

# St. Joseph County Health Department

## 2007 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)

**Roland W. Chamblee Sr., M.D.**  
Health Officer

**Nick Molchan, REHS**  
Administrator

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# **Board of Health Members**

## **President**

David Roos

Appointed by the Mayor of South Bend  
Democrat, Term Expires December 31, 2007

## **Vice President**

Jeffrey Buchs, DVM

Appointed by the Mayor of South Bend  
Republican, Term Expires December 31, 2008

## **Secretary**

Roland Chamblee, Sr., M.D.  
Health Officer

## **Members**

Stephen Guss, MD

Appointed by Mayor of Mishawaka  
Republican, Term Expires December 31, 2007

Michael Harding

Appointed by the Mayor of South Bend  
Democrat, Term Expires December 31, 2010

Ernest Jankowski, MD

Appointed by the County Commissioners  
Democrat, Term Expires December 31, 2008

Connie McCahill, RN

Appointed by the County Commissioners  
Republican, Term Expires December 31, 2009

Nanci Genich Yokom

Appointed by County Commissioners  
Democrat, Term Expires December 31, 2009

## **Board Attorney**

J. David Keckley, JD

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## **Public Officials**

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

Steve Ross - President  
Bob Kovach - Vice President  
Mark Dobson - Member

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

Rafael Morton – President  
Mark A. Catanzarite – President Pro-Tempore  
W. Randall Przybysz – Vice President Pro-Tempore

### **District Representation**

W. Randall Przybysz – District A  
Kevin Kubsch – District B  
Dale R. DeVon – District C  
Rafael Morton – District D  
Michael J. Kruk – District E  
Dennis R. Schafer – District F  
Mark A. Catanzarite – District G  
Heath Weaver – District H  
Mark Root – District I

### **City of South Bend**

Stephen J. Luecke – Mayor

### **City of Mishawaka**

Jeffrey L. Rea – 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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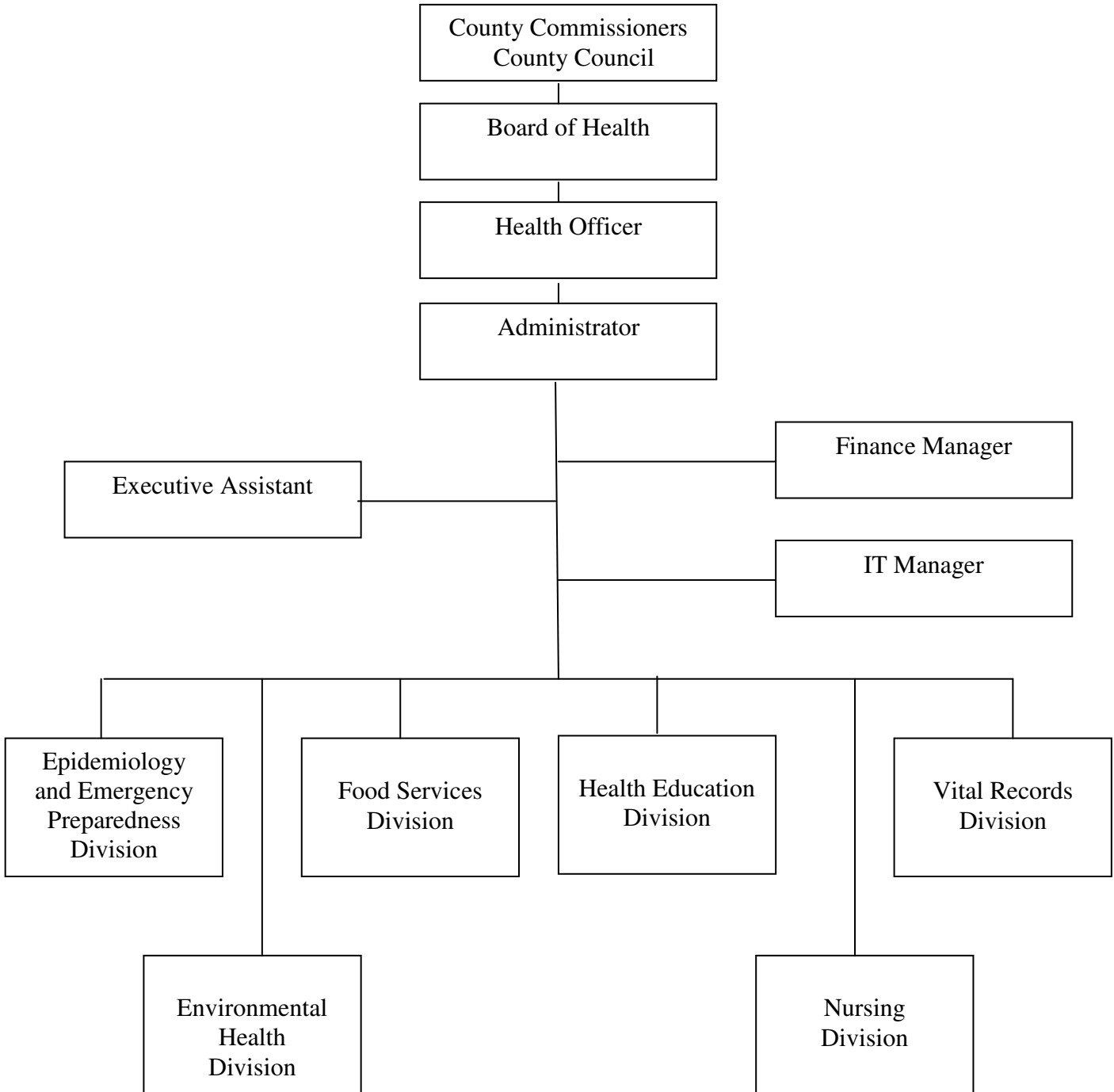
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# Organizational Structure

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## St. Joseph County Health Department Organizational Chart



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# **Division Reports**

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## **Administration**

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Programs that continued to be a priority in 2007 for the Health Department were Pandemic Influenza planning, Lead Poisoning Prevention and Reducing Obesity. Since all three of these programs are primarily funded through grants, we must remain diligent in finding adequate funding to maintain these programs and continue these valuable services to our constituents. Ordinances enacted this year include an updated Septic Ordinance and an updated Source Water Protection Ordinance. Enforcement requirements for the duties, added in 2006, of Concentrated Animal Feeding Operations and Restricting Smoking of Tobacco Ordinances also were refined during the last year.

Based upon tax rates and estimated assessments, we had anticipated receiving \$1,438,674 in tax revenues in 2007; however, we only received \$1,207,496.34. This was the fifth consecutive year that our department generated over \$1 Million in revenue through permit fees and other charges for services. A little more than \$1,227,000 was generated this past year. We also received approximately \$627,000 through grant funding to run or supplement ten different programs. Continuing concerns about the effects of the Circuit Breaker Legislation and Property Tax changes on the overall County Budget keep our department busy trying to continue providing the services necessary for a healthy community.

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## Finance Report

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During FY2007, most programs saw little or no change with the exception of the Diabetes Grant, which was defunded by the Indiana State Department of Health as of March 29, 2007. For the first time in several years, the Health Department saw a decrease in revenue by approximately 2.5% compared to 2006. Also, the department saw a decrease in tax support, which was approximately 33% less than in 2006, and 16% less than what was anticipated for FY2007. Lastly, the Health Department applied for and received grant renewals for programs that the Health Department had in previous years, all which led to additional funds being added during FY 2007.

During FY2007, the Health Department was successful in obtaining additional funds:

- The \$100,311.35 in Tobacco Settlement funds deposited in FY2007 will be used in FY2008
- A \$50,000 ISDH grant for our Maternal Child Health GIFTS program
- A \$35,000 ISDH grant for our Maternal Child Health FIMR program
- A \$3,200 Indiana AIDS fund grant for our STD and AIDS program
- A \$336,174 HUD fund grant for our Lead Hazard Control program
  - (valid 11/01/06 thru 12/31/09)
- A \$43,375 ISDH grant for our STD program
- A \$72,672 ISDH grant for our Local Health Maintenance program
- A \$8,208 ISDH/CDC grant for our Bioterrorism/Emergency Preparedness program
- A \$84,723 ISDH grant for our Lead Elimination program
- A \$68,100 ISDH grant for our AIDS program

**Local Health Fund Revenue**  
**2007 Local Health Fund Revenue**

Sources	2004	2005	2006	2007
<b>Beginning Balance</b>	<b>\$821,053.04</b>	<b>\$511,775.60</b>	<b>\$1,147,419.12</b>	<b>\$1,220,847.45</b>
Property Taxes	\$701,875.00	\$1,731,552.00	\$1,028,301.66	\$1,207,496.34
Financial Institutions Tax	\$2,010.00	\$1,846.00	\$1,115.00	\$1,090.00
License Excise Tax	\$108,999.00	\$106,173.00	\$90,276.00	\$75,961.00
Commercial Vehicle Tax	\$10,804.00	\$10,846.00	\$8,876.00	\$8,141.00
<b>Total Taxes</b>	<b>\$823,688.00</b>	<b>\$1,850,417.00</b>	<b>\$1,128,568.66</b>	<b>\$1,292,688.34</b>
<b>Fees</b>				
Septic Permits (includes septic permits, cluster permits, commercial permits [septic & well], CAFO permits, subdivision fees, copies & schematics)	\$47,412.55	\$50,908.95	\$49,558.39	\$46,873.40
Food Permits (includes P&R/App fee, annual, book, temp, class & late fees)	\$195,770.19	\$176,827.68	\$222,166.76	\$222,364.57
Massage Permits	\$5,625.00	\$6,587.50	\$6,618.75	\$7,125.25
Trash Permits	\$5,325.00	\$5,125.00	\$6,825.00	\$5,725.00
Wellhead Protection	\$17,275.00	\$32,775.00	\$33,875.00	\$21,850.00
Lead Risk Assessments	\$2,800.00	\$1,050.00	\$4,949.92	\$1,650.00
Pool Permits	\$6,734.00	\$7,233.00	\$7,416.00	\$9,462.00
Tattoo & Body Piercing	\$5,180.00	\$4,350.00	\$5,587.50	\$5,925.00
Groundwater Fees (includes property transfers, well permits & contractor registration)	\$145,615.00	\$184,560.00	\$241,195.00	\$211,895.00
TB Tests	\$18,111.00	\$20,263.00	\$20,624.00	\$21,736.00
STD Tests	\$3,568.00	\$3,349.00	\$3,259.00	\$1,349.00
Travel Shots (includes Hep A, Menomune, Typhim, Yellow Fever, Adult MMR, Twinrix, Adult Varicella, Menactra and Adult Polio)	\$87,525.00	\$94,876.55	\$140,710.00	\$136,966.65
HepB/Flu/MiscVaccines/Set Up	\$57,706.32	\$129,531.03	\$73,052.12	\$99,479.06
Administrative Fees (includes copies of immunization records & faxed shot records)	\$70,561.16	\$82,434.41	\$83,410.00	\$84,934.00
Medicaid Reimbursement	\$2,424.07	\$2,924.00	\$920.00	\$3,041.07
Medicare Reimbursement	\$49,730.52	\$18,066.16	\$31,369.98	\$27,125.88
Birth Certificates (Includes birth certificates, genealogy, paternity, corrections & notary)	\$206,947.70	\$206,546.85	\$230,370.42	\$241,321.35
Death Certificates (Includes coroner's fee fund)	\$118,737.00	\$119,632.00	\$128,805.00	\$116,587.00
Miscellaneous (UPS Shipping charges)	\$0.00	\$0.00	\$152.09	\$645.92
<b>Total Fees</b>	<b>\$1,047,047.51</b>	<b>\$1,147,040.13</b>	<b>\$1,290,864.93</b>	<b>\$1,266,056.15</b>
<b>Transfer of Funds</b>				
Local Health Fund	\$0.00	\$710.60	\$10,937.09	\$0.00
<b>Total Transfers</b>	<b>\$0.00</b>	<b>\$710.60</b>	<b>\$10,937.09</b>	<b>\$0.00</b>
<b>Local Health Dept Trust Fund</b>	<b>\$100,624.64</b>	<b>\$91,475.04</b>	<b>\$91,331.46</b>	<b>\$100,311.35</b>
<b>ISDH State Grants</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$24,091.47</b>	<b>\$500.00</b>
<b>Other Grants</b>	<b>\$2,597.73</b>	<b>\$79,151.25</b>	<b>\$106,506.18</b>	<b>\$61,310.59</b>
(2005 includes MCH GIFTS, MCH Lead, MCH FIMR, EPA, Physical Activity & Dental grants within the local health fund)				
(2006 includes LHF Bioterrorism (800), MCH GIFTS (810), MCH Lead (811), MCH FIMR (812), HELP-SJC (822) and HELP – LaPorte County (823) grants within the local health fund)				
(2007 includes LHF Bioterrorism (800), MCH GIFTS (810), MCH FIMR (812), HELP – LaPorte County (823), and H.U.D. (825) grants within the local health fund)				

<b>Refunds, Returns, Non-iden revenue</b>	<b>\$7,485.81</b>	<b>\$4,364.22</b>	<b>\$27,029.30</b>	<b>\$4,573.50</b>
<b>TOTAL</b>	<b>\$2,786,027.45</b>	<b>\$3,645,512.24</b>	<b>\$3,826,748.21</b>	<b>\$3,946,287.38</b>
Includes Auditor's Fee totals	\$1,030,578.23	\$1,107,618.53	\$1,257,572.99	\$1,227,058.17

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**2007 Local Health Fund Expenses**

(includes object code 000 only)

<b>10000 Series</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Salaries	\$1,533,502.79	\$1,634,564.24	\$1,699,130.19	\$1,627,582.73
Social Security	\$118,223.66	\$125,387.89	\$128,671.79	\$123,980.10
Retirement	\$67,345.55	\$65,621.18	\$58,146.74	\$58,415.57
Group Insurance	\$167,000.00	\$186,960.00	\$209,902.91	\$430,000.00
Unemployment	\$0.00	\$0.00	\$0.00	\$0.00
Instruction	\$5,828.00	\$4695.45	\$2,110.42	\$1,761.00
<b>Total</b>	<b>\$1,891,900.00</b>	<b>\$2,017,228.76</b>	<b>\$2,097,962.05</b>	<b>\$2,241,739.40</b>

<b>20000 Series</b>				
Office Supplies	\$19,488.07	\$20,674.07	\$22,231.96	\$19,570.96
Environmental Health Supplies	\$7,837.34	\$5,422.02	\$5,360.60	\$4,201.32
Garage & Motor Supplies	\$13,974.33	\$12,580.87	\$15,164.77	\$10,749.94
Equipment Repairs	\$1,926.00	\$429.95	\$2,999.56	\$2,008.04
Books	\$1,029.00	\$948.01	\$1,408.91	\$636.16
<b>Total</b>	<b>\$44,254.74</b>	<b>\$40,054.92</b>	<b>\$47,165.80</b>	<b>\$37,166.42</b>

<b>30000 Series</b>				
Other Contracts - Garage	\$19,500.00	\$18,000.00	\$19,890.00	\$6,250.00
Telephone and Beepers	\$8,776.11	\$14,652.25	\$16,270.95	\$13,933.53
Personal Healthcare	\$200,855.36	\$244,668.54	\$181,924.44	\$209,007.74
Environmental Health	\$7,319.41	\$1,771.54	\$3,354.74	\$990.21
Legal Services	\$102.00	\$0.00	\$0.00	\$0.00
Postage	\$8,718.37	\$8,856.24	\$9,972.85	\$8,235.76
Travel Expenses	\$20,953.58	\$23,906.41	\$18,900.97	\$18,911.93
Public Info & Education	\$762.91	\$75.85	\$0.00	\$0.00
Rebinding Records	\$0.00	\$0.00	\$0.00	\$0.00
Professional Dues and Journals	\$365.00	\$345.00	\$155.00	\$240.00
Vector Abatement	\$19,034.79	\$11,702.13	\$16,456.04	\$6,378.56
Service Contract	\$7,768.00	\$5,981.10	\$7,481.61	\$6,633.58
Credit Card Service Fees	\$540.00	\$540.00	\$540.00	\$495.00
Auto Lease	\$23,946.48	\$23,946.48	\$25,942.02	\$18,225.00
Environmental Control	\$0.00	\$0.00	\$0.00	\$150.00
Refunds, Awards, Indemnities	\$0.00	\$5,400.00	\$8,579.79	\$467.50
Data Processing	\$18,636.96	\$4,267.92	\$6,198.50	\$5,786.59
Expenses w/o appropriation	-\$288.00	\$971.70	\$0.00	\$0.00
Other – contingency	\$10,794.40	\$23.01	\$0.00	\$0.00
<b>Total</b>	<b>\$347,785.37</b>	<b>\$365,108.17</b>	<b>\$315,666.91</b>	<b>\$295,705.40</b>

<b>40000 Series</b>				
Furniture and Fixtures	\$4,999.00	\$1,807.61	\$1,896.70	\$551.76
<b>Total</b>	<b>\$4,999.00</b>	<b>\$1,807.61</b>	<b>\$1,896.70</b>	<b>\$551.76</b>

Miscellaneous Expenses	-50.00	\$0.00	\$0.00	\$0.00
<b>Total Expenses</b>	<b>\$2,288,889.11</b>	<b>\$2,424,199.46</b>	<b>\$2,462,691.46</b>	<b>\$2,575,162.98</b>

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

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**LOCAL HEALTH FUND 005**

	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Beginning Balance, January 1</b>	\$511,775.60	\$1,147,419.12	\$1,220,847.45
Receipts	\$3,066,604.86	\$2,567,758.49	\$2,586,541.00
Local Health Dept. Trust Fund	\$91,475.04	\$91,331.46	\$100,311.35
<u>Disbursements</u>	<u>\$2,522,436.38</u>	<u>\$2,585,661.62</u>	<u>\$2,693,987.64</u>
Balance, December 31	\$1,147,419.12	\$1,220,847.45	\$1,213,712.16

**DIABETES GRANT FUND 215**

	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Beginning Balance, January 1</b>	\$7,402.66	\$6,767.64	\$5,475.84
Receipts	\$12,870.03	\$3,742.29	\$6,329.82
<u>Disbursements</u>	<u>\$13,505.05</u>	<u>\$5,034.09</u>	<u>\$5,038.02</u>
Balance, December 31	\$6,767.64	\$5,475.84	\$6,767.64

**IMMUNIZATION GRANT FUND 305**

	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Beginning Balance, January 1</b>	\$945.12	\$945.12	\$945.12
Receipts	\$4,747.27	\$0.00	\$0.00
<u>Disbursements</u>	<u>\$4,747.27</u>	<u>\$0.00</u>	<u>\$0.00</u>
Balance, December 31	\$945.12	\$945.12	\$945.12

**STD GRANT FUND 405**

	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Beginning Balance, January 1</b>	-\$12,316.75	-\$7,704.59	-\$6,937.86
Receipts	\$41,707.14	\$37,210.82	\$30,740.23
<u>Disbursements</u>	<u>\$37,094.98</u>	<u>\$36,444.09</u>	<u>\$37,550.94</u>
Balance, December 31	-\$7,704.59	-\$6,937.86	-\$13,748.57

## LOCAL HEALTH MAINTENANCE GRANT FUND 505

	2005	2006	2007
<b>Beginning Balance, January 1</b>	\$85,157.11	\$71,373.52	\$105,269.03
Receipts	\$63,577.48	\$87,421.36	\$90,860.00
<u>Disbursements</u>	<u>\$77,361.07</u>	<u>\$53,525.85</u>	<u>\$54,325.15</u>
Balance, December 31	\$71,373.52	\$105,269.03	\$141,803.88

## BIOTERRORISM GRANT FUND 510

	2005	2006	2007
<b>Beginning Balance, January 1</b>	\$117.31	-\$10,252.34	-\$6,983.34
Receipts	\$42,403.31	\$42,937.92	\$49,260.26
<u>Disbursements</u>	<u>\$52,772.96</u>	<u>\$39,668.92</u>	<u>\$38,544.67</u>
Balance, December 31	-\$10,252.34	-\$6,983.34	\$3,732.25

## LEAD ELIMINATION GRANT FUND 515

	2005	2006	2007
<b>Beginning Balance, January 1</b>	-\$20,219.44	-\$9,753.16	-\$7,943.45
Receipts	\$79,646.95	\$57,984.64	\$103,680.03
<u>Disbursements</u>	<u>\$69,180.67</u>	<u>\$56,174.93</u>	<u>\$110,351.89</u>
Balance, December 31	-\$9,753.16	-\$7,943.45	-\$14,615.31

## AIDS/HIV COUNSELING GRANT FUND 605

	2005	2006	2007
<b>Beginning Balance, January 1</b>	\$1,620.51	\$15,961.33	\$3,562.27
Receipts	\$87,473.37	\$74,689.15	\$64,543.48
<u>Disbursements</u>	<u>\$73,132.55</u>	<u>\$87,088.21</u>	<u>\$65,569.93</u>
Balance, December 31	\$15,961.33	\$3,562.27	\$2,535.82

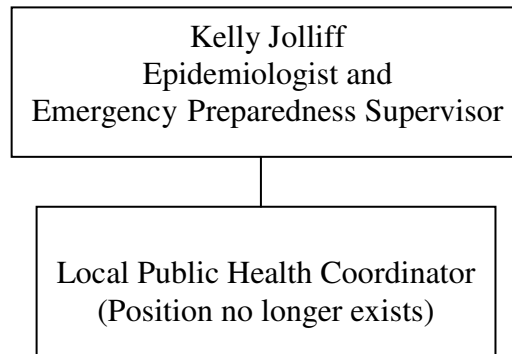
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## Epidemiology and Emergency Preparedness Division

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Currently only one full time employee makes up this division. During 2007 this division underwent staffing changes including the promotion of the LPHC to the Epidemiologist position in September, as the former Epidemiologist moved away from the area and the hired replacement stepped down after three months in the position. The vacated Local Public Health Coordinator position was unable to be filled after the grant cycle ended in September due to grant funding restraints. The Local Public Health Coordinator position is a grant funded position supported by the Indiana State Department of Health LPHC grant. After the 06-07 grant cycle the Indiana State Department of Health discontinued grant funding for the LPHC position. Public Health Preparedness grant funding is still available to the local health department upon completion of specified grant deliverables.

The two major focuses of this division include epidemiological investigation and support, and emergency preparedness planning and response. While the Epidemiologist participates in and supervises a number of emergency preparedness efforts, the majority of emergency planning, including Mass Prophylaxis, is the responsibility of the LPHC. In the absence of the LPHC position all epidemiology and emergency preparedness efforts are the responsibility of the epidemiologist. The Epidemiology and Emergency Preparedness Division was involved in a variety of activities and projects during 2007, including:

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### Epidemiology

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Communicable Disease Investigation and Surveillance: The Epidemiologist provides support to other divisions of the Health Department in the investigation and surveillance of communicable disease or public health threats. Collaboration with the Nursing Division for the epidemiological investigation of atypical individual cases, clusters of other cases of interest, possible outbreaks, and possible food borne illnesses is one of the most frequent areas of support offered. Collaboration with other divisions occurs in the investigation process and when the nature of the report or surveillance involves another division's scope.

In order to better improve disease reporting systems, the division participated in a number of projects related to surveillance:

- Investigation of Public Health Surveillance System (PHESS) reports from the ISDH. PHESS is a system implemented by the ISDH that gathers data from the chief complaint reported in local emergency rooms. Single reports of communicable disease have been identified this year as well as possible trends in illness occurring in our community.

- The use of Health Alerts to local medical practitioners, school health officials, and infection control practitioners in order to solicit additional cases, inform practitioners of pertinent information and provide contact information for the Health Department continues to increase.
- A notice to request and solicit additional physicians to conduct influenza surveillance went out during this year. Additional work to add physicians to this ISDH program would greatly help the accuracy and applicability of influenza testing and reporting that occurs as a part of this program in our county. With the addition of a new site in 2007, St. Joseph County now has two sentinel physician locations.
- Discussion and collaborations with Michiana Health Information Network (MHIN) continued in 2007 in order to understand their operations, the usefulness of accessing their physician clientele, and working with this organization have continued during this year. Areas explored include the possibility of increasing providing electronic disease reporting forms and health alerts to local practitioners and increasing efficiency of work practices internally at the Health Department through this system.

Fetal and Infant Mortality Review (FIMR): The Epidemiologist continues to participate in the FIMR case investigation and review process in collaboration with the Maternal and Child Health (MCH) Nursing Division of the Health Department. Consultation and work on compiling records and data analysis with the MCH FIMR program director as well as participation with the FIMR review team meetings occurred in 2007. Reports and statistics related to FIMR are reported by the Nursing Division.

Public Information: The Epidemiologist works to increase public awareness on emerging health issues by developing press releases and participating in interviews with the local media. The epidemiologist has been quoted in several South Bend Tribune articles and appeared on the nationally broadcasted *Harvest Show* to discuss Methicillin-Resistant-Staphylococcus-Aureus (MRSA) infections.

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### **Emergency Preparedness**

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Emergency Preparedness Collaboration: This division has participated in and/or led a great deal of collaborative associations during 2007 including: the St. Joseph County Joint Homeland Security Planning Council, the District 2 Alliance (as well as serving on the District 2 Steering Committee), the 5<sup>th</sup> District Medical Response Coalition, the Notre Dame Biosafety Committee, the Emergency Support Function 8 Planning Committee, the Citizen Corps Council, Media Emergency Services Organization (MESO), Business Continuity Group, and the Pandemic Influenza Working Group.

Pandemic Influenza Planning: Planning for Pandemic Influenza Preparedness continues to be a priority for this division. Planning in 2007 focused on non-pharmaceutical interventions, public information, and education. The St. Joseph County Pandemic Influenza Working Group serves as the guidance and development body from which plans and efforts related to health issues disseminate. Additional members have been added to this working group.

Some of the accomplishments in 2007 included hosting several school closure tabletop exercises and providing pandemic influenza planning education to St. Joseph County residents. This division hosted two school closure tabletop exercises where representatives from local school settings, local response agencies, health care agencies, and public officials attended to discuss school closure as means to mitigate the spread of pandemic influenza. A communication plan and sample messages were created as a result of these exercises to incorporate into the county pandemic influenza plan.

Several educational efforts were initiated in 2007 including the distribution of Pandemic Influenza brochures to local schools, faith based representatives, and businesses; conducting several pandemic influenza presentations; and partnering with three local Wal-Mart stores in St. Joseph County to create pandemic influenza supply kit displays. Displays were showcased at each store location for a week where information was provided about pandemic influenza, and a sample supply kit with two weeks worth of supplies for one person donated by each Wal-Mart Store was given away to one person at each location who entered to win by completing a survey on pandemic influenza preparedness. This project was highlighted in two separate South Bend Tribune articles.

Mass Prophylaxis Planning: Several updates have been made to the St. Joseph County Mass Prophylaxis Plan in 2007. A Local Technical Assistance Review was completed in order to identify areas of strength and weakness in the St. Joseph County Mass Prophylaxis Plan. The St. Joseph County Plan scored an 83% with weaknesses in the areas of security and controlling SNS inventory. This score is just above the district average. All Standard Operating Procedures were reviewed, updated and submitted to Administration for signatures as needed. A draft Continuity of Operations Plan was also developed but is awaiting revisions. Clinic binders were updated and grant funds were used to purchase thumb drives to back up all emergency and clinic plans for each site. Additional supplies were purchased for clinic sites and the Public Health Emergency Response Vehicle.

Emergency Preparedness Exercises and Drills: The LPHC grant specifies emergency preparedness exercise guidelines and timeframes on a quarterly schedule. Regular quarterly drills were conducted with internal Health Department staff. In June of 2007, the LPHC collaborated with other area agencies to conduct a full scale Prophylaxis Clinic exercise in response to activation of the biohazard detection system at a local postal distribution center. This exercise tested areas of the Mass Prophylaxis Plan not previously exercised including multi-agency response capabilities, the transportation of individuals to and from the clinic site, and coordination with a Joint Information Center on public information. Every division of the Health Department participated in the exercise and the team members assigned to the Emergency Operation Center and Clinic management roles took leads in carrying out practices of the clinic structure and responsibilities. An After Action Report detailing the lessons learned is available from the division. A number of the community wide influenza clinics operated by the SJCHD were also utilized as opportunities for exercising portions of the Mass Prophylaxis Plans. Support by this division for all of the community influenza clinics facilitates the general purposes of this division while also helping to accomplish the exercising goals. In addition to internal drills and exercises, the division continues to participate and collaborate in county-wide and cross-jurisdictional exercises.

Emergency Preparedness Training and Education: Training sessions continue to be held for new employees and updates to the training manuals for all Health Department employees are ongoing. Materials include an overview of the Mass Prophylaxis Plan, the volunteer staff assignments, and emergency preparedness materials. New threats and risks identified in the scope of Public Health response are also addressed with staff. Instructions for completing the required National Incident Management (NIMS) courses are included in the staff training. NIMS compliance is maintained through efforts of course completion, reporting NIMS compliance to state partners, and completion of the NIM CAST web-based assessment in 2007. Several trainings were attended by this division including the annual Indiana Weapons of Mass Destruction and Anti-Terrorism Conference in Indianapolis, ISDH Spokesperson training, Psychosocial Impacts of Mass Disaster Training, Salamander Badge Making System training, and 800 MHz Radio training.

Emergency Preparedness Volunteers: The Medical Reserve Corps of St. Joseph County serves as the body to organize, recruit, register and train medical volunteers for a public health emergency. The group has established a leadership team to address initial operation goals and continued to meet during 2007 to hear an overview of the program and begin work toward a fully operational Medical Reserve Corps unit. The leadership team developed draft policies and procedures and volunteer manuals in 2007. A capacity building grant from National Association of County & City Health Officials (NACCHO) was received in the amount of \$10,000 to support capacity building objectives. An all membership meeting was held in May where information was provided about the local unit and the regional coordinator presented updates on regional medical reserve corps activities. The Medical Reserve Corps currently maintains a roster of approximately 170 medical professionals. The Epidemiologist serves as the unit coordinator for this group.

**During 2007, all division goals identified in the 2006 Annual Report were accomplished. These included:**

- Increase collaboration and connectivity between this division and community faith-based organizations, healthcare and medical agencies, universities and colleges, legal and judicial authorities, and schools regarding communicable disease surveillance, reporting and emergency preparedness planning. Pursue electronic connectivity with these entities as a means of increased collaboration and efficient messaging.
- Increase the number of sentinel physicians in our county in collaboration with ISDH. Participate in new sentinel or surveillance projects offered by the ISDH in conjunction with the sentinel programs or in their place if they are eliminated.
- Complete a new revision of the Pandemic Influenza Plan in 2007.
- Review with the SJCHD Administration the policies created in the most recent revision of the Mass Prophylaxis Plan and submit them for final signature. Continue to develop additional policies and standard operating procedures related to emergency preparedness as appropriate.
- Complete all LPHC grant activities including quarterly drills as stipulated in the grant guidelines. Renew LPHC grant funding for the 2007-2008 grant year.
- Enhance Mass Prophylaxis Plans with updates as appropriate, especially focusing on areas of triage, forms and education methods and transportation.
- Work with all of the divisions of the SJCHD to establish a first draft of a Continuity of Operation Plan in order to provide guidance and protocols for business functions in the event of anticipated interruption of services due to an emergency.

**Goals for the Epidemiology and Emergency Preparedness Division for 2008 include:**

- Enhance the St. Joseph County Pandemic Influenza Plan with updates as appropriate, especially focusing on areas of antiviral distribution, alternate care sites, and public information and education.
- Conduct trainings on Mass Prophylaxis Clinic Operations for Health Department staff, volunteers, and other necessary stakeholders.
- Complete a first draft of the ESF 8 operational plan.
- Complete Public Health Preparedness Grant deliverables as appropriate and secure funding for the 2008-2009 grant cycle.
- Work with all of the divisions of the SJCHD and local providers to improve data collection and reporting procedures.
- Enhance Mass Prophylaxis Clinic Plans with updates as appropriate.
- Enhance the Medical Reserve Corps unit of St. Joseph County by providing training guidance and increasing communication with volunteers.



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## **Environmental Health Division**

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The Environmental Health Division implements a wide variety of environmental health programs to reduce the amount of pathogens released into the environment and to limit the health impacts from these pathogens. Most programs are regulatory driven but a few are implemented in response to expectations of our citizens.

The Division has 15 full-time positions (one fewer than last year) including four grant funded positions that are funded by the CDC/ISDH and HUD lead grants. Our staff turnover rate continues to be approximately 35% annually. The continual lost time due to hiring and training new employees is estimated to be equivalent of two full time employees. An organizational chart is attached.

Attached is a table showing the number of permits, inspections, and reviews performed during the year.

The Division received \$299,040 in permit fees in 2007. This is down \$57,827 from 2006 due to the downturn in home construction and sales which resulted in fewer well and septic permits and fewer property transfers.

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### **2007 Accomplishments**

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#### Septic System Permitting and Inspection Program

- Final approval of the septic ordinance was obtained in 2007 and we began implementing the new requirements. We also received authorization from ISDH to review and approve certain commercial and experimental septic systems. Previously ISDH had to approve all commercial and experimental septic systems. This saves a considerable amount of time in obtaining septic permits for these systems.
- Upon completely implementing all aspects of the new septic ordinance, the septic program will be an up-to-date and mature program. We currently have a very effective septic staff.
- We have not yet addressed the issue of eliminating straight pipe discharge to field tiles, ditches, and streams in the southern half of the county where normal septic systems do not work well. We estimate the cost to fully eliminate these discharges may be up to \$15 million. We plan to propose a 10 to 15 year program to eliminate the discharges as an addendum to the septic ordinance.

#### Subdivision Planning and Review Program

- In order to obtain county approval for new subdivisions or news lots that are not served by municipal sewer, an applicant must obtain a determination from the Health Department that each lot is suitable for a septic system under the current state and county laws. We issue these determinations based on soil investigations, drawings, and other relevant information provided by the applicant. We then serve on the County Plat committee where the subdivisions and lots are approved. We also review certain applications for rezoning properties to ensure that the existing septic system is suitable for the proposed new use.
- In 2007 we issued new requirements for obtaining the Health Department's determination that the lots are suitable for septic systems. This process has forced the applicants to do more detailed planning for the septic system early in the planning process for the subdivision. They must designate a site suitable for an initial septic system and a future replacement system on each lot. The County Subdivision Ordinance has been under revision for several years, and

upon passage, we will have to provide a determination that the site has suitable drinking water resources.

- The subdivision program is a mature program that is now working well. However, we do not have the manpower to review many rezoning applications for the suitability of the septic system for the newly proposed uses.

#### Wellhead Protection Permitting and Inspection Program

- This program consists of issuing permits for and inspecting commercial facilities supply wells that handle or generate hazardous materials when the facilities are located near municipal water wells. This is a mature program that was effectively implemented this year without any significant issues.

#### Well Drilling and Water Supply System Permitting and Inspection Program

- This program consists of issuing permits for and inspecting all wells in the county and providing guidance to the public on drinking water quality issues. The Well Drilling Ordinance was revised in 2006. This is a mature program that was effectively implemented this year without any significant issues.

#### Source Water Protection Program

- Final approval of the revised Source Water Protection Ordinance was obtained in 2007. The Ordinance was streamlined and the protection of surface water was added to the ordinance. Effective implementation of the ordinance did not occur due to staff limitations and turnover. Since this is our primary law providing protection of our drinking water supplies we are concerned about the lack of staffing to effectively implement this program.

#### Surface Water Quality Program

- Due to staffing limitations we stopped collecting surface water samples in 2007. The program now consists of responding to complaints from the public. This is a concern because there is a need to collect routine samples from public beaches and issue warnings or close beaches when warranted.

#### Lead Poisoning Prevention Program

- Hosted free lead-safe work practices trainings in conjunction with the National Paint and Coatings Association to prepare workers for the work to be performed under the HUD grant.
- Secured a renewal of our CDC lead grant for \$80,000.
- Implemented the Help Eliminate Lead Poisoning (HELP) Program which has the following components:
  - Addressing the information provided to the public by paint store salespersons.
  - Improving the knowledge of property owners.
  - Providing paint and other mitigation supplies to low income families.
  - Addressing lead dust taken home by parents from industrial sources.
  - Increasing the knowledge of physicians.
  - Ensuring the media have the correct information and disseminate it.
- Worked with two blood-lead testing committees, one looking at statewide issues, the other at local issues. The statewide committee developed standardized blood-lead tests reporting and the MCOs contacted providers to encourage testing. The local committee is developing a work plan to address blood-lead testing issues in St. Joseph County.

- Implemented an extensive public informational program which included providing information and testing children. Participated in 50 events reaching 31,000 people.
- Developed a media campaign which included audio and video public service announcements featuring Mayors Luecke and Rea, Councilman Rafael Morton, Joe Kernan, Rep. Donnelly and Sen. Lugar.
- Received a \$1,000 grant from Wal-Mart and a \$250 grant from Sam's Club to be used for blood-lead testing in the community. We continue to pursue other lead related grants.
- Began offering blood-lead tests at the Health Department on Wednesdays.
- Implemented an aggressive program to help the community deal with the recalls of toys due to lead content. We: 1) tested toys at the Health Department and at various other locations; 2) conducted surveys of stores to ensure the toys were taken off the shelf; 3) provided information through newspaper and TV interviews and; 4) developed links to all of the CPSC recalls.

#### CAFO Permitting and Inspection Program

- Final approval of the Concentrated Animal Feeding Operation (CAFO) Ordinance was obtained in 2007 and we began implementing the Ordinance. All existing operations, except one, received permits and were inspected. No issues were found with any of these operations. Enforcement action will be taken against the remaining existing operation which has not submitted an acceptable permit application.
- The large dairy operation which generated much of the controversy concerning CAFOs has not yet been issued a permit due to conflicts with the county over which roads their heavy vehicles will be allowed to use and on the replacement of private drain tiles that they will destroy. When these issues are resolved they will receive a permit.

#### Air Quality Program

- The issuance of permits for burning is a mature program that was implemented without any significant issues.
- We continued to provide radon test kits and associated guidance for radon mitigation. However this is a significant issue for the county that we need to focus on.

#### Vector Program

- We significantly reduced the activities associated with the West Nile Program this year. We eliminated all data collection of mosquitoes and birds since we have good historic data for the county and further data collection would be of little value. We have good data on when and where West Nile will arrive in our community. We larvicide in response to complaints by residents but this is primarily a public relation effort since an immense amount of larviciding would be necessary to have a measurable impact on the mosquito population. Continuing to educate the public on how they may reduce mosquito populations is the most cost effective way to reduce mosquitoes.

#### Healthy Homes Program

- Our existing program of investigating sanitation issues in residences was effectively implemented this year with only the following significant issue. The time it takes for the Health Department to resolve unsanitary conditions and most other issues is excessive. It can frequently take six to nine months or more to resolve an issue and the actual or potential impacts to public health continue during this time.

- In 2007, 124 phone calls were received from people seeking help in addressing mold issues. This indicates a need to educate the public about the importance of property maintenance and dealing with water damage immediately.
- The federal and state governments are beginning to address health issues in homes from a comprehensive perspective by addressing mold, formaldehyde, dust mites, general sanitation, vectors, lead paint, and other issues collectively. We also need to make this adjustment.
- St. Joseph County does not have a code addressing the minimum standards that homes and certain other properties (e.g. daycares) must meet to prevent the transmission of disease. There is also no remedy available to the Health Department to address unhealthy conditions short of condemning the property and ordering that it be vacated.

#### Solid Waste Disposal Program

- This is a mature program that was implemented this year without any significant issues. However, the program is significantly outdated. Our waste disposal laws are 40 years old and are not consistent with the current legal requirements or the needs of the community. The illegal dumping of refuse is an ongoing problem that causes contamination of the groundwater and creates unsanitary conditions that threaten public health.

#### Massage Permitting and Inspection Program

- This is a mature program that was implemented this year without any significant issues.
- It has been suggested by massage therapists that we revise our ordinance to address therapists providing limited massage services such as back massages at the airport. We have agreed to consider reducing the requirements for these types of massages.

#### Tattoo and Body Piercing Permitting and Inspection

- This is a mature program that was implemented this year without any significant issues.

### **Goals for 2007**

#### Management

- Significantly upgrade our Web site to ensure the best available information is provided concerning environmental health issues. Ensure that contractors and the public have easy access to all permit application forms. This was a goal for 2007 that was not fully met.
- Reassess all programs to determine how to streamline our work, improve our efficiency, and continue to provide as many high quality services as possible. This was a goal for 2007 that was not fully met.
- Streamline the process for obtaining compliance with orders of abatement. The process for obtaining final compliance takes up to 9 months while threats to public health continue.

#### Air Quality

- Significantly enhance our residential radon program.
  - Plot the indoor radon monitoring data received from ISDH to better define the areas of the County with high residential radon levels.
  - Develop a plan to raise awareness of the high levels of radon and meet with appropriate representatives of the building industry and realtors to discuss the possibility of requiring radon mitigation devices in new homes in high incidence areas.

### Septic Program

- Propose a plan to include a 10 to 15 year program to eliminate the discharges as an addendum to the septic ordinance this year. Work through the Onsite Wastewater Advisory Board to prepare a revision to the septic ordinance to codify the requirements.

### Lead Poisoning Prevention

- Apply for a HUD Healthy Homes Grant in an amount up to 1 million.
- Assemble a group of government officials and community leaders to develop a Healthy Homes Ordinance. This was a goal for 2007 that was not met.

### Healthy Homes Program

- Combine the Lead Poisoning Prevention and Healthy Homes Programs and begin to take a more comprehensive approach to addressing substandard living conditions.
- Assemble a group of government officials and community leaders to develop a Healthy Homes Ordinance. This was a goal for 2007 that was not met.

### Waste Disposal Program

- Revise the County's outdated ordinances concerning the transportation and disposal of refuse. This was a goal for 2007 that was not met.

	2003	2004	2005	2006	1st Qtr 2007	2nd Qtr 2007	3rd Qtr 2007	4th Qtr 2007	2007 Annual Totals
	Totals	Totals	Totals	Totals	Totals	Totals	Totals	Totals	Totals
<b>Septic Program</b>									
Applications Received **	846	697	662	716	99	184	175	75	533
Final Inspections Performed **	1156	1154	833	663	100	276	315	289	980
Consultations Performed	*	*	*	9	15	18	43	20	96
Schematics	*	*	281	755	109	237	212	102	660
<b>Subdivision Program</b>									
Health Officer Reports	*	*	*	*	12	13	33	14	72
Subdivision Reviews	*	*	*	58	35	18	36	10	99
Rezoning & Replat Reviews	*	*	*	5	5	34	4	2	45
<b>Wellhead Program</b>									
Renewal/Inspection Applications Received	195	156	189	290	10	30	54	45	139
Inspections Performed	215	217	204	198	25	28	97	41	191
<b>Well Drilling Program</b>									
Applications Received **	1020	742	828	652	99	151	170	120	540
On-Site Inspections Performed **	2030	1460	1005	698	161	213	249	127	750
Well Abandonments	*	*	*	30	30	34	96	43	203
<b>Source Water Program</b>									
Property Transfers Issued	4267	4193	5256	5902	1031	1365	1485	1142	5023
Phase I Inquiries	*	*	*	50	28	40	45	43	156
Spill Responses	*	*	*	3	7	2	6	1	16
Meth Lab Occurrence Response	*	*	*	15	6	0	3	0	9
<b>Surface Water Program</b>									
Surface Water Sampling	*	77	11	14	6	0	4	0	10
<b>Lead Program</b>									
HUD Lead Inspections	*	*	*	40	4	8	6	13	31
Lead Risk Assessments	*	*	*	47	11	22	20	25	78
Leadnet Recalls	*	*	*	19	12	15	22	62	111
Public Information Events	*	*	*	26	13	12	9	17	51
<b>CAFO Program</b>									
Permits Issued	*	*	*	*	0	0	2	8	10
Inspections Performed	*	*	*	*	0	0	0	2	2
<b>Air Quality Program</b>									
Burn Permits Issued	138	168	63	110	11	33	26	22	92

Indoor Air Quality Investigations	*	*	*	49	0	0	1	3	4
Mold Investigations	*	*	*	28	4	2	0	1	7

	2003 Totals	2004 Totals	2005 Totals	2006 Totals	1st Qtr 2007 Totals	2nd Qtr 2007 Totals	3rd Qtr 2007 Totals	4th Qtr 2007 Totals	2007 Annual Totals
<b>Vector Program</b>									
Larvacide Swimming Pools/Stagnant Water				*	0	5	17	1	23
<b>Healthy Homes Program</b>									
Total In-House Inspections	85	44	63	68	7	17	21	15	60
Total Complaints	787	338	302	173	0	9	5	15	29
Dwellings Declared Unfit	*	*	8	8	2	3	1	2	8
<b>Solid Waste Program</b>									
Trash Permits Issued	198	204	234	286	226	13	1	0	240
<b>Massage Program</b>									
Establishment Permits Issued	50	57	55	59	49	5	9	1	64
Establishment Inspections Performed	50	62	70	44	50	7	10	3	70
Therapist Permits Issued	83	115	146	147	120	21	10	8	159
<b>Tattoo/Body Piercing Program</b>									
Establishment Permits Issued	*	*	*	12	15	1	0	0	16
Inspections Performed	*	*	3	11	2	9	7	2	20
Tattoo BP & Practitioner Permits Issued	*	*	29	60	26	11	0	0	37
<b>Complaints / Investigations</b>									
Trash	*	*	*	*	23	35	21	11	90
Sewage	*	*	*	*	46	39	57	27	169
Water (ditches, lakes, ponds & swells)	*	*	*	*	7	5	13	4	29
Motels/Hotels	*	*	*	*	3	11	9	7	30
Burning	*	*	*	*	4	9	6	1	20
<b>Abatement Correspondence</b>									
Abatement Letters Sent	*	*	58	95	26	19	33	15	93
Immediate Threat to Public Health Letters Sent	*	*	9	2	3	4	3	0	10
Impending Legal Action Letters Sent	*	*	*	9	3	5	12	5	25
<b>Miscellaneous</b>									
Septic & Well Contractor Registrations Issued	*	*	111	96	84	9	3	11	107

\* Not Previously Reported

\*\* Numbers include "New Construction," "Repair" and "Commercial" Inspections or Applications

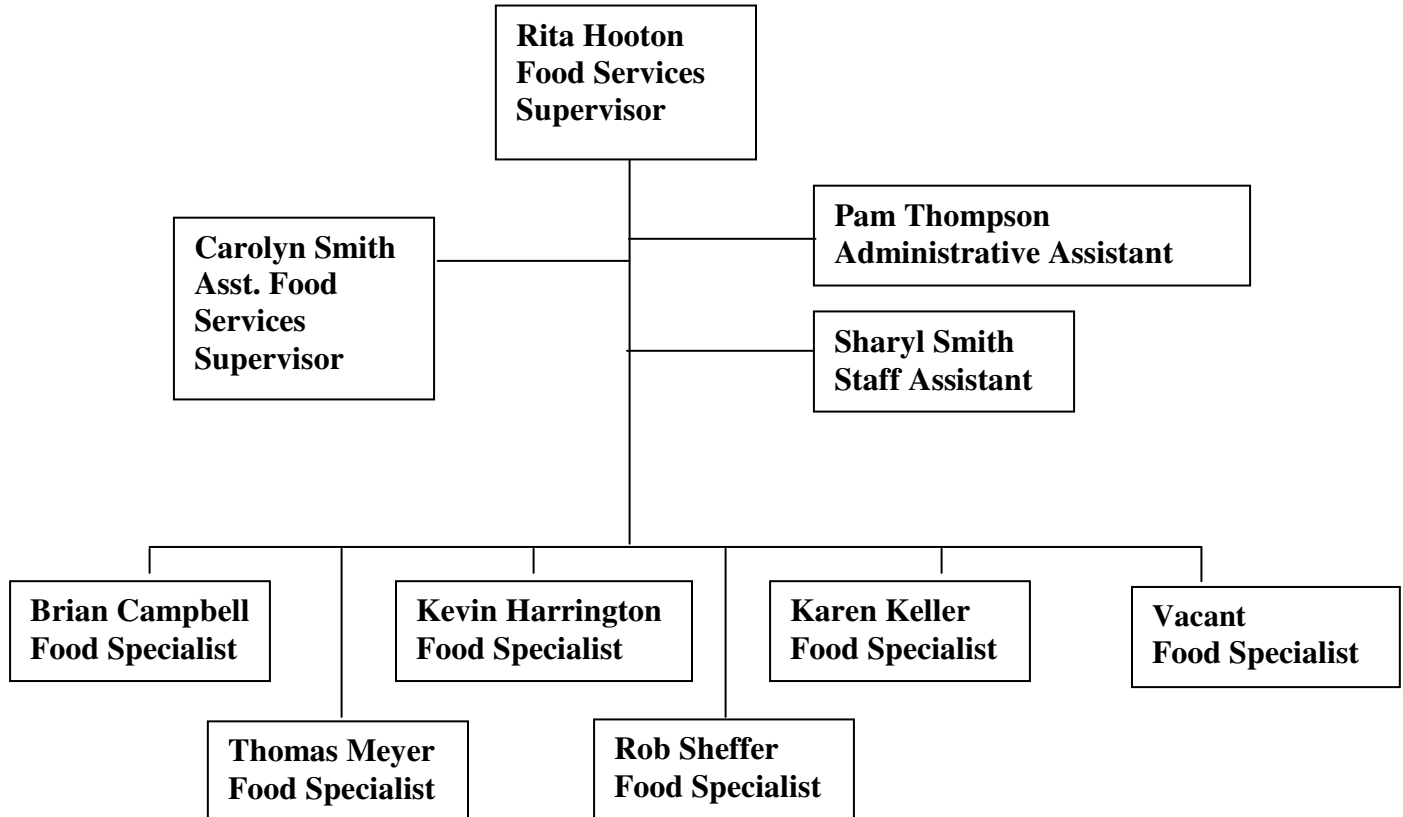
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## Food Services Division

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## Food Services Division

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The Food services Division continued to fulfill a vital role in ensuring the safety and quality of the food served by Retail Food Service and Retail Food Store Establishment in St. Joseph County. This was achieved through inspections and training of the retail food establishment employees on safe food handling practices.

There were 2,415 Retail Food Service Establishment inspections conducted during 2007. There were 277 Retail Food Store inspections completed. There were 281 inspections conducted on Temporary Vendors who participated in temporary events. During 2007, the Food Service Division investigated 14 possible food borne illness complaints with one (1) confirmed.

The Food Services Specialists continued to provide education and training to owners/managers when conducting inspection. On January 1, 2005, Certification of Food Handler Requirements, Title 410 IAC 7-22 went into effect. Title 410 IAC 7-22 states that each Retail Food Service Establishment shall have at least one (1) certified food handler responsible for all periods of the food establishment's operation. Title 410 IAC 7-22 along side the Food Services Specialists providing education and training has helped to decrease the number of establishments receiving Abatement Orders and reducing the number of possible food borne complaints. There were six (6) Retail Food Establishments that received Abatement Orders. There were seven (7) Retail Food Establishments that received a Health Officer's Hearing.

The Food Service Specialists conducted routine inspections on Retail Food Service/Store Establishments and Temporary Food Establishments according to the menu type of the establishment. By conducting an inspection by the establishment's menu type the Food Division can focus on the food establishments who have extensive food handling. Inspections will increase for those establishments who need to have more frequent inspections regardless of menu type.

In 2007, a Food Services Specialist, who is a Certified Pool Operator (CPO), conducted 179 pool inspections, 80 consultations, and investigated 11 complaints. The CPO had to close 42 pools during the summer due to positive water test. During 2007 one (1) owner/operator of a pool facility was brought to a Health Officer's Hearing for violating an "Order to Close".

The Food Services Supervisor went through the Standardized Food Program Inspection Officer re-certification training with the Indiana State Department of Health Representative. The Supervisor had to conduct six (6) inspections following the FDA guidelines and satisfactorily complete all of the necessary paper work. The re-standardization process is completed every three years.

The Assistant Food Services Supervisor went through the Standardized Food Program Inspection Officer training with the Indiana State Department of Health Representative. The assistant had to complete six (6) inspections following the FDA guidelines and know the seven steps of Hazard Analysis Critical Control Points (HACCP). The assistant also had to satisfactorily complete all of the necessary paper work. The standardization is good for three years.

On April 10, 2008, the Retail Food Establishments who received a two year extension as outlined in "An Ordinance of the St. Joseph County Council Restricting Smoking of Tobacco in Certain Places and Establishing Penalties for Violations Thereof" will expire.

The Food Division provided smoking training sessions for “Places of Employment” at the St. Joseph County Library. On April 10, 2007, “Places of Employment” had to be non-smoking.

In 2007 the Food Division investigated 23 smoking complaints. Also in 2007, there was one (1) monetary fine assessed.

The Indiana State Department of Health provided lap top computers and portable printers to the Food Division. The software on the computers lets the Food Services Specialist enter the inspection report on one (1) computer and prints the report. The problem with the software is that the information is just on that computer, the information cannot be shared unless the inspection report is inputted into the other computers.

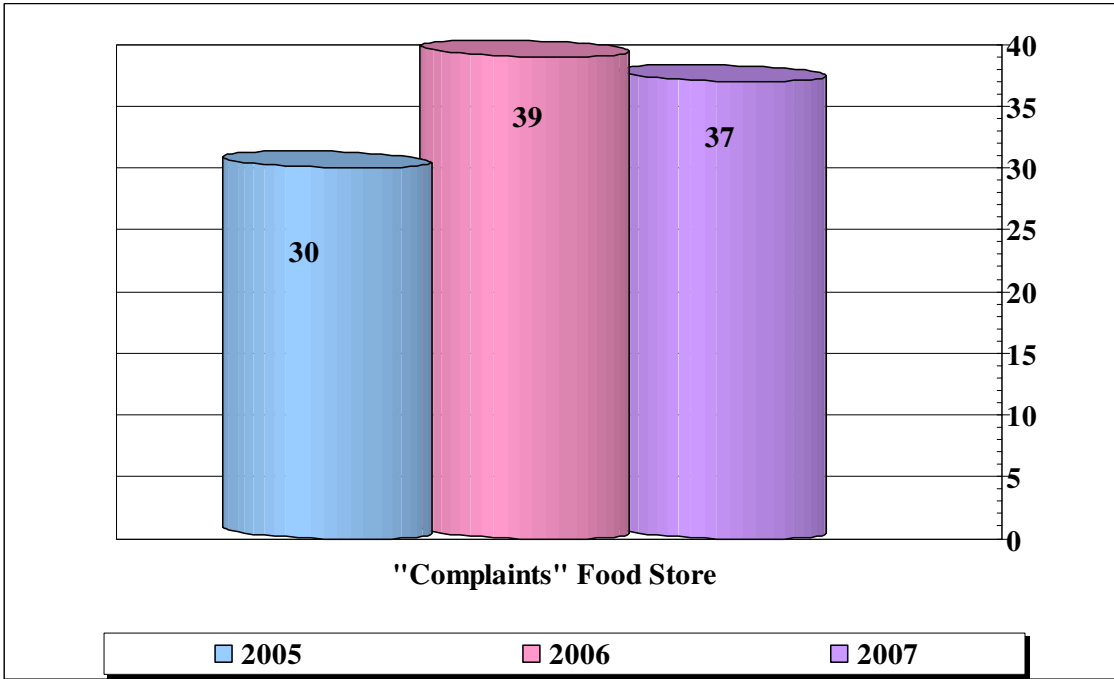
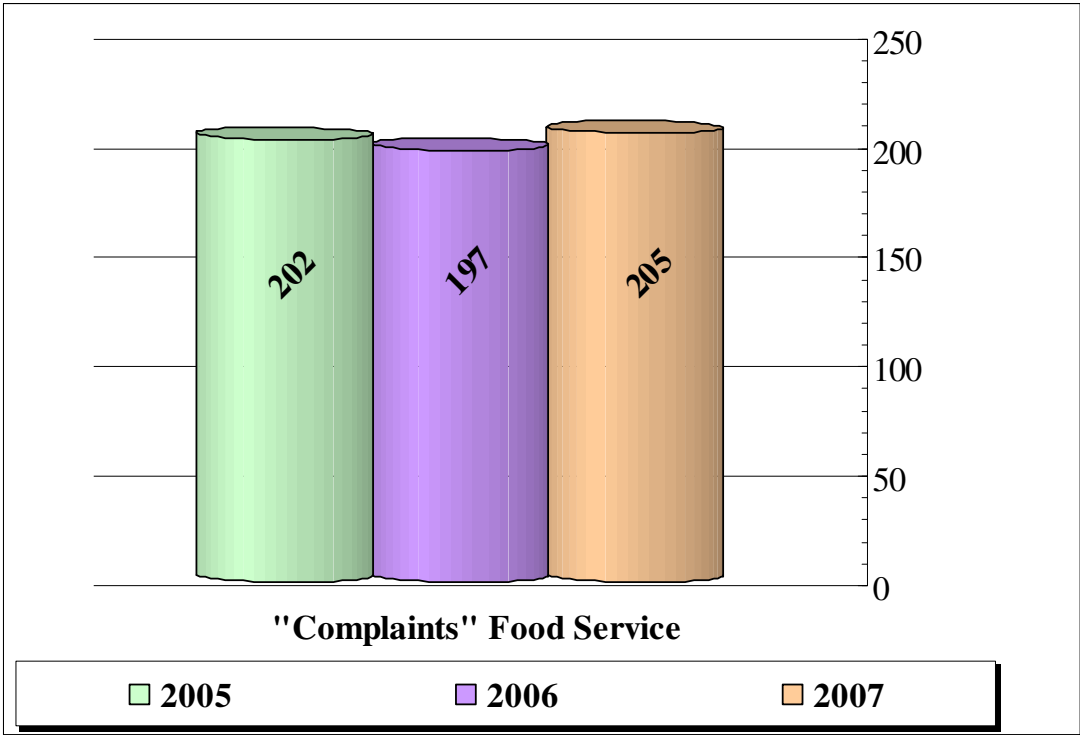
January is the month for Retail Food Establishments to pay for and obtain the new Retail Food Permit. The Food Division had four satellite locations in the county for those establishments in the county to pay for and obtain their permits. Those four locations were North Liberty, New Carlisle, Mishawaka, and Granger.

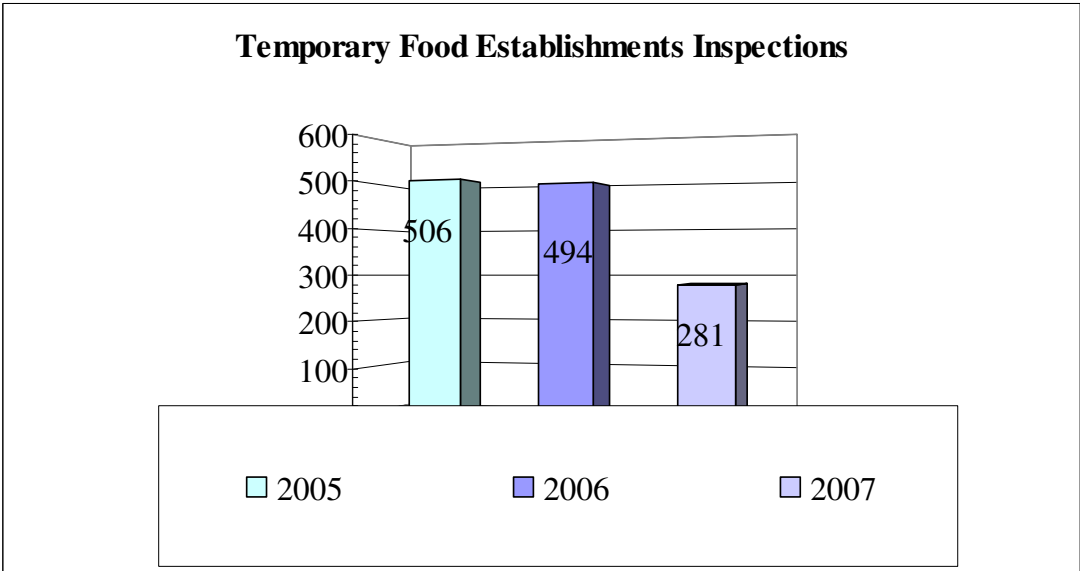
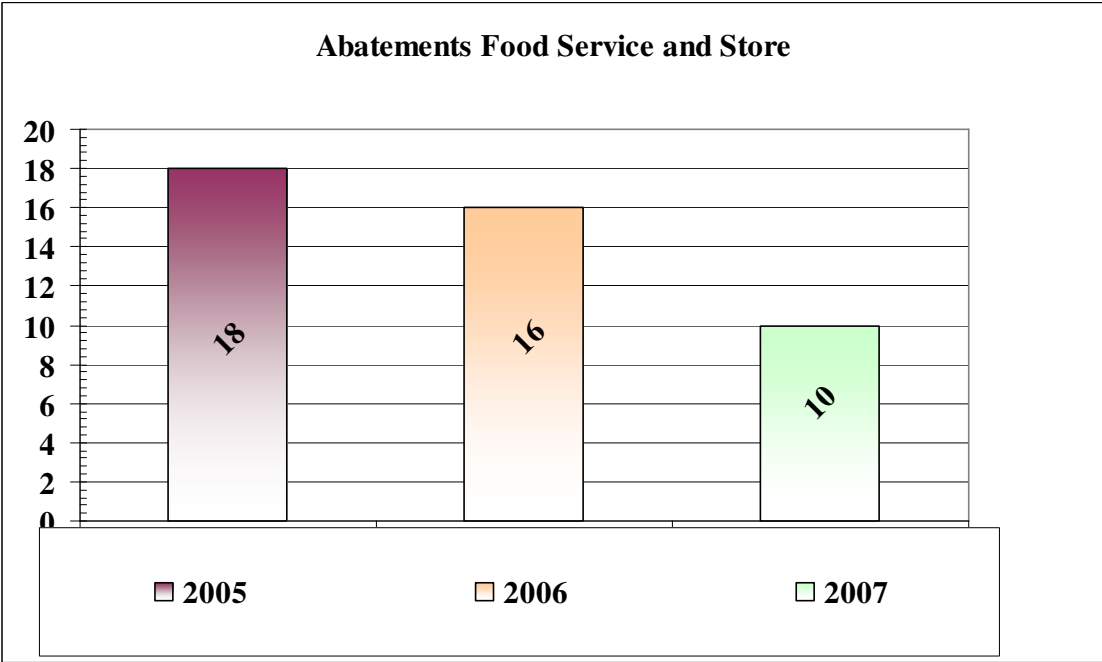
**During 2007, the Food Division successfully met the goals identified in the 2006 Annual Report.**

- The Food Services Supervisor generated written correspondence to Temporary Event Coordinators who are in charge of Temporary Events.
- Written correspondence was sent to Temporary Vendors regarding their responsibilities for operating in St. Joseph County.
- New Pool and spa fees went into effect.
- The Food Services Supervisor successfully completed the re-standardization training.
- The Assistant Food Services Supervisor successfully completed standardization training.

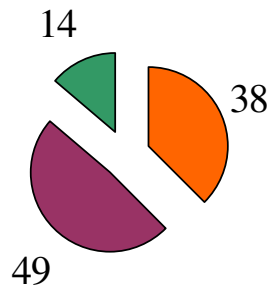
**Food Division goals for 2008 include:**

- The Food Services personnel will re-new their Certified Food Safety Professional certification. They must have 24 CEU’s to be able to renew the certification.
- Spas will be inspected according to the Pool Ordinance.
- The Food Division will participate in a spring training session that will be offered by the Indiana State Department of Health.
- The bi-annual newsletter will be available on the county’s web site. The newsletter provides information to the Retail Food Establishments.
- The Food Services Supervisor and the Assistant will review the 2005 Food Ordinance to make any necessary amendments.
- The Food Services Supervisor will take and pass an exam to become a Certified Pool Operator (CPO).



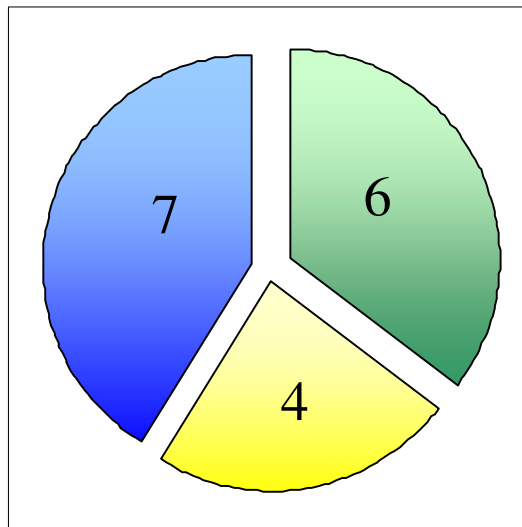


### Possible Food Borne Illnesses



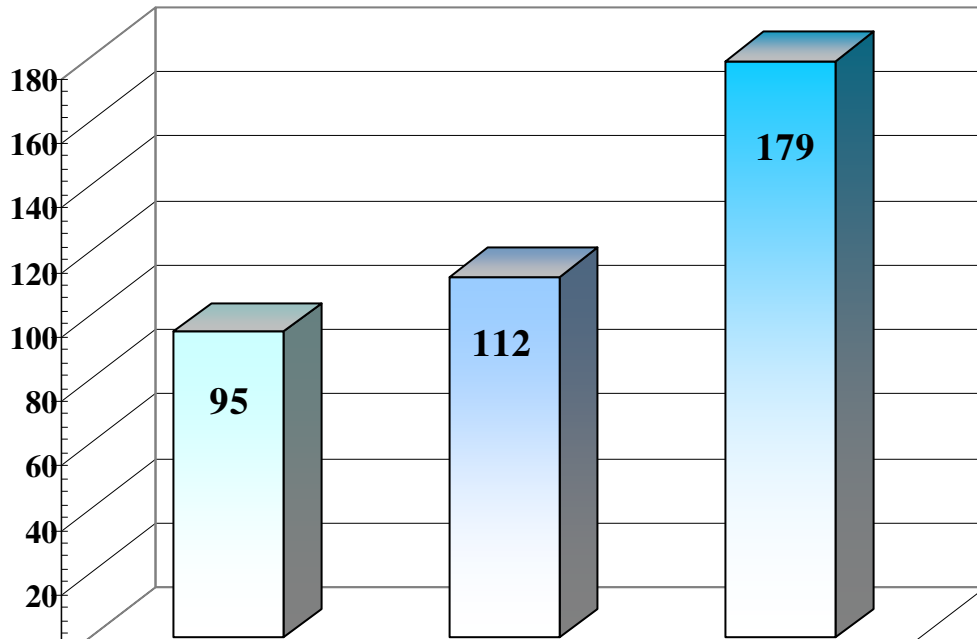
2005 2006 2007

### Health Officers Hearings



2005 2006 2007

### Pool and Spa Inspections

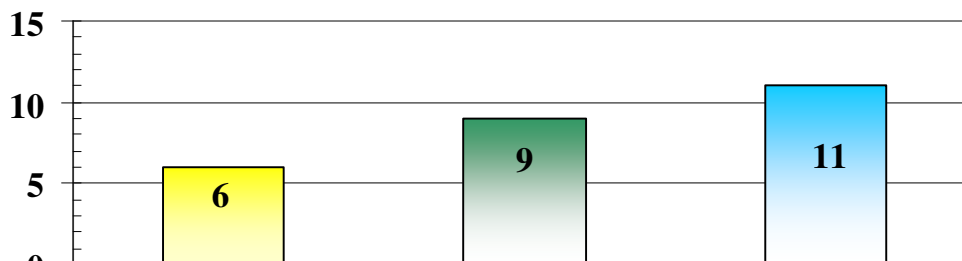


2005

2006

2007

### Pool and Spa Complaints



2005

2006

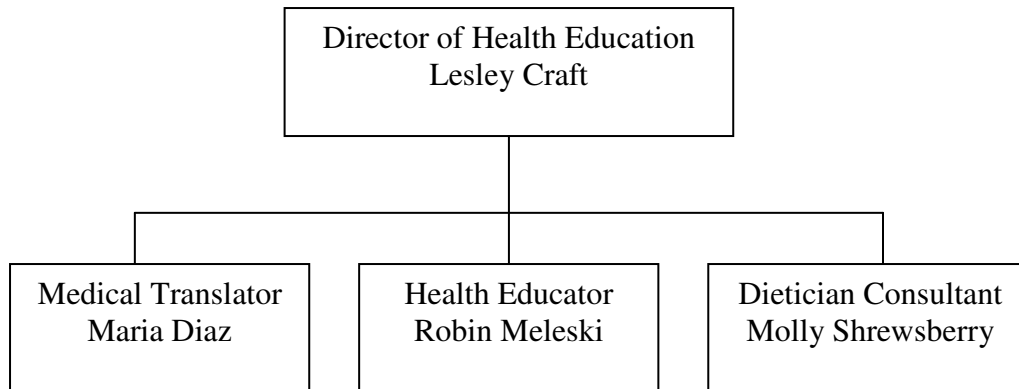
2007

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## Health Education Division

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In 2007, the Health Education Division continued to increase the quantity and quality of health programming in St. Joseph County. The division provided presentations, participated in community events, and served as resources to groups and individuals throughout the community. Hiring qualified staff was also made a top priority during the year. A new Director with a Master of Public Health (MPH) Degree and Certification as a Health Education Specialist (CHES) was brought on staff to oversee daily operations and ensure the proper direction of the office. A new Health Educator was then hired in late 2007. The new hire also holds a MPH and CHES certification.

**Staff Qualifications (*Number of Staff with Credential, Certification or Membership*):**

- Masters of Public Health (3)
- Certified Health Education Specialist (3)
- Bilingual - Spanish (1)
- American Public Health Association Member (3)
- Northern Indiana Medical Interpreters Association Member (1)
- Red Cross - HIV Education & Prevention Instructor (1)

**Staff Training/Continuing Education**

In 2007, Health Education staff members participated in multiple continuing education activities in order to stay current with health research, guidelines, and programming vital to our division and the community.

***Trainings/Conferences Attended:***

- NIMS Courses: ICS 100, 200, 700 & 800
- CDC, Surviving Field Stress Training
- Public Information Officer - Media Training
- Abuse During Pregnancy: A Protocol for Prevention and Intervention, 2<sup>nd</sup> Edition Training
- 2007 Diabetes Conference: Mobilizing Community Partnerships to Improve Diabetes Care and Prevention Conference
- Innovative Approaches to Reducing Perinatal Disparities Conference
- Latino Community Partnerships for Fitness and Health Conference
- Freedom from Smoking for You and Your Baby - Train the Trainer Program
- We Can! (Ways to Enhance Children's Activity and Nutrition) Conference

- 2007 American Public Health Association (APHA) Conference
- Working Together for a Life Without Violence Conference
- Northern Indiana Medical Interpreters Association (NIMIA) Conference
- Community Coordinated Child Care, Inc. (4C's) Mini-Conference

## **Presentations**

Presentation records were not available from the previous Director of the division. However, the numbers presented in this section are accurate for the remainder of 2007, after the hire of the new Director. With limited staffing, the Health Education Division was still able to provide the community with 72 presentations, an increase of 26% over last year. Topics included bloodborne pathogens and universal precautions, hand washing, nutrition, drugs/tobacco, dental hygiene, sexually transmitted infections, and general health presentations.

### ***Number of Presentations (Number of Participants): 72 (1730)***

- Schools (K-12): 57 (1386)
- College Classes: 1 (31)
- Community Groups: 1 (55)
- Business/School Trainings: 9 (205)
- Correctional Facilities: 1 (27)
- Organizations: 3 (26)

### **Presentations by Topic:**

1. Bloodborne Pathogen: 9 (205)
2. Hand washing: 18 (414)
3. Nutrition: 17 (425)
4. Drugs/Tobacco: 4 (103)
5. Dental Hygiene: 4 (109)
6. Sexually Transmitted Infections: 16 (393)
7. General Health: 1 (55)
8. Diabetes - Spanish: 1 (13)
9. Obesity, Nutrition, Physical Activity - Spanish: 1 (6)
10. Child Obesity - Spanish: 1 (7)

## **Health Fairs/Community Events**

In 2007, the Health Education Division planned or assisted in the planning of several large scale community events.

- *St. Joseph County Health and Resource Fair*  
The Health Education Division played an integral role in the planning, development, and execution of the inaugural St. Joseph County Health and Resource Fair. The event offered free, bilingual health education and health screenings to the public and allowed the SJCHD to make considerable strides in the community. The Health Department made strong connections with the 17 presenting organizations who attended the event. The Health Department also touched the lives of the 250 participants who received health information and screenings. The event was considered a success due to the high turnout and the considerable amount of media the St. Joseph County Health Department gained from the event.
- *Touch Base at the Cove, Men's Health Screenings*  
The Health Education Division participated in the development and planning of the Touch Base at the Cove, Men's Health Screening Night in August 2007. Staff members attended all planning meetings and assisted in the development of posters, handouts and press materials.

Staff presented an informational booth on nutrition and physical activity the day of the event and administered Body Mass Index screenings to over 100 individuals.

- *Walks Across Indiana, INShape Indiana Event*  
Along with the Purdue Cooperative Extension and South Bend Parks and Recreation, the Health Education Division sponsored the INShape Indiana Walks Across Indiana event in October. Sixty-three walkers participated in the event; walking a combined total of 70.22 miles.
- *Other Events:* Brown Health Fair, Elm Road Health Fair, Making Strides Breast Cancer Event, Pap-a-thon, Angel's Night Out Health Fair, and Lead Events.

### **Medical Translation/Interpretation/Latino Outreach**

The Medical Translator continued to provide written and oral interpretation for the entire Health Department. Patient interpretation was provided on home and hospital visits as well as within the Health Department. Forms, brochures, posters, and letters were also regularly translated for all divisions.

### **Committee Involvement**

#### ***Reducing Obesity Coalition of St. Joseph County (ROC):***

The Reducing Obesity Coalition (ROC) of St. Joseph County continued to build momentum during 2007. Full-committee and sub-committee meetings were held regularly and good connections were made with other local organizations.

ROC Events:

- *Rodney F. Ganey, Ph.D. Collaborative Community-Based Research Mini-Grant*  
ROC, in collaboration with the St. Joseph County Health Department, the Center for Social Concerns at Notre Dame (ND), and the Center for Children and Families at ND, was awarded a Rodney F. Ganey, Ph.D., Mini-Grant Award for the proposal, Preventing Childhood Obesity: Examining Access to Healthy Foods on the West Side of South Bend. The project consists of three phases: 1) Surveying National Youth Sports Program (NYSP) parents and children to determine attitudes, behaviors and perceptions regarding healthy eating; 2) Determining food availability and affordability; and 3) Disseminating the findings.
- *Sister City Challenge*  
ROC sponsored an eight week weight loss and fitness challenge between South Bend Mayor Steven Leucke and Mishawaka Mayor Jeff Rea and ten city employees from each city. Mayor Jeff Rea's Mishawaka team lost 64 pounds and Mayor Steve Leucke's South Bend team lost 71 pounds.
- *Worksite Wellness Conference*  
ROC also sponsored a Worksite Wellness Conference for local businesses. The *Innovative Solutions to Manage Employee Health and Productivity - While Controlling Costs* Conference presented individuals with information about bettering the health and well-being of employees.

#### ***Task Force, Planning or Association Meetings:***

- Northern Indiana Medical Interpreters Association (NIMIA)
- Hispanic Leadership Coalition
- Reducing Obesity Coalition of St. Joseph County (ROC)
- Lead Task Force
- Touch Base Planning Committee
- Walks Across Indiana Planning Committee

**Media**

The Health Education Division increased media attention to the Health Department during 2007. Press releases were developed on a regular basis and several articles featuring SJCHD sponsored events appeared in the South Bend Tribune. The Director also completed multiple television interviews broadcasted on local news stations.

**Funds**

Local Health Maintenance Funds were secured again from ISDH, ensuring the continuation of Health Education Programming in 2008.

**Goals for 2008**

In 2008, the Health Education Division will strive to provide monthly lunch and learns; monthly wellness seminars throughout the community on a variety of health topics; increased numbers of school, business and community group presentations; increased publicity of Health Department activities; and strengthened partnerships with community organizations.

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## **Information and Technology Division**

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### **Database issues**

- Information Technology Manager met with Pinnacle to discuss moving ALL Databases to Lotus, .NET or Access. We will see which is feasible and what the cost of each option is.
- Dataease was installed on the Environmental Health Manager's and on an Environmentalist's system.
- Meeting set up to discuss Food Borne database. Where are we and where do we need to go.
- Met with Dataease consultant and agreed upon a new procedure for support. All support requests will be emailed to David Fazio and Cindy Bodle. Mr. Fazio will then call the Health Department IT Manager to set up an appointment to come in and work on the problems.
- A new spreadsheet was created for the Foods Division that will flag establishments that have inspection reports showing the lack of having a certified food handler for more than 30 days.
- Animal Bites report generator was written into the Health Department umbrella system.
- Calendar created for immunization section.
- All Health Department Computers were upgraded to GroupWise 7.0. All Health Department Computers were adjusted for daylight savings time. Flash drives were purchased for all health department divisions that requested them.
- Five new computers were set up for Health Department staff. Five flat screen monitors were distributed to health department staff as per their manager's request. Registry Mechanic, Ad-aware, Adobe and Spybot were installed on the five new systems. Upgraded Health Department Quicken software program to 2007 version.
- A new form and procedure was created for requesting equipment.
- A new timesheet for 2008 was written and distributed to all Health Department employees.
- A laptop with wireless card was tested to see if we can access our system outside of this building and the test was a success.
- Health Department printers were moved from NDCP to TCP/IP.
- Met Information & Records Department to convert ALL environmental microfilm. Film was converted and imported into Docuware.
- Installed Genesis on Mishawaka vital records computer.
- GroupWise Training for the twenty staff who signed up was conducted in August.
- Printer Inventory was taken.
- Many Health Department web site revisions were made after the transition to a new county website.
- Board room set up for CHIRP training on reminder recall & signature pads.

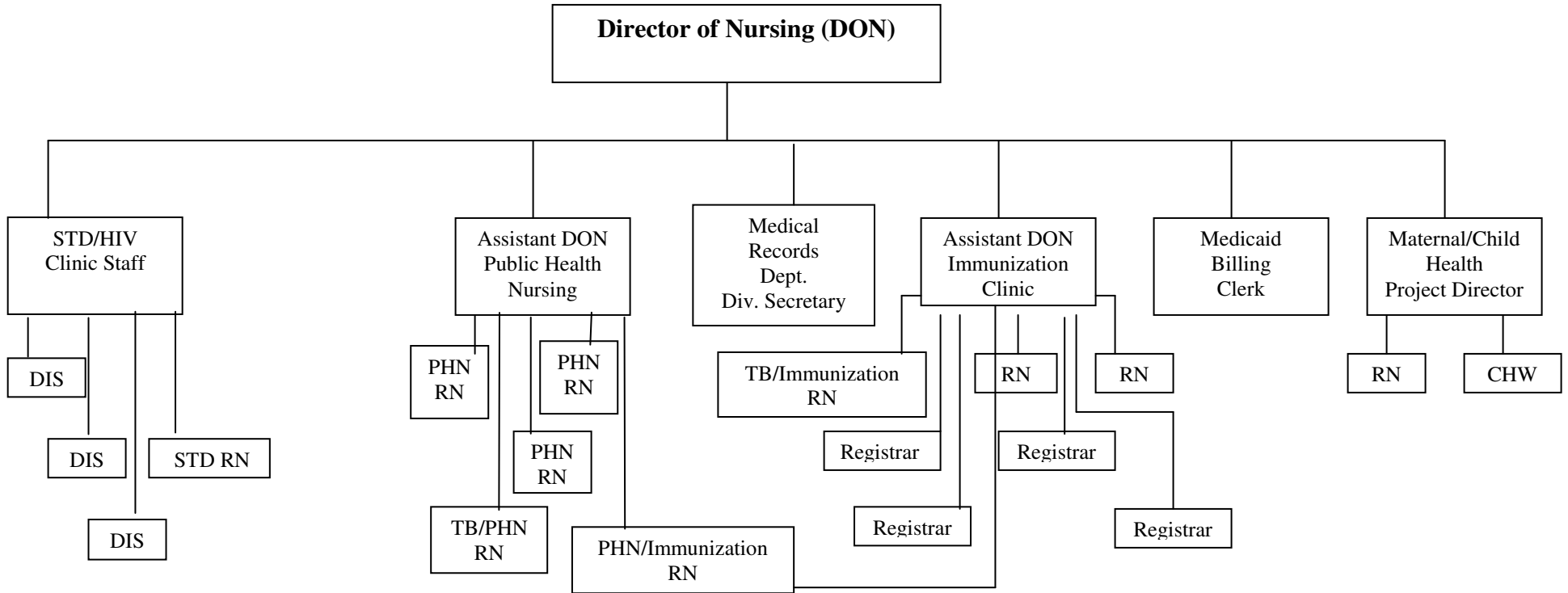
### **Hardware and Computer Issues**

- We had four hard drives go bad, two were repaired and the other two have bad mother boards that are both being replaced. These systems will be stripped and then surplused. Five new machines were installed as well as two signature pads.

### **IT Manager**

- Inspections performed on several nursing computer systems found that many are not running the Ad-aware, Spybot, and other programs as instructed to do in their Technology Manual. This information was shared with the Nursing Supervisors.
- IT Manager participated in USPS BDS Alarm drill in June as a member of the Health Department's EOC staff.

# Nursing Division



\*\*This is the formal structure of the Nursing Division.

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## Nursing Division

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The St. Joseph County Health Department's Nursing Division is under the leadership of Barbara Baker MS, RNC as the Director of Nursing. The Director of Nursing also serves as the Health Department's HIPAA Privacy Officer. The Nursing Division includes the Public Health Nursing Division, the Maternal and Child Health Division, the Sexually Transmitted Disease and HIV Clinics Division, the Immunization Clinics and Tuberculosis Case Management Division, and the Medical Records Department. The Nursing Division currently has twenty employees with five open positions in nursing.

Four RN's have been hired within the past twelve months into the STD/HIV clinic, Immunizations, and Public Health Nursing. A Disease Intervention Specialist was hired into the HIV counseling and testing program. One of the challenges for the nursing department is attracting strong candidates for vacant positions due to salary concerns. Current salaries in the Health Department remain a major factor in candidate interviews and declining of offers.

### **Division Goals for 2007 included:**

- Review and revise policies and procedures in accordance with evidence-based practice.
- Develop professional practice standards that reflect core competencies for public health entities.
- Provide continuing education relevant to professional practice within the department and to other community agencies providing health care in St. Joseph County.
- Continue to develop collaborative relationships with community and health care agencies that impact on the health and well-being of St. Joseph County.
- Effectively control costs through utilization of personnel, materials, and supplies while maintaining a high standard of care to our clients.
- Continue to develop strategies that improve the effectiveness of the department and overall operation of the organization.

Goals established for 2007 were met or exceeded expectations. One of the many strengths of the nursing division is the commitment of the staff to community and public health nursing. They are strong advocates for providing access to care to the citizens of St. Joseph County. The professionalism of all departmental staff is evident in their interaction with clients and the community they serve. Nursing staff are able to function in multiple roles within the Health Department and continue to expand their knowledge and skills.

Policies within the nursing division are in the process of review and revision of procedures in accordance with evidence-based practice. Nurses have expanded their scope of practice through orientation to clinic divisions and resource sharing at all levels. Core competencies for STD/HIV, Public Health, Immunizations, TB, and cultural diversity were developed during 2007.

Professional development within the division remains a high priority and is strongly supported by the Director of Nursing. Continuing education programs have been available to all staff using the March of Dimes Perinatal Education series that combines both independent and group study. Nursing staff were able to attend continuing education programs related to domestic violence in women and children, lead poisoning and prevention, immunizations, and STD/HIV prevention. Professional journals related to maternal/child health and public health nursing are available to all staff to strengthen knowledge base of current trends in public health nursing. Advocacy for issues impacting on funding for public health are discussed on an ongoing basis to heighten an awareness of issues at local, state, and federal levels.

Professional staff attended conferences related to their profession and provided a summary of those experiences through in-services at regular staff meetings. The Director of Nursing attended the American Public Health Association meeting in Washington DC in November. The Director of Nursing and Assistant Director of Nursing for Immunizations continued to participate in the Indiana Immunization Coalition to address issues impacting on immunization rates in our county and state.

Nursing staff worked with the Director of Nursing to strengthen the mentoring program of nursing students from IUSB, St Mary's and Bethel colleges. Feedback from students and instructors has been very positive and this program with students will continue in the 2008-2009 school year.

A summit was held in May in conjunction with ISDH at the Charles Martin Youth Center to address issues in infant mortality in St. Joseph County and racial disparities. Over 100 participants were present to begin developing strategies to improve fetal outcomes.

A joint initiative involving St. Joseph County Health Department, Memorial Foundation, St. Joseph Regional Medical Center, and the United Way began in 2007 to address the under-immunization rates of children in St. Joseph County. An estimated 30% of children in our county are not fully immunized by the age of three. An immunization summit is scheduled for April 2008 to increase awareness of the issues impacting immunization rates and to begin developing strategies that will increase those rates. This is a community wide initiative of many partners working together to make a difference in the lives of children and adults in our community.

The Medical Records Department continues to archive past and present clients' medical information. The Health Department continues to operate according to the rules set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**Division Goals for 2008 include:**

- Continue to review and revise policies and procedures in accordance with evidence-based practice.
- Continue to implement professional practice standards that reflect competencies for public health entities.
- Provide continuing education relevant to professional practice within the department and to other community agencies providing health care in St. Joseph County.
- Continue to develop collaborative relationships with community and health care agencies that impact on the health and well-being of St. Joseph County.
- Effectively control costs through utilization of personnel, materials, and supplies while maintaining a high standard of care to our clients.
- Implement recruitment strategies that will attract qualified nursing staff to the Health Department.

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## HIV and STD Clinics

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Clinic personnel are direct reports to the Director of Nursing. Health care services were provided by the clinic personnel and include three (3) Disease Intervention Specialists and one Registered Nurse. Services and programs offered by the HIV and STD Clinics staff include: Pre- and post-test counseling for HIV, confidential and anonymous HIV testing, examinations and specimen collection for sexually transmitted infections, medications for the treatment of diagnosed infections, and partner notifications for all sexually transmitted infections including HIV. Follow-up and referrals for newly confirmed HIV positive clients, free pregnancy testing, and Hepatitis B and Twinrix (Hepatitis A&B) vaccinations are provided to individuals at risk for sexually transmitted infections. Public education regarding sexually transmitted infections including HIV is also provided. All services were supported by grant funding received from the CDC (Centers for Disease Control and Prevention) and administered through the Indiana State Department of Health. The laboratory's CLIA certification for medical laboratories has continued through 2007 and will be recertified in January 2008. Oraquick Advance HIV testing continued in 2007. This is the newest and fastest CDC approved testing available. An oral swab or blood specimen is obtained and the test result is provided in twenty (20) minutes. Pre- and post-test counseling are conducted in one session. All HIV testing is free as required by the HIV Prevention Grant administered through the Indiana State Department of Health.

Disease Intervention Specialists continue to provide the community with educational presentations in an effort to reduce the rate of positive STD's. Special programs were held for National HIV Testing Day and for World AIDS Day. Several community agencies and organizations provided collaborative efforts to make these events possible. Agencies included Indiana University South Bend, Minority Health Coalition, AIDS Ministries/AIDS Assist, and Imani Unidad. The DIS have also developed and maintained a Prevention Education program for Prisons and Juvenile Correctional Facilities, which will assist in reducing re-infection rates for offenders returning to their communities. The staff has provided educational presentations throughout St. Joseph County and to seven (7) other counties. All staff members continue to seek out ways to increase their knowledge base and update their skills through various community and state trainings and workshops. All staff members have also maintained the CDC recommended trainings for their positions.

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### **HIV/STD CLINIC GOALS for 2007 included:**

- Maintain CLIA licensing.
- Continue to build collaborative relationships with medical and community agencies regarding services provided by STD/HIV division.
- Seek, apply and receive grant funding to continue meeting the needs of clients.

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### HIV Clinic Services

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HIV tests and services provided by the Health Department are free of charge to the clientele. Notifications of positive test results from outside agencies continue to be submitted initially to ISDH, with notification to St. Joseph County if follow-up needs to take place. Therefore, the numbers submitted for 2007 are numbers provided through St. Joseph County Health Department's STD/HIV Clinic testing and positive cases requiring follow-up through ISDH. Our staff has partnered with the Minority Health Coalition, IUSB Women Studies, and Imani Unidad for HIV National Testing Day and World AIDS Day. They also continue working to increase public awareness, education, and program development. Oraquick Advance Testing has allowed pre- and post-test counseling and results in one convenient appointment.

Condoms are available upon request through the clinic, free of charge. In 2007, eight thousand (8,000) condoms were distributed. This service is made possible through grant funding. Condoms are provided for the prevention of HIV and STD's.

#### HIV Testing

	2004	2005	2006	2007
<b>Number of clients tested for HIV by the Health Department</b>	685	811	837	605
<b>Number of HIV Positive results for all of St. Joseph County</b>	12	11	30	9
<b>Number of HIV Positive for all of St. Joseph, LaPorte, Marshall, Miami, Cass, Starke, Fulton and Pulaski Counties</b>	15	23	39	19

#### HIV Testing by Gender

	2004	2005	2006	2007
<b>Total Number of Males Tested</b>	372	428	442	333
<b>Total Number of Females Tested</b>	313	383	395	272
<b>Total Number of Clients Tested</b>	685	811	837	605

#### HIV Testing by Race

	2004	2005	2006	2007
<b>White</b>	454	515	493	326
<b>African American</b>	182	227	272	223
<b>Other</b>	49	69	72	56
<b>Total Number of Clients Tested</b>	685	811	837	605

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**STD Clinic Services**

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**Total Number of Clients seen within the STD Clinic: (2007)** 1202

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

	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Female</b>	738	762	850	840
<b>Male</b>	130	170	186	181
<b>Total</b>	868	935*	1036	1024*

\*3 cases were undesignated gender in 2007; 3 were undesignated in 2005.

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

	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>White</b>	188	191	235	186
<b>African American</b>	309	407	364	346
<b>Hispanic</b>	42	41	59	30
<b>Unknown/Other</b>	329	296	378	462
<b>Total</b>	868	935	1036	1024

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

	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Female</b>	2	4	2	0
<b>Male</b>	5	1	4	2
<b>Total</b>	7	5	6	2

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

	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>White</b>	2	1	2	0
<b>African American</b>	4	4	3	1
<b>Hispanic</b>	0	0	0	1
<b>Unknown/Other</b>	1	0	1	0
<b>Total</b>	7	5	6	2

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

	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Female</b>	191	279	337	315
<b>Male</b>	131	201	200	197
<b>Total</b>	322	480	537	514*

\*2 cases were of undesignated gender in 2007.

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

	2004	2005	2006	2007
<b>White</b>	43	63	83	56
<b>African American</b>	177	263	268	208
<b>Hispanic</b>	9	8	11	9
<b>Unknown/Other</b>	93	146	175	241
<b>Total</b>	322	480	537	514

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## Public Health Nursing Division

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Mary Kay Millar RN serves as the Assistant Director of Nursing for the Public Health Nursing Division (ADON/PHN). She has oversight responsibilities for the case management services provided by the Public Health Nurses (PHN) for the families of lead poisoned children in St. Joseph County and also oversees the surveillance and investigation of communicable disease cases managed by the PHN staff. The current nursing staff consists of three RNs that comprise 3 Full Time Employees (FTE).

When investigating communicable diseases, the PHN staff identifies risk factors for acquiring the disease and identifies the susceptible persons who may require assistance in obtaining preventative services, as the ultimate goal of Public Health intervention is to prevent disease in the community.

In addition to case management of lead poisoned children and communicable disease investigation, the PHNs are involved in several other activities including:

- Off-site clinics that provide vaccinations and TB testing.
- Requests for assistance from Indiana State Department of Health (ISDH) pertaining to mandated newborn heel-sticks and hearing screenings.
- Investigational home visits.
- Mentoring Students of Nursing from St. Mary's and Bethel Colleges and IUSB during their Community Health practicum in Public Health Nursing at the SJCHD.

### **PUBLIC HEALTH NURSING GOALS FOR 2007 included:**

All 2007 goals were met or exceeded expectations in the following manner:

- **Attendance at workshops and seminars in designated area of expertise/interest.**  
Public Health Nurses attended workshops /conferences that addressed key areas of Public Health Nursing. Staff had opportunities to participate in on-site continuing education as well as participation in community committees such as influenza and emergency preparedness that enhanced critical thinking and clinical expertise.

- **Increased productivity and job satisfaction in PHN Division as each PHN increases own knowledge base and shares that with the PHN staff.**

PHNs have served as preceptors to nursing students from area colleges and universities. They strive to be role models and continuous learners as they increase their clinical knowledge base and expertise in public health nursing.

## **Childhood Lead Poisoning Prevention Program**

Case management services are provided by the Public Health Nurses to all families that have children with a confirmatory blood lead level (BLL) of 10mcg/dL or higher. Case management activities include the use of an assessment tool to evaluate the child's past and present health history, nutritional status, and daily activities. All medical and personal history as well as current BLLs are maintained in the Systematic Tracking of Elevated Lead Levels and Remediation (STELLAR) data base in collaboration with the Indiana Childhood Lead Poisoning Prevention Program (ICLPPP) at ISDH. Additionally, case management services at SJCHD include an environmental risk assessment of the home at no cost to the family, as well as all follow-up BLL testing for the child and siblings less than eighty four (84) months at no cost to the family. These services are a result of collaborative efforts of the St. Joseph County Lead Task Force. The ADON/PHN serves as the facilitator of the Lead Task Force which host quarterly luncheon meetings at SJCHD to address all present and proposed lead poisoning prevention activities in St. Joseph County.

In St. Joseph County in 2007, there were two thousand six hundred sixty (2,660) individuals screened for lead poisoning. That resulted in seventy one (71) new clients receiving case management services from the PHNs including two (2) adult men that were screened at community screenings and two (2) prenatal women. This number has more than doubled over the thirty-two (32) new cases in 2006!

### **CASE MANAGEMENT OF LEAD- POISONED CHILDREN**

# OF NEW CASES:	71
# OF CASES CLOSED:	64
# (TOTAL) OF CASES BEING FOLLOWED:	44 average

The following table shows blood lead level results in St. Joseph County in 2007 as compared to 2004, 2005, and 2006.

#### **Children Screened with Blood Lead Levels of:**

Blood Lead Level	2004	2005	2006	2007
<10 mcg/dL	2760	2310	2563	2670
10-19 mcg/dL	41	49	50*	50
20-44 mcg/dL	2	7	5	7
>45 mcg/dL	1	0	1	1

- *Two (2) children reported in this table are non-St. Joseph County residents, but were included in the STELLAR database.*

Age of Children Screened	2004	2005	2006	2007
0-11 months	993	641	382	317
12-35 months	1118	993	1263	1415
36-72 months	588	614	813	726
>72 months	105	118	161	270

The following two tables list the number of children screened by ethnicity and race.

### Number of Children Screened by Ethnicity:

<b>Ethnicity</b>	<b>2006</b>	<b>2007</b>
Hispanic or Latino	551	506
Non-Hispanic or Latino	1099	1076
Unknown	969	1146
<b>Total</b>	<b>2619</b>	<b>2728</b>

### Number of Children Screened by Race

<b>Race</b>	<b>2006</b>	<b>2007</b>
American Indian or Alaskan Native	9	17
Asian	27	26
Black or African American	617	541
Native Hawaiian or Other Pacific Islander	0	1
White	1324	1210
Unknown	640	926
Black/White	1	4
American Indian /Asian/Black/Native Hawaiian/White	1	0
Other	0	3
<b>Total</b>	<b>2619</b>	<b>2728</b>

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### Communicable Disease Surveillance

SJCHD is mandated by the Communicable Disease Reporting Rule 410 IAC 1-2.3 to report, monitor, and establish preventive procedures for communicable diseases. Diseases covered by the Rule must meet one or more of the following six criteria: 1) a nationally reportable disease, 2) a vaccine-preventable disease, 3) an emerging infectious disease, 4) a significant organism with emerging drug resistance, 5) a disease with high bioterrorism potential, and/or 6) a disease that requires a public health response.

To that extent, all reports made to the SJCHD of Possible Food Borne Illnesses (PFBI) are also investigated by the PHNs in collaboration with the Foods Division and the Epidemiology and Emergency Preparedness Division.

The following table compares the incidence rates of reportable communicable diseases in St. Joseph County. This table does not include unreported cases or cases that did not meet case definition as established by the Centers for Disease Control (CDC). Although the incidence rates are confirmed with the Indiana State Department of Health (ISDH) on an annual basis, the following data for 2007 is still to be considered preliminary by ISDH.

## Incidence of Confirmed Communicable Disease Reported for Residents of St. Joseph County\*

	2003	2004	2005	2006	2007
Botulism	0	0	0	0	0
Campylobacteriosis	47	24	30	31	39
Cryptococcosis	0	0	2	3	0
Cryptosporidiosis	1	1	2	6	7
E Coli	0	0	1	3	4
Group A Streptococcus	11	12	9	7	17
Group B Streptococcus	15	12	16	15	24
Haemophilus Influenza	3	6	4	**	0
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0
Hepatitis A	3	6	2	1	1
Hepatitis B-acute	14	8	5	5	3
Hepatitis C	0	1	0	94****	244
Histoplasmosis	2	5	1	0	4
Influenza A (Ped. Death)	NPR	0	1	1****	0
Legionellosis	0	1	1	4	2
Leprosy (Hansen's Disease)	0	1	0	0	0
Listeriosis	0	1	0	0	1
Lyme Disease	1	1	2	1	7
Malaria	0	2	0	1	0
Measles **	0	0	0	**	0
Meningitis (Viral)	5	21	10	9	7
Meningococcal Disease(Bacterial)	1	3	1	3	1
Meningococcal Disease (other)	0	0	1	0	0
Mumps**	0	0	1	**	0
Pertussis**	0	100	22	**	1
PFBI^	NPR	NPR	NPR	99	44
Q Fever	0	0	0	0	1
Salmonellosis	22	16	13	23	21
Shigellosis	6	1	7	6	0
Streptococcus Pneumoniae	40	34	46	42	36*
Streptococcus Toxic Shock Syndrome	0	0	1***	0	0
Vibriosis	2	0	0	0	0
Probable West Nile Virus	0	0	0	3	0
Yersiniosis	0	0	0	0	0

NPR= Not Previously Reportable

\* 2 of the cases were in children under the age of 5 and were investigated as a vaccine preventable. Of those 2 children, 1 died.

\*\* Positive labs with demographics are forwarded to ISDH for investigation by the staff working with the Vaccine Preventable Disease Epidemiologist. ISDH includes both probable and confirmed cases of Pertussis in their case determination.

\*\*\*Hepatitis C numbers reflect positive labs for all age groups needing follow-up. Investigation of all Hep C reports began in November 2006 and may represent cases that were diagnosed in previous years.

\*\*\*\* This Influenza A is a Non-pediatric death.

^ This number includes all cases that received follow-up as possible foodborne illness reports but numbers also include multiple cases from the same occurrence.

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### Infant Referrals

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The PHN Division assists the ISDH with ensuring that all infants born in Indiana are screened for inherited disorders at birth. The state mandated newborn screening provides early detection of thirty-nine (39) inherited disorders. The PHNs contact the families of infants born in St. Joseph County whose newborn screening results are inadequate because of early discharge from the hospital, home birth, poor specimen sample, abnormal results, etc. The family is educated on the importance of the newborn screening and given directions for completing the screening.

#### Newborn Screening Referrals

	2004	2005	2006	2007
Newborn Screening Referrals	33	3	8	3

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### Influenza and Other Clinics in St. Joseph County

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The following lists the vaccinations and TB testing provided at off-site clinics and to the homebound in St. Joseph County by the PHNs:

Influenza.....	2284
Hepatitis B.....	95
Hepatitis A.....	4
Twinrix.....	19
TB ....Mantoux test.....	734

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### Maternal and Child Health Division

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The Maternal Child Health Division of the St. Joseph County Health Department (SJCHD) was staffed by an MCH Project Director (Danielle Griffin, MS), Prenatal Care Coordinator/FIMR Case Abstractor (Tracy Smith, R.N., BSN), and Community Health Worker (Yolanda Austin). Resignations were received from the Project Manager and the Prenatal Care Coordinator. Prenatal care continues at this time under the direction of the public health nursing staff. The vacant positions have been posted.

The Maternal Child Health (MCH) Division oversees two programs funded by the Maternal and Children's Special Health Care Services within the Indiana State Department of Health (ISDH). A third program, formerly funded by ISDH, is also run through the MCH Division. The MCH Division also offers free pregnancy testing to any woman in St. Joseph County.

Giving Infants Foundations To Start (GIFTS) is a prenatal care coordination program available to any pregnant woman in St. Joseph County. Along with pregnancy education, GIFTS offers resources and referrals to assist clients with bill payment, clothing, medical insurance, and low cost prenatal care. The ultimate goal of the GIFTS program is to help women have healthy pregnancies leading to healthy babies. The GIFTS program was refunded by the ISDH for FY 2007 and FY 2008.

The second program funded by the Maternal and Children's Special Health Care Services within the Indiana State Department of Health (ISDH) is the Fetal Infant Mortality Review (FIMR) program. The goal of the fetal and infant mortality review is to enhance the overall health and well-being of women,

infants and families by improving the community resources and service delivery systems available to them. The FIMR program allows for the review of all fetal and infant deaths in St. Joseph County. Once each case has been abstracted and reviewed by a team of medical and social service professionals, recommendations for community changes are discussed. The recommendations allow for system changes that will assist in preventing fetal and infant death in the future. The FIMR program funding will continue through September 2008.

The health symposium entitled Innovative Approaches to Reducing Perinatal Disparities took place on May 17, 2007. The purpose of the symposium was to share statistics and data, share evidence based research on the Life Course Perspective Model, share evidence based research on the Social Determinant's Model, highlight best practice models to eliminate racial and ethnic disparities, and mobilize stakeholders to advocate for health policies to eliminate racial and ethnic health disparities. Approximately 100 individuals, including physicians, nurses, social workers, and a variety of other health professionals participated in this event. One of the major focal points of the event was a round-table discussion in which participants brainstormed the possible causes of perinatal health disparities, as well as possible solutions to address this issue.

Participants of the symposium listed the following as the primary factors that impact birth outcomes:

1. Lack of education
2. Poverty
3. Race/Ethnicity

Some of the ideas listed that may assist in decreasing poor perinatal outcomes were as follows:

1. Establishment of health clinics in underserved areas including 46628 and 46619 zip codes of South Bend and the Mishawaka area in general.
2. Federal and state funding that can be used to support programs to combat this issue.
3. Increased access to state data.
4. Reestablishment of the "Super Shot Saturday" Program.
5. Utilizing schools and the possible establishment of school health clinics.

A major purpose of the Innovative Approaches to Reducing Perinatal Disparities health symposium was to mobilize stakeholders to advocate for health policies to eliminate racial and ethnic health disparities. Efforts to combat this issue in the future include the following:

1. Establish a committee of individuals that will specifically address this issue. Potential committee members include representatives from Memorial Health System, Saint Joseph Regional Medical Center, American College of Obstetrics and Gynecology, Indiana University South Bend, Saint Mary's College, Minority Health Coalition of St. Joseph County, March of Dimes, and the Health Babies Coalition.
2. Conduct a county-wide media blitz to discuss the impact of perinatal racial and ethnic disparities on residents of St. Joseph County.
3. Conduct focus groups with residents in an effort to gauge their perception of why disparities exist and the programs and policies that can be put into place to help combat this issue.
4. Develop a comprehensive list of perinatal resources that exist in St. Joseph County.

**MCH Division Goals for 2007 included:**

- Enroll and care-coordinate at least 80 clients for the GIFTS program.
- Locate and apply for additional grant funding to support the GIFTS program.
- Develop bi-monthly education series for clients enrolled in the GIFTS program.
- Design and implement a reproductive health course for adolescent girls.

- Complete FIMR case abstractions on all St. Joseph County late fetal and infant deaths occurring in 2006 and 2007.
- Develop St. Joseph County FIMR program annual report.
- Complete 2008 grant application for FIMR program.
- Continue to build infrastructure with WIC and local OB/GYN practices for the Prenatal Lead Project.

A grant was written and approved by the March of Dimes for \$700.00 for the development of a pregnancy based health and nutrition program to be implemented in 2008. FIMR case abstractions were completed and presented for the year 2006. 2007 cases remain under investigation and will be presented at subsequent FIMR committee meetings. FIMR will continue to be grant funded through 2008.

### **Pregnancy Testing 2007 Overview**

Total Number of Pregnancy Tests:	65
Number of Positive Test Results:	25
Number of Negative Test Results:	40

### **Giving Infants Foundations to Start 2007 Overview**

#### **Demographics**

#### **Clients Enrolled in 2007:**

N=66

#### **Client Age at Enrollment:**

Thirty-three percent (33%) of enrolled clients were 18 years of age or younger compared to 18% 2006

18 years and under	22
19-24 years	22
25-29 years	12
30-34 years	9
35-39 years	1
40 years and older	0

#### **Client Race:**

Thirty-nine percent (39%, 26) of enrolled clients were white, 50% (33) of clients were black, 7% (6) of clients were Hispanic, and 1% (1) of clients was multi-racial.

White	26
Black	33
Hispanic	6
Multi-racial	1
Other	0

#### **Client Marital Status:**

Seventy-nine percent (79%, 52) of enrolled clients were unmarried.

Married	14
Unmarried	52

## **Performance Measures:**

The overall purpose of the GIFTS program is to impact the following pregnancy outcomes: breastfeeding, smoking during pregnancy, low birth weight, and the receipt of prenatal care in the first trimester.

### **Breastfeeding:**

Sixty eight percent (68%) of clients enrolled in the GIFTS program breastfed their infants upon hospital discharge. This percentage is greater than the 63.8% of Indiana residents that breastfed upon hospital discharge (2004).\*

### **Low Birth weight:**

Five percent (5%) of infants born to African American women enrolled in the GIFTS program were low birth weight. This percentage is lower than the percentage (8.1%) of low birth weight infants born to African American women in St. Joseph County (2004).\*

### **Smoking during Pregnancy:**

Eighteen percent (18%) of clients enrolled in the GIFTS program smoked upon enrollment in the program. This percentage is significantly different when compared with the percentage (13.2%) of women that smoked during pregnancy in St Joseph County in 2004.\* Ninety-four percent (94%) of clients stated they had reduced or stopped smoking while enrolled in the GIFTS program.

### **Prenatal Care:**

Forty nine percent (49%) of clients enrolled in the GIFTS program began receiving prenatal care in the first trimester as compared to 60% in 2006. This percentage also reflects a lower rate of women entering into prenatal care during the first trimester in St. Joseph County than in 2004.\* In 2004 72.5% of women in St. Joseph County entered into prenatal care in the first trimester.

*\*The reference for the report is: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team 2004*

## St. Joseph County Fetal Infant Mortality Review 2007 Overview

### Late Fetal Deaths

2007: N=33 (N=28 2006)

(Late fetal deaths include St. Joseph County (SJC) residents who delivered stillborn infants in SJC at 20 wk +1 day gestation. An additional two stillbirths occurred in SJC, to non-county residents.)

<u>Gender:</u>	Male	Female
2006	11	17
<b>2007</b>	<b>20</b>	<b>13</b>

<u>Race:</u>	White	Black	Hispanic	Other
2006	17	5	4	2
Percent Total	60%	17%	14%	7%
<b>2007</b>	<b>18</b>	<b>8</b>	<b>2</b>	<b>5</b>
Percent Total	55%	24%	6%	15%

<u>Gestational Age</u>	20-24 wk	25-29 wk	30-34 wk	35-40 wk
2006	15	6	5	2
Percent Total	53%	21%	17%	7%
<b>2007</b>	<b>18</b>	<b>6</b>	<b>5</b>	<b>4</b>
Percent Total	55%	18%	15%	12%

<u>Maternal Age:</u>	18 yrs & under	19-24 yrs	25-29 yrs.	30-34 yrs.	35-39 yrs.	40+yrs
2006	2	9	8	7	2	0
Percent Total	7%	32%	28%	25%	7%	
<b>2007</b>	<b>2</b>	<b>10</b>	<b>8</b>	<b>11</b>	<b>2</b>	<b>0</b>
Percent Total	6%	30%	24%	33%	6%	0

### Leading Causes of Late Fetal Death: 2006

Nuchal Cord Accident

Extreme Prematurity as a result of premature rupture of membranes

Placental Abruption

### Leading Causes of Late Fetal Death: 2007

Nuchal cord accident 5

Extreme prematurity due to premature rupture of membranes 4

Placental abruption 2

Unknown 22

### Infant Deaths:

2006: N= 30

2007: N= 43

<u>Gender</u>	Male	Female
2006	18	12
<b>2007</b>	<b>20</b>	<b>23</b>

<u>Race</u>	White	Black	Hispanic	Other
2006	17	13	0	0
Percent Total:	56%	44%	0%	0%
<b>2007</b>	<b>21</b>	<b>14</b>	<b>5</b>	<b>4</b>
Percent Total	48%	32%	11%	9%

<u>Gestational Age:</u>	20-24 wk	25-29 wk	30-34 wk	35-39 wk	40+ wk	Unknown/Other
2006	13	2	0	9	4	2
Percent Total:	43%	6%	0%	30%	13%	6%
<b>2007</b>	<b>14</b>	<b>3</b>	<b>3</b>	<b>8</b>	<b>2</b>	<b>13</b>
Percent Total	32%	7%	7%	18%	4%	30% *

\* Includes 3 infants born under 20 weeks and infants born outside of county/state

<u>Age at Death:</u>	<1 Day	1-6 Days	1 week-28 Days	1 Month-1 Year
2006	13	3	5	9
Percent Total:	43%	10%	16%	30%
<b>2007</b>	<b>18</b>	<b>6</b>	<b>8</b>	<b>11</b>
Percent Total	43%	14%	18%	25%

<u>Maternal Age:</u>	18 yrs & under	19-24 yrs	25-29 yrs	30-34 yrs	35-39 yrs	Unknown
2006	4	9	6	3	1	7
Percent Total:	13%	30%	20%	10%	3%	23%
<b>2007</b>	<b>2</b>	<b>12</b>	<b>11</b>	<b>3</b>	<b>5</b>	<b>10</b>
Percent Total	5%	28%	26 %	6%	12%	23%*

\*Includes mothers of infants born outside of county/state

#### Leading Causes of Infant Death 2006

Sudden Unexplained Infant Death

Extreme Prematurity as a result of premature labor or premature rupture of membranes

**Accidental Asphyxia**

#### Leading Causes of Death 2007

Extreme Prematurity 22

Congenital Anomalies 6

Accidental Asphyxia/Sudden Infant Death 5

- Statistics include all deaths/stillborns in the Health Department System as of January 2008.

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## **Immunization Clinics and Tuberculosis Case Management Division**

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Carol Karnes, BSN, R.N. serves as the Assistant Director of Nursing for the Immunization Clinics and oversees the administration of childhood and adult immunizations, including travel immunization and tuberculosis case management. Travel immunizations are offered to the public based on the Centers for Disease Control and Prevention guidelines for international travel. A fulltime Travel Immunization Nurse and a full time Immunization Nurse, as well as an Immunization Registrar, are located at the Mishawaka Clinic. All immunizations are entered into the web based statewide Children's and Hoosier's Immunization Registry Program (CHIRP). Case management of reported animal bites is managed by the division. The Assistant Director of Nursing for Immunizations oversees the follow-up and completion of all reported animal bite cases.

The total number of visits for vaccines at onsite clinics in 2007 was 4517. The total number of immunizations administered was 13,624.

The pneumonia vaccine for public purchase continued in 2007. This provided a more comprehensive coverage of vaccines for the chronically ill and elderly population of St. Joseph County. The total number of pneumonia vaccines administered was 64.

Influenza vaccine was administered to 2344 patients in the onsite clinics and to 2354 off site clinics within St. Joseph County. Total influenza vaccine administered through December 2007 was 4698.

Receiving adequate amounts of influenza vaccine during October and November was not an issue as in prior years for local health departments throughout the United States.

The total number of influenza vaccine purchased during 2007 was 4000 doses. Influenza clinics were held from November through early December throughout the community including three drive through clinics. Influenza vaccine purchased in 2007 will continue to be given throughout the spring of 2008.

**Immunization Clinics**

**Adult, Childhood and Travel Immunizations Administered  
By the St. Joseph County Health Department**

<b>Type of Vaccine</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Td	792	978	454	312
DTaP	1190	1695	1697	1471
Dt	3	2	2	1
IPV	1465	2021	1973	1740
MMR	1358	1300	824	715
Prevnar (PCV7)	1206	1487	1435	1259
Varicella	886	733	291	814
Pediatric Hepatitis B	544	1269	1225	737
Hib	591	338	364	291
Comvax (HepB/Hib)	420	639	521	434
Trihibit (DTaP/Hib)	380	308	351	296
Pediarix (Dtap/HepB/IPV)	345	0	0	0
Menomune	202	41	20	19
Pediatric Hepatitis A	164	126	517	838
Adult Hepatitis B	905	988	605	639
Twinrix (Adult Hep A/Hep B)	407	585	705	698
VFC Flu	125	0	0	23
Typhoid	399	349	596	619
Adult Hepatitis A	352	508	333	264
Yellow Fever	201	217	281	291
Rabies	2	10	24	40
Ig	16	17	2	1
Japanese Encephalitis	10	24	39	25
Menactra	NR	433	536	780
Tdap	NR	148	867	1014
Pneumococcal (PPV23)	NR	NR	22	64
ProQuad (Varicella/MMR)	NR	NR	457	440
Rotateq Rotavirus Pentavalent	NR	NR	468	468
HPV	NR	NR		296
<b>Total vaccinations</b>	<b>11963</b>	<b>14216</b>	<b>14609</b>	<b>14589</b>
<b>Total Clients</b>	<b>4056</b>	<b>6222</b>	<b>5974</b>	<b>4517</b>

<b><u>Immunization Visits Totals</u></b>	<b><u>2006</u></b>	<b><u>2007</u></b>
TB Testing	2445	1778
Immunizations	<u>5974</u>	<u>4517</u>
Total Visits	10,883	8639

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### Tuberculosis

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The St. Joseph County Health Department provides case management for all active and latent cases of Tuberculosis (TB) in St. Joseph County. Services are provided by Registered Nurses with advanced clinical training in the management of both latent and active tuberculosis. Clients are monitored for contagiousness and compliance with medication usage. Ongoing education is provided to patients and families as well as others known to have been exposed to tuberculosis. Case management services are provided in collaboration with each client's treating Physician.

The following table compares the number of Mantoux skin tests performed by the St. Joseph County Health Department in 2004 through 2007 as well as the number of active and latent TB cases managed by the Health Department.

	2004	2005	2006	2007
Mantoux Test Given by the SJCHD	2705	2846	2445	1778
Cases of Latent TB Disease	274	300	187	112
Cases of Active TB Disease	16	16	9	14

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### Animal Bites

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The Immunization Division investigates animal bites occurring within St. Joseph County. Physicians' offices, urgent care centers, hospital emergency departments, area police departments along with the South Bend Animal Control and the Humane Society all report cases of animal bites to the SJCHD. The Immunization registrars follow the health status of the victim to rule out signs and symptoms of rabies. The Immunization registrars also follow up with the individual or agency responsible for quarantining the biting animal to monitor signs and symptoms of rabies in the animal. The Immunization registrars follow-up with the victim after the quarantine period expired.

	2004	2005	2006	2007
Canine	380	414	314	314
Feline	109	102	63	86
Bat	4	6	10	21
Others				31

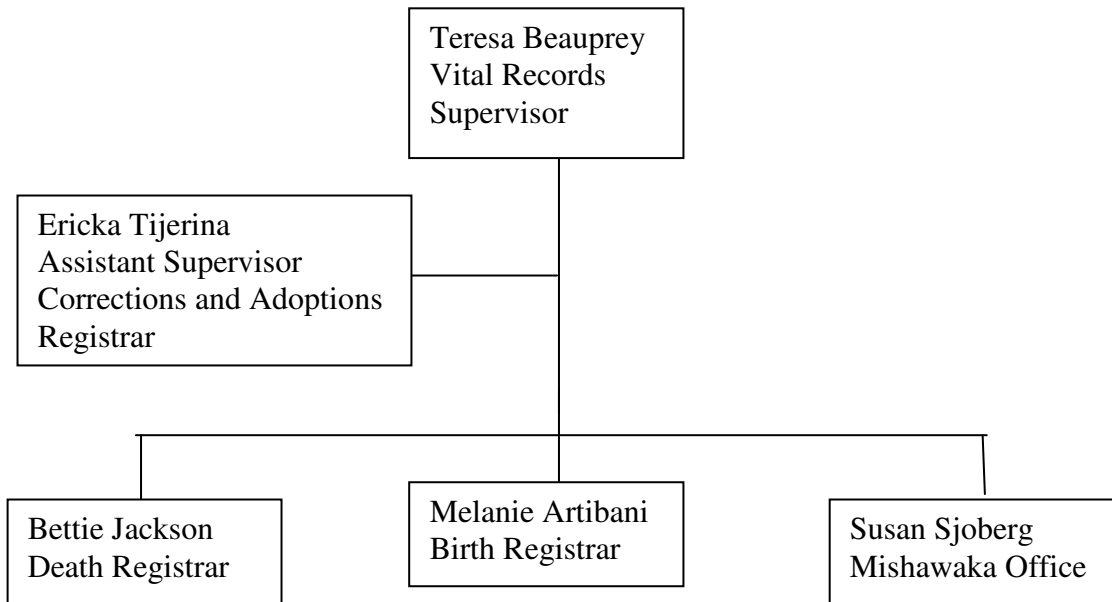
Of the number of animal bite investigations completed during 2007, 44% of the cases occurred in South Bend, 20% in Mishawaka, 32% outside city limits in St. Joseph County with the remaining 4% "out of the county." No animals tested positive for rabies during 2007.

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## Vital Records Division

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## Vital Records Division

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The Vital Statistics Division provided a variety of services to the public during 2007. 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 \$25.00 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 2007 include:

- Renewed our 2-year agreement with the Division of Family & Children to continue being an intake site for Hoosier Healthwise applications. The volunteer intake specialists attended a training session regarding the new requirements implemented by the state regarding proof of citizenship. Every applicant is now required to show a certified copy of their birth certificate.
- We are a distribution site for the new HIP program offered by the State of Indiana. This is an affordable insurance plan for adults age 18-64 that covers hospital services, mental health care, physician services, prescriptions, diagnostic exams, and disease management. It does not cover vision and dental services.
- Attended a training held by the Indiana State Department of Health for a new electronic web based program for death records being implemented January 1, 2008. Last year the state rolled out Genesis, the new web based birth program. The death view was added to this existing program.
- Based on the number of applications in 2007, we served over 20,000 customers via mail, fax and in-office.

### Vital Statistics Division Goals for 2008 include:

- To begin sending out birth notifications that informs the public of health department services, as well as, information regarding Hoosier Healthwise. These have not been sent out due to the increased work load from the new birth registration program.
- Continued manual entry of our birth records that occurred prior to 1998. These will be entered into our Lotus Notes Program for faster retrieval and will eventually eliminate file cabinets to create more space.
- Convert records from microfilm to Docuware, our computer based permanent imaging system. This will be a slow process since it is very expensive and we have a large quantity of microfilm to convert.

### **Birth Statistics Trends for 2007**

- The number of male births outweighed the number of female births for over 20 consecutive years.
- The number of births and the number of mother's breastfeeding continued its upward trend from 2003.
- Cesarean births decreased in 2007 as compared to 2005 and 2006, but remain an increase from 2003. Cesarean births represent 28% of all births in 2007 compared with 26% of all births in 2003.
- For the past five 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 overall trend for pregnancies in 2007 showed that smoking increased while alcohol and chemical use decreased.
- The number of court orders we received from probate court dramatically increased.
- The overall number of multiple births decreased.

### **Death Statistics Trends for 2007**

- The number of deaths recorded during 2007 decreased from those reported in the past 5 years.
- Lung cancer was again the most common cause of cancer deaths. The overall number of cancer deaths has declined since 2003.
- The number of suicides has decreased as well as the number of homicides compared to 2003 statistics.
- During 2007, the number of neonatal deaths decreased from 2006 yet remains higher than in 2003.

## Birth Statistics

		2003	2004	2005	2006	2007
<b>Gender</b>						
	Male	2530	2575	2565	2666	2639
	Female	2431	2405	2485	2536	2570
	Total	4961	4980	5050	5202	5209
<b>Race/Ethnicity</b>						
	White	3608	3652	3532	3660	4320
	Black	717	707	783	790	725
	Asian Pacific	71	63	112	71	112
	Native American	5	3	8	7	9
	Other	50	26	36	20	43
	Hispanic	510	529	579	654	793
	Non-Hispanic	**	**	**	**	4165
	Unknown	**	**	**	**	20
	Not Categorized	**	**	**	**	231
<b>Weight (in grams)</b>						
	Under 1000	106	83	95	89	100
	1000 – 1500	78	61	67	63	66
	1501 – 2000	103	103	94	101	106
	2001 – 2500	252	257	288	264	256
	Above 2501	4422	4475	4505	4684	4448
	Unknown	0	0	1	1	233
<b>Maternal Age</b>						
	Under 15	6	6	7	7	13
	15 – 18	280	307	337	360	359
	19 – 24	1580	1483	1587	1573	1564
	25 – 29	1469	1497	1497	1612	1445
	30 – 34	1052	1073	1019	1052	1066
	35 – 39	472	494	496	493	450
	40 and older	103	120	107	105	77
	Not Categorized					235

\*Age bracket for 15-19 years old changed to 15-18 years old and 20-24 years old changed to 19-24 years old in 2004. Data from 2000 through 2003 was adjusted to reflect this change.

\*\* Race/Ethnicity not previously reported in this format. The new birth database records Race and Ethnicity separately.

	2003	2004	2005	2006	2007
<b>Maternal Race and Marital Status</b>					
<b>Unmarried – Total</b>	<b>1878</b>	<b>1965</b>	<b>2145</b>	<b>2244</b>	<b>2439</b>
African American	560/717 (78%)	556/707 (79%)	597/782 (76%)	615/790 (78%)	594/717 (82%)
White and White Hispanic	1295/4118 (31%)	1393/4162 (33%)	1513/4111 (36%)	1606/4314 (37%)	1775/4303 (41%)
Other	23/126 (18%)	16/111 (14%)	35/157 (22%)	23/98 (23%)	70/189 (37%)
<b>Maternal Age and Race</b>					
<b>Age 18 and Under</b>					
<b>Number of Births</b>	<b>286</b>	<b>313</b>	<b>344</b>	<b>367</b>	<b>372</b>
African American	89	105	103	112	104
White and White Hispanic	193	202	239	250	252
Other	4	6	2	5	16
<b>Age 19-24</b>					
<b>Number of Births</b>	<b>1581</b>	<b>1483</b>	<b>1587</b>	<b>1573</b>	<b>1564</b>
African American	329	305	332	343	317
White and White Hispanic	1224	1156	1223	1209	1202
Other	28	22	32	21	45
<b>Age 25- 29</b>					
<b>Number of Births</b>	<b>1469</b>	<b>1497</b>	<b>1497</b>	<b>1612</b>	<b>1445</b>
African American	171	174	199	183	147
White and White Hispanic	1257	1289	1246	1407	1241
Other	41	34	52	22	57
<b>Age 30-34</b>					
<b>Number of Births</b>	<b>1052</b>	<b>1073</b>	<b>1019</b>	<b>1052</b>	<b>1066</b>
African American	78	81	97	100	96
White and White Hispanic	943	957	874	921	919
Other	31	35	48	31	51
<b>Age 35–39</b>					
<b>Number of Births</b>	<b>472</b>	<b>494</b>	<b>496</b>	<b>493</b>	<b>450</b>
African American	39	32	40	41	46
White and White Hispanic	416	456	438	438	390
Other	17	6	18	14	14

<b>Age 40+ Older</b>					
<b>Number of Births</b>	<b>104</b>	<b>120</b>	<b>107</b>	<b>105</b>	<b>77</b>
African American	11	10	11	11	6
White and White Hispanic	88	102	91	89	66
Other	5	8	5	5	5
<b>Not Categorized</b>	0	0	0	0	235

<b>Place of Birth</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Memorial Hospital	3237	3210	3248	3331	3317
St. Joseph's Reg. Med. Ctr. SB & Mish	1700	1738	1774	1844	1838
Residence	23	30	30	27	5
Other	1	2	2	0	1
Not Categorized	0	0	0	0	48
<b>Residence of Mother</b>					
Bremen	10	15	6	9	12
Granger	322	323	304	278	248
Lakeville	36	35	22	23	23
New Carlisle	41	50	39	52	36
North Liberty	46	48	58	56	50
Notre Dame	28	22	22	23	20
Osceola	130	139	148	155	127
Walkerton	27	33	37	34	20
Rural	3	5	9	7	9
Mishawaka	765	778	735	801	755
South Bend	2202	2262	2287	2341	2151
Non-county Resident	1350	1270	1383	1423	1529
Not Categorized	0	0	0	0	229
<b>Birth Characteristics</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Multiple Births</b>					
Twins	80	88	113	103	78
Triplets	7	8	2	3	3
Quadruplets	0	1	1	0	0
Cesarean Births	1276	1410	1496	1578	1480
Neonatal Death < 30 days	28	26	35	47	37
Stillbirth	45	31	39	33	47
Congenital Anomalies	23	5	9	13	12
<b>Maternal Characteristics</b>					

Inadequate Prenatal Care	619	445	465	444	1087
No Prenatal Care	116	140	117	86	34
Chemical Usage	59	23	27	31	5
Smoker	645	619	594	629	716
Alcohol Use	35	35	37	40	1
Breast Feeding	3464	3585	3695	3837	3885
<b>Paternities</b>					
Paternity by Court Order	782	656	933	1068	1233
Paternity at Health Dept.	52	93	65	89	112
Paternity upon Marriage	42	31	16	34	44
<b>Other</b>					
Correction of Birth Cert.	190	202	235	227	268
Adoptions Processed	177	223	227	239	146

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**Hoosier Healthwise Statistics**

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	2003	2004	2005	2006	2007
<b>Number of Applications Processed</b>	39	36	45	30	32
Approved	30	29	41	28	26
Denied	9	7	4	2	6
Pending	0	0	0	0	0
<b>Applicants by age</b>					
0-12 months	2	8	7	8	3
1-6 yrs.	15	9	12	13	10
7-12 yrs.	7	8	13	5	7
13-18 yrs.	6	6	12	3	6
19+	9	5	1	1	6
Unknown	0	0	0	0	0
<b>Applicants by race</b>					
Black	13	14	5	5	3
White	22	19	36	20	22
Hispanic & Other	4	3	4	5	7

## Death Statistics

	2003	2004	2005	2006	2007
<b>Gender:</b>					
Male	1295	1226	1276	1301	1234
Female	1315	1294	1364	1337	1270
Total	2610	2520	2640	2638	2504
<b>Race/Ethnicity:</b>					
White	2342	2244	2361	2355	2217
Black	237	243	242	251	246
Hispanic	19	22	27	16	22
Asian Pacific	6	3	2	5	6
Native American	3	2	2	2	3
Other	3	6	6	9	10
<b>Marital Status:</b>					
Married	984	973	988	984	941
Widowed	998	943	988	949	905
Single	326	321	340	351	362
Divorced	301	282	323	351	295
Unknown	1	1	1	3	1
<b>Residence of Decedent:</b>					
South Bend	1448	1409	1487	1417	1340
St. Joseph County	348	359	343	364	332
Mishawaka	493	456	503	481	480
Other Indiana Counties	183	172	180	240	215
Other States	138	124	127	136	137
<b>Place of Death:</b>					
Nursing Home	877	861	917	837	782
Residence	636	619	663	675	614
SJRMC	440	462	410	436	427
Memorial Hospital	543	492	524	527	477
St. Joseph Comm. Hosp.	89	61	70	53	54
Religious House	25	25	33	36	50
Healthwin Hospital	NR	NR	NR	51	40
Portage Manor	NR	NR	NR	0	0
Other	0	0	23	23	60

<b>Death Statistics</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Age at Death:</b>					
Under 1 day	12	11	24	23	22
1 day – 6 days	10	7	3	10	6
1 week – 28 days	5	4	5	8	8
1 month – 1 year	9	17	11	16	12
1 year – 4 years	9	6	6	6	4
5 years – 14 years	4	6	3	5	5
15 years – 24 years	38	24	30	29	30
25 years – 34 years	38	41	38	37	42
35 years – 44 years	86	70	85	72	59
45 years – 54 years	183	163	170	181	186
55 years – 64 years	252	246	257	297	291
65 years – 74 years	379	415	432	392	381
75 years – 84 years	802	763	761	776	695
85 years – 94 years	664	630	676	656	647
95 years and above	119	117	139	130	116

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**Causes of Death**

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	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Infant Deaths:</b>					
Congenital Malformations	2	5	4	5	4
Prematurity	21	20	24	30	26
Sudden Infant Death Syndrome	2	6	2	3	4
<b>AIDS</b>	9	2	3	9	2
<b>Alzheimer's and Dementia</b> (Dementia added only after 2003)	127	150	147	164	124
<b>Aspiration Pneumonia</b>	51	29	39	30	40
<b>Cardiovascular:</b>					
Coronary Artery Disease	338	335	305	263	242
Arteriosclerotic Heart Disease	47	78	85	64	32
Vascular Disease	76	50	23	85	20
Other Heart Disease	123	117	153	200	215
Congestive Heart Failure	212	192	223	186	157
<b>Cerebral Vascular Accident</b>	164	224	174	166	193
<b>Cirrhosis of Liver</b>	23	22	23	40	20
<b>COPD</b>	103	122	104	134	10
<b>Diabetes</b>	35	19	22	26	15
<b>Emphysema</b>	18	24	13	18	7
<b>Hepatitis</b>	3	5	1	4	3
<b>Influenza</b>	1	1	0	1	0
<b>Meningitis-Bacterial</b>	1	1	2	1	1
<b>Pneumonia</b>	105	77	148	56	95
<b>Pulmonary Embolism</b>	15	8	10	16	7
<b>Renal Failure</b>	79	89	99	70	70
<b>Tuberculosis</b>	1	0	0	0	0
<b>Cancer -Gastrointestinal:</b>					
Colon	68	41	60	48	36
Pancreatic	33	36	29	35	35
Esophageal	16	13	10	20	16
Rectal	5	8	6	9	7
<b>Cancer – Respiratory:</b>					
Lung	174	165	164	191	174
<b>Cancer – Urogenital:</b>					
Prostate	27	38	14	35	30
Renal Cell	15	20	9	12	11

<b>Cause of Death</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Cancer – Integumentary:</b>					
Breast	51	48	44	40	38
Skin:					
Melanoma	7	10	8	7	6
Sarcoma	3	13	5	7	4
Squamous Cell	3	2	1	0	6
<b>Cancer-Heme and Lymph:</b>					
Leukemia	24	28	19	24	19
Lymphoma	26	20	33	20	31
<b>Other Cancers:</b>	156	168	145	129	145
<b>Total Cancer Deaths:</b>	608	590	547	577	558
<b>Accidental Deaths:</b>					
Motor Vehicle	40	33	45	40	31
Other Accidents	28	29	42	51	72
<b>Miscellaneous Deaths :</b>	334	254	345	334	400
<b>Suicides (total):</b>	30	19	36	41	29
Carbon Monoxide	1	2	6	4	0
Drugs	4	1	1	5	3
Fire	0	0	1	0	0
Firearms	17	7	16	19	17
Hanging	6	7	8	11	7
Razor	NA	0	1	0	0
Poison	NA	1	0	0	1
Drowning	2	0	0	0	0
Jumped	NA	0	1	0	0
Stabbing	0	0	2	0	0
Suffocation	NA	1	0	0	0
Train				2	1
<b>Homicides (total):</b>	22	13	14	16	15
Beating	2	3	3	3	9
Firearms	18	8	8	12	4
Stabbing	2	1	1	0	1
Strangulation	NA	1	2	0	1
Motor Vehicle	NA	0	0	1	0
<b>Undetermined</b>	3	3	2	9	1
<b>Pending Investigations</b>	3	3	5	2	7
<b>Coroners Investigations</b>	264	246	299	330	325
<b>Autopsies</b>	101	94	150	150	132