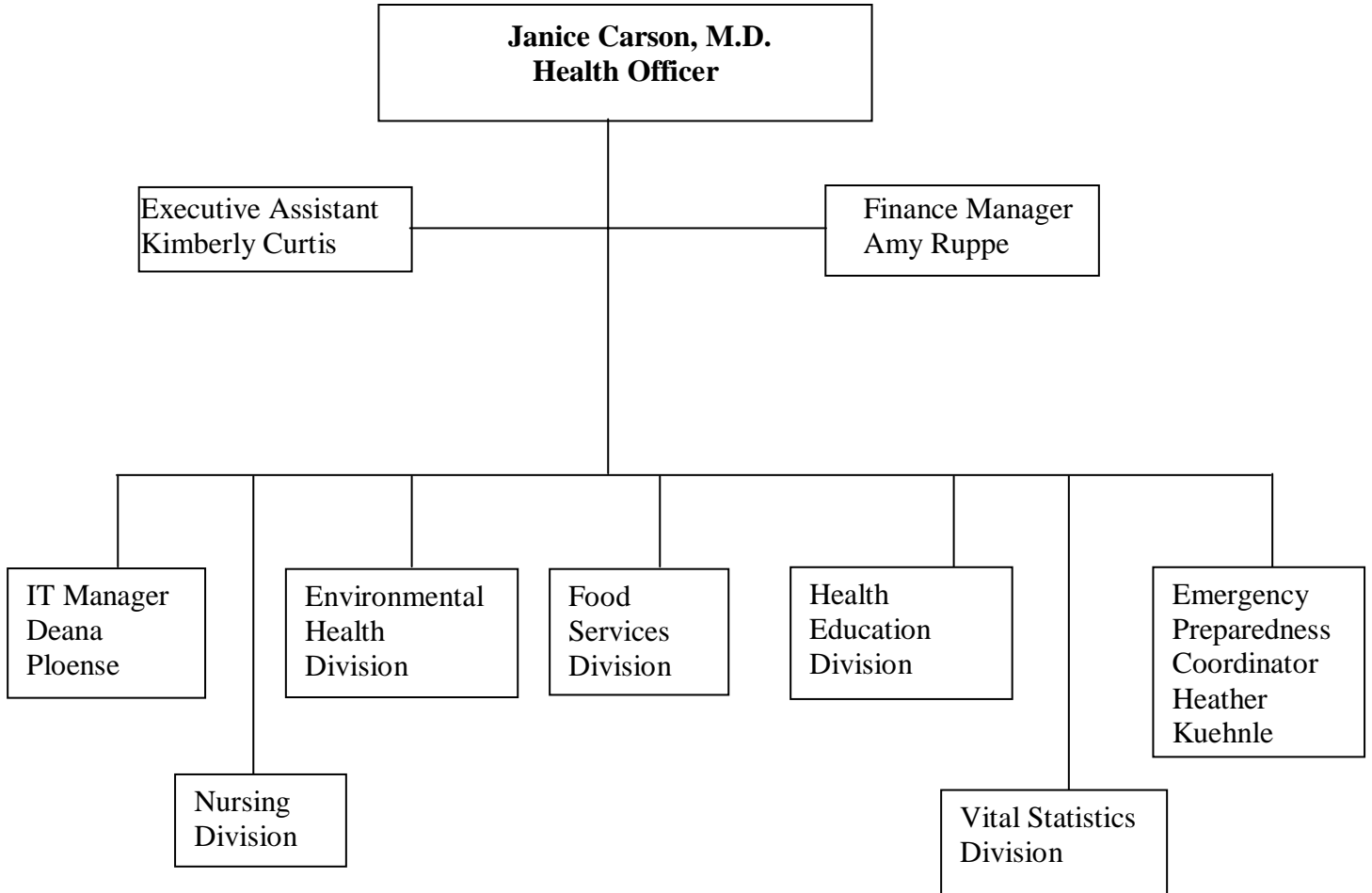
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# Organizational Structure

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## St. Joseph County Health Department Organizational Chart



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# **Division Reports**

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## Health Officer's Report

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### **A Message from the Health Officer**

Let me begin by publicly thanking the staff members of the St. Joseph County Health Department who have continued to dedicate their energies to fulfill our mission, attain our strategic goals, prepare for public health emergencies and provide essential public health services to our community. Although our personnel to population ratio was low, this fact did not hinder us from accomplishing great things for St. Joseph County. We must continually remind ourselves and our community about the essential public health services we are to provide on a daily basis and our community must consistently hold us accountable for performing these services in the most effective manner possible. These essential public health services include:

- Monitoring health status to identify community health problems
- Diagnosing and investigating health problems and health hazards in the community
- Informing, educating and empowering our community about health issues
- Mobilizing community partnerships to identify and solve health problems
- Developing policies and plans that support individual and community health efforts
- Enforcing laws and regulations that protect health and ensure safety
- Linking people with needed personal health services and assuring the provision of health care when otherwise unavailable
- Assuring a competent public health and personal health care workforce

- Evaluating effectiveness, accessibility and quality of personal and population-based health services
- Researching for new insights and innovative solutions to health problems.

We began 2003 with a heightened sense of urgency regarding our public health emergency preparedness planning. Due to the invasion of Iraq and the threat of a bioterrorist event on American soil, we conducted smallpox vaccination clinics for public health workers within Indiana Public Health District 2. The St. Joseph County Health Department served as the lead health department for the eight (8) counties within the district. In addition to public health emergency preparedness, we were faced with the April 2003 HIPAA privacy rule compliance deadline. Appropriate documents were prepared, policies and procedures were written, and staff members received training on the new HIPAA policies and practices in time to be compliant with the privacy rule. In the fall, an early influenza season brought with it confirmation of four (4) cases of influenza A in November. With deaths due to influenza occurring in several western states, the demand for influenza vaccine increased and our vaccine supply was consumed by early December, much sooner than in previous years. There was one death from Influenza in St. Joseph County during 2003, however this death was not filed with the Health Department until early 2004.

Other milestones during 2003 included:

1. Revision and passage of the Massage Ordinance which established improved guidelines for massage therapists and massage establishments.
2. Completion of the Mobilizing for Action Through Planning and Partnerships (MAPP) executive summary that included a compilation of data regarding the health status of St. Joseph County residents.
3. Formation of the Community Health Improvement Alliance (CHIA) that will collectively monitor public health data and programs designed to improve community health in St. Joseph County.
4. Application for and receipt of a Maternal Child Health Grant that will focus on prenatal care coordination for minority women. Application for these grant funds was prompted by our MAPP community health data which revealed significantly higher infant mortality rates for minorities.
5. Purchase of new equipment for and implementation of a revamped West Nile Virus program in collaboration with the University of Notre Dame. Staff members received training from Indiana State Dept. of Health personnel in vector control issues prior to the implementation of this program. A contract was negotiated for a secure vector control garage in which our biosafety cabinet, trucks, sprayers and other vector control equipment was stored.
6. Application for and receipt of bioterrorism grant funds to assist us in our preparedness efforts. The funds were utilized to hire a bioterrorism coordinator for the fourth quarter of 2003, sponsor a Region 2 Public Health Emergency Preparedness conference, and obtain new technology equipment.

7. Revision of our strategic plan to reflect our objectives and target activities that will be completed throughout calendar year 2004. Our mission in combination with our three strategic goals (quality improvement, financial stability, and new program development) continues to guide our programs and services.
8. Upgrades to our Medical Records room, immunization clinic, and our Mishawaka office were provided by the county's maintenance department allowing these areas to be HIPAA compliant.
9. Collaboration with the South Bend Housing Authority to perform lead risk assessments and clearance evaluations.
10. Application for and receipt of Lead Grant funds to support our local efforts to reduce childhood lead poisoning.

It continues to be our goal that as our community works together, St. Joseph County will be identified as one of the healthiest communities in our nation by the year 2010.

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## Financial Report

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In January, the Executive Assistant/Finance Manager position was divided into two separate positions, allowing the Finance Manager to devote their attention full time to managing the Health Department's finances and funds. Three individuals held the position of Finance Manager during FY 2003; the current Finance Manager has held the position since November 2003. As a result of our fiscally responsible actions during FY 2002, our FY 2003 budget increased allowing us to add new staff members to enhance our HIPAA compliance efforts and improve our operational effectiveness. In addition during FY 2003, the Health Department applied for and received grant funds thereby allowing us to implement more community-based programming. The additional funding combined with a strong emphasis on fiscal awareness and accountability contributed to our outstanding FY 2003 performance.

During FY 2003, the Health Department was successful in obtaining **additional funds**:

- The Tobacco Settlement funds deposited in FY2003 will be used in 2003 and 2004.
- A \$50,000 ISDH grant for a Maternal Child Health program
- A \$27,443 ISDH grant for a Lead Elimination program
- A \$39,146 ISDH grant for a Bioterrorism program
- A \$7,000 ISDH Diabetes grant
- A \$5,000 IDEM Lead grant
- A \$33,682 Immunization grant
- A small ISDH grant to support a women's health conference

The Health Department **also increased its financial position by**:

- Increasing the fee for septic schematics to \$5.00 per 1<sup>st</sup> copy and \$2.00 for any additional copies per business day.
- Implementing a \$1.00 laminating charge for permits issued by the Health Department.
- Charging \$0.05 per copy made from Health Department files and information.

## Local Health Fund Revenue

Sources	2000	2001	2002	2003
Beginning Balance	\$242,830.40	\$72,020.41	\$166,568.35	\$422,540.22
Property Taxes	\$1,042,715.00	\$977,654.00	\$1,013,647.00	\$1,255,112.00
Financial Institutions Tax	\$1,526.00	\$1,391.00	\$1,883.00	\$2,076.00
Excise Tax	\$106,692.00	\$95,288.00	\$99,347.00	\$112,967.00
Commercial Vehicle Tax	\$0.00	\$8,230.00	\$9,738.00	\$10,304.00
Total Taxes	\$1,150,933.00	\$1,082,563.00	\$1,124,615.00	\$1,380,459.00
Fees				
Birth Certificates	\$87,232.00	\$118,623.05	\$177,782.50	\$197,004.00
Death Certificates	\$54,578.00	\$69,603.00	\$99,541.00	\$120,741.00
Does not include Coroner's Fee Fund				
Additional Vital Rec. Fees			\$2,960.00	\$0.00
Septic Permits	\$57,028.75	\$47,747.40	\$56,000.00	\$58,255.00
Food Permits	\$149,636.97	\$168,238.27	\$192,827.41	\$195,033.85
Massage Permits	\$650.00	\$960.00	\$1,780.00	\$3,525.00
Trash Permits	\$5,600.00	\$6,100.00	\$5,725.00	\$4,475.00
Wellhead Protection			\$31,750.00	\$28,800.00
Lead Risk Assessments/Clear				\$5,250.00
Pools			\$6,590.00	\$6,686.00
Tattoo & Body Piercing			\$1,100.00	\$4,290.00
Groundwater Fees	\$96,063.38	\$68,855.00	\$137,630.00	\$139,890.00
TB Tests	\$3,902.00	\$7,275.00	\$14,234.01	\$20,209.00
STD Tests	\$4,342.70	\$3,437.60	\$4,388.00	\$4,962.00
Travel Shots	\$31,054.70	\$68,113.00	\$50,794.50	\$76,299.00
Flu/HepB/Misc. Shots	\$5,839.00	\$65,923.00	\$85,744.36	\$98,679.42
Immunization Administration			\$41,092.00	\$65,872.30
Medicaid Reimbursement			\$1,116.74	\$5,728.47
Medicare Reimbursement			\$11,690.00	\$11,952.20
Transfers	\$287.68			\$23,249.43
Immunization Grant Fund		\$752.77		
Air Pollution Fund		\$14,269.00	\$8,500.00	
Local Health Maintenance			\$35,000.00	
Groundwater Fund		\$243,066.62		
Local Health Department Trust Fund		\$101,897.65	\$100,841.89	\$100,841.57
year funds deposited				
Other Grants				\$21,572.46
<u>Refunds, Returns, Gifts, Misc.</u>	<u>\$3,090.99</u>	<u>\$6,793.31</u>	<u>\$4,962.94</u>	<u>\$4,379.69</u>
<b>TOTAL</b>	<b>\$1,893,481.56</b>	<b>\$2,146,268.16</b>	<b>\$2,359,401.55</b>	<b>\$2,979,168.14</b>
Includes Auditor's Fee Totals	\$496,339.49	\$624,905.40	\$918,913.37	\$1,026,125.45

**Local Health Fund Expenses**

<b>10000 Series</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
Salaries	\$1,251,903.40	\$1,331,598.61	\$1,398,140.16	\$1,408,620.32
Social Security	\$93,510.50	\$98,990.04	\$103,661.47	\$105,305.29
Retirement	\$62,849.18	\$63,780.74	\$65,248.44	\$64,114.83
Group Insurance	\$138,000.00	\$140,728.00	\$145,000.00	\$156,800.00
Unemployment			\$0.00	\$0.00
Instruction	\$4,806.55	\$5,297.39	\$5,852.48	\$6,872.00
<b>Total</b>	<b>\$1,551,069.63</b>	<b>\$1,640,394.78</b>	<b>\$1,717,902.55</b>	<b>\$1,741,712.44</b>
<b>20000 Series</b>				
Office Supplies	\$13,588.96	\$16,603.87	\$15,295.94	\$20,093.09
Enviro Health Supplies	\$1,195.14	\$1,600.95	\$17,637.86	\$11,155.56
Gas, Oil, Lube	\$2,391.32	\$4,539.68	\$0.00	\$0.00
Garage and Motor	\$0.00	\$647.82	\$7,110.94	\$12,392.56
Equipment Repairs	\$2,415.10	\$2,771.89	\$1,598.00	\$614.11
Books	\$790.58	\$635.55	\$1,103.48	\$913.43
<b>Total</b>	<b>\$20,381.10</b>	<b>\$26,799.76</b>	<b>\$42,746.22</b>	<b>\$45,168.75</b>
<b>30000 Series</b>				
Personal Healthcare	\$59,621.58	\$128,255.54	\$120,820.69	\$142,851.03
Environmental Health	\$1,017.52	\$1,656.42	\$592.15	\$2,832.68
Sight and Hearing	\$4,650.00	\$6,950.00	\$2,484.50	\$0.00
Legal Services	\$299.65	\$217.25	\$0.00	\$70.00
Postage	\$7,529.40	\$9,731.60	\$10,446.10	\$11,480.78
Travel Expense	\$33,918.86	\$34,366.25	\$33,348.30	\$26,078.16
Telephone and Beepers	\$428.20	\$11,571.80	\$8,406.52	\$9,641.55
Professional Dues and Journals	\$2,035.15	\$1,012.31	\$836.56	\$436.18
Auto Lease	\$13,690.82	\$12,637.68	\$12,347.90	\$14,927.76
Refunds, Awards, Indemnities	\$105.00	\$502.23	\$4,072.51	\$599.56
Data Processing	\$14,140.74	\$4,908.51	\$8,748.85	\$10,712.39
Expenses w/o appropriation		\$539.53	\$2,411.45	\$2,809.89
Rebinding Records	\$500.00	\$0.00	\$0.00	\$0.00
Vector Abatement	\$0.00	\$0.00	\$0.00	\$42,432.71
Other Contracts - Garage			\$0.00	\$13,500.00
Public Info & Education			\$1,003.71	\$1,064.38
Service Contract			\$5,149.53	\$6,526.08
Other – contingency			\$1,154.00	\$935.00
<b>Total</b>	<b>\$137,936.92</b>	<b>\$212,349.12</b>	<b>\$211,822.77</b>	<b>\$286,898.15</b>
<b>40000 Series</b>				
Furniture and Fixtures	\$47,983.88	\$31,212.72	\$4,973.40	\$3,700.00
Office Machines	\$6,107.00	\$15,990.05	\$0.00	\$0.00
Special Equipment	\$26,686.88	\$52,619.75	\$3,266.24	\$0.00
Trucks and Other Equipment	\$31,270.74		\$0.00	\$28,929.10
<b>Total</b>	<b>\$112,048.50</b>	<b>\$99,822.52</b>	<b>\$8,239.64</b>	<b>\$32,629.10</b>
Miscellaneous Expenses	\$25.00	\$333.63	\$0.00	\$0.00
Special Gifts	\$0.00	\$0.00	\$200.00	\$0.00
Interfund Transfer				\$23,522.23
<b>Total Expenses</b>	<b>\$1,821,461.15</b>	<b>\$1,979,699.81</b>	<b>\$1,980,911.18</b>	<b>\$2,129,930.67</b>

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**Fund Balances (per Auditor's Report)**

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**HEALTH FUND**

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Beginning Balance, January 1</b>	\$72,020.41	\$166,568.35	\$422,540.22
Receipts	\$2,044,370.51	\$2,140,031.31	\$2,455,785.03
Local Health Dept. Trust Fund	\$101,897.65	\$100,841.89	\$100,841.57
<u>Disbursements</u>	<u>\$1,979,699.81</u>	<u>\$1,984,901.33</u>	<u>\$2,120,519.60</u>
Balance, December 31	\$166,568.35	\$422,540.22	\$858,647.22

**LOCAL HEALTH MAINTENANCE FUND**

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Beginning Balance, January 1</b>	\$86,592.76	\$98,062.40	\$61,957.93
Receipts	\$71,705.25	\$56,479.14	\$108,749.92
<u>Disbursements</u>	<u>\$60,235.61</u>	<u>\$92,583.61</u>	<u>\$79,182.64</u>
Balance, December 31	\$98,062.40	\$61,957.93	\$91,525.21

**STD GRANT FUND**

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Beginning Balance, January 1</b>	-\$5,065.87	-\$13,165.23	-\$11,843.55
Receipts	\$30,846.89	\$41,994.83	\$39,182.34
<u>Disbursements</u>	<u>\$38,946.25</u>	<u>\$40,673.15</u>	<u>\$37,171.48</u>
Balance, December 31	-\$13,165.23	-\$11,843.55	-\$9,832.69

**AIDS/HIV COUNSELING GRANT FUND**

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Beginning Balance, January 1</b>	-\$5,320.54	-\$14,674.24	-\$10,166.49
Receipts	\$65,865.59	\$75,137.91	\$96,941.59
<u>Disbursements</u>	<u>\$75,219.29</u>	<u>\$70,630.16</u>	<u>\$80,978.88</u>
Balance, December 31	-\$14,674.24	-\$10,166.49	\$5,796.22

### DIABETES GRANT FUND

	2001	2002	2003
<b>Beginning Balance, January 1</b>		-\$255.26	\$4,205.79
Receipts		\$7,000.00	\$7,000.00
<u>Disbursements</u>		<u>\$2,538.95</u>	<u>\$10,812.16</u>
Balance, December 31		\$4,205.79	\$393.63

### IMMUNIZATION GRANT FUND

	2001	2002	2003
<b>Beginning Balance, January 1</b>			\$0.00
Receipts			\$0.00
<u>Disbursements</u>			<u>\$27,183.51</u>
Balance, December 31			-\$27,183.51

### BIOTERRORISM GRANT FUND

	2001	2002	2003
<b>Beginning Balance, January 1</b>			\$0.00
Receipts			\$39,146.00
<u>Disbursements</u>			<u>\$12,698.26</u>
Balance, December 31			\$26,447.74

### LEAD ELIMINATION GRANT FUND

	2001	2002	2003
<b>Beginning Balance, January 1</b>			\$0.00
Receipts			\$10,976.75
<u>Disbursements</u>			<u>\$6,643.19</u>
Balance, December 31			\$4,333.56

### AIR POLLUTION FUND

	2001	2002	2003
<b>Beginning Balance, January 1</b>	\$45,993.98	\$25,575.63	\$6,348.33
Receipts	\$5,327.85	\$4,865.01	\$4,591.73
<u>Disbursements</u>	<u>\$25,746.20</u>	<u>\$24,092.31</u>	<u>\$10,940.06</u>
Balance, December 31	\$25,575.63	\$6,348.33	\$0.00

**CHILDREN'S SPECIAL HEALTH CARE SERVICES FUND**

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Beginning Balance, January 1</b>	-\$6,502.92	-\$482.23	-\$482.23
Receipts	\$20,921.78	\$0.00	\$482.23
<u>Disbursements</u>	<u>\$14,901.09</u>	<u>\$0.00</u>	<u>\$0.00</u>
Balance, December 31	-\$482.23	-\$482.23	\$0.00

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## **Emergency Preparedness Division**

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During the final quarter of 2003, a Bioterrorism Coordinator was hired to assist with the coordination of emergency preparedness activities within the Health Department and the Indiana Public Health District 2. Her activities included planning for and coordination of the Public Health District 2 Preparedness Alliance conference held in December. Speakers were drawn from the Centers for Disease Control and Prevention, the Indiana State Department of Health, and regional emergency response agencies. Participants represented hospitals, emergency support and public health agencies from our eight (8) county district. The Alliance has continued to meet on a monthly basis since the December conference. Funding for our emergency preparedness efforts was provided by the Indiana State Department of Health through their CDC grant. During 2003 over \$39,000 was allocated to the St. Joseph County Health Department for emergency preparedness and response. It is expected that \$24,000 in emergency preparedness funding will be received in 2004. As of January 2004, the Bioterrorism Coordinator will transition to the newly created Epidemiologist position due to a lack of continued grant funding for the Bioterrorism Coordinator position. Many of the bioterrorism job responsibilities will transfer to the newly created position. We anticipate that during the third quarter of 2004, new grant funding for a Bioterrorism Coordinator will be received from ISDH. The Health Officer will oversee the completion of the following emergency preparedness goals for 2004 which are to be achieved by the end of the second quarter in 2004.

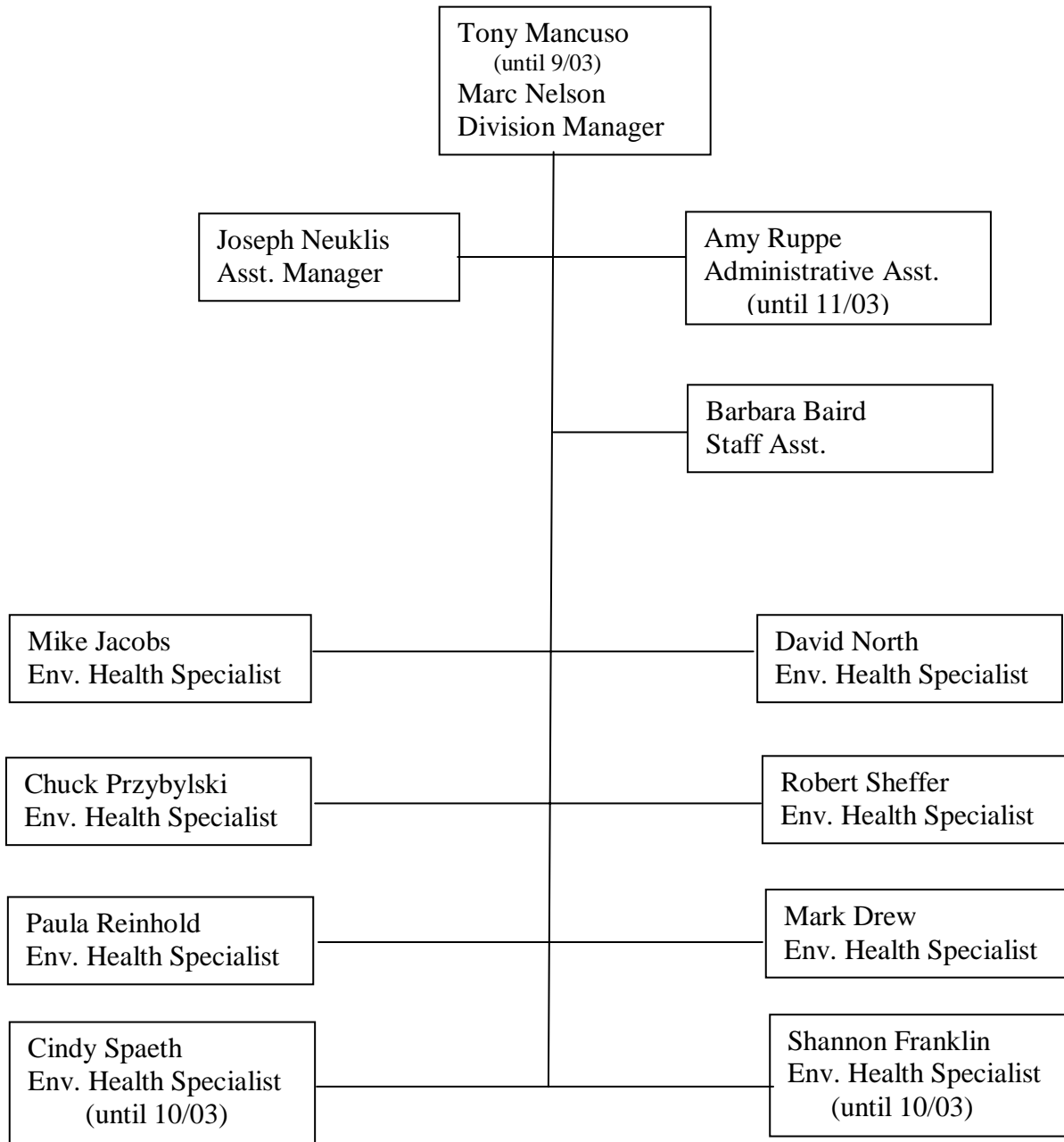
### **Emergency Preparedness Goals for 2004:**

- Complete the Public Health Emergency Preparedness Assessment for ISDH
- Complete the St. Joseph County Mass Prophylaxis Plan
- Complete the District 2 Mass Prophylaxis Plan
- Enhance the inter-agency communication within St. Joseph County and District 2

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## Environmental Health Division

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# Environmental Health Division

The Environmental Health Division was responsible for a wide array of environmental health programs including: septic, water quality, lead, vector, sanitation, massage and air quality. In addition to these programs, the division was responsible for implementing County ordinances and investigating general sanitation complaints that occurred in St. Joseph County.

The Division also underwent a review of its services, the organizational structure used to provide those services, and the policies and procedures associated with those services. The review indicated that the division needed to: expand the services it provided to better meet the expectations of the community; re-structure itself in order to better manage the workload and improve accountability; and enhance staff skills through additional training and credentialing. As a result of these findings, the Division made the following adjustments:

- Streamlined the reporting relationships.
- Reorganized its work into programs, projects, and tasks (as defined below) to clarify responsibilities and expectations.
  - Programs - routine activities that implement existing programs.
  - Projects - new and long-term assignments to address emerging issues.
  - Tasks - small and short-term assignments to respond to immediate needs.
- Assigned each staff member as the lead or support staff for the various programs and projects to make efficient use of the expertise of the staff and provide variability in the activities of each staff member.
- Prepared a training plan that reconciled the staff expertise and the needs of the Health Department to ensure all programs could be appropriately implemented.

A great deal of progress was made on the goals stated for the Environmental Health Division in the 2002 Annual Report. Progress included: creating a rough draft of the County Septic Ordinance; establishing a West Nile Virus monitoring and abatement program; drafting a Well Drilling Ordinance (currently being reviewed by the Water Resources Advisory Board); training the environmental health specialists in the ISDH septic rule; and expanding the Wellhead Protection Program to all municipalities except Mishawaka, which is nearly ready to join the program.

Finally, six staff members resigned or were promoted to other divisions during the year and six new staff members were hired. The newly hired staff significantly expanded the expertise within the division.

## **Environmental Health Division Goals for 2004 include:**

- Establish a comprehensive Environmental Health File System to eliminate files maintained by individual staff.
- Review all Environmental Health programs and associated procedures for adequacy and inefficiencies.
- Complete policies and procedures for all Environmental Health programs.
- Revise standard letters and forms that are outdated or poorly written.
- Establish a training program with schedules for all members of the Environmental Health Division that reconciles program needs with staff qualifications.
- Participate in a time study to identify productive and non-productive work practices. Analyze results and generate a report.

- Conduct a customer satisfaction survey.
- Implement the Health Department College beginning with the training required for the Registered Environmental Health Specialist (REHS) examination.
- Provide an opportunity for all eligible Environmental Health Specialists to take the REHS examination.

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### **Septic Program**

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A large number of septic systems continued to be installed in the County during the year and cluster systems, where multiple homes are connected to the same large septic system, gained in popularity. Compared with other counties in the state, St. Joseph County has the greatest number of cluster systems. We are awaiting the final version of the ISDH Septic Rule and anticipate this document will provide additional guidance regarding cluster systems and require significant changes in the way septic systems are constructed.

Because of the high density of residential septic systems in the County and our highly permeable soils, the approval, installation and maintenance of septic systems generated concern within some county agencies. To address these concerns, the Division is planning new initiatives that include issuing a new county septic ordinance as well as distributing guidance on the maintenance of septic systems to county residents with onsite sewage systems.

#### **Septic Program Goals for 2004:**

- Keep current on the ISDH Septic Rule process and the issues that may impact St. Joseph County and our septic ordinance.
- Continue our involvement in the sewage disposal issues in Wyatt, the proposed corrective action, and any needed public information activities.
- Finalize the revision to the St. Joseph County Septic Ordinance.
- Current Environmental Health Specialists will obtain certification for above-ground sewage systems and new hires will achieve certification for in-ground systems followed by certification for above-ground sewage systems.
- Prepare a technical reference manual containing all septic policies and rules of the ISDH and the Health Department.

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### **Water Quality Program**

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In 2003 significant improvements were made in the water quality program. A draft revision of the Well Drilling Ordinance was prepared for review by the Water Resources Advisory Board. Improved guidance documents were developed for residents who install new wells and improved procedures were implemented for the review of water quality data from new wells. Some preliminary work also began on a small public education grant received from the Environmental Protection Agency, EPA.

The Wellhead Protection Program that provides the legal authority for obtaining permits from and inspecting the waste management practices of commercial properties near public water wells was implemented in its entirety. All municipalities within the County participated in the program except Mishawaka which will join the program in 2004.

### **Water Quality Program Goals for 2004:**

- Revise the county's Well Drilling Ordinance.
- Prepare a Surface Water Quality Program Plan that details the characterization, assessment, and public education activities planned for 2004.
- Prepare detailed maps on the GIS database showing the extent of known or suspected groundwater contamination in the county.
- Prepare maps on the GIS database and associated data summary sheets that display the areas where nitrates exceed Drinking Water Standards.
- Implement the EPA funded water quality monitoring program and educate the public about water quality issues in St. Joseph County.
- Distribute brochures on groundwater contamination, wells, and on-site sewage disposal systems to all county residents with wells and/or on-site sewage disposal systems.
- Prepare standards and requirements for the Source Water Protection Ordinance.
- The Environmental Health Manager, in conjunction with the Information Technology Manager, will implement a program to compile data regarding the bacterial contamination of the St. Joseph River.
- Obtain Mishawaka's participation in the county's Wellhead Protection Program.

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### **Lead Program**

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The Environmental Health Specialists continued to work with the Public Health Nurses and other community organizations to achieve our goal of eliminating lead poisoning in St. Joseph County children by the year 2010. We performed lead risk assessments in homes where children were at risk for or had been lead poisoned. We also worked with the South Bend Housing Authority to evaluate the presence of lead in Housing and Urban Development (HUD) housing and continued to participate in the St. Joseph County Lead Task Force. FSSA again renewed their MOU with us allowing us to continue to utilize their Niton XRF machine for lead risk assessments.

As discussed in the Nursing Division's report, the Health Department received funds from the CDC through the ISDH to develop a Lead Elimination Plan for St. Joseph County by June 30, 2004. The Environmental Health Specialists are working with local housing affiliated agencies to develop the housing primary prevention component of the plan.

### **Lead Program Goals for 2004:**

- Develop a county ordinance addressing safe housing and lead poisoning prevention.
- Develop the housing component of the St. Joseph County Lead Elimination Plan.
- Research the SuperNOFA grant funding opportunities for Lead Hazard reduction activities.

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### **Vector Program**

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In response to concerns about the spread of the West Nile Virus, the vector program was expanded in 2003 to provide a more comprehensive West Nile Virus monitoring program. This program included a county-wide trapping network, laboratory identification of mosquito species, and use of a biosafety cabinet to test mosquitoes for the presence of West Nile Virus infection. Our work was completed with the assistance of two summer part-time college students, graduate students from the University of

Notre Dame and ISDH staff. New equipment was purchased to support this effort including two new trucks, larviciding equipment, a ULV sprayer for adulticiding, and pesticides. Two staff members obtained their pesticide licenses which were needed to allow them to supervise the program and apply the pesticides.

**Vector Program Goals for 2004:**

- Prepare a plan including cost estimates for an independent vector program.

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**Sanitation Program**

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2003 was a very active year for the sanitation program. There was a 38% increase in the number of sanitation related complaints and in particular an increase in the number of complaints related to substandard living conditions at mobile home parks. The Health Department forced one park to significantly improve conditions and ISDH obtained a court order to close another.

**Sanitation Program Goals for 2004:**

- Revise the county's Trash Ordinance to enable the Health Department to further control the disposition of regulated materials and make the Ordinance consistent with existing laws.
- Inspect unauthorized waste disposal sites to determine the severity of violations of County and State waste disposal requirements.

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**Massage Program**

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The Massage program matured further during 2003 with the passage of a revised Massage Ordinance that: exempted certain professionals from the requirement to obtain a county massage therapist permit; clearly stipulated educational requirements for massage therapists; and identified enhanced health and safety practices for the massage establishments. The Health Department's database of massage establishments and therapists continued to expand.

**Massage Program Goals for 2004:**

- Provide support for the development of a State Board of Massage Therapy.
- Continue to expand the massage establishments' and massage therapists' databases.

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**Indoor Air Quality Projects**

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The Indoor Air Quality Project is currently in its developmental stage. Indoor air quality addresses issues including carbon monoxide, asbestos and mold found in dwellings.

**Indoor Air Quality Goal for 2004:**

- Develop an indoor air quality program consisting of public informational materials that may be provided to educate residents.

## 2001 through 2003 Environmental Health Permits and Inspections

	2001	2002	2003
<b>Septic Program</b>			
Permit Applications	1011	814	846
Inspections	1295	1085	1156
<b>Water Quality Program</b>			
Well Permit Applications	949	1,015	1020
Well Inspections	1280 <sup>1</sup>	1252 <sup>1</sup>	2030
Wellhead Protection Permits		323 <sup>2</sup>	195
Wellhead Protection Inspections		211	215
Property Transfers	3718	4255	4267
<b>Lead Program</b>			
Investigations	105	139	96
<b>Air Quality Program</b>			
Burn Permits	118	94	138
<b>Vector Program</b>			
Mosquitoes trapped			26,567
Mosquitoes tested for West Nile Virus			11,250
<b>Sanitation Program</b>			
Complaints Filed and Addressed	583	487	787
In-home Investigations	102	108	85
Trash Permits	151	202	198
<b>Massage Program</b>			
Massage Establishment Permits	12	23	50
Massage Establishment Inspections	36	41	50
Massage Technician Permits	33	83	83

<sup>1</sup> Numbers were revised from previous Annual reports to include both onsite and final inspections.

<sup>2</sup> Includes operating permits which are only issued every three years.

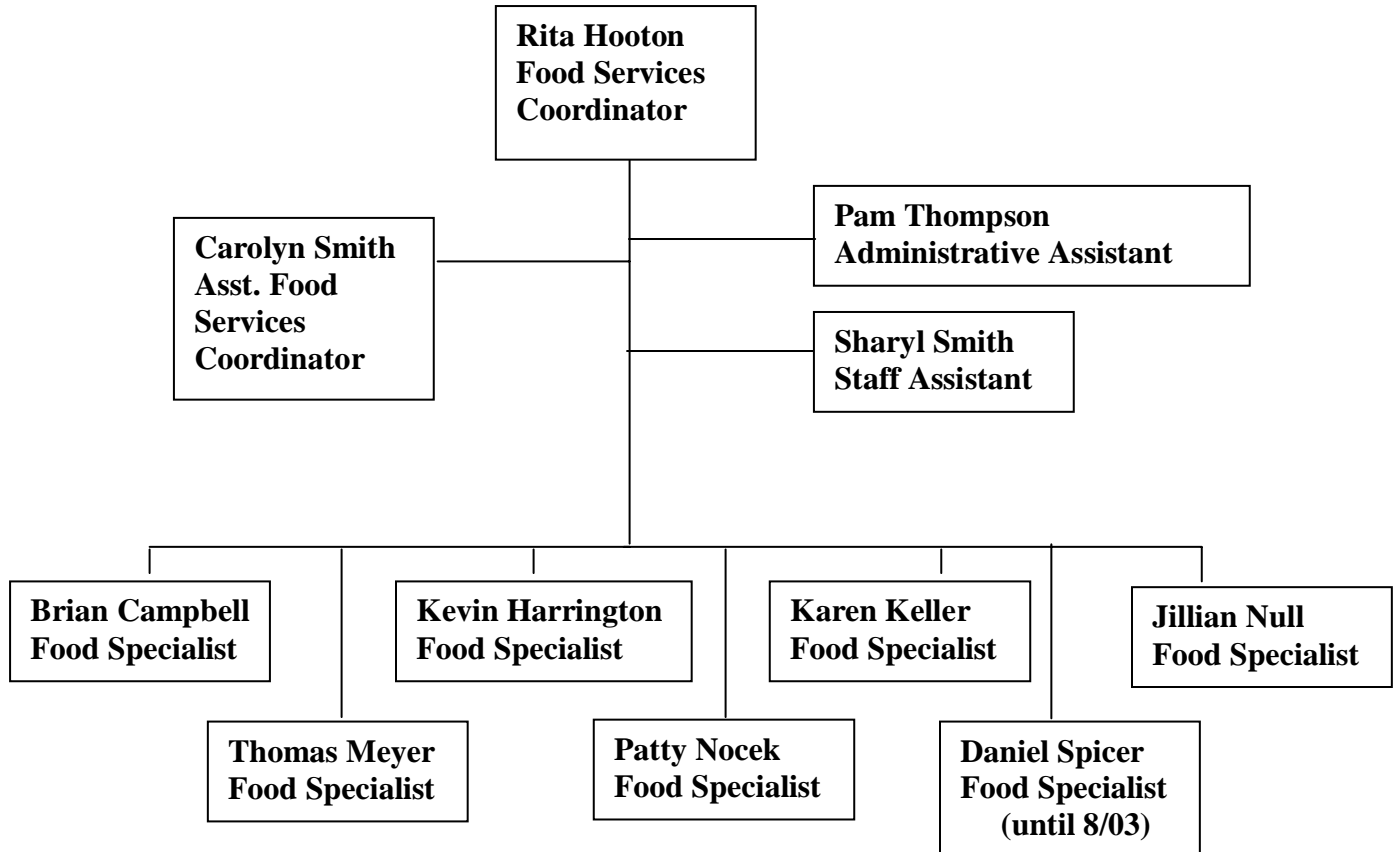
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## Food Services Division

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## **Food Services Division**

The Food Services Division continued to fulfill a vital role in ensuring the safety and quality of the food served by Food Service and Food Store Establishments within the county. This was achieved through inspections of food establishments and training of food establishment workers on safe food handling practices.

There were 5,080 food establishment inspections conducted during 2003. Retail Food Stores and Retail Food Service Establishments accounted for 3,197 of those inspections. There were 1,883 inspections conducted at Temporary Food Vendors. During 2003, the Food Services Division investigated 54 possible food borne illnesses, with only one confirmed food borne illness.

Because of the Food Specialists' sustained efforts to provide education and training when conducting inspections, the number of establishments receiving Enforcement Letters continued to decline. In 2003, only 28 establishments received Enforcement Letters. The number of establishments receiving a Public Hearing also declined with only 10 establishments requiring a public hearing.

In June 2003, a Food Service Establishment allowed their kitchen to be utilized as a test kitchen for the Food Specialists. This was a wonderful opportunity for the Food Services Division because it gave the Food Specialists the chance to be observed while they conducted an inspection. It was also an extremely valuable tool in determining whether or not there were any inconsistencies in the manner in which the Food Specialists were conducting inspections.

The Food Division has one Food Specialist who is a Certified Pool Operator. This individual conducted the majority of the indoor/outdoor pool inspections during the year. There were 164 pool inspections completed in 2003. The revision of the St. Joseph County Public Swimming and Wading Pool Ordinance also began during 2003.

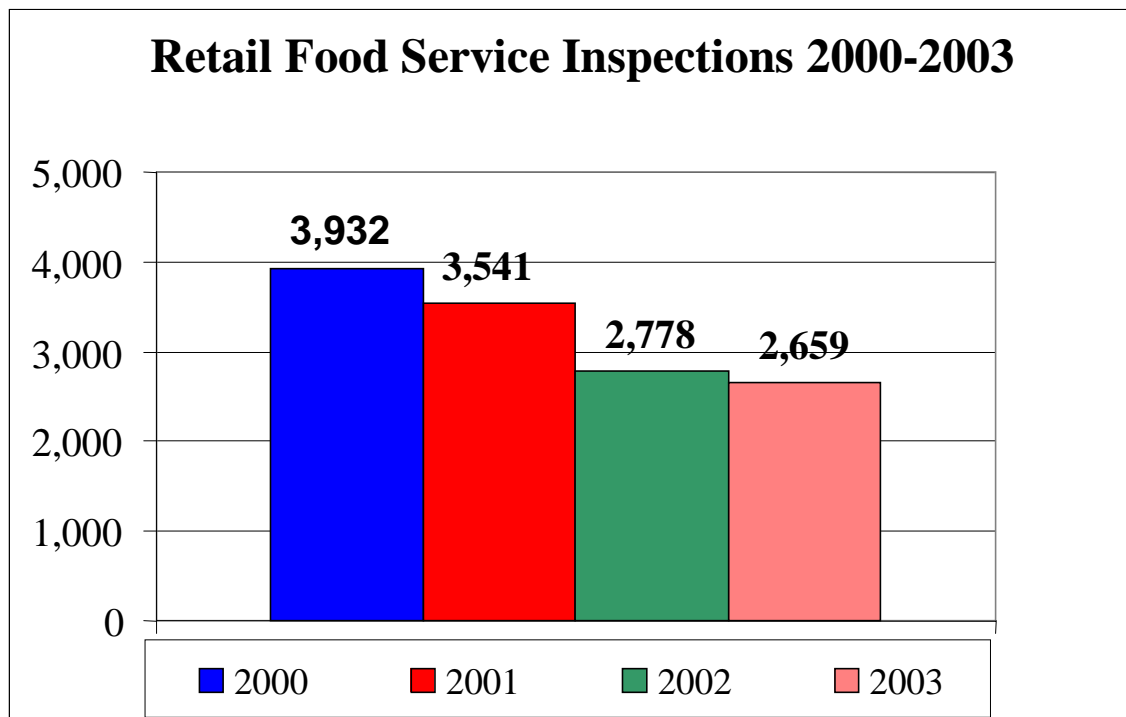
The Food Division currently has two (2) Food Specialists conducting Tattoo/Body Piercing inspections. These two Food Specialists spent 97.25 hours on related administrative duties and 44.25 hours on inspections during 2003.

At the 2003 St. Joseph County 4-H Fair, the Food Specialists implemented the program designed to recognize food vendors who exhibited safe food handling practices as evidenced by inspection reports that did not contain any critical violations. This was the second year for this program which has been highly successful. It will be repeated in subsequent years.

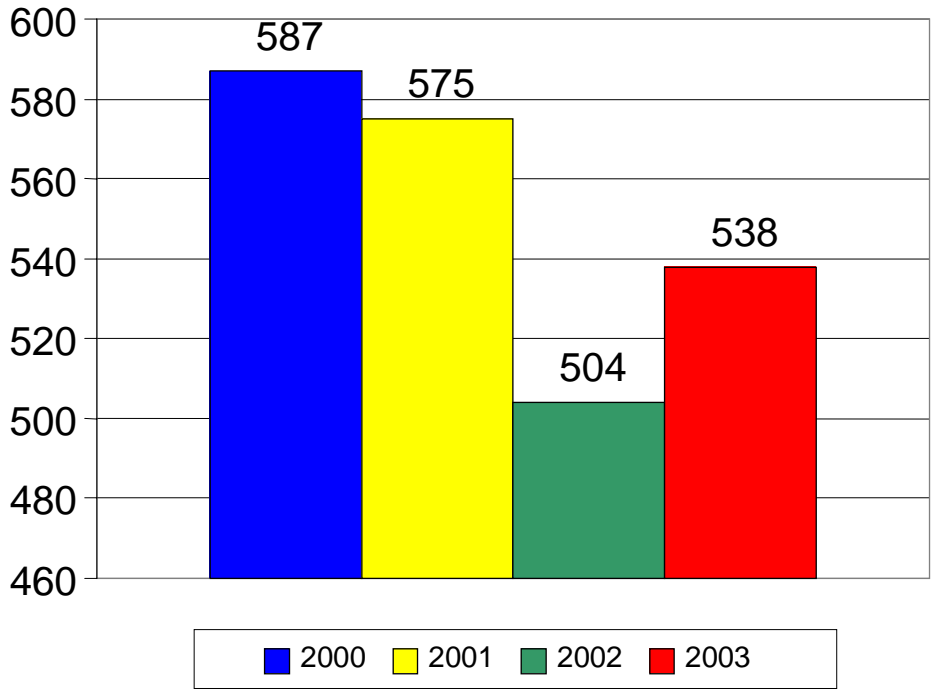
During 2003, the Food Service Division successfully met all of the goals identified in the 2002 Annual Report including: working with the National Restaurant Association to arrange training sessions to teach the Serv Safe Food Handling course to establishments wherein a majority of their food handling personnel do not fluently speak or understand the English language; initiating the update of the St. Joseph County Food Ordinance; and collaborating with the nursing division to create new brochures dealing with food related public health issues.

**Food Service Division Goals for 2004 include:**

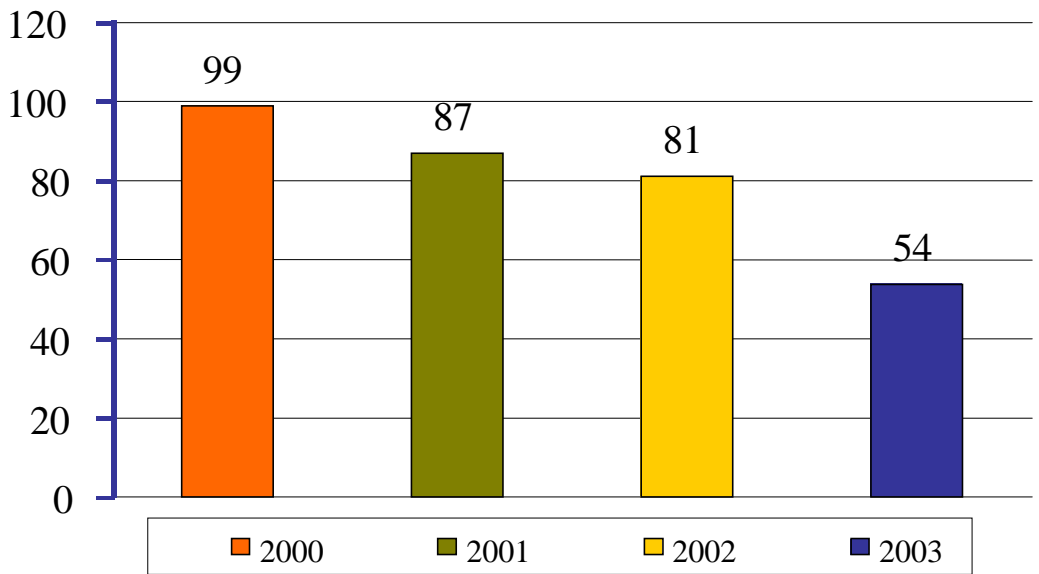
- Contact local health departments in larger states such as New York, California and Illinois for information on the programs they have implemented to educate and train Asian Food establishments on Safe Food Handlers Certifications.
- Re-categorize the Retail Food Establishments to streamline routine inspections. Food Establishments will be categorized according to the amount of preparation the food undergoes at the site before being served.
- The Food Services Coordinator and the Food Specialists will take the examination to become Certified Food Safety Professionals (CFSP).
- Continue work on the Food Division Assessment provided by the Food and Drug Administration (FDA).



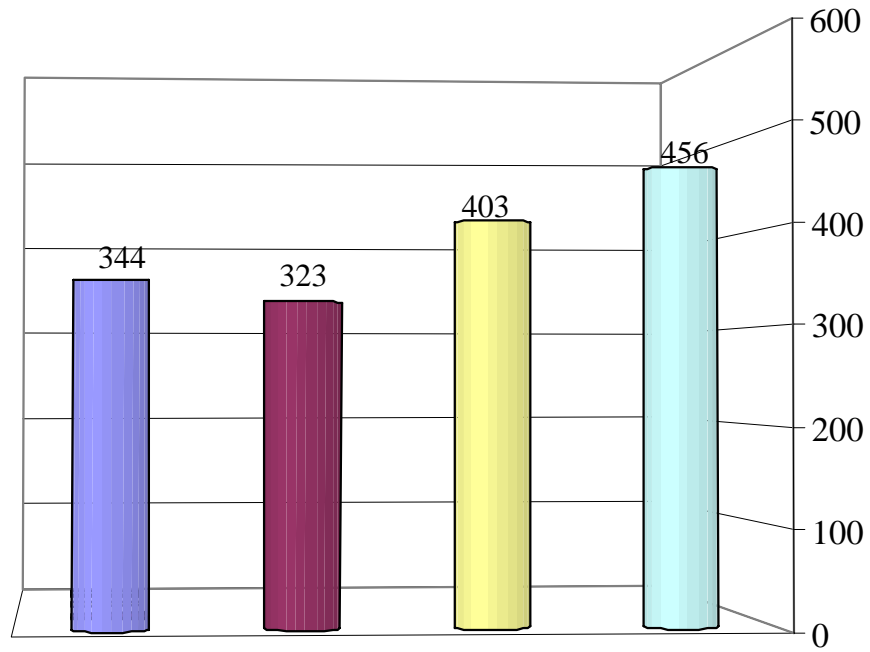
### Retail Food Store Inspections 2000-2003



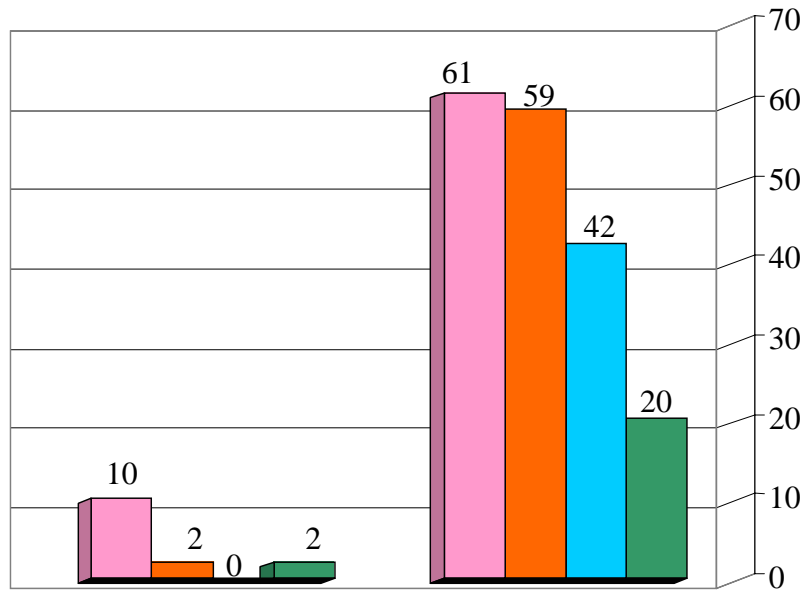
### Possible Food Borne Illnesses 2000 through 2003



**Food Store and Food Service Complaints 2000 through 2003**



### Retail and Food Service Enforcements 2000 through 2003



	Retail Food Store	Food Service
2000	10	61
2001	2	59
2002	0	42
2003	2	20

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## Health Education Division

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Melanie Dolph  
Director of Health Education

Danielle Griffin  
Health Educator

## Health Education Division

The Health Education staff served the community by providing information and programming on a number of health issues including chronic health conditions, substance abuse, hygiene and public health. During 2003, health educators reorganized services in order to offer more large scale health promotion programs and campaigns that would reach a greater number of people in St. Joseph County. The Division of Health Education also collaborated with other social service agencies in order to provide additional health promotion opportunities to minority populations in St. Joseph County. As a result of the changes made to services in 2003, the health department hopes to provide more effective educational efforts in our community and influence a greater number of people to change their health habits and live healthier lives.

Outreach to minority populations was a priority for health educators in 2003. Many health promotion efforts focusing on African Americans and Latinos were implemented throughout the year. These included the following projects:

**W.I.S.H. Conference:** In March, health education staff members hosted a women's health conference entitled W.I.S.H. (Women Inspiring to Stay Healthy). The conference targeted underserved women in our community and disseminated information about heart disease, diabetes, fitness, nutrition and stress reduction. Women from the South Bend Housing Authority, YWCA, Center for the Homeless and Hannah's House were invited to participate in the day long conference and a total of ninety-eight (98) women attended the event.

**Immunization Education Outreach:** An immunization education project for the Hispanic community was also completed in 2003. The program consisted of a mass media campaign that included billboards, posters, radio announcements, grocery bag stuffers and fliers urging parents to bring their children to the Health Department for immunizations. A part-time bi-lingual health educator was hired to oversee the development of materials and to work with social service agencies servicing the Hispanic community in order to spread the message on the importance of immunizations. Through this effort, the Health Department hoped to reduce fears among the Hispanic community about seeking services at the Health Department and inform the public that no child would be denied immunizations due to undocumented legal status or inability to pay.

**Creation of the Minority Health Task Force:** The Minority Health Task Force was created in an effort to combat the many health disparities that face African Americans in our community. The group was and is comprised of minority community members seeking to make a difference. Topics of discussion during meetings included health statistics and ways to combat some of the negative health issues within this population. Although there were a number of concerns that needed to be addressed, the Minority Health Task Force decided to focus its efforts on youth sexuality, a local and national problem. The task force researched pregnancy prevention programs and other social service activities within our community and searched for objective measures of the effectiveness of those programs with the hope that successful programs could be expanded. Adolescents and their parents will be targeted and plans call for providing education and fostering communication between both groups of individuals. The task force is committed to addressing this problem on a long term basis in order to truly effect change in the African American community.

**Academy of Dreams:** The Health Educators developed a pregnancy postponement program called the Academy of Dreams. This program is geared towards African American girls aged 12-15 and provides

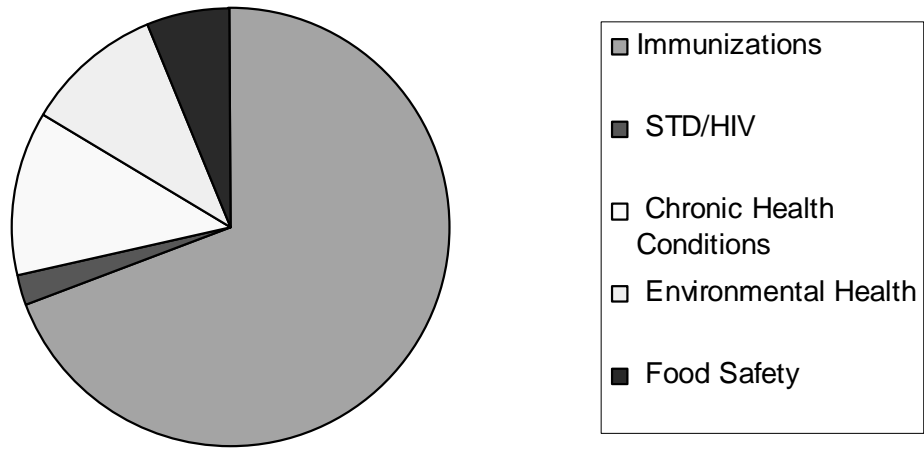
them with information on sexually transmitted infections, pregnancy, parenting and substance abuse. These young ladies participate in goal setting activities throughout the seven week program and learn skills to help them defend their decision and talk to their parents about uncomfortable topics. All participants spend a weekend parenting a “real care” baby and use an empathy belly in classroom activities. Participants for the program were and will continue to be recruited from community neighborhood centers, churches and after school programs.

The Health Education Division achieved the majority of the goals listed in the 2002 Annual Report. Those goals included the development of the million step challenge and pedometer loan program for area community groups and businesses and additional programming in the area of sexually transmitted infections and HIV education for at-risk populations. Other accomplishments in the Health Education Division included: implementing a week-long diabetes campaign for St. Joseph County in which 1300 people were assessed for diabetes risk factors; continuing as lead agency for tobacco compliance checks in St. Joseph County; providing an Open House and tours of the Health Department during Public Health Week; and serving as the MAPP Health Promotions sub-committee lead.

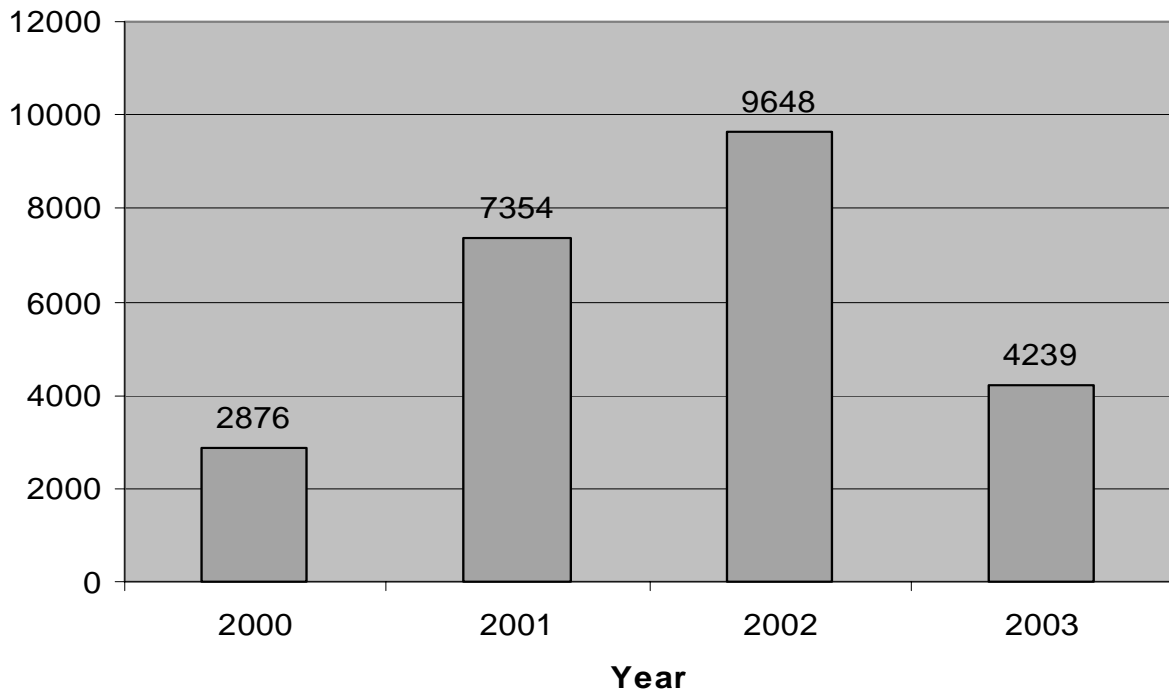
**Health Education Division Goals for 2004 include:**

1. The development of a county-wide obesity/nutrition program for St. Joseph County including:
  - The formation of a task force to oversee community programs pertaining to obesity.
  - The development of media campaigns focusing on fitness and nutrition.
  - Implementing community changes that reduce ones risk for diabetes and other chronic health conditions.
  - Increased health education in schools regarding obesity.
  
2. The expansion of community programming with an emphasis on minority populations in St. Joseph County including:
  - The development of the Sista Summit, a pregnancy postponement program for African American girls 16-19.
  - The development of mentoring programs within the Hispanic and African American communities targeting young men.
  - The implementation of outreach to parents within minority populations to increase their ability to talk to their children about substance abuse, sexuality and violence.

### Health Education Materials Distributed



### Health Education Program Participants



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## **Information and Technology Division**

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In an effort to enhance the technological capabilities of the Health Department, a decision was made in 2003 to restructure the Decision Support Division and refocus the division's efforts to include data handling, hardware and software management, database creation and database maintenance. With this new focus, the Decision Support Division became the Information and Technology Division. Our Information Technology Specialist was given the title of Information Technology Manager.

The IT Division was responsible for planning, organizing, leading and monitoring all activities, programs, devices and services as they pertained to information and technology.

**During 2003, the IT Division focused on the following projects:**

- Standardizing the usage of the STD-MIS database in the HIV/STD Clinic by providing additional training to the HIV/STD staff members. The IT Manager maintained the data on a weekly basis.
- Upkeep of the STELLAR lead database including weekly imports from and exports to the ISDH supervisor site.
- Creation of databases to assist Health Department employees as they managed data collected within their divisions:
  - STD/HIV cross reference database
  - Immunization Transaction Log database
  - Fixed Asset database
  - Food Inspection database
  - Well database
- Testing of the Permits Plus software. When this program becomes functional, it will facilitate a standardized countywide permit application process
- Rebuilding the Health Department's website
- Coordinating Health Department efforts with the GIS mapping program
- Providing internal IT training sessions
- Purchasing and maintenance of computer hardware and software
- Assuring compliance with HIPAA security rules

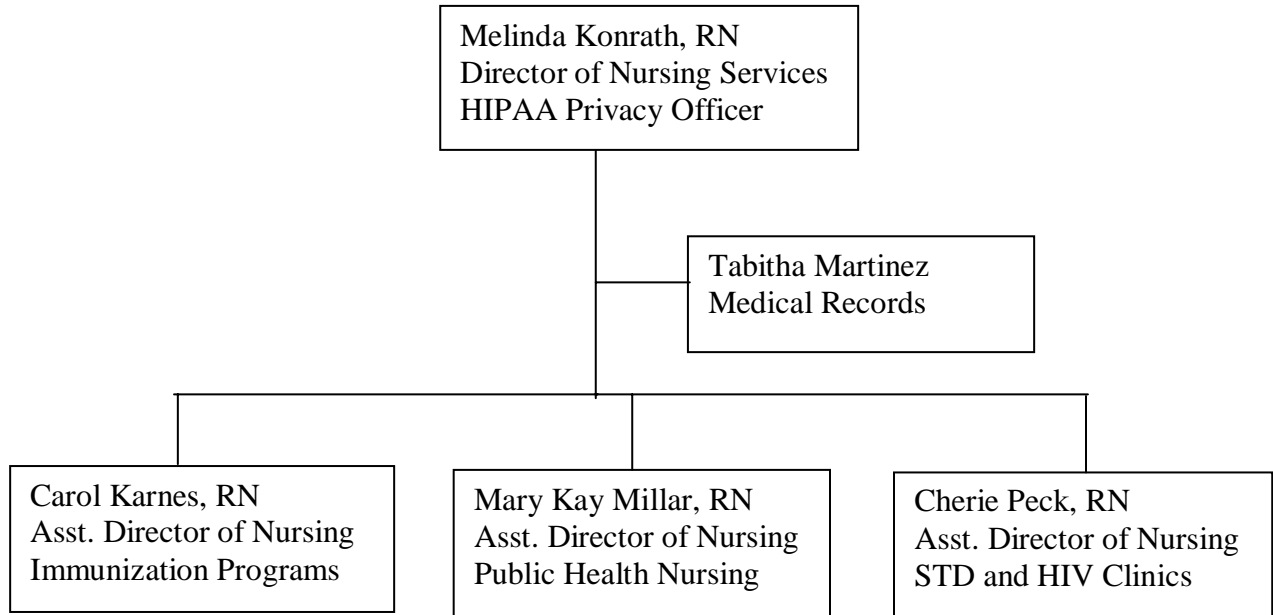
**Information and Technology Division Goals for 2004 include:**

- Coordinating a comprehensive Health Department Quality Improvement database
- Continual enhancement of the Health Department's website
- Expansion of the Health Department's use of the GIS mapping program
- Standardizing data entry to the STELLAR program thereby enhancing statistical analysis of lead poisoning in children in St. Joseph County
- Facilitating the organization of data into databases or spreadsheets as needed. Employees will be trained to efficiently use these new offerings
- Training the prenatal care case management nurses and the community health worker to use the new FRED database for reporting prenatal care case management data to ISDH
- Assisting the Epidemiologist with implementation of the Epi-Info communicable disease tracking database

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## Nursing Division

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## **Nursing Division**

The Public Health Nursing Division and the Clinics Division were combined in July of 2003 creating a unified Nursing Division under the leadership of a Director of Nursing and three Assistant Directors. This restructuring effort was implemented to address the challenges the Health Department faced with the loss of several of our nursing personnel. Our hope is that the new structure will improve the utilization of nursing personnel and delivery of public health nursing services to St. Joseph County residents. Melinda Konrath, RN made the transition from the Public Health Nursing Supervisor to the Director of Nursing. She also served as the Health Department's HIPAA Privacy Officer.

A new position, Medical Records Registrar reporting to the Director of Nursing, was created during 2003 to assist the Health Department in complying with HIPAA regulations. We were fortunate to employ a bilingual registrar, Tabitha Martinez, who also served as a medical interpreter for the entire Health Department. Modifications were made within the Health Department allowing a formal medical records room to be created.

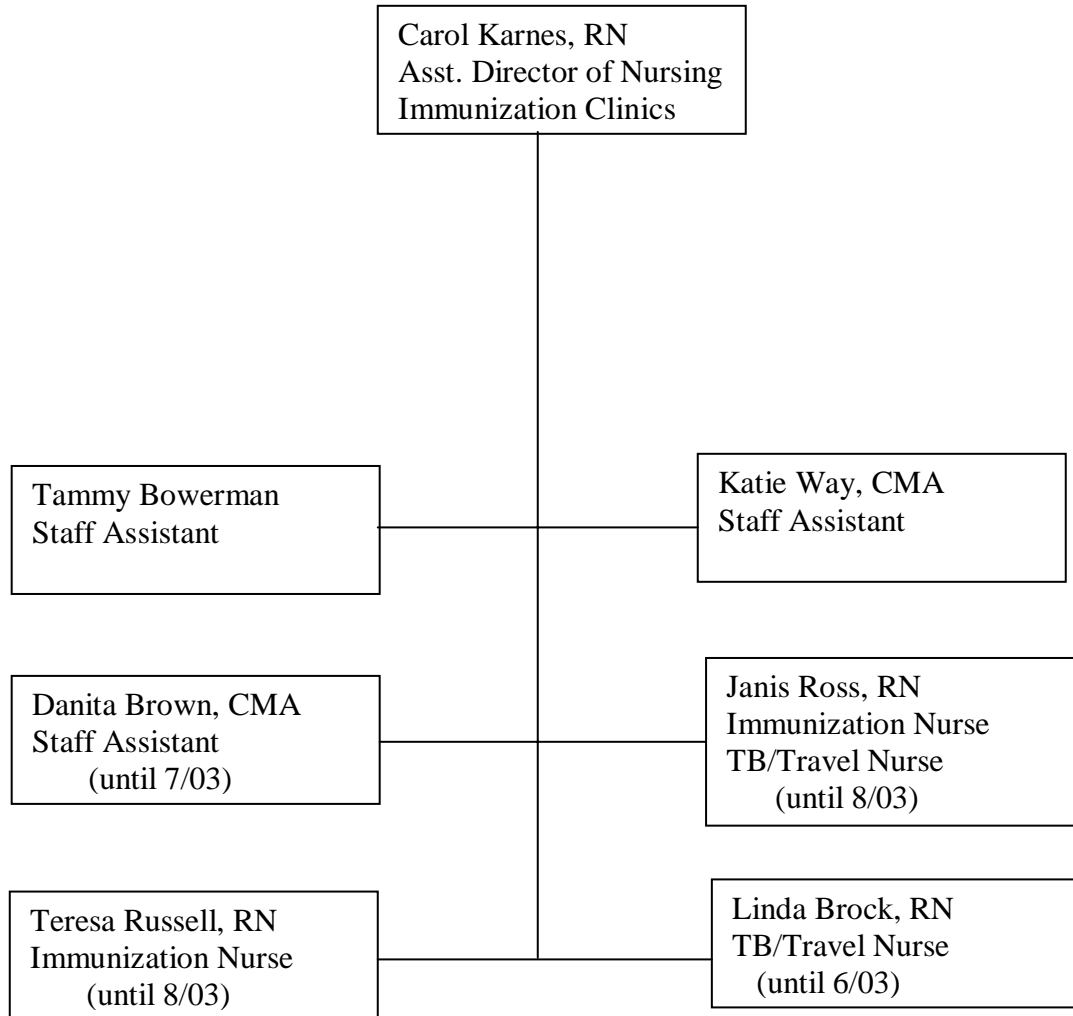
### **Goals of the Nursing Division for 2004:**

- Hire and maintain a full staff of qualified nurses
- Re-open the immunization clinic at the Mishawaka Office when we become fully staffed
- When fully staffed, obtain additional grant funding for community-based programs to improve the health status of St. Joseph County residents
- Improve our collaboration with other community health improvement agencies
- Enhance all nursing division databases
- Analyze our data to expand current programs and develop new programs to meet community needs.

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## Immunization Clinics

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## **Immunization and Travel Clinics**

Carol Karnes, RN served as the Assistant Director of Nursing for the Immunization Clinics, overseeing the administration of childhood and adult immunizations, including travel immunizations, in South Bend and Mishawaka and tuberculosis case management. Though the Mishawaka Immunization Clinic was remodeled during 2003, we were unable to utilize our “new” facility due to our nursing shortage. In fact, during the latter half of 2003, most of the above mentioned services were provided by public health nurses who had other primary duties but rotated through the Immunization and Travel Clinics to ensure our customers’ needs were met. Travel immunizations were offered to the public based on the Centers for Disease Control and Prevention guidelines for international travel. In 2003, all immunizations were entered into our Children’s and Hoosier’s Immunization Registry Program (CHIRP) such that immunizations given for travel purposes were not documented separately from other immunizations.

When comparing our immunization statistics over the past three years (adult, childhood, and travel immunizations), we noted a decline in the number of total clients seen and total immunizations given as shown below. The reasons for this decline are multifactorial and include the closing of our Mishawaka and outlying clinics due to staffing issues and the administration of new combination vaccines. We hope to staff the Mishawaka Immunization Clinic on a full time basis by mid 2004 thereby increasing access to our immunization services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Total Vaccinations</b>	14181	13314	11427
<b>Total Clients</b>	7393	6943	4338

### Adult, Childhood and Travel Immunizations\* Administered

<b>Type of Vaccination</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
Td	248	452	616
DTaP	2176	1852	1328
DT	5	0	1
IPV	2104	2006	1330
MMR	2508	2168	1687
Prevnar (PCV7)	1167	1007	1144
Varicella	465	471	567
Pediatric Hepatitis B	1729	1433	933
Hib	649	629	686
Comvax (Hep B/Hib)	730	683	339
Trihibit (DTaP/Hib)	442	325	229
Pediarix (DTaP/Hep B/ IPV)			395
Menomune	108	129	170
Pediatric Hepatitis A	1	33	32
Adult Hepatitis B	658	1071	624
Twinrex	60	175	326
VFC Flu	13	24	201
Typhoid	369	288	321
Adult Hep A	498	371	317
Yellow Fever	251	197	181
<b>Total Vaccinations</b>	<b>14181</b>	<b>13314</b>	<b>11427</b>
<b>Total Clients</b>	<b>7393</b>	<b>6943</b>	<b>4338</b>

\*This 2003 report modifies the 2001 and 2002 statistics to include all childhood, adult, and travel immunizations. In previous years, travel immunizations were recorded and tallied separately.

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### Tuberculosis Clinic

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The following table compares the number of Mantoux skin tests performed by the St. Joseph County Health Department in 2001, 2002, and 2003 as well as the number of Active TB and Latent TB cases managed by the Health Department.

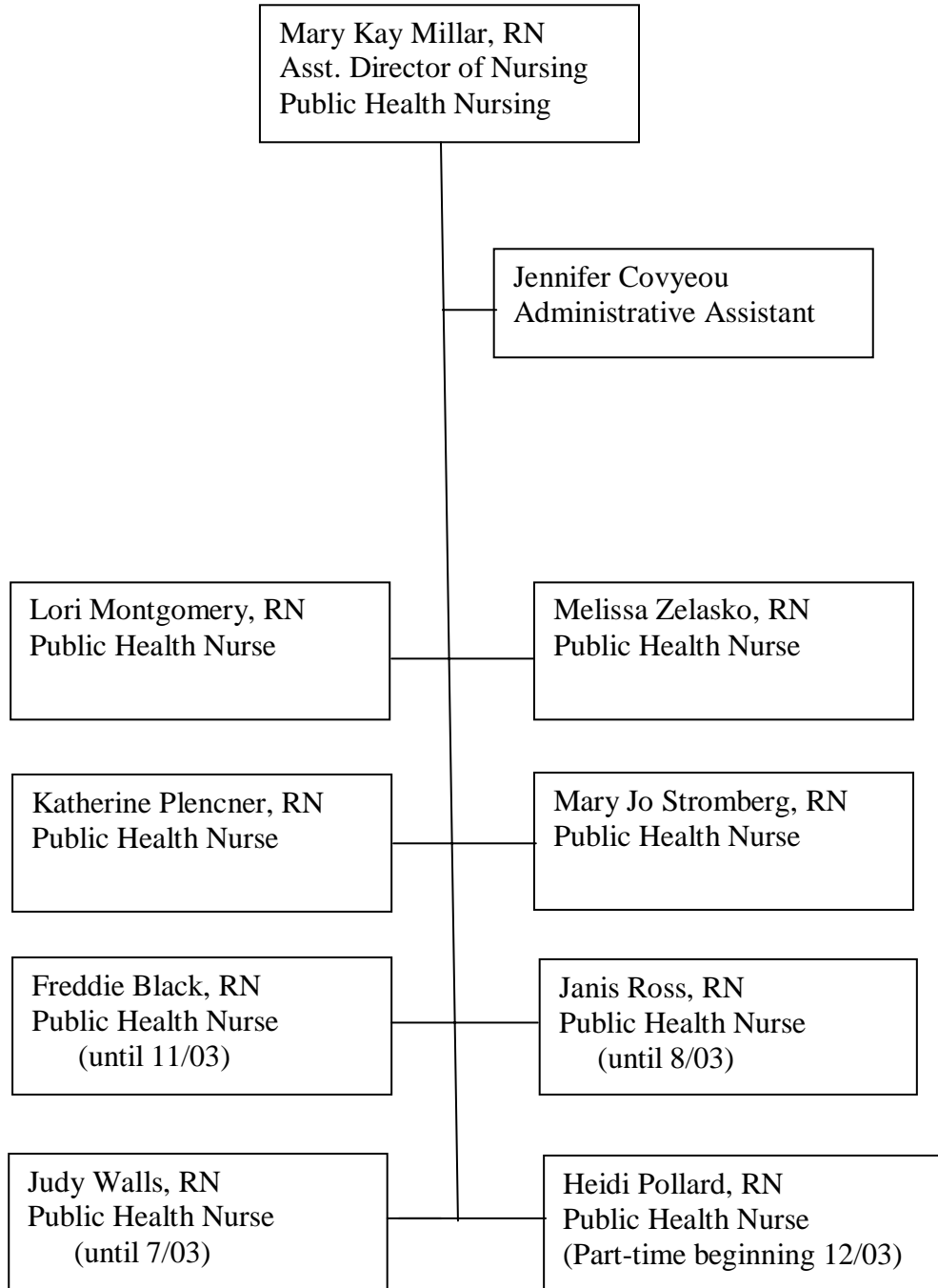
	<b>2001</b>	<b>2002</b>	<b>2003</b>
Mantoux Tests Given by the SJCHD	2828	2492	2816
Cases of Latent TB Disease	n/a	n/a	270
Cases of Active TB Disease	10	9	10

During 2001 and 2002 the number of cases of latent TB disease was not recorded, which resulted in the Health Department needing to adjust its reporting procedures during 2003 to meet this reporting requirement.

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**Public Health Nursing**

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## Public Health Nursing

Mary Kay Millar, RN served as the Assistant Director of Nursing for Public Health Nursing with oversight responsibilities for communicable disease reporting and follow up, lead case management, animal bite reporting and follow up, Newborn Intensive Care Unit (NICU) referrals, infant home visits and newborn screenings. In addition to these ongoing responsibilities the public health nurses were actively involved in our bioterrorism preparedness efforts, conducting smallpox vaccination clinics in February and March of 2003. Over 100 individuals from Indiana's Public Health District 2 were vaccinated against smallpox during those clinics.

Grant funding was applied for and received to assist us with our public health nursing programs. Funds were received to support our childhood lead poisoning prevention activities and a new prenatal care coordination program, "Giving Infants Foundations To Start" or GIFTS, was also funded. Although GIFTS program funding was received in late 2003, program development and implementation will not begin until 2004.

### Public Health Nursing Goals for 2004 include:

- Improving statistical reliability for blood lead level tracking and communicable disease reporting.
- Pursuing additional financial opportunities that will allow the Public Health Nursing Division to expand services offered to the community.

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## Childhood Lead Poisoning Prevention Program

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The Public Health Nurses (PHN) provided extensive case management services to St. Joseph County families with lead poisoned children. All cases involving children with a venous blood lead level of 10 mcg/dL or higher were referred to the Environmental Health Division's Lead Risk Assessor for an environmental assessment. The in house Lead Poisoning Prevention Team, formed in 2002 and comprised of the public health nurses that performed lead case management activities and the environmental health specialist who performed the lead risk assessments, continued to meet in 2003 at varying intervals depending on nursing staffing levels. These meetings were invaluable because they linked the environmental health specialist with the public health nurses in order to provide solutions and positive outcomes for the most challenging lead case management issues. In addition to the in-house Lead Management Team meetings, the entire PHN staff attended the quarterly meetings of the Lead Task Force of St. Joseph County, chaired by Mary Kay Millar, RN. In the summer of 2003, a \$5,000 lead mini grant was awarded to the Health Department by the Indiana Department of Environmental Management (IDEM) to inform and educate the re-modelers, renovators, contractors and landlords in St. Joseph County on the Pre-Renovation Education (PRE) Rule. The following table provides the distribution of elevated blood lead level **results**, greater than or equal to 10 mcg/dL, reported to the Health Department during 2003 in comparison to the number of new **cases** of childhood lead poisoning case managed in 2002.

**Results with Blood Lead Levels of:**

	<b>2003</b>	<b>2002</b>
<b><u>Child's Blood Lead Level</u></b>	<b><u>Number of Results</u></b>	<b><u>Number of New Cases</u></b>
10-19 mcg/dL	294	122
20-44 mcg/dL	31	12
>45 mcg/dL	0	0

During 2003, the public health nurses continued efforts to improve the lead case management database in order to improve statistical reliability. In 2002, the Health Department began to utilize the CDC's STELLAR (Systematic Tracking of Elevated Lead Levels and Remediation) database; however nursing personnel were not fully in-serviced on this database until 2003. Unfortunately, the CDC's STELLAR lead database program does not allow us to accurately identify the total number of individual cases in each of the above blood lead level ranges which is why we reported the number of results rather than the actual number of new cases for 2003. In 2002, a hand counted number of new cases of childhood lead poisoning was reported. Nursing personnel were unable to hand count new cases in 2003 due to the significant amount of staff turnover. In order to assess the incidence and prevalence of childhood lead poisoning in St. Joseph County, a new database will be created to provide accurate statistics for the lead program during FY 2004.

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**Communicable Disease Surveillance**

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The public health nurses performed communicable disease case investigations in accordance with the Indiana State Department of Health's Communicable Disease Reporting Rules for Physicians, Hospitals, and Laboratories (410- IAC 1-2.3). The Health Department is mandated to track sixty four (64) communicable diseases. The following table provides incidences of communicable diseases from 2001 through 2003.

### Incidences of Communicable Diseases

	<b>2001</b>	<b>2002</b>	<b>2003</b>
Campylobacteriosis	37	18	43
Legionellosis	2	0	0
Listeriosis	0	0	0
Lyme Disease	5	6	0
Malaria	2	0	0
Measles	0	0	0
Aseptic Meningitis (Viral)	52	18	17
Bacterial Meningitis	3	2	3
Pertussis	2	0	0
Salmonellosis	11	20	20
Shigellosis	5	10	0
Hepatitis A	2	9	3
Acute Hepatitis B <sup>1</sup>	6	3	10
Acute Hepatitis C <sup>1</sup>	0	0	0
Haemophilus Influenza	3	0	0
Invasive Group A Streptococcus <sup>2</sup>	<5	6	13
Invasive Group B Streptococcus <sup>2</sup> (adult and newborn)	12	16	15
Probable West Nile Virus	NPR	3	1
Streptococcus Pneumoniae <sup>3</sup>	43	30	44
Vibriosis	0	0	1
Cryptosporidiosis	0	0	2
Histoplasmosis	0	0	0
Hemolytic Uremic Syndrome	0	0	1

NPR= Not Previously Reportable. This communicable disease was not previously reportable under the Indiana State Department of Health's Communicable Disease Reporting Rule.

<sup>1</sup>This report modifies previously reported information. The corrected information was based on CDC guidelines and obtained from ISDH records for our county. Originally we reported incidences based on local physician case definitions. These are preliminary statistics from ISDH.

<sup>2</sup>This report modifies previously reported information. The corrected information reflects Invasive Group B Streptococcus as defined by the ISDH Communicable Disease Reporting Rule and not local physician case definitions. These are preliminary statistics from ISDH.

<sup>3</sup>This report modifies previously reported information. These are preliminary statistics from ISDH.

At the beginning of 2003, a new disease surveillance database was created to assist the public health nurses in tracking communicable diseases in St. Joseph County. In previous years, data collection was a complex manual process which at times resulted in inaccurate statistics. Improving statistical reliability for communicable disease reporting will continue to be a priority for the public health nurses during 2004. As we continuously improve, corrections will be made

to the data where appropriate and we will alter our reporting to include both the number of cases investigated and the number of cases confirmed by the Indiana State Dept. of Health (ISDH).

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### Infant Referrals

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During the last quarter of 2003, the public health nurses met several times with Memorial Hospital personnel to evaluate the utility of the post-discharge infant home visits the public health nurses historically made to the homes of infants who had been hospitalized in Memorial's Newborn Intensive Care Unit (NICU). As a result of those meetings, Memorial Hospital is now in the process of creating a form to be utilized for future home visit referrals that will make these visits more productive and informative for Health Department and Memorial staff members alike.

Additionally, the Indiana State Department of Health (ISDH) requested assistance from the public health nurses to locate infants in St. Joseph County who needed additional newborn screenings. The Newborn Screening Program detects eight uncommon inherited disorders of body function. After receiving the referrals from ISDH, a Public Health Nurse contacted the families and made arrangements for the infants to return to the hospital of birth in order to have the screening completed.

The following table compares the number of pre-discharge infant home visits, post discharge infant home visits and newborn screening referrals performed by the public health nurses in 2001, 2002, and 2003.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
Pre-discharge Infant Visits	8	4	3
Post-discharge Infant Visits	139	99	59
Newborn Screening Referrals	24	34	33

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### Animal Bite Investigations

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There was a significant increase in the number of animal bites reported to the Health Department in 2003. Health Department personnel collaborated with the infection control nurses from local hospitals to effect improved reporting of these animal bites.

The public health nurses investigated every incident wherein a human was bitten by certain wild or domesticated animals. The Humane Society, South Bend Animal Control, South Bend, Mishawaka, and St. Joseph County police departments, physicians' offices, urgent care centers, and hospital emergency departments all reported cases of animal bites to the Health Department. Public health nurses tracked the health status of the animal involved in the bite in order to rule out rabies infection and contacted the victims to insure they received appropriate medical attention. No animals tested positive for rabies in 2003. During the animal bite investigations two breeds of dogs, rotweilers and pit-bulls, were identified as the culprits in the majority of the cases. The following table compares the number of dog, cat, and bat bites for 2001, 2002, and 2003.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
Canine	345	342	406
Feline	98	82	85
Bat	0	3	4

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**Onsite and Flu Clinics**

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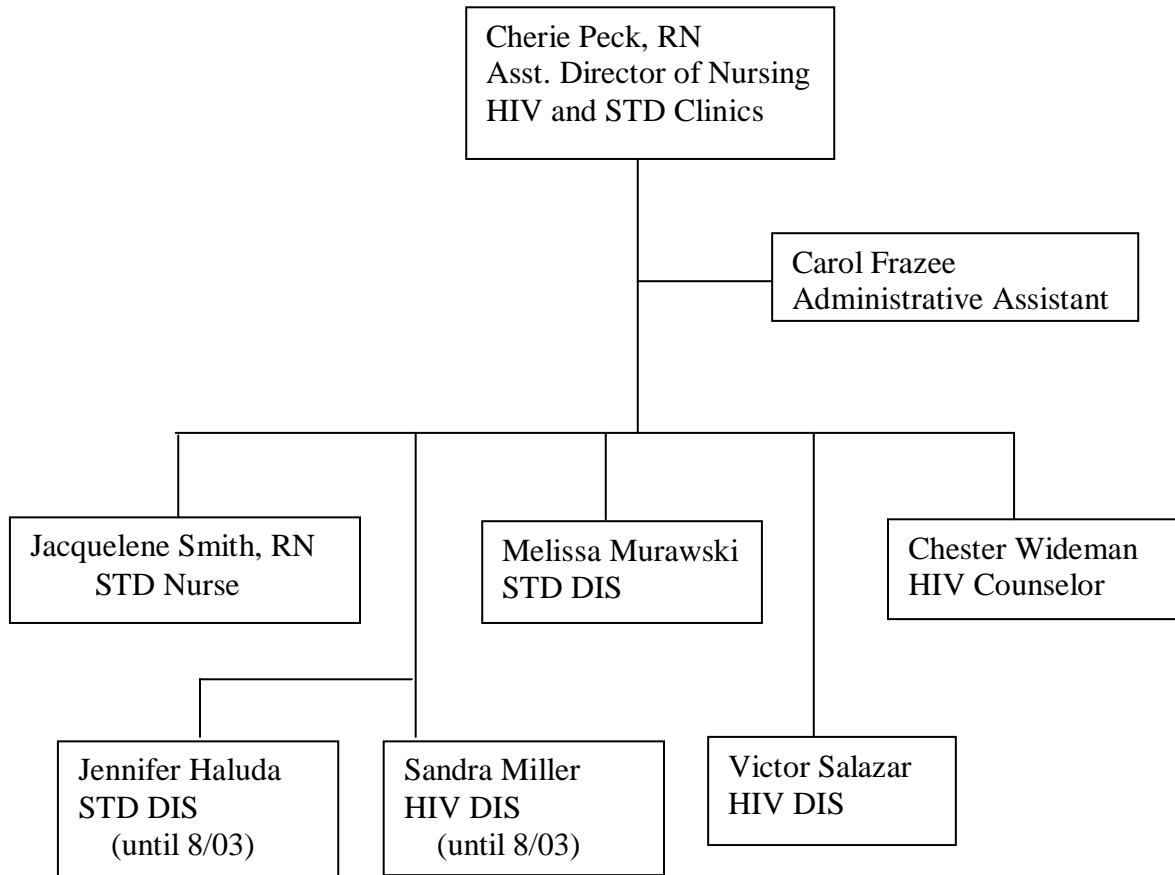
Onsite vaccination clinics were arranged for businesses within St. Joseph County upon request. The clinics provided tuberculosis skin testing, Hepatitis A and B vaccinations, Tetanus vaccinations, and flu vaccinations.

Approximately 3520 flu shots were administered at onsite clinics during October, November, and December 2003. 201 Vaccines for Children Program (VFC) flu shots were administered to children qualified to participate in that program and an additional 1560 flu shots were administered to adults and children in our immunization clinic for **a total of 5281 flu shots administered during the 2003 – 2004 flu season.**

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**HIV/STD Clinic**

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## HIV and STD Clinics

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Cherie Peck, RN served as the Assistant Director of Nursing for the Sexually Transmitted Disease (STD) and HIV Clinics, with oversight responsibilities for the programs and personal care services provided by the clinic personnel. Services and programs offered by the HIV and STD Clinics staff members included: pre- and post-test counseling for HIV and Sexually Transmitted Infections, confidential HIV testing, examinations and specimen collection for sexually transmitted infections, medications for the treatment of diagnosed infections, partner notifications for all sexually transmitted infections including HIV, follow up and referrals for newly confirmed HIV positive clients, free pregnancy testing, Hepatitis B vaccinations to individuals at risk for sexually transmitted infections, and public education regarding sexually transmitted infections including HIV. These services were supported by grant funding received from the Indiana State Department of Health. In addition, the Assistant Director of Nursing was responsible for developing and implementing policies and procedures that would result in CLIA's recertification of our laboratory.

Also during 2003, HIV and STD Clinic staff members were trained in the proper techniques for utilizing the newest HIV testing device, Oraquick. It is hoped that in early 2004, ISDH will make these test kits available for use in our clinics.

Customer Satisfaction Surveys were completed in March and September. Both surveys had a majority of favorable responses, with September's survey showing a greater level of satisfaction.

Despite the personnel changes that occurred during 2003, the clinics accomplished all of their goals and objectives for 2003 with all grant goals and objectives met without deficiencies for the first time in several years. Those goals and objectives included: development of additional outreach educational programs to fulfill the prevention objectives and goals established in the HIV grant; development of an STD database to improve our ability to track and retrieve information on a monthly, quarterly, and annual basis; and organize and standardize medical records for STD and HIV to comply with the new HIPAA regulations.

**HIV/STD Clinic Goals for 2004 include:**

- Focus educational programs on high risk students and minority populations.
- Merge the HIV computer based files into the MIS database.
- Increase the number of testing and counseling sites in St. Joseph County.
- Update the STD and HIV knowledge base of the clinic staff.

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## HIV Services

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HIV tests were provided by the Health Department at no charge to our clients. During 2001 and 2002, the Health Department was responsible for submitting all HIV tests administered in St. Joseph County to ISDH for analysis. In doing so, the Health Department was directly notified of all HIV positive test results for the county. In 2003, other agencies in St. Joseph County began submitting their HIV tests directly to ISDH for analysis and in so doing the Health Department inadvertently was not notified of all positive HIV test results in the county. Therefore for this report, the number of HIV positive test results for St. Joseph County was obtained from ISDH. The HIV Clinic will resolve this reporting problem during 2004. Because of a temporary staffing shortage during 2003, the number of individuals tested for HIV at the Health Department decreased.

### HIV Testing

	2001	2002	2003
Number of Clients tested for HIV at the Health Department	693	713	559
Number of HIV positive results for all of St. Joseph County	31	30	20

The following tables compare the number of individuals tested at the Health Department's HIV Clinic by gender and race for 2001, 2002, and 2003.

### HIV Testing By Gender

	2001	2002	2003
Total Number of Males Tested	386	400	317
Total Number of Females Tested	307	313	242
<b>Total Number of Clients Tested</b>	<b>693</b>	<b>713</b>	<b>559</b>

### HIV Testing By Race

	2001	2002	2003
White	394	448	366
African American	226	190	168
Other	73	75	25

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**STD Clinic**

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STD exams and medications were provided by the Health Department at a minimal cost to our clients

**Incidence of Chlamydia in St. Joseph County by Gender**

	<b>2001</b>	<b>2002</b>	<b>2003</b>
Female	691	925	887
Male	206	198	196
<b>Total</b>	<b>897</b>	<b>1126</b>	<b>1083</b>

**Incidence of Chlamydia in St. Joseph County by Race/Ethnicity**

	<b>2001</b>	<b>2002</b>	<b>2003</b>
White	251	247	230
African American	383	431	428
Hispanic	59	66	59
Unknown/Other	204	382	366

**Incidence of Syphilis in St. Joseph County by Gender**

	<b>2201</b>	<b>2002</b>	<b>2003</b>
Female	6	1	8
Male	8	4	5
<b>Total</b>	<b>14</b>	<b>5</b>	<b>13</b>

**Incidence of Syphilis in St. Joseph County by Race/Ethnicity**

	<b>2001</b>	<b>2002</b>	<b>2003</b>
White	4	1	5
African American	3	3	3
Hispanic	1	0	0
Unknown/Other	6	1	5

**Incidence of Gonorrhea in St. Joseph County by Gender**

	<b>2001</b>	<b>2002</b>	<b>2003</b>
Female	377	333	269
Male	286	253	197
<b>Total</b>	<b>663</b>	<b>586</b>	<b>466</b>

**Incidence of Gonorrhea in St. Joseph County by Race/Ethnicity**

	<b>2001</b>	<b>2002</b>	<b>2003</b>
White	107	180	85
African American	397	314	231
Hispanic	25	12	9
Unknown/Other	134	182	141

In St. Joseph County, the incidence of all reported sexually transmitted infections is highest in our female population and as noted last year, African Americans account for approximately 50% of the total gonorrhea cases, 40% of the chlamydia cases and nearly 25% of the syphilis cases yet comprise only 11.5% of the total county population.

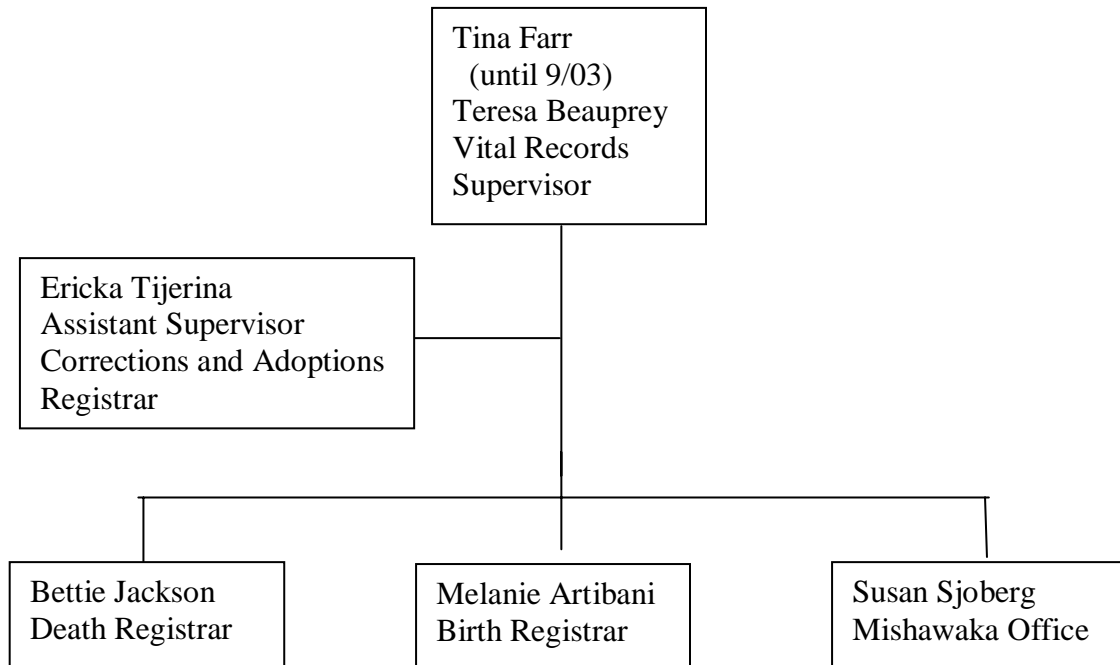
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## Vital Statistics Division

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## Vital Statistics Division

The Vital Statistics Division provided a variety of services to the public during 2003. These included:

- Issuing certified copies of birth and death records for St. Joseph County occurrences.
- Amending records that involved adoptions, paternities, or court orders.
- Notarizing documents for a \$1.00 fee per page.
- Performing genealogical searches for death records. While our records began in 1882, it was not a state law that they be recorded until October of 1907. Therefore, our records between 1882 and 1907 are limited. There is a search fee of \$7.00 for 1-6 names.
- Preparing Paternity Affidavits and Paternity Affidavits upon Marriage for those who qualify. A paternity affidavit is for a father who was unable to sign the birth certificate in the hospital at the time of their child's birth. A Paternity Affidavit upon Marriage is for a father who was either unable to sign this document at the time of the child's birth or for parents who may have signed a Paternity Affidavit at the hospital, but later married. The local health department can prepare these affidavits until the child reaches age 18. **There is no blood test involved and the information is not shared with the Child Support Division or any other agency.** The fee for this procedure is \$22.00 per child and includes one certified copy of the birth certificate.
- Serving as a Hoosier Healthwise intake site. Hoosier Healthwise is an affordable insurance program offered by the state of Indiana for children birth through age 18 and pregnant women who meet certain income guidelines.

### Goals achieved in 2003 include:

- Attended the VRV Web System training in Indianapolis.
- Attended bi-weekly meetings regarding Hoosier Healthwise updates.
- Participated in the back-to-school campaign for Hoosier Healthwise.

### Vital Statistics Division Goals for 2004 include:

- Implement a new computer-based record storage system, improving the retrieval time for vital statistics information.
- Install a software program to replace paper files.
- Update our current clinic notification to include information regarding Hoosier Healthwise and free pregnancy testing.
- Determine the adequacy of prenatal care by utilizing a more widely accepted system of tracking prenatal care via birth records.
- Cross train the Mishawaka Vital Records and Immunization Registrars to perform each other's duties.
- Conduct quarterly customer satisfaction surveys of the public served by this division.
- Provide paternity education to acute care facility staff.
- Purchase new paper that will eventually be used by all counties in Indiana for standardized birth certificates. The paper will include more security features to prevent fraud.
- Purchase new electronic seals that are more durable than the manual seals and have a more distinguished seal.

### **Birth Statistics Trends for 2003**

- The number of male births outnumbered female births for a fourth straight year.
- The number of women who reported inadequate prenatal care and the number of women who reported no prenatal care continued their upward trend in 2003. Together, 15% of women delivering in St. Joseph County reported receiving no or inadequate prenatal care compared with only 7% of women reporting the same in 2000.
- The number of babies born under 1000 grams continued to climb and the total number of births  $\leq$  2500 grams was 539 compared with only 437 births  $\leq$  2500 grams in 2000.
- The number of stillborn births continued to increase.
- Cesarean births continued to increase in our county and were 26% of all births compared with 22% of all births in 2001.
- For the past three years, over 75% of the African American women giving birth in St. Joseph County were unmarried at the time of childbirth. This percentage was substantially higher than that of other racial/ethnic groups.
- The number of births to teen moms remained stable at 10% of total births for the second straight year.
- The overall trend for pregnancies in 2003 showed that maternal chemical use increased while alcohol use and smoking decreased.

### **Death Statistics Trends for 2003**

- The number of deaths recorded during 2003 was higher than the number recorded in the previous three years.
- Coronary artery disease continued to be the number one cause of death in the county although the total number decreased from 2002.
- Lung cancer was again the most common cause of cancer death.
- COPD deaths also increased slightly from last year.
- Deaths from prostate cancer have declined for the past two years.
- The number of AIDS related deaths has gradually increased since 2001.
- The number of suicides stayed the same while homicides decreased.
- Deaths from Alzheimer's disease and deaths from Dementia were combined in 2003 for the first time.

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**Birth Statistics**

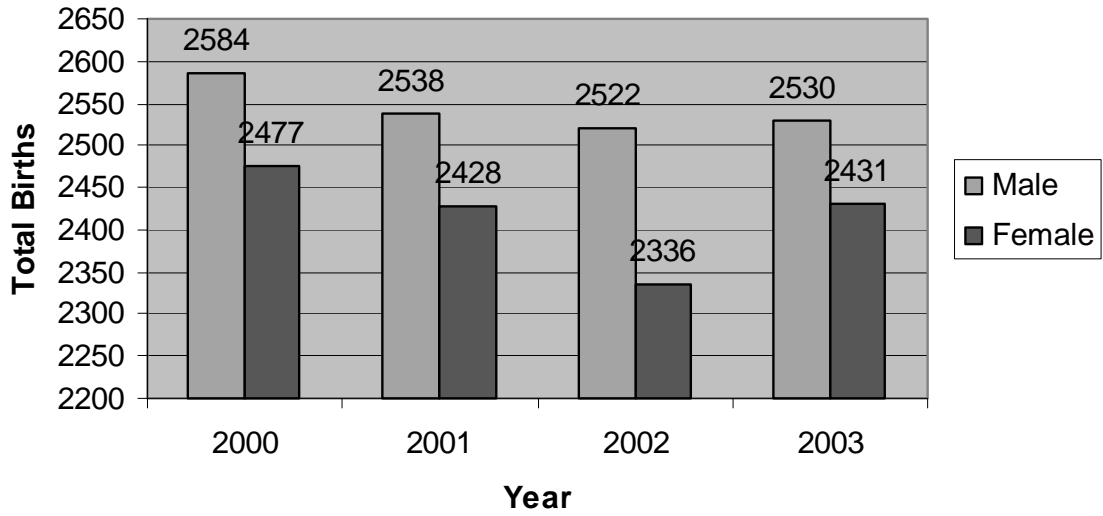
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	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Gender</b>				
Male	2584	2538	2522	2530
Female	<u>2477</u>	<u>2428</u>	<u>2336</u>	<u>2431</u>
Total	5061	4966	4858	4961
<b>Race/Ethnicity</b>				
White	4238	3617	3572	3608
Black	693	719	689	717
Hispanic		523	486	510
Asian Pacific		89	80	71
Native American		12	6	5
Other	130	6	25	50
<b>Weight</b>				
Under 1000 grams	71	62	89	106
1000 – 1500 grams	51	63	62	78
1501 – 2000 grams	69	93	98	103
2001 – 2500 grams	246	210	220	252
2501 grams plus	4624	4533	4382	4422
Unknown	-	5	7	0
<b>Maternal Age</b>				
Under 15	5	7	6	6
15 – 19	598	573	508	507
20 – 24	1351	1346	1298	1352
25 – 29	1488	1430	1364	1469
30 – 34	1066	1076	1090	1052
35 – 39	465	437	479	472
40 and older	88	97	113	103
<b>Maternal Race and Marital Status</b>				
Unmarried – Total		1796	1800	1878
<b>African American</b>		<b>547/719 (76%)</b>	<b>534/689 (78%)</b>	<b>560/717 (78%)</b>
White and White Hispanic	1191/4140 (29%)		1240/4058 (31%)	1295/4118 (31%)
Other		58/107 (54%)	26/111 (23%)	23/126 (18%)
<b>Maternal Age and Race</b>				
<b>Under age 20 number of births</b>		<b>580</b>	<b>514</b>	<b>513</b>
African American		174	146	146
White and White Hispanic		390	363	360
Other		16	5	7

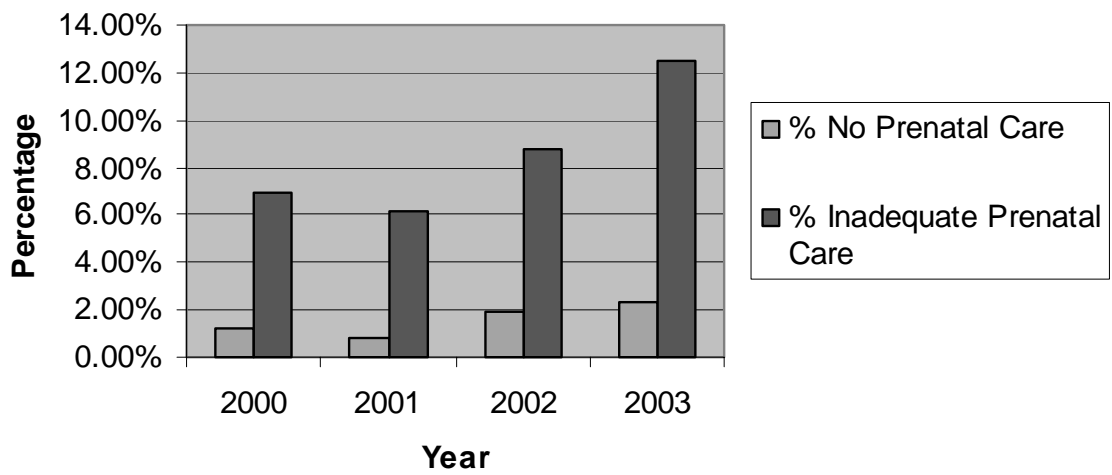
<b>Birth Statistics</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Age 20 – 24 number of births</b>	<b>1346</b>	<b>1298</b>	<b>1352</b>
African American	258	262	272
White and White Hispanic	1051	1015	1055
Other	37	21	25
<b>Age 25 – 29 number of births</b>	<b>1430</b>	<b>1364</b>	<b>1469</b>
African American	157	152	171
White and White Hispanic	1225	1182	1257
Other	48	30	41
<b>Age 30 – 34 number of births</b>	<b>1076</b>	<b>1090</b>	<b>1052</b>
African American	81	81	78
White and White Hispanic	952	971	943
Other	43	38	31
<b>Age 35 – 39 number of births</b>	<b>438</b>	<b>479</b>	<b>472</b>
African American	40	33	39
White and White Hispanic	382	432	416
Other	16	14	17
<b>Age 40+ number of births</b>	<b>97</b>	<b>113</b>	<b>103</b>
African American	8	15	11
White and White Hispanic	87	95	87
Other	2	3	5
<b>Place of Birth</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
Memorial Hospital	2625	2860	3237
St. Joseph's Reg. – S.B.	1343	1098	1006
St. Joseph's Reg. - Mish	981	877	694
Residence	15	21	23
Other	2	2	1
<b>Residence of Mother</b>			
Bremen	13	5	10
Granger	292	329	322
Lakeville	30	41	36
New Carlisle	33	32	41
North Liberty	49	42	46
Notre Dame	16	19	28
Osceola	115	100	130
Walkerton	27	38	27
Rural	-	-	3
Mishawaka	779	810	765
South Bend	2393	2220	2202
Non-county Resident	1219	1222	1350

<b>Birth Characteristics</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
Multiple Births			
Twins	92	91	80
Triplets	5	4	7
Cesarean Births	1099	1181	1276
Neonatal Death < 30 days	25	26	28
Stillbirth	25	33	45
Congenital Anomalies	23	16	23
<b>Maternal Characteristics</b>			
Inadequate Prenatal Care	301	426	619
No Prenatal Care	39	92	116
Unmarried	1796	1800	1878
Breastfeeding	3469	3411	3464
Chemical Usage	39	45	59
Smoker	714	692	645
Alcohol Use	37	45	35
<b>Paternities</b>			
Paternity by Court Order	622	653	782
Parentage determined at Health Dept.	86	76	52
Paternity upon Marriage	51	34	42
<b>Other</b>			
Correction of Birth Cert.	172	181	190
Adoptions Processed	201	253	177

### Birth Trends by Gender 2000-2003



### Percent Total Births with No or Inadequate Prenatal Care



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**Death Statistics**

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	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Gender</b>				
Male	1194	1187	1196	1295
Female	<u>1379</u>	<u>1300</u>	<u>1289</u>	<u>1315</u>
Total	2573	2487	2485	2610
<b>Race/Ethnicity</b>				
White	2312	2214	2214	2342
Black	227	242	227	237
Hispanic	-	27	28	19
Asian Pacific	-	3	10	6
Native American	-	1	3	3
Other	34	-	3	3
<b>Marital Status</b>				
Married	998	1024	997	984
Widowed	973	933	937	998
Single	341	273	303	326
Divorced	259	255	268	301
Unknown	2	2	0	1
<b>Residence of Decedent</b>				
South Bend	1104	1135	1375	1448
St. Joseph County	715	283	325	348
Mishawaka	432	377	457	493
Other Indiana Counties	201	562	183	183
Other States	121	130	145	138
<b>Place of Death</b>				
Nursing Home	721	770	789	814
Residence	566	590	590	636
St. Joseph Reg. Med. Ctr.	495	464	466	440
Memorial Hospital	474	456	467	543
St. Joseph Comm. Hosp.	170	127	97	89
Religious House	43	32	27	25
Healthwin Hospital	40	43	49	62
Portage Manor	1	0	0	1
Other	63	5	0	0

<b>Death Statistics</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Age</b>				
Under 1 day	18	13	18	12
1 day – 1 week	5	8	4	10
1 week – 28 days	6	3	4	5
1 month – 1 year	17	8	4	9
1 year – 4 years	7	6	6	9
5 years – 14 years	5	5	13	4
15 years – 24 years	37	37	33	38
25 years – 34 years	42	34	40	38
35 years – 44 years	72	57	89	86
45 years – 54 years	151	156	160	183
55 years – 64 years	243	258	215	252
65 years – 74 years	483	444	429	379
75 years – 84 years	800	788	757	802
85 years – 94 years	574	570	617	664
95 years and above	113	100	96	119

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**Causes of Death**

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<b>Infant Deaths</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
Congenital Malformations	7	3	4	2
Prematurity	21	17	18	21
Sudden Infant Death Syndrome	5	5	2	2
<b>AIDS</b>	6	5	6	9
<b>Alzheimer's and Dementia</b> (Dementia added in 2003 only)	44	34	31	127
<b>Aspiration Pneumonia</b>		35	34	51
<b>Cardiovascular</b>				
Coronary Artery Disease	432	401	406	338
Arteriosclerotic Heart Disease	21	22	41	47
Vascular Disease		42	27	76
Other Heart Disease	368	146	86	123
Congestive Heart Failure		140	145	212
<b>Cerebral Vascular Accident</b>	229	197	192	164
<b>Cirrhosis of Liver</b>	23	24	28	23
<b>COPD</b>		96	96	103
<b>Diabetes</b>	25	29	40	35
<b>Emphysema</b>	20	23	22	18
<b>Hepatitis</b>				3
<b>Influenza</b>		2	0	1
<b>Meningitis-Bacterial</b>				1
<b>Pneumonia</b>	208	144	124	105
<b>Pulmonary Embolism</b>				15
<b>Renal Failure</b>	94	70	93	79
<b>Tuberculosis</b>	2	1	1	1
<b>Cancer - Gastrointestinal</b>				
Colon	58	62	47	68
Pancreas	36	33	38	33
Esophageal	15	16	10	16
Rectum	9	7	4	5

<b>Causes of Death</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Cancer – Respiratory</b>				
Lung	172	178	180	174
<b>Cancer – Urogenital</b>				
Prostate	24	40	35	27
Renal Cell	14	11	8	15
<b>Cancer – Integumentary</b>				
Breast	38	49	47	51
Skin				
Melanoma	13	7	16	7
Sarcoma	4	4	7	3
Squamous Cell	2	8	2	3
<b>Cancer – Heme and Lymph</b>				
Leukemia	27	14	19	24
Lymphoma	21	28	27	26
<b><u>Other Cancers</u></b>		<u>121</u>	<u>164</u>	<u>156</u>
<b>Total Cancer Deaths</b>		611	604	608
<b>Accidental Deaths</b>				
Motor Vehicle	37	31	37	40
Other Accidents	31	22	30	28
<b>Miscellaneous Deaths</b>	356	322	420	334
<b>Suicides</b>				
Carbon Monoxide	4	6	1	1
Drugs	0	1	5	4
Firearms	12	17	13	17
Hanging	4	6	7	6
Razor	0	1	0	-
Poison	1	1	0	-
Drowning			2	2
Jumped			1	-
Suffocation			1	-
<b>Homicides</b>				
Beating	1	3	1	2
Firearms	15	17	20	18
Stabbing	1	2	4	2
Strangulation	1	1	0	-
Motor Vehicle	0	1	0	-
<b>Undetermined</b>	1	5	3	3
<b>Pending Investigations</b>	9	4	7	3
<b>Coroners Investigations</b>	234	250	281	264
<b>Autopsies</b>			159	101

### Incidence of Cancer Death By Type

