



**LAPORTE  
COUNTY  
HEALTH  
DEPARTMENT  
2008 ANNUAL  
REPORT**

**APRIL 2009**



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## **EXECUTIVE SUMMARY OF 2008**

The LaPorte County Health Department is a well respected integral member of the health community of LaPorte County, thus said, we touch the lives in one way or another of most families of LaPorte County.

Under the umbrella of the Board of Health and continual support from the Board of County Commissioners and the County Council we have served our citizens well. The experience and professionalism of the administration and dedicated staff continues to bode well for the outreach of the department.

The Health Officer, Charles T. Janovsky, MD, a respected family physician in Michigan City leads a management team consisting of; Paul E. Trost, Administrator; Nancy L. Meehan, Administrative Assistant/Office Manager; Lana Buckles, Chief Sanitarian/Michigan City Branch Manager; Tony Mancuso, Environmental Supervisor; and Joanne Hardacker, RN, Nursing Supervisor. This Management Team has been in place for several years and has a combined experience of 116 years in their field and 92 years in public health. The balance of the staff of 23 employees has a combined public health experience of over 225 years. The department regularly employs college interns for summer help which not only serves as a resource but as an excellent training ground for the public health network.

The department has its main office in LaPorte with a branch office in Michigan City. All department services, save administration, are represented in each office.

Vital records recorded 683 births at LaPorte Hospital and Health Services, 744 births at Saint Anthony Memorial Health Centers and 2 recorded by the health department. There were 735 male births and 694 females. Unfortunately we did not receive the death information in a useable form from the ISDH by publication time. The death information will be included in an amendment. All birth and death reports are submitted to the ISDH per their requirements..

The food protection division follows an inspection time table that gives addition weight to the critical food categories. Full restaurants are inspected 4 times per year and lesser critical applications may be inspected as few as 2 times per year. There are 527 retail establishments in the county that were inspected 1036 times. We investigated 57 complaints temporarily closed 2 establishments. We participated in 51 food recalls issued by ISDH.

The Environmental section again had fewer septic permits issued attributed to the slowing of the home construction industry. Complaints varied some from the previous year and we began instruction of and moved toward enforcement of the Virginia Graeme Baker Pool Safety Act. Our water laboratory was recertified and we made changes to reduce costs in the laboratory services. We again received a grant from IDEM for sampling of Lake Michigan Beaches. Doing so resulted in 53 beach closures. In addition to enforcement of outdoor wood boilers we began an



education campaign for operators of these units. The environmental Staff attended numerous training sessions and obtained certification in Category 8 pesticide application, lead risk assessment, lead inspection, pool operation and septic design and inspection, and visible emission evaluations.

In the nursing section we again observed a rise of over 1000 immunizations delivered by the staff. In 2004 we administered less than 10,000 individual vaccine doses however in 2009 we administered almost 15,000 doses, a 50% increase in 5 years. We had 2 tuberculosis cases with 260 contracts which were closed by year end.

The department served the community well with a controlled budget and dedicated staff. We worked well with other community stakeholders and continued to be held in high regard by the citizens of LaPorte County.

*April 2009,*

***Charles T. Janovsky MD***  
***Health Officer***

***Paul E. Trost***  
***Administrator***

## **LAPORTE COUNTY HEALTH DEPARTMENT GOALS**

Since its inception the LaPorte County Health Department has experienced slow but steady growth, just like the community we serve. The goals of the department are a continuation of the services of the department as prescribed by county and state law, others are because a response to the changes in the needs of LaPorte County. In making this report the Indiana State Department of Health (ISDH) has requested that we include commentary about meeting the Ten (10) Essential Public Health Needs. Those needs are printed here for reference.

### **The 10 Essential Public Health Services are:**

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

### **Goals For 2008**

#### **Administration,**

We participated in the Emergency Preparedness Grant and program of the ISDH. We submitted all reports in a timely manner and spent the distributed funds in accordance with the ISDH guidelines. (Essential Public Health Services; 1, 3, 4, 5, 7, 8)

#### **Vital Records**

Adaption of the new Death Certificate Program instituted by the ISDH was smooth and complete. Reports of Deaths to the ISDH could be more timely. (Essential Public Health Services; 1, 3, 5, 7)

#### **Food Protection**

Improved the Food Protection Division website to include more educational materials as well as more current, up-to-date information regarding recalled food products and emergency notifications. (Essential Public Health Services; 3, 7 and 10)

Provided the Indiana State Department of Health's Retail Food Sanitation Requirements, Title 410 IAC 7-24 and the local county ordinance on compact disc for



those individuals that may not have access to the internet or for those who would prefer the code in a different format. (Essential Public Health Services; 3, 5, and 10)

Obtained the required continuing education units to maintain the Certified Professional of Food Safety credential. (Essential Public Health Services; 3 and 8)

Updated departmental policy and procedures as they pertained to inspections, recall procedures, enforcement actions and complaint investigations. (Essential Public Health Services; 5, 6, 8 and 10)

Obtained all pertinent contact information to assist in forwarding all recall information in a quick and efficient manner. (Essential Public Health Services; 2 and 3)

Worked with the county Global Information Systems Coordinator obtained information retail food establishment information in the GIS System. (Essential Public Health Services; 1, 2, 3, 4, 5, 6 and 10)

## **Environment**

The environmental health section continues to up dated the web site to ensure the best available information is provided concerning environmental health issues. (Essential Public Health Services; 1, 2, 3, 4, 5, 6)

Continue to research and evaluate new and improved tests and equipment we could utilize in our water laboratory. (Essential Public Health Services; 1, 2, 3, 4, 5, 6)

Conducted lead inspection. (Essential Public Health Services; 1, 2, 3, 4, 5, 6)

A new local public and semi public pool ordinance (LaPorte County Ordinance-15). (Essential Public Health Services; 1, 2, 3, 4, 5, 6)

Continue to educate our community on safe water issues and their roles in protecting their families. (Essential Public Health Services; 1, 2, 3, 4, 5, 6)

Reassess all programs to determine how to streamline our work, improve our efficiency, and continue to provide as many high quality services as possible. (Essential Public Health Services; 1, 2, 3, 4, 5, 6)

## **Nursing**

The Nursing Department goals of 2008 were focused on continuing to strengthen already established partnerships with medical and social service agencies to enhance the delivery of medical services to the community. In 2009, we will strive to continue this mission. The Nursing Department is working with the Health Department's Environmental Specialists to form partnerships with local medical, social service, and housing agencies to increase educational outreach and raise awareness of the hazards of lead based paint throughout the community. (Essential Public Health Services; 1, 3, 4, 5, 7, 9)





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## **LAPORTE COUNTY BOARD OF COMMISSIONERS**

William Hager, President	Jan 2005—Dec 2008
Barbara Huston, Vice President	Jan 2005—Dec 2008
Michael Bohacek	Jan 2007—Dec 2010

## **LAPORTE COUNTY COUNCIL**

Mark Yagelski, President	Jan 2007—Dec 2010
Jerry Cooley	Jan 2005—Dec 2008
Earl Cunningham	Jan 2007—Dec 2010
Terry Garner	Jan 2007—Dec 2010
John Jones	Jan 2005—Dec 2008
Mark Ludlow	Jan 2005—Dec 2008
Richard Mrozinski	Jan 2007—Dec 2010

## **LAPORTE COUNTY BOARD OF HEALTH**

Michael Sandy, Chairperson	Jan 2007—Dec 2010
Amarnath Agrawal, MD	Jan 2005—Dec 2008
Rakesh Gupta, MD	Jan 2006—Dec 2009
Michael Jones	Jan 2008—Dec 2011
Doretha Sanders	Jan 2008—Dec 2011
J. Willard Simcox	Jan 2005—Dec 2008
Sherry Waters	Jan 2006—Dec 2009

## **LAPORTE COUNTY HEALTH OFFICER**

Charles T. Janovsky, MD	Jan 2006—Dec 2009
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## **HEALTH DEPARTMENT ADMINISTRATOR**

Paul E. Trost

## **HEALTH DEPARTMENT ATTORNEY**

Shaw Friedman



## HEALTH DEPARTMENT ADMINISTRATION

Charles T. Janovsky, MD, Health Officer  
 Paul E. Trost, Administrator  
 Lana Buckles, Chief Sanitarian/Michigan City Branch Manager  
 Nancy L. Meehan, Administrative Assistant/Office Manager  
 Joanne Hardacker, RN, Nursing Supervisor  
 Tony Mancuso, Environmental Supervisor

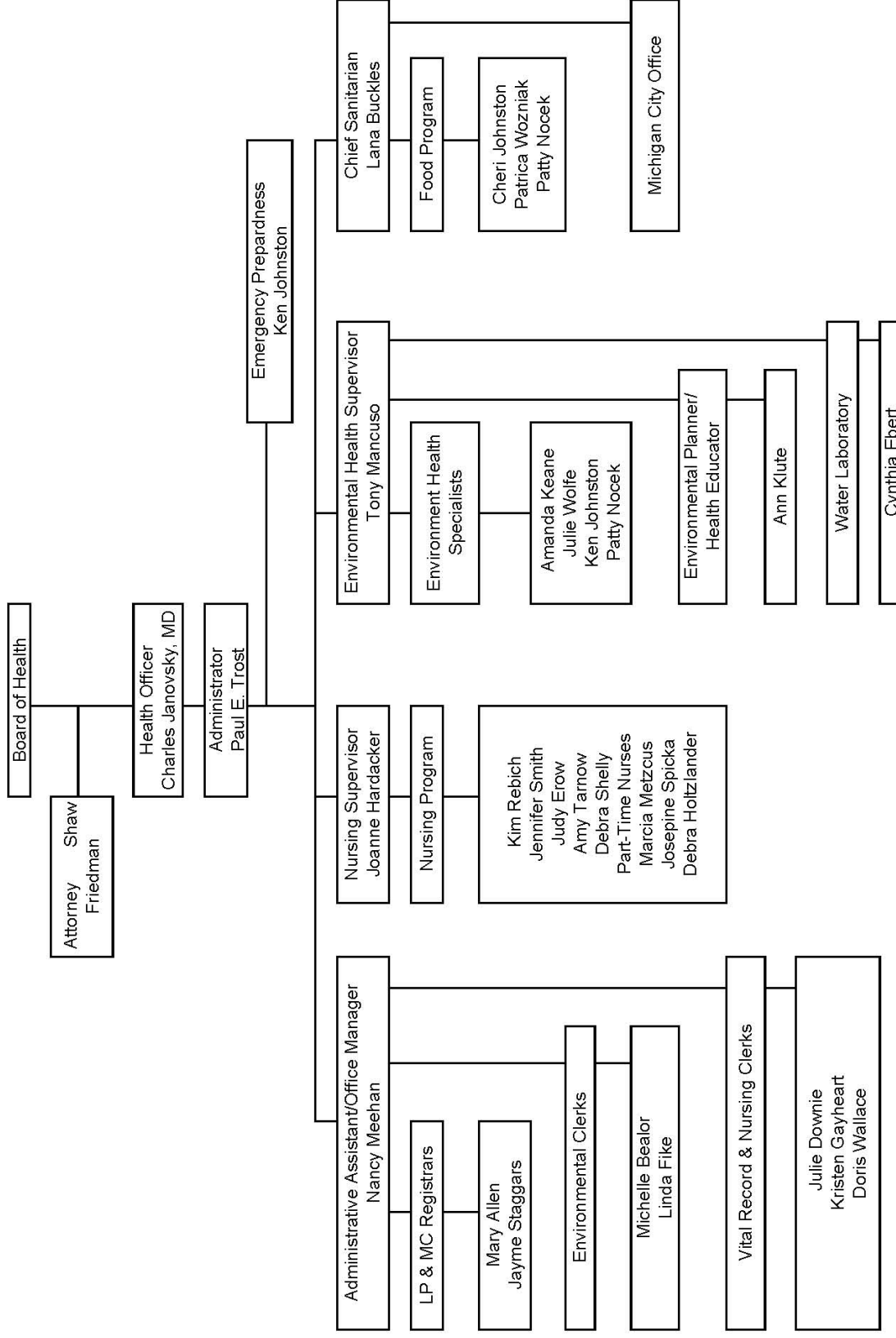
## STAFF MEMBERS

Mary Allen, Vital Records Registrar  
 Michelle Bealor, Environmental Health Services Secretary  
 Julie Davies Downie, Vital Records Secretary  
 Cynthia Ebert, Laboratorian  
 Judy Erow, RN, Public Health Nurse  
 Linda Fike, Environmental Health Services Secretary  
 Kristen Gayheart, Vital Record Secretary  
 Debra Holtzlander, Part-time Public Health Nurse  
 Cheri Johnston, Food Environmentalist  
 Ken Johnston, Environmental Health Specialist/Preparedness Planner  
 Amanda Keane, Environmental Health Specialist  
 Ann Klute, Environmental Planner/Health Educator  
 Marcia Metzcus, RN, Part-time Public Health Nurse  
 Patty Nocek, Environmental/Food Health Specialist  
 Kimberly Rebich, RN, Public Health Nurse  
 Debra Shelley, RN, Public Health Nurse  
 Jennifer Smith, RN, Public Health Nurse  
 Josephine Spicka, RN, Part-time Public Health Nurse  
 Jayme Staggers, Vital Records Registrar  
 Amy Tarnow, RN, Public Health Nurse  
 Doris Wallace, Nursing Section Secretary  
 Julie Wolf, Environmental Health Specialist  
 Patricia Wozniak, Food Environmentalist

## INTERNS

Jordan Amor, Intern  
 Katie Dilling, Intern  
 Krista Parks, Intern  
 Taylor Scarborough, Intern

# Organizational Chart of the "LaPorte County Health Department"



## HEALTH DEPARTMENT OPERATION

**HEALTH BOARD:** The LaPorte County Board of Health consists of seven (7) members who serve four-year terms on a staggered basis and are appointed by the LaPorte County Board of Commissioners. The Health Board elects its own officers each year. Michael Sandy was the President of the Health Board for 2008

**HEALTH OFFICER:** The Health Officer serves a four-year term in a part-time capacity and is appointed by the Board of Health. In 2005 Dr. Charles T. Janovsky was reappointed by the Health Board to serve a second term, 2006 thru 2009.

**ADMINISTRATOR:** The Administrator of the LaPorte County Health Department manages the daily operations of the Health Department and is appointed by the Board of Health. The current administrator is Mr. Paul E. Trost and he has served in this position since June of 2002.

**STAFF:** In 2008 the LaPorte County Health Department operated with a staff of 25 full-time employees, 3 part-time employees, and 4 interns.

**DEPARTMENTS:** The Health Department has seven sections that provide various services to the LaPorte County area. The following is a brief description of each section.

**VITAL RECORDS:** Vital Records sections are located in both offices. This section issues and maintains birth and death records dating back to 1882 for persons who were born or died in LaPorte County. The section also does genealogy searches and maintains animal bite reports.

**NURSING SERVICES:** Located in both offices, our Nursing section offers immunizations, communicable disease control and investigation, lead screening, pregnancy testing and counseling, tuberculosis testing and counseling, blood profile screenings, HIV/AIDS testing and counseling, and some travel immunizations. The section also provides STD testing and counseling in conjunction with the Franklin Clinic in Michigan City and Community Health Center in LaPorte.

**ON-SITE SEWAGE SYSTEM (OSS):** The OSS Section is located in the LaPorte office and issues septic permits for new construction and for repairs to older septic systems. The section also investigates complaints regarding failed septic systems.

**WATER LABORATORY:** The Water Laboratory is located in the LaPorte office and tests water samples from drinking water sources, surface water sources including area bathing beaches, and public swimming pools, spas, and whirlpools. The following tests are offered on water samples: Total Coliform with E. coli confirmation, E. coli (for surface water), lead, nitrate, nitrite, iron, phosphorus, and suspended solids.

**ENVIRONMENTAL:** The Environmental section is located in the LaPorte Office. This section investigates complaints and advises residents on a variety of topics such as substandard housing, rodent/vector infestation and harborage, open burning, trash and garbage, unsanitary living conditions and hazardous waste. The section also inspects and issues permits for public and semi-public pools and spas.

**FOOD:** Located in the Michigan City office, the Food section inspects and issues permits to food vendors such as restaurants, grocery stores, convenience stores, and mobile and temporary food vendors. The section also investigates food-related complaints and conducts food sanitation classes.

**EMERGENCY PREPAREDNESS:** Located in the LaPorte Office this new grant funded position of Emergency Preparedness Coordinator is charged with the responsibility of developing plans for all types of health emergencies and to coordinate this activity with all other community, district and state agencies.

<b>Main Office</b> 809 State Street, Suite 401A LaPorte IN 46350-3385 219-326-6808 ext 2200 219-325-8628 (fax)	<b>LaPorte County Health Department</b>  office hours 8 a.m. to 4 p.m., Monday through Friday.	<b>Branch Office</b> 302 West 8th Street, Suite 3 Michigan City, IN 46360 219-874-5611 ext 7780 219-873-3018 (fax) 219-879-3177 (TB fax)
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**GENERAL HEALTH FUND****219**

<b>STATEMENT OF RECIEPTS</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
Property Tax	920,711.86	828,803.14	172,085.80	1,419,663.53
Financial Instution Tax	3,915.00	3,277.00	4,432.00	0.00
License Excise Tax	83,775.98	69,734.95	70,242.71	0.00
CVET	8,241.54	7,286.60	9,982.12	0.00
Permits(Water, Food, Septic, etc.)	169,180.00	177,032.00	150,574.00	166,323.01
Immunizations	5,664.75	5,776.85	5,635.50	6,737.60
Birth & Death Certificates	87,879.00	105,629.50	102,530.75	96,380.64
Misc.?Reinb./Reciepts	7,120.24	3,507.73	2,089.75	2,920.95
<b>Total Reciepts</b>	<b>\$1,286,488.37</b>	<b>\$1,201,047.77</b>	<b>\$517,572.63</b>	<b>\$1,692,025.73</b>
<b>STATEMENT OF EXPENDITURES</b>				
<b>PERSONAL SERVICES</b>				
Salaries	792,838.48	827,815.63	870,817.09	901,607.57
OASI Withheld	46,934.34	49,043.52	50,912.00	52,613.68
Medicare Withheld	10,976.58	11,469.89	11,907.10	12,305.38
County Retirement Contribution	37,460.34	45,594.15	50,194.45	56,692.34
Employee Group Insurance	112,590.57	152,289.49	168,684.72	187,055.65
Compesation - Board	2,100.00	2,100.00	2,520.00	2,160.00
Compensation - Health Officer	20,400.00	21,400.00	0.00	0.00
Unemployment Compensation	0.00	0.00	3,120.00	6,668.00
<b>Total Personal Services</b>	<b>\$1,023,300.31</b>	<b>\$1,109,712.68</b>	<b>\$1,158,155.36</b>	<b>\$1,219,102.62</b>
<b>SUPPLIES</b>				
Office Supplies	9,972.54	7,426.95	8,904.52	8,579.43
Equipment (Service/Repair)	3,431.08	4,745.32	5,872.00	2,294.83
Excess levy	0.00	22,481.00	0.00	0.00
Microfilm/Phoocopy/Claims	0.00	0.00	2,222.50	405.56
Laboratory Supplies	30,284.01	31,536.02	32,917.25	34,723.39
Education Supplies	1,785.35	2,765.65	1,805.45	3,401.16
Environmental Supplies	3,882.21	6,807.82	8,494.02	7,567.12
<b>Total Supplies</b>	<b>\$49,355.19</b>	<b>\$75,762.76</b>	<b>\$60,215.74</b>	<b>\$56,971.49</b>
<b>SERVICES</b>				
Professional Services - Health Officer	0.00	0.00	21,400.00	22,986.96
Professional Health care Services	37,319.49	24,509.07	35,031.97	37,931.60
Postage	8,454.39	6,049.26	7,098.28	9,363.70
Mileage	21,596.76	24,457.94	22,810.94	22,151.52
Telephone	3,350.83	4,305.19	3,531.28	5,507.78
Leases and Equipment	6,248.85	7,262.36	6,431.21	2,785.53
Dues & Subscriptions	0.00	649.05	987.45	1,892.99
Publishing/Printing	531.66	120.57	3,345.99	905.34
Education & Training	5,734.92	9,431.06	5,208.55	8,393.52
Litigation Expense	4,450.00	6,375.00	4,050.00	2,750.00
other/transfer	360.00	681.25	0.00	0.00
<b>Total Services</b>	<b>\$88,046.90</b>	<b>\$83,840.75</b>	<b>\$109,895.67</b>	<b>\$114,668.94</b>
<b>CAPITOL OUTLAYS</b>				
Office Equipment	0.00	0.00	4,077.00	0.00
Security System	0.00	716.50	432.00	432.00
<b>Total Capitool Outlays</b>	<b>\$0.00</b>	<b>\$716.50</b>	<b>\$4,509.00</b>	<b>\$432.00</b>
<b>TOTAL EXPENDITURES</b>	<b>\$1,160,702.40</b>	<b>\$1,270,032.69</b>	<b>\$1,332,775.77</b>	<b>\$1,391,175.05</b>



**LOCAL HEALTH MAINTENANCE****520****STATEMENT OF RECIEPTS**

	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
Grant Money from ISDH	74,319.60	71,539.85	90,840.00	54,505.00
Carryover	73,451.24	87,095.36	106,170.97	132,063.79
Misc Reciepts	0.00	0.00	0.00	1,000.00
<b>Total Reciepts</b>	<b>\$147,770.84</b>	<b>\$158,635.21</b>	<b>\$197,010.97</b>	<b>\$187,568.79</b>

**STATEMENT OF EXPENDITURES****PERSONAL SERVICES**

Salaries	42,953.99	30,882.95	42,082.38	46,835.47
OASI Withheld	2,610.23	1,856.41	2,548.15	2,837.74
Medicare Withheld	610.41	434.12	595.93	663.72
County Retirement Contribution	1,566.83	1,752.89	1,419.47	2,382.30
Employee Group Insurance	3,190.48	3,768.73	4,907.60	4,965.28
<b>Total Personal Services</b>	<b>\$50,931.94</b>	<b>\$38,695.10</b>	<b>\$51,553.53</b>	<b>\$57,684.51</b>

**SUPPLIES**

Animal/Vector Supplies	4,252.99	1,327.98	1,051.62	1,563.38
<b>Total Supplies</b>	<b>\$4,252.99</b>	<b>\$1,327.98</b>	<b>\$1,051.62</b>	<b>\$1,563.38</b>

**SERVICES**

Mileage/Travel	2,937.75	3,873.92	3,855.85	3,930.74
<b>Total Services</b>	<b>\$2,937.75</b>	<b>\$3,873.92</b>	<b>\$3,855.85</b>	<b>\$3,930.74</b>

**CAPITOL OUTLAYS**

Office Equipment/Furniture	4,922.81	8,567.24	8,486.18	8,486.18
<b>Total Capitol Outlays</b>	<b>\$4,922.81</b>	<b>\$8,567.24</b>	<b>\$8,486.18</b>	<b>\$8,486.18</b>

<b><u>TOTAL EXPENDITURES</u></b>	<b><u>\$63,045.49</u></b>	<b><u>\$52,464.24</u></b>	<b><u>\$64,947.18</u></b>	<b><u>\$71,664.81</u></b>
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**BEACH ACT GRANT****370****STATEMENT OF RECIEPTS & EXPENDITURES**

	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
Grant Money from IDEM	2,893.43	47,387.37	11,128.56	28,711.94
Carryover	-12,158.64	-27,645.55	7,355.13	8,175.74
Expenditures	18,380.34	12,386.69	10,307.95	14,146.00
<b><u>Year End Balance</u></b>	<b><u>-\$27,645.55</u></b>	<b><u>\$7,355.13</u></b>	<b><u>\$8,175.74</u></b>	<b><u>\$22,741.68</u></b>

**STATEMENT OF EXPENDITURES****PERSONAL SERVICES**

Salaries	7,264.10	3,460.00	3,197.41	3,236.23
OASI Withheld	450.39	214.52	198.24	200.65
Medicare Withheld	105.33	50.17	46.36	46.94
<b>Total Personal Services</b>	<b>\$7,819.82</b>	<b>\$3,724.69</b>	<b>\$3,442.01</b>	<b>\$3,483.82</b>

**SUPPLIES/SERVICES/OTHER**

Claims	10,560.52	8,662.00	6,865.94	10,662.18
<b>Total Other</b>	<b>\$10,560.52</b>	<b>\$8,662.00</b>	<b>\$6,865.94</b>	<b>\$10,662.18</b>
<b>TOTAL EXPENDITURES</b>	<b>\$18,380.34</b>	<b>\$12,386.69</b>	<b>\$10,307.95</b>	<b>\$14,146.00</b>



**EMERGENCY PREPAREDNESS GRANT**

**293**

<b><u>STATEMENT OF RECIEPTS &amp; EXPENDITURES</u></b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
Grant Money from ISDH	47,834.21	67,636.14	55,306.95	36,375.00
Carryover	36,093.13	20,599.30	33,630.54	40,502.78
Expenditures	63,328.04	54,604.90	48,434.71	47,043.01
<b><u>Year End Balance</u></b>	<b><u>\$20,599.30</u></b>	<b><u>\$33,630.54</u></b>	<b><u>\$40,502.78</u></b>	<b><u>\$29,834.77</u></b>
<b><u>STATEMENT OF EXPENDITURES</u></b>				
<b>PERSONAL SERVICES</b>				
Salaries	32,854.47	33,998.90	29,804.06	0.00
OASI Withheld	1,942.62	2,013.50	1,739.76	0.00
Medicare Withheld	454.26	470.88	406.85	0.00
County Retirement Contribution	1,730.23	1,832.61	2,112.17	254.01
Employee Group Insurance	6,564.96	10,354.56	9,628.97	0.00
<b>Total Personal Services</b>	<b>\$43,546.54</b>	<b>\$48,670.45</b>	<b>\$43,691.81</b>	<b>\$254.01</b>
<b>SUPPLIES/SERVICES/OTHER</b>				
Claims	19,781.50	5,934.45	4,742.90	46,789.00
<b>Total Other</b>	<b>\$19,781.50</b>	<b>\$5,934.45</b>	<b>\$4,742.90</b>	<b>\$46,789.00</b>
<b>TOTAL EXPENDITURES</b>	<b>\$63,328.04</b>	<b>\$54,604.90</b>	<b>\$48,434.71</b>	<b>\$47,043.01</b>

**TOBACCO MASTER SETTLEMENT**

**305**

<b><u>STATEMENT OF RECIEPTS &amp; EXPENDITURES</u></b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
Carryover	73,457.38	43,809.33	56,465.79	66,745.69
Receipts	43,781.16	43,721.63	48,323.77	48,884.14
Expenditures	73,429.21	31,065.17	38,043.87	40,345.07
<b><u>YEAR END BALANCE</u></b>	<b><u>\$43,809.33</u></b>	<b><u>\$56,465.79</u></b>	<b><u>\$66,745.69</u></b>	<b><u>\$75,284.76</u></b>

**COMMUNICABLE DISEASE FUND**

**526**

<b><u>STATEMENT OF RECIEPTS &amp; EXPENDITURES</u></b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
Carryover	29,054.71	44,696.76	20,962.54	25,929.02
Receipts	75,123.06	60,758.55	49,947.50	53,411.22
Expenditures	59,481.01	84,492.77	44,981.02	53,927.80
<b><u>YEAR END BALANCE</u></b>	<b><u>\$44,696.76</u></b>	<b><u>\$20,962.54</u></b>	<b><u>\$25,929.02</u></b>	<b><u>\$25,412.44</u></b>

**ENVIRONMENTAL HEALTH FUND**

**519**

<b><u>STATEMENT OF RECIEPTS &amp; EXPENDITURES</u></b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
Carryover	58,873.67	58,873.67	58,873.67	58,873.67
Receipts	0.00	0.00	0.00	0.00
Expenditures	0.00	0.00	0.00	0.00
<b><u>YEAR END BALANCE</u></b>	<b><u>\$58,873.67</u></b>	<b><u>\$58,873.67</u></b>	<b><u>\$58,873.67</u></b>	<b><u>\$58,873.67</u></b>

Report Includes: 2

**STATISTICAL REPORT**

LAPORTE COUNTY HEALTH DEPARTMENT

Date of Birth Between: 01/01/2008 And: 12/31/2008

**PREVIOUS BIRTHS**

First Babies	6th or Higher
0	0

**MUTIPLE BIRTHS**

Single	Twins	Triplet	4 or More
2	0	0	0

**DISTRIBUTION BY SEX**

Males	Females	Unknown
0	2	0

**DISTRIBUTION BY FEEDING**

Breast	Other	Unknown
1	0	1

**APGAR LESS THAN 6**

5 Minutes	10 Minutes
0	0

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**STATISTICAL REPORT**

LAPORTE COUNTY HEALTH DEPARTMENT

Date of Birth Between: 01/01/2008 And: 12/31/2008

**DELIVERIES BY MATERNAL AGE**

Range	Frequency	Infant Avg Weight	Avg Gest
<10 yrs	0	00.00	00.00
10 to 13	0	00.00	00.00
14 to 16	0	00.00	00.00
17 to 19	0	00.00	00.00
20 to 24	0	00.00	00.00
25 to 29	0	00.00	00.00
30 to 34	2	3685.50	41.00
35 to 39	0	00.00	00.00
>= 40 Yrs	0	00.00	00.00
Unknown	0		

**DELIVERIES BY GESTATIONAL AGE**

Range	Frequency	Infant Avg Weight
<30 Weeks	0	00.00
30 to 32	0	00.00
33 to 35	0	00.00
36 to 38	0	00.00
39 to 41	2	3685.50
>= 42 Weeks	0	00.00
Unknown	0	

Report Includes: 2

**STATISTICAL REPORT**

LAPORTE COUNTY HEALTH DEPARTMENT

Date of Birth Between: 01/01/2008 And: 12/31/2008

**MATERNAL MORBIDITY**

Condition	Frequency	Condition	Frequency
Maternal Transfusion	0	Admission to Intensive Care Unit	0
Third of Fourth Degree Perineal Laceration	0	Unplanned Operating Room Procedure Following Delivery	0
Ruptured Uterus	0	None	2
UnPlanned Hysterectomy	0		

**CHARACTERISTICS OF LABOR AND DELIVERY**

Condition	Frequency	Condition	Frequency
Induction of Labor	0	Clinical Chorioamnionitis	0
Augmentation of Labor	0	Meconium Moderate / Heavy	0
Non-Vertex Presentation	0	Fetal Intolerance	0
Steroids Received by Mother for Fetal Lungs	0	Epidural or Spinal Anesthesia	0
Antibiotics Received by Mother	0	None	2
Abruptio Placenta	0	Unknown	0

**ABNORMAL CONDITIONS OF NEWBORN**

Condition	Frequency	Condition	Frequency
Assisted Ventilation - Immediate	0	Antibiotics Received by Newborn	0
Assisted Ventilation > 6 Hours	0	Seizure or Serious Neurologic Dysfunction	0
NICU Admission	0	Significant Birth Injury	0
Newborn Surfactant Replacement Therapy	0	None	2
Unknown	0		

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## STATISTICAL REPORT

LAPORTE COUNTY HEALTH DEPARTMENT

Date of Birth Between: 01/01/2008 And: 12/31/2008

### CONGENITAL ANOMALIES OF NEWBORN

Condition	Frequency	Condition	Frequency
Anencephaly	0	Down Syndrome, Karyotype Confirmed	0
Meningomyelocele / Spina Bifida	0	Down Syndrome, Karyotype Pending	0
Cyanotic Congenital Heart Disease	0	Down Syndrome, Unknown	0
Congenital Diaphragmatic Hernia	0	Suspected Other Chromosomal Disorder, Karyotype Confirmed	0
OmPhalocele	0	Suspected Other Chromosomal Disorder, Karyotype Pending	0
Gastroschisis	0	Suspected Other Chromosomal Disorder, Unknown	0
Limb Reduction Defect	0	Hypospadias	0
Cleft Lip With or Without Cleft Palate	0	Microcephaly	0
Cleft Palate Alone	0	None	2
Unknown	0		

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**STATISTICAL REPORT**

LAPORTE HOSPITAL &amp; HEALTH SERVICES

Date of Birth Between: 01/01/2008 And: 12/31/2008

**PREVIOUS BIRTHS**

First Babies	6th or Higher
254	3

**MUTIPLE BIRTHS**

Single	Twins	Triplet	4 or More
673	10	0	0

**DISTRIBUTION BY SEX**

Males	Females	Unknown
364	319	0

**DISTRIBUTION BY FEEDING**

Breast	Other	Unknown
509	0	0

**APGAR LESS THAN 6**

5 Minutes	10 Minutes
5	1



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**STATISTICAL REPORT**

LAPORTE HOSPITAL &amp; HEALTH SERVICES

Date of Birth Between: 01/01/2008 And: 12/31/2008

**DELIVERIES BY MATERNAL AGE**

Range	Frequency	Infant Avg Weight	Avg Gest
<10 yrs	0	00.00	00.00
10 to 13	0	00.00	00.00
14 to 16	8	3356.00	39.88
17 to 19	70	3268.40	39.17
20 to 24	224	3285.21	39.00
25 to 29	201	3377.32	38.94
30 to 34	125	3370.70	39.01
35 to 39	44	3352.48	39.07
>= 40 Yrs	11	3329.82	38.64
Unknown	0		

**DELIVERIES BY GESTATIONAL AGE**

Range	Frequency	Infant Avg Weight
<30 Weeks	2	1049.00
30 to 32	4	1637.25
33 to 35	18	2565.61
36 to 38	158	3116.02
39 to 41	499	3449.18
>= 42 Weeks	2	3771.00
Unknown	0	

Report Includes: 683

**STATISTICAL REPORT**

LAPORTE HOSPITAL &amp; HEALTH SERVICES

Date of Birth Between: 01/01/2008 And: 12/31/2008

**MATERNAL MORBIDITY**

Condition	Frequency	Condition	Frequency
Maternal Transfusion	2	Admission to Intensive Care Unit	0
Third of Fourth Degree Perineal Laceration	4	Unplanned Operating Room Procedure Following Delivery	1
Ruptured Uterus	0	None	677
UnPlanned Hysterectomy	0		

**CHARACTERISTICS OF LABOR AND DELIVERY**

Condition	Frequency	Condition	Frequency
Induction of Labor	215	Clinical Chorioamnionitis	2
Augmentation of Labor	177	Meconium Moderate / Heavy	7
Non-Vertex Presentation	3	Fetal Intolerance	166
Steroids Received by Mother for Fetal Lungs	0	Epidural or Spinal Anesthesia	555
Antibiotics Received by Mother	83	None	59
Abruptio Placenta	7	Unknown	0

**ABNORMAL CONDITIONS OF NEWBORN**

Condition	Frequency	Condition	Frequency
Assisted Ventilation - Immediate	22	Antibiotics Received by Newborn	9
Assisted Ventilation > 6 Hours	2	Seizure or Serious Neurologic Dysfunction	1
NICU Admission	15	Significant Birth Injury	1
Newborn Surfactant Replacement Therapy	1	None	649
Unknown	0		

04/16/2009

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## STATISTICAL REPORT

LAPORTE HOSPITAL & HEALTH SERVICES

Date of Birth Between: 01/01/2008 And: 12/31/2008

### CONGENITAL ANOMALIES OF NEWBORN

Condition	Frequency	Condition	Frequency
Anencephaly	0	Down Syndrome, Karyotype Confirmed	0
Meningomyelocele / Spina Bifida	0	Down Syndrome, Karyotype Pending	0
Cyanotic Congenital Heart Disease	0	Down Syndrome, Unknown	0
Congenital Diaphragmatic Hernia	0	Suspected Other Chromosomal Disorder, Karyotype Confirmed	0
OmPhalocele	0	Suspected Other Chromosomal Disorder, Karyotype Pending	0
Gastroschisis	0	Suspected Other Chromosomal Disorder, Unknown	0
Limb Reduction Defect	0	Hypospadias	0
Cleft Lip With or Without Cleft Palate	1	Microcephaly	0
Cleft Palate Alone	1	None	681
Unknown	0		

Report Includes: 744

**STATISTICAL REPORT**

ST. ANTHONY MEMORIAL HEALTH CENTERS

Date of Birth Between: 01/01/2008 And: 12/31/2008

**PREVIOUS BIRTHS**

First Babies	6th or Higher
249	8

**MUTIPLE BIRTHS**

Single	Twins	Triplet	4 or More
730	14	0	0

**DISTRIBUTION BY SEX**

Males	Females	Unknown
371	373	0

**DISTRIBUTION BY FEEDING**

Breast	Other	Unknown
423	0	0

**APGAR LESS THAN 6**

5 Minutes	10 Minutes
8	4

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## STATISTICAL REPORT

ST. ANTHONY MEMORIAL HEALTH CENTERS

Date of Birth Between: 01/01/2008 And: 12/31/2008

### DELIVERIES BY MATERNAL AGE

Range	Frequency	Infant Avg Weight	Avg Gest
<10 yrs	0	00.00	00.00
10 to 13	0	00.00	00.00
14 to 16	19	2984.26	37.95
17 to 19	80	3103.30	37.99
20 to 24	247	3201.65	38.10
25 to 29	199	3141.14	37.90
30 to 34	128	3238.15	37.89
35 to 39	57	3182.68	37.95
>= 40 Yrs	14	3227.93	37.93
Unknown	0		

### DELIVERIES BY GESTATIONAL AGE

Range	Frequency	Infant Avg Weight
<30 Weeks	9	715.11
30 to 32	3	1767.33
33 to 35	41	2408.39
36 to 38	380	3155.97
39 to 41	311	3383.26
>= 42 Weeks	0	00.00
Unknown	0	

Report Includes: 744

**STATISTICAL REPORT**

ST. ANTHONY MEMORIAL HEALTH CENTERS

Date of Birth Between: 01/01/2008 And: 12/31/2008

**MATERNAL MORBIDITY**

Condition	Frequency	Condition	Frequency
Maternal Transfusion	0	Admission to Intensive Care Unit	1
Third or Fourth Degree Perineal Laceration	0	Unplanned Operating Room Procedure Following Delivery	5
Ruptured Uterus	0	None	738
UnPlanned Hysterectomy	0		

**CHARACTERISTICS OF LABOR AND DELIVERY**

Condition	Frequency	Condition	Frequency
Induction of Labor	343	Clinical Chorioamnionitis	1
Augmentation of Labor	112	Meconium Moderate / Heavy	26
Non-Vertex Presentation	4	Fetal Intolerance	54
Steroids Received by Mother for Fetal Lungs	2	Epidural or Spinal Anesthesia	351
Antibiotics Received by Mother	225	None	164
Abruptio Placenta	13	Unknown	1

**ABNORMAL CONDITIONS OF NEWBORN**

Condition	Frequency	Condition	Frequency
Assisted Ventilation - Immediate	171	Antibiotics Received by Newborn	23
Assisted Ventilation > 6 Hours	41	Seizure or Serious Neurologic Dysfunction	0
NICU Admission	52	Significant Birth Injury	0
Newborn Surfactant Replacement Therapy	3	None	559
Unknown	0		



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## STATISTICAL REPORT

ST. ANTHONY MEMORIAL HEALTH CENTERS

Date of Birth Between: 01/01/2008 And: 12/31/2008

### CONGENITAL ANOMALIES OF NEWBORN

Condition	Frequency	Condition	Frequency
Anencephaly	0	Down Syndrome, Karyotype Confirmed	0
Meningomyelocele / Spina Bifida	0	Down Syndrome, Karyotype Pending	0
Cyanotic Congenital Heart Disease	0	Down Syndrome, Unknown	0
Congenital Diaphragmatic Hernia	1	Suspected Other Chromosomal Disorder, Karyotype Confirmed	0
OmPhalocele	0	Suspected Other Chromosomal Disorder, Karyotype Pending	0
Gastroschisis	0	Suspected Other Chromosomal Disorder, Unknown	0
Limb Reduction Defect	0	Hypospadias	0
Cleft Lip With or Without Cleft Palate	1	Microcephaly	2
Cleft Palate Alone	0	None	740
Unknown	1		

This page is Blank. It is intended for reporting of death statistics.

The Indiana State Department of Health instituted a new death reporting system for 2008 and reports of those numbers are not in a useable format.

Death statistics will be added to the report when ISDH makes them available or when we hand transcribe them from other data sources.

## Food Protection Division

The Environmental Health Sanitarians in the Food Protection Division enforce State and County Sanitary Codes to ensure that the public is served food that meets standards for healthful and safe preparation and consumption. Restaurants, convenience stores, private clubs, lunch trucks, grocery stores, bars, taverns, certain non-profit organizations, schools, mobile vendors and temporary units receive unannounced inspections routinely throughout the year. In 2008, Sanitarians performed over 1,000 inspections of retail food service establishments.

Working with public health nurses, physicians and Indiana State Department of Health Field Epidemiologist, sanitarians promptly investigate incidents of suspected foodborne disease. Sanitarians respond to fires involving food service establishments. As a result of fire damage, sanitarians may order food products to be embargoed, condemned, denatured or destroyed.

Retail establishment's floor plans, equipment and menus are reviewed to ensure that the establishment is capable of storing, preparing and serving safe food products. The plans must meet the Retail Food Establishment Sanitation Regulations as set forth by the Indiana State Department of Health.

### 2008 Goals:

- Improved the Food Protection Division website to include more educational materials as well as more current, up-to-date information regarding recalled food products and emergency notifications. (Essential Public Health Services; 3, 7, 10)
- Provided the Indiana State Department of Health's Retail Food Sanitation Requirements, Title 410 IAC 7-24 and the local county ordinance on compact disc for those individuals that may not have access to the internet or for those who would prefer the code in a different format. (Essential Public Health Services; 3, 5, 10)
- Obtained the required continuing education units to maintain the Certified Professional of Food Safety credential. (Essential Public Health Services; 3, 8)
- Updated departmental policy and procedures as they pertained to inspections, recall procedures, enforcement actions and complaint investigations. (Essential Public Health Services; 5, 6, 8, 10)
- Obtained all pertinent contact information to assist in forwarding all recall information in a quick and efficient manner. (Essential Public Health Services; 2, 3)
- Worked with the county Global Information Systems Coordinator obtained information retail food establishment information in the GIS System. (Essential Public Health Services # 1, 2, 3, 4, 5, 6, 10)

## **2008 Highlights:**

- Twelve ServSafe® Food Protection Manager Certification exams were proctored for approximately 87 retail personnel from LaPorte, Porter, Starke and St. Joseph Counties and from Michigan.
- State developed database was defunded. The division has worked without a viable database for the last quarter.
- Educational materials, applications, code and county ordinance links as well as other downloadable material were placed on the counties website.
- The Indiana State Department of Health issued 51 recalls on manufactured food products throughout the year. When a recall is received the appropriate establishments are contacted by an inspector either in person, via fax or phone call. The state issued 18 health advisories on various products in 2007.
- The division attended four local Indiana Environmental Health Association chapter meetings and hosted one of those meetings. Sanitarian from LaPorte County continues to serve as the local chapter treasurer.
- The staff attends the bimonthly Indiana Environmental Health Association Food Protection Committees and the Fall Educational Conference.

## **2009 Goals:**

- Implement a new database to store the retail establishment physical and ownership information. (Essential Public Health Services; 4, 6, 8, 10)
- Implement electronic inspections. (Essential Public Health Services; 4, 6, 8, 10)
- Have all staff members obtain appropriate credentialing through the National Environmental Health Association. (Essential Public Health Services; 8, 10)  
Expand the division's capabilities with the Global Information System. (Essential Public Health Services; 8, 10)



## Statistical Summary

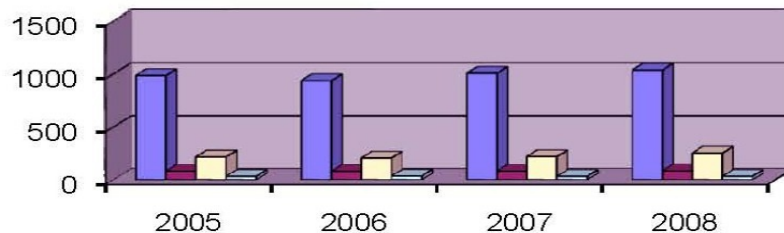
### Licenses Issued

Permit Type	2005	2006	2007	2008
Food Service Establishment	588	525	500	527
Mobile Food Units	41	35	41	38
Temporary Food Establishments	177	172	183	216
Probationary Permits	71	59	56	67

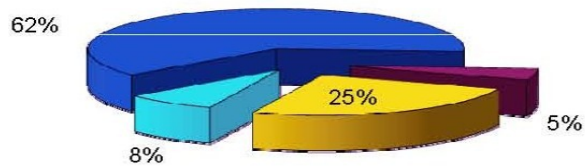
### Inspection Activity

Inspection Type	2005	2006	2007	2008
Retail Food Service	985	936	1006	1036
School Kitchen	84	82	84	86
Temp/Mobile Food Service	218	207	221	254
Fire Investigations	3	5	4	4
Non-Profit Organizations	34	37	34	34
Complaint Investigations	35	41	62	57
Possible Foodborne Illness	27	16	10	12
Food Recalls	54	58	69	51
Consultations (Field/Office/Phone)	1113	1016	1189	1062
Temporary Closures	2	3	2	2

### FOOD SERVICE INSPECTIONS



### 2008 FOOD SERVICE PERMITS





## **Environmental Health Service**

The Environmental Health programs serve to prevent disease, preserve the environment and improve the quality of life. The environmental health section makes sure that the environment and health of the public is the best that it can be with our limited resources. The environmental section implements a wide variety of environmental health programs. These programs are made up of four major sections: environmental/sanitation complaints, on-site sewage system, water laboratory and public and semi-public pools, wading pools and spas. Each section specializes to assist and offer expertise to the citizens of LaPorte County. Along with the four major sections, the environmental health section implemented two new programs: Lead Risk Assessment and Outdoor Hydronic Heaters. The environmental health section continues to sample the waters of Lake Michigan and the inland beaches of LaPorte County and run the vector control program (mosquito control). There are seven full time positions and three interns (summer only) positions to assist us with these programs.

### **Lead Risk Assessments**

The Environmental Health section of the health department has a licensed lead risk inspector/assessor on staff. The assessor/inspector investigates the interior and exterior of homes within the county for the presence of deteriorating lead based paint and other lead hazards, which can often lead to serious illness and permanent physical damage to young children. Lead risk assessments/inspections are performed as required by the Indiana State Department of Health (ISDH) and in compliance with Indiana Administrative Code Title 410, Article 29 Reporting Monitoring and Prevention of Lead Poisoning.

The inspection/assessment process is prompted when a health department nurse is notified, usually by a licensed physician or ISDH, that a child has been identified with an Elevated Blood Lead Level (EBLL) in their system. This notification prompts the inspector/assessor to contact the child's parents/guardians and set up an initial consultation within the home (either private or rental). At this time an interview is conducted, and paint chip samples and dust wipe samples are collected throughout the home. These samples are then sent to the ISDH Indoor Air Quality Laboratories for analysis. If lead hazards are found to exist within the home, then the assessor/inspector provides additional consultation with the property owner by prescribing the appropriate actions best suited to remediate the situation within a given prescribed timeframe. In total, there were 12 lead risk assessments/inspections completed in 2008.

(Essential Public Service: 1, 2, 3, 5, 6)

## Environmental/Sanitation Complaints

This section handles all complaints made to the health department. Complaints range from trash and garbage to unsanitary living conditions. County residents most commonly submit complaints through anonymous phone calls, letters, or visits to the office. Occasionally, the complaint process is initiated by county officials as they are observed in the field or through other county agencies (i.e. building department, animal control, adult protection service.) Once a complaint is received and found to be an issue that the health department can assist in, an initial inspection of the site is conducted to confirm the validity of the complaint. If the complaint is found to be invalid, it is closed. If the complaint is found to be valid, then county officials will consult with the subject of the complaint and inform them of the appropriate action that needs to be taken in order to remediate the situation. (Essential Public Health Services: 2, 5, 6)

Total complaints:	2007	2008
Abandoned property	3	2
Animals	3	0
Unsanitary living	42	21
House condemnation	3	1
Trash & Garbage	28	27
Dump sites	4	2
High weeds/grass	1	2
Open burning	10	3
Indoor air	3	6
Outdoor air Pollution	2	4
Insects and mice	2	8
Septic / sewage	36	35
Water Pollution	2	1
Stagnant Swimming Pool	1	2





## **Outdoor Hydronic Heater Program (Outdoor Wood Boilers/Outdoor Wood Burning Furnaces)**

On August 7, 2007, an Ordinance for Regulation of Outdoor Hydronic Heaters (Ordinance 2007-10-B) was enacted in La Porte County. The La Porte County Health Department is charged with ensuring compliance as it pertains to health and welfare with sole local regulatory authority. The Ordinance requires that outdoor hydronic heating units meet specific smoke density requirements (opacity). We have two environmental health specialists who are certified in *EPA Method 9-Visible Determination of the Opacity of Emissions from Stationary Sources* semiannually as required by the EPA. Besides departmental regulatory duties, our on-going strategy for health and welfare compliance includes educational assistance about the potential adverse health effects associated with wood use as a home heating fuel, and educational assistance to current and potential wood boiler owners. An additional component is the information we provide within an area of our website dedicated to Outdoor Hydronic Heaters. We ensure that the latest EPA information, names of units that have been lab-tested and certified (cleaner burning units), is provided to encourage purchase of only the cleanest burning units available. (Essential Public Health Service: 1, 2, 3, 5, 6)

## **On-Site Sewage System (OSS)**

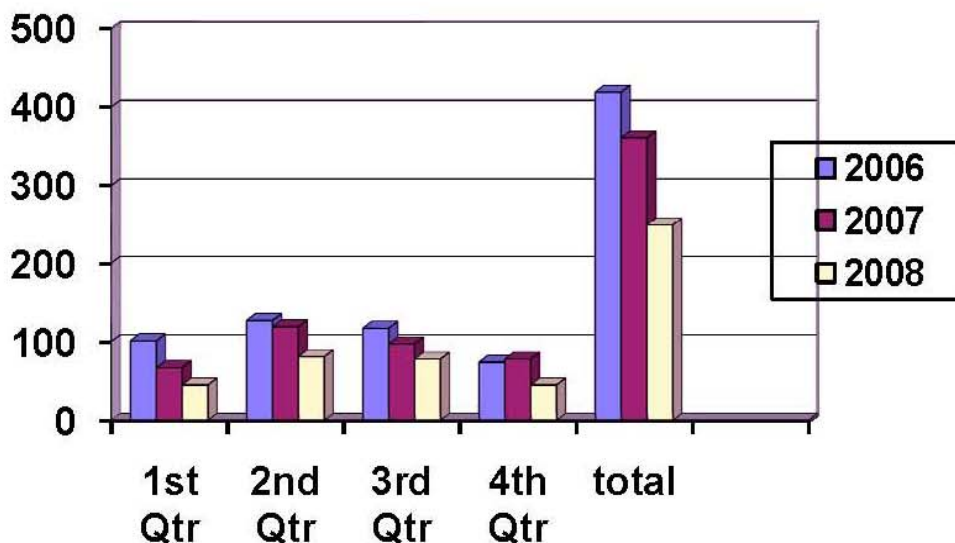
The OSS section works with property owners and developers to ensure that septic system installations are in complete compliance with minimum standards established by Indiana State Department of Health Rule 410 IAC 6-8.1, Rule 410 IAC 6-10, Bulletin S.E. 13 and La Porte County Ordinance no.1996-22. The OSS program continues to see a decrease in activity due to the decline in building. There were 249 septic permits issued in 2008. A staff of three environmental health specialists completed over 668 individual site evaluations, plan reviews, soil borings and inspections. (Essential Public Health Services: 1, 2, 3, 5, 6)

## **Vector control (West Nile Virus)**

Once again the Environmental section conducted seasonal surveillance program to monitor the population and types of mosquitoes for the spread of the West Nile Virus. During the months of May through September the environmental section set up mosquito traps throughout the county, applied larvicides in areas where needed and continued to submit dead birds (crows, blue jays and raptors) to the Indiana State Department of Health (ISDH) Molecular laboratory for West Nile Virus testing. However, the birds that were reported were not species to be tested. Thousands of mosquitoes were sent to the Indiana State Department of Health Molecular laboratory and no pools tested positive for West Nile Virus. (Essential Public Health Services: 1, 2, 3, 4)

## Septic permits issued

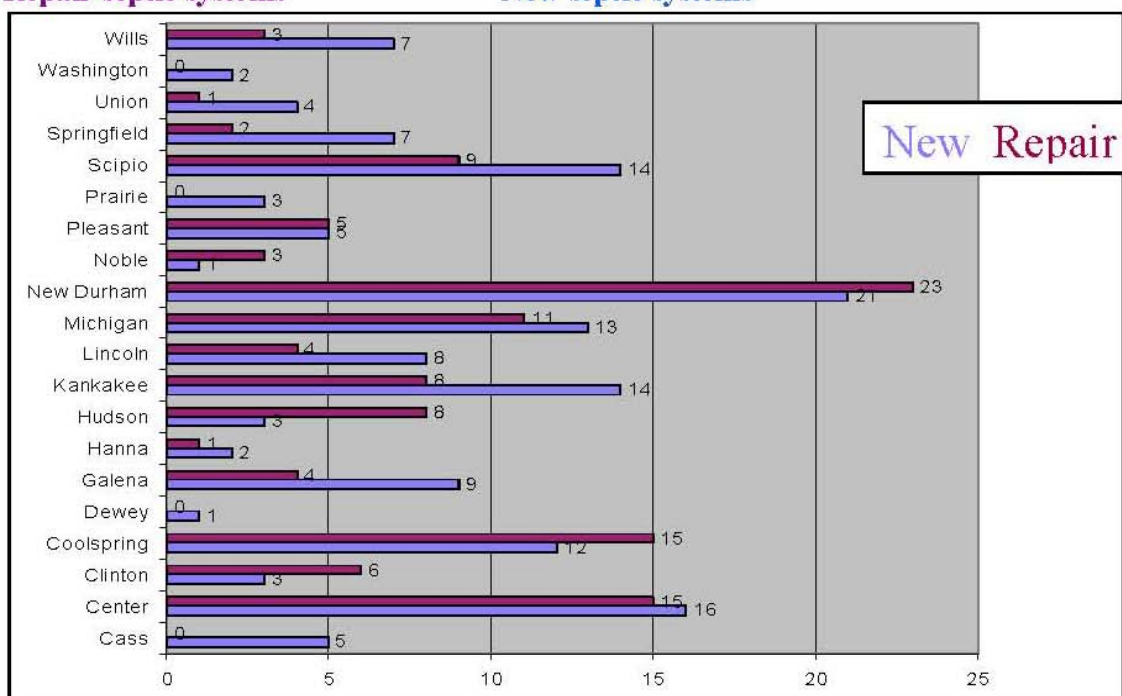
	1 <sup>st</sup> qtr	2 <sup>nd</sup> qtr	3 <sup>rd</sup> qtr	4 <sup>th</sup> qtr	Total
2006	101	127	117	74	419
2007	67	119	97	78	361
2008	45	81	78	45	249



The chart below indicates the number of repair and new on-site septic systems by township.

### Repair septic systems

### New septic systems





## **Public Swimming Pools**

The Environmental staff continues to inspect and review plans for all public and semi-public pools in LaPorte County. There are 30 indoor and 34 outdoor public and semi-public pools that are inspected 4 times a year by the environmental staff. The environmental section has 5 staff members that are Certified Pool Operators. All pools in La Porte County must employ a certified pool operator to operate their pools. These pools are a mix of recreational pools, spas, wading pools, diving pools, therapy pools, and competition lap pools. They are located at YMCA's, hotels, condominiums, apartments, neighborhood associations, Country Clubs, Athletic Clubs, schools, rehabilitation facilities, a place of business, a community home, and a marina. No pool permits were removed due to non-compliance of a rule that was enforced by the Health Department. A pool may have been closed due to failure of their weekly water sampling. They cannot fail two consecutive samples or three samples in a six week period without being closed until a satisfactory sample is achieved. Guidelines for inspection are set forth in the Indiana State Department of Health Rule 410 IAC 6-2.1 and La Porte County Ordinance No. 94-15. A new local pool ordinance that includes spray grounds was signed by the commissioner's office on August 5, 2008. In this new ordinance, the state 410 IAC 6-2.1 and 675 IAC Swimming Pool Code were incorporated and adopted by reference. This update was needed to help guide new and upcoming spray grounds with building, operating, and managing a safe and clean facility. Other highlights include but not limited to:

- 1) Spas shall not be less than 1,000 gallons
- 2) Systems shall be designed in such a way that all parts of the system are easily accessible.
- 3) Newly constructed pools shall not have vinyl liners.
- 4) All plumbing that is present must be functional.
- 5) Handwashing sinks shall provide a flow of 15 seconds
- 6) An easily verifiable working phone shall be within 200 ft of pool enclosure.
- 7) A clock shall be in full view of the spa (use is limited to 15 minutes at a time).

In December of 2007, the President signed into law the Virginia Graeme Baker Pool and Spa Safety Act (VGB), named after the daughter of Nancy Baker and the granddaughter of former Secretary of State James Baker. Graeme died in a tragic incident in June 2002 after the suction from a spa drain entrapped her under the water. This spa was in compliance with all applicable codes. Hair and limb entrapments accounted for 63% of the data collected from 1995 through August 2002 from the Association of Pool and Spa Professionals. The VGB Act addresses all 5 entrapment hazards: hair, body suction, limb, evisceration, and mechanical entrapments. Also the ANSI/APSP 7 - 2006 is a comprehensive system standard that also addresses all 5 hazards for pool and spa builders. It was adopted by the International Code Council in 2006, and is located in the 2009 International Building Code and the 2009 International Residential Code. The La Porte County Health Department has made all permitted public and semi-pools aware of this act. The Indiana State Department of Health is expected to adopt parallel legislation in 2009. The enforcement of this act for public and semi-public pools falls to the local health departments because of our already established contact with these facilities. (Essential Public Health Service: 1, 2, 3, 4, 5, 6)



## Water Laboratory

The La Porte County Health Department is one of three health departments in the state that have an on-site water laboratory. The La Porte County Health Department Water Laboratory is certified by the state to analyze drinking water and pools and spas for the presence of total coliform with E. coli confirmation, surface water, including recreational beach waters for the enumeration of E.coli, and a heterotrophic plate count for each pool and spa sample. Re-certification is done every three years by the Indiana State Department of Health. In addition, the lab offers chemistry screening analysis such as nitrate, nitrite, lead, iron and fluoride. Currently the lab is not certified in chemistry.

Our re-certification with the State of Indiana Certification officer took place in October 2007. Our next on-site inspection will be scheduled in 2010.

Since our inspection we have started using a presence absence analysis on all of our drinking water, pool and spa samples instead of quantifying the presence of coliform. This has enabled us to eliminate the use the Quanti-tray saving us \$1.18 per sample. (Averaging \$4000 a year).

We have switched to recyclable plastic bottles for all drinking water samples reducing the use of our purchased deionized water and the use of our autoclave. This has also decreased the amount of possible erroneous positive results due to contaminated bottles from lab error. We have received positive feedback from customers; they feel reassured that their bottle is sterile before sampling. (Essential Public Health Service: 1, 2, 3, 4, 5, 6, 7)

## National Drinking Water Week

During the week of May 7th thru May 11th, the health department water laboratory offered La Porte county residents a free sulfate and iron analysis tests for their private well. With each test kit we included information on sulfate and iron reducing bacteria that could be present in their private wells if their level of contaminate(s) were high. We sent out a press release informing the public where they could pick up their test kits and place and times for dropping them off. Flyers and posters were hung up at various places throughout the county. We received a total of 100 resident's water samples-200 free tests. Each sample was tested for both contaminants and results were sent via USPS the following week to the sampling address. Free tests were offered to LaPorte county residents with private wells only-one kit per address. We are currently researching for a test to offer LaPorte county private well owners during National Drinking Water Week in 2008 that might produce greater participation.

## **Beach Sampling**

The LaPorte County Health Department (LPCHD) has completed its seventh year of contracting with the Indiana Department of Environmental Management (IDEM). The contract allows LPCHD to enhance our existing program. The supplement is part of \$9.75 million set aside by the Beaches Environmental Assessment and Coastal Health (BEACH) Act. It is an amendment to the Clean Water Act (CWA) Section 406. The Beaches Environmental Assessment and Coastal Health (BEACH) Program focuses on the following five areas to meet the goals of improving public health and environmental protection for beach goers and providing the public with information about the quality of their beach water:

- strengthening beach standards and testing
- providing faster laboratory test methods
- predicting pollution
- investing in health and methods research
- informing the public

Indiana was granted \$202,730 which is one of the lowest amounts awarded to any state. Understandably so, since one of the criteria is beach length and Indiana has forty-five (45) miles of Lake Michigan shoreline including twenty-three (23) miles of beaches with 28 beaches reporting results. The 35 eligible states and territories, if all applied for the grants, the range of amounts would be \$147,600 to \$526,300. States are awarded money based on the beach season length, beach miles, and beach use.

The LPCHD projected to collect four hundred and eighty samples on Lake Michigan in 2008. This amount did not take into account any projected closures or re-samples. Total samples with closure re-samples, the LPCHD collected five hundred and thirty four samples on Lake Michigan. Down from 558 samples in 2007 or a 4.5% decrease. Washington Park had eight beach water closures and Sheridan Beach Stop 2 had four beach water closures. The rest of the beaches at stops 7, 24, 31, 34, 37 had 2,2,2,3, and 3 beach water closures respectively. On August 4 sampling was halted due to a storm. On August 5 an advisory was issued due to rainfall from the storm. Only one other event triggered us to issue an advisory at Stops 24 and 31. On July 9, 2008 all beach waters were closed except for Stops 24 and 31. An advisory was issued at these stops. An uncharacteristically dry season drastically reduced the number of beach water closures.

Our beach sampling season was the same as in years past with sampling starting on May 28, 2008 with our last sample taken on August 30, 2008. We were fortunate to have three interns that were trained in beach sampling this season. Sampling gear and equipment was the same as in years past. The same parameters were taken this year. Air and water temperature, wind speed and direction, wave height, and any other odd observations were all noted on log forms. Nothing out of the ordinary was found. Garbage, birds, dogs, and some construction at Washington Park test site 5 on the intake pipe for the potable water supply for Michigan City.



The LPCHD decided to go paperless this year. All the necessary forms were scaled down to one form. This worked out very well and was easily accomplished. With collaboration and cooperation in the office, we were able to trim down the log form and the lab form to one form. These forms will be kept on file for a period of 5 years. This is the minimum requirement for a certified laboratory to keep water sample reports. All field work is entered into two different databases. Our main Access database is updated immediately upon arrival after interns turn samples into the laboratory. Then data is entered into Earth 911.org for real time results the next day.

Notification of results was conducted the same as in years past with the addition of posting to a local state website. Beachguard, [www.earth911.org](http://www.earth911.org), [www.laportecountybeaches.com](http://www.laportecountybeaches.com) all received real time results. [www.laportecounty.org](http://www.laportecounty.org), [www.michigancityparks.com](http://www.michigancityparks.com) and [www.visitlaportecounty.com](http://www.visitlaportecounty.com) each have a link to our result page on our website [www.laportecountybeaches.com](http://www.laportecountybeaches.com). Each morning our results are sent as a press release to all local media. Anyone can call to request their name and fax number be added to our press release media list.

From 1991 to present there has been an average of 36 beach water closures a year in La Porte County. In 2004, there was an 86% increase in the amount of beach water closings. A rising trend started in 2000 when there was a 156% increase in the amount of beach water closings from the previous year. The beach water closings slowly kept rising since then. This year's fifty-three beach water closings is the lowest amount of closings since 2003. (Essential Public Health Service: 1, 2, 3)

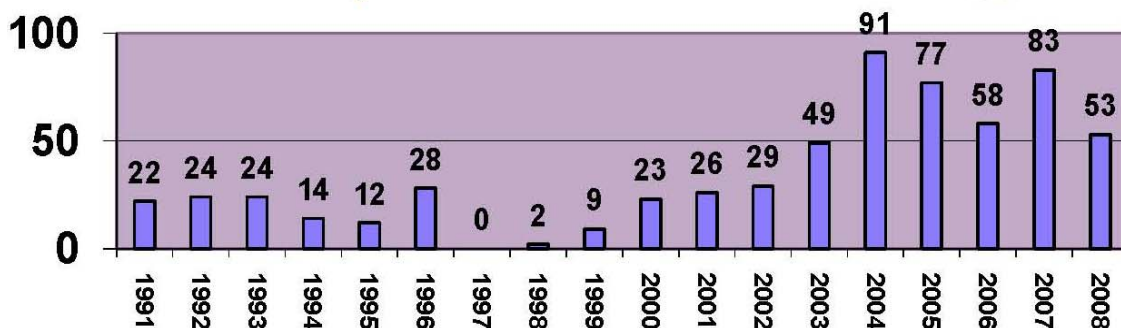
### La Porte and outlying areas

New Stone Lake beach  
Old Stone Lake beach  
Stone Lake launch area  
Pine Lake Assembly  
Pine Lake Kiwanis Teledyne Park beach  
Pine Lake Waverly beach  
Hudson Lake beach  
Upper Fish Lake beach  
Lower Fish Lake beach

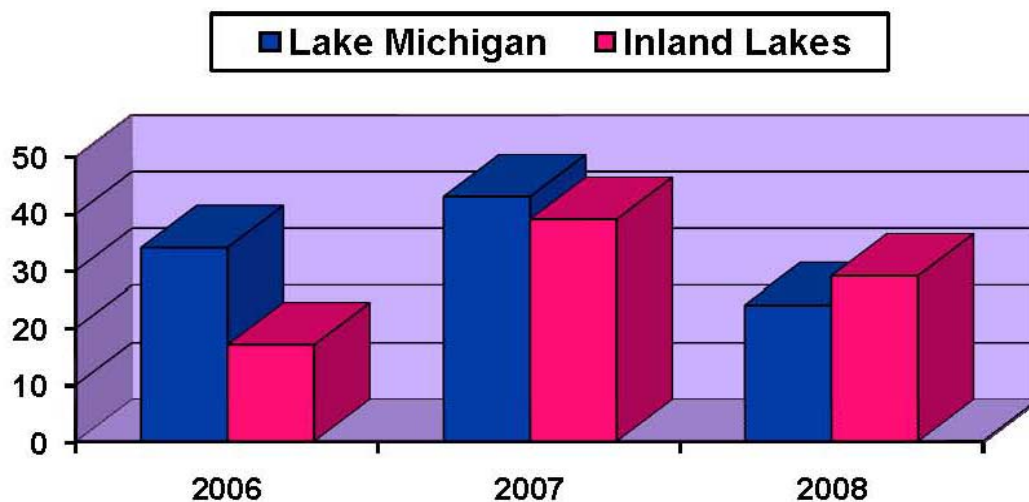
### Michigan City Area

Washington Park beach  
Sheridan Beach Stop 2  
Sheridan Beach Stop 7  
Long Beach Stops 20, 24  
Duneland Beach Stop 31  
Duneland Beach Stop 34  
Michiana Shores Stop 37

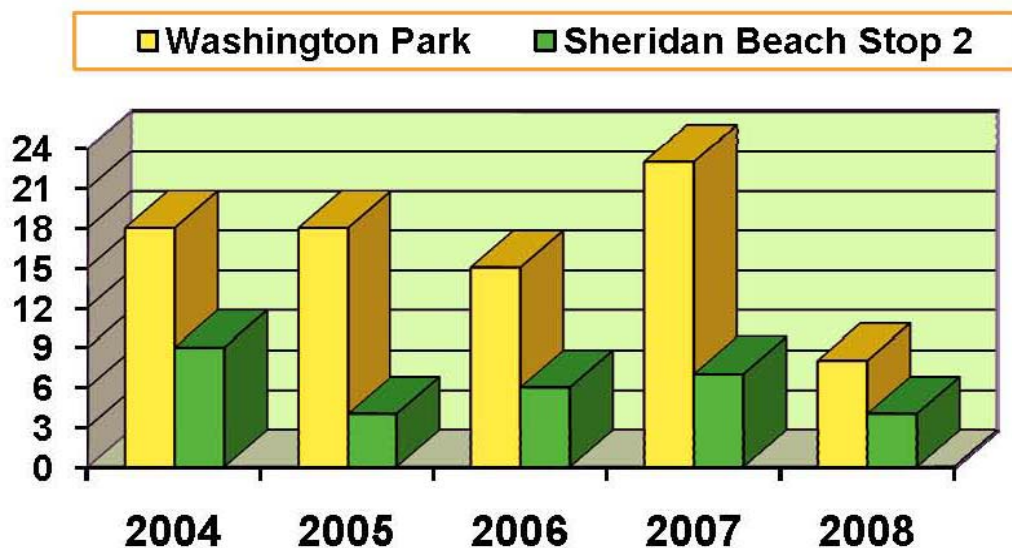
### La Porte County Total Beach Closures from 1991 to 2008



## Closure Comparison Lake Michigan and Inland Lakes



## Closure Results Comparison by year Washington Park and Sheridan Beach Stop 2



## Goals accomplished in 2008

- The environmental health section continues to up dated the web site to ensure the best available information is proved concerning environmental health issues.
- Continue to research and evaluate new and improved tests and equipment we could utilize in our water laboratory.
- Conducted lead inspection.
- A new local public and semi public pool ordinance (LaPorte County Ordinance-15).
- Continue to educate our community on safe water issues and their roles in protecting their families.
- Reassess all programs to determine how to streamline our work, improve our efficiency, and continue to provide as many high quality services as possible.

## Goals for 2009

- Implement contractor registration for Septic System installers and Well Drillers.
- Develop a county well driller and ground water protection program.
- GPS & map all new and repair septic systems installed.
- Develop and implement a lead poisoning prevention program.
- Certify Water Laboratory with the State of Indiana for Chemistry Analysis.
- Visit area laboratories to evaluate their current procedures and techniques and compare them to our own.
- 100% compliance of the Virginia Graeme Baker Pool and Spa Safety Act.
- Strengthen beach standards and testing.
- Provide faster laboratory test methods.



## **NURSING SERVICES**

The nursing staff strives to deliver quality health care that reflects the mission of public Health Service through continuing education to assure competency in the public health field, assist clients in accessing needed health services through referral, protect the public health through prompt investigation of disease threats, and identify healthcare gaps by partnering with other agencies in the community.

The Nursing Supervisor is a member of the Child Fatality Team of LaPorte County and the Health Council of Healthy Communities of LaPorte County. Jennifer Smith is a member of the Wellness Committee for Michigan City Area Schools.

The Nursing Department is comprised of 5 full time and 3 part time nurses and a nursing supervisor.

## **GOALS**

The Nursing Department goals of 2008 were focused on continuing to strengthen already established partnerships with medical and social service agencies to enhance the delivery of medical services to the community. In 2009, we will strive to continue this mission. The Nursing Department is working with the health department's environmental specialists to form partnerships with local medical, social service, and housing agencies to increase educational outreach and raise awareness of the hazards of lead based paint throughout the community. (Essential Public Health Services; 1, 3, 4, 5, 7, 9)

## **IMMUNIZATION SERVICES**

The LaPorte County Health Department strives to increase immunization rates and prevent disease by providing quality vaccination services and minimizing barriers to immunizations. In addition to providing general childhood and adult immunizations, the department promotes targeted vaccination to high risk persons, particularly international travelers and patients seen for confidential services at sexually transmitted infection clinic sites.

Immunizations are offered every Monday and Tuesday from 8:30AM-11AM and from 12:00PM-3:00PM at the main office in LaPorte and the branch office in Michigan City, respectively.

## **Childhood Immunizations**

The LaPorte County Health Department administers vaccinations in accordance with recommendations of the Advisory Committee for Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC). The staff regularly participates in educational opportunities offered by the Indiana State Department of Health, the Centers for Disease Control and Prevention (CDC), and drug manufacturers.

The LaPorte County Health Department participates in the Vaccine for Children program (VFC). This program is a federally funded program that provides eligible children recommended vaccines at no cost. The federal government pays for the vaccines. The VFC program was created by the Omnibus Budget Reconciliation Act (OBRA) of 1993 and began October 11, 1994. The program removes barriers for parents to immunize their children.

Children from birth thru 18 years of age can receive vaccines through the VFC program if they are at least one of the following:

- Eligible for Medicaid
- Without health insurance
- American Indian or Alaska Native
- Underinsured (have health insurance that does not cover vaccines)

Additional funds provide vaccine for children who do not qualify for VFC funded vaccine. The department also offers Gardasil Vaccine (human papiloma virus vaccine) through private purchase for patients not eligible to receive VFC funded vaccine.

The nursing staff, understanding the many questions caregivers have about vaccines, strive to provide accurate, understandable information and to handle safety concerns appropriately. (Essential Public Health Service; 3)

The following childhood vaccines are available through the LaPorte County Health Department:

DtaP (Diphtheria, Tetanus, Pertussis)	IPV (Polio)
DT (Diphtheria, Pertussis)	MMR (Measles, Mumps, Rubella)
Td (Tetanus, Diphtheria)	Hepatitis B
Hib (Haemophilus Influenza B)	Varicella (Chicken Pox)
Prevnar (Pneumococcal)	Influenza
Meningococcal	Hepatitis A
Rotavirus	Gardasil
Tdap (Adolescent Diphtheria, Tetanus, Pertussis)	

## Adult Immunizations

The following adult vaccines are available through the LaPorte County Health Department:

Td (Tetanus, Diphtheria)	MMR (Measles, Mumps, Rubella)
Hepatitis B	Gardasil
Influenza	Meningococcal
Polio	

There were 5,635 patient visits and 14, 959 immunizations provided during 2008 (includes 82 persons immunized in clinics providing confidential services).



## International Travel

The LaPorte County Health Department is a designated Yellow Fever Vaccination Center. Persons traveling outside of the United States are counseled regarding recommended and required vaccines after review of the person's itinerary by one of the staff nurses. Recommendations are made based on current information published by the Centers for Disease Control and Prevention (CDC). Current outbreaks are also taken into consideration. Although malaria prophylaxis is not available through the department, travelers are given recommendations, based on where they are traveling, to obtain appropriate medication from their physician. The following vaccines are provided to travelers:

Yellow Fever

Hepatitis A

Measles, Mumps, and Rubella

Polio

Typhoid

Hepatitis B

Tetanus-Diphtheria

141 people received vaccinations for international travel.

(Essential Public Health Services; 3, 7)

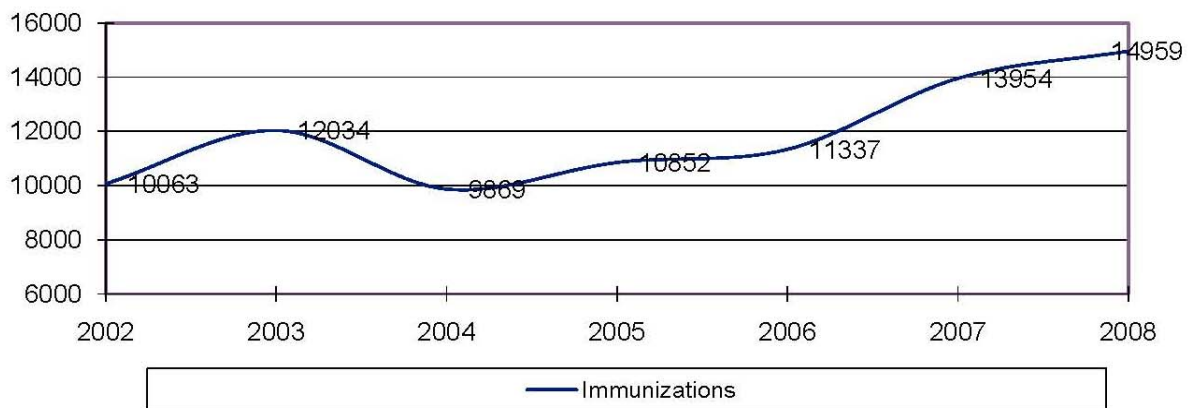


Figure 1: Number of vaccines dispensed by year (Childhood, Adult, Flu Clinics, Travel, confidential services)

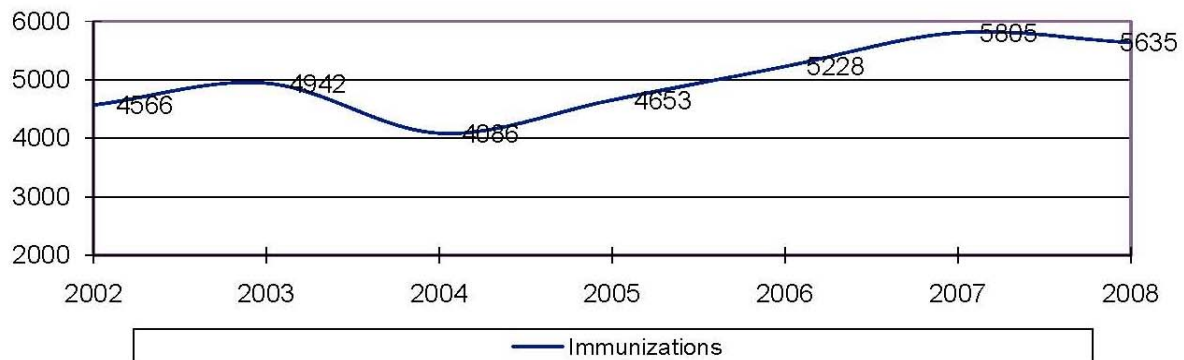


Figure 2: Number of patient visits by year (Childhood, Adult, Flu Clinics, Travel, confidential services)

## COMMUNICABLE DISEASE

The Communicable Disease Reporting Rule for Physicians, Hospitals, and Laboratories under Indiana Code 16-41-2-1 allows the Indiana State Department of Health to establish reporting, monitoring, and preventive procedures for communicable diseases. Upon receiving a communicable disease report, local health officers must investigate the report within a specified time frame outlined in Section 47 of the Rule. The local health department in the jurisdiction where the patient resides is responsible for epidemiological investigation and instituting control measures.

(Essential Public Health Services; 1, 2, 6)

Diseases that are reportable under the Rule meet one or more of the following criteria:

- 1) Nationally reportable disease
- 2) Vaccine preventable disease
- 3) Emerging infectious disease
- 4) Significant organism with emerging drug resistance
- 5) Disease with high bioterrorism potential
- 6) Disease that requires a public health response

Below is a list of the diseases that were directly reported to the LaPorte County Health Department in 2008.\*

Campylobacteriosis	0
Chlamydia	298
Cryptosporidiosis	0
Escherichia coli	1
Gonorrhea	71
Hepatitis, viral, Type A	1
Hepatitis, viral, Type B	2
Hepatitis, viral, Type B, pregnant woman	1
Hepatitis, viral, Type C (chronic)	107
Hepatitis, viral, Type C (acute)	0
Haemophilus Influenza	0
Histoplasmosis	1
Legionellosis	0
Listeriosis	1
Lyme disease	7
Meningitis- aseptic	1
Meningococcal- invasive	0
Mumps	0
Pertussis	3
Salmonellosis	10
Shigellosis	2
Streptococcus, Group A, invasive (invasive)	2
Streptococcus pneumonia, invasive	21
Streptococcus, Group B, invasive	5
Syphilis	0
West Nile	1
Toxic Shock Syndrome	1

\*Note: Some physicians and laboratories report directly to the Indiana State Department of Health. Therefore, the above data may represent lower numbers than the actual occurrence of these diseases in the county.

## **CONFIDENTIAL SERVICES**

The LaPorte County Health Department remains committed to providing services for the prevention and control of sexually transmitted diseases. Two clinics are held weekly in off site locations in Michigan City and LaPorte on Thursdays and Wednesdays, respectively. Appointments are advisable. Clients receive examinations performed by a physician or nurse practitioner, diagnostic services, treatment, and referrals at no cost. A disease intervention specialist provides HIV counseling during clinics. The department also performs a risk assessment on each client who presents at the clinics to determine eligibility for Hepatitis A and/or Hepatitis B vaccine.

310 people were served in the clinics in 2008. 2 doses of Hepatitis B vaccine and 92 doses of combined Hepatitis A/B vaccine were administered.  
(Essential Public Health Services; 3, 4, 7)

## **COMPREHENSIVE BLOOD PROFILE**

The Blood Chemistry Profile is offered once a month at both offices. This low-cost preventative health care service provides the client and the physician with valuable information concerning a person's overall health. Clients are advised to fast for 12 hours prior to testing. The health department provides copies of the test results to the client and the physician.

The Blood Chemistry Profile includes the following tests:

Calcium	Cholesterol
Phosphorous	Triglycerides
Chloride	SGPT
Potassium	GGT
Sodium	Alkaline Phosphatase
AST (SGOT)	Bilirubin
LDH	Albumin
BUN Creatinine Ratio	Albumin/Globulin Ratio
BUN	Globulin
Creatinine	Protein
HDL	Glucose
LDL	Iron
VLDL	Uric Acid

658 people received the blood profile in 2008.



## **TUBERCULOSIS PREVENTION AND CONTROL**

The overall priorities for the treatment of tuberculosis are early identification and complete treatment of infectious patients and minimizing transmission of *Mycobacterium tuberculosis* to other persons. The TB Case Manager works under the supervision and guidance of the TB Clinician and Health Officer and assures that complete and appropriate information regarding each patient is shared with the Indiana State Department of Health TB Program in a timely fashion.

All persons with active Tuberculosis (infectious) receive medications by “Directly Observed Therapy” to ensure completion of treatment. Patients remain under the care of both the health department and their physician until this is accomplished.

Contact investigation to identify all persons exposed to tuberculosis is the second priority of tuberculosis control. Intensive efforts are made to identify untreated individuals who are infected so that they will not become infectious. Contact investigations are done through extensive interviewing and follow up of all identified contacts with TB skin testing. Persons found to have latent TB infection (non-infectious) also receive medications free of charge through the health department.

In 2008, there were 2 tuberculosis cases. 260 contacts were identified.

The department reviews uninsured patients through the monthly chest clinic. The TB Clinician reviewed 33 patients free of charge in 2008.

(Essential Public Health Services; 1, 2, 6)

## **LEAD PROGRAM**

Lead testing is provided free of charge through a Maternal Child Health Block Grant to children 6 months through 6 years of age. The department provides this service through the office of the local WIC Program (Women, Infant, and Children). Families of children who are identified as having elevated blood levels receive education and an environmental investigation. 110 children were tested through the department in 2008. One child was identified as having an elevated blood lead level. In addition, 4 children were referred to the department through local physician offices.

(Essential Public Health Services; 1, 2, 3, 4, 7)

## **EMERGENCY PREPAREDNESS ACTIVITIES**

The nursing staff regularly participates in activities to enhance their preparedness for responding to emergencies in the community. This is accomplished through opportunities provided by the Indiana State Department of Health, Centers for Disease Control and Prevention (CDC), Federal Emergency Management Agency (FEMA), and various partners who play a crucial role in response. Training is accomplished through seminars, web casts, on-line study, and participation in local and district planning.

(Essential Public Health Services; 4, 8)



