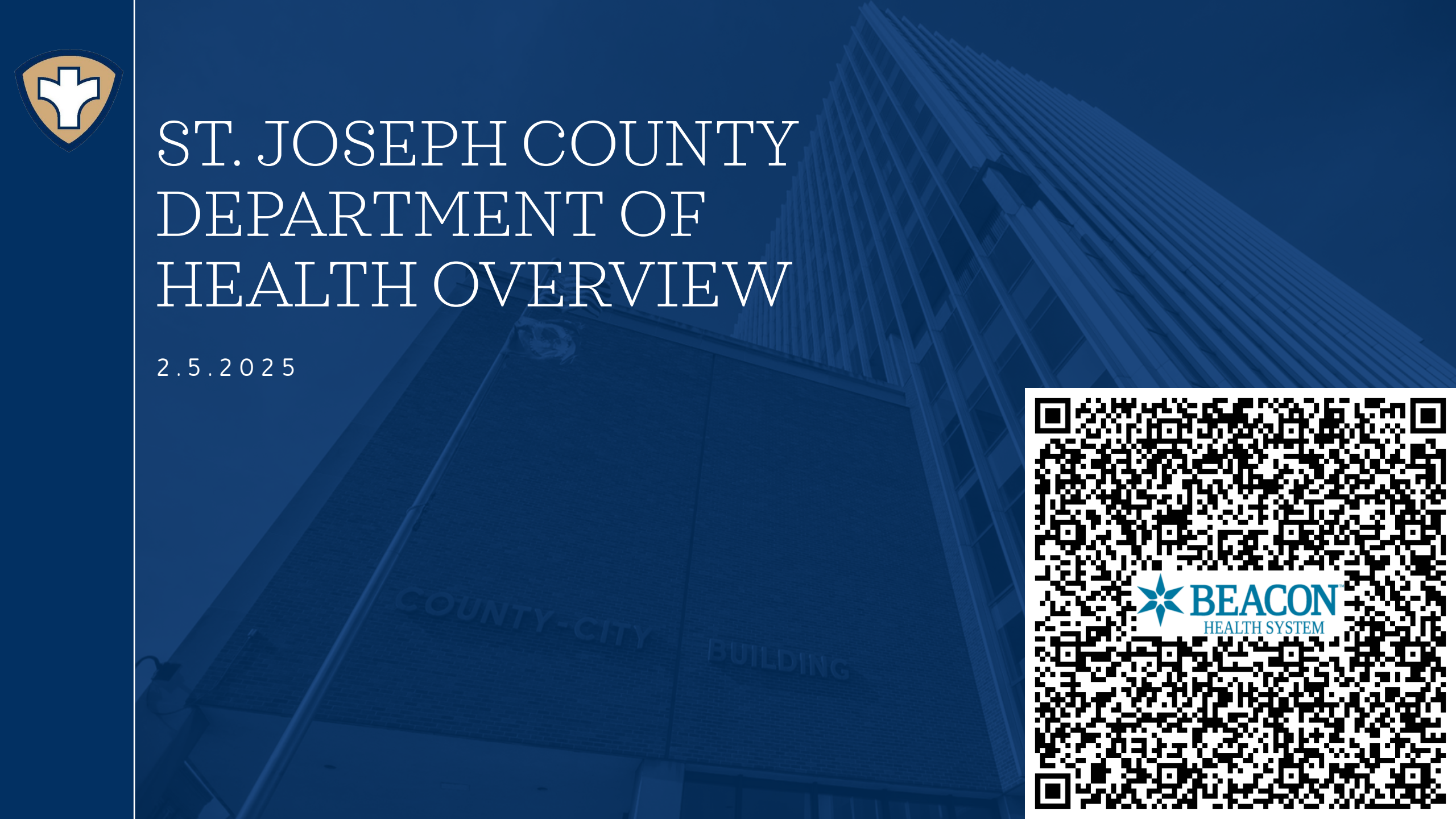
ST. JOSEPH COUNTY DEPARTMENT OF HEALTH OVERVIEW

2.5.2025



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INTRODUCTION TO THE DEPARTMENT OF HEALTH

HEALTH OFFICER

DR. MICHELLE MIGLIORE, D.O.

BOARD CERTIFIED FAMILY PHYSICIAN

DIPLOMATE, AMERICAN ACADEMY OF FAMILY PRACTITIONERS

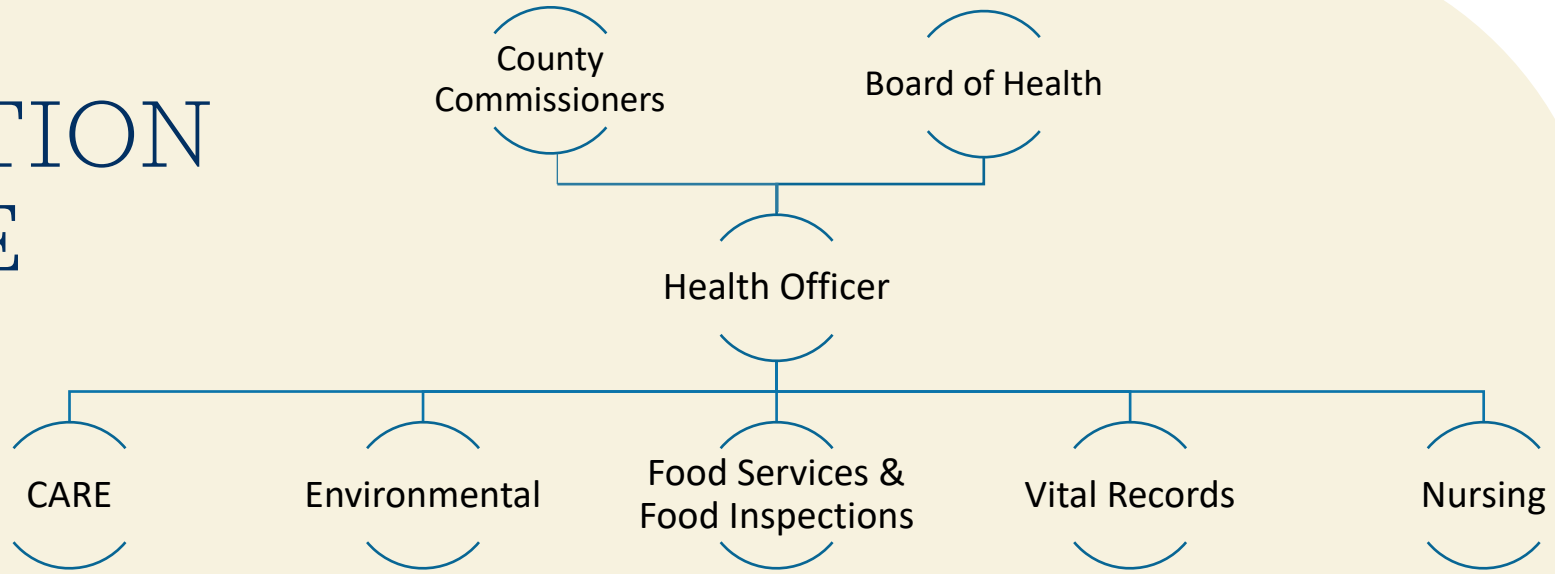
No personal or financial disclosures

THE DOH VISION IS OPTIMAL HEALTH FOR A THRIVING ST. JOSEPH COUNTY

Mission:

To promote health and wellness with compassion and integrity through partnerships, education, protection, and advocacy for all who reside in and visit St. Joseph County.

ORGANIZATION STRUCTURE



EACH UNIT SUPPORTS THE DOH VISION

CARE | ENVIRONMENTAL | FOOD SERVICES & POOL INSPECTIONS | VITAL RECORDS | NURSING

Community Access, Resources & Education (CARE) Unit

The **CARE Unit** comprises:

- 15 Community Health Workers
  - 3 teams working in specific census tracts, childhood lead poisoning prevention, & maternal/infant health.
- 2 Health Promotion Specialists
  - Chronic disease
  - Mental Health & Addictions
- Maternal Infant Health Coordinator
- Prenatal/Perinatal Lead Program Coordinator

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CARE | **ENVIRONMENTAL** | FOOD SERVICES & POOL INSPECTIONS | VITAL RECORDS | NURSING

Environmental Unit

The **Environmental Health Unit** comprises:

- 7.5 Environmental Health Specialists with a variety of responsibilities:
  - Public documents, concentrated animal feeding operations, well drilling & well head inspections, healthy homes, air quality & burning procedure, lead, massage, property transfers, septic systems, solid waste disposal, surface and ground water, tattoo & body piercing, public notices of petroleum release, and subdivision information.
- 1.5 Vector Specialists
  - Pests & Vectors program.

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Food Services & Pool Inspections Unit

The **Food Services & Pool Inspections Unit** comprises:

- 7 Food Safety Inspection officers with a variety of responsibilities:
  - Food Services (home-based vendors, opening establishments), enforcing codes, issuing permits and food safety recalls
  - 3 also Certified Pool and Spa Inspectors.

Vital Records Unit

The **Vital Records Unit** provides:

- Birth and death certificates, genealogy, paternity, and notary services.
- Death transfers out of state and out of the country.

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Nursing Unit

The **Nursing Unit** comprises:

- 7.5 RNs, serving as Public Health Nurses and Immunizations nurses
  - 1 nurse designated as the School Health Liaison
- 3 Disease Investigation Specialists
- 2.5 Nursing Registrars
- Mobile Immunizations team
- Tuberculosis team

KEY STAFF KEEP THE DOH RUNNING SMOOTHLY AND EFFICIENTLY

- Director of Finance
- Director of Community Partnerships & Development
- Director of Operations, who oversees:
  - Public Health Coordinator
  - 2 Data Analysts
  - Communications and Events Specialist

IMMUNIZATIONS SPOTLIGHT

DIRECTOR

ASHLEY HELMAN, RN

St Joseph County

Children 19-35 Months

- 75th out of 92 Counties for on Time Series Completion
- 57.7% of Children Receive all Recommended Doses*

*Indiana State Average 62.2%

WAYS TO HELP

Never Miss a Chance to Vaccinate

Combat Vaccine Hesitancy

Utilize the CHIRP Database

New and Notable

- Meningitis B Vaccine Update
- Hepatitis B Vaccine Update
- M-Pox
- Quarterly Provider Update

COMMUNITY ACCESS, RESOURCE, AND EDUCATION (C.A.R.E.) UNIT

DIRECTOR

RENATA WILLIAMS, MPH

CARE Unit Overview

We focus on enhancing access to essential health services, empowering individuals through comprehensive health education, fostering community engagement, and providing support services to address social drivers of health.

Key Programs

Community Health Workers

Health Promotion and Education

Maternal, Infant, & Child Health

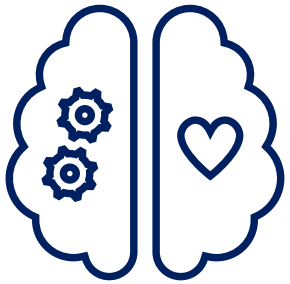
Community Health Workers (CHWs)

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

This program is designed to address social drivers of health in the places with the highest need in our community.

- We have 8 CHWs stationed in census tracts identified as having a high Social Vulnerability Index (SVI).
- A Social Needs Assessment (SNA) helps us to determine the client's needs
  - Social Needs Assessments (SNAs) are available on our website and through community partners for any community member to fill out to request assistance with insurance navigation or resource referrals.

Health Promotion & Education



The Mental Health and Substance Abuse Education Program aims to educate the community on addiction, substance use, & mental health, providing:

- Free naloxone trainings
- Stigma reduction efforts
- Mental health resources referrals & education

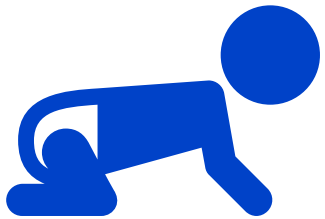
The Chronic Disease Health Education Program provides community education by creating education materials for a variety of chronic disease topics, including:

- Nutrition & Overweight/Obesity
- Hypertension
- Diabetes
- Fall Prevention

Maternal, Infant, & Child Health

MIH CHWs assist clients with insurance navigation, connecting to prenatal care providers, and accessing other resources identified through SNAs.

- Collaboration with WCC
- Community-Based MIH CHWs



The Perinatal Lead Poisoning Prevention program focuses on assessing and mitigating potential lead hazards in residential homes of women before, during, or after pregnancy.

- This proactive approach occurs before the child is born or begins exploring their environment through hand-to-mouth activities.

Maternal, Infant, & Child Health

The **E**mpowering **M**oms and **B**abies through **E**ducation & **R**esilience (**EMBER**) program is the CARE Unit's new maternal and child health education initiative.

- Classes are offered every Tuesday evening at the Beacon Resource Center in English and Spanish.
- Topics include nutrition, safe sleep, maternal mental health, managing preexisting conditions and more
- EMBER also offers a postpartum peer support group for new moms to discuss life after childbirth after class every 2nd and 4th Tuesday of the month.

RADON SPOTLIGHT

ENVIRONMENTAL HEALTH SPECIALIST

JESSICA DILLING,

Radon: What to Know

- Each year in the US, radon exposure leads to 21,000 deaths from lung cancer.
- Smokers have a higher risk of lung cancer if exposed to radon.
- Individuals living in counties with higher radon levels show a significant association in developing gestational diabetes.
- In St. Joseph County, 1 in 4 homes have elevated radon levels.
- According the EPA, **ALL** homes should be tested, and those with levels of 4 pCi/L or higher should be actively remediated.
- *You can't prevent it if you don't know about it.*

Radon: What to Do

- Ask patients if they've tested their home for radon.
- Add a radon question to routine medical questionnaires.
- Provide educational information in your office and clinics.
- Partner with the Department of Health's Radon-Free Home Initiative and become a distribution point for free tests.

LEAD OVERVIEW

LEAD COORDINATOR

MICAELA ENRIGHT

LEAD IN ST. JOSEPH COUNTY

- Naturally occurring toxic metal that competes with calcium and iron and can cause irreversible damage to the brain and nervous system.
- Found in paint before 1978, dust, pipes, cosmetics, toys, pottery from other countries, etc.
- 80% of homes in South Bend have lead, and 70% of homes in St. Joseph County have lead.

TESTING & REPORTING REQUIREMENTS

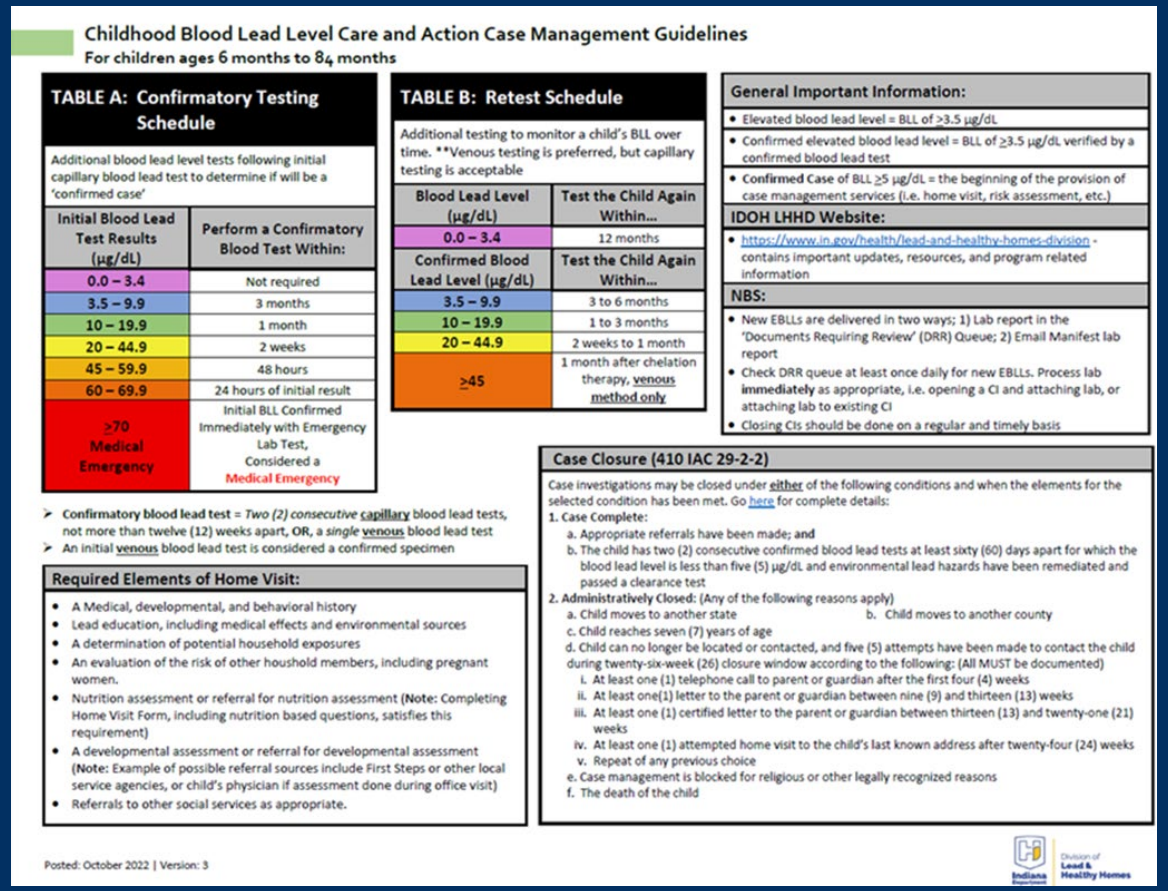
Effective January 1, 2023, House Enrolled Act 1313 requires Indiana healthcare providers to confirm that ALL children under the age of 7 have been tested for lead and, if not, to offer testing.

Children should be tested at their 1- and 2-year well child checks, but testing can be done anytime if a child aged 3-6 years has not been tested.

Indiana statue requires that ALL blood lead tests, regardless of the results being elevated or not, are to be reported to the Indiana Department of Health (IDOH) by the entity examining the specimen no later than one week after the test has been completed.

IDOH has 3 main ways of electronically reporting:

- HL7 messaging
- Direct entry into the Lead Data Flow (LDF) database
- Direct entry into the Children and Hoosier Immunization Registry Program (CHIRP)



Childhood Blood Lead Level Care and Action Case Management Guidelines
For children ages 6 months to 84 months

TABLE A: Confirmatory Testing Schedule

Additional blood lead level tests following initial capillary blood lead test to determine if will be a 'confirmed case'

Initial Blood Lead Test Results (µg/dL)	Perform a Confirmatory Blood Test Within:
0.0 – 3.4	Not required
3.5 – 9.9	3 months
10 – 19.9	1 month
20 – 44.9	2 weeks
45 – 59.9	48 hours
60 – 69.9	24 hours of initial result
≥70 Medical Emergency	Initial BLL Confirmed Immediately with Emergency Lab Test, Considered a Medical Emergency

TABLE B: Retest Schedule

Additional testing to monitor a child's BLL over time. **Venous testing is preferred, but capillary testing is acceptable

Blood Lead Level (µg/dL)	Test the Child Again Within…
0.0 – 3.4	12 months
Confirmed Blood Lead Level (µg/dL)	**Test the Child Again Within…**
3.5 – 9.9	3 to 6 months
10 – 19.9	1 to 3 months
20 – 44.9	2 weeks to 1 month
≥45	1 month after chelation therapy, venous method only

General Important Information:

- Elevated blood lead level = BLL of ≥3.5 µg/dL
- Confirmed elevated blood lead level = BLL of ≥3.5 µg/dL verified by a confirmed blood lead test
- **Confirmed Case** of BLL ≥5 µg/dL = the beginning of the provision of case management services (i.e. home visit, risk assessment, etc.)

IDOH LHHD Website:

- https://www.in.gov/health/lead-and-healthy-homes-division - contains important updates, resources, and program related information

NBS:

- New EBLLs are delivered in two ways; 1) Lab report in the 'Documents Requiring Review' (DRR) Queue; 2) Email Manifest lab report
- Check DRR queue at least once daily for new EBLLs. Process lab **immediately** as appropriate, i.e. opening a CI and attaching lab, or attaching lab to existing CI
- Closing CIs should be done on a regular and timely basis

- **Confirmatory blood lead test** = *Two (2) consecutive* capillary blood lead tests, not more than twelve (12) weeks apart, **OR**, a *single* venous blood lead test
- An initial venous blood lead test is considered a confirmed specimen

Required Elements of Home Visit:

- A Medical, developmental, and behavioral history
- Lead education, including medical effects and environmental sources
- A determination of potential household exposures
- An evaluation of the risk of other houshold members, including pregnant women.
- Nutrition assessment or referral for nutrition assessment (**Note:** Completing Home Visit Form, including nutrition based questions, satisfies this requirement)
- A developmental assessment or referral for developmental assessment (**Note:** Example of possible referral sources include First Steps or other local service agencies, or child's physician if assessment done during office visit)
- Referrals to other social services as appropriate.

Case Closure (410 IAC 29-2-2)

Case investigations may be closed under either of the following conditions and when the elements for the selected condition has been met. Go here for complete details:

1. **Case Complete:**
   a. Appropriate referrals have been made; **and**
   b. The child has two (2) consecutive confirmed blood lead tests at least sixty (60) days apart for which the blood lead level is less than five (5) µg/dL and environmental lead hazards have been remediated and passed a clearance test
2. **Administratively Closed:** (Any of the following reasons apply)
   a. Child moves to another state
   b. Child moves to another county
   c. Child reaches seven (7) years of age
   d. Child can no longer be located or contacted, and five (5) attempts have been made to contact the child during twenty-six-week (26) closure window according to the following: (All MUST be documented)
      i. At least one (1) telephone call to parent or guardian after the first four (4) weeks
      ii. At least one(1) letter to the parent or guardian between nine (9) and thirteen (13) weeks
      iii. At least one (1) certified letter to the parent or guardian between thirteen (13) and twenty-one (21) weeks
      iv. At least one (1) attempted home visit to the child's last known address after twenty-four (24) weeks
      v. Repeat of any previous choice
   e. Case management is blocked for religious or other legally recognized reasons
   f. The death of the child

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Indiana Department of Health — Division of Lead & Healthy Homes

CASE MANAGEMENT

- Confirmed lead level of ≥ 5 µg/dL
- Home visit by CHW/PHN and risk assessor is required
  - Involves a nutritional assessment, developmental assessment, lead education, and risk assessment of property
- Will be retested based on IDOH guidelines
- Must have two consecutive lead levels below 5 µg/dL to end case management
- Property owner has 60 days to complete remediations and must pass a clearance exam

LEAD POISONING PREVENTION INITIATIVES

- Lead Free By 3 – Initiative by SJCDoH that aims to make children in SJC ‘lead free’ by the time they are 3 years old through testing and eliminating exposures
- Pre/Perinatal Lead Program – Detect and eliminate lead exposures in the home before the child is born to prevent lead poisoning
- Home Risk Assessments – SJCDoH offers free risk assessments to SJC residents who are pregnant and/or have children under the age of 7
- Community Outreach – Community health workers provide lead screenings for children under the age of 7 at lead events throughout the community
- Clinical Provider Outreach – Meeting with local healthcare providers to discuss the importance of lead testing and reporting

QUESTIONS?