

Jefferson County Health Department



2015 Annual Report

A Message from the Director

I am pleased to present the 2015 Jefferson County Health Department Annual Report for your review. Our staff have been exceptionally busy this year preventing disease, promoting healthy behaviors, and protecting the health and safety of all Jefferson County residents.

Public health, at its heart, focuses on doing the greatest good for the greatest number of people. We are proactive, focusing on the health of entire populations while they are still healthy, rather than individual patients after they have become ill. Just as a doctor treats individual patients, public health “treats” entire communities. Public health works to keep entire populations healthy and when it fails, entire populations are at risk.

PREVENT: JCHD staff strive to avoid or delay the onset of disease – keeping people healthy and productive longer. For example – as the U.S. Population ages, a large portion of our workforce is dedicated to limiting sickness and death associated with chronic disease. Chronic diseases such as heart disease, cancer, stroke and diabetes are among the most costly, yet most preventable health problems in the United States. Nearly 75% of healthcare costs are chronic disease related. Chronic diseases account for over 65% of all deaths annually in Jefferson County. Examples of JCHD prevention activities include: immunizations given by our nursing staff, safe food handling classes given by environmental staff, children’s dental care on our mobile dental van and health education classes designed to help kids make healthy life choices.

PROMOTE: JCHD staff promote healthy behaviors such as regular exercise, healthy nutritional choices and not smoking. These three protective behaviors have been proven to reduce rates of chronic diseases such as heart disease, cancer, stroke and diabetes. Our Registered Dietician meets both one on one with individuals and in groups at worksites or community centers to help people reach nutrition and weight goals. Our Emergency Response staff train youth and adults to prepare for emergencies before they happen in order to ensure the best possible chances for surviving man-made and natural disasters.

PROTECT: JCHD staff protect residents from a variety of dangers ranging from communicable diseases such as STD and Viral Infections to Vector-borne diseases such as West Nile and Lyme disease. During the December 2015 floods, staff from every JCHD division were involved in response efforts. Nurses and clerical provided Tetanus vaccines; Health Education distributed recovery resources and updated residents on health and safety conditions; Environmental staff inspected restaurants impacted by both flood waters and those serving patrons under a boil order due to water plant issues and Emergency Response staff continue to serve residents as response efforts change to a long-term recovery plan. Each step of the way, your Public Health team is there, working to ensure the water you drink, the air you breathe and the food you eat is safe.

It is an honor to lead such a talented and dedicated group of public health specialists. I encourage you to get to know our staff and our work as we continue to watch over the health of our residents each day.

Thank you for the trust you place in us,

Kelley K. Vollmar, M.S.

Kelley K. Vollmar, M.S.
Interim Director

Our Mission



Jefferson County Health Department will assess, plan and develop strategies to identify and address significant health issues facing residents of Jefferson County.

Our Vision

Healthy People in Healthy Jefferson County Communities

Our Values

- Exceptional customer service
- Compassionate care delivered with honesty and integrity
- Innovative health promotion; and
- Science-based disease prevention services.



2015 Jefferson County Health Department Governing Board

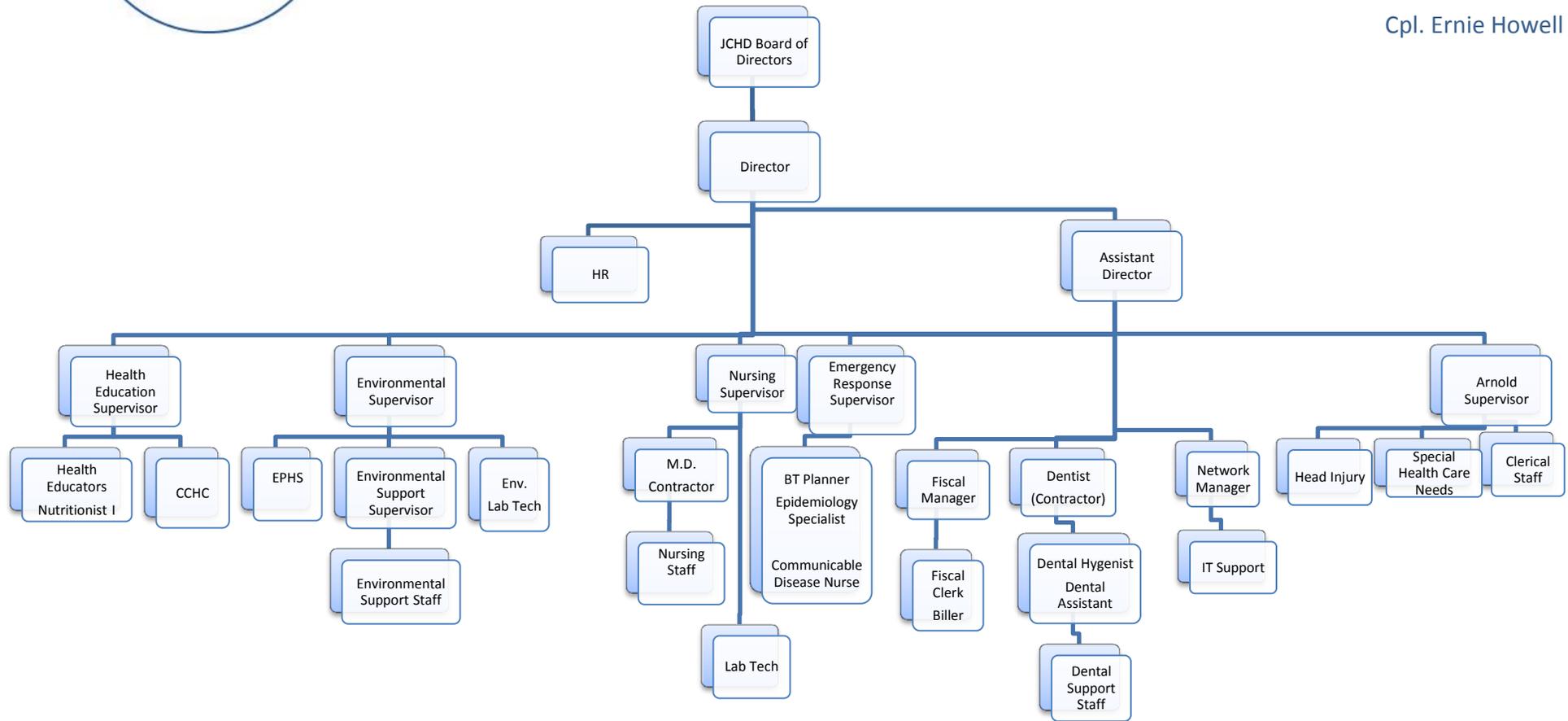
Mr. John Scullin, President

Mr. Tim Pigg

Dr. Vernon Cherry

Mr. Dennis Diehl

Cpl. Ernie Howell



HEALTH DEPARTMENT RECEIVES 100% ON ACCREDITATION REVIEW

A rigorous, twelve month process culminated in 2015 when the Health Department was awarded advanced accreditation by the Missouri Institute for Community Health (MICH). This was the fourth time the Jefferson County Health Department has been designated at the advanced level. However, in 2015 the department received a score of 100% for meeting all of the 308 performance and infrastructure standards for the advanced designation. It was a crowning achievement signifying that we are providing the highest quality of public health services, leadership, value and accountability.

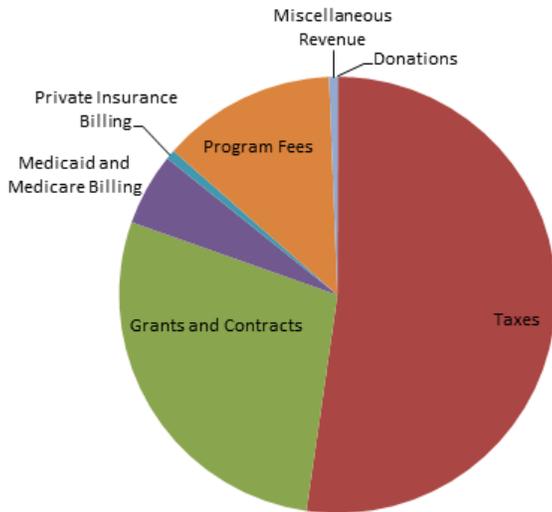
The path to accreditation included a multi-faceted, peer review process to ensure the Health Department meets quality standards and measures. A one-day site visit included interviews with staff and evaluation of the health department facility.

This gold standard conveys to the community that the Health Department is a top performer and most importantly is meeting the public health needs of those we serve and striving for continuous quality improvement.

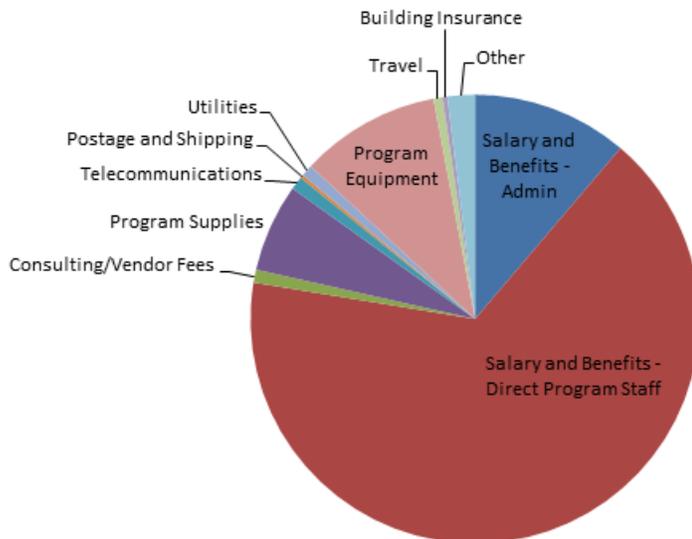
The Missouri Institute for Community Health is the accrediting body for Missouri's Voluntary Accreditation Program for Local Public Health Agencies. Of the 114 counties and 1 city in Missouri, only 15 departments are accredited by MICH. Ten have primary accreditation, four have advanced level accreditation and one, St. Louis County, has comprehensive accreditation.



Financial Summary 2015



JCHD Budgeted Income



JCHD Budgeted Expenses

Income	2015
Donations	\$ 2,000
Taxes	\$ 2,205,053.00
Grants and Contracts	\$ 1,187,468.00
Medicaid and Medicare Billing	\$ 226,000.00
Private Insurance Billing	\$ 30,000.00
Program Fees	\$ 544,750.00
Miscellaneous Revenue	\$ 26,150.00
Total 2015 Income	\$ 4,221,421.00
Expenses	2015
Salary and Benefits	\$ 3,265,949.00
Consulting/Vendor Fees	\$ 39,500.00
Supplies	\$ 267,992.00
Telecommunications	\$ 40,500.00
Postage and Shipping	\$ 10,000.00
Utilities	\$ 35,500.00
Equipment	\$ 426,440.00
Travel	\$ 27,400.00
Insurance	\$ 15,300.00
Other	\$ 82,840.00
Total 2015 Expenses	\$ 4,211,421.00

ADULT HEAD INJURY

The Adult Brain Injury (ABI) Program operates under contract with Missouri Department of Health and Senior Services to assist individuals and families affected by Traumatic Brain Injury (TBI). The mission of the program is to assist clients and their families to identify and access necessary services and supports that will enable them to return to a productive lifestyle in their community. The ABI Program services adults from 21-65 years of age for as long as the client demonstrates a need for assistance. The type and amount of services are adjusted to the individual's needs.

JCHD houses two coordinators that service a multi-jurisdictional region. Jefferson, Washington, Crawford, Franklin and southern St. Louis County constitute the first service area. St. Louis City and County and St. Charles comprise the second service area.

Head Injury by the numbers:

Service Area 1

- 36 clients/ 23 clients enrolled in rehabilitation services
- 13 enrolled in service coordination
-

Service Area 2

- 40 clients/ 35 clients enrolled in rehabilitation services
- 5 enrolled in service coordination

CHILD CARE HEALTH CONSULTATIONS

Our Child Care Consultation (CCHC) program aims to enhance child care health, safety and nutrition practices in order to improve the health status and ensure the safety of children in the child care setting. This program is available to all child care providers, regulated or unregulated, that are located in Jefferson County.

CCHC By The Numbers:

- Education classes for providers reached 410 child care staff members.
- Consultations were provided to 14 providers.
- Health education promotional programming reached 4,768 children.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

The Children with Special Health Care Needs Program (CSHCN) provides assistance statewide for children and youth with special health care needs from birth to age 21. The program focuses on early identification and service coordination for children and youth who met medical eligibility guidelines. As payer of last resort, the program provides limited funding for medically necessary diagnostic and treatment services for children whose families also meet financial eligibility guidelines.

There are three Requirements for Enrollment for Paid Services (which may include equipment, medical care, or surgery): be a Missouri Resident age 0-21, have a qualifying medical diagnosis, meet financial guidelines. Service Coordination is provided to those who do not qualify for paid services and assists clients in obtaining services and referrals as needed. It is also used as the starting point for the completion of enrollment requirements into paid services. The state is divided into 13 regions. Jefferson, Franklin, and St Charles make up Region 11.

CSHCN by the Numbers:

- Jefferson County- 10 enrolled in paid services
- Franklin County- 6 enrolled in paid services
- St Charles County- 5 enrolled in paid services, 1 enrolled in service coordination
- Percentage of Medicaid families served-95%

Dental Services: Smiles to Go Mobile Unit

Smiles to Go Mobile Clinic is a 40 foot customized RV with three examination chairs; digital x-ray equipment; fluoride and treatment supplies.

The program covers preventive oral healthcare to more advanced caries requiring a pulpotomy (root canal of primary teeth) or extractions.

A licensed dentist, hygienist and dental assistant provide direct care to students on site at their schools.

JCHD Smiles to Go has met the needs of uninsured and underinsured county youth since 2005. The Mobile Dental Clinic serves children up to age 19. The Clinic offers preventative and general dentistry to youth on-site at their schools and daycares. The Mobile Dental Clinic accepts all forms of MO Medicaid and some private insurance. Referrals are made for specialty care when necessary.

AVERAGES FOR 2015:

Community

- 3,332 scheduled appointments
- 23 schools visited
- 15 other facilities visited
- 2,087 Dental hygiene presentations

Dental Care Procedures

- 1,447 dental kits distributed
- 4,002 diagnostic procedures
- 3,080 preventative procedures
- 1,439 restorative procedures
- 234 extraction procedures
- 148 unspecified procedures

Funding

- \$23,161 worth of services provided to each school visited for an annual total of \$532,706.
- Operating costs covered by: Medicaid reimbursement, grant funding and general revenue.
- \$83,993 in service fees to all other locations visited.



DENTAL SERVICES

The Jefferson County Health Department's Smiles To Go Mobile Dental Clinic is in its 10th year of operation. The Smiles To Go Mobile Dental Clinic is a 40 foot custom RV that is equipped with three operatories. The dental program consists of a licensed dentist, a licensed dental hygienist, a dental assistant and an administrative assistant. Smiles To Go serves children up to age 19. All children are either uninsured or are recipients of all forms of Missouri Medicaid. Some private insurances are also accepted. We offer all preventative and general dentistry services which includes examination, digital x-rays, cleanings, fluoride applications, preventative sealants, oral health counseling and education as well as restorative services. These restorative services include fillings, stainless steel crowns, space maintainers, extractions, pulpotomies and limited endodontic procedures to our clients. We will refer to specialty care when necessary.

The mobile clinic traveled to 23 schools, 3 early childhood centers and Headstart locations and participated in 12 outreach events in 2015. Additionally, over 2,098 children were reached and approximately \$616,699 in services was provided and over 3,300 appointments were given.

Our goal is to ensure knowledge of proper oral health and preventative techniques as well as delivering quality dental services to the children in the underserved community. The mobile dental clinic provides much needed access to dental services for low-income, uninsured and underinsured children. The very nature of the mobile clinic alleviates barriers such as lack of money, lack of providers who accept Medicaid and a lack of transportation. The school-based model also alleviates the non-compliance of caregivers to keep appointments in order to complete dental treatment in a timely manner.

2015 saw a replacement of the former dental van which had been in service for over 10 years. The funds to procure the new dental van were received from a grant from the Jefferson Memorial Community Foundation. The new van is customized to better serve the needs of the community with state of the art equipment and design. The new van allows JCHD to continue and expand the Smiles To Go dental program.



Emergency Preparedness

Emergency Preparedness

PLANNING:

- Federal/State Technical Assistance Planning Review
- 100% of County Law Enforcement Agencies, Fire Departments, EMS Agencies and Residential Care Facilities covered under the Closed Points of Dispensing Program. 60% of population now covered with closed PODs
- NACCHO 2015 National “Project Public Health Ready” Plan Reviewers x 2
- Tri-County Medical Reserve Corp (MRC3) includes Jefferson, Washington and Franklin Health Departments

TRAINING/EXERCISE/RESPONSE:

- Local Ebola Virus Disease Response with positive end results of a negative virus test
- ICS 300, ICS 400 Classes presented to Local Emergency Response Partners
- Emergency Response Classes for Day Care Staff
- Regional Cities Readiness Initiative Exercises
- In-house Drills testing Communications, Natural Disasters
- Missouri Capstone Drill testing MOSAIC and WEBEOC for Disaster Communications, Logistics and Documentation
- DHSS/PREP Tabletop Drill testing Smallpox response as required by PHEP Grant

PARTNERSHIPS:

- Local Ham Radio Club agreements to assist with Disaster Communications from across the State
- Board Member—Jefferson County Citizens Corp
- Board Member –Jefferson County COAD
- St. Louis Regional Mass Fatality Committee
- MO-DHSS Public Health Volunteer Advisory Committee
- CRI Gateway Volunteer Network



BIO-TERRORISM & EMERGENCY PREPAREDNESS

Jefferson County Health Department's contract with the Missouri Department of Health and Senior Services and State Emergency Management Agency, focused on all hazards emergency response planning and preparedness, was renewed for 2015/16 effective July 1, 2015. Emphasis and deliverables contained in the contract scope of work surround an all-hazards approach to planning and the preparedness of JCHD for response to a broad spectrum of public health related incidents, including naturally occurring, accidental, or terrorism related / criminally focused type events. Cities Readiness Initiative (CRI) planning and implementation continues with increased emphasis surrounding regionalized coordination of public health response efforts as a primary focus.

The JCHD Emergency Response section is divided into three primary focus areas, emergency response coordination, planning and response activities, and associated epidemiology/communicable disease functions. Three full-time and one part-time position, make up the Bio-Terrorism / Emergency Response Section of the Jefferson County Health Department. The BT / ER section is responsible for planning, preparedness and response training for JCHD staff with outreach to other local health departments in the region and public / private sector partners. Additionally the section provides epidemiological investigation and surveillance to identify index cases, root causes, and disease outbreak trends. Volunteer recruitment and training is a continued focus of the overall planning and preparedness efforts of the section. The partnership of a Tri-County Medical Reserve Corp (MRC3) involving volunteers housed through the Jefferson County Health Department, Franklin County Health Department and Washington County Health Department in conjunction with Missouri Show-Me Response will help assist with the needs during a Health Department emergency. The Emergency Response Manager has continued efforts to develop, review and improve standards and training requirements designed to provide consistency among the health response community with respect to knowledge and necessary response training credentials. Training in emergency response continues to be provided to health department employees throughout the region, the private sector, emergency response agencies and elected officials. Advanced training in Incident Command, delivered by our nationally certified trainers, (ICS 300 & 400 levels) has been provided and will continue to be made available to agencies during 2016. "Show-Me Response" training is being provided as well as orientation to public health response training for Jefferson County response agencies. The JCHD BT / ER Section continues to be recognized by the Missouri Department of Health and Senior Services as a model for other agencies to follow and has continued to set standards and initiate programs that the Missouri DHSS recognize and adopt as standards throughout the state.

In 2015, JCHD completed the annual technical assistance (TAR) review during which planning and preparedness efforts and documentation of the agency are scored on a standard set by the Centers for Disease Control. This review, due to the result of our **2014** review, was limited to review of identified processes and continual improvement strategies in place. JCHD scored a **101%** on the assessment. In **2013**, the review was performed by CDC representatives as well as MDHSS staff

resulting in a score of **100%**. In **2012**, the review was performed by CDC resulting in a score of **97%**.

JCHD Emergency Response Section continued to provide training to staff and partner agencies in 2015, reaching a significant number of emergency responders and citizens, county wide. The training focuses upon Understanding of All Hazards / Bio-Terrorism Response, Planning and Preparation, Incident Command, National Incident Management System, Hazardous Material Response, etc. Audiences range from School and Day Care Employees, Fire Departments, Police Agencies, EMS Providers, Residential Care Facility Staff, Civic Organizations, Citizens Emergency Response Teams (CERT) and the Missouri National Guard. During each year training is delivered to between 175 and 250 recipients.

In accordance with contract deliverables, JCHD participated in Regional Dispensing exercises held in St. Louis CRI region during 2015. The Homeland Security Exercise and Evaluation Program (HSEEP), was utilized to document the exercises and After Action Report and Improvement Plans (AAR/IP) were submitted and approved. JCHD's response and participation in these exercises were captured in the AAR/IP document, approved by the State of Missouri and CDC. As a result of this response, preparedness planning was reviewed and processes identified to enhance JCHD's response capability.

The JCHD Emergency Response Section has been recognized at the state and federal levels as evidenced by our invitation to participate, and involvement in national initiatives. The National Association of City and County Health Officials (NACCHO) invited JCHD's planners to return as plan reviewers in the Project Public Health Ready (PPHR) program, the mission of which is to set standards and recognize excellence in public health preparedness planning.

Jefferson County experienced 2 major floods in 2015. In July, approximately 200 homes and businesses were affected by a Flash Flood. JCHD employees responded by conducting facility inspections, performing well water sampling, providing damage assessment assistance to the county and participating in the creation of the Communities Active in Disaster (COAD) Committee, with Judy Tufts - ER Manager as the Vice-Chairperson and Kelley Vollmar, Interim Director as an alternate. In December, JCHD responded to a second major flood event in Jefferson County affecting more than 2000 homes and businesses. While this opportunity uncovered some areas of improvement, it was an overall successful response which has proven to build confidence and trust in our state and local community partners.

COMMUNICABLE DISEASE

Communicable Disease Control By The Numbers

Reported Cases of Selected Communicable Diseases, 2012-2015*

ENTERIC DISEASES	2012	2013	2014	2015**
Campylobacteriosis	15	10	25	38
E. coli O157:H7	4	5	2	0
Salmonellosis	35	25	31	40
Shigellosis	1	1	6	39
TOTAL ENTERIC DISEASES	55	41	63	117

RESPIRATORY DISEASES	2012	2013	2014	2015**
Legionellosis	3	3	1	4
Pertussis	31	26	33	5
TOTAL RESPIRATORY DISEASES	34	29	34	9

VECTOR-BORNE DISEASES	2012	2013	2014	2015**
Ehrlichiosis (<i>E. chaffeensis</i> and <i>E. ewingii</i>)	13	14	13	14
Rocky Mountain Spotted Fever	15	3	8	10
West Nile Virus (Neuroinvasive)	0	2	1	0
TOTAL VECTOR-BORNE DISEASE	28	19	22	24

SEXUALLY-TRANSMITTED INFECTIONS	2012	2013	2014	2015**
Chlamydia	440	475	526	478
Gonorrhea	42	78	41	58
TOTAL SEXUALLY TRANSMITTED INFECTIONS	407	482	553	536

*Source: MDHSS WebSurv/STD*MIS; confirmed, probable & suspect cases as defined by CDIRM.
**Counts reported for 2015 are provisional until finalized by MDHSS.

NOTABLE EVENT IN 2015: EBOLA PREPAREDNESS IN ACTION

In September, JCHD was notified of an individual returning to the area after traveling in an Ebola-affected county. Before his return to Missouri, this individual was examined by CDC at the airport and monitored by the epidemiologist in the state he traveled to. Upon return, JCHD took over the daily monitoring of the individual. During the monitoring period, the individual did not develop any symptoms relevant to febrile diseases. In consultation with MDHSS, a decision was made to discharge the individual from monitoring. Besides being prepared for monitoring and transferring subjects to healthcare facilities, JCHD also keeps close update with CDC and WHO in epidemiological intelligence, such as outbreak updates, guidelines for preventive measures, and travelers' health education.

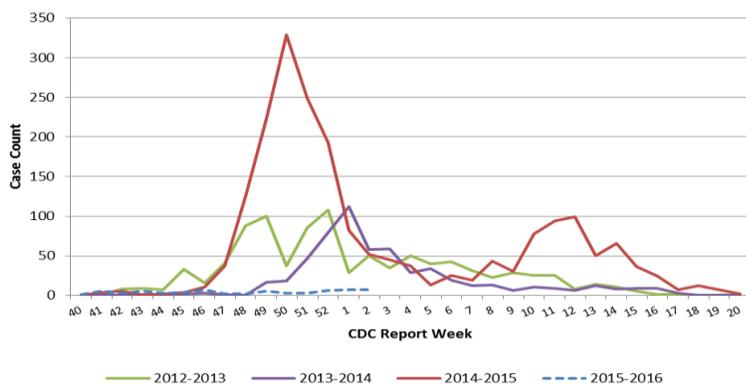
INFLUENZA SURVEILLANCE:

During each influenza season (October—May), JCHD monitors flu activity in our residents. This includes tracking numbers of cases reported as well as monitoring the number of residents visiting area emergency rooms who are reporting influenza-like illness. With this information we can compare flu activity of the current season to prior seasons. Early 2015-16 seasonal surveillance showed a sporadic incidence in the county. Type A was likely to attack young and mid-aged adults while Type B for children and senior citizens.

REPORTABLE DISEASES:

Certain illnesses are required by law to be reported to health agencies for surveillance purposes. Oftentimes, these reports prompt further investigation by Communicable Disease Control Services staff. Through these investigations, JCHD may be able to identify threats to our public's health that may be present in our community and develop strategies to prevent the spread of disease.

Jefferson County Influenza Cases by CDC Report Week:
Influenza Seasons '11 - '12 to '14 - '15



COMMUNICABLE DISEASE

JCHD's newly-hired epidemiologist began to serve at the post late September and has taken over the roles that the outgoing epidemiologist had performed for JCHD and at the public health and emergency response organizations. Since October, the Epidemiologist has regularly monitored communicable diseases using active, passive and syndromic surveillances, and investigated more than ten outbreaks and emerging disease events in and associated with Jefferson County. The Epidemiologist has been establishing trust with community stakeholders, and interacted with healthcare providers, area hospitals, and schools in terms of local public health crises. In November, our Epidemiologist and Communicable Disease Nurse presented at the monthly meeting of Jefferson County Association of School Nurses, introducing the seasonal influenza surveillance and discussing the preparedness for the 2015-2016 influenza season. Other collaborations have been involved in preventing respiratory and food-borne illness outbreaks in schools, restaurants and other population-crowded facilities. The Epidemiologist also participates in monthly meetings of regional communicable disease investigators. These meetings allow an opportunity to exchange disease investigation or outbreak information with pertinent staff of neighboring public health agencies. This allows an enhanced understanding of regional communicable disease activity and provides a platform to coordinate cross-jurisdictional illness prevention and control efforts. Regular surveillance, monitoring activities and processes have continued throughout the year as established programs linking vital health information and agencies together. Continued focus on interaction with area hospitals, schools and clinics has proven to be an invaluable tool in the efforts of identification and management of illness trends. JCHD continues to work closely with the Missouri State Department of Health and Senior Services (MDHSS) and the Centers for Disease Control and Prevention (CDC) in coordination of program support and management of significant emerging illnesses. In addition to the conventional tasks of epidemiology, the JCHD Epidemiologist also covers the surveillance of local bioterrorist attacks. In November, the JCHD Epidemiologist attended Show Me Partnerships Annual Volunteer Symposium in Columbia, MO, bringing back new ideas and trends of partnering public health agencies with other emergency management services in responding to disasters and bioterrorist attacks. The JCHD Epidemiologist continues to serve as a member of the planning committee of Bi-State Infectious Disease Conference, a conference of good reputation in the discipline of emerging infectious diseases, hospital epidemiology, biosecurity preparedness, and tuberculosis management.

TUBERCULOSIS PROGRAM

Screening, treatment, education, and referrals are provided for clients with Tuberculosis infection and disease. Jefferson County offers a monthly clinic with a medical staff to evaluate any person with a positive PPD or signs and/or symptoms of Active Tuberculosis. This service is also offered to neighboring counties without medical services. Case management is provided by the TB nurse case manager on all persons with Active and Latent Tuberculosis in Jefferson County.

The TB non-clinic visits includes medications distributed by the health department. The TB nurse had an increase of directly observed therapy (DOT) visits this year due to the need to distribute medication to individuals with suspected active tuberculosis. DOT involves the Nurse providing home visits to a client with Tuberculosis due to respiratory isolation.

Tuberculosis Services By The Numbers

TB Services by Type, 2012-2015

TB SERVICES PROVIDED	YEAR			
	2012	2013	2014	2015
Tuberculosis Clinic Visits	43	35	28	18
Tuberculosis Non-Clinic Visits	105	45	46	64
TB Tests Administered	1163	826	762	856
Tuberculosis Direct Observed Therapy (DOT)	72	84	60	238



Environmental Services

Environmental Services

Environmental Services By The Numbers

Counts of Services and Responses by Type, 2013-2015

Retail Food Service Activities	2013	2014	2015
Food Service (Retail Food) Inspections	1,53	1,77	1814
Food Service (Retail Food) Re-Inspections	208	319	433
Possible Food-Borne Illness Investigations	25	16	27
Food Service (Retail Food) Field Visits	266	49	52
Food Service (Retail Food) Plan Reviews	23	31	41
Food Service (Retail Food) Pre-Opening Inspections	53	58	88
TOTAL FOOD HANDLING ESTABLISHMENTS	2,08	2,23	2,428

INSECT, RODENT & GENERAL COMPLAINTS	2013	2014	2015
Complaints Received	93	97	80
TOTAL INSECT, RODENT & GENERAL COMPLAINTS	93	97	80

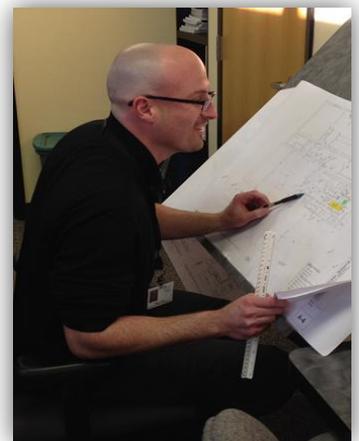
ANIMAL BITES & RABIES TESTING	2013	2014	2015
Animal Bites Reported	385	340	318
Animal Heads Submitted	65	42	55
Animals Confirmed as Rabid	0	0	0
TOTAL ANIMAL BITES & RABIES TESTING	450	382	373

COMMERCIAL LODGING	2013	2014	2015
Lodging Facilities	13	13	14
Lodging Inspections	13	13	13
Lodging Facility Re-Inspections	9	15	15
TOTAL COMMERCIAL LODGING	42	49	42

LABORATORY SERVICES	2013	2014	2015
Public Water Tests Performed	3,19	2,84	2903
Private Water Tests Performed	802	696	826
Frozen Dessert Samples	191	278	294
Ice Samples	1,10	1,04	1,154
TOTAL PUBLIC & PRIVATE DRINKING WATER	4,13	3,66	5177

EDUCATIONAL CLASSES	2013	2014	2015
Number of Attendees (Manager's Class)	201	230	277
Number of Attendees (Basic Sanitation Class)	525	366	550
On-Line Certificates	464	297	223
Farmer's Market - Market Master Training	16	16	16
TOTAL EDUCATIONAL CLASSES	1,20	909	1,067

The Environmental Section performs a variety of services that impact the entire Jefferson County Community. Often called the "invisible profession" the services provided by the Environmental Public Health Specialists in Jefferson County have a positive, significant impact upon the health of our citizens by protecting the environment in which we all live. Currently, the Environmental Section is comprised of a supervisor, 7 full time and 2 part time EPHS employees, 1 lab technician and 3 clerical support staff. The services provided by the Environmental Section affect citizens in every area of the county every day.



ENVIRONMENTAL SERVICES



Mosquito Control By The Numbers

Counts of Services and Responses by Type, 2013-2015

MOSQUITO CONTROL ACTIVITIES	2013	2014	2015
Mosquito Trap Sites	97	97	97
Mosquito Traps Set	786	680	678
Larval Sites Surveyed	36	36	36
Larval Sites Treated	36	36	36
Requests for Adult Mosquito Control	38	56	86
Mosquito Breeding Source Complaints Received	41	39	51
Assessments Conducted	12	3	10
Violations Issued	25	21	33
Warnings Issued	14	11	15
Re-Inspections	25	15	33
Complaints Referred for Prosecution by Municipal Court	2	1	0
Conditions Referred to Other Agencies	14	16	15
TOTAL MOSQUITO CONTROL ACTIVITIES	1,126	1,011	1,090

CHILD CARE CENTERS/DAYCARES/GROUP HOMES/NURSING	2013	2014	2015
Licensed & Licensed Exempt Childcare Centers	60	60	62
Licensed Daycare Homes	18	16	13
Annual Inspections	73	76	75
Annual Re-Inspections	25	23	34
Initial Inspections	1	3	2
Special Circumstance Inspections	2	6	2
TOTAL CHILD CARE CENTERS/DAYCARES/GROUP	179	184	188

TATTOO FACILITIES	2013	2014	2015
Facility Permits Issued	1	1	0
Facility Inspections	1	1	1
Employee Permits Issued	2	2	0
TOTAL TATTOO FACILITIES	4	4	1

SEXUALLY ORIENTED BUSINESSES (SOB)	2013	2014	2015
Valid SOB Business Licenses	2	3	3
Valid SOB Employee Licenses	81	28	0
Background Investigations	44	16	20
Facility Inspections	3	6	3
TOTAL SEXUALLY ORIENTED BUSINESSES (SOB)	130	53	26

MISCELLANEOUS ENVIRONMENTAL SERVICES	2013	2014	2015
Truck Wreck, Embargo, Fires, Floods, Recalls & Emergency Response	15	24	18
Environmental Lead Assessments at EPHS's Request	1	1	3
Environmental Lead Assessments Based on Elevated Blood Levels	1	1	0
VOC, Organic Chemical & Inorganic Chemical Samples	0	0	1
TOTAL MISCELLANEOUS ENVIRONMENTAL SERVICES	42	42	22



Mosquito Trap

West Nile Virus Activity By The Numbers

Case Counts by Type, 2013-2015

WEST NILE VIRUS	2013	2014	2015
Human West Nile Virus Cases (Confirmed & Probable)	0	1	1
Human West Nile Virus Deaths	0	0	0
Identified West Nile Virus Equine Infections	1	0	0
Identified West Nile Virus Equine Deaths	0	0	0
TOTAL WEST NILE VIRUS	1	1	1

ENVIRONMENTAL SERVICES

SPECIAL PROJECTS:

U.S. FOOD & DRUG ADMINISTRATION VOLUNTARY NATIONAL RETAIL FOOD REGULATORY PROGRAM STANDARDS:

Jefferson County Health Department continues to be a part of the FDA Voluntary National Retail Food Regulatory Program Standards. This program defines what constitutes a highly effective and responsive program for the regulation of foodservice and retail food establishments. They provide a foundation and system upon which all regulatory programs can build through a continuous improvement process. The Retail Program Standards encourage regulatory agencies to improve and build upon existing programs. Further, they provide a framework designed to accommodate both traditional and emerging approaches to food safety. The Retail Program Standards are intended to reinforce proper sanitation and operational and environmental prerequisite programs while encouraging regulatory agencies and industry to focus on the factors that cause and contribute to foodborne illness, with the ultimate goal of reducing the occurrence of those factors. Jefferson County Health Department has been involved with these Standards since 2002. After completing the work for two grants awarded by the Association of Food and Drug Officials in cooperation with the FDA in 2014, JCHD applied and received three more grants in 2015. JCHD will use this funding to complete two more standards, send EPHS staff to food safety training and to enhance the EnspectSoft inspection software. Along with the enhancements, JCHD is providing funding through this grant to provide the EnspectSoft program to other health department agencies in the State.

JEFFERSON COUNTY FOOD SAFETY ADVISORY COMMITTEE

On April 21, 2015, JCHD hosted the first Jefferson County Food Safety Advisory Committee meeting. The committee is comprised of several individuals representing the food service industry in Jefferson County and of employees of the Jefferson County Health Department. The purpose of the committee is to serve as outreach to industry for input into a comprehensive regulatory food program, communicate sound public health food safety principles, and recognize community initiatives focused on the reduction of foodborne disease risk factors. The intention of forming this committee is to develop an open dialogue between the JCHD and food establishments located in the county regarding food safety issues. The first meeting included reviewing the new Jefferson County Food Code. We hope to have at least one or two meetings each year.

VECTOR CONTROL

JCHD conducts mosquito surveillance and control due to the endemic presence of the West Nile Virus (WNV). WNV is carried by certain species of mosquitoes which transmit the virus while feeding primarily on birds, their preferred host. However, horses and humans are incidental hosts becoming infected via a mosquito that has blood fed upon an infected bird. Historically, the spread of WNV in a community can be traced from identification of infected mosquitoes, then birds, then

horses and finally to human cases. Most people infected with WNV have no, or possibly mild symptoms. However, it can be serious and even fatal, especially in older individuals. As a result, establishing and maintaining integrated mosquito control program is very important. This has never been done in unincorporated areas of the county prior to 2002. An integrated program includes surveillance for the presence of the WNV or other viruses in mosquito, bird and horse populations, and for mosquito-borne disease in humans; mosquito larval control; adult mosquito control; and public information and education. Mosquito control without use of pesticides is encouraged. This can be accomplished by eliminating standing water on public and private property, by discarding old tires, containers or anything that collects water; cleaning gutters; and cutting back grass and other vegetation. Landscape ponds can be stocked with fish such as fat head minnows, gold fish, mosquito fish (*Gambusia affinis*), or they can be treated with chemicals available at lawn and garden stores. Other recommendations include not going into infested areas between sunset and sunrise. Wear light colored clothes with hat, long sleeves, pants and socks when possible. Use repellants as the label directs, preferably with the ingredient DEET, Picaridin, IR3535 or oil of eucalyptus . Do not use DEET on children under eighteen months, and apply to skin or clothes as directed.

In December 2013 a mosquito-borne viral encephalitic disease called Chikungunya was observed for the first time ever in the western hemisphere. Observed initially in the Caribbean in Dutch St. Maarten; the virus spread across the hemisphere by December 16, 2014. The virus became a nationally reportable condition in 2015. As of December 16, 2015, 653 human cases have been reported in 44 states. None were locally acquired meaning all of the cases were associated with travel abroad. The virus is similar to the West Nile Virus, causing few fatalities. Unlike the West Nile Virus, outbreaks involving the Chikungunya virus can sometimes involve up to 92% of a human population. The Chikungunya virus, unlike the West Nile virus, reservoirs in humans and is transmitted from person to person via the bite of mosquitoes. No human cases involving Chikungunya were observed in Jefferson County in 2015. The advancement of the virus is uncertain and its capability to become endemic in Missouri is also not understood at this time.

Another mosquito borne disease not previously endemic to the western hemisphere was discovered in May of 2015 via human infections in Brazil. Zika virus is spread to people through mosquito bites. The most common symptoms of Zika virus disease are fever, rash, joint pain, and red eye. The illness is usually mild with symptoms lasting from several days to a week. Severe disease requiring hospitalization is uncommon. Outbreaks of Zika have occurred in Africa, Southeast Asia, and the Pacific Islands. Because the *Aedes* species mosquitoes that spread Zika virus are found throughout the world, it is likely that outbreaks will spread to new countries. Zika virus is not currently found in the United States. However, cases of Zika have been reported in returning travelers. There is no vaccine to prevent or medicine to treat Zika. Travelers can protect themselves from this disease by taking steps to prevent mosquito bites. When traveling to countries where Zika virus or other viruses spread by mosquitoes have been reported, use insect repellent, wear long sleeves and pants, and stay in places with air conditioning or that use window and door screens. Imported cases of Zika Virus may result in local spread of the virus in some areas of the United States.

The Asian Tiger (*Aedes albopictus*) mosquito and the *Aedes aegypti* mosquito are excellent vectors for both Zika Virus and Chikungunya. Only one of these mosquito species has been observed in Jefferson County. *Aedes aegypti* is known to range as far north as Missouri but has not been observed in Jefferson County. The Asian Tiger mosquito is a daytime active mosquito that is very prolific in the county and a significant source of nuisance complaints in the county. Since the diseases they can carry are not endemic to Jefferson County they are not considered a vector threat for disease. If a mosquito borne disease becomes endemic to the county that this species can efficiently spread, an effective educational message, and control strategy will be necessary.

JCHD assisted several county municipalities with existing mosquito control programs by providing technical assistance and assisted municipalities that do not have mosquito control through contracted control activities and surveillance.

After losing testing services in 2014, JCHD began testing its own adult mosquito collections locally utilizing a RAMP® (Rapid Analyte Measurement Platform). This testing system allows the department to conduct in-house testing of collections of adult mosquitoes eliminating the need to send samples out to be tested. The in-house testing enables a rapid adult mosquito control response to areas with West Nile virus in adult mosquitoes. This was made possible collaboratively with funding from the Vector Control Program and the Missouri Department of Health And Senior Services. In 2015 over 678 mosquito collections were tested for West Nile Virus consisting of over 21,908 individual female mosquitoes. 78 collections of these female mosquitoes tested positive for the virus, ranking 2015 as the highest year for West Nile activity in Jefferson County since the virus arrived in 2002.

The onset of the mosquito season was greatly impacted by spring flooding. The flooding culminated in a sudden flash flood event in south central Jefferson County. The mosquito program was called upon by Jefferson County Emergency Management to respond in this area due to first responder and residential concerns of nuisance mosquito activity in the flash flood affected areas. As the summer progressed, surveillance activities of existing trap sites around the flash flood affected areas incurred repeated West Nile virus activity in adult mosquitoes. Adult mosquito control activities were targeted in these areas with success in reducing active mosquito populations carrying the virus.

In August, the vector control program was impacted when one of the Ultra-Low Volume (ULV) truck mounted sprayers failed due to electrical problems. Efforts to repair it were thwarted. The machine was a 12 year old ULV obtained in 2013 from the City of Independence, Missouri. The Jefferson County Board of Health authorized emergency funds for purchase of a new ULV. This machine was installed and operational within three weeks. During that time the departments remaining machine, purchased new in 2002, suffered similar electrical malfunction. That machine remains non-functional. Adult mosquito control activities were conducted with the newly purchased ULV through the middle of October.

Tick Sign Project

The Vector Control Program worked cooperatively with the Missouri Department of Health and Senior Services (MDHSS) to place PVC/vinyl signs with educational information about tick bites in public spaces in Jefferson County. MDHSS provided the department with 200 signs. The Vector Control Program partnered with Jefferson County Parks, Cities of Arnold, Kimmswick, Herculaneum, Pevely, Crystal City, Festus, De Soto, Hillsboro, and Byrnes mill to place signs in the city parks of each city. Signs were also provided to the Boy Scouts of America, Girl Scouts of America and Jefferson College for sign placement. As of the date of this report 171 signs had been distributed.



Health Education

Health Education

Our Department Mission:

“To promote the health and safety of the people of Jefferson County through education, community partnerships, policy change, advocacy, and resources.”

HIGHLIGHTS:

Tobacco Control Program

- 19 Youth Programs Presented
- 13 Freedom from Smoking (FFS) Classes Offered
- 16 Drug Education Programs Presented

Nutrition/Physical Activity

- 147 Nutrition Consults
- 122 Nutrition Programs Presented
- 45 Physical Activity Programs Presented

Community Coalitions

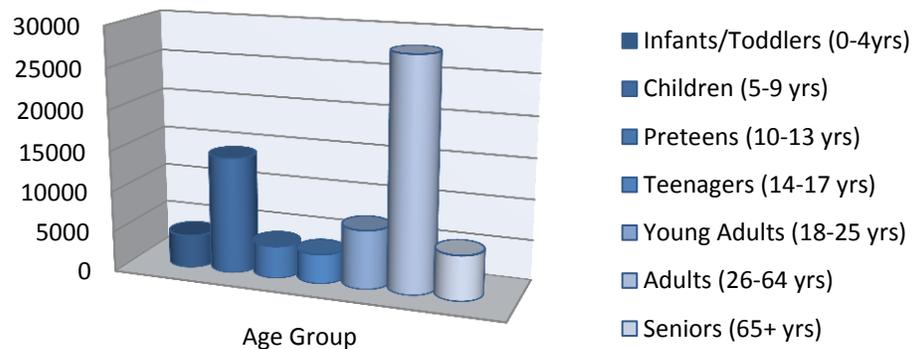
- Get Fit Festus
- Smoke-Free Jefferson County
- Methamphetamine Action Coalition
- P.R.I.D.E
- Jefferson County Education Committee
- Drug Endangered Children Team
- Project C.O.P.E.

Events

- JC Back to School Fair
- Substance Abuse Awareness Day
- Opiate Abuse Town Hall Meeting
- 807 Miscellaneous Community Events



2015 Population Reached



HEALTH EDUCATION

Primary prevention of disease is the core mission of public health. JCHD has assembled a highly qualified team of health education specialists including a licensed practical nurse (LPN), registered nurse (RN), others with advanced degrees including Master of Public Health (MPH), Certified Health Education Specialists (CHES), and a registered dietitian (RD) to respond to the needs of Jefferson County's residents. The members of the Health Education team provided education and or services to nearly 67,000 Jefferson County residents in 2015. JCHD's health educators promote wellness and disease prevention in Jefferson County through various behavior change activities. The health education team presents educational programs for schools, worksites and community organizations, facilitates worksite wellness programs, provide health screenings, assist with policy development, obtain grant funding for program activities, conduct community assessments, and coordinate community coalitions. The Health Education team presented 611 classes to youth and adults in Jefferson County in 2015. Health educators facilitated [programs](#) on a variety of topics including nutrition, methamphetamine prevention, heroin, sexually transmitted infections, sun safety, dental health, cancer prevention, chronic disease prevention, and tobacco education and cessation

METHAMPHETAMINE ACTION COALITION (MAC):

MAC was formed in 2006 to address the problems associated with methamphetamine in Jefferson County. The coalition is dedicated to being a leader in the fight against substance abuse through increasing awareness, improving availability of resources, assisting in policy change, strengthening enforcement and promoting recovery. For the past ten years, the Jefferson County Health Department (JCHD) has taken a lead role in organizing MAC, embodying JCHD's mission of focusing resources and attention on critical health issues facing the citizens of Jefferson County. Currently, there are 10 local agencies represented at MAC on a regular basis. MAC addresses the dangers of methamphetamine through the strategies of education and community-based processes. According to the Office of National Drug Control Policy, education builds critical life and social skills through structured learning processes. Community-based processes enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorders. Under the strategy of community-based processes, we partnered with many of our agencies represented at MAC meetings to improve the community's effectiveness at prevention services regarding methamphetamine and substance abuse disorders. As an example, MAC actively participates in [Jefferson County P.R.I.D.E.](#) by attending P.R.I.D.E. meetings, assisting with presentations, and participating in various committees. MAC also assists local community members with unique needs. Last year, MAC wrote for and received a grant that allowed for coalition members to create "comfort kits" for children removed from their homes due to parental drug use. These kits were given to the Jefferson County Municipal Enforcement Group and included coloring books, a stuffed animal and a small toy with the hopes of reducing the amount of anxiety and fear children may have when being removed from their home and everything that is familiar to them. This grant also allowed for MAC to purchase



clothing to provide to Children's Division to make sure these children had clean clothes after being removed from their homes. Over the past few years, MAC has assisted in the formation of a Drug Endangered Children Team with the hopes of protecting children found in drug environments, and preventing generational cycles of substance abuse. "Jefferson County Drug Endangered Children Taskforce" is now a registered coalition and is currently meeting bi-monthly to review each individual case and ensure children removed from drug environments are not slipping through the cracks and are getting the necessary support they need. MAC is also continuing to advocate for the passage of a prescription-only pseudoephedrine law. The last two years MAC has hosted a one day conference discussing the importance and need for such a law. A representative of NCADA was present to discuss advocacy, the commander of the Jefferson County Municipal Enforcement Group explained why such a law is necessary and how the current laws are being circumvented, and a representative from the State was present to discuss how to talk to your legislators and have them listen. Thirty nine professionals from the area attended this year's event.

In the last fiscal year MAC reached 2345 individuals through 34 activities. The various activities included monthly meetings and distributing information at health fairs, block parties, town-hall meetings, and community forums throughout Jefferson County. MAC also organized and implemented the 8th Annual Substance Abuse Awareness Day (formerly Meth Awareness Day) conference on October 16, 2015. Approximately 75 individuals participated in this conference including those from the treatment, law enforcement, and prevention fields. In the last few years our community has experienced an increase in the usage of heroin and unfortunately an increase in overdose deaths. Since there is a direct correlation with heroin and pseudoephedrine, therefore meth manufacturing, MAC felt the need to begin addressing this substance as well. In collaboration with Jefferson County P.R.I.D.E. and NCADA, the Methamphetamine Action Coalition has held town hall meetings over the last several years to discuss the dangers of opiate abuse and its connection to heroin. Speakers from NCADA and Jefferson County Sheriff's Office have shared valuable information with community members and local addicts came to share their story of recovery.

TOBACCO CONTROL PROGRAM:

Smoking is the leading cause of preventable death in the United States and has created a significant health burden on the Jefferson County population. According to the [2015 County Health Rankings](#), 28% of Jefferson County adults reported smoking at least 100 cigarettes in their lifetime and are currently smoking. The Tobacco Prevention Program seeks to prevent initiation of smoking through information and education regarding the risks associated with the use of tobacco and the risks of exposure to secondhand smoke. This is done by offering evidence based education programs to students in grades 4-12. In 2015 the Tobacco Program gave 19 tobacco education presentations and reached a total of 944 students.

The Tobacco Program also stresses the importance of tobacco cessation. Freedom from Smoking is an evidence-based program to help those who are ready to quit smoking. In 2015, the health education unit offered 13 Freedom from Smoking programs to the community.



Smoke-Free Jefferson County (SFJC) was formed in 2008 and has dedicated itself to creating a Jefferson County in which everyone has the right to breathe smoke-free air. SFJC does this through community education, raising awareness and advocating for smoke-free ordinances with local policy makers. One way SFJC advocates for smoke-free ordinances is by providing a presentation to council members on the dangers of secondhand smoke and the benefits of smoke-free policies. SFJC has surveyed the residents of Festus, Crystal City and Herculaneum on their beliefs of the dangers of secondhand smoke and the importance of smoke-free ordinances. An overwhelming number of respondents would support smoke-free workplaces, including bars and restaurants in Festus (85%), Crystal City (84%), and Herculaneum (77%). This information was presented to the city councils. At the end of 2013, SFJC expanded their survey to include 9 zip codes in unincorporated Jefferson County. Over 600 surveys were returned and 67% of those respondents are supportive of smoke-free workplaces, including bars and restaurants in Jefferson County. This past year SFJC sent out the same survey to the remaining zip codes in unincorporated Jefferson County. Over 14,000 surveys were returned and 69% of those respondents are supportive of smoke-free workplaces, including bars and restaurants in Jefferson County. SFJC plans to combine the results of the two surveys and share that information with the county council while advocating for smoke-free policies.

Last year, SFJC implemented a grant made possible by the Missouri Department of Health and Senior Services that brought the "Making Our Mark II" training to two local schools. Students from Windsor High School and Jefferson R-7 High School participated in the one day training to educate them on the dangers of tobacco products and how to become leaders in their community. Earlier this year, the trained Windsor High School students presented to the middle school students about the dangers of using tobacco. They also met with the Twin City Little League board and the Twin City Girls Softball League board to discuss the dangers of secondhand smoke and the importance of having a smoke-free park. The Jefferson R-7 High School students hosted a health fair for their peers and discussed the dangers of tobacco use and secondhand smoke, as well as met with their school superintendent to discuss their current school tobacco policy and ways it can be strengthened.

SFJC meets monthly and continues to work toward and promote tobacco-free ordinances for public health. JCHD and SFJC both use the web and social media to inform the community about the coalition, events, and health issues associated with tobacco use. A cessation line has been created to allow callers to obtain updated information or receive call backs.

Community Involvement

JCHD takes multiple approaches to combat chronic disease in Jefferson County such as program facilitation, resource allocation, and health education. Programs range from arthritis prevention exercise for adults to nutrition education for elementary schools. The Health Education team makes resources, such as informational pamphlets and other literature, knowledge of qualified staff, and equipment (e.g., pedometers), available to the residents of Jefferson County. JCHD also employs a full-time registered dietitian. The dietitian services are available to Jefferson County residents to assist those who need help controlling their chronic diseases.

In addition to education presentations and materials, the health education team participated in the following community events:

- Staff partnered with the Jefferson County Parks and Recreation Department to host Steps to 5K program in Festus at West City Park. Staff met weekly for 6 weeks with Steps to 5K participants to train for a 5K run.
- Grocery store tours were held to help residents learn how to navigate the grocery store with nutrition goals in mind.
- Staff fitted bike helmets for children at the “Things that GO” event in Herculaneum.
- Our dietitian worked with school districts to improve district wellness policies.
- Staff facilitated Arthritis Foundation Exercise Program at DeSoto Library.
- Nurses provided Hillsboro food pantry participants with free blood pressure readings.
- Our dietitian collaborated with physicians to help support patient weight management goals.
- Our dietitian created menus for Headstart centers in the County.

Health Education Programs by Year, 2011-2015

Program	2011	2012	2013	2014	2015
Youth Tobacco Prevention Programs	18 (1243)	21 (1976)	15 (681)	34 (1769)	19 (944)
Freedom from Smoking Programs	11 ¹ (185)	11 ¹ (98)	11 (9)	14 (0)	13 (31)
Childcare Health Promotions	116 (2224)	141 (2447)	257 (4927)	140 (2644)	312 (4768)
Drug Education Programs	NA	6 (268)	26 (725)	41 (1421)	16 (859)
Nutrition Programs	33 (1439)	92 (2301)	107 (3009)	88 (1862)	122 (2466)
Nutrition Consults	89	81	98	63	147
Physical Activity Programs	397 ² (3062)	178 ² (3062)	35 (1348)	10 (250)	45 (1626)
STI Programs	28 (746)	6 (215)	9 (176)	19 (344)	40 (1074)
Miscellaneous Community Events	190 (22085)	296 (13547)	213 (10015)	592 (14018)	807 (21,622)

(#) represents number of people reached

¹ Missouri Foundation for Health Grant “Quit for Good”

² Missouri Foundation for Health Grant “Get Moving Twin Cities”

³ Missouri Foundation for Health Grant “Sow & Show”

Challenges and Opportunities

The table above gives a brief snapshot of health education activities throughout the past 5 years. The number of programs offered and the number of people reached varies significantly throughout the years. These discrepancies are due to grant funding and additional staff. With grant funding and more health educators, we are able to promote our programs better throughout the community and reach more people.

MOBILIZING FOR ACTION THROUGH PLANNING & PARTNERSHIPS



In early 2015, JCHD staff applied for a grant through the Missouri Department of Health and Senior Services to obtain assistance in Mobilizing for Action through Planning and Partnerships (MAPP). MAPP helps communities apply strategic thinking to prioritize public health issues and identify resources to address these issues. MAPP is not an agency-focused assessment tool; rather it is an interactive process that can improve the efficiency, effectiveness, and the performance of the local public health system. In March of 2015, the Health Education team lead the Jefferson County Health Department through the agency's first [Local Public Health System Assessment](#) (LPHSA) and [Forces of Change Assessment](#) (FOCA). The LPHSA serves to identify the strengths and weaknesses of Jefferson County's public health system through discussion of and voting on the extent to which 10 Essential Public Health Services (EPHS) occur in the County. Through discussion of each of the 10 EPHS, information necessary for the FOCA was also collected at this time as well as via follow-up survey. The Community Strengths and Weaknesses Assessment will be conducted in 2016.



Nursing Services

Nursing Services

Jefferson County Health Department offers a wide variety of services at each of our two convenient locations on a daily basis. Our professional Registered Nurses are trained to provide our clients with the care and compassion they deserve. We provide vaccinations, family planning, pregnancy testing, disease investigation, and a wellness program. We are very proud of our Books for Babies program, in which every child coming in for immunizations receives a book.



Patients Seen By The Numbers

Patient Totals 2013-2015

CLIENT/ ENCOUNTER	YEAR		
	2013	2014	2015
Unique Clients Served	6401	6041	5779
Appointments Acknowledged	9757	8888	8934

COMMUNICABLE DISEASE CONTROL:

Screening, treatment, preventive services and referrals are provided for diseases including tuberculosis, sexually transmitted diseases and other communicable diseases. Investigations are conducted and appropriate intervention measures taken in the event of disease outbreaks. Confidential HIV testing, education and counseling is provided.

Laboratory Services By The Numbers

Lab Testing Totals by Type, 2012-2015

SCREENING AND LAB TESTING	YEAR			
	2012	2013	2014	2015
Herpes Simplex/Culture	261	303	402	316
HIV Tests	1056	946	851	729
Urinalysis (Clinic and Walk-In)	31	50	3	3
Syphilis tests	1054	946	852	729
Chlamydia/Gonorrhea Tests	1358	1455	1314	1268

FAMILY PLANNING SERVICES:

Jefferson County Health Department provides reproductive health care and education through its Title X Family Planning Clinic that enables individuals and families to make informed voluntary decisions about sexuality, reproduction, and parenthood. JCHD ensures that safe, effective and confidential family planning and reproductive health care services are available and financially accessible to all that choose to use our services. A genuine concern for the client is exhibited and service of the highest possible standard is provided. Clinics are offered four days per week, exams are scheduled by appointment. There is no residency requirement for the Family Planning clinic; at least 25% of clients seen reside in neighboring counties. JCHD operates one of the largest public family planning programs in Missouri.



Family Planning Services By The Numbers
Service Totals by Type, 2012-2015

FAMILY PLANNING SERVICES	YEAR			
	2012	2013	2014	2015
Client Visits to Family Planning Services	1703	1947	1959	2111
Colposcopies Performed	52	52	35	51
Condyloma Treatment	94	90	72	53
LEEP Procedures	14	10	9	12
Nexplanon Implanted	--	--	31	43
Nexplanon Removed	--	--	29	18

WOMEN'S HEALTH:

The Show Me Healthy Women program is a CDC funded program that provides breast and cervical cancer screenings to women ages 35-64 that are low-income, underinsured, or uninsured, at no cost to them. Women have to meet certain criteria income requirements to participate in the program. We support them by providing education and community outreach. We work to improve their quality of life through the cure and elimination of breast and cervical cancers. These services are at no cost to the women themselves.



The Wise Woman program is a program that is funded by the CDC for women who also participate in the Show Me Healthy Women program. We provide low-income, underinsured, or uninsured women, ages 35-64, with the knowledge, skills and opportunities to improve their diet, physical activity, and other life habits to prevent, delay or control cardiovascular or other chronic conditions. These services are at no cost to the women themselves.

Women's Health Services By The Numbers
Service Totals by Type, 2011-2015

WOMEN'S HEALTH SERVICES PROVIDED	YEAR				
	2011	2012	2013	2014	2015
Show Me Healthy Women	217	114	146	112	71
Wise Women	131	73	62	33	9
Breast Cancers Detected	--	--	2	4	0

LEAD TESTING & FOLLOW-UP:

The primary focus of lead testing is for children 6 months to 6 years of age to be screened for elevations in blood lead levels. This age group is at an increased risk for lead poisoning because they are growing rapidly and tend to put their hands or other objects in their mouth. Nurses provide and encourage lead screenings for walk-in clients as well as community groups, such as WIC and Head Start.

Any child with an elevated blood lead level is provided with a follow up screening, educational material and any recommendations that need to take place. For extremely high lead levels referrals and a home inspection by the environmental department are provided. All children are closely monitored until their levels return to normal.

Lead Testing Services By The Numbers
Service Totals by Type, 2011-2015

LEAD TESTING SERVICE	YEAR				
	2011	2012	2013	2014	2015
Children Tested For Blood Lead (by JCHD)	275	202	128	159	62
Children Followed for Elevated Blood Lead Levels	19	20	20	14	23
Children Tested for Blood Lead County-Wide	2376	1866	2101	1775	1713

IMMUNIZATIONS:

Vaccines are necessary to prevent diseases in children and adults. They are provided on a daily



basis by our trained licensed Registered Nurses in both Jefferson County offices. Prior to any vaccine being given the RN will review the client’s previous immunization record to evaluate what vaccines are necessary at time of visit. The RN will discuss needed vaccines with client/parent and provide education. Vaccinations at the health center are provided to clients from 6 weeks of age and up. Changes have evolved over the year with the State and who qualifies for State vaccines. JCHD has had to make adjustments on billing for immunizations.

We now offer some insurance billing. Other vaccines are available at a nominal fee. Most of our vaccine is called VFC or Vaccine for Children. This is a State funded vaccine for children and is provided at no cost to the child. Immunizations are provided by appointment during regular office hours. Fluctuations are noted in vaccine rates due to State funding and vaccine availability from the manufacturer.



Immunizations By The Numbers
Immunizations Provided by Type, 2011-2015

IMMUNIZATIONS PROVIDED	YEAR				
	2011	2012	2013	2014	2015
Diphtheria-Tetanus-Acellular Pertussis	152	181	197	187	151
Diphtheria-Tetanus-Acellular Pertussis/Hep. B/IPV	60	103	101	80	40
Gardasil	202	120	167	193	183
Haemophilus Influenza Type B (HIB)	91	138	157	144	72
Pentacel	264	217	82	139	114
Kinrix	188	232	117	96	70
Hepatitis A	1059	1135	864	899	860
Hepatitis B	579	439	373	123	303
Inactivated Polio	112	134	136	128	125
Measles-Mumps-Rubella (MMR)	478	581	180	165	139
Measles-Mumps-Rubella-Varicella (MMRV)	0	0	200	175	160
Meningococcal	173	198	92	144	149
Pneumococcal Conjugate	379	379	242	266	194
Pneumonia	23	41	25	16	5
Rabies	10	15	6	5	11
Rotovirus	136	134	80	83	75
Tdap	1218	1138	533	518	638
Tetanus Diphtheria (Adult)	25	15	19	9	6
Twinrix (Hep. A & Hep. B)	72	45	43	62	51
Varicella	515	611	229	219	209
Zostavax	49	61	32	26	17
Influenza	1254	1174	1229	1097	1003
Verbal instructions Given For Vaccinations	—	—	4728	4821	4575

PREGNANCY TESTING/TEMPORARY MEDICAID CARDS:

Pregnancy testing is done by appointment for those needing services, however, every effort is made to accommodate those who come to the office without an appointment. Clients who have a positive pregnancy test will complete a form with the trained Registered Nurse to determine eligibility for temporary Medicaid. Counseling and referrals are given, helping clients find local OB/GYN's and a variety of other services. An educational packet with vaccine information, car seat safety, and much more is provided.

Pregnancy Testing Services By The Numbers
Service Totals by Type, 2011-2015

PREGNANCY TESTING SERVICE	YEAR				
	2011	2012	2013	2014	2015
Pregnancy tests administered	514	1143	992	983	971
Medicaid cards issued	514	593	349	495	298

WELLNESS CLINIC:

The Wellness Program has been developed to provide individuals an affordable option for chronic disease screening and management. Laboratory tests are a critical part of diagnosing and managing chronic diseases such as diabetes and high cholesterol. Being uninsured and/or without a primary care physician can make getting recommended lab testing difficult. The Wellness Program is designed to help those individuals bridge the gap between unmanaged chronic disease and affordable laboratory testing. Services are available by appointment at either of our two convenient locations. We have noticed a decrease in the number of clients we have seen at JCHD since 2013 for Wellness appointments, however, we are spending more time with those clients we see due to increased services provided at the time of visit and an increase in the follow up time needed to explain results to clients and provide education and referrals.



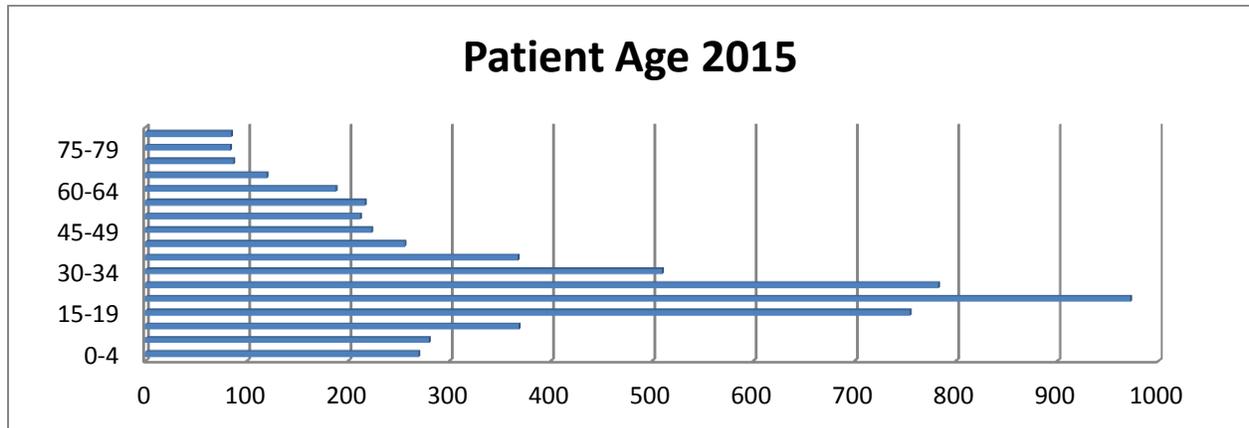
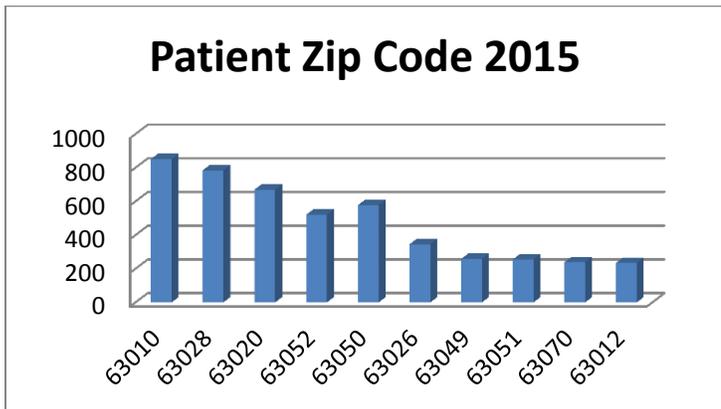
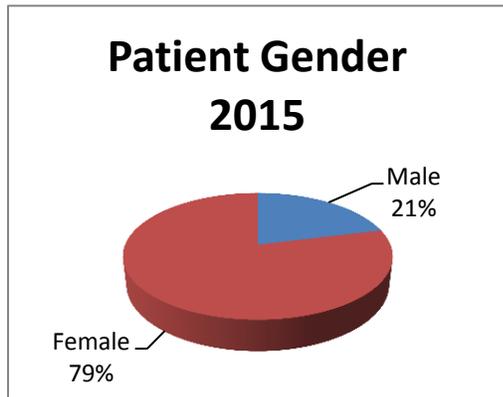
The Wellness Coordinator also oversees the **Books for Babies** Program. This program is sustained through grants from the community and fundraisers through the health center. It ensures that every child ages 6 months through 6 years is provided a book when coming to the health center for immunizations. It promotes literacy in the county and provides a good experience when visiting the health center.

This year JCHD joined forces with Missouri Hepatitis C Alliance to offer our clients no to low-cost Hepatitis C testing and follow-up. Through the Alliance, JCHD is able to offer follow up testing and referrals to individuals with positive tests. This is a very costly testing process and a terrific service for our clients.

Women's Health Services By The Numbers
Service Totals by Type, 2012-2015

SERVICE PROVIDED	YEAR			
	2012	2013	2014	2015
Clinic Visits	958	253	197	166
Hepatitis C Draws	--	242	540	319
Hepatitis C Referrals for Follow-Up	--	--	35	51
Teen Challenge	--	--	49	47
Books For Babies	--	410	578	459

NURSING SERVICES DEMOGRAPHICS



Vital Records 2015

MONTH	TOTAL # COMP BIRTH ISSUED	TOTAL # COMP DEATH ISSUED	TOTAL # 24- HOUR DEATH	MONTHLY TOTAL
<i>January</i>				
Hillsboro	252	276	250	778
Arnold	393	117	0	510
<i>February</i>				
Hillsboro	313	229	229	771
Arnold	420	114	0	534
<i>March</i>				
Hillsboro	370	286	161	817
Arnold	543	134	0	677
<i>April</i>				
Hillsboro	293	407	80	780
Arnold	394	96	0	490
<i>May</i>				
Hillsboro	189	260	36	485
Arnold	369	115	0	484
<i>June</i>				
Hillsboro	288	329	90	707
Arnold	387	124	0	511
<i>July</i>				
Hillsboro	240	380	66	686
Arnold	444	127	0	571
<i>August</i>				
Hillsboro	297	426	111	834
Arnold	562	138	0	700
<i>September</i>				
Hillsboro	225	294	90	609
Arnold	333	55	0	388
<i>October</i>				
Hillsboro	174	285	106	565
Arnold	308	156	0	464
<i>November</i>				
Hillsboro	205	245	150	600
Arnold	286	86	0	372
<i>December</i>				
Hillsboro	184	299	62	545
Arnold	279	120	0	399
TOTALS	7748	5098	1431	14277

2015 DEATHS RECORDED...210
 2014 DEATHS RECORDED IN 2015...3

Jefferson County Health Department

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