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FOREWORD
I hope you get excited reading this year’s annual report describing the hard work being accomplished by our staff and the progress we are making at the Vanderburgh County Health Department.

Three years ago the Board of Health challenged the health department to become “data driven”. In this report you will find many examples of our primary data collection and the programs developed based on real time data.

This report documents our work in reducing Fetal/Infant Mortality and preventing childhood injury. We report our efforts on curbing smoking, especially in pregnant moms, weight control, diabetes prevention, and reducing the spread of communicable disease.

Our Environmental Division is the first to be fully cross trained within the health department. Our Environmental Health Specialists have been working very hard to become fully trained in all aspects of environmental health. They will continue to provide uninterrupted services for our clients in the areas of food safety, lead risks, septic issues, tattoo and pool inspections, and animal complaints among many others.

Our employees have also been busy submitting their work to different state and national organizations and will be presenting their work in poster presentations or panel discussions at these large conferences.

2016 also marked the beginning of the end of the process for the Health Department to become fully accredited. Final documentation will be submitted in 2017 and we hope to be visited by the Public Health Accreditation Board later in 2017 as well.

Finally I want to highlight our new Internship Program, which was developed by one of our interns, Jalen Lee. This program has blossomed providing us the opportunity to work with over 35 interns in the past 18 months where they have contributed thousands of work hours. Our interns have given valuable assistance to all areas of the health department while also educating us to be ever better. I feel we get more than the interns in this relationship.

As we move forward I believe our hard work and the partnerships that have been built across the region, State and beyond in time will serve to make Vanderburgh County one of the best counties to live and prosper.

R. Ken Spear M.D.
Vanderburgh County Health Officer
3/15/2017
# VANDERBURGH COUNTY BOARD OF HEALTH

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Original Appointment Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark E. Wohlford, D.D.S., PhD</td>
<td>Chair</td>
<td>January 1, 2008</td>
</tr>
<tr>
<td>R. Michelle Galen. M.D.</td>
<td>Vice-Chair</td>
<td>January 1, 2013</td>
</tr>
<tr>
<td>John D. Pulcini, M.D.</td>
<td>Member</td>
<td>May 1, 1987</td>
</tr>
<tr>
<td>Maria Del Rio, M.D.</td>
<td>Member</td>
<td>August 15, 1989</td>
</tr>
<tr>
<td>Fred Mulfinger</td>
<td>Member</td>
<td>July 25, 2005</td>
</tr>
<tr>
<td>Timothy Hubert, Esq.</td>
<td>Member</td>
<td>June 23, 2014</td>
</tr>
<tr>
<td>Sandie Strader-McMillen</td>
<td>Member</td>
<td>July 1, 2016</td>
</tr>
<tr>
<td>Catherine M. Engel, PhD</td>
<td>Member</td>
<td>February 8, 2005</td>
</tr>
</tbody>
</table>

The members listed above served during the year 2016. The original Board of Health was appointed in 1948. All members have been appointed for terms of four years, except those who are appointed to serve out unexpired terms. Dr. Catherine Engel retired from the Board in June of 2016, and Sandie Strader McMillen was appointed by the County Commissioners to serve out the remainder of Dr. Engel’s term. Members may be reappointed or replaced, and continue to serve until their successors have been named. Appointments are made under Indiana Statute IC 16-20-2-6 & 7 by the Mayor and County Commissioners, according to population ratio. The members received no compensation.

## ADMINISTRATION AND CORE MANAGEMENT TEAM

- **R. Kenneth Spear, M.D.**  Health Officer
- **Joe Gries**  Administrator
- **Kristina Carter, BSN RN**  Director Clinic and Out Reach Division
- **Mary Ellen Stonestreet, RD**  Coordinator WIC Clinic
- **Christopher Allen, MT (ASCP), SH**  Director Laboratory Division
- **Christian Borowiecki, BS, EHS**  Director Environmental Health Division

## DEPARTMENT SUPERVISORS

- **Paulette Hoffman**  Financial Officer
- **Wallace Corbitt, MS**  Supervisor STD
- **Jeri Kenning, RN, BSN**  Supervisor Public Health Nursing
- **Mary Jo Borowiecki, BS**  Supervisor Health Promotions
- **Erica Mitchell, AAS**  Supervisor Vital Records
- **Keith Goy, BS**  Supervisor Rodent & Vector Control
- **Ginger Patton**  Supervisor Administrative Assistants
MISSION

We exist to serve our clients and the community. We will work with our community partners to:

Develop and provide quality health services;
Promote healthy lifestyles;
Protect against and prevent the spread of disease; and,
Assure preparedness to achieve and maintain the best public health for our community.

VISION

A strong vibrant Health Department recognized as a leading advocate for the health and wellbeing of the community.

ORGANIZATIONAL VALUES

Organizational values are those ideals, principles, assumptions, and beliefs that guide our organization. Vanderburgh County Health Department values include:

Customer and community focus.....mindful and responsive to their needs.
Collaboration.....working together for a healthier community.
Integrity.....being respectful of, and fair and honest with, our coworkers and community.
Preparedness.....ready to respond to threats and emergencies.
Prevent and promote.....against disease and for healthy living.
Protection and advocacy.....for vulnerable populations.
Continuous quality improvement.....nurture and strengthen the culture of quality at the Vanderburgh County Health Department.
Communicable Disease
Communicable Disease programs provide data collection, reporting, investigation, and surveillance of reportable communicable diseases, as well as diagnostic, treatment, and immunization services through specialized clinic programs.

Specialty Clinic
The goal of the Specialty Clinic is to prevent the spread of disease, development of complications and recurrence of a Sexually Transmitted Disease (STD). This is accomplished through low cost testing, treatment, case investigation/intervention, risk reduction education and counseling to persons who have or suspect they may have been exposed to a STD.

- Case investigation numbers less than 5 will be reported as 4.
- Disease investigations were completed according to Indiana Administrative Code 410 IAC 1-2.5. The revised Communicable Disease Rule 410 IAC 1-2.5 took effect 12/25/15.
- Due to policy changes at the Indiana State Department of Health (ISDH), VCHD can no longer generate a report with county STD and HIV numbers until released by ISDH.

ISDH began charging the VCHD Specialty Clinic for chlamydia and gonorrhea tests submitted to their laboratory for clients not previously eligible for testing (through the CDC funded STD
testing grant). This agreement enabled our clinic to expand testing opportunities at a low cost to clients previously unable to access services at VCHD.

**Disease Intervention Specialists (DIS)**
The Supervisor and/or Disease Intervention Specialists (DIS) assists all persons who test positive for HIV, Syphilis, Gonorrhea and Chlamydia with partner identification and counseling of their sexual and needle sharing contacts (if applicable). The DIS works in the office and out in the field to locate and notify contacts of their risk of exposure. The DIS refers persons who have tested positive for HIV to medical, mental health, financial and social service agencies for assistance as needed. Services are provided in the 11 county area known as District 8 (includes Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, and Warrick Counties).

![DIS STD Investigations for SW Indiana](image)

- Disease investigations were completed according to Indiana Administrative Code 410 IAC 1-2.5. The revised Communicable Disease Rule 410 IAC 1-2.5 took effect 12/25/15.
- Due to policy changes at the Indiana State Department of Health (ISDH), VCHD can no longer generate a report with county STD and HIV numbers until released by ISDH.
- DIS Investigation priorities are determined in conjunction with guidance from the ISDH Division of HIV/STD/Viral Hepatitis.
**Immunization Clinic**

The Vanderburgh County Health Department (VCHD) operates an Immunization Clinic where vaccines (also known as immunizations or shots) are offered to children, adolescents (teens) and adults in conjunction with the Indiana State Department of Health’s (ISDH) Immunization Program. All immunizations are given according to the Centers for Disease Control & Prevention’s (CDC) guidelines.

The Foreign Travel Clinic is a licensed yellow fever vaccination center. Clients are issued an International Certificate of Vaccination and educated on vaccine-preventable diseases, safe food and water consumption, altitude sickness, jet lag, safety and malaria prevention.

![Immunization Clinic Visits](chart)

**Immunization Grant Presentations**

Kristina Carter, Clinical & Outreach Director, Johnna Denning, MPA Grant Writer and Sarah Godshall & Erin Reese, Immunization Nurses distributed vaccine information, grant-funded vaccine schedule magnets & stickers and answered questions about our immunization programs at the 2016 Public Health Nurse Conference. Kristina also gave an oral presentation on the success of the immunization grant at the 2016 Public Health Conference at Indiana University Purdue University Indianapolis.
**Tuberculosis Clinic**

The Vanderburgh County Health Department (VCHD) investigates, treats, and manages Latent Tuberculosis infection (LTBI) and Active Tuberculosis (TB) disease in Vanderburgh County residents. Our services include administering and reading tuberculin skin tests (TST), TST classes for healthcare providers and educational programs for community partners.

There were 5 Active TB cases in 2016.

- **TST**: In March of 2015, due to a shortage of Tubersol, skin tests were limited to VCHD employees, shelter residents and staff, resulting in a decreased number of skin tests being administered and read. In 2016, skin testing was opened again to the public resulting in an increase in skin testing and readings.

- **MD Consult**: Offered by appointment only for evaluation of Latent Tuberculosis Infection (LTBI), active Tuberculosis disease (TB), refugee health screenings and chest X-ray interpretations. After 27 years of service, our contracted TB Physician retired in January 2016.
Communicable Disease Investigation

Indiana Administrative Code 410 IAC 1-2.5; directs physicians, hospitals and labs to report certain diseases to the local health department where the patient lives. This information is reviewed to determine things such as disease trends, risk factors, and the effectiveness of various vaccines and medications.

As of 02/28/17, confirmed case investigation numbers for 2016 per ISDH are:

<table>
<thead>
<tr>
<th>Disease Condition</th>
<th>2015</th>
<th>2016</th>
<th>Disease Condition</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enteric:</td>
<td></td>
<td></td>
<td>Vaccine Preventable:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campylobacter</td>
<td>13</td>
<td>24</td>
<td>Chickenpox</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>E. coli O157:H7</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>H. Influenza</td>
<td>&lt;5</td>
<td>0</td>
</tr>
<tr>
<td>Giardiasis</td>
<td>17</td>
<td>0</td>
<td>Hepatitis A (Acute)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>10</td>
<td>&lt;5</td>
<td>Hepatitis B</td>
<td>&lt;5</td>
<td>6</td>
</tr>
<tr>
<td>Shigellosis</td>
<td>8</td>
<td>43</td>
<td>Perinatal Hepatitis B</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Hepatitis C (Chronic)</td>
<td>221</td>
<td>149</td>
<td>Measles (Rubeola)</td>
<td>0</td>
<td>&lt;5</td>
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<tr>
<td>Bacteremia</td>
<td></td>
<td></td>
<td>Mumps</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Invasive Group A/Group B Strep</td>
<td>17</td>
<td>5</td>
<td>Neisseria Meningitis</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Mosquito Borne:</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>Pertussis</td>
<td>&lt;5</td>
<td>0</td>
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<tr>
<td>West Nile Virus</td>
<td>&lt;5</td>
<td>0</td>
<td>Rubella</td>
<td>0</td>
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<tr>
<td>Respiratory:</td>
<td></td>
<td></td>
<td>Streptococcal Pneumonia</td>
<td>23</td>
<td>19</td>
</tr>
<tr>
<td>Histoplasmosis</td>
<td>&lt;5</td>
<td>5</td>
<td>Selected Disease</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Prevalence Indicators</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legionellosis</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>Head Lice</td>
<td>808</td>
<td>593</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>&lt;5</td>
<td>5</td>
<td>Pink Eye</td>
<td>438</td>
<td>433</td>
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<tr>
<td>Influenza Associated Deaths</td>
<td>&lt;5</td>
<td>0</td>
<td>Pneumonia</td>
<td>83</td>
<td>55</td>
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<tr>
<td>Tick Borne:</td>
<td></td>
<td></td>
<td>Ringworm</td>
<td>82</td>
<td>98</td>
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<tr>
<td>Lyme Disease</td>
<td>0</td>
<td>0</td>
<td>Strep Throat</td>
<td>751</td>
<td>865</td>
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<tr>
<td>Rocky Mountain Spotted Fever</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Case investigation numbers are for confirmed cases only, not probable or suspect cases.
- Case investigation numbers between 1-4 will be reported as <5
- Disease investigations were completed according to Indiana Administrative Code 410 IAC 1-2.5. The revised Communicable Disease Rule 410 IAC 1-2.5 took effect 12/25/15.
- Selected Disease Prevalence Indicator data was compiled by disease surveillance data sent to VCHD by daycares, childcare centers and public, private and charter schools in Vanderburgh County.
Disease investigations were completed according to Indiana Administrative Code 410 IAC 1-2.5. The revised Communicable Disease Rule 410 IAC 1-2.5 took effect 12/25/15.

Confirmed Case Classification: A case that is laboratory confirmed and does not meet the case definition for Acute Hepatitis C. (A new definition for Chronic Hepatitis C is in effect for 2016.)

Probable Case Classification: A case that does not meet the case definition for acute Hepatitis C, is anti-HCV positive (repeat reactive) by EIA, and has alanine aminotransferase (ALT or SGPT) values above the upper limit of normal, but the anti-HCV EIA result has not been verified by an additional more specific assay or the signal to cut-off ratio is unknown.

Suspect/Unknown Case Classification: Not enough information was available to make a determination of Confirmed or Probable.
Nursing Department
The goal of the Public Health Nursing Department is to work in partnership with the community to promote and preserve health and prevent disease. This is accomplished through home visitation, health assessment and referrals, education, free pregnancy testing, prenatal care referrals, and lead case management.

Home Visitation
Public Health Nurses (PHN’s) work primarily in the homes of clients to positively impact the health of our community. Based on the individual’s or family’s needs, education is provided on a variety of topics, including healthy pregnancy, parenting, proper growth & development of children, safety, lifestyle modifications, and chronic disease management. In 2016, there were 1640 encounters with clients. These encounters included home visits, telephone case management and office visits.

Early Start Program
The primary goal of Early Start is to identify pregnancies and maternal risk factors and provide early prenatal care access to improve pregnancy outcomes. In fiscal year 2016, 98 women had a positive pregnancy test at VCHD. Based on their prenatal health and pregnancy history, pregnant women received education on fetal growth & development, nutrition, modifiable risk factors, and were referred for appropriate services, including home visitation services by our public health nurses. All women, pregnant or not, were offered prenatal vitamins with folic acid education.

Fetal Infant Mortality Review (FIMR)
Our health department continued to review fetal and infant deaths in 2016. The Indiana State Department of Health made reducing fetal infant mortality the number one health initiative for Indiana. This same issue was identified as one of the top three health initiatives in the Community Health Improvement Plan (CHIP) for Vanderburgh County. To address the rising Sudden Unexpected Infant Death (SUIDS) rates, the VCHD has utilized community partnerships to assist with the distribution of sleep sacks and became a Cribs for Kids distributor. The VCHD developed a process to review infant death cases that happen outside the perinatal period with the FIMR and Child Fatality reviews to make effective recommendations and obtain needed data for upload into the National Child Death Review System. To impact regional Infant Mortality (IM) rates the VCHD assisted with the development of a FIMR process in Daviess
County with more Region 10 counties joining in 2017. ISDH has reported for 2015 the Southwestern Infant Mortality rate is 5.9 and the Vanderburgh County rate at 5.0. The graph below demonstrates the fall in fetal and infant deaths for 2015 and 2016 in Vanderburgh, Warrick, Posey and Gibson counties.

![Fetal/Infant Deaths for Vanderburgh, Warrick, Posey, and Gibson](chart)

## Vanderburgh County Profile

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># Neonatal Deaths</td>
<td>11</td>
<td>13</td>
<td>23</td>
<td>17</td>
<td>8</td>
<td>72</td>
</tr>
<tr>
<td># Post-Neonatal Deaths</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td># Infant Deaths</td>
<td>13</td>
<td>19</td>
<td>25</td>
<td>21</td>
<td>11</td>
<td>89</td>
</tr>
<tr>
<td>Infant Mortality Rate (IMR) per 1,000 Live Births</td>
<td>5.8*</td>
<td>8.0*</td>
<td>11.0</td>
<td>9.4</td>
<td>5.0*</td>
<td>7.8</td>
</tr>
<tr>
<td>*State IMR</td>
<td>7.7</td>
<td>6.7</td>
<td>7.1</td>
<td>7.1</td>
<td>7.3</td>
<td>7.2</td>
</tr>
</tbody>
</table>
Healthy Baby Steps

In southwestern Indiana, in the past 5 years (2011-2015), 180 babies did not live to see their first birthday. The three leading causes of death were preterm birth, birth defects and sleep related deaths. To address this issue, in early 2016, community stakeholders from the Southwestern Indiana region came together with a goal to improve pregnancy outcomes and lower fetal & infant mortality. They pledged to work together and make southwest Indiana a home for healthy babies. The collaborative effort culminated in the kick-off of the “Healthy Baby Steps” campaign in April 2016. Please join us by spreading the message below:

![Healthy Baby Steps Banner](image)

1. Don’t Smoke  
2. Take Prenatal Vitamins  
3. See your Doctor

www.healthybabysteps.org

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Labor of Love & Indiana Perinatal Summit

Our Nursing Supervisor and Fetal Infant Mortality Review (FIMR) Coordinator were honored to present “A Southwestern Indiana Collaborative to Lower Fetal Infant Mortality” at the 2016 Labor of Love Summit in Indianapolis, IN. They discussed the collaborative efforts of Vanderburgh County and surrounding counties to address fetal infant mortality. The Healthy Baby Steps initiative was recognized and VCHD received the Indiana Perinatal Network Spirit of Service Award for Communication at the 2016 Indiana Perinatal Hospital Summit in Indianapolis, IN. The selection committee congratulated the VCHD for not only initiating the program but also demonstrating recognition by the community.
Injury Prevention Program
The goal of the Injury Prevention program is to focus on the prevention of fatal and non-fatal injuries in children from ages 1-19. Data collection was successful in fiscal year 2016 by working closely with two area trauma centers and the Indiana State Department of Health. Injury prevention data was shared with community partners and the local child safety advocacy group, Vanderburgh Warrick Safe Kids Coalition. In 2016 data driven child safety interventions including carseat, bike, and pedestrian safety as well as safe sleep education was accomplished through partnerships with Safe Kids, University of Southern Indiana, 4Cs and others. The local data driven injury prevention program was presented at the Indiana Department of Health’s Injury Prevention Advisory Council in November of 2016. The Injury Prevention Coordinator was involved in the development of House Bill 1200. This bill will require all children under the age of 18 to wear helmets while riding all-terrian-vehicles on private and public lands. The integrated Child Fatality Review Team and CARE Task Force members including the VCHD Child Fatality Coordinator reviewed 18 deaths from Vanderburgh and Warrick counties for 2016. The most common case of death of Vanderburgh County children in 2016 was unsafe sleep practices.
Lead Case Management
The Lead Poisoning Prevention Program is a 3-pronged approach to identifying children with elevated lead levels, assisting with education to families on methods to lower the level, and providing environmental investigations to identify the source(s) of lead in the child’s environment. In 2016, there were a total of 1433 Vanderburgh County children ages 6 and under that were tested in the Lab or by their Primary Care Provider; 96% were below the ISDH established guidelines. Sixty one (61) children tested above that level and received follow up testing to confirm an elevated screening level. The majority of those children live in areas of the city where older housing stock is prevalent and lead based paint was used prior to it being banned for residential use in 1978. There were 9 new cases that were opened compared to 5 in 2015. Those families received on-going case management visits for education, appropriate lead re-checks, and referrals to community resources for medical care, nutrition/WIC, housing, &/or developmental assessment for early intervention if needed.

The Environmental Division worked closely with the case manager to provide licensed Risk Assessors who completed 14 Risk Assessments of the children’s residence to identify the source(s) of lead exposure. Following recommendations for remediation, there were 8 follow-up Clearance Tests completed to verify that the areas of concern had been addressed and were no longer a threat to those children.

Health Promotions and Outreach
The Health Promotion Division has been very busy this year providing FREE educational programs and services that meet our community needs. It is also intended to educate community residents so that they will have the necessary knowledge, tools, and skills to improve their health and reduce their risks for chronic diseases. The Health Promotion Division cares about the community’s health, and realizes the importance of prevention and early detection methods. Poor lifestyle habits such as unbalanced diet, cigarette smoking, lack of proper exercise, and excessive stress are all prominent risk factors for the leading causes of death in the United States. Through education, prevention, and lifestyle changes, individuals have the capability to enhance their well-being. Our goal then in Health Promotion will always be to educate, enhance, and motivate individuals to strive for optimal health!
Highlights for the 2016 year for Health Promotions

- Educating and motivating 7,460 individuals in our community to make healthier life choices, and reduce their risks for chronic diseases.

- Enrolled 118 pregnant and smoking women into our Baby and Me Tobacco Free Program to help them quit smoking and deliver healthy babies. 63% of the women are still participating in the program, and only 3 mothers out of 29 delivered a low birth weight baby. (Under 5 pounds 8 ounces).

- 73% of our participants in our weight loss and stop smoking classes were at a HIGH risk for pre-diabetes per the usage of the CDC’s screening tool. This high stat made it clear to the division that we needed to start up a pre-diabetes class to help residents lower their risks for pre-diabetes.

- In November, of 2016, a pilot pre-diabetes program for our employees was implemented with ten participating. This is a one year program so results will be given in 2017.

- 66% of our stop smokers were smoke free by their last class!

- 93% of our weight loss participants had lost weight by their last class!

- Wellness screenings and health promotion classes were also taken out into the community and provided at various worksites, churches, daycares, schools, and non-profits.

- On-going presentations on handwashing, nutrition, and stress management will continue to be provided to the community.

- Participation in 30 community health fairs to help promote health department services and programs and encourage healthy lifestyles for all!
2016 Stop Smoking Program CO Testing Results for 53 Participants

BEGINNING CO TEST % SAFE RANGE (0-9): 15% (2015) vs. 23% (2016)
BEGINNING CO TEST % UNSAFE RANGE >10: 85% (2015) vs. 77% (2016)
FINAL CO TEST % SAFE RANGE 0-9: 70% (2015) vs. 66% (2016)
FINAL CO TEST % UNSAFE RANGE >10: 30% (2015) vs. 34% (2016)

*66 PERCENT WERE SMOKE FREE AT LAST CLASS

2016 Weight Loss Program, 163 Participants with 898 total pounds lost

0 POUNDS LOSS: 24% (2015) vs. 7% (2016)
1-5 POUNDS LOSS: 54% (2015) vs. 50% (2016)
6 - 10 POUNDS LOSS: 20% (2015) vs. 32% (2016)
OVER 11 POUNDS LOSS: 2% (2015) vs. 11% (2016)
2016 Baby & Me Tobacco Free

At 12 months into the program, we had 118 women enrolled. 21 women delivered, and 53 women were actively participating in the program. 13 women had a partner participating with them, and 44 women dropped out of the program.

We ended this program for the first grant year at a **63%** success rate! Only 3 out of our 21 mothers who delivered gave birth to a low birth weight baby. (Weight under 5lb 8oz.) This program is making a difference **ONE** baby at a time.
ENVIRONMENTAL HEALTH SERVICES

Environmental Health Services (EHS) promotes the public health, protecting the environment of Vanderburgh County citizens. To accomplish this goal the section utilizes practices and procedures ensuring federal, state and local laws are met while offering education to residents to prevent future hazards. The EHS staff attends various trainings to acquire new skills and to maintain licenses and certifications.

Responsibilities and Services Provided

- Onsite Sewage Inspection
- Environmental Hazards
- Lead Poisoning Prevention
- Tattoo Establishment Regulation
- Public and Semipublic Swimming Pool Inspections

Cross Training, Highlights and Accomplishments

- Attended training for “Onsite Sewage Disposal System Installers”.
- Hosting job shadowing opportunities for USI, UE, and area Nursing Students.
- In 2016 the Environmental Health Services undertook the mission of cross training the entire staff to further develop skills, knowledge, and inspection efficacy for the public.
- Training processes have shown great promise in our first year increasing EHS capabilities for our community, by increased pool inspections 68%, tattoo inspection increased 118%, staff in-house training increased 2386%, and outreach education for the public increased 111%.
- Cross trained staff assists with Vector Control Mosquito complaints.
- In addition, with cross training we have enhanced services by participation in weekly Area Plan Commission meetings with various city departments assisting new businesses.
- Reading and assessing blue print layout requirements of future business construction.

EHS Staff Participate on Local Government Boards and Committees

- Local Emergency Planning Committee
- SWIN Technical Center Public Safety Advisory Board
- Emergency Management Advisory Board
- Mayor’s No Meth Task Force
- Evansville Trails Coalition
- License & Disciplinary Board
Food Safety

Our mission is to provide a uniform inspection and regulatory program for the food industry, utilizing the latest science and technology, State and Federal food safety codes and requirements. We strive to provide close cooperation and communication with consumers, state and federal agencies, the medical community and the news media to deal with any problem or outbreak relating to food. We provide educational information for the prevention of foodborne disease.
Responsibilities and Services Provided

The food protection program works with the food industry to safeguard the public’s health ensuring food is safe, wholesome, unadulterated, and honestly presented, while meeting customer expectations. Local health departments assume the responsibility for food safety at the community level and often serve as the last line of defense ensuring that safe and wholesome food reaches the consumer. The retail food industry is regulated by state law, requiring retail food facilities compliance with state and federal regulations and guidelines for the production and sale of food. The Food Safety program is responsible for the licensing, routine inspection, complaint investigations, foodborne illness investigations, and on-going education of food service workers for all retail food establishments in Vanderburgh County.

The Food Safety program regulates all retail food sales for restaurants, groceries, taverns, school cafeterias, mobile food vehicles, vending machines and temporary food stands. Our staff investigates all consumer complaints involving food, such as, foodborne illness, foreign material in food, suspected tampering, mislabeling or unsanitary practices and conditions in food facilities.

Highlights and Accomplishments

The local Food Safety Program monitors the source of food, food production ingredients and transportation methods of the local food industry of all food sold and consumed in Vanderburgh County. Close cooperation and communication has been maintained with federal and state agencies keeping our food program current with food industry and regulatory food safety practices.

The key to food safety is a comprehensive approach toward the food safety education of food service managers, food service personnel, and the public. Education and Food Safety Certification training has been provided through ServSafe Training courses, by our staff, to food service managers and employees.

Cross training focuses on Hazard Analysis Critical Control Point (HACCP) inspection process, reviewing temperature control, sanitizing process, employee illness policy, chemical use and storage, and food processing with facility managers.
Vector Control Program

The main goal of the Vector Control Division is the prevention of the spread of disease by vector organisms such as mosquitoes and ticks. This is accomplished through various control methods and educating the public of the types of vectors in this area and the methods of disease prevention.

Responsibilities and Services Provided

The Vector Control Division engages in the control of mosquitoes through several methods, including adult control, larval control and breeding site reduction. Emphasis is placed on larval and breeding site reduction as the two most effective means of control. The Vector Control Program assists the public in many areas of insect and vector control, including identification of vector or nuisance insects, enforcement of local ordinances, and advising concerned citizens when necessary. Vector Control believes education is important and offers educational opportunities through conversations with individuals, media interviews, or various presentations to groups and organizations.
**Highlights and Accomplishments**

Vanderburgh County experienced frequent rainfall in the spring and summer of 2016, which led to increased mosquito larvicide treatment of standing water areas. Vector Control submitted 24 sample pools of adult mosquitoes for laboratory testing which resulted in 3 pools testing positive for West Nile Virus. There were less than 5 probable cases of human West Nile Virus in Vanderburgh County.

The Vector Control program focused its efforts on controlling breeding habitats by treating sewer catch basins, ditches, and flooded areas regularly with larvicide. Adulticiding was conducted in areas where pools of mosquitoes were found to have tested positive for West Nile Virus or a human case was reported. Response to citizen complaints led to extensive educational and treatment operations by program staff at residential properties throughout the county. Due to warm and dry conditions in the fall, operations continued into the month of November.

The Vector Control program also visited numerous used tire facilities in the county to educate operators on proper storage methods to prevent mosquito breeding.

Although bed bugs have not been shown to transmit disease they pose a significant nuisance to individuals of Vanderburgh County. The Vector Control Division had numerous conversations and educational opportunities with landlords, tenants, and community health organizations regarding best practices in preventing and eliminating bed bug infestations.

![Animal & Insect Control Chart](chart.png)
Mosquito Control
Total Number of Services provided: 2,119

- Complaints: 1186, 1665
- Adult Collection: 25, 22
- Fogging Operations: 10, 5
- Larvicide Operations: 661, 898
- Habitat Elimination: 83, 46
- Consultations: 154, 116

2015 2016
PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE

Our goal in this area is to enhance the ability of the Vanderburgh County Health Department to prepare for and respond to infectious disease outbreaks, natural disasters, and other public health emergencies.

Responsibilities and Services Provided

The Vanderburgh County Emergency Preparedness Coordinator is responsible for coordinating, planning, preparing, and responding to public health emergencies involving the Health Department. The Coordinator is responsible for engaging in activities that enhance the Health Department’s preparedness and ability to respond to emergencies that threaten the public health by:

- Identifying primary and secondary command staff and other redundant contingencies
- Maintaining 24/7 contact list with health department staff, District 10 public health departments and other key stakeholders
- Acquiring and maintaining Memoranda of Understanding (MOU) or Memoranda of Agreement (MOA) relating to emergency preparedness and response
- Updating the All-hazards Medical Countermeasure Dispensing (MCD) Plan, Communication Plans, and the Continuity of Operations Plan
- Maintain and develop new Standard Operating Procedures (SOPs) and appropriate appendices for departmental emergency plans
- Maintaining Crisis Communication Plan
- Conducting and participating in drills & exercises

Public Health Preparedness Grants

The Vanderburgh County Department of Health advances its preparedness capability through participation in Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) grants. During the 2015-2016 fiscal year the amount received was $24,994. Additionally, participation in Supplemental Ebola Funding for 2015-2016 the amount received was $26,140, and the amount for 2016-2017 is $19,862.
**2015-2016 Public Health Preparedness Grant & Supplemental Ebola**

During Fiscal year 2015-2016, staff members successfully completed all the assigned performance based grant deliverables based on capabilities developed by the Centers for Disease Control & Prevention (CDC). Focus was on improving capabilities in Community Preparedness and Information Sharing. Deliverables completed included:

- Completion of a Hazard Vulnerability Assessment
- Developing a Local ESF-8 Notification during Public Health Emergencies Plan with local partner organizations.
- Working with the District 10 Healthcare Coalition to create a District-Wide Notification Annex to the Indiana State Department of Health Emergency Communications Plan.

The Supplemental Ebola Funding focuses on coordination with local partners to assess, and improve upon, readiness in the event of an infectious disease outbreak. Deliverables completed included:

- Creation of an Ebola and Infectious Disease Gap Analysis for the department.
- Creation of an Infectious Disease Response Plan with community partners.

**2016-2017 Public Health Preparedness Grant**

The 2016-2017 grant year focuses on a joint development of district-wide response by health departments and hospitals. Deliverables include the development of a State Capabilities Assessment, a Joint Concept of Operations Plan, a District Training and Exercise Plan, and Closed Point of Dispensing Plans with local hospitals.

**Highlights and Accomplishments**

The Vanderburgh County Health Department participated in yearly and quarterly preparedness drills. Some of these drills included: two volunteer call-down drills, and four communication drills with local partners. These drills serve to test communication methods and volunteer participation within the community. The health department also participated in a two-day district-wide disaster exercise that involved State and local health departments, municipal agencies, and medical organizations. This exercise involved a scenario of tornado damage to the city, and the capabilities that the health department would utilize in responding to multiple environmental and public health issues.
Emergency Preparedness Activities
Total Services provided: 127

<table>
<thead>
<tr>
<th>Activity</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERAGENCY COOPERATION</td>
<td>36</td>
<td>29</td>
</tr>
<tr>
<td>MTGS/TRAINING</td>
<td>66</td>
<td>77</td>
</tr>
<tr>
<td>OUTREACH ACTIVITY</td>
<td>25</td>
<td>19</td>
</tr>
</tbody>
</table>
LABORATORY DIVISION

Our goals, as always, are to provide the highest quality of specimen testing to aid in the diagnosis and prevention of disease in our community, and to promote the health of area residents by providing education in the areas of lead poisoning prevention and safe water standards for drinking water, public pools, recreational water, source water, surface water, and wastewater.

Responsibilities and Services Provided

The Vanderburgh County Department of Health Laboratory provides testing services in support of health department clinics and divisions. On-site testing allows rapid turnaround of test results with often same visit treatments. The laboratory also provides bacteriological water testing for drinking water, public pools, recreational water, surface water, source water, and wastewater.

Highlights and Accomplishments

Our laboratory is certified by the Health Care Financing Administration for Clinical Laboratory Improvement Amendments (CLIA) Laboratory Compliance for overall operation as well as by the Indiana State Department of Health (ISDH) for the bacteriological examination of public waters.

A total of 16,519 tests and services were provided in 2016. Tests performed included:

A. Culture and/or identification of *Neisseria gonorrhoeae* (GC), *Chancroid* identification, *Trichomonas vaginalis*, yeast, NGU (nongonococcal urethritis), and bacterial vaginosis.

B. Testing for HIV, syphilis, and whole blood lead levels.

C. Bacteriological examination of drinking water/ice samples, public pools, recreational water, surface water, source water, and wastewater.

D. Cholesterol and glucose screenings.

We continue to be an active participant in the CDC’s Systematic Tracking of Elevated Lead Levels and Remediation (STELLAR) Program. In 2016, our laboratory screened 392 children in southern Indiana for lead poisoning. Screening results indicated 5 children as lead poisoned.
In 2016, the lead program participated with the state lead program to actively track and follow up on cases of children with elevated lead levels. The Laboratory receives solar files from the Indiana State Department of Health containing lead testing results on children in our county regardless of the testing site. The Lab helps coordinate with the nursing department following up with lead poisoned children and their families. We are also working with local health providers as well as participating in offsite clinics to increase the number of children screened. The Lab switched to Lead Care II analyzers which have the ability to run point of care, real time whole blood lead results and allow us to identify high risk individuals at the time of service, thus being able to provide guidance and counseling to the exposed families in a much more expedient manner.

Safe drinking water is an increasingly important issue. In 2016, 438 private well and municipal drinking water samples were tested for bacterial suitability. An important part of providing testing is gaining the opportunity to educate homeowners with wells on drinking water safety. We also provide testing to several municipal water systems in the Southern Indiana area and report unacceptable test results to IDEM (Indiana Department of Environmental Management) immediately for follow up and remedial measures. The Laboratory also fields a wide variety of drinking, recreational, and wastewater questions from the general public and provides referral information for testing requirements beyond the scope of our testing menu.

Every year the health department staff works diligently with pool operators to provide the public with safe swimming pool water. In 2003, the State of Indiana updated the Swimming Pool Rule (410 IAC 6-2.1) expanding the definition of public swimming pool to include competition pools, diving pools, plunge pools, wave pools, and spas. We serve as a regional certified water testing Laboratory for a large portion of Southwestern Indiana public pools, hotels, and spas. In 2016, 3,065 pool and spa samples were tested for bacteriological safety. The Laboratory works in close cooperation with the Environmental division to notify them when pools have unacceptable samples so remedial action can be taken in a timely manner.

In 2016, we continued to offer testing for determining the bacteriological quality of water by providing a method for MPN (most probable number) of *E. coli* in recreational water, source water, surface water, and wastewater. We tested 181 of these samples in 2016.

The Laboratory continues to provide rapid HIV testing in support of the STD program. Funding cuts have reduced the number of HIV tests performed, but we continue to offer the test in support of our STD clinic and perform proficiency testing on the methodology.

The Laboratory offers cholesterol and glucose testing during health fairs and employee screenings. In 2016 we tested 669 glucose or cholesterol samples.
Our laboratory technical staff consists of experienced Medical Technologists and a Medical Laboratory Technician who are board certified by the American Society for Clinical Pathology (ASCP). Our dedicated and professional staff participates in quality assurance, quality control, proficiency testing and continuing education opportunities to assure the highest level of test performance and the highest quality of test results.

### Lab Yearly Total Comparison

<table>
<thead>
<tr>
<th>Service</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacteriology</td>
<td>2974</td>
<td>2344</td>
</tr>
<tr>
<td>Glucose and Cholesterol</td>
<td>332</td>
<td>669</td>
</tr>
<tr>
<td>HIV</td>
<td>499</td>
<td>491</td>
</tr>
<tr>
<td>Lead - Solar Files</td>
<td>821</td>
<td>1971</td>
</tr>
<tr>
<td>Serology</td>
<td>743</td>
<td>680</td>
</tr>
<tr>
<td>Water Analysis</td>
<td>8129</td>
<td>8655</td>
</tr>
<tr>
<td>Phlebotomy</td>
<td>293</td>
<td>663</td>
</tr>
</tbody>
</table>
WOMEN, INFANTS AND CHILDREN (WIC)

Mission Statement

To safeguard the health of low-income women, infants and children.

Goals

The goals of the Special Supplemental Food Program for Women, Infants, and Children (WIC) are to teach the relationship between proper nutrition and health, to help individuals develop better dietary habits, and to prevent nutrition-related problems by showing participants how best to use the WIC foods with other nutritious foods for a proper diet. A major goal of the WIC Program is to improve the nutritional status of infants; therefore, WIC mothers are encouraged to breastfeed their infants, unless medically contraindicated.

Responsibilities and Services Provided

WIC is a Federal grant program for which congress authorizes a specific amount of funding each year for program operations. The Food and Nutrition Service, which administers the program at the Federal level, provides these funds to WIC State agencies to pay for WIC foods, nutrition education, breastfeeding promotion and support, and administrative costs. WIC serves low-income pregnant, postpartum and breastfeeding women, and infants and children up to age 5 who have a nutrition risk.

WIC provides nutritious foods, nutrition education and referrals to health and other social services to participants at no charge. WIC provides supplemental foods rich in protein, iron, calcium, and vitamins A and C. Because nutrition education is an important component of the WIC Program, individual nutrition education contacts are scheduled on a quarterly basis for all participants. Registered Dietitians and Registered Nurses make up the staff who conduct all individual nutrition education.

The Breastfeeding Peer Counselor program continues to support breastfeeding with four Peer Counselors and a Breastfeeding Coordinator. The Breastfeeding Coordinator is a registered nurse who is an International Breastfeeding Certified Lactation Consultant (IBCLC). Peer counselors are mothers who have personal experience with breastfeeding and are trained to provide basic breastfeeding information and support to other mothers with whom they share various characteristics, such as language, race/ethnicity, and socioeconomic status. The
use of breastfeeding peer counselors adds a critical dimension to WIC’s efforts to help women initiate and continue breastfeeding. WIC breastfeeding peer counselors provide a valuable service to their communities, addressing the barriers to breastfeeding by offering breastfeeding education, support, and role modeling. Peer counselors are familiar with the resources available to WIC clients, have familiarity with the questions a new breastfeeding mother may ask, and recognize when to refer mothers to other resources during critical periods when mothers may experience difficulty. The peer counselors teach an “Infant Feeding Class” three times per week that is offered to all prenatal WIC participants. An RN or an IBCLC teaches a weekly breastfeeding class for those who would like to know more. All classes are available in both English and Spanish.

**Breast Feeding Program**

Breastfeeding promotion continues to be one of the main goals for the Vanderburgh County Women, Infants, Children (WIC) Program, and the Indiana State Department of Health. The benefits of breastfeeding extend far beyond basic nutritional value. Its health, immunologic and economic advantages are widely recognized.

The breastfeeding initiation rate among the Indiana WIC Program population has been improving steadily over the last decade, increasing from 58.4% in 2006 to 72.9% in 2015. This is a total increase of 14.5% over the decade including a 1.7% increase compared to 2014. The Vanderburgh County WIC Program 2016 breast-feeding rates for ever-breast feeding is less than the state average for 2015 of 72.9% but has remained steady from the 2015 Vanderburgh County ever-breast feeding rates. During FY16, 931 infants in Vanderburgh County were certified through the Vanderburgh County WIC. Of those infants, 594 infant were certified as breast feeding infants. Breast feeding rates of initiation have remained nearly unchanged from 2015-2016.
The breast initiation rate in Indiana is increasing across all racial and ethnic groups. (Figure 2). Although the breastfeeding initiation rate remains the lowest among the black WIC population, this group experienced consistent increase over the decade, rising by over 16% from 49.3% in 2006 to 65.6% in 2015. In fiscal year 2016, 21% of those mothers initiating breast-feeding were black. Those individuals that identify as biracial or multi-racial make up 16% of those mothers initiating breast-feeding during this grant year. The black population in Vanderburgh County makes up approximately 9% of the general population and 20.23% of the total Vanderburgh Indiana WIC participants.

**Stakeholder Education & Collaboration**

The WIC clinic has increased outreach in the community. For example; the Healthy Families Christmas party, Baby Palooza at The Women’s Hospital, Little Lambs and speaking to Community Nutrition classes at The University of Southern Indiana are just a few of the community partners with whom WIC collaborates.

The most successful outreach program has been the certification of newborns and breastfeeding mothers at St Mary’s Hospital for Women and Children. By certifying participants in the hospital, they are able to receive their WIC checks 10 days sooner; therefore able to provide nourishment for their baby without having to wait for an appointment in the WIC clinic.

The WIC staff had the honor to be selected to present at Indiana State Department of Health (ISDH) Labor of Love Summit. The presentation was entitled Prenatal Nutrition Impacting Infant Mortality: A Public Health Perspective. Several of the Vanderburgh County WIC staff had the opportunity to attend the Summit along with the presenters.
Throughout the year, the WIC Program offered clinic observations for nutrition and nursing students from University of Evansville, University of Southern Indiana, IVY Tech and ITT. WIC hosted two Dietetic interns for five weeks each from Iowa State University. WIC utilizes college student volunteers to keep bulletin boards current with nutrition and health information and general office assistance, giving them experience in the WIC clinic.

**Client Education**

The WIC staff is also available to help breastfeeding women with additional supplies. This may include breast pump, a nursing bra, washable nursing pads, storage bags and referrals. A weekly breastfeeding basics class has been added to the schedule. A registered nurse that has received her International Board of Certified Lactation Consultants (IBCLC) facilitates the class.

**Farmer’s Market**

The Farmer’s Market Nutrition Program (FMNP) was established by congress in July 1992, to provide fresh, nutritious, unprepared locally grown fruits and vegetables through farmer’s markets and roadside stands to WIC participants. FNMP was also created to expand awareness and generate more use and sales at farmers’ markets and roadside stands. The local WIC staff went to the Farmers Market each Saturday during the season, to distribute the checks to WIC participants. This plan evolved from the 2015 low redemption rate. The redemption rate increased by 24% in FY16 when checks were distributed on the grounds of the market.

**Changes in the WIC Program**

WIC now issues benefits on the eWIC card instead of paper vouchers. The WIC staff attended 2 weeks of training to learn this new process. Participants are now able redeem benefits as needed, rather than requiring them to cash in a whole check with each shopping trip.

Twenty-six grocery stores in Vanderburgh County have been trained to redeem eWIC benefits. Representatives from all stores receive mandatory training every September and optional training in March. Revenue generated in Vanderburgh County:

- $2,339,232.00 in 2015
- $2,200,466.18 in 2016
ADMINISTRATION

HIPAA Advisory Workgroup
The goal of the HIPAA Advisory Workgroup is to insure that the Vanderburgh County Health Department (VCHD) is in compliance with HIPAA administrative simplification rules which cover the privacy, security and electronic access to protected health information associated with our clients.

Responsibilities and Services Provided
The HIPAA Advisory Workgroup meets quarterly to review and update our HIPAA Security and Privacy Policy and Procedures to maintain compliance with Federal HIPAA Administrative Simplification regulations.

HIPAA mandates workforce members be trained on the HIPAA Policy and Procedures unique to each HIPAA Covered Entity. The term workforce, as defined by HIPAA, includes not only our employees, but students, interns, observers and volunteers.

HIPAA training is provided during staff orientation. An annual update is required of all staff and applicable workforce members. Training, which includes signing of a confidentiality agreement, is conducted for student, interns, observers, and volunteers prior to any client contact.

Highlights and Accomplishments
The advisory workgroup continues to monitor, review and update procedures to maintain the integrity of our protected health information and electronic protected health information.

The Health Department continues a long history of providing public health educational opportunities for student rotations to University of Southern Indiana and University of Evansville Nursing students, as well as observers and interns. Education and enforcement of our HIPAA Policies and Procedures remains a high priority.
**Vital Records**
The Vital Records Division’s goal is to maintain accurate and complete vital event records such as birth and death certificates along with legal changes to those records.

**Responsibilities and Services Provided**
The Vital Records Division’s primary duty continues to be the registration of vital events (birth and deaths) that occur in the City of Evansville and Vanderburgh County. The statistics gathered by this division are the basis for identifying major health trends; identifying problems and determining areas of need; evaluating the effectiveness of public health efforts; and helping formulate public policy regarding the allocation of health resources and funds. In addition, it helps to ascertain whether new programs are needed to lower the number of preventable deaths.

This division is charged with issuing certified birth certificates and death certificates, filing home births, executing Paternity Affidavits, paternity Affidavits upon marriage, and issuing other vital event permits and documents designated by the State, including birth records due to adoptions and/or court ordered changes.

**Highlights and Accomplishments**
There were a total of 1,566 births in Vanderburgh County in 2016. Of those 760 were Vanderburgh County residents. There were 2,640 deaths in Vanderburgh County last year and of those 1,712 were Vanderburgh County residents. This division issued 8,224 birth certificates and 13,707 death certificates to requesting individuals that either came into our office or mailed in a request.

The Vital Records Division participated in the 8th annual Homeless Connect of Vanderburgh County providing free birth certificates to eligible participants. This free event helps those in our community who are homeless or near homeless. A birth certificate is a key document needed by anyone trying to obtain identification, employment and housing assistance. The Vital Records Division is proud and honored to be a part of such an event to assist our community.
Total Births in Vanderburgh County

<table>
<thead>
<tr>
<th>Year</th>
<th>Resident</th>
<th>Non-Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>768</td>
<td>844</td>
</tr>
<tr>
<td>2016</td>
<td>760</td>
<td>806</td>
</tr>
</tbody>
</table>

Vanderburgh County Top Causes of Death

<table>
<thead>
<tr>
<th>Year</th>
<th>Respiratory Failure</th>
<th>Heart Disease</th>
<th>Cancer</th>
<th>Alzheimer/Dementia</th>
<th>Sepsis</th>
<th>Pneumonia</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>567</td>
<td>493</td>
<td>549</td>
<td>535</td>
<td>424</td>
<td>144</td>
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<tr>
<td>2016</td>
<td>493</td>
<td>535</td>
<td>424</td>
<td>125</td>
<td>90</td>
<td>64</td>
</tr>
</tbody>
</table>

Vanderburgh County Top Cancer Deaths

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td>144</td>
<td>110</td>
</tr>
<tr>
<td>Colon</td>
<td>27</td>
<td>17</td>
</tr>
<tr>
<td>Breast</td>
<td>26</td>
<td>22</td>
</tr>
<tr>
<td>Prostate</td>
<td>20</td>
<td>16</td>
</tr>
<tr>
<td>Leukemia</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Pancreas</td>
<td>10</td>
<td>6</td>
</tr>
</tbody>
</table>
Finance Division
The Finance Division manages the financial records of the Vanderburgh County Health Department including all expenditures, revenue, and awarded grants in an accurate and professional manner according to procedures set by the Indiana State Board of Accounts.

Responsibilities and Services Provided
The Finance Division directs all accounting and business office functions of the Health Department. This includes preparation and administration of Health Department and grant budgets. Tracking and balancing all financial accounts for revenue, expenditures, time accruals, and payroll.

Highlights and Accomplishments
In 2016 the Finance Division instituted a Health Department wide change to submitting time off requests from paper time sheets to using the Electronic Time-Off Request and Approval process in the current Kronos Work Force Ready time clock system. The Health Department was the first department in the County to use electronic submission and approval of time off requests. Each employee submits any time off request electronically through the Kronos system. Upon email notification, their Supervisor logs in to that system to approve or deny each request. Time is automatically deducted from accruals and posted to time sheets for payroll processing. Paper time sheets have been eliminated with the new process providing a step by step, easily accessible electronic record and tracking component for all requests and approvals.
Expenditures

Expenses for 2016 increased by slightly over $107,000 primarily in Salary and Benefits. This was a result of most vacant positions being filled during 2016.

Revenue

Revenue for 2016 decreased by 6.5% overall in both taxes and in permits and fees.
**2016 VCHD Financial Statement**

In our efforts to provide quality information concerning the Health Fund, grant funds and all miscellaneous accounts, the Finance Division has listed our 2016 Financial Statement showing the amount of money brought in and expended last year.

<table>
<thead>
<tr>
<th>Account</th>
<th>Balance 1/1/2016</th>
<th>2016 Receipts</th>
<th>2016 Expenses</th>
<th>Balance 12/31/16</th>
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</thead>
<tbody>
<tr>
<td>HEALTH DEPARTMENT</td>
<td>711,126</td>
<td>2,931,947</td>
<td>3,111,600</td>
<td>531,473</td>
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<tr>
<td>EXPORT HEALTH CERTIFICATES</td>
<td>21,868</td>
<td>7,695</td>
<td>12,842</td>
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<tr>
<td>VAXCARE</td>
<td>15,566</td>
<td>2,904</td>
<td>101</td>
<td>18,369</td>
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<tr>
<td>CORONER'S CONTINUING EDUCATION</td>
<td>2,432</td>
<td>27,202</td>
<td>27,364</td>
<td>2,270</td>
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<td>MCH/EARLY START</td>
<td>18,550</td>
<td>33,242</td>
<td>34,090</td>
<td>17,702</td>
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<tr>
<td>WIC</td>
<td>(72,913)</td>
<td>532,058</td>
<td>546,737</td>
<td>(87,592)</td>
</tr>
<tr>
<td>STD</td>
<td>(1,403)</td>
<td>46,511</td>
<td>0</td>
<td>45,108</td>
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<tr>
<td>LACTATION</td>
<td>3,103</td>
<td>20,828</td>
<td>20,464</td>
<td>3,467</td>
</tr>
<tr>
<td>IMMUNIZATIONS</td>
<td>(1,852)</td>
<td>24,057</td>
<td>34,574</td>
<td>(12,369)</td>
</tr>
<tr>
<td>LHD DELIVERABLES</td>
<td>(3,228)</td>
<td>67,742</td>
<td>39,985</td>
<td>24,528</td>
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<tr>
<td>IND. CHILD LEAD POISON PREVENTION</td>
<td>(29)</td>
<td>29</td>
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<td>0</td>
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<tr>
<td>ESREP-VHP</td>
<td>(2,822)</td>
<td>2,822</td>
<td>0</td>
<td>0</td>
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<tr>
<td>STD 2014</td>
<td>(17,677)</td>
<td>86,066</td>
<td>130,623</td>
<td>(62,235)</td>
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<tr>
<td>BABY &amp; ME TOBACCO FREE</td>
<td>(1,709)</td>
<td>30,454</td>
<td>29,143</td>
<td>(399)</td>
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<tr>
<td>FIMR</td>
<td>(1,059)</td>
<td>25,852</td>
<td>24,940</td>
<td>(147)</td>
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<tr>
<td>INJURY PREVENTION</td>
<td>(145)</td>
<td>18,571</td>
<td>18,091</td>
<td>334</td>
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<tr>
<td>LEAD SCREENING</td>
<td>23,504</td>
<td>906</td>
<td>11,104</td>
<td>13,306</td>
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<tr>
<td>LOCAL HEALTH MAINTENANCE FUND</td>
<td>74,459</td>
<td>72,672</td>
<td>47,452</td>
<td>99,679</td>
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<tr>
<td>TECHNOLOGY &amp; COMMUNICATION</td>
<td>28,585</td>
<td>0</td>
<td>6,952</td>
<td>21,633</td>
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<tr>
<td>TOBACCO GRANT</td>
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<td>HEALTH EDUCATION SCREENINGS</td>
<td>399</td>
<td>1,340</td>
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<td>1,739</td>
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<tr>
<td>INDIANA LOCAL HEALTH DEPT. TRUST FUND</td>
<td>114,852</td>
<td>67,649</td>
<td>58,551</td>
<td>123,950</td>
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