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MESSAGE TO THE COMMUNITY

Virginia A. Caine, M.D. • Director

It is my pleasure to present this report to the community with the highlights of activities of the Marion County Public Health Department (MCPHD) for the years 2008-2012. This report provides many examples of how we achieved our goals by promoting health, protecting our community, and preventing disease, injury, and disability.

The year 2009 held our most stellar moments in the response to the H1N1 pandemic, maybe the biggest health threat that our community has faced since the 1918 influenza epidemic. If you were vaccinated for H1N1, thank you for helping to keep our community healthy and for helping to reduce the spread of the virus and keeping morbidity low. The collaborative leadership between all of our health systems and public health community partners demonstrated to our community and our nation that Indianapolis can respond to public health emergencies in an outstanding fashion.

MCPHD reported significant improvements in infant mortality rates in the last decade. The overall infant mortality rate for 2012, as well as the death rates among black infants, hispanic infants and white infants, was at its lowest since 2002.

Community leaders see chronic disease preventative care and access to regular routine and specialty health care as an important step in improving health and addressing health care costs. Good nutrition, exercise, and a sense of security and well-being are key outcomes that we want to realize for our youth and families. Addressing all of these issues through partnering and using evidence-based practices will lead us to solid solutions in improving community health status for future generations.

MCPHD remains committed to closing the gaps in health equity in HIV, infant mortality and diabetes. One main focus is to prevent and control diseases by monitoring our community's health status. MCPHD also initiated preparation activities in order to achieve national public health accreditation. These activities will improve the quality of our services and will place us in a better position to gain resource funding in the future.

As you read this report, please notice the extent to which your health department delivers all of the ten essential services of public health to you. These services are: monitoring health, diagnosing and investigating health hazards, informing and educating about health issues, mobilizing partnerships, developing health policies, enforcing environmental laws, access to care, assuring a competent public health workforce, evaluating health services, and researching public health concerns. You should always expect this from your local public health department. We do it all for you!

Sincerely,

Virginia A. Caine, M.D.

Director

“As you read this report, please notice the extent to which your health department delivers all of the ten essential services of public health to you.”



HIGHLIGHTS IN 2008

SEVERAL RECORDS SET DURING MOSQUITO SEASON

The Marion County Public Health Department set several records during the 2008 mosquito season. Records were set for the number of sites treated for larvae and the number of complaint calls for the month of October. Mosquito control officials said mosquitoes were biting into October, longer than any other season in recent memory.

Health department technicians investigated 10,117 larvae sites in 2008, compared to the previous high of 10,052 set in 2001.

Marion County maintains one of the most prominent mosquito control programs in the nation.



“Health department technicians investigated 10,117 larvae sites in 2008, compared to the previous high of 10,052 set in 2001.”



ACTION HEALTH CENTER 20TH ANNIVERSARY

The ACTION Health Center celebrated its 20th anniversary. The center continues to provide high-quality, personalized service to adolescents living in Indianapolis.

The center's major program activities provide community outreach and education, and have established a reputation as a one-stop resource for area youth. The center also offers school-based health clinics that provide services in a convenient setting.

Other Action Health Center programs touch on the topics of anger control mentoring, parenting, depression screening, postpartum depression education, support and counseling. Sports and general routine physical exams are also provided.

The Action Health Center Clinic, located at 2868 N. Pennsylvania St. has become a highly-requested clinical experience for student nurses, physicians and master's students.



A \$5 MILLION GRANT FOR EMERGENCY HEALTHCARE

A \$5 million grant project was awarded to Health & Hospital Corporation (HHC) and was selected as one of five national programs by the office of Assistant Secretary for Preparedness and Response to receive grant funding for an innovative emergency healthcare partnership project.

The \$5 million grant project serves as a best practice for the nation's public health and medical community. The award was designed to increase Marion County and the surrounding counties' hospital and community health center surge capacity by expanding emergency preparedness efforts. The partnership includes the Marion County Public Health Department, Indiana University School of Medicine, Eskenazi Health, the Indiana State Department of Health, the Indiana Department of Homeland Security and all surrounding area hospitals.

MCPHD RESPONDS TO TRAIN DERAILMENT

As part of the Marion County Public Health Department's response to a derailment of CSX train cars, the department of Water Quality and Hazardous Materials Management took water samples from homes located near the derailment site. The samples were taken as a precautionary measure to reassure homeowners with wells that no chemical materials spilled as a result of the derailment leaked into their wells.

“The Action Health Center celebrated its 20th anniversary. The center continues to provide high-quality, personalized service to adolescents living in Indianapolis.”





FOOD SAFETY INSPECTIONS GO ONLINE

In 2008, the Marion County Public Health Department unveiled a convenient, web-based means for anyone to quickly access restaurant and food service inspection reports.

The online site features the most recent food inspection reports, identifies the establishment as smoking or non-smoking, and provides multiple ways to locate the reports. It also provides mapping capabilities to accurately locate all 4,478 licensed food services providers in Marion County, including all 2,552 licensed restaurants.

The site was established to increase consumer knowledge in an easy-to-use manner. The online site was developed as another tool to educate and make the community healthier and to provide a link for consumers to file complaints against food establishments.

In an effort to provide Marion County with the best possible resource, the health department and its Computer Information Systems (CIS) staff looked through dozens of online food inspection websites. After reviewing those in Philadelphia, Los Angeles, Seattle and Toronto, the health department and CIS began building their own site.

Recent upgrades to the health department's computer software systems made transferring inspection data from the inspector to a format that could be used by the general public more easily. The move from a paper process to an electronic format was the first step toward making online inspection reports available.

MCPHD SPONSORS SHARPS DROP-OFF DAY

In response to the need for increased awareness and protection of public health and safety, Marion County Public Health Department organized a free sharps drop-off collection. During the Sharps Drop-off Day, the Department of Water Quality & Hazardous Materials Management collected 60 pounds of sharps from Marion County residents.

A total of 49 containers were dropped off and new sharps containers were given away to the participants.

INTERACTIVE POINT-OF-DISPENSING TRAINING LAUNCHED

The Marion County Public Health Department began participating in interactive point-of-dispensing (POD) training.

The health department was one of eight health departments across the nation chosen to take part in training curriculum provided by Johns Hopkins School of Public Health Infrastructure Response Survey. The purpose of the survey was to help access the levels of public health preparedness in a variety of emergencies. Johns Hopkins faculty conducted a thorough analysis of the data and provided the health department with feedback. The training focused on the gaps/areas of need in public health preparedness. Each employee was required to complete the entire curriculum, which took approximately seven hours over the course of six months.

“The Marion County Public Health Department unveiled a convenient, web-based means for anyone to quickly access restaurant and food service inspection reports.”

SMILE MOBILE CELEBRATES 10 YEARS

After 10 years, the Marion County Public Health Department's Smile Mobile with its colorful dots, continues to extend dental health services, education and awareness to Marion County residents.

Each year the Smile Mobile staff provides 11,850 community dental services and an additional 1,850 treatments to local students. Children and adolescents, adults with low income and women who are pregnant are among those most likely to receive services from the Smile Mobile. Others can receive referral information to assist them in their efforts to acquire dental treatment. Because it is a non-traditional setting, the Smile Mobile presents a positive image for children who may not have much experience with doctor's offices and health clinics.

INCIDENT COMMAND GROUPS FIGHT SHIGELLA AND SYPHILIS OUTBREAKS

In 2008, incident command groups were formed to address shigella and syphilis outbreaks. The groups are a collaborative effort between several departments within Health & Hospital Corporation and the Marion County Public Health Department. The first incident command group was formed to proactively handle a shigella outbreak. The group headed by the acute disease department includes members from epidemiology, public relations, food safety, HEPT and community-based care.

The syphilis command group headed by Bell Flower Clinic focuses on ways to inform, screen and treat the affected populations as quickly as possible.

TUBERCULOSIS PROGRAM EXPANDS

The Marion County Public Health Department's Tuberculosis Control program expanded its community testing and follow-up care effort to ensure TB does not become a significant public health threat.

Two Tuberculosis and Refugee Care (TARC) clinics began operation at the Regenstrief Health Center and the health department's Northeast District Health Office. The clinics offer direct medical care and follow-up services to TB patients and augment the on-going services provided by the health department. TB care is offered at no charge. Services are designed for those who do not have insurance, do not have a primary care provider or those who are referred by other providers.

Although the number of TB cases was slightly down in 2008, Marion County averages at least 50 TB cases annually, and 118 in Indiana as a whole. Recent outbreaks in Allen and Kosciusko counties serve as reminder to how quickly TB can gain momentum.



SMOKE FREE INDY LAUNCHES PUBLIC EDUCATION CAMPAIGN ON SMOKING

Smoke Free Indy launched a public education campaign in 2008 to educate the Indianapolis community about the importance of working in a smoke-free environment. The coalition launched a new texting campaign utilizing a SMS short code, which allows individuals to learn more about the coalition's efforts through text alerts. Smoke Free Indy also educated Indianapolis residents through print and radio advertising, flyers and yard signs.

The yard signs featured the message "Want a Smoke Free Indy? Text 'Smokefree' to 242242." Yard signs were handed out at health fairs, community events and to individuals who want Indianapolis to be smoke-free.

Over 550 cities in the United States have already gone completely smoke free.

PROGRAM ASSISTS INCARCERATED MOMS

Indianapolis Healthy Start (IHS) implemented the Wee Ones program, which allows qualifying mothers to keep their babies in prison with them after they give birth. The Wee Ones program, developed in 2008, was designed to keep inmates with their children during a crucial stage of development. Indiana is one of only six states that allow women to keep their babies with them while in prison.

Qualifications for entering the program include pregnant when entering prison, be the legal custodian of the baby, have no previous convictions of violent crimes or child abuse and have a release date no later than 18 months after delivery.

Wee Ones provides classes for the mothers on a variety of topics: parenting, relationships, prenatal care, postpartum depression, nutrition, exercise, safe sleep, breastfeeding, child development and fun activities. Once the women are accepted into the program, IHS case managers provide services to the women until their babies are two years old.

"Wee Ones provides classes for the mothers on a variety of topics: parenting, relationships, prenatal care, postpartum depression, nutrition, exercise, safe sleep, breastfeeding, child development and fun activities."





HIGHLIGHTS IN 2009



H1N1 VIRUS DOMINATED TOP LOCAL HEALTH ISSUES

The H1N1 virus dominated the top local health issues faced by the Marion County Public Health Department in 2009.

During the months of April and May, most of the nation was beginning to hear about confirmed cases of the Swine Flu entering into the United States. To respond to the public health emergency declared by the Centers for Disease Control and Prevention (CDC), Virginia A. Caine, M.D. established the Swine Flu Task Force. The task force was made up of health department staff, and the city's emergency management agency. Holding regular meetings, the task force answered questions and concerns from the medical and public communities. In addition, informational fact sheets were prepared for the general public, health care providers, hospitals, governmental agencies, businesses, schools, daycares and Universities.

As the virus progressed, it was termed Influenza A-H1N1 and the health department established a Flu Helpline to answer calls from the public, and received more than 10,000 calls in the first month.

Acting upon the guidance of the CDC, the health department and the Indiana State Department of Health (ISDH) closed two schools, each with a student with a confirmed case of the H1N1 virus. Following the recommendations from CDC, Dr. Caine and superintendents, Dr. James D. Mervilde of Washington Township and Dr. Eugene White of Indianapolis Public Schools (IPS) re-opened Spring Mill Elementary School and IPS School 60. After closing the Flu Helpline earlier in the year due to a decrease in calls, it reopened in October to allocate the H1N1 vaccine to hospitals, private doctor's offices, large public clinics, community partners and local schools.

Seasonal flu clinics gave way to H1N1 clinics in October, November and December, challenging local health officials to coordinate a massive vaccine distribution and vaccination effort.

Indianapolis was one of the first two communities in the nation to receive H1N1 vaccine and continues to become a national leader in implementing the flu emergency response plan. With the initial shipment, the health department vaccinated 117,910 school age children with more than 10,262 of these children also receiving their recommended second vaccine. The health department also vaccinated more than 40,200 adults with the majority of these adults considered most at-risk for complications from the H1N1 flu. *(continued on next page)*



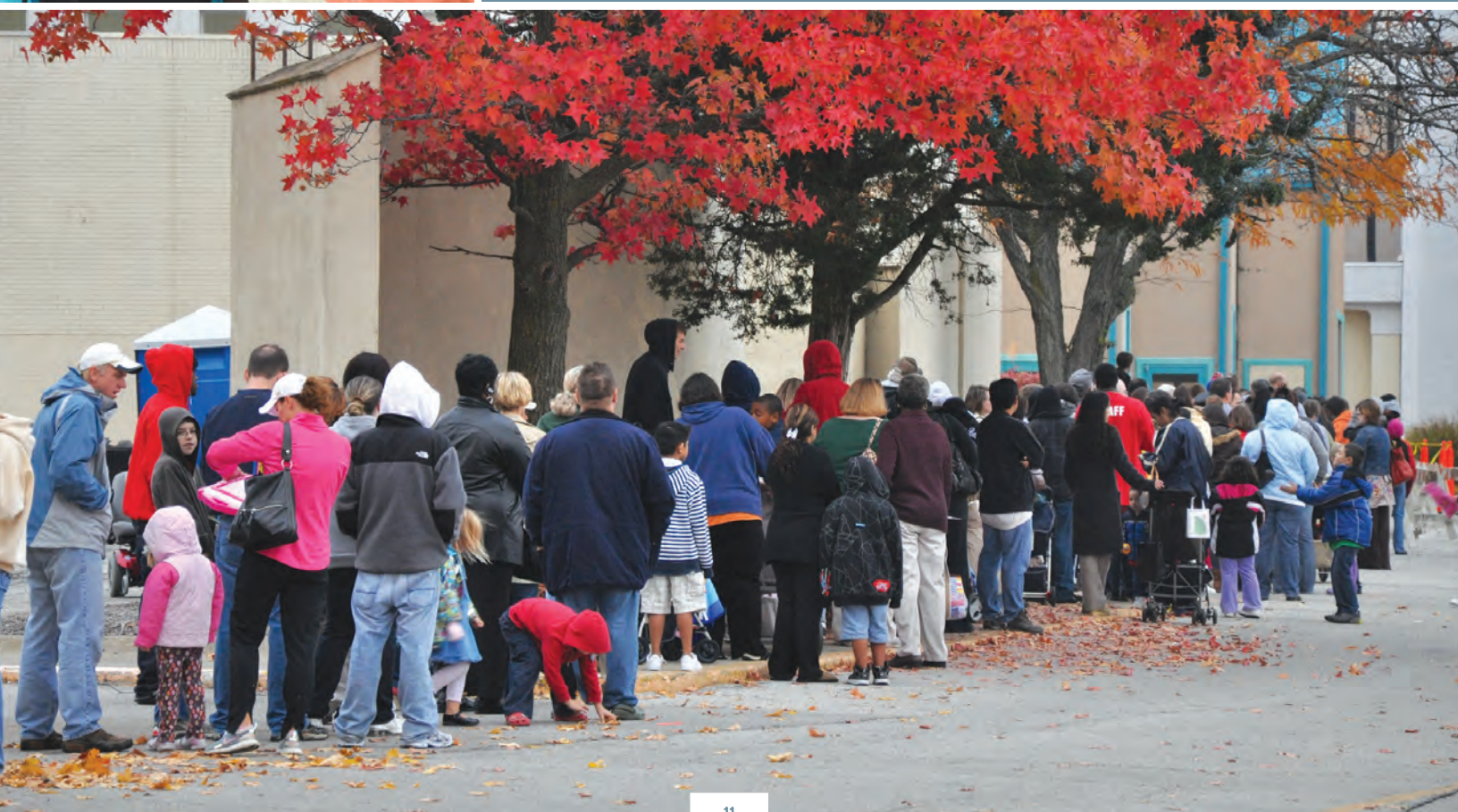


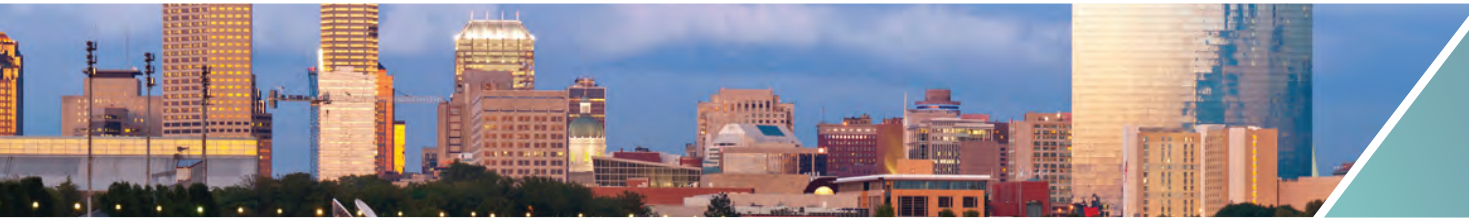
H1N1 VIRUS DOMINATED TOP LOCAL HEALTH ISSUES

More than 2,500 people received vaccine during the health department's first H1N1 public flu vaccination clinic. Held at Lafayette Square Mall, the clinic was the first time Marion County residents could get the H1N1 vaccine outside of a private healthcare office.

In addition, the health department vaccinated more than 15,100 elementary-aged students during the first week of its school-based H1N1 flu clinics. Health department nurses and nurses from Clarian, Community, St. Francis, Eskenazi (formerly Wishard) and several area nursing agencies vaccinated more than 3,000 students a day. More than 11,648 people received H1N1 vaccine during the first four public clinics sponsored by the Marion County Public Health Department.

The health department and Eskenazi Hospital gained national attention as Indianapolis received the first shipments of the H1N1 flu mist vaccine.
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H1N1 VIRUS DOMINATED TOP LOCAL HEALTH ISSUES

Media coverage converged on Eskenazi Hospital, which was selected by CDC to be one of two national media destination sites to view the flu vaccine being administered. Memphis, Tenn., was the other national host site.

Dr. Caine joined representatives of the CDC, Governor Mitch Daniels, Indiana State Department of Health Commissioner Judy Monroe, M.D., and Gino Alberto, M.D., of Eskenazi Hospital during a press conference prior to Eskenazi emergency care personnel receiving the H1N1 vaccine.

In recognition and appreciation of the contributions made by members of the community to the citywide preparation and response to the H1N1 flu outbreak, Mayor Greg Ballard held a special ceremony to acknowledge the success of the community leaders' coordinated efforts.





EMERGENCY PREPAREDNESS PUT TO REAL-LIFE SITUATION

The Marion County Public Health Department's emergency preparedness planning was tested in a real-life situation as the county responded to local cases of the H1N1 flu, commonly referred to as the Swine Flu.

Working with the City of Indianapolis, the Indiana State Department of Health, health care providers, doctors, schools and other community partners, the health department provided leadership, guidance and support to the local response effort.

In the midst of responding to the H1N1 outbreak in Marion County, health department staff began preparing for upcoming training and preparing for upcoming training exercises.



ABC'S EXTREME MAKEOVER: HOME EDITION

The Marion County Public Health Department teamed up with ABC's "Extreme Makeover: Home Edition" in choosing an Indianapolis home for the season finale in 2009.

In an effort to revitalize the Brightwood neighborhood, Bernard McFarland's home in the 2300 block of Oxford Street wasn't the only makeover. Companies and individuals pitched in to demolish abandoned houses, paint homes, pave alleys, clean up trash and plant trees throughout the neighborhood. As a result of the show, the nearby vacant Indianapolis Public School No. 37 building became a community center and the entire area was wired for wireless Internet service.

The Food and Consumer Safety Department worked to secure temporary food licenses needed for the construction crew. The health department's Environmental Health & Safety Management program was active in the neighborhood cleaning vacant homes and hauling trash from the area. More than 1,000 trees were planted as part of the project.

More than 5,000 volunteers and 200 companies entered the eastside neighborhood hoping to help build a home for one family in need and left having built up the spirit of a community.

HIGHLIGHTS IN 2009

DIETITIANS CELEBRATE FIRST EVER REGISTERED DIETITIAN DAY AT THE CITY MARKET

Dietitians of the Marion County Public Health Department celebrated the first-ever registered dietitian day, a day marked by the American Dietetic Association to commemorate the dedication of registered dietitians as advocates for advancing the nutritional status of Americans and people around the world.

During this time, consumers were reminded of the importance of healthy eating by making informed food choices and developing sound physical activity habits.



BALANCED TRANSPORTATION FOR HEALTHIER COMMUNITIES

The Marion County Public Health Department, a founder and key supporter of Health by Design, hosted the Balanced Transportation for Healthier Communities Conference. More than 150 people from around the state attended.

The conference provided an exciting lineup of speakers from Chicago, Dallas, St. Louis, Charlotte and Louisville who shared success stories about balancing transportation systems and offering choices to their citizens in how to get around their cities.

In addition, the conference stimulated a vital community-wide conversation on how to evolve the transportation system toward one that encourages active transportation and relies less on the automobile. Public health will improve with more citizens biking regularly, children walking to school, and people taking mass transportation resulting in less automobile emissions.

In addition, Health by Design partnered with the City of Indianapolis to create new bicycle lanes along Michigan Street and New York Street.

HEALTHY START FOCUSES ON SAFE SLEEP PRACTICE

In 2009, Indianapolis Healthy Start (IHS) collaborated with six birthing hospitals to focus on safe sleep practice policies for each hospital, and/or safe sleep education for parents and staff. A small stipend was provided to the hospitals by IHS in an effort to reduce the number of preventable infant deaths related to unsafe sleep and to meet the goals of HIS' Local Health Systems Action Plan.



“The Marion County Public Health Department, a founder and key supporter of Health by Design, hosted the Balanced Transportation for Healthier Communities Conference. More than 150 people from around the state attended.”





HIGHLIGHTS IN 2010

HEALTH DEPARTMENT OFFERS FREE TRIGGER LOCKS

The Marion County Public Health Department, through its violence prevention program, offers trigger locks at no charge.

The program promotes safe and responsible storage of guns by providing free trigger locks to individuals. The locks are distributed at health fairs and other special events and/or to individuals on a walk-in basis. Each lock is a simple, sturdy device with a center post that prevents movement of the trigger when it is properly attached. The locks will easily attach to most handguns, shotguns and rifles.

The health department also offers gun safety educational materials. The program emphasizes various principles of gun safety. In addition to basic safety tips, children and teenagers learn alternatives to violence, alternatives to gun possession for personal safety and what to do if they find a gun. Adult education promotes both the safe storage and the responsible use of guns.

HEALTH OUTREACH AND PROMOTIONAL EVENTS PROGRAM ESTABLISHED

The new Health Outreach and Promotional Events program (H.O.P.E.) was established in 2010 to provide memorable and educational experiences that promote healthy decisions and the programs and services of the health department. The program rolled out by the health department highlights the programs offered by the health department and raises awareness in a fun way. The experience setup allows all employees to participate and aims to raise awareness among sponsors and the public of the things that the health department offers by engaging them in conversations and games. The goal of the program is to complete 85 percent of requested events.



“The Marion County Public Health Department, through its violence prevention program, offers trigger locks at no charge.”



HAZARDOUS MATERIALS PROGRAM

In 2010, the Marion County Health Department's Hazardous Materials program was involved with several projects designed to enhance Marion County's preparedness to respond to hazardous material emergencies and to protect Marion County's environment, including response planning for the 2012 Super Bowl.

Members of the Hazardous Materials program planned with representatives from the Environmental Protection Agency (EPA), local fire and police departments, emergency management, department of public works, area hospitals, Emergency Medical Services and private industry for a hazardous materials exercise. The exercise tested both public response agencies and private industry in dealing with a release from a facility regulated under the Clean Air Act Amendments Sec. 1112[®].



DELEGATES VISIT FOOD AND CONSUMER SAFETY

In 2010, the Food and Consumer Safety Department received a visit from delegates from The People's Republic of China Food and Product Safety as part of the International Visitor Leadership Program. The delegates were international leaders from the Chinese CDC, FDA and other regulatory agencies. The health department was one of only eight health departments across the nation chosen as a host site. Two translators accompanied the delegates.

ENVIRONMENTAL HEALTH SAFETY & MANAGEMENT PROGRAM TACKLE COMMUNITY EYESORES

Every community has eyesores – places that once thrived that have, for one reason or another, become forgotten, abandoned or run down; places that have the potential to invite pests, illegal dumping, criminal activity and other health and safety issues. When a community unites to tackle these spots, the results are impressive.

In 2010, the Marion County Public Health Department's Environmental Health Safety & Management program set out to tackle the old Bryant Heating building in the Sugar Grove Davis addition of Riverside, a job that they do once or twice every year. The Riverside Civic League got involved with the project after receiving numerous complaints from residents in regards to the amount of illegal dumping going on there. Keep Indianapolis Beautiful and the City of Indianapolis also joined in the effort.

More than 158 tons of trash was removed from the old Bryant building. In addition to the trash removal, brush, weeds and trees were cleared as a preventative measure to eliminate pests and unsightly overgrowth and to create a safer environment by eliminating secluded spots that may contribute to illegal dumping.

In the past three years, the environmental control crew removed nearly 56 million pounds of trash and cleaned more than 10,000 properties. Natural disasters like tornadoes, floods and ice storms often leave damage that the health department assists in cleaning up, and routine clean-ups are anything but routine.

Environmental Health & Safety Management removed over 43 tons (86,120 pounds) of garbage on the Westside as part of the Great Indy Cleanup in conjunction with Keep Indianapolis Beautiful.

DENTAL HEALTH PROGRAM RECEIVES BOOST FROM GRANT

The Marion County Public Health Department's Smile Mobile received a \$74,000 grant from the Walmart Foundation in 2010 to fund repairs.

The 12-year-old mobile dental clinic received a host of improvements including a new generator, new heating and cooling systems, a new roof, a new wheelchair lift, new paint, new tires and new digital x-ray equipment.

In 2009, the Smile Mobile reached 1,608 students and more than 5,600 Marion County residents. The Smile Mobile is available to all families with children and pregnant women at or below 200 percent of the federal poverty level.

The Walmart Foundation grant is unique in that company employees vote to select which projects receive funding.



NEW IMMUNIZATIONS REQUIRED

In 2010, more than 60,000 Marion County school-aged children were affected by new Indiana State Department of Health immunization requirements applying to students entering preschool, kindergarten and those in grades 6-12.

Students ages three to five, attending a preschool within a school building, and those entering kindergarten had to have two documented varicella vaccines, separated by at least three months, or physician documentation of disease history, or laboratory evidence of immunity. In terms of chicken pox, children entering preschool, kindergarten and first grade must present a signed statement by a health care provider, including date of disease.

Students in grades 6-12 must have appropriate documentation of the following vaccinations: tetanus, diphtheria, acellular pertussis vaccine (Tdap); meningococcal conjugate vaccine (MCV4); two varicella vaccinations appropriately spaced per Centers for Disease Control & Prevention guidelines, or documentation of disease history, or laboratory evidence of immunity.

For children entering grades 2-12, documentation from a parent indicating when their child had chicken pox is sufficient.

The health department vaccinated 2,795 children during back-to-school immunization clinics during the week of October 18. An additional 670 children were seen during the week but did not require vaccination.

“The 12-year-old mobile dental clinic received a host of improvements including a new generator, new heating and cooling systems, a new roof, a new wheelchair lift, new paint, new tires and new digital x-ray equipment.”





FETAL INFANT MORTALITY PREVIEW PROGRAM

The Fetal Infant Mortality Review (FIMR) program celebrated its fifth year of public awareness of mothers whose infants represent the fetal infant mortality rates in Marion County. Operating out of the Maternal and Child Health department, FIMR staff abstract information from the medical records of mothers who had both pregnancy and infant losses. The information is insightful, but it is the FIMR program's maternal interviews that paint the faces behind the numbers.

The mother shares her story with a concerned professional who is able to assess the family needs, offer bereavement services and make referrals. A pre-identified HIPAA compliant case summary is then written combining the medical record and maternal interview information.

The FIMR Case Review Team has reviewed 235 fetal and infant mortality cases. Maternal interviews have been obtained in 60 percent of these cases.

INDIANAPOLIS HEALTHY START RECEIVES AWARD

Indianapolis Healthy Start (IHS) received the Julie A. Foster Communication Award at the Indiana Perinatal Network's 2010 Spirit of Service Awards for its Folic Acid Campaign. IHS has a long history of using best-practice tools and methods to creatively communicate health messages to the public.

In response to a recent study linking folate supplementation to a reduction in premature births, IHS re-launched a multimedia campaign utilizing posters, bus cards, radio spots, ads and newspaper articles in English and Spanish to highlight the importance of folic acid. IHS also partnered with St. Vincent Women's Hospital to extend the campaign to all of Marion County and estimates that 500,000 individuals have been reached by the campaign since the initial launch in 2005.



BREASTFEEDING PROGRAM IMPLEMENTED

The Women, Infants and Children program (WIC) has provided breastfeeding peer counselors for years to assist and educate mothers who are interested in breastfeeding their infants. In 2010, WIC implemented a program that staffs Breastfeeding Peer Counselors in hospitals with a goal to increase breastfeeding duration rates, enhance the mother's breastfeeding experience and increase unnecessary formula supplementation.

Seven additional peer counselors were hired for the initiative, and they all received or are receiving WIC benefits and have breastfed for at least six months. They use their own experiences to help participants. While each birth is a unique experience, the peer counselor validates and addresses the concerns of the mother.

Breastfeeding support begins during a mother's pregnancy. Peer counselors make initial contact with the mothers at the infant feeding class and maintain contact with them throughout their pregnancy. In the hospital, the peer counselor acts as a liaison between the hospital lactation staff and the mother. The counselors visit mothers in the hospital before they are discharged and provide a phone number for support, encouraging her to call instead of supplementing with formula.

TWO-WAY DATA INTERFACE

In 2010, the Lead Safe and Healthy Homes (LSHH) program began using a new two-way data interface from the Insight lab modules to the LIMS system for processing all lab samples that originate from the program. The change resulted in fewer errors because lab patient data and LSHH patient data are now pulled from the same place. The time between the date of the test and the date the result is reported in Insight has decreased greatly. Phlebotomists no longer need to sort through stacks of lab reports for results.

“The Women, Infants and Children Program (WIC) has provided breastfeeding peer counselors for years to assist and educate mothers who are interested in breastfeeding their infants.”





HIGHLIGHTS IN 2011

PUBLIC HEALTH DEPARTMENT SUPPORTS MAYOR BALLARD'S URBAN GARDEN CHALLENGE

With a goal of 50 urban gardens in Center Township, Mayor Greg Ballard issued his Urban Garden Challenge at the Felege Hiywot Center garden in the Martindale Brightwood community. In 2011, members of the community, local health experts, urban gardeners and others joined Mayor Ballard to celebrate urban gardens and show their support. Virginia A. Caine, M.D., a long-time advocate for Center Township residents, supported this initiative to help improve the health and wellness of the people of Indianapolis. The health department's nutrition programs staff often witness the effects of poor eating habits and work hard every day to change them.

While focusing on eating well, the health department recognizes the challenges the people of Indianapolis face in simply purchasing the recommended healthy foods. Those challenges are often great barriers to good health than our cultural and social eating habits.

Making nutritious foods more readily available will have a positive impact on the health of individuals and the community.



MOBILE PROSTATE CANCER UNIT TRAVELS THROUGHOUT THE STATE

Men's Health Month is celebrated across the country with screenings, health fairs, media appearances and other health education and outreach activities. The Rev. Charles Williams Prostate Cancer Mobile Unit celebrates men's health every day of the year by traveling throughout the state to raise awareness of prostate cancer and importance of early detection, treatments and clinical trials.

Continuing the vision of former Indiana Black Expo, Inc., President, Rev. Charles Williams, the mobile unit offers testing procedures needed to detect prostate cancer in men free of charge. Available across the State of Indiana, the unit provides medical testing stations for prostate-specific antigen screening and digital rectal exams.

The free exams and screenings are provided by doctors who donate their time on Saturdays. Doctors draw blood which is sent to a laboratory for testing. Results are later sent to the patient's doctor or clinic.

The Rev. Charles Williams Prostate Cancer Mobile Unit aims to ensure the minority community is reached by partnering with minority health coalitions, community organizations, churches and health fairs. Approximately 1,000 men are screened each year by the mobile unit.

FOOD & CONSUMER SAFETY'S MOBILE SOLUTIONS FEATURED IN 'FIELD TECHNOLOGIES' MAGAZINE

The Food and Consumer Safety program was featured in an article in the January 2011 edition of Field Technologies magazine. The article focused on how mobile computing and printing solutions have replaced handwritten reports and manual data entry for restaurant inspections.

Food and Consumer Safety performs approximately 12,000 on-site restaurant inspections each year. Custom mobile computer/printer solutions allow them to record information on-site by using the Bureau of Environmental Health Operational Tracking System (BEHOT). Inspectors then enter their inspection information on-site and provide a copy to the facility using their mobile printers.

Prior to the mobile solutions, inspectors would hand-write the reports. Once back at the office, only a couple of people responsible for entering the data manually for all 22 inspectors. This meant that they were often behind in recording data.

Integration of the new mobile computer/printer solution system benefits inspectors in many ways. If a restaurant is to receive a fine, the citation is generated, printed and presented to the establishment. The system also automatically generates an invoice with a due date and sets up alerts if the fine is not paid on time, making the inspection process much easier.

TOOL LOAN PROGRAM AIDS IN CLEAN-UP EFFORTS

The Great Indy Cleanup, coordinated by Keep Indianapolis Beautiful is held each year in April. The anti-litter event was held in 2011 for the first time, targeting a section of the county. The health department employees played a major role in the clean-up effort.

During the past 35 years, the health department's rodent control tool loan program has helped support hundreds of community clean-up efforts, including the Great Indy Cleanup.

Tools are loaned free of charge and the health department delivers the tools to the clean-up location.

Neighborhood associations, community groups, churches and individuals are among those who regularly use the tool loan program. Heavy duty rakes, long-handled shovels, short-handled shovels, weed cutters, brooms, wheelbarrows, towels and free garbage bags are among the inventory of available resources.

LEAD PROGRAM RECEIVES GRANT

Lead Safe and Healthy Homes was awarded a \$3 million grant as part of a new Lead Hazard Reduction Grant Project. This grant allowed for up to \$8,000 worth of lead paint repair and lead removal in 489 households. In addition to the lead work, staff worked to address radon testing and healthy homes assessments in Marion County.

ENVIRONMENTAL SAMPLING TEAM EXERCISE

In 2011, members of the Marion County Public Health Department's Environmental Emergency Response Team and on-scene coordinators from the Indiana Department of Environmental Management's Office of Emergency Response participated in an environment sampling drill. The drill was a simulated response to the intentional release and detection of a biological agent in Indianapolis.

Sampling team members wore personal protective equipment and followed procedures developed by the U.S. Environmental Protection Agency for the collection of air and swab samples. Other members of the response team performed decontamination activities on both the sampling team and samples collected in the "hot zone." The samples were then transported to the Indiana State Department of Health for analysis.

The daylong exercise provided an excellent opportunity for MCPHD and IDEM first responders to work together and to improve their response capabilities to terrorism. In a real terrorist event involving the outdoor release of a biological agent in Indianapolis, MCPHD and IDEM responders would play a critical role in confirming the presence of the agent, determining the agent's viability, as well as providing additional data on the directional extent of contamination and migration.

The Federal Department of Homeland Security was so impressed with MCPHD planning, preparation and coordination that they took video of the sampling team and posted on their training website.

"The Great Indy Cleanup, coordinated by Keep Indianapolis Beautiful is held each year in April. The anti-litter event was held in 2011 for the first time, targeting a section of the county. The health department employees played a major role in the clean-up effort."





BABE PROGRAM CELEBRATES SWEET 16

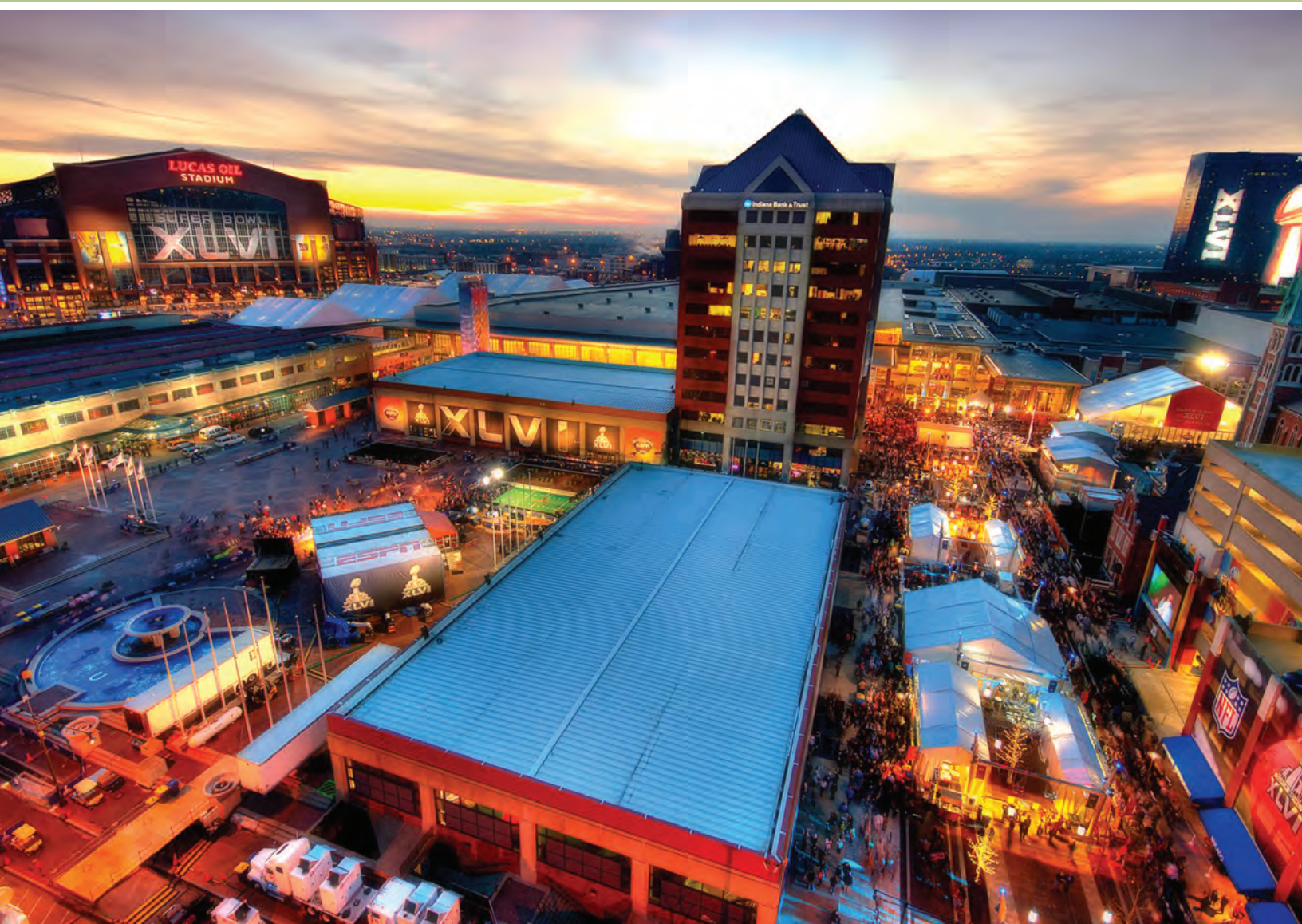
In 2011, the Bed and Britches, Etc. (BABE) program of Indianapolis celebrated 16 years of service.

BABE is a community-based incentive program that provides new and used clothing and supplies for pregnant women and children up to age five, with sizes newborn through five. The BABE program operates stores where families can exchange coupons obtained from health care and social services providers for needed items.

Pregnant women and families with children can get items from BABE by collecting BABE coupons from participating coupon distributors and redeeming them for items at any BABE store.

Sponsors include the Marion County Public Health Department, St. Vincent Hospitals and Health Services, Eskenazi Health and Franciscan St. Francis Health.





HIGHLIGHTS IN 2012

HIGHLIGHTS IN 2012

BULLYING PREVENTION COMMITTEE ESTABLISHED

Bullying among children is an aggressive behavior that is intentional and involves an imbalance of power or strength. Bullying can take many forms, such as hitting or punching; teasing or name-calling; intimidation using gestures or social exclusion and sending insulting messages by phone, email, social networking or texting.

In an effort to address bullying, the Marion County Public Health Department established a bullying prevention committee that is a collaborative effort of the Social Work department and the Violence Prevention program. The committee has provided information on common bullying occurrences among youth, what schools are doing to address bullying, what schools should do to address bullying, what parents can do, what students being bullied can do and what students who witness bullying can do.

SUPER BOWL NOT ALL FUN AND GAMES FOR FOOD & CONSUMER SAFETY

The City's effort to host a safe, fun Super Bowl event meant serious teamwork for the Food and Consumer Safety department of the Marion County Public Health Department.

During Super Bowl week, the Department of Food and Consumer Safety conducted critical routine inspections in the one mile "clean zone" downtown. There were approximately 250 inspections of permanent restaurant facilities, 66 inspections of mobile food trucks, 95 routine inspections of temporary event vendors and 35 inspections of vendors in the Super Bowl Village on Georgia Street. Many of the temporary events and vendors were inspected multiple times during the week.

In addition to all the regular venues, many traveling food vendors came into the city. The city also designated four "rolling retail food clusters" at sites throughout the county. All of these vendors were licensed and inspected by the health department. Many permanent establishments set up outdoor facilities or tents to accommodate the large crowds, which were also inspected.



"The City's effort to host a safe, fun Super Bowl event meant serious teamwork for the Food and Consumer Safety department of the Marion County Public Health Department."



DISCARDED TIRES ATTRACT MOSQUITOES

Since 1983, the Marion County Public Health Department has removed more than 1.5 million tires from Marion County roadsides and neighborhoods as part of its overall mosquito control plan. Tires are considered a near perfect mosquito breeding habitat due to the dark color which absorbs and retains heat, ability to hold water and provide protection from predators and chemical treatments. An aggressive education campaign with tire dealers has helped to reduce the number of tire piles located in Indianapolis.

Tire Amnesty Day is a community outreach program proven to be an effective way to encourage local residents to bring their used tires to the health department during a pre-announced day in the spring. This program allows residents to bring, free of charge, up to four passenger tires to several locations for disposal at no charge.

STUDENTS HONORED FOR ANTI-VIOLENCE EFFORTS

The Marion County Health Department and the local chapter of Students Against Violence Everywhere (SAVE) honored Marion County students in grades 5-8 for their efforts in promoting non-violence in the community. SAVE is a student-initiated program that promotes nonviolence within schools and communities. The organization provides education about the effects and consequences of violence and helps provide safe activities for students, parents and communities.

More than 400 students from 24 schools participated in the contest. Awards were presented to those students in each grade whose posters were judged to be artistically the best among the entries.

SAVE was started by students in Charlotte, NC in 1989 after the death of a classmate who was trying to break up a fight at an off-campus party. A group of students took action in his memory and created a violence prevention program. Their mission, and SAVE's mission, is to decrease the potential for violence in schools and communities by promoting meaningful student involvement, education and service opportunities to create safer environments for learning.

FIRST WEST NILE DEATH REPORTED

The Marion County Public Health Department reported the first West Nile death in Marion County for 2012. Symptoms of the disease include fever, headache, body aches, swollen lymph nodes and a rash. Some people will develop a more severe form of the disease, which can lead to encephalitis, meningitis and/or flaccid muscle paralysis.

Laboratory testing confirmed that the West Nile Virus (WNV) had been identified in mosquitoes in all nine Marion County townships. Surveillance sites located throughout the county are used to trap mosquitoes that are then tested by the health department's laboratory staff.

The health department recommends the best method is to remember the four D's—Dusk, Dress, DEET and Drain. There were 12 cases of WNV reported in 2012, the most in the last five years.

“Tire Amnesty Day is a community outreach program proven to be an effective way to encourage local residents to bring their used tires to the health department during a pre-announced day in the spring. This program allows residents to bring, free of charge, up to four passenger tires to several locations for disposal at no charge.”



CITY SEES DROP IN INFANT MORTALITY

The Marion County Public Health Department reported strong improvements in infant mortality rates in 2012. Infant mortality is the death of a baby before his or her first birthday. The overall infant mortality rate for 2012, as well as the death rates among black infants and white infants, was at its lowest since 2002.

In 1984, Marion County had the nation's highest black infant mortality rate among the 22 major U.S. cities with populations over 500,000. Since 1984, the overall infant mortality rate in Marion County has dropped from 14.2 infant deaths per 1000 live births, to 8.3 in 2012. Infant mortality rates for black infants decreased from 24.6 in 1984 to 12.7 in 2012. And, death rates among white infants dropped from 9.9 in 1984 to 5.2 in 2012.

One successful program has been the health department's Beds and Britches Etc., or BABE initiative. Pregnant and new mothers receive coupons during their doctors' visits to use at one of five "stores" around the county.



INAUGURAL EVENT LAUNCHED BY YMCA

Community leaders and the public united with the YMCA of Greater Indianapolis to support long-term plans to make central Indiana one of the 10 healthiest communities in the United States by 2025. Hundreds in attendance at the Indy Bike Hub YMCA participated in the inaugural event promoting a healthy spirit, mind and body.





ONBASE SOLUTION INCREASES EFFICIENCY AND REDUCES COSTS

OnBase is a document management solution that has been utilized primarily by the vital statistics department for more than 10 years. OnBase has enabled the vital statistics department to stop storing paper in cabinets and significantly decrease the amount of time it takes to get a birth or death certificate.

Prior to implementing OnBase, walk-in customers waited an average of 45 minutes and mail request turn-around time averaged two weeks. OnBase has dramatically improved the service by reducing waiting time to about 10 minutes and mail request to 24 hours.

Corporate Information Systems has expanded OnBase across the corporation to make processes more efficient and limit the need for paper. Multiple departments are currently using OnBase for document management, including the Ryan White program, Public Health Laboratory and Central Records.

REFUGEE HEALTH RECEIVES \$100K GRANT TO EXPAND TB TESTING AND TREATMENT, PEDIATRIC AND DENTAL CARE

The United States Department of Health and Human Services awarded a \$100,000 grant to strengthen and expand surveillance and treatment of tuberculosis and latent tuberculosis and expand primary care services among newly arrived refugees.

The majority of Indianapolis' refugee population originates from Myanmar and comes to Indianapolis from resettlement camps in Malaysia and Thailand. The camps' crowded conditions are ideal breeding grounds for tuberculosis bacteria and as a result, this population experiences a high rate of tuberculosis and latent tuberculosis infection (LTBI).

With this funding, the health department will retain a community health worker to assist with directly observed therapy for LTBI, contract with a pediatrician to provide care for children and adolescents and to purchase supplies for the Smile Mobile to provide basic dental care.



“The majority of Indianapolis’ refugee population originates from Myanmar and comes to Indianapolis from resettlement camps in Malaysia and Thailand. The camps’ crowded conditions are ideal breeding grounds for tuberculosis bacteria and as a result, this population experiences a high rate of tuberculosis and latent tuberculosis infection (LTBI).”



NEW DATA CENTER

In 2012, Health and Hospital (HHC) opened the Hasbrook Data Center with a ribbon cutting ceremony. The Data Center was designed to support the mission of HHC as a primary support and emergency response mechanism for the citizens of Marion County and Indianapolis. The Data Center first opened in 2011 and acts as the primary Data Center for the four divisions of Health and Hospital Corporation – HHC, MCPHD, Eskenazi Health and Indianapolis Emergency Medical Services.

NEW PUBLIC HEALTH CLINIC OPEN

The Marion County Public Health Department relocated its Hasbrook Public Health Clinic to new facilities at 3901 Meadows Drive.

Nurse of the Day services are held Tuesdays from 8 a.m. - Noon on a first-come, first-serve basis. Services, by appointment, are available Fridays from Noon to 4 p.m.

TB skin tests, blood pressure screening, counseling and referrals for prenatal care, infant and child health care, communicable disease services, general health counseling and vaccinations for adults and children are available at the clinic.

SLEEP TIGHT INITIATIVE LAUNCHED

The SleepTight Initiative was launched in 2010 to help more residents explore and assist others in developing personal resources to manage bed bug infestations.

Prior to that time, bed bug inquiries were primarily addressed by the Indiana State Department of Health or by Housing and Neighborhood Health. At the time, the protocol for handling these inquiries seemed sufficient – frequently wash bed linens, clothing, clean up clutter and call a licensed pest control operator. These basic steps are still an integral part of an effective treatment plan, but there is significantly more to battle bed bugs than housekeeping and chemical treatment.

In the first few months of launching the program, nearly 3,000 inquiries were received.

The program has enlisted the assistance of the Indianapolis Housing Agency to identify residents who would benefit from assistance. In addition, Modcular Entomology is involved from a research standpoint and a hands-on approach to pest management. Also, Mark's Vacuum and Janitorial Supplies provided refurbished vacuums.

The SleepTight Initiative was launched in 2010 to help more residents explore and assist others in developing personal resources to manage bed bug infestations.



S T A T I S T I C S

P O P U L A T I O N
H E A L T H

ACTION HEALTH CENTER

SCHOOL-BASED HEALTH CLINICS

PATIENT AND CLINIC VISITS (2008)

School	Patients	Visits
Andrew J. Brown Academy (Charter)	437	2,312
Arlington High School (IPS)	289	443
Charles A. Tindley Accelerated School	285	2,674
Crispus Attucks High & Jr. High Schools	523	1,470
Emerich Manual High School (IPS)	355	856
John Marshall Community High School	295	598
Total	2,184	8,353

Source: Learning Well, Inc.



ACTION HEALTH CENTER

SCHOOL-BASED HEALTH CLINICS

PATIENT AND CLINIC VISITS (2009)

School	Patients	Visits
Andrew J. Brown Academy (Charter)	221	2,424
Arlington High School (IPS)	279	444
Charles A. Tindley Accelerated School	273	2,019
Crispus Attucks High & Jr. High Schools	569	1,380
Emerich Manual High School (IPS)	365	667
John Marshall Community High School	256	695
Total	1,963	7,629

Source: Learning Well, Inc.



ACTION HEALTH CENTER

SCHOOL-BASED HEALTH CLINICS

PATIENT AND CLINIC VISITS (2010)

School	Patients	Visits
Andrew J. Brown Academy (Charter)	477	3,512
Arlington High School (IPS)	306	634
Charles A. Tindley Accelerated School	402	6,056
Crispus Attucks High & Jr. High Schools	373	648
Emerich Manual High School (IPS)	369	776
John Marshall Community High School	230	487
Total	2,157	12,113

Source: Learning Well, Inc.



ACTION HEALTH CENTER

SCHOOL-BASED HEALTH CLINICS

PATIENT AND CLINIC VISITS (2011)

School	Patients	Visits
Andrew J. Brown Academy (Charter)	648	8,022
Arlington High School (IPS)	321	861
Charles A. Tindley Accelerated School	483	7,037
Crispus Attucks High & Jr. High Schools	408	877
Emerich Manual High School (IPS)	303	529
John Marshall Community High School	292	563
Total	2,455	17,889

Source: Learning Well, Inc.



ACTION HEALTH CENTER

SCHOOL-BASED HEALTH CLINICS

PATIENT AND CLINIC VISITS (2012)

School	Patients	Visits
Andrew J. Brown Academy (Charter)	589	5,048
Arlington High School (IPS)	392	1,314
Charles A. Tindley Accelerated School	419	6,333
Crispus Attucks High & Jr. High Schools	370	1,741
Total	1,770	14,436

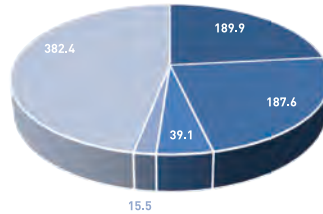
Source: Learning Well, Inc.



CHRONIC DISEASE

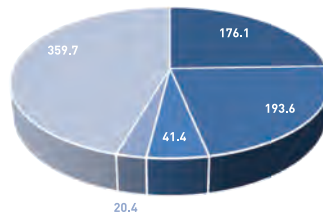
LEADING CHRONIC DISEASE MORTALITY RATES* MARION COUNTY (2008)

CAUSE OF DEATH	2008
Coronary Heart Disease	189.9
Cancer	187.6
Stroke	39.1
Diabetes	15.5
Other	382.4
All Deaths	814.5



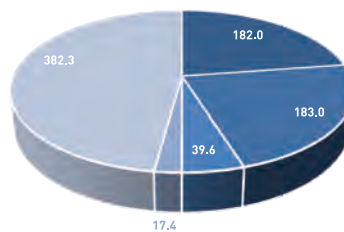
LEADING CHRONIC DISEASE MORTALITY RATES* MARION COUNTY (2009)

CAUSE OF DEATH	2009
Cancer	193.6
Coronary Heart Disease	176.1
Stroke	41.4
Diabetes	20.4
Other	359.7
All Deaths	791.3



LEADING CHRONIC DISEASE MORTALITY RATES* MARION COUNTY (2010)

CAUSE OF DEATH	2010
Cancer	183.0
Coronary Heart Disease	182.0
Stroke	39.6
Diabetes	17.4
Other	382.3
All Deaths	804.2



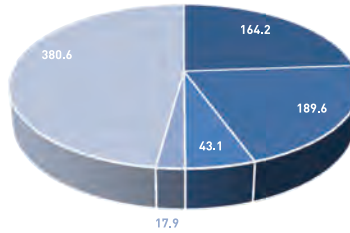
Source: MCPHD Epidemiology, DR1817 and DR2229

*Rates are per 100,000 and are age-adjusted to the 2000 U. S. standard population

CHRONIC DISEASE

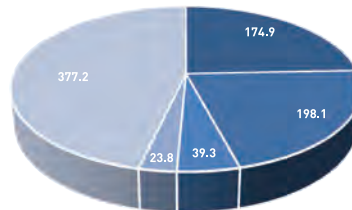
LEADING CHRONIC DISEASE MORTALITY RATES* MARION COUNTY (2011)

CAUSE OF DEATH	2011
Cancer	189.6
Coronary Heart Disease	164.2
Stroke	43.1
Diabetes	17.9
Other	380.6
All Deaths	795.3



LEADING CHRONIC DISEASE MORTALITY RATES* MARION COUNTY (2012)

CAUSE OF DEATH	2012
Cancer	198.1
Coronary Heart Disease	174.9
Stroke	39.3
Diabetes	23.8
Other	377.2
All Deaths	813.3



Source: MCPHD Epidemiology, DR1817 and DR2229

*Rates are per 100,000 and are age-adjusted to the 2000 U. S. standard population

CHRONIC DISEASE

LEADING CAUSES OF DEATH BY RACE/ETHNICITY FOR ADOLESCENTS AGES 12-18 (2008)

Cause of Death	All Deaths	White Non-Latino	Black Non-Latino	Latino	Other Race/Ethnicity
Accidents	12	7	3	2	0
Assault (homicide)	8	2	6	0	0
Intentional Self-Harm (suicide)	8	3	2	2	1
Chronic Lower Respiratory Diseases	2	0	2	0	0
Malignant Neoplasms	2	1	0	1	0
All Other Causes (residual)	8	5	2	1	0
Total	40	18	15	6	1

LEADING CAUSES OF DEATH BY RACE/ETHNICITY FOR ADOLESCENTS AGES 12-18 (2009)

Cause of Death	All Deaths	White Non-Latino	Black Non-Latino	Latino	Other Race/Ethnicity
Assault (homicide)	7	1	5	1	0
Accidents	6	6	0	0	0
Intentional Self-Harm (suicide)	5	3	1	1	0
Septicemia	2	1	1	0	0
All Other Causes (residual)	8	3	5	0	0
Total	28	14	12	2	0

LEADING CAUSES OF DEATH BY RACE/ETHNICITY FOR ADOLESCENTS AGES 12-18 (2010)

Cause of Death	All Deaths	White Non-Latino	Black Non-Latino	Latino	Other Race/Ethnicity
Accidents	10	8	1	0	1
Assault (homicide)	10	2	5	3	0
Intentional Self-Harm (suicide)	4	3	0	1	0
Diseases of Heart	2	0	2	0	0
Malignant Neoplasms	2	0	1	1	0
All Other Causes (residual)	9	5	4	0	0
Total	37	18	13	5	1

LEADING CAUSES OF DEATH BY RACE/ETHNICITY FOR ADOLESCENTS AGES 12-18 (2011)

Cause of Death	All Deaths	White Non-Latino	Black Non-Latino	Latino	Other Race/Ethnicity
Accidents	11	7	4	0	0
Assault (homicide)	7	0	5	2	0
Intentional Self-Harm (suicide)	5	3	0	1	1
Cystic Fibrosis	2	2	0	0	0
All Other Causes (residual)	6	4	1	1	0
Total	31	16	10	4	1

LEADING CAUSES OF DEATH BY RACE/ETHNICITY FOR ADOLESCENTS AGES 12-18 (2012)

Cause of Death	All Deaths	White Non-Latino	Black Non-Latino	Latino	Other Race/Ethnicity
Accidents	5	2	3	0	0
Intentional Self-Harm (suicide)	5	4	1	0	0
Assault (homicide)	3	1	2	0	0
Malignant Neoplasms	3	0	2	1	0
All Other Causes (residual)	9	4	4	1	0
Total	25	11	12	2	0

CHRONIC DISEASE

LEADING CAUSES OF DEATH BY RACE (2008)

CAUSE OF DEATH	ALL	BY RACE			
	Totals	White Non-Latino	Black Non-Latino	Latino	Other
Diseases of Heart	1,571	1,160	394	11	6
Malignant Neoplasms	1,529	1,121	379	11	18
Chronic Lower Respiratory Diseases	521	426	92	1	2
Cerebrovascular Diseases	324	226	91	3	4
Accidents	260	166	76	16	2
Unspecified Dementia	207	163	41	2	1
Influenza & Pneumonia	153	124	26	1	2
Alzheimer's Disease	146	117	28	0	1
Nephritis, Nephrotic Syndrome & Nephrosis	146	94	48	2	2
Atherosclerosis	136	108	26	2	0
Diabetes Mellitus	128	75	46	4	3
Intentional Self-Harm (Suicide)	123	102	13	6	2
Assault (Homicide)	119	29	79	9	2
Septicemia	106	64	40	2	0
Chronic Liver Disease & Cirrhosis	68	51	14	2	1
Pneumonitis Due to Solids & Liquids	68	52	14	2	0
Essential (Primary) Hypertension & Hypertensive Renal Disease	58	32	26	0	0
Certain Conditions Originating in the Perinatal Period	57	17	35	4	1
Parkinson's Disease	57	49	8	0	0
Human Immunodeficiency Virus (HIV) Disease	53	17	30	3	3
All Other Causes (Residual)	943	679	232	23	9
TOTAL	6,773	4,872	1,738	104	59

Source: MCPHD Epidemiology, DR1817 and DR2229

CHRONIC DISEASE

LEADING CAUSES OF DEATH BY AGE (2008)

CAUSE OF DEATH	ALL	BY AGE					
	Totals	<10	10-14	15-24	25-34	35-44	45+
Diseases of Heart	1,571	2	1	2	17	51	1,498
Malignant Neoplasms	1,529	3	1	3	11	37	1,474
Chronic Lower Respiratory Diseases	521	1	1	2	1	3	513
Cerebrovascular Diseases	324	1	0	0	1	11	311
Accidents	260	20	4	32	22	36	146
Unspecified Dementia	207	0	0	0	0	0	207
Influenza & Pneumonia	153	2	0	1	2	3	145
Alzheimer's Disease	146	0	0	0	0	0	146
Nephritis, Nephrotic Syndrome & Nephrosis	146	0	0	1	0	3	142
Atherosclerosis	136	0	0	0	0	0	136
Diabetes Mellitus	128	0	0	0	0	7	121
Intentional Self-Harm (Suicide)	123	0	1	16	20	28	58
Assault (Homicide)	119	8	1	39	34	16	21
Septicemia	106	2	0	1	0	3	100
Chronic Liver Disease & Cirrhosis	68	0	0	0	2	8	58
Pneumonitis Due to Solids & Liquids	68	0	0	0	1	0	67
Essential (Primary) Hypertension & Hypertensive Renal Disease	58	0	0	0	1	1	56
Certain Conditions Originating in the Perinatal Period	57	57	0	0	0	0	0
Parkinson's Disease	57	0	0	0	0	0	57
Human Immunodeficiency Virus (HIV) Disease	53	0	0	1	11	19	22
All Other Causes (Residual)	943	50	5	24	51	59	754
TOTAL	6,773	146	14	122	174	285	6,032

Source: MCPHD Epidemiology, DR1817 and DR2229

CHRONIC DISEASE

LEADING CAUSES OF DEATH BY RACE (2009)

CAUSE OF DEATH	ALL	BY RACE			
	Totals	White Non-Latino	Black Non-Latino	Latino	Other
Malignant Neoplasms	1,615	1,129	462	14	10
Diseases of Heart	1,487	1,120	343	14	10
Chronic Lower Respiratory Diseases	487	409	78	0	0
Cerebrovascular Diseases	347	253	90	4	0
Accidents	286	211	59	11	5
Unspecified Dementia	244	192	50	0	2
Alzheimer's Disease	179	148	29	2	0
Diabetes Mellitus	168	107	60	1	0
Nephritis, Nephrotic Syndrome & Nephrosis	150	97	48	3	2
Influenza & Pneumonia	128	102	22	4	0
Intentional Self-Harm (Suicide)	114	97	11	4	2
Septicemia	101	71	27	1	2
Certain Conditions Originating in the Perinatal Period	99	29	51	18	1
Assault (Homicide)	98	28	60	9	1
Atherosclerosis	87	72	13	0	2
Chronic Liver Disease & Cirrhosis	78	57	21	0	0
Pneumonitis Due to Solids & Liquids	67	49	17	0	1
Parkinson's Disease	51	42	9	0	0
Essential (Primary) Hypertension & Hypertensive Renal Disease	50	24	25	0	1
Other Interstitial Pulmonary Diseases with Fibrosis	43	34	8	1	0
All Other Causes (Residual)	819	561	236	13	9
TOTAL	6,698	4,832	1,719	99	48

Source: MCPHD Epidemiology, DR1817 and DR2229

CHRONIC DISEASE

LEADING CAUSES OF DEATH BY AGE (2009)

CAUSE OF DEATH	ALL	BY AGE					
	Totals	<10	10-14	15-24	25-34	35-44	45+
Malignant Neoplasms	1,615	5	0	1	9	37	1,563
Diseases of Heart	1,487	2	0	2	15	44	1,424
Chronic Lower Respiratory Diseases	487	2	1	1	3	5	475
Cerebrovascular Diseases	347	0	0	1	0	3	343
Accidents	286	13	4	33	32	37	167
Unspecified Dementia	244	0	0	0	0	0	244
Alzheimer's Disease	179	0	0	0	0	0	179
Diabetes Mellitus	168	0	0	0	2	11	155
Nephritis, Nephrotic Syndrome & Nephrosis	150	1	0	0	2	3	144
Influenza & Pneumonia	128	3	0	0	2	3	120
Intentional Self-Harm (Suicide)	114	0	1	18	17	28	50
Septicemia	101	2	2	1	0	1	95
Certain Conditions Originating in the Perinatal Period	99	99	0	0	0	0	0
Assault (Homicide)	98	3	0	33	29	13	20
Atherosclerosis	87	0	0	0	0	0	87
Chronic Liver Disease & Cirrhosis	78	0	0	0	0	6	72
Pneumonitis Due to Solids & Liquids	67	0	0	1	0	0	66
Parkinson's Disease	51	0	0	0	0	0	51
Essential (Primary) Hypertension & Hypertensive Renal Disease	50	0	0	0	1	1	48
Other Interstitial Pulmonary Diseases with Fibrosis	43	0	0	0	0	0	43
All Other Causes (Residual)	819	55	4	15	21	61	663
TOTAL	6,698	185	12	106	133	253	6,009

Source: MCPHD Epidemiology, DR1817 and DR2229

CHRONIC DISEASE

LEADING CAUSES OF DEATH BY RACE (2010)

CAUSE OF DEATH	ALL	BY RACE			
	Totals	White Non-Latino	Black Non-Latino	Latino	Other
Malignant Neoplasms	1,541	1,089	406	20	26
Diseases of Heart	1,531	1,160	349	10	12
Chronic Lower Respiratory Diseases	470	404	63	3	0
Cerebrovascular Diseases	330	225	102	1	2
Unspecified Dementia	298	250	48	0	0
Accidents	278	199	67	10	2
Alzheimer's Disease	203	147	55	0	1
Diabetes Mellitus	152	107	44	1	0
Nephritis, Nephrotic Syndrome & Nephrosis	146	96	46	3	1
Septicemia	128	89	38	0	1
Intentional Self-Harm (Suicide)	110	88	14	5	3
Influenza & Pneumonia	108	79	25	2	2
Assault (Homicide)	108	27	71	10	0
Atherosclerosis	87	74	12	1	0
Certain Conditions Originating in the Perinatal Period	78	35	32	10	1
Chronic Liver Disease & Cirrhosis	78	64	11	2	1
Parkinson's Disease	58	52	5	1	0
Pneumonitis Due to Solids & Liquids	57	44	12	1	0
Alcohol Dependence Syndrome	51	38	13	0	0
Essential (Primary) Hypertension & Hypertensive Renal Disease	44	26	17	1	0
All Other Causes (Residual)	955	692	236	15	12
TOTAL	6,811	4,985	1,666	96	64

Source: MCPHD Epidemiology, DR1817 and DR2229

CHRONIC DISEASE

LEADING CAUSES OF DEATH BY AGE (2010)

CAUSE OF DEATH	ALL	BY AGE					
	Totals	<10	10-14	15-24	25-34	35-44	45+
Malignant Neoplasms	1,541	6	1	5	13	44	1,472
Diseases of Heart	1,531	1	0	5	7	23	1,495
Chronic Lower Respiratory Diseases	470	0	0	2	0	4	464
Cerebrovascular Diseases	330	0	0	1	0	8	321
Unspecified Dementia	298	0	0	0	0	1	297
Accidents	278	13	4	28	45	43	145
Alzheimer's Disease	203	0	0	0	0	0	203
Diabetes Mellitus	152	0	0	0	1	5	146
Nephritis, Nephrotic Syndrome & Nephrosis	146	0	0	1	0	4	141
Septicemia	128	2	0	0	2	3	121
Intentional Self-Harm (Suicide)	110	0	1	11	20	19	59
Influenza & Pneumonia	108	2	0	1	3	1	101
Assault (Homicide)	108	9	0	31	27	14	27
Atherosclerosis	87	0	0	0	0	0	87
Certain Conditions Originating in the Perinatal Period	78	73	0	0	0	1	4
Chronic Liver Disease & Cirrhosis	78	0	0	0	1	10	67
Parkinson's Disease	58	0	0	0	0	0	58
Pneumonitis Due to Solids & Liquids	57	0	0	0	1	0	56
Alcohol Dependence Syndrome	51	0	0	0	1	5	45
Essential (Primary) Hypertension & Hypertensive Renal Disease	44	0	0	1	0	3	40
All Other Causes (Residual)	955	52	1	10	18	53	821
TOTAL	6,811	158	7	96	139	241	6,170

Source: MCPHD Epidemiology, DR1817 and DR2229

CHRONIC DISEASE

LEADING CAUSES OF DEATH BY RACE (2011)

CAUSE OF DEATH	ALL	BY RACE			
	Totals	White Non-Latino	Black Non-Latino	Latino	Other
Malignant Neoplasms	1,610	1,143	432	16	19
Diseases of Heart	1,413	1,015	368	19	11
Chronic Lower Respiratory Diseases	488	414	71	1	2
Cerebrovascular Diseases	365	256	94	6	9
Unspecified Dementia	335	252	80	2	1
Accidents	314	241	56	11	6
Alzheimer's Disease	179	131	48	0	0
Diabetes Mellitus	156	96	58	2	0
Nephritis, Nephrotic Syndrome & Nephrosis	150	98	50	2	0
Intentional Self-Harm (Suicide)	113	90	11	7	5
Septicemia	103	74	29	0	0
Assault (Homicide)	101	21	69	8	3
Influenza & Pneumonia	101	80	17	2	2
Chronic Liver Disease & Cirrhosis	91	59	27	2	3
Pneumonitis Due to Solids & Liquids	76	60	14	1	1
Certain Conditions Originating in the Perinatal Period	66	29	28	7	2
Essential (Primary) Hypertension & Hypertensive Renal Disease	55	33	19	2	1
Parkinson's Disease	55	52	3	0	0
Congenital Malformations, Deformations & Chromosomal Abnormalities	39	21	8	6	4
Other Interstitial Pulmonary Diseases with Fibrosis	35	32	2	0	1
All Other Causes (Residual)	991	661	302	20	8
TOTAL	6,836	4,858	1,786	114	78

Source: MCPHD Epidemiology, DR2229

CHRONIC DISEASE

LEADING CAUSES OF DEATH BY AGE (2011)

CAUSE OF DEATH	ALL	BY AGE					
	Totals	<10	10-14	15-24	25-34	35-44	45+
Malignant Neoplasms	1,610	1	0	8	16	48	1,537
Diseases of Heart	1,413	3	1	0	10	26	1,373
Chronic Lower Respiratory Diseases	488	1	0	1	0	7	479
Cerebrovascular Diseases	365	1	0	0	1	12	351
Unspecified Dementia	335	0	0	0	0	0	335
Accidents	314	12	5	22	47	40	188
Alzheimer's Disease	179	0	0	0	0	0	179
Diabetes Mellitus	156	0	0	0	2	9	145
Nephritis, Nephrotic Syndrome & Nephrosis	150	0	1	0	0	2	147
Intentional Self-Harm (Suicide)	113	0	0	11	23	22	57
Septicemia	103	2	0	0	1	3	97
Assault (Homicide)	101	6	0	28	28	17	22
Influenza & Pneumonia	101	5	1	0	1	2	92
Chronic Liver Disease & Cirrhosis	91	0	0	0	4	7	80
Pneumonitis Due to Solids & Liquids	76	0	0	0	0	0	76
Certain Conditions Originating in the Perinatal Period	66	66	0	0	0	0	0
Essential (Primary) Hypertension & Hypertensive Renal Disease	55	0	0	0	0	2	53
Parkinson's Disease	55	0	0	0	0	0	55
Congenital Malformations, Deformations & Chromosomal Abnormalities	39	27	2	1	0	1	8
Other Interstitial Pulmonary Diseases with Fibrosis	35	0	0	0	0	0	35
All Other Causes (Residual)	991	27	3	11	38	50	862
TOTAL	6,836	151	13	82	171	248	6,171

Source: MCPHD Epidemiology, DR2229

CHRONIC DISEASE

LEADING CAUSES OF DEATH BY RACE (2012)

CAUSE OF DEATH	ALL	BY RACE			
	Totals	White Non-Latino	Black Non-Latino	Latino	Other
Malignant Neoplasms	1,694	1,217	444	19	14
Diseases of Heart	1,500	1,101	379	9	11
Chronic Lower Respiratory Diseases	468	391	75	1	1
Accidents	342	240	82	18	2
Cerebrovascular Diseases	332	227	98	4	3
Unspecified Dementia	281	228	51	2	0
Diabetes Mellitus	201	116	80	4	1
Alzheimer's Disease	176	131	40	3	2
Nephritis, Nephrotic Syndrome & Nephrosis	154	96	54	2	2
Intentional Self-Harm (Suicide)	123	93	19	6	5
Chronic Liver Disease & Cirrhosis	122	95	25	2	0
Septicemia	116	79	35	1	1
Assault (Homicide)	107	26	73	4	4
Influenza & Pneumonia	96	74	21	1	0
Pneumonitis Due to Solids & Liquids	77	68	9	0	0
Certain Conditions Originating in the Perinatal Period	60	17	26	8	9
Essential (Primary) Hypertension & Hypertensive Renal Disease	51	32	18	1	0
Parkinson's Disease	50	43	5	2	0
Other Interstitial Pulmonary Diseases with Fibrosis	44	34	8	1	1
Alcohol Dependence Syndrome	38	29	8	0	1
All Other Causes (Residual)	961	672	259	19	11
TOTAL	6,993	5,009	1,809	107	68

Source: MCPHD Epidemiology, DR2229

CHRONIC DISEASE

LEADING CAUSES OF DEATH BY AGE (2012)

CAUSE OF DEATH	ALL	BY AGE					
	Totals	<10	10-14	15-24	25-34	35-44	45+
Malignant Neoplasms	1,694	2	1	7	15	33	1,636
Diseases of Heart	1,500	3	0	1	18	41	1,437
Chronic Lower Respiratory Diseases	468	1	0	0	1	4	462
Accidents	342	15	1	34	47	57	188
Cerebrovascular Diseases	332	0	0	0	2	14	316
Unspecified Dementia	281	0	0	0	0	0	281
Diabetes Mellitus	201	0	0	1	3	4	193
Alzheimer's Disease	176	0	0	0	0	0	176
Nephritis, Nephrotic Syndrome & Nephrosis	154	0	0	1	1	5	147
Intentional Self-Harm (Suicide)	123	0	1	13	20	18	71
Chronic Liver Disease & Cirrhosis	122	0	0	0	3	8	111
Septicemia	116	1	0	0	1	1	113
Assault (Homicide)	107	3	2	21	40	18	23
Influenza & Pneumonia	96	0	0	0	3	2	91
Pneumonitis Due to Solids & Liquids	77	0	0	0	0	1	76
Certain Conditions Originating in the Perinatal Period	60	60	0	0	0	0	0
Essential (Primary) Hypertension & Hypertensive Renal Disease	51	0	0	0	1	1	49
Parkinson's Disease	50	0	0	0	0	0	50
Other Interstitial Pulmonary Diseases with Fibrosis	44	0	0	0	0	0	44
Alcohol Dependence Syndrome	38	0	0	0	1	1	36
All Other Causes (Residual)	961	39	4	17	24	46	831
TOTAL	6,993	124	9	95	180	254	6,331

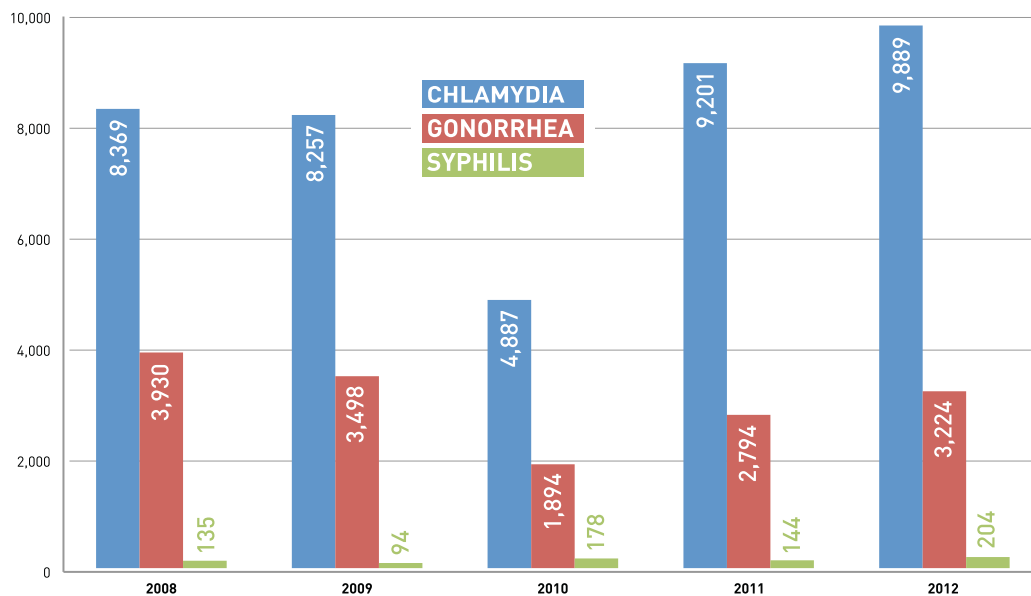
Source: MCPHD Epidemiology, DR2229

COMMUNICABLE DISEASE

BELL FLOWER CLINIC (2008-2012)

SEXUALLY TRANSMITTED DISEASES

BELL FLOWER CLINIC	2008	2009	2010	2011	2012
Chlamydia	8,369	8,257	4,887	9,201	9,889
Gonorrhea	3,930	3,498	1,894	2,794	3,224
Syphilis	135	94	178	144	204



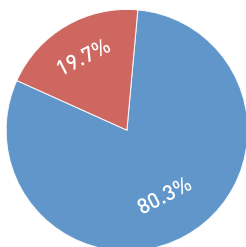
Source: Communicable Disease Program

COMMUNICABLE DISEASE RYAN WHITE / HIV SERVICES

HIV/AIDS (2008) • NEWLY DIAGNOSED HIV IN MARION COUNTY RESIDENTS BY GENDER, RACE/ETHNICITY, AGE AT DIAGNOSIS AND EXPOSURE CATEGORY

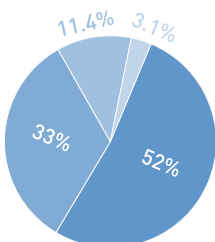
GENDER

Male 80.3%
Female 19.7%

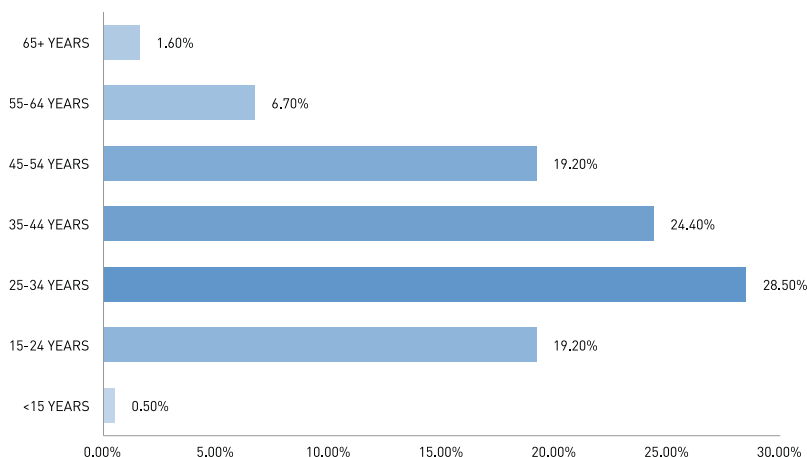


RACE • ETHNICITY

Black/African-American 52.3%
White 33.2%
Hispanic/Latino 11.4%
Other 3.1%



AGE AT DIAGNOSIS



EXPOSURE CATEGORY

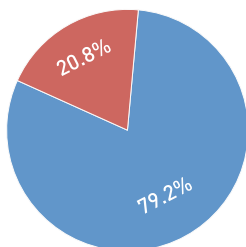
Men having sex with men (MSM)	56.5%
Heterosexual contact	18.7%
No identified risk	12.4%
Presumed heterosexual contact	5.2%
Intravenous drug use (IDU)	2.6%
No reported risk	2.6%
MSM and IDU	1.6%
Mother to child (perinatal exposure)	0.5%

COMMUNICABLE DISEASE RYAN WHITE / HIV SERVICES

HIV/AIDS (2009) • NEWLY DIAGNOSED HIV IN MARION COUNTY RESIDENTS BY GENDER, RACE/ETHNICITY, AGE AT DIAGNOSIS AND EXPOSURE CATEGORY

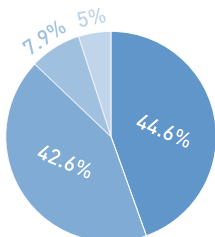
GENDER

Male 79.2%
Female 20.8%

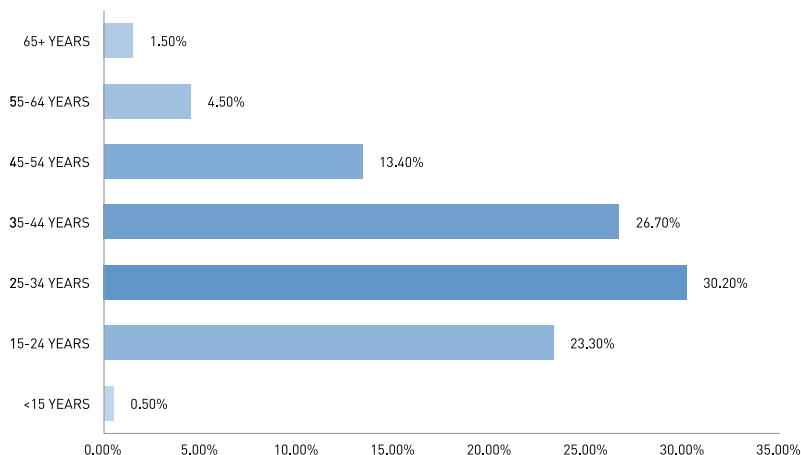


RACE • ETHNICITY

Black/African-American 44.6%
White 42.6%
Hispanic/Latino 7.9%
Other 5.0%



AGE AT DIAGNOSIS



EXPOSURE CATEGORY

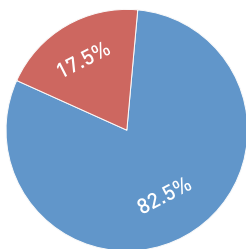
Men having sex with men (MSM)	56.9%
Heterosexual contact	17.8%
No identified risk	14.9%
Presumed heterosexual contact	5.0%
Intravenous drug use (IDU)	3.0%
No reported risk	0.5%
MSM and IDU	1.5%
Mother to child (perinatal exposure)	0.5%

COMMUNICABLE DISEASE RYAN WHITE / HIV SERVICES

HIV/AIDS (2010) • NEWLY DIAGNOSED HIV IN MARION COUNTY RESIDENTS BY GENDER, RACE/ETHNICITY, AGE AT DIAGNOSIS AND EXPOSURE CATEGORY

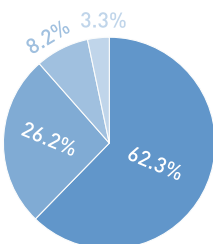
GENDER

Male 82.5%
Female 17.5%

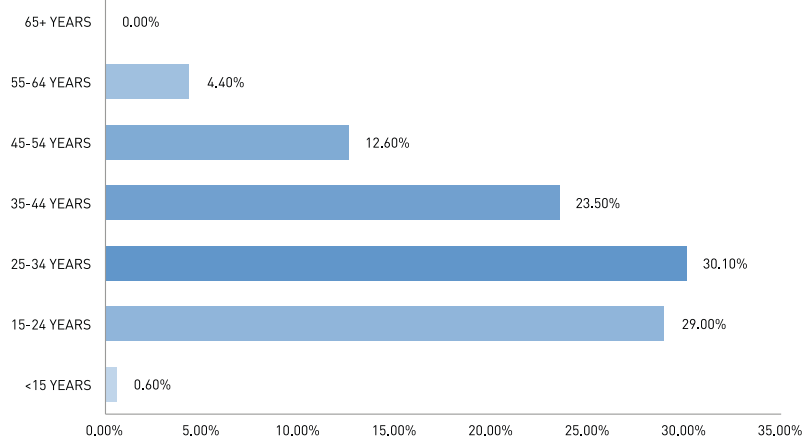


RACE • ETHNICITY

Black/African-American 62.3%
White 26.2%
Hispanic/Latino 8.2%
Other 3.3%



AGE AT DIAGNOSIS



EXPOSURE CATEGORY

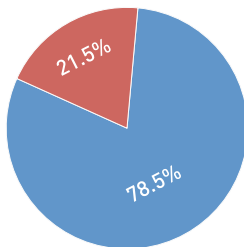
Men having sex with men (MSM)	59.6%
Heterosexual contact	19.1%
No identified risk	10.4%
Presumed heterosexual contact	4.4%
Intravenous drug use (IDU)	3.8%
No reported risk	1.1%
MSM and IDU	1.1%
Mother to child (perinatal exposure)	0.6%

COMMUNICABLE DISEASE RYAN WHITE / HIV SERVICES

HIV/AIDS (2011) • NEWLY DIAGNOSED HIV IN MARION COUNTY RESIDENTS BY GENDER, RACE/ETHNICITY, AGE AT DIAGNOSIS AND EXPOSURE CATEGORY

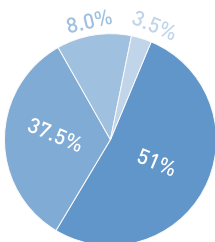
GENDER

Male 78.5%
Female 21.5%

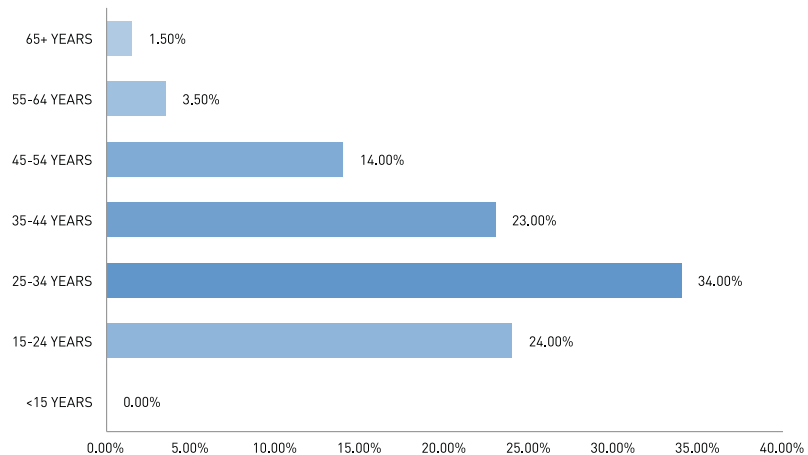


RACE • ETHNICITY

Black/African-American 51.0%
White 37.5%
Hispanic/Latino 8.0%
Other 3.5%



AGE AT DIAGNOSIS



EXPOSURE CATEGORY

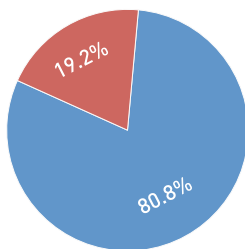
Men having sex with men (MSM)	53.5%
Heterosexual contact	20.0%
No identified risk	13.0%
Presumed heterosexual contact	6.5%
Intravenous drug use (IDU)	2.0%
No reported risk	1.5%
MSM and IDU	3.5%
Mother to child (perinatal exposure)	0.0%

COMMUNICABLE DISEASE RYAN WHITE / HIV SERVICES

HIV/AIDS (2012) • NEWLY DIAGNOSED HIV IN MARION COUNTY RESIDENTS BY GENDER, RACE/ETHNICITY, AGE AT DIAGNOSIS AND EXPOSURE CATEGORY

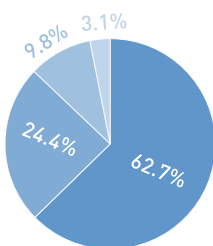
GENDER

Male 80.8%
Female 19.2%

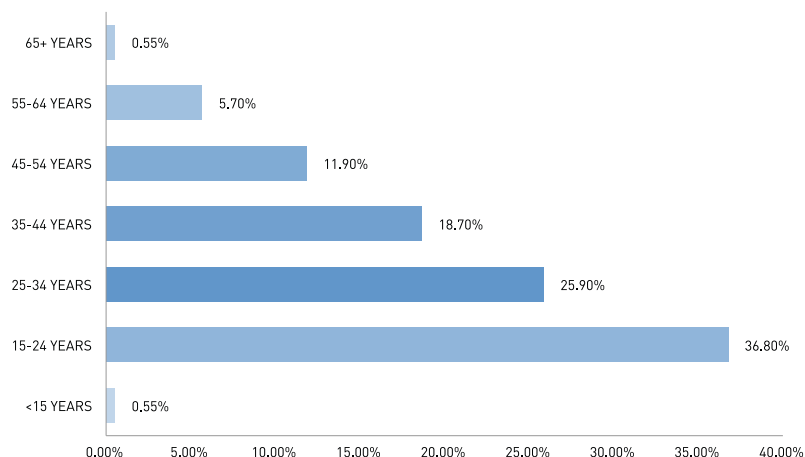


RACE • ETHNICITY

Black/African-American 62.7%
White 24.4%
Hispanic/Latino 9.8%
Other 3.1%



AGE AT DIAGNOSIS



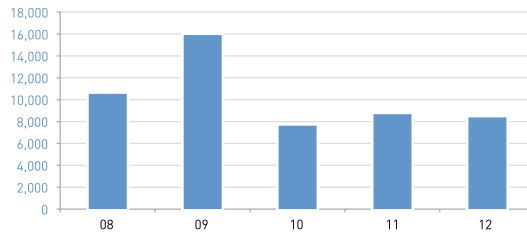
EXPOSURE CATEGORY

Men having sex with men (MSM)	54.9%
Heterosexual contact	19.7%
No identified risk	11.4%
Presumed heterosexual contact	4.7%
Intravenous drug use (IDU)	3.1%
No reported risk	3.1%
MSM and IDU	2.6%
Mother to child (perinatal exposure)	0.5%

COMMUNICABLE DISEASE IMMUNIZATIONS (2008-2012)

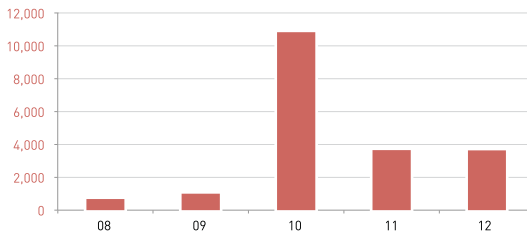
INFLUENZA VACCINE (ALL AGES)

YEAR	VACCINES
2008	10,538
2009	15,904
2010	7,624
2011	8,683
2012	8,368



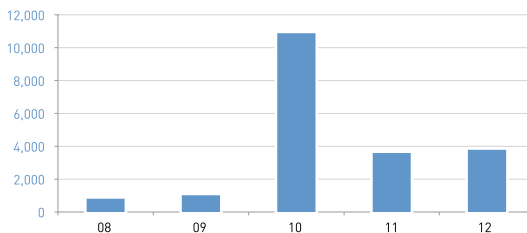
MENINGOCOCCAL VACCINE (UNDER 19 YEARS)

YEAR	VACCINES
2008	676
2009	1,001
2010	10,831
2011	3,656
2012	3,631



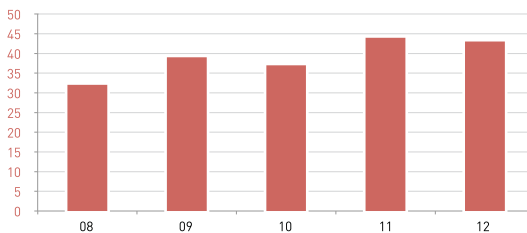
TDAP VACCINE - TETANUS, DIPHTHERIA AND PERTUSSIS (UNDER 19 YEARS)

YEAR	VACCINES
2008	810
2009	1,018
2010	10,890
2011	3,588
2012	3,792



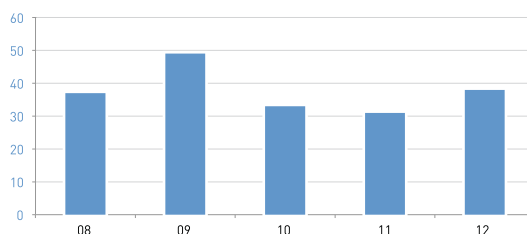
MARION COUNTY PERINATAL HEPATITIS B (PHB) CASES

YEAR	CASES
2008	32
2009	39
2010	37
2011	44
2012	43



TUBERCULOSIS CASES

YEAR	CASES
2008	37
2009	49
2010	33
2011	31
2012	38



COMMUNICABLE DISEASE

REFUGEE HEALTH

COUNTRY OF ORIGIN	2008	2009	2010	2011	2012	Totals
Afghanistan	0	0	0	6	3	9
Bhutan	0	0	22	11	0	33
China	2	19	13	2	21	57
Congo	0	0	37	1	10	48
Cuba	5	4	13	3	0	25
Egypt	0	7	3	0	6	16
Eritrea	0	1	17	8	6	32
Ethiopia	1	12	15	10	3	41
Guinea	1	8	5	5	0	19
Iran, Islamic Rep of	0	5	8	5	10	28
Iraq	14	25	73	15	38	165
Malaysia	0	3	6	17	38	64
Myanmar	476	587	875	934	947	3,819
Nepal	0	0	0	19	18	37
Somalia	3	12	30	28	40	113
Sudan	0	0	13	5	18	36
Uganda	5	1	1	0	3	10
Zimbabwe	0	0	10	3	0	13
Countries with <5	14	14	30	7	30	95
Unknown	17	8	4	5	22	56
Total	538	706	1,175	1,084	1,207	4,710

NOTE: Marion County received 3,819 refugees from Burma (Myanmar) in the last 5 years. The second most common refugees group came from Iraq with 165 refugees.

Source: Refugee Health Program

COMMUNICABLE DISEASE

SELECTED NOTIFIABLE DISEASES (2008-2012)

HIV/AIDS*	2008	2009	2010	2011	2012
AIDS at HIV Diagnosis	63	51	40	56	35
Conversion from HIV to AIDS	123	75	78	89	82
HIV Total # New Infections	214	225	188	206	202
ENTERIC DISEASES	2008	2009	2010	2011	2012
Campylobacteriosis	105	68	47	50	56
Cryptosporidiosis	12	11	11	14	6
Enterohemorrhagic E. coli	14	5	8	13	20
Giardiasis	N/A	50	91	68	51
Salmonellosis	96	74	125	71	58
Shigellosis	448	19	9	9	14
HEPATITIS	2008	2009	2010	2011	2012
A	5	1	1	8	1
B-Acute	28	26	20	12	24
B-Chronic	170	156	168	173	174
C-Acute	9	7	5	9	8
C-Chronic	856	931	904	897	975
MENINGITIS/BACTEREMIA	2008	2009	2010	2011	2012
Invasive Streptococcus Groups A & B	103	110	94	93	113
Invasive Streptococcus Pneumonia	123	139	119	131	121
—Intermediate Resistance to PCN	17	21	8	5	8
—Resistant to PCN	4	8	7	3	4
Meningococcal Disease	3	7	4	5	2
ARBOVIRUS DISEASES	2008	2009	2010	2011	2012
West Nile Virus	2	2	3	2	12
RESPIRATORY DISEASES	2008	2009	2010	2011	2012
Histoplasmosis	12	25	26	25	21
Legionellosis	20	28	19	15	9
Tuberculosis	37	49	33	31	38
SEXUALLY TRANSMITTED DISEASES	2008	2009	2010	2011	2012
Chlamydia	8,369	8,257	4,887	9,201	9,889
Gonorrhea	3,930	3,498	1,894	2,794	3,224
Syphilis (< 1 Year Duration)	135	94	178	144	204
VACCINE PREVENTABLE DISEASES	2008	2009	2010	2011	2012
Mumps	1	1	3	1	1
Pertussis	7	37	95	33	17
Varicella	N/A	31	20	18	55
SELECTED SYNDROMES**	2008	2009	2010	2011	2012
Influenza-Like Illness	5,711	11,931	4,987	4,987	5,165
Gastrointestinal	61,823	70,229	70,190	64,655	70,000
INFLUENZA DEATHS	2008	2009	2010	2011	2012
Influenza Deaths	N/A	N/A	2	2	0

*Cumulative 1982 through December 2012: AIDS (2,311 Cases), HIV (2,081 Cases), Deaths (2,513).
HIV cases are deleted from the cumulative total when the AIDS case definition is met.
HIV and AIDS cumulative cases are living Marion County residents.

**Numbers reflect electronic syndromic surveillance of emergency department data.
Source: Selected Notifiable Disease Report - Communicable Disease Program

COMMUNITY-BASED CARE PRENATAL CARE COORDINATION (2008-2012)

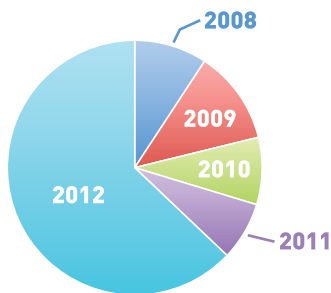
NUMBER OF WOMEN ENROLLED IN THE PROGRAM

2008	367
2009	350
2010	270
2011	271
2012	330



NUMBER OF POSTPARTUM AND NEWBORN VISITS

2008	359
2009	463
2010	331
2011	288
2012	2,443



TB ENCOUNTERS

2008	16,575
2009	18,409
2010	18,831
2011	12,964
2012	19,781



HOME VISITS

2008	23,516
2009	22,538
2010	17,322
2011	16,763
2012	20,816

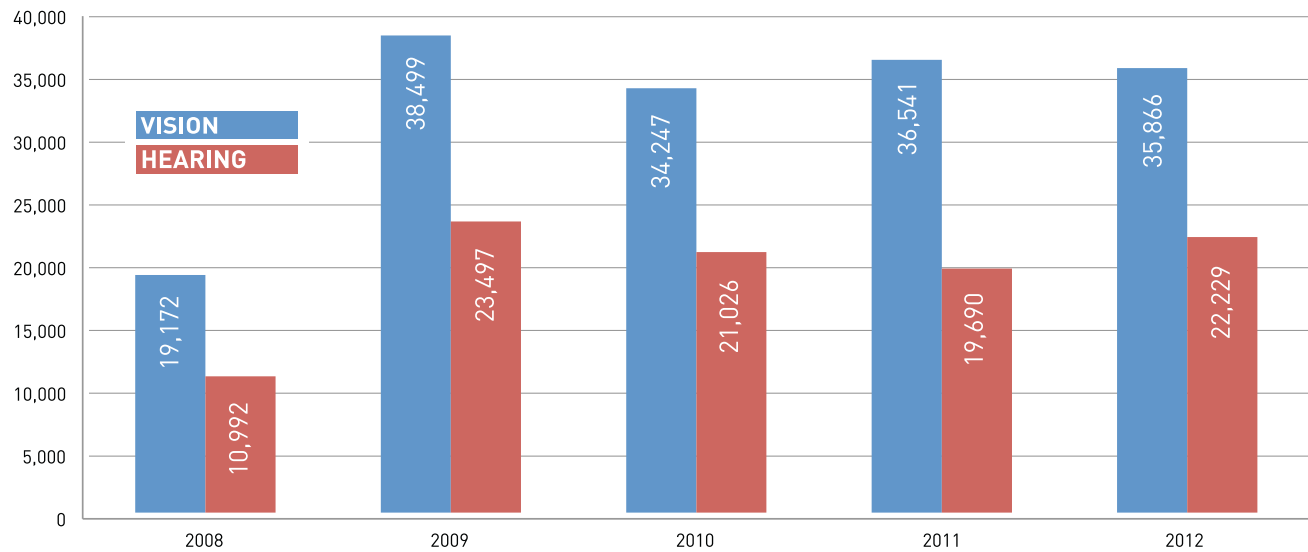


Source: Community-Based Care

COMMUNITY-BASED CARE

VISION & HEARING SCREENINGS (2008-2012)

VISION & HEARING SCREENINGS IN SCHOOLS	2008	2009	2010	2011	2012
Vision	19,172	38,499	34,247	36,541	35,866
Hearing	10,992	23,497	21,026	19,690	22,229



Source: Community-Based Care



COMMUNITY-BASED CARE

WALK-IN SERVICES

NUMBER OF CLIENTS SERVED

2008	29,398
2009	44,617 (dramatic increase in flu vaccinations)
2010	45,267 (increase in flu vaccinations and back-to-school vaccines)
2011	39,567
2012	38,245

REACH OUT AND READ PROGRAM

NUMBER OF BOOKS PROVIDED

2008	4,254
2009	2,821
2010	3,375
2011	2,933
2012	3,109

Source: Community-Based Care



DENTAL HEALTH



HEALTH EDUCATION SERVICES	2008	2009	2010	2011	2012
Screenings	1,071	1,365	2,199	1,025	1,607
School-Based Education Encounters	907	530	8,561	3,761	1,220
Health Fair Education Encounters	3,954	5,959	9,155	5,107	2,982
Head Start, Preschool, Daycare Encounters	508	998	208	240	491
Community Project Encounters	0	641	805	270	953
Total of Dental Health Education Services	6,440	9,493	20,928	10,403	7,253

CLINIC SERVICES	2008	2009	2010	2011	2012
Clinic Sites	10	10	9	9	8
Visits at Clinic	9,710	8,803	9,553	9,812	11,264
Prevention Services at Clinic	24,373	25,025	25,584	25,821	26,283
Treatment Services at Clinics	43,882	41,870	45,942	45,852	48,271
Sealants Applied	5,697	5,382	6,578	6,866	6,655
Total Dental Health Services at Clinics	83,662	81,080	87,657	88,351	92,473

Source: Dental Health Program

MATERNAL & CHILD HEALTH



INFANT MORTALITY RATES BY RACE

(Number of infants who died during first year of life per 1,000 live births)

	2008	2009	2010	2011	2012
White*	5.8	9.8	8.9	8.7	5.5
Black*	15.4	21.4	14.9	15.6	13.2
Hispanic	6.6	9.9	8.6	7.4	6.1
All Races	8.7	12.8	10.7	10.5	8.7

NEONATAL MORTALITY RATES BY RACE

(Number of infants who died during first 28 days of life per 1,000 live births)

	2008	2009	2010	2011	2012
White*	3.2	6.1	7.1	6.7	3.7
Black*	8.8	14.7	8.8	9.0	9.5
Hispanic	4.3	8.2	6.3	5.6	5.6
All Races	5.0	8.7	7.3	7.1	6.4

*Non-Hispanic only

Source: MCPHD Epidemiology, DR1817 and DR2229

MATERNAL & CHILD HEALTH

BIRTHS TO TEEN MOTHERS (2008)

Mother's Race (*non-Hispanic only)	Total Births (mothers of all ages)	Teen Births (mothers ages 10-19)	Percent of Total Births
White*	6,211	638	10.3%
Black*	3,756	679	18.1%
Hispanic	2,573	311	12.1%
Total	13,061	1,674	12.8%

BIRTHS TO TEEN MOTHERS (2009)

Mother's Race (*non-Hispanic only)	Total Births (mothers of all ages)	Teen Births (mothers ages 10-19)	Percent of Total Births
White*	6,256	604	9.7%
Black*	3,733	686	18.4%
Hispanic	2,426	323	13.3%
Total	13,049	1,671	12.8%

BIRTHS TO TEEN MOTHERS (2010)

Mother's Race (*non-Hispanic only)	Total Births (mothers of all ages)	Teen Births (mothers ages 10-19)	Percent of Total Births
White*	5,746	505	8.8%
Black*	3,757	606	16.1%
Hispanic	2,222	260	11.7%
Total	12,306	1,414	11.5%

BIRTHS TO TEEN MOTHERS (2011)

Mother's Race (*non-Hispanic only)	Total Births (mothers of all ages)	Teen Births (mothers ages 10-19)	Percent of Total Births
White*	5,845	445	7.6%
Black*	3,651	510	14.0%
Hispanic	2,156	231	10.7%
Total	12,364	1,233	10.0%

BIRTHS TO TEEN MOTHERS (2012)

Mother's Race (*non-Hispanic only)	Total Births (mothers of all ages)	Teen Births (mothers ages 10-19)	Percent of Total Births
White*	5,636	415	7.4%
Black*	3,701	476	12.9%
Hispanic	2,313	225	9.7%
Total	12,430	1,185	9.5%

Source: MCPHD Epidemiology, DR1817 and DR2229

MATERNAL & CHILD HEALTH

NUTRITION & WOMEN, INFANTS AND CHILDREN (2008-2012)

NUTRITION SERVICES	2008	2009	2010	2011	2012
More Matters	1,150	1,566	2,250	3,166	3,500
Little Farmer's Market	750	800	1,100	1,400	1,500
GOTR	250	300	350	350	375
Nutrition Education Encounters	9,849	9,917	10,214	9,788	10,327

WIC SERVICES	2008	2009	2010	2011	2012
Average Number of Participants Receiving WIC Vouchers per Month	26,934	30,511	33,276	32,335	31,951

TOTAL NUMBER OF WIC CLINICS: 13

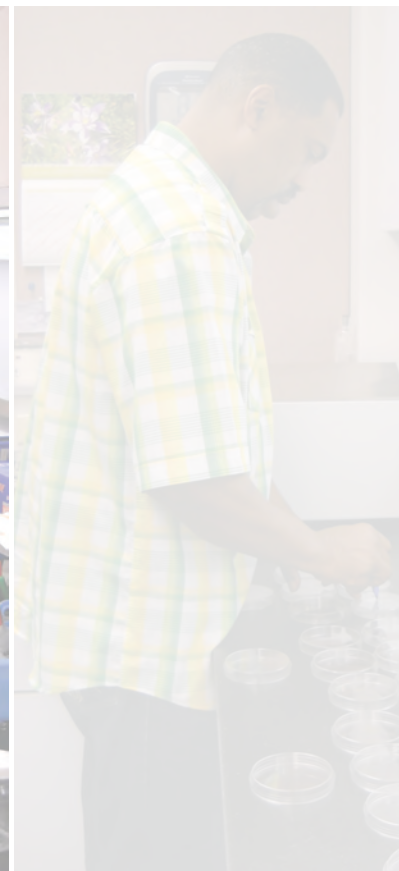
Source: Maternal & Child Health Program



PUBLIC HEALTH LABORATORY

PUBLIC HEALTH LABORATORY SERVICES	2008	2009	2010	2011	2012
Clinical	73,276	76,260	68,178	64,872	61,331
Environmental	58,927	59,261	60,238	51,369	49,551
Total	132,203	135,521	128,416	116,241	110,882

Source: Public Health Laboratory Program



SOCIAL WORK



MOTHER BABY HEALTHLINE	2008	2009	2010	2011	2012
Total Number of Calls	1,879	1,841	180	325	3,476
Concerns Addressed	3,482	2,924	810	1,616	851

ADOLESCENT SERVICES	2008	2009	2010	2011	2012
Total Number of Clients Seen	1,401	2,131	2,303	1,374	1,536
Services Provided	2,009	2,804	3,020	1,161	2,631

DISTRICT/HOUSING	2008	2009	2010	2011	2012
Total Number of Clients Seen	4,315	4,311	4,629	4,148	634
Services Provided	7,054	5,764	6,809	7,247	636

SCHOOL-BASED CLINICS (PATIENT VISITS)	2008	2009	2010	2011	2012
Arlington High School	51	45	146	19	26
Crispus Attucks Medical Magnet High School	91	165	97	38	186
Manual High School	270	251	221	68	N/A
John Marshall Community High School	49	273	252	68	102
Charles A. Tindley Accelerated School	177	82	238	32	87

Source: Social Work Department

VITAL RECORDS

BIRTH STATISTICS	2008	2009	2010	2011	2012
Total Births in Marion County	19,173	18,648	17,936	17,853	17,946
Births to Residents	13,285	13,338	12,800	13,298	13,536
Certified Copies of Birth Certificates	60,259	57,984	57,092	60,081	59,793

DEATH STATISTICS	2008	2009	2010	2011	2012
Total Deaths	9,706	9,548	9,713	9,584	9,883
Deaths of Residents	6,768	6,696	6,803	6,684	6,967
Fetal Deaths	135	152	125	142	172
Fetal Deaths of Residents	90	103	77	60	107
Certified Copies Death Certificates	58,795	56,757	57,126	56,550	56,279

Source: MCPHD Vital Records 20120322





S T A T I S T I C S

E N V I R O N M E N T A L
H E A L T H

ENVIRONMENTAL HEALTH SAFETY & MANAGEMENT



ENVIRONMENTAL HEALTH SAFETY & MANAGEMENT PROGRAM

	2008	2009	2010	2011	2012
Total Weight (lbs) of Trash Removed from Properties	16,587,585	21,941,740	17,382,448	17,244,460	16,418,780
Total Properties Cleaned	2,995	3,677	3,764	3,824	3,184

Source: Environmental Health Safety & Management Program

FOOD & CONSUMER SAFETY

FOOD & CONSUMER SAFETY PROGRAM	2008	2009	2010	2011	2012
Food Facility Inspections	18,087	19,147	19,261	19,458	20,079
Consumer Complaints	894	919	736	890	909
Percent of Complaints Inspected within one Day	99%	99%	99%	99%	99%
Foodborne Disease Investigations	205	199	155	194	199

LICENSES	2008	2009	2010	2011	2012
Restaurants, Taverns, Schools	3,000	3,161	3,286	3,329	3,273
Grocery Stores	771	861	891	949	945
Temporary Event Licenses	1,195	1,268	1,267	1,338	1,463
Mobile and Vending Food Service	219	228	226	249	279

Source: Food and Consumer Safety Program



LEAD SAFE & HEALTHY HOMES

LEAD SAFE & HEALTHY HOMES PROGRAM	2008	2009	2010	2011	2012
Children Screened	3,786	4,930	5,346	4,670	2,269
Medical Case Management	100	128	102	96	494
Initial Lead Inspections	806	1,064	880	492	230
Healthy Homes Assessments	128	215	246	123	175
Compliances	553	655	316	244	84

Source: Lead Safe & Healthy Homes Program



HOUSING & NEIGHBORHOOD HEALTH

Inspections	2008	2009	2010	2011	2012
Initial Housing Orders	4,621	5,565	2,682	2,649	2,263
Housing Compliances	4,201	4,948	4,190	5,252	4,553
Initial Sanitation Orders	19,527	19,521	13,599	14,265	12,354
Sanitation Compliances	18,115	18,824	11,665	14,046	14,272
Number of Tickets Issued	2,837	2,272	1,939	1,967	2,724
Ticket Compliances	688	492	438	478	700
Revenue from Paid Tickets	\$69,700	\$49,850	\$43,700	\$48,250	\$70,320
Number of Properties Referred for Clean	5,840	5,590	6,115	6,385	5,280
Revenue Collected	\$828,865	\$606,122	\$812,748	\$496,270	\$538,031

Court Cases	2008	2009	2010	2011	2012
Cases Filed	2,873	2,925	2,333	2,826	3,546
Cases Resolved	957	1,573	1,269	1,504	1,671

Unsafe Buildings	2008	2009	2010	2011	2012
Structures Demolished	537	658	836	589	578
Structures Boarded	7,111	7,586	6,516	9,430	7,820
Structures Repaired	842	944	672	789	1,090

Source: Housing & Neighborhood Health Program

MOSQUITO CONTROL

MOSQUITO CONTROL	2008	2009	2010	2011	2012*
Inspections of Mosquito Breed Sites	17,948	20,251	18,395	20,144	11,554
Mosquito Breeding Sites Treated	10,104	11,714	8,882	8,566	4,392
Adulticiding, Lineal Miles Sprayed	6,576	5,169	5,164	3,999	2,563
Complaint Services, Adulticiding	5,454	5,566	5,584	5,545	3,657
Combination Complaints	572	803	689	N/A	N/A
Catch Basins Treated	734	2,392	1,258	1,349	2,349

*NOTE: Numbers for 2012 were lower than previous years due to drought-like conditions.

Source: Mosquito Control Program



RODENT CONTROL

RODENT CONTROL PROGRAM	2008	2009	2010	2011	2012
Complaints	2,478	2,838	2,751	2,316	2,499
Housing	47	48	45	24	45
Rechecks	6,592	6,064	5,662	4,985	2,746
Presentations	32	33	20	32	37
Tool Loans	151	111	113	89	98
Number of Tools Loaned	4,878	5,304	3,799	4,504	3,414
Dumpsters Surveyed	N/A	N/A	N/A	7,151	5,957
Dumpsters with Discrepancies	N/A	N/A	N/A	234	34
Surveys	47	38	20	16	28

Source: Rodent Control Program



WATER QUALITY & HAZARDOUS MATERIALS MANAGEMENT

WATER QUALITY & HAZARDOUS MATERIALS MANAGEMENT	2008	2009	2010	2011	2012
Public Pool Inspections	5,845	5,548	5,638	5,627	5,357
Public Pool Samples	6,231	5,894	6,225	5,972	5,500
Drinking Water Well Samples	521	446	299	252	234
New Septic Permits Issued	15	11	14	5	10
Repair Septic Permits Issued	100	116	130	53	61
Well Permits Issued	102	78	70	84	112
Pump Permits Issued	164	148	112	133	236
Child Care Facilities Licenses Issued	66	64	58	62	55
Tattoo Licenses Issued	37	45	45	55	53
Public Pool Facilities Licensed	601	614	625	543	593
Mortgage Loan Inspections	180	160	102	75	73
Public Pool Construction Inspections	31	65	18	7	14
Indoor Air Quality Inspections	2,722	3,014	3,976	4,020	4,175
Hazardous Materials Inspections	938	743	776	728	690
Public File Review Requests	286	246	307	307	361
Sewer Connection Inspections	1,507	1,497	2,037	1,963	1,039
Surface Water Samples	2,483	2,744	2,820	2,598	2,491

Source: Water Quality and Hazardous Materials Management Program



FINANCIALS

FINANCIALS

ADMINISTRATION	2008	2009	2010	2011	2012
Administrative Services	2,005,887	1,895,852	2,241,673	2,299,861	2,598,857
Support Services	2,181,633	2,179,098	1,960,401	2,469,144	2,375,508
TOTAL ADMINISTRATION	4,187,520	4,074,950	4,202,074	4,769,005	4,974,366

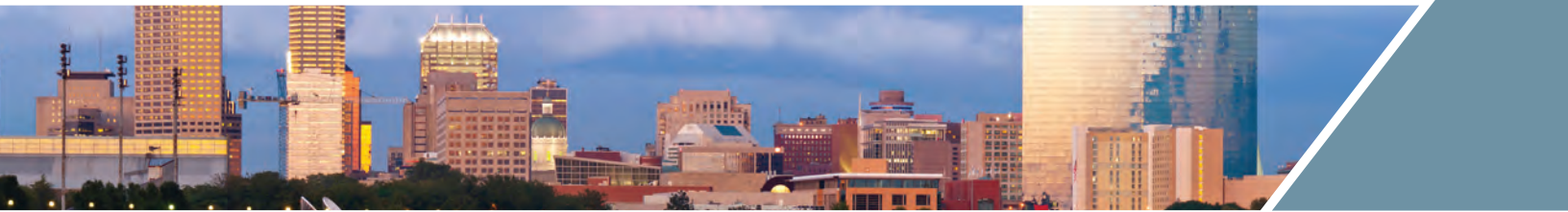
POPULATION HEALTH	2008	2009	2010	2011	2012
Epidemiology	321,020	751,051	763,392	733,630	764,609
Chronic Disease	1,197,373	1,120,315	937,637	1,002,410	1,012,096
Health Promotion	1,413,287	913,605	1,011,005	924,192	867,663
Violence Prevention	244,634	214,129	219,188	254,327	257,570
Injury Prevention	113,461	80,142	72,823	69,759	72,822
Maternal/Child Health	2,985,145	3,440,444	3,133,121	3,084,559	3,041,201
School Health	1,343,262	1,350,279	1,483,905	1,559,057	1,555,711
Dental Health	2,122,588	2,208,499	2,305,844	2,415,480	2,379,982
Adolescent Health	1,786,407	1,956,800	2,062,956	2,052,152	1,740,085
Nutrition Services	3,235,817	3,944,780	4,037,053	4,482,154	5,488,951
Social Work Services	1,009,763	1,040,676	1,172,479	995,011	1,052,557
Vital Statistics	962,703	3,056,467	1,003,529	1,015,298	936,633
Central Records	52,281	66,191	65,266	61,842	67,657
Community-Based Care	3,461,781	1,750,392	3,490,585	3,426,818	3,255,033
Foreign-Born Care	327,604	462,277	438,473	750,657	843,156
HIV/AIDS	4,867,288	6,328,743	5,154,152	4,222,927	4,608,542
Immunization Services	1,369,577	1,516,371	1,728,870	1,925,426	1,657,402
Sexually Transmitted Diseases	2,970,063	3,237,502	3,723,503	3,828,263	3,710,525
Laboratory	1,577,744	1,564,029	1,483,750	2,094,878	1,784,066
Infectious Disease Control	1,754,669	1,871,324	2,154,855	2,024,410	1,549,104
Public Health Preparedness	2,788,007	7,787,056	2,341,913	1,747,642	1,535,295
Substance Use Outreach	589,676	580,740	684,980	694,524	713,071
TB Control	N/A	N/A	N/A	122,706	787,236
Clinical Preventative	N/A	N/A	N/A	41,793	159,322
TOTAL POPULATION HEALTH	36,494,150	45,241,811	39,469,278	39,529,916	39,840,289

FINANCIALS

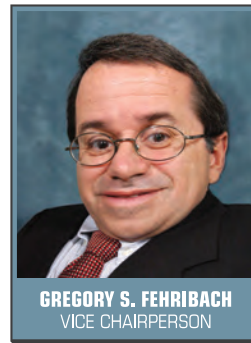
ENVIRONMENTAL HEALTH	2008	2009	2010	2011	2012
Water Quality/Hazardous Materials Mgt.	1,794,516	1,899,922	1,860,669	1,980,576	1,926,460
Unsafe Building Program	532,873	561,405	600,217	682,344	706,331
Food & Consumer Safety	1,591,868	1,684,158	1,882,442	1,776,202	1,804,706
Environmental Health Safety & Mgt.	1,951,780	2,314,537	2,209,147	2,204,363	1,894,960
Housing & Neighborhood Health	2,906,265	3,085,833	3,109,183	3,288,117	3,068,042
Rodent Control	372,664	395,171	356,317	375,955	344,642
Mosquito Control	1,176,918	1,183,885	1,265,836	1,261,181	947,279
Systematic Code Enforcement	338,948	321,654	314,362	350,070	353,758
Lead Safe & Healthy Homes	2,395,160	2,969,680	2,931,119	2,506,850	1,265,765
TOTAL ENVIRONMENTAL HEALTH	13,060,991	14,416,244	14,529,292	14,425,660	12,311,943

TOTAL EXPENDITURES **53,742,661** **63,733,005** **58,200,644** **58,724,580** **57,126,598**

REVENUES	2008	2009	2010	2011	2012
Taxes	28,575,222	30,605,053	32,721,961	35,211,069	34,948,311
Licenses & Permits	3,700,834	3,774,651	3,857,259	3,933,301	3,901,841
Intergovernmental	1,090,240	917,060	970,248	942,170	681,369
Grants	18,261,034	26,388,588	18,708,050	16,711,550	15,727,170
Charges and Services	1,283,126	1,405,542	1,342,211	1,170,893	1,147,540
Miscellaneous	832,205	642,111	600,915	755,598	720,367
TOTAL REVENUES	53,742,661	63,733,005	58,200,644	58,724,580	57,126,598



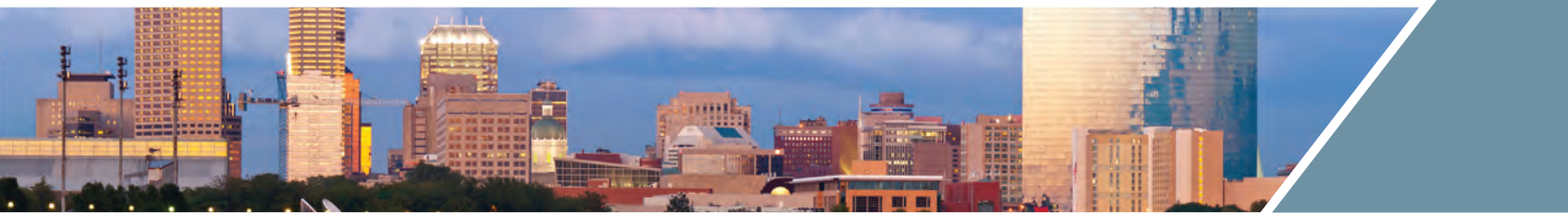
HEALTH & HOSPITAL CORPORATION BOARD OF TRUSTEES*



The Marion County Public Health Department is the public health division of the Health and Hospital Corporation, a municipal corporation created by the Indiana Legislature in 1954. Eskenazi Hospital is the public hospital division.

The Corporation is guided by a seven-member Board of Trustees. Board members serve four-year terms and are eligible for reappointment. Three members are appointed by the Mayor, two members are appointed by the City-County Council and two members are appointed by the Marion County Board of Commissioners.

*BOARD AS OF 2014



MARION COUNTY PUBLIC HEALTH DEPARTMENT ADMINISTRATIVE TEAM



[LEFT TO RIGHT] TARA PARCHMAN, MARY MCKEE, DANA REED WISE, DR. VIRGINIA CAINE, JOAN TREDELL, KAREN HOLLY

VIRGINIA A. CAINE, MD
DIRECTOR

TARA L. PARCHMAN, MBA
DIRECTOR OF FINANCE

KAREN HOLLY, MBA
CHIEF OPERATING OFFICER

JOAN TREDELL, MS, RD, CD
CHIEF, POPULATION HEALTH

MARY MCKEE, MSW, LCSW, CQIA
DIRECTOR, PUBLIC HEALTH PRACTICE

DANA REED WISE, MPH, REHS
CHIEF, ENVIRONMENTAL HEALTH

MARION COUNTY PUBLIC HEALTH DEPARTMENT

SERVICE LOCATIONS

Action Health Center

2860 North Pennsylvania Street
Indianapolis, IN 46205

Bed & Britches, Etc. (BABE)

4040 North Rural Street
Indianapolis, IN 46205

Bell Flower Clinic

640 Eskenazi Avenue
Indianapolis, IN 46202

Environmental Health & Safety Management

4040 North Rural Street
Indianapolis, IN 46205

Epidemiology

3901 Meadows Drive
Indianapolis, IN 46205

Facilities Maintenance

3999 Millersville Road
Indianapolis, IN 46205

Forest Manor

3840 North Sherman Drive
Indianapolis, IN 46226

Hasbrook Building

3838 North Rural Street
Indianapolis, IN 46205

Healthy Families

4720 Kingsway Drive, Suite 100
Indianapolis, IN 46205

Legacy House

2505 North Arlington Street
Indianapolis, IN 46218

Mosquito Control

4001 East 21st Street
Indianapolis, IN 46218

Northeast District Health Office

6042 East 21st Street
Indianapolis, IN 46219

Northwest District Health Office

Pecar Health Center
6940 North Michigan Road
Indianapolis, IN 46268

Parker Building

2951 East 38th Street
Indianapolis, IN 46218

Rodent Control

4001 East 21st Street
Indianapolis, IN 46218

South District Health Office

505 National Avenue
Indianapolis, IN 46227

Water Quality & Hazardous Materials Management

3901 Meadows Drive
Indianapolis, IN 46205



MARION COUNTY
PUBLIC
HEALTH
DEPARTMENT

Prevent. Promote. Protect.

3838 NORTH RURAL STREET

INDIANAPOLIS, IN 46205

317-221-2000