



## JOHNSON CO. HEALTH DEPARTMENT

Vital Records  
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October 26, 2022

### Board Meeting

The Board of Health met on October 26<sup>th</sup> 2022 at 7:30 am in the Conference Room at the Johnson County Health Department.

Those in attendance were, Dr. James Pease (Chair), Dr. Michael Pauszek, Amanda Stevenson-Homes, Janet Etnier and Dr. Steven Stropes. Those in attendance from the Health Department are Betsy Swearingen, Dr. Jefferson Qualls and Cheryl Snider. Also in attendance was Board Attorney Paul Hass.

A motion to accept the minutes from the August meeting was made by Dr. Pauszek. The motion was second by Dr. Stropes.

### Health Officer Report:

Dr. Qualls reported the new building for the Health Department is back on track. It will be located on Drake Road behind the Credit Union building. We will be getting the final drawing soon and will report when we get it.

COVID numbers look good. Johnson County is in a low transmission area. Dr. Qualls is not really worried about this winter as the severity of the illness is not as bad as it was.

Shannon is our school liaison. She has been working diligently to help schools with their immunization records. Whiteland Schools had quite a few kids who were going to be excluded for their lack of immunizations. Typically schools will keep kids in schools if they had an appointment date. This was not the case this year. Anyone who was not up to date by October 1<sup>st</sup> would not be allowed to attend until their immunizations were caught up.

The State Department of Health sent a two page letter to the county Commissioners regarding monies being available for Health Departments and how underfunded county Health Departments in Indiana are. There will be a push to send money for public health spending in Indiana. They would like to keep the money local however, if a health department signs up for one of these grants, the health departments will have to jump through hoops to receive said money. The county commissioners did not care for the ideas as they do not believe the State should take over and tell the local health department what they should be doing. In the next few months Dr. Qualls would like to be able to go to the commissioners and give them a list of things he thinks we as a Health Department should be doing and a list of things he thinks we could do better. Mental health programs being one of the, Johnson County has no housing codes, and maternal and child outreach has been greatly diminished since the loss of the Partnership for a Healthy Johnson County. Some of the smaller health departments are not taking funds such as preparedness grants and COVID vaccine from the IDOH. Therefore, some of the programs fall on the larger health departments to supplement services. Some grants offered had a watch dog feel to them so these grants were turned down.

Betsy has spent several weeks working on a "workforce development" study. She outlined all the health departments positions, what they are paid, what they do on a daily basis, what their education is and how they are effecting the core competency for public health. Hopefully it will justify what the Johnson County Health Department does on a daily basis.

Dr. Qualls stated we are short on people to do septic inspections. Since the retirement of Randy, we are struggling to keep up with our septic permits. We are looking to bring someone in with some knowledge of septic. We have tried training ourselves, however only one of the three of our new employees is interested in the septic program. Cassi is going out with the environmentalist and learning. Whoever we hire will have to have a Bachelor's degree in Science. This Betsy feels will keep the integrity of the position.

Dr. Qualls asked Dr. Pauszek if he was happy with the way the Breast Cancer program was working. Dr. Pauszek stated he really liked the large clinic that was put forth at Major Hospital in Shelbyville and would like to see more of that happening. Dr. Pauszek thought a STD program would be worthy of funding from a grant. He thought Johnson County needed a program. Betsy and Dr. Qualls stated they had already been talking about such a program but would need to partner with someone. The ultimate goal was to hire a PA at some point. Dr. Pauszek stated St. Thomas Clinic could take on that roll for now.

We have Vaccinated 4 people for Monkey Pox. Most of the Monkey Pox is in Indianapolis but it does trickle down to the surrounding counties as well.

Nursing Report: Betsy reported for Lisa Brown.

We are still running the Covid clinics on Tuesday and Thursdays for walk-ins. Testing is Monday through Friday as walk-ins. Flu shots are by appointment only on Wednesday. The clinic is seeing 30-40 people per day and there is still no Bivalent for 5-11 year olds. COVID cases are running steady. A report is run weekly by the nurses. The week of 10/14 there were 74 cases, 10/11 - 109 cases, 10/18 - 125 cases and 10/25 - 82 cases.

There is one active TB case and 4 open lead cases. Only one of those is above the new State guidelines of 5. This child was at 11.4.

There was an interesting monkey pox case. On October 11<sup>th</sup> there was a positive monkey test. This person had unprotected sex with an anonymous partner. This person had symptoms and once those symptoms healed he went back out and had unprotected relations with another person who was HIV positive. We are concerned because he could have killed this HIV positive partner. Annie sat him down and had a deep conversation and educated him on his lifestyle. The other two individuals were not able to be contacted as they were anonymous.

Environmental Report:

Betsy reported its time to issue food permits. JoEllen is working with Ricki to get her up to speed. Nancy will also be here to help as she worked with us last year receipting permits. Renewals are expected to be paid by December 31<sup>st</sup> every year. If these are not paid the license fee doubles. Also, if a business owner sells to someone else that fee is not transferable and the new owner must pay a new fee. If a business opens after July 1<sup>st</sup>, their license is half the original fee.

Emergency Management:

We have our purchase orders for most of our grants. We have received the whole \$880,000 for the School Liaison. Now it is a matter of implementing our plan and procedures.

Harm Reduction Kits (enclosure); The IDOH is giving out "Harm Reduction Kits" to those health departments who ask. These will not be on site at the Health Department but given to Uphill Prevention. The only thing the kit will not have that is pictured is the syringes. This being, Betsy will have to ask permission from the commissioners. Mike Herrin is our New Para Medicine Specialist. He is partnering with Caleb Lane. Caleb is a recovering addict and will be our Peer Recovery Coach. He and Mike will be working with 911 to become aware of overdoses in the county. They will go to someone's home who has overdosed and check on them to hopefully get them the help they need. We know one person is not enough however, this program is in its infancy and if we can help one or two out of 10 it is a step.

The COVID Response report stated Johnson County did very well. The only response was that they would like us to obtain a mobile vaccine Trailer. There are ARPA funds for this type of purchase for about \$175,000. This would cover a trailer. The Commissioners said no, that is was not our job to take health out to the public. The second time Betsy went before ARPA, it passed 3-2. Now she has to go back to the commissioners to write the ordinance which they have already stated they will not. Dr. Pauszek thought we should partner with the home health agencies for home bound patients. Betsy stated during COVID, we used a paramedic to get the COVID vaccines out to them. Bottom line is we need to be out in the community. We can use the truck for anything such as breast screenings, COVID vaccines, school vaccinations etc. Windrows Health Network has purchased an RV and is looking to partner with someone to work with. They use theirs for Mobile vaccines.

#### Vital Records Report:

Cheryl reported there were 98 Deaths in August and 94 in September. Births, August 30 and September 29.

| Child deaths 1 | Communicable Disease | Drug Intoxication | Homicide | Suicide |
|----------------|----------------------|-------------------|----------|---------|
| August:        | 2                    | 3                 | 1        | 1       |
| September:     | 1                    | 4                 | 0        | 0       |

#### Breast Cancer Awareness:

In August we scheduled 5 ladies for screening mammograms. We had 5 ladies from St. Thomas and one referral from Windrose Health Network. The lady from Windrose requested a translator, Which St. Francis offers. They offer translators by computer for screening mammograms, but have a live interpreter for any diagnostics that may be needed, which is very nice.

In September we scheduled 2 ladies. One lady from St Thomas and one from Windrose. The lady from Windrose requested a Punjabi translator.

The application for the 2023 IBCAT grant has been completed and submitted. We are waiting for word of approval and hopeful the amount will be increased, as we depleted our funds mid-August. To clarify, the IBCAT money has been budgeted out, I have not received correct billing for all of it. The Health Department has money in the 1168 grant to cover costs for ladies who come in October and after.

#### New Business:

Our new board member Jeanette Etnier was introduced. She has spent 26 years in the mental health industry. She has held many positions through the years including Anthem, positions in a corporate setting, executive leadership and middle management. She is excited about working on the board and how she can contribute.

There was no new business and the meeting was adjourned.

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Dr. James Pease Chairperson

Date



**Indiana  
Department  
of  
Health**



Eric J. Holcomb  
*Governor*

Kristina M. Box, MD, FACOG  
*State Health Commissioner*

October 7, 2022

Dear Elected Official:

When Governor Eric J. Holcomb established the Governor's Public Health Commission on August 18, 2021, his charge was clear: thoroughly examine Indiana's current public health system, find out what is working and what is not, and make recommendations for improvements that will ensure that where you live does not impact your access to essential public health services.

The commission did just that, first by ensuring that its makeup included representatives not just from public health, but from local government, workforce, and healthcare associations, and then by engaging stakeholders and citizens across the state in discussions about issues surrounding public health funding; workforce; governance and services; the use of data and information; childhood and adolescent health; and emergency preparedness. Through 35 stakeholder meetings, seven listening tours across the state, monthly public meetings, and hundreds of public comments, the commission was able to put the research conducted by experts into a framework that we believe works best for Hoosiers.

The heart of the recommendations contained in the final report submitted to Governor Holcomb is a premise that Indiana has long held dear: public health is best administered in local communities by local experts and organizations who know the needs of their communities. The commission also found, however, that many of Indiana's 94 local health departments currently are unable to perform the core public health services and often lack the resources and training to perform the services required by state law.

Rectifying this situation will require a significant state investment in local public health. Indiana currently spends \$55 per person on public health, compared with the national average of \$91 per person. This ranks our state 45<sup>th</sup> nationally for public health spending. Most local public health funding currently comes from local governments, many times from property taxes, and funding per person varies widely by county, ranging from \$1.25 to \$83 across the state.

The recommendations would allow local elected officials in each jurisdiction to decide whether to accept additional funding to provide core public health services, which are being evaluated through a collaboration between the Indiana Department of Health and local health departments. Counties would maintain current funding regardless of participation in the program and could receive significantly increased funding to better meet their communities' public health needs under this

To promote, protect, and improve the health and safety of all Hoosiers.



proposal. Although local health departments accepting additional funding would be expected to provide core public health services, how those services are offered would be tailored within individual jurisdictions based on the needs of the local community.

The recommendations also would allow for representation of municipalities on local health boards and for greater citizen and local elected official engagement, as well as more flexibility in other local health appointments if local elected officials so desire.

The Indiana Department of Health also would provide support for local health departments at regional and district levels. Many local health departments have expressed a desire for additional assistance with data analysis, grant writing and other functions that their jurisdictions lack the resources or expertise to provide. These regional and district staff members would work in collaboration with local health officials, who would retain authority over public health decisions in their jurisdictions.

We believe these recommendations are vital to improving the physical and fiscal health of our state. Our life expectancy has been declining since 2010 and now stands at almost two years below the U.S. average – ranking us 40<sup>th</sup> in the nation. The biggest declines in life expectancy are occurring among our working-age Hoosiers. While Indiana ranks high for affordability, opportunity, pre-K through 12th education, and other economic factors, our overall ranking in a 2021 U.S. News and World Report as a state was 32nd out of 50 because of our public health rankings.

By making state investments in local public health, offering local jurisdictions more support and flexibility, and addressing gaps in access to core public health services, Indiana can position itself for long-term prosperity that will benefit generations to come. We encourage you to read more about the recommendations contained in the commission's report at [www.in.gov/gphc](http://www.in.gov/gphc) and to reach out with any questions.

Sincerely,

Hon. Luke Kenley, JD  
Co-Chair, GPHC  
former State Senator

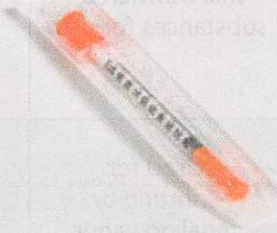

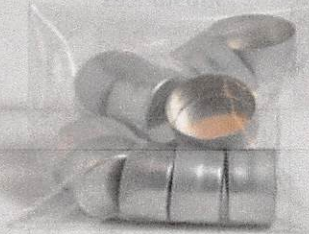
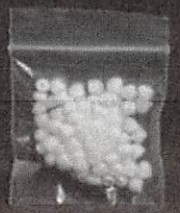

Judy Monroe, MD, FAAFP  
Co-Chair, GPHC  
former State Health Commissioner  
President, CDC Foundation

Kris Box, MD, FACOG  
Secretary, GPHC  
State Health Commissioner










## Indiana Harm Reduction Program Common Harm Reduction Supplies Explained

Harm reduction supplies, including syringes, are used to prevent the transmission of blood from person to person when preparing and using substances. Harm reduction supplies can also reduce the risk of bacterial and fungal infections that can occur when supplies are reused. Preventing HIV, hepatitis C (HCV) and bacterial and fungal infections not only supports the health of the individual, but also contributes to the health of the entire community. This resource explains each item and how it is used to prevent infection and contribute to individual and public health.

| SUPPLY                              | EXAMPLE   | FUNCTION   | HARM REDUCTION STRATEGY   |
|-------------------------------------|---|--|---|
| <b>Sterile Needles and Syringes</b> |    | Used to inject substances into the body                              | Reduce the transmission of HIV, HCV and other infectious bloodborne diseases caused by sharing syringes       |
| <b>Bleach</b>                       |   | Disinfectant   | Used to rinse syringes in the event that sterile syringes are not available                                   |
| <b>Cookers</b>                      |  | Used to prepare substances with water to make a substance injectable | Reduce the transmission of HIV, HCV and other infectious bloodborne diseases caused by the sharing of cookers |
| <b>Cotton Pellet Filters</b>        |  | Used to filter liquid substance solutions                            | Reduce impurities that can cause irritation and introduce bacterial and other infections                      |
| <b>Tourniquets</b>                  |  | Used to locate and identify a vein for injection                     | Reduce trauma to veins and skin tissue caused by using items such as belts and shoelaces                      |



## Indiana Harm Reduction Program Common Harm Reduction Supplies Explained

|  |   |  |   |
|--|---|--|---|
| <b>Alcohol Wipes</b>                               |    | Disinfectant   | Reduce soft tissue infections, including abscesses; prevent transmission of bloodborne pathogens and bacterial infections caused by unwashed skin around the injection site |
| <b>Sterile Water and Saline Ampules or Bottles</b> |    | Used to clean wounds and/or mix powdered substances for use                          | Reduce risk of HIV, HCV, bacterial and other infections, caused by using nonsterile water   |
| <b>Straws</b>                                      |    | Used for snorting or inhaling vapor  | Reduce the transmission of HIV, HCV, bacterial and other infections by reducing nasal tears associated with snorting drugs  |
| <b>Pipe Covers</b>                                 |   | Used to reduce burning of lips when smoking substances                               | Reduce the transmission of HIV, HCV and other infections by preventing burns and cuts from hot, chipped or cracked stems  |
| <b>Condoms</b>                                     |  | Used as a barrier during sex   | Reduce the risk of transmission of HIV, HCV, STDs and other infections. Prevent pregnancy.  |
| <b>Wound Care</b>                                  |  | Used to clean and care for wounds in the skin  | Reduce the risk of soft tissue damage and serious infections. Help reduce the risk of transmission of HIV, HCV and other bloodborne infections.                             |
| <b>Naloxone</b>                                    |  | Medication used to block the effects of opioids and rapidly reverse opiate overdose. | Reduce overdose deaths by reversing the life-threatening respiratory failure that usually causes overdose deaths  |