



Health First Vigo County

Core Public Health Services Plan

Core public health services must be provided by the local health department or a local organization in partnership with the local health department in compliance with Health First Indiana. The local health department will report on key performance indicators to the Indiana Department of Health



HEALTH FIRST INDIANA (HFI)

Core Public Health Services

More information at healthfirstindiana.com



At least 60% of HFI funding must be spent on these core services



Communicable disease prevention and control



Vital records



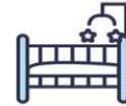
Tobacco prevention and cessation



Student health



Fatality review (child, suicide, overdose)



Maternal and child health



Testing/counseling for HIV, HCV, STI



TB control and case management



Emergency preparedness



Referrals to clinical care



Chronic disease prevention and reduction



Childhood lead screenings and case management



Trauma and injury prevention and education



Child and adult immunizations

No more than 40% of funding may be spent on these core services



Food protection



Pest/vector control and abatement



Public/semipublic pool inspection and testing



Residential onsite sewage system permitting and inspections



Orders for decontamination of property used to illegally manufacture controlled substances



Sanitary inspection and surveys of public buildings



Sanitary operation of tattoo parlors and body piercing facilities



Sanitary operation of facilities where eyelash extensions are performed

Updated: 8/24/23

Core Public Health Services

At least 60% of the funding must be spent on preventive core services:

Chronic Disease Prevention

- LHDs should engage in services that will prevent and reduce chronic diseases such as obesity, diabetes, cardiovascular disease (including hypertension and hyperlipidemia), hepatitis C, and cancer.

Trauma and Injury Prevention

- LHDs should engage community and/or regional partners in the coordination of harm reduction for substance use, such as naloxone distribution, and peer recovery and rehabilitation services, and/or trauma and injury prevention initiatives.
- LHDs should engage in education and community coordination to help educate and promote safe sleep, child safety car seats and bicycle helmets for children.

Fatality Review

- LHDs shall participate on local Fatality Review Teams, including Child Fatality Review, Fetal-Infant Mortality Review, and Suicide-Overdose Fatality Review as required in statute to include:

**providing local Fatality Review Teams with vital records necessary to review deaths, including birth, stillbirth, and death certificates,*

**working with local Fatality Review Teams to ensure annual reports are submitted to IDOH,*

**working with community partners to ensure that fatality prevention initiatives are implemented in the local community, and*

**developing equity-focused fatality prevention strategies to address disparities in maternal and infant mortality.*

Maternal and Child Health

- LHDs should provide or ensure direct or warm referrals/linkage to care and resources as warranted to family planning, prenatal care, WIC services, home visiting services, substance use treatment, or services to assist clients in applying for Medicaid and presumptive eligibility.

- LHDs should provide health promotion and materials to support safe sleep, breastfeeding, healthy eating and physical activity, and clinical referrals as needed.
- LHDs should develop equity-focused strategies to improve infant and maternal health outcomes.

School Health Liaison

- LHDs shall have a school health liaison, with schedule to be based on community need, whose focus is schools and serves as a local resource for all K-12 schools within the county and local public resource for all schools. Activities could include:

Lead Case Management and Risk Assessment

- LHDs shall ensure there is an IDOH-trained lead case manager on staff, or one available to their jurisdiction, to conduct case management within timeframes outlined in 410 IAC 29.
- LHDs shall ensure there is a licensed Lead Risk Assessor on staff, or available to their jurisdiction, to conduct assessments within timeframes outlined in 410 IAC 29.
- LHDs should ensure no-cost lead testing for children under 7 years is available within their jurisdiction.

Access to and Linkage to Clinical Care

- LHDs shall employ at least one full-time public health nurse with expertise to:
- LHDs should maintain an assigned staff member to address after-hours calls for public health emergencies, such as urgent communicable disease cases.

Immunizations

- LHDs should offer vaccines to all individuals, including vaccines that are publicly and privately funded, so that anyone has access to vaccines through a local health department.
- LHDs should ensure that vaccination clinics are available to meet the vaccination needs of their jurisdiction and ensure there is flexibility to meet the unique needs of all residents.
- LHDs should develop and annually evaluate vaccination plans to meet their stated vaccination goals.

Infectious Disease Surveillance and Prevention

- LHDs should review all laboratory reports and infectious disease reports that are reported to their jurisdiction.
- LHDs should initiate an investigation, obtain clinical information, facilitate collecting and shipping specimens, identify outbreaks, and assess ongoing transmission risk for immediately reportable conditions and non-immediately reportable conditions within timeframes specified in the IDOH published list of reportable diseases and control measures.
- LHDs should lead the response of identified outbreaks and clusters in their jurisdictions and implement control measures to contain, mitigate, or end ongoing transmission of communicable diseases.
- LHDs should be aware of the socioeconomic, environmental, and behavioral factors that place individuals in their communities at risk.
- LHDs should provide testing and counseling for HIV, hepatitis C, and other sexually transmitted infections.

Vital Records

- LHDs shall have an IDOH-trained registrar(s) in vital records rules, policies, procedures, and system use from IDOH and able to provide timely birth, death, and fetal death certificates in accordance with state statute.
- LHDs should use or work to onboard the IDOH DRIVE system to issue birth, death, stillbirth, and fetal death certificates.
- LHDs shall follow state policies and procedures to make any changes to vital documents in accordance with state statute.

Tuberculosis (TB) Prevention and Case Management

- LHDs should provide or ensure case management for those with suspected or confirmed TB disease, including investigation and specimen collection, enforcing isolation, providing directly observed therapy, and coordinating clinical and social needs.
- LHDs should conduct investigations for those diagnosed with infectious TB disease, including contact identification, education, testing, and treatment (as needed).
- LHDs should coordinate clinical follow-up for those designated with a Class B immigration status and provide or ensure case management and directly observed therapy for TB if needed.

- LHDs should work with IDOH to identify and treat latent TB infection (LTBI) according to the IDOH TB Elimination Plan.
- LHDs should be aware of the socioeconomic, environmental, and behavioral factors that place individuals in their communities at risk, such as housing/crowding, sexual behaviors, and underrepresented/underserved individuals.

Health-Related Areas during Emergencies/Disasters

- LHDs shall maintain at least a 0.5 FTE dedicated preparedness coordinator who actively participates in their district Healthcare Coalition and engages in county-level emergency planning, including outbreak and environmental health responses, to link public health and public safety.
- LHDs should actively participate in online resource tracking for emergency response.
- LHDs should act as lead for Emergency Support Function (ESF)-8 for their jurisdiction during emergency and disasters.
- LHDs should be the primary safety net to ensure equitable, accessible vaccines and other medical countermeasures as needed in an emergency.

Up to 40% of funding can be spent on these core services:

Food Protection

- LHDs should ensure sufficient, designated staff are available to conduct necessary inspections on all retail food establishments timely and professionally, such as new facility plan reviews, routine inspections, follow-up inspections, and foodborne illness complaints.
- LHD Food Inspectors should be proficient in risk-based inspection, centered on training provided by IDOH and access to continuing education on risk-based inspection.

Environmental Public Health

- LHDs shall investigate housing/nuisance/sewage complaints in a time frame reflecting the urgency of the complaint and in accordance with 410 IAC 6.
- LHDs shall conduct plan review, issue construction permits, and conduct inspections of onsite sewage systems within the timeframes listed in state statute.
- LHDs shall engage in the inspection and survey of public buildings under IC 16-20-1-22.
- LHDs shall issue orders for decontamination of property used to illegally manufacture a controlled substance under IC 16-19-3.1 and IC 16-41-25.
- LHDs shall be engaged in pest and vector control and should be engaged in routine mosquito surveillance through standardized trapping and testing procedures.
- LHDs shall conduct routine inspections and monitor testing results of public and semi-public swimming pools and promptly provide an inspection report outlining any deficiencies to the facility as outlined in 410 IAC 6.
- LHDs should provide outreach and guidance for safe private well water quality and other environmental health matters to furnish recommended testing parameters and best practices.

Tattoo, Body Piercing, Eyelash Safety and Sanitation

- LHDs should respond to sanitary complaints at establishments applying tattoos, body piercings, and eyelash extensions and provide recommendations to improve sanitary conditions to protect the public.
- LHDs shall have the capability to enforce the Indiana tattoo and body piercing and eyelash extension rule.

Vital Records

Vigo County fully meets the State KPI

State KPI: Number of counties implementing birth certificates to all Hoosiers irrespective of their county of birth once the IDOH DRIVE system has appropriate functionality

State KPI: Number of counties able to offer Vital Records services without disruption to business continuity during natural disasters/emergencies

Local KPI: Maintain the total number of vital record certificates issued requiring edits/corrections to no more than 1.75% per calendar year. *Baseline data:* Comparative analysis to the number of edits/corrections to the prior year data.

Objectives:

- Provide continuity of operation during and after a natural or manmade disaster.
- Provide online/death certificate request and payments (Vital Check).

Activities:

- Participate in IDOH training as provided.
- Update emergency action plans and To-Go kits for Vital Statistics.
- Maintain a system that accurately records all births, deaths and fetal deaths.
- Efficiently issue certified copies of records.
- Issue provisional notification of death-burial transit permits.
- Process paternities from the courts.
- Prepare affidavits of amendment and schedule appointments for people to make corrections to their birth record.
- Work with funeral homes and physicians in filing death certificates.
- Verify birth records for the Military, Social Security and Division of Family and Children.
- Assist citizens who wish to inspect birth and death records.

Partners: IDOH, Indiana Vital Records Association, Coroner, Funeral Homes and Hospitals.

Communicable Disease Control

TUBERCULOSIS PREVENTION & CASE MANAGEMENT

Vigo County fully meets the State KPI

State KPI: Number of counties with established partnerships for housing, food security, and interpretation services to assist in case management services for patients with TB and latent TB infection in their communities.

Objective: To reduce the incidence of and mortality due to TB

Activities:

- Provide patient-centered care for completion of treatment.
- Ensure all public health activities related to stopping TB transmission are completed.
- Expand testing for TB infection.
- Strengthen partnerships for housing, food security, and interpretation services to assist in case management services for patients with TB and latent TB infection.
- Provide education, monitoring, and patient support.
- Assure adherence and successful treatment completion.
- Participate in educational opportunities and training for TB case management, TB contact investigations and TB best practices.
- Identify community partners to provide targeted testing, education, TB clinical services.

Partners: Medical Providers, IDOH, Organizations in the community providing connections to health care, Higher Education, Social Service Agencies, City of Terre Haute Transportation.

CHILD & ADULT IMMUNIZATIONS

Vigo County fully meets the State KPI's

State KPI: Number of counties that can vaccinate all individuals at time of service regardless of insurance status

State KPI: Number of counties with extended vaccination hours beyond routine business hours to meet the needs of the community/jurisdiction through the LHD or community partners

Local KPI: Increase HPV vaccination of 11-12-year-olds receiving 1 or more dose from 34% to 65% by December 31, 2030. Baseline data: IDOH website/HPV Data Dashboard

Local KPI: Increase HPV vaccination of 11-12-year-olds UTD from 9.3% to 50% by December 31, 2030. Baseline data: IDOH website/HPV Data Dashboard

Local KPI: Increase HPV vaccination of 13-18-year-olds receiving 1 or more dose from 49.8 % to 65% by December 31, 2030. Baseline data: IDOH website/HPV Data Dashboard

Local KPI: Increase HPV vaccination of 13-18-year-olds UTD from 31.2 % to 50% by December 31, 2030. Baseline data: IDOH website/HPV Data Dashboard

Local KPI: Increase flu vaccine coverage for 6 months to 9 years of age from 22% to 50 % for children in Vigo County by December 31, 2030. Baseline data: IDOH website/County Rate Assessment Dashboard

Local KPI: Increase Vigo County's immunization rates for Series Completion 4:3:1:3:3:1:4 among our 19-35-month-olds will increase to 80% from the 2023 rate of 60.3% by December 31, 2030. Baseline data: IDOH website/County Rate Assessment Dashboard

CHILD & ADULT IMMUNIZATIONS

Objectives:

- Improve Immunization rates for 19–36-month-olds.
- Increase HPV series completion
- Provide immunization to all individuals at the time of service regardless of insurance status.

Activities:

- Utilize CHIRP forecast and administer all vaccines that are required at each visit.
- Offer a once-a-month evening clinic.
- Promote all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP)
- Participate in community events to promote vaccines and availability.
- Continue insurance billing service and provide direct vaccination services in accordance with ACIP recommendations to all individuals, regardless of insurance status, to meet the needs of our jurisdiction.
- Continue reminder/recall for appointments.
- Recommend the HPV vaccine the same day in the same manner as other vaccines.
- Conduct 2 school-based immunization clinics at schools identified with low vaccine coverage rates.

Partners: Vigo County School Corporation, IU School of Medicine, TH, Minority Health Coalition, Higher education, Vigo County EMA, Federally Qualified Health Centers and IDOH.

INFECTIOUS DISEASE SURVEILLANCE & PREVENTION

Vigo County fully meets the State KPI

State KPI: Number of counties that initiated a public health investigation within 24 hours for 95% of the immediately reportable conditions reported to them and within two business days for 85% of non-immediately reportable conditions reported to them.

Objectives:

- Identify outbreaks and emerging infections.
- Initiate a public health investigation within the period established in the 2024 Indiana Reportable Disease List.
- Provide HIV and Hepatitis C testing.
- Respond to emergent health needs of priority populations.
- Ensure clients living with an infectious disease receive clinical care, treatment and wrap-around services.
- Enhance and continue Vector Control surveillance, prevention, and control of diseases spread by arthropod (ticks/mosquitoes) as well as those transmitted from animals to people.

Activities:

- Continue Distributing Non- Syringe Harm Reduction Kits, equipped with wound, IV and smoking supplies.
- Conduct TB prevention, testing, outreach, collaboration, treatment and surveillance.
- Monitor trends utilizing NBS and Essence.
- Manage diseases post diagnosis to slow or stop spread.
- Educate the community on disease prevention using traditional and non-traditional means of communication.
- Grow and sustain relationships with healthcare to meet our community needs.

Partners: Medical providers, IDOH, Community Support Networks, People with lived experience, Higher Education, Public and Private Schools, PACE Health Clinic, IU Health Positive Link.

TATTOO, BODY PIERCING, EYELASH SAFETY AND SANITATION

No State KPI

Objective: Ensure the safe and proper operation of the licensed body art establishments in Vigo County

Activities:

- Educate operators.
- Evaluate plan reviews and perform opening inspections on new or remodeled body art establishments.
- Regulate general safety and sanitation standards, and proper disposal methods of infectious waste.
- Update the Body Art Ordinance.
- Inspect the individuals that are performing the body art are knowledgeable and competent.
- Offer CPR for all licensed body artists and apprentices.

Partners: Indiana Department of Health, Body Art Establishments, Salons and Spas.

Access & Linkage to Clinical Care

Vigo County moderately meets the State KPI's

State KPI: Number of local health departments providing accessible, equitable clinical services, such as those related to communicable diseases, to meet the needs of the community

State KPI: Number of local health departments engaging with the local and state health delivery system to address gaps and barriers to health services and connect the population to needed health and social services that support the whole person, including preventive and mental health services

Activities:

- Improve early identification, connection to services, and follow-up for clients in a need for referral with the goal to reduce disease and improve health outcomes.
- Decrease client population at risk for chronic and reportable diseases, including addiction.

Strategies:

- Update and train staff on how to document screening, referral, and follow-up information.
- Provide training and education on screening tools, how to refer and document screenings and referral outcomes.
- Collaborate with other service agencies in the community to complete warm hand-offs and provide a complete referral.
- Make a referral after discussing positive screening results with the client.
- Provide a list of health or social service resources in the community at the time of referral.
- Incorporate screening, referral, and follow-up into organizational procedures.

Partners: THRIVE West Central, Hospitals and health systems, organizations in the community providing connections to health care, IDOH, Higher Education, Community based food pantries, soup kitchens and shelters, Faith Based Community, WIC, Mobile Units, Private and public schools, Federally Qualified Health Centers, IU Health Positive Link and PACE Clinics.

Health Related Activities During Emergencies and Disasters

EMERGENCY PREPAREDNESS

Vigo County fully meets the State KPI

State KPI: Number of counties that have updated public health emergency response plans. Updated is defined as conducting research on the latest national and state best practices, incorporation of lessons learned and areas of improvement from real world events and exercises and inclusion of preparedness and response partners in content validation.

Objectives:

- Ensure the health department's ability to continue operating after a disaster.
- Improve collaboration and coordination across District 7, to build capacity, enhance services and foster readiness for effective emergency and disaster response.
- Minimize the impact of outbreaks, large-scale events, and natural or manmade disasters.

Activities:

- Participate in District 7 Health Care Coalition.
- Facilitate communication, information and resource sharing.
- Identify training, drills and exercises for health department staff.
- Update emergency preparedness, mitigation, response and recovery guidelines/plans to adhere to current best practices.
- Communicate to the public the importance of having an emergency response plan to be better prepared for outbreaks, large-scale events and natural or manmade disasters.

Partners: IDOH, Indiana Department of Homeland Security, District 7 Task Force 7, Vigo County EMA, Union Health, Law Enforcement, First Responders, Mental Health Providers, Higher Education, DOJ Federal Bureau of Prisons.

Chronic Disease Prevention & Reduction

OBESITY

Vigo County moderately meets the State KPI

State KPI: Number of counties through a health community coalition have a comprehensive, evidence-based program to address obesity and obesity-related disease prevention.

Local KPI: Decrease prevalence of adult obesity from 46.9% in Vigo County to the Indiana rate 43.7% by December 31, 2020.

Baseline data: Indiana Network for Patient Care (INPC), Indiana Health Information Exchange and Regenstreif Institute.

Objectives:

- Decrease the percentage of adults who are obese.
- Focus on prevention through children.
- Increase access to and consumption of healthy foods and beverages to provide low-income neighborhoods access to affordable fresh fruits and vegetables.
- Increase knowledge of food safety, nutrition and healthy eating.
- Increase opportunities for and engagement in regular physical activity.

Activities:

1. Develop large-scale media campaigns that deliver messages by television, radio, newspaper, and social media.
2. Encourage use of parks, paths and trails.
3. Develop individually adapted health behavior change programs.
4. Enhance school-based physical education.
5. Discuss and assess community design changes to enhance access, provide encouragement to move naturally, provide safe environmental changes such as streetlights, ramped curbs and repaired sidewalks.

Partners: City of Terre Haute, Vigo County Parks & Recreation, Union Health, Worksites, Purdue Extension, CHANCES and Services for Youth, Boys and Girls Club and the YMCA.

TRAUMA & INJURY PREVENTION

Vigo County partially meets the State KPI

State KPI: Number of counties that identified a leading cause of injury and/or harm in their community and implemented a comprehensive, evidence-based program or activity for prevention.

Objectives:

- Identify the leading cause of injury and/or harm and implement comprehensive, evidence-based programs or activities for prevention.
- Prevent intentional and unintentional injuries to keep people safe in their homes, workplaces, and community.
- Prevent and intervene in health and social problems afflicting our community and populations at large.
- Lessen the growing number of individuals who suffer from mental illness and drug addiction in the criminal justice system.

Activities:

- Hire certified Peer Recovery Coach to address adverse behavioral health outcomes as per IC 16-30-3-2.4.
- Help others to create their recovery plan and develop recovery pathways.
- Hire social service workers to provide resources, address widespread health problems and social issues within our community.
- Distribute Narcan, harm reduction kits equipped with supplies for wound care, intravenous drug use and smoking.
- Train Vigo County Government employees to provide CPR, first aid in a safe, timely and effective manner.
- Participate in the FEMR, CFR and Suicide or Overdose Review Team.
- Participate in Community Action Network.

Partners: Vigo County Courts, Jail and Public Defender's Office, Operation Lifeline, DOH ESSENCE Surveillance System, Health Care Professionals, including Mental Health Providers, Law Enforcement and First Responders, Purdue Extension, Chances and Services for Youth, City of Terre Haute and United Way of the Wabash Valley

SCREENINGS & REFERRALS TO CLINICAL CARE

Vigo County partially meets the State KPI's

State KPI: Number of local health departments providing accessible, equitable clinical services, such as those related to communicable diseases, to meet the needs of the community

State KPI: Number of local health departments engaging with the local and state health delivery system to address gaps and barriers to health services and connect the population to needed health and social services that support the whole person, including preventive and mental health services

Objectives:

- Improve early identification, connection to services, and follow-up for clients in a need for referral with the goal to reduce disease and improve health outcomes.
- Decrease client population at risk for diseases, including addiction.

Activities:

- Provide training and education to staff on how to use screening tools, how to refer and document screening and referral outcomes.
- Collaborate with other service agencies in the community to complete warm hand-offs and provide a complete referral.
- Make a referral after discussing positive screening results with the client.
- Provide a list of health or social service resources in the community at time of referral.
- Incorporate screening, referral, and follow-up into organizational procedures.

Partners: Hospitals and health systems, Organizations in the community providing connections to health care, IDOH, Community based food pantries, soup kitchens and shelters, Faith Based Community, WIC, City of Terre Haute, Private and public schools, Law Enforcement, EMS, and the Judicial System.

HFI: Environmental Public Health

Core Public Health Services:

Food Protection, Pest/Vector Control, Public/Semi-Public Pool Inspection and Testing, Sanitary Operation of Facilities where Eyelash Extensions are Performed, Sanitary Operation of Tattoo Parlors & Body Piercing Facilities, Residential Onsite Sewage System Permitting and Inspections, Orders for Decontamination of Property Used to Illegally Manufacture Controlled Substances

Vigo County fully meets the State KPI's

State KPI: Number of counties responding to all housing and nuisance complaints within a timeframe determined by urgency or risk

State KPI: Number of counties with trained and licensed, if required, staff conducting required environmental inspections, such as onsite sewage, vector control, public and semi-public pools, and property-related complaints

State KPI: Number of counties that have developed a timely and professional risk-based food inspection standard operation procedure

Local KPI: Decrease in the number of positive pools/samples of mosquitoes for the West Nile Virus by 5 less than previous year. *Baseline data:* 2024 Vigo County Annual Report.

Local KPI: Decrease by 10 the number of closures due to condition (s) described as grounds for closure in the Vigo County Ordinance "Standards for Public Swimming Pool Facility". *Baseline data:* 2024 Vigo County Annual Report.

Local KPI: Increase the number of Environmental Health Specialist from one to four for being standardized in Indiana Retail Food Code 410-IAC 7-6. *Baseline Data:* The number of EHS standardized between January 1 until December 31, 2025.

Activities:

- Reduce the risk of disease and death from pathogens carried by animals and/or vectors.
- Reduce the potential for disease transmission and assure safety of waters used for recreational purposes.
- Perform routine inspections and investigations and take enforcement action when warranted.
- License and inspect all retail food and body art establishments within Vigo County

HFI: Environmental Public Health

Activities:

- Review and inspect the planning, installation, and repair of on-site sewage disposal systems for licensing approval.
- Continuing recreational water program, which includes the licensing, inspection and review of bacteriological reports of swimming and wading pools, spas, therapy pools, and public access beaches.
- Educate operators, evaluate plan reviews, and perform opening inspections on new or remodeled body art establishments and retail food establishments.
- Address housing and property complaints in a timely manner.
- Educate and test for residential mold.
- Follow children with elevated blood lead levels of 5 μg or more and provide parent education and blood testing of children with elevated blood lead levels of 5 $\mu\text{g}/\text{dL}$ or more. This includes educating the parents and conducting a risk assessment of the home.
- Intensify local culex and aedes mosquito larval control to prevent the emergence of adult mosquitoes that feed on birds and contribute to the virus transmission cycle.
- Continue active West Nile surveillance to determine the presence of new or expanding West Nile transmission. (Light traps-Adult mosquito testing)
- Reinforce public education and outreach programs to reduce mosquito- breeding sites around homes.
- Educate on personal protective measures (long sleeves, insect repellent) with the use of the media (TV, radio and newspapers) and social media.
- Monitor adult and larval mosquito control efforts to ensure that the local programs are effectively reducing mosquito densities and virus infection rates.
- Investigate complaints about rodents/pests and make recommendations to the property owner on findings and rodent control (i.e. removal of debris, animal feces).
- Conduct Tire Amnesty Program until the first frost of the season.

Partners: Various federal, state, regional and local governmental agencies associated with environmental health programs including the media.

HFI: Maternal, Family & Child Health

FATALITY REVIEW

Vigo County fully meets the State KPI's

State KPI: Number of counties that participate in local CFR, FIMR, and SOFR teams and provide birth certificates, stillbirth certificates, and death certificates to local fatality review teams

State KPI: Number of counties that identified a leading cause of fatality in their community and implemented an evidence-based or promising prevention program or activity

Local KPI: Have a representative from the Vigo County Health Department at all quarterly CFR, FIMR and SOFR teams.

Objectives:

- Reduce the number of preventable deaths in Vigo County.
- Improve the response to fetal, child, suicide and overdose fatalities.

Activities:

- Orient meetings around fatality prevention, not fatality review.
- Create and provide prevention and equity questions for consistent use at meetings.
- Identify opportunities for intervention and prevention implementation for individuals at high-risk for overdose.
- Partner to develop and improve cross-system coordination and collaboration.
- Assist with the implementation, assessment, and development of best practices of prevention efforts.
- Assess current programming and education on prevention of leading causes of death and injury in Vigo County.
- Collaborate with community organizations to provide education and resources to county residents to prevent the leading causes of death and injury in Vigo County.

Partners: FEMR Team, Child Fatality Review Team, Suicide & Overdose Review Team, Law Enforcement, Child Protective Services and Coroner.

MATERNAL & CHILD HEALTH

Vigo County fully meets the State KPI's

State KPI: Number of counties with documented processes to refer families to needed services including contraceptive care, WIC, home visiting, prenatal care, substance use disorder treatment, and insurance navigation

State KPI: Number of counties identified an opportunity to improve birth outcomes and implemented an evidence-based or promising program or activity to improve that birth outcome

Objectives:

- Implement a patient centric approach aimed at yielding better results especially among low-income women by enhancing the relationships between patients, their family members, informal caregivers, community-based advocacy and resource groups, as well as the healthcare community.
- Improve women's health and family wellness while decreasing infant mortality across the target region.
- Promote system's change

Activities:

1. Assist with the implementation, assessment, and development of best practices of prevention efforts.
2. Continue to engage with existing partners in our Community Action Network (CAN).
3. Serve on the Dad's Matter Coalition, which includes the Father Mentoring Program.
4. Provide Vigo County's birth information for data collection information.
5. Participate in the district FIMR and CFR.
6. Provide and promote educational materials regarding maternal health and infant care choices in our clinic and vital statistics division.

Partners: Union Health, Chances and Services for Youth, Hamilton Center, Crisis Pregnancy Center

Lugar Center, Minority Health Coalition, Valley Professionals Community Health Center and Wabash Valley Health Center

SCHOOL HEALTH LIAISON

Vigo County partially meets the State KPI

State KPI: Number of counties partnering with schools, based on community need, to implement wellness policies and comprehensive strategies to promote student health.

Local KPI: Number of hygiene kits distributed to private and public schools

Local KPI: Number of training courses and health screening conducted in private and public schools in 2025. *Baseline data* will be collected in 2025 to compare in 2026.

Objectives:

- Continue and enhance collaborative services tailored to the needs of school in Vigo County.
- Provide school-requested health training for staff in-services.
- Collaborate with organizations to provide school-requested educational services.

Activities:

- Address chronic diseases caused by obesity by teaching a lifelong physical activity to all elementary and middle school students in Vigo County utilizing the First Tee Program.
- Conduct two immunization clinics at schools identified with lowest immunization rates.
- Collaborate with the courts (working with children and families going through divorce and custody disputes) to provide life skills, health and wellness education, therapy and other services in the Vigo County Schools.
- Teach and re-enforce handwashing and hand hygiene in the local schools.
- Provide Narcan to Vigo County Schools.
- Provide Epi-Pens to Vigo County Schools.

Partners: Schools in Vigo County, Indiana First Tee Program, Boys and Girls Club of Terre Haute, YMCA, Courts and IDOH

LEAD CASE MANAGER & RISK ASSESSMENT

Vigo County fully meets the State KPI

State KPI: Numbers of counties with access to a trained or licensed case manager and risk assessor in the county and offering weekly lead testing at a location in the county.

Local KPI: Decrease in one year's timeframe, Elevated Blood Lead Level (EBLL) to below 5 µg/dL from the current rate of 58% of children reported with elevated EBLL to 75%. *Baseline data:* The National Electronic Disease Surveillance System (NEDSS) Base System (NBS), IDOH Manifest.

Objectives:

- Provide lead case management, lead screening and lead testing activities.
- Provide community education concerning lead exposure, lead poisoning, and lead reduction through written material, social media and community events.

Activities:

- Collaborate with community organizations to ensure lead case management clients have access to education, clinical care, treatment, and wrap-around services.
- Provide lead education to Vigo County residents using print, social media, media, billboards and community event participation.
- Collaborate with community organizations to provide lead education.
- Create policies and procedures to guide homeowners through lead abatement requirements.
- Resource the XRF (x-ray fluorescence analyzer) for Lead Risk Assessments.

Partners: Terre Haute Apartment Association, Terre Haute Housing Authority, WIC, Purdue Extension, Early Head Start/Head Start, Indiana Department of Child Services, Local schools, Preschools and Day Cares, Firefly and IDOH.