

FISHERS HEALTH DEPARTMENT

2020 INAUGURAL ANNUAL REPORT





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FROM CHIEF MEDICAL DIRECTOR DR. INDY LANE & PUBLIC HEALTH DIRECTOR DR. MONICA HELTZ,

WELCOME

the opportunity to highlight the work of the Fishers Health Department to share the Department's plans for 2021.

past year has been remarkable. COVID-19 affected many aspects of our lives and provided a perspective on public health not experienced in generations. Fishers was not immune to that impact. The first person with confirmed COVID-19 in Indiana was identified in Fishers on March 6, 2020. The City of Fishers leadership team quickly organized a strategic approach to target anticipated needs during the global pandemic. A key component of the strategic approach implemented by the City was the creation of the Fishers Health Department, approved As we look to 2021, we are excited to get beyond the basic requirements by City Council on April 24, 2020.

health. The Department initially focused on three key areas in response to the pandemic: testing, contact tracing, and data. In April 2020, well before most health departments had any process in place and just three leading and integrating the City's Mental Health Initiative into its days after its creation, the first COVID tests were being performed by services as we continue the work already well underway to prevent Fishers Firefighter/EMS professionals. The City was committed to serious mental health outcomes. Additionally, we look forward to providing residents with free, accessible testing at a time when access to testing nationwide was extremely limited. From the start, the FHD has our long-term goals and community needs. We are hopeful for the year maintained a robust contact tracing program which has outpaced the ahead and for the opportunities to promote health and prevent disease efforts of the state and other local tracing programs. After becoming in our community. The opportunity to serve Fishers residents has been one of the first in Indiana to implement a public health order requiring remarkable but could not have been done without the support of our masks, FHD became the first department in Indiana to produce amazing residents and partners, and for this we thank you. evidence-based community metrics and guidance for schools. The unique approaches taken, and successes achieved, have only been We invite all residents to contact us with any questions or comments possible with the full support of the City and via an integrated service at healthdept@fishers.in.us. delivery model involving coordination and support from other City departments. As a result, within a few months of creation, the FHD was highlighted in the Fairbanks School of Public Health's report to the Indiana Department of Health.

ON BEHALF OF THE FISHERS HEALTH DEPARTMENT, we are The Fishers Health Department is committed to serving the residents pleased to present our inaugural annual report. This report provides of Fishers by leading the COVID-19 response, creating working relationships with businesses, streamlining processes, and ultimately (FHD) in providing public health services to our residents in 2020 and striving to make Fishers a top community for health. While the FHD team worked to meet the needs of the pandemic, they simultaneously launched and fulfilled the core public health functions as required As we reflect on the impact of the events of 2020 on public health, this under Indiana law. Those services include tracing and treating other communicable diseases and reportable conditions, fulfilling vital records requests, inspecting restaurants, pools, septics, and wells, developing epidemiological reports, analyzing data, and providing health education. This report provides a picture of some of the many services the FHD has provided during 2020, as well as a glimpse of the public health issues facing our community.

and apply the Fishers "smart, vibrant and entrepreneurial" approach to public health. In addition to completing COVID vaccinations for our From its inception, the FHD has demonstrated leadership in public community, we are also looking forward to ensuring our residents have access to other critical services such as immunizations, communicable disease screenings and health education services. The FHD will begin completing our first Community Health Assessment to help identify

July Care MT **DR. INDY LANE**

DR. MONICA HELTZ



Indy Lane, MD, FACOG, Chief Medical Director of FHD



Monica Heltz, DNP, MPH, APRN, Public Health Director of FHD



THE FISHERS HEALTH DEPARTMENT MODEL FOR PUBLIC

HEALTH

TODAY WE LIVE IN A STRUCTURED SOCIETY whereby health and wellbeing are influenced by factors spanning multiple sectors of life. The social, physical, economic, educational, and other characteristics of the communities in which we are born, live, work, and interact influence the health and wellbeing of our lives. Improving the health and wellbeing of communities requires strong public health systems and a focus on the social determinants of health. Robust health departments play a crucial role in understanding and improving the conditions in which health and wellbeing are optimized1.

The Fishers Health Department, created amidst a global pandemic, ascribes to the Public Health 3.0 (Figure 1) model for public health. The advancement of public health and clinical care in the United States through innovative treatments and preventive interventions has improved life expectancy and quality of life across numerous health indicators. As medical and public health approaches have evolved over time, so has the understanding of the determinants of health and wellbeing.

As the FHD continues to work on improving the quality of life for residents of Fishers, the department will develop innovative approaches for improving health and wellbeing, provide essential and advanced public health services, and engage with the community in meaningful ways to ensure a contextualized, impactful approach to public health³. This requires collaborations across government, private sector, and the larger community to focus efforts that align with the 10 Essential Public Health Services² (Figure 2) and the Public Health 3.0 model. The Fishers Health Department invites all Fishers residents to join in the effort to work toward a Public Health 3.0 model for a more equitable and healthy community.

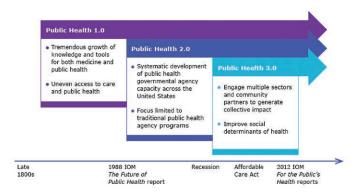


Figure 1. Public Health 3.0

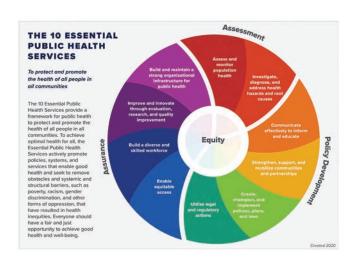


Figure 2. The 10 Essential Public Health Services

DEPARTMENT SERVICES & RESPONSIBILITIES

Fishers Health Department was formed on April 24, 2020, upon the approval of the City Council to create a health department that will be agile, resilient, and proactive in protecting and promoting the health and wellbeing of Fishers residents. As one of three municipallevel health departments in the state, FHD was borne out of the recognized need to provide local public health services amidst a global pandemic. The FHD team collaborates across the whole of the City of Fishers government to provide public health expertise during policy decisions, ensuring evidence-informed and healthin-all policy approaches to local government. The FHD's approach to integrate evidence-informed public health policy has been highlighted by others as an exemplar for ensuring public health is at the fore of STATUTORY OPERATIONS MANAGED BY government policies4.

The Fishers Health Department exists to bring a high level of health and safety services to the residents of Fishers. Effective April 2020, the Fishers Health Department serves residents through:

- VITAL RECORDS
- IMMUNIZATIONS
- FOOD SAFETY & PERMITTING
- SWIMMING POOLS
- MOSQUITO & RODENT (VECTOR) CONTROL
- PRIVATE WATER WELL
- SEPTIC SYSTEMS
- COMMUNICABLE DISEASE & SERVICE
- OPEN WATER SAMPLING
- HEALTH EDUCATION

STATUTORY OPERATIONS MANAGED BY THE FHD

- Any action authorized by state statute or rule of the state department to control communicable diseases
- Making sanitary and health inspections necessary to carry out the purposes of Ind. Code §16-20-4
- Investigating the existence of any contagious or infectious disease
- Adopting measures, not inconsistent with the rules of the state department, to arrest the progress of contagious or infectious disease
- Making all necessary sanitary and health investigations and inspections

THE PUBLIC HEALTH BOARD

- Entering into contracts for the provision of health services within the board's jurisdiction in accordance with Ind. Code §16-20-1-8
- · Contracting or purchasing planning services considered essential to the development of an effective community health program in accordance with Ind. Code §16-20-1-8
- Confirming the appointment of professional employees who are appointed by the health officer and who meet the qualification requirements of the board for the respective professional employee positions
- Providing reports of department activities to the state department in accordance with state department rules
- · Enforcing the board's or officer's orders, citations, and administrative notices by an action in the circuit or superior court in accordance with Ind. Code §16-20-1-26
- With the approval of the City Council, establishing and collecting fees for specific services and records established by local ordinances and state law; however, fees may not exceed the cost of services provided. The fees shall be accounted for and transferred to the health fund of the taxing jurisdiction
- · All other powers and duties as provided by Indiana law

¹More information on social determinants of health, and the role of health departments to improve health and wellbeing, is available from the following: i, ii, iii, iv

²CDC: 10 Essential Public Health Services. Available <u>here</u>

³Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century. Available here ⁴Indiana Public Health System Review, Dec. 2020. Available here

MODEL FOR PUBLIC HEALTH

ACKNOWLEDGMENTS

FHD ORGANIZATIONAL CHART

FOOD

HOUSING

The current FHD organizational chart (*Figure 3*) outlines the divisions for which staff provide essential public health services to the residents of Fishers. Overseen by the Board of Health and led by Drs. Indy Lane and Monica Heltz, FHD has a core team of full- and part-time employees.

BOARD OF HEALTH HEALTH PUBLIC HEALTH

OFFICER DIRECTOR

EPIDEMIOLOGIST

ENVIRONMENTAL POPULATION HEALTH

OPEN WATER SEPTIC CHRONIC DISEASES

WELLS VECTORS MENTAL HEALTH

POOLS

Figure 3. The Fishers Health Department organizational chart

HEALTH

EDUCATOR

COMMUNICABLE

DISEASES

BOARD OF HEALTH

- SALVATORE MIGLIORE, MD
- VISHAL PARIKH, MD
- KYLE HULTGREN, PharmD
- KAREN COLLINS, DVM
- STEVEN ORUSA, FISHERS FIRE & EMERGENCY SERVICES
- SCOTT FADNESS, FISHERS MAYOR

IMMUNIZATIONS

VITAL RECORDS

MORE TO COME

VACANT APPOINTMENT

FISHERS HEALTH DEPARTMENT

ACKNOWLEDGEMENTS

THE WORK OF THE FISHERS HEALTH DEPARTMENT during 2020

would not have been possible without the support and direct assistance of multiple internal City of Fishers departments, including: Business Solutions Group, Fishers Fire and Emergency Services, Fishers Police Department, Community and Public Relations, Permitting $\mathcal B$ Inspections, Department of Public Works, Customer Experience team, and the Mayor's Office. Countless organizations and community members have provided support, partnership, and volunteer hours in support of the efforts of the Department.



CORONAVIRUS COVID-19 (SARS-CoV-2)

RESPONSE

FISHERS HEALTH DEPARTMENT followed the Centers for Disease COVID-19 TESTING FOR ALL FISHERS & INDIANA RESIDENTS Control and Prevention's guidance and recommendations, reviewed for COVID Suppression developed by Harvard Global Health Institute A for examples of the Community Risk Rating Scale and Guidance). monitoring and responding to the COVID-19 pandemic.

Clear Green Sellow Red Black yes

Established with a \$2M budget advance from the City of Fishers, the scientific evidence surrounding COVID-19, and sought input from a FHD began administering COVID-19 tests within days after the City variety of stakeholders to enact an evidence-informed policy approach Council approved establishing a health department. From late April in response to the COVID-19 pandemic. The department's COVID-19 through December 2020, FHD offered free testing initially to residents Community Risk Rating guidance was modeled after the Key Metrics of Fishers before expanding to any Indiana resident. Individuals seeking testing completed an online scheduling form and screened and Harvard's Edmond J. Safra Center for Ethics and has served as a for COVID-19 like symptoms. Below (Figure 4) shows the breakdown of model for numerous health departments' guidance and communication COVID-19 symptoms at the time of completing the online scheduling of COVID-19 risks to communities around the country⁵ (see Appendix assessment form for a COVID-19 test in 2020. Most individuals seeking a test presented with no COVID-19 symptoms at time of testing (68%). On the following page are some key highlights of FHD's approach to Collection of that and other data allowed FHD to understand the health profile and behavioral reasons for those seeking tests, furthering FHD's ability to use real-time data to inform policy decisions about testing availability and how to target testing messaging to the community.

Assessment Color Code Breakdown 68% Initial Assessment 69% Follow-Up Assessment 20% 40% 60% 80% 100%

Figure 4. COVID-19 like symptoms at time of scheduling a test, April - December 2020 (n-38,405 assessments)

COVID-19 SERVICES

COVID-19 TESTING & CONTACT TRACING

- COVID-19 testing free to all Fishers residents and later expanded to make available to all Hoosiers through Indiana Departmenet of Health partnership.
- Initial \$2M budget to provide testing; reimbursable from Federal CARES Act funding.
- Utilized GIS mapping to target areas where cases concentrated to deploy strike teams or increased outreach.
- Metrics (April December 2020):
 - 38,405 online testing needs assessments completed.
 - 38,405 COVID-19 tests scheduled, 33,036 tests administered to 32,734 unique individuals.
 - 3,276 close contacts notified by FHD contact tracers sought tests at FHD testing site.

WEEKLY COVID-19 COMMUNITY UPDATE VIDEO

- · Provided daily near beginning of pandemic, moved to weekly late Fall 2020.
- Detailed weekly summary of current COVID-19 transmission risks to community alongside facts and policy direction based on new and emerging evidence.

COMMUNITY RISK RATING SCALE

- Released evidence-informed risk rating scale to communicate spread and transmission risks to community.
- Includes guidance on community activity levels based on risk rating.
- · Informed policy decisions for business, social, and educational guidance and restrictions.

TAILORED GUIDANCE TO FISHERS PUBLIC & PRIVATE SCHOOLS ON PUBLIC HEALTH MITIGATION STRATEGIES

- Disseminated evidence-informed guidance for public health mitigation strategies necessary to minimize risk of COVID-19 transmission in K-12 education settings August 2020 and updated November 2020.
- · Provided guidance to encourage safe resumption of in-person and virtual learning based on community risk rating level.

FISHERS COMMUNITY-WIDE COVID-19 DASHBOARD & COVID-19 TESTING SITE DASHBOARD

- Released interactive data dashboards on COVID-19 transmission and testing, updated daily Monday - Friday.
- Accessible to public via fishers.in.us/1238/Data-Dashboards.

COVID-19 VACCINE RESPONSE

- Established funding to open one of the first mass vaccination sites in Indiana, free to all Hoosiers.
- Deployed online Vaccine Interest Survey to notify those eligible, on standby for vaccine, and/or homebound (40,944 unique individuals registered).
- Capacity of 10,000 vaccine administrations per week, availability of vaccines dependent on allotment from Indiana Department of Health.
- Created FHD COVID-19 Vaccine Response Dashboard for transparent communication to public of FHD vaccine effort and vaccination levels within community, available at fishers.in.us/1264/COVID-Vaccine. Updated weekly.

PUBLIC HEALTH ORDERS TO PROTECT THE HEALTH & SAFETY OF THE COMMUNITY

• Eleven (11) data and evidence-informed Public Health Orders issued to date, many of which are a continuation order of basic public health mitigation strategies.

COVID-19 COMMUNICATIONS

- Established regular fact-based communications on all social media channels.
- Launched Every Action Counts campaign to underscore the personal ownership of residents' actions to the pandemic.
- Direct mail letters sent to age-targeted residents to update them on COVID-19 news, resources, and assistance.
- Postcard to all residents 55+ when eligible for vaccinations
- Earned media through local television, newspaper, and blog outlets.
- · Advertising of Every Action Counts campaign in weekly Fishers newspaper.

⁵Key Metrics for COVID Suppression available here

2020 PUBLIC

HEALTH DATA

THE FOLLOWING SECTION PROVIDES a snapshot of some of Table 1. Inspections, Permits, & Records the public health data used by FHD for disease surveillance and investigation, communicable disease reporting, and essential public health services such as environmental health inspections and vital records.

The FHD utilizes the National Electronic Disease Surveillance System (NEDSS) Base System (NBS). The NBS is a CDC-developed electronic disease reporting and case management system. This system was adopted by the Indiana Department of Health (IDOH) starting on January 1, 2019 for infectious disease and reportable event surveillance and monitoring. The use of NBS by FHD, IDOH and other health departments across Indiana allows for the tracking and monitoring and case management of communicable and other reportable health events.

CORONAVIRUS COVID-19 (Severe Acute Respiratory Syndrome Coronavirus 2 [SARS-CoV-2])

The COVID-19 pandemic has been at the forefront of health department activities locally and globally. Trending data on COVID-19 confirmed and probable cases are provided (Figure 5) for the period of March through December 2020. Confirmed cases refer to cases identified via laboratory testing and probable cases are clinically diagnosed cases without confirmatory laboratory tests. As of December 31, 2020, there were 7,525 COVID-19 cases (median age 37; age range 0-102) and 80 deaths due to COVID-19 (median age 84; age range 46-101). A third surge of cases in Fishers and across the U.S. occurred between the months of October and December 2020. Cases during that period accounted for ~77% of all COVID-19 cases in Fishers during 2020.

ESSENTIAL PUBLIC HEALTH SERVICES

The department's dedicated nursing, environmental, and health education staff provided inspections, approval of permits and record requests in 2020 indicated in Table 1.

INSPECTIONS, PERMITS, & RECORDS	TOTAL
COVID-19 Concerns/Mask Complain Form	365
Permanent Food Establishment Permits & Applications	225
Death Certificate Requests	213
Birth Certificate Requests	152
Public Pool / Beach Permits	93
Special Event & Social Gathering Plan Approval (COVID-related)	82
Food Truck Permits & Renewals	48
Open Waterway Sample Submissions	37
Temporary Food Establishment Permits & Renewals	34
250+ & 500+ Attendee Special Events (COVID-related)	30
Extra-Curricular, Recreational / Community Sports Leagues & Tournament Plan Approval (COVID-related)	28
General Environmental Complaints	24
Extra-Curricular, Recreational / Community Sports Leagues & Tournament Plan Approval (COVID-related)	20
Food Facilities Complaint	19
500+ Attendee Special Event (COVID-related) Private Water Well Construction & Repair	7
Farmers Market Registration* Food Facilities Complaint	3
On-Site Sewage Disposal System & Permit	3
GRAND TOTAL	1,383

*Registration for the 2020 Fishers Farmers' Market were grandfathered in from Hamilton County Health Department inspections conducted in early 2020

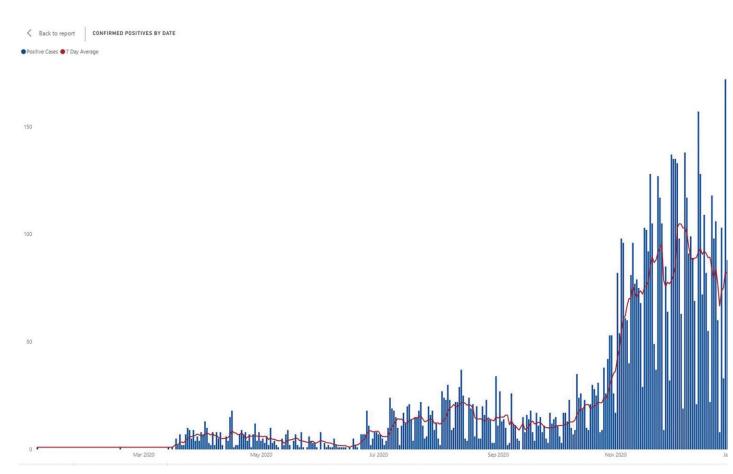


Figure 5. COVID-19 Confirmed and Probable Cases March 18 - December 31, 2020, Fishers Residents, n=7,525 *Data subject to change; ***Probable cases are patients with a positive antigen test (without a positive RNA test)

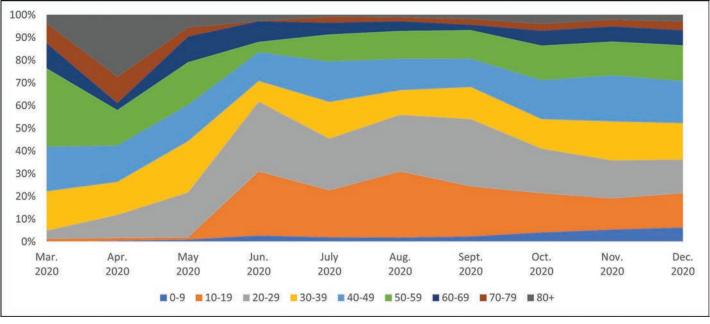


Figure 6. Percent of COVID-19 Cases by Age Group, n=7,523 *Unknown age n=2

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Table 2. Communicable Disease & Event Totals

DISEASE / EVENT	NUMBER OF CASES
2019 Novel Coronavirus	7,525
Chlamydia trachomatis infection	224
Gonorrhea	55
Animal Bites	40
Lead	6
Lyme disease	Suppressed
Salmonellosis, excluding S. typhi and S. paratyphi	Suppressed
Varicella (Chickenpox)	Suppressed
Campylobacteriosis	Suppressed
Histoplasmosis	Suppressed
Strep Pneumoniae, invasive	Suppressed
Streptococcal Disease, invasive, Group A	Suppressed
Cryptosporidiosis	Suppressed
CP-CRE	Suppressed
Legionellosis	Suppressed
Shiga toxin-producing Escherichia coli (STEC)	Suppressed
Giardiasis	Suppressed
Haemophilus influenza, invasive disease	Suppressed
Multisystem Inflammatory Syndrome (MIS)	Suppressed
Streptococcal toxic-shock syndrome	Suppressed
Invasive vaccine preventable disease	Suppressed
Yersiniosis	Suppressed
Hepatitis A, acute	Suppressed
Influenza-Associated Death	Suppressed
Malaria	Suppressed
Mumps	Suppressed
Pertussis	Suppressed
Shigellosis	Suppressed

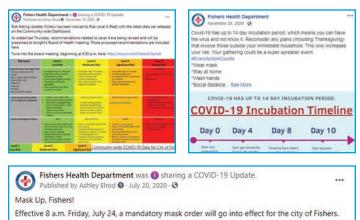
COMMUNICABLE DISEASE & EVENT REPORTING

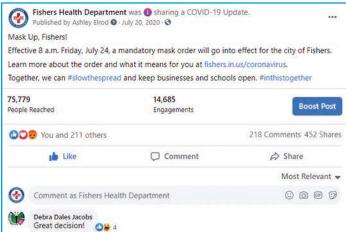
for Fishers extracted from NBS data provided by IDOH. To ensure confidentiality, it is necessary to suppress data (not display the number materials. Fishers Health Department's Facebook and Twitter social of cases) for events with counts less than five.

ASSESSING THE WELLBEING OF FISHERS RESIDENTS

In collaboration with the Mental Health Initiative core team, a community wellbeing survey was disseminated to Fishers residents in August 2020. The evidence-based survey was modeled after a program by the Santa Monica Office of Civic Wellbeing that was partially funded by an award from the Bloomberg Philanthropies Mayors Challenge.

The goal of the Fishers Wellbeing survey was to assess residents' perceptions on community, health, mental wellbeing, economic wellbeing, and opportunities for improving wellbeing through and wellness centers). A total of 2,632 residents responded to the survey with 1,692 surveys completed. The FHD is working with other departments across city government to develop new programs and potential community amenities informed by the survey results. Example results can be found in Appendix C.





Sample posts from the FHD Facebook page

Like · Reply · Message · 38w

PUBLIC HEALTH & SOCIAL MEDIA

Table 2 displays the communicable disease and reportable events The FHD Health Education staff manages the department's social media accounts and creates unique, evidence-informed educational media presence reaches tens of thousands unique individuals a month. For example, a singular post on Facebook in July 2020 reached over 75,000 unique individuals. While this falls under non-traditional engagement, maintaining an interactive and community-focused presence on social media enables FHD to engage and educate our residents on public health issues.

FHD DIGITAL METRICS, MAY - DECEMBER 2020

561,462 Total Views; 469,865 Unique Views

- COVID-19 Landing Page 177,937 views
- FHD Landing Page 90,467 views
- Testing 66,929 views
- Risk Rating 33,464 views
- School-Based Testing 25,543 views

FACEBOOK

- 865,477 impressions (number of times that any content associated with FHD page
- was displayed to a user during the reporting period)
- 141,439 engagements
- (number of times that users reacted to, commented on, shared, or clicked on FHD posts)
- 8,430 link clicks
- (number of times that users clicked on the links within FHD posts)
- 3,319 total followers

TWITTER

- 452,996 impressions
- 57,150 engagements
- 778 total followers

YOUTUBE

92 Videos; 44,456 Views

Top Videos

- FHD: A Kid's Perspective on COVID-19 Testing 27,546 views
- Fishers Health Department: COVID-19 Update 1,430 views
- Intro to FHD COVID-19 Testing Site Dashboard by Dr. Indy Lane - 1,384 views

ADMINISTRATIVE REPORT 2021 CORE GOALS

ADMINISTRATIVE REPORT

is vital for government organizations and ensures the ability to maintain the trust of Fishers residents and deliver public health services. The 2020 balance sheet for the FHD is listed here in Table 3.

The Fishers Health Department receives its revenue through the Public Health Property Tax assessed each year. Fishers residents have one of the lowest Public Health Tax Rates in the state at \$.01. This is a reduction in tax rate from the 2020 Hamilton County Public Health Tax of \$.013. See Appendix D for statewide Health Tax Rates by size.

A substantial portion of grant revenue for the Department from the CARES Act and FEMA funds supported the majority of COVID-19 response expenditures.

Expenses are anticipated to increase in 2021 as part of anticipated start up costs for the Department and investments in technology.

TRANSPARENT FISCAL REPORTING Table 3. 2020 Fishers Health Department balance sheet

	2020 ACTUAL	2021 BUDGET
REVENUE:		
Other Revenue - Interfund Transfer	2,000,000	-
General Property Taxes	-	694,421
Health Department Licensing	34,163	250,000
Vital Records Certificates	21,525	-
Other Fees	400	-
TOTAL REVENUE	2,056,088	944,421
GRANT REVENUE*:		
CARES Funds - State Allocated Funds	555,010	
CARES Funds - State Safety Allocated Funds	154,803	
FEMA Public Assistance (PA) Grant	1,617,407	
TOTAL REVENUE WITH GRANTS	4,383,308	944,421
EXPENSE:		
FT Salaries	93,406	448,550
Employee Benefits	22,121	240,036
Operating Supplies	23,524	95,780
Professional Services	39,996	131,000
COVID Expenses - Testing	2,094,425	
COVID Expenses - Contact Tracing	107,453	
COVID Expenses - Supplies / PPE	50,244	
COVID Expenses - Professional Services	59,223	
TOTAL EXPENSE	2,490,392	915,366
NET INCOME PRIOR TO GENERAL FUND TRANSFER:	1,892,916	29,055
OPERATING TRANSFER - RETURN TO GENERAL FUND	1,800,000	-
HEALTH DEPARTMENT NET INCOME	92,916	29,055

*Grand revenue includes funds both received in 2020 and funds anticipated to be received in 2021 for costs incurred in 2020

2021 CORE **GOALS**

THE FHD STRATEGIC PLAN for the next five years is currently under development. Working with the FHD Board of Health, government, and community partners to outline five-year goals will allow FHD to provide tailored and relevant public health services to improve the health and wellbeing of the Fishers community. In the interim, below is a snapshot of the core 2021 goals for the Fishers Health Department.

COVID-19

- Surveillance and Response to ongoing pandemic:
 - Monitor spread of COVID-19 strains/variants and transmission risks to community.
 - Enact protection strategies as necessary.
- Continue essential services to Fishers residents: testing, vaccination, contact tracing, engagement and actions to protect health and wellbeing.
- · Continue to serve as a resource to all Indiana residents for key services:
 - Testing and vaccination services as needed based on demand.

COMMUNITY HEALTH ASSESSMENT (CHA) & COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

- Assess physical, social, and mental health of Fishers Community:
- Conduct CHA and develop CHIP strengthen existing and develop new public health services to improve the health and well being of the Fishers community.
- Use the Mobilizing for Action through Planning and Partnerships (MAPP) framework to guide the Fishers CHA and CHIP processes. The MAPP framework utilizes a community-driven approach with tools for data collection and strategic thinking to prioritize public health needs of communities and strategic thinking to improve the health and wellbeing of communities.
- · Release CHA by Quarter 4 2021.
- Solicit input on CHIP Quarter 4 2021 for implementation FY 2022.

COMPREHENSIVE MENTAL HEALTH PROGRAM

- The City of Fishers government launched a Mental Health Initiative (MHI) in 2015 to create a coordinated strategy to address mental health issues within the Fishers community.
- In 2021, FHD will develop a comprehensive mental health program and oversee the coordination of the city-wide MHI.
- FHD will develop a preventive mental health program that includes:
- Ongoing work with HSE schools to ensure support for school-based programming
- Establish regular surveillance, reporting and data analysis from multiple data sources with work towards a community mental health assessment
- Work with EMS and community paramedicine program to increase preventative reach and access to care
- Explore built-environment strategies to support and promote mental health wellness

LAUNCH ADDITIONAL ESSENTIAL PUBLIC HEALTH SERVICES

- Establish a public health clinic offering vaccination services for uninsured, underinsured and insured residents, as well as communicable disease screening and other basic screening services.
- Vector control program with a focus on preventing mosquito-borne illnesses through monitoring and targeted treatments of public areas.
- Integrate public health emergency response services into the City's emergency response protocols.

FHD COMMUNITY RISK RATING SCALE & GUIDANCE

APPENDIX A



COVID – 19 Risk and Activity Assessment

Risk Level	Level 1 Low Risk	Level 2 Moderate Risk	Level 3 Significant Risk	Level 4 Severe Risk
Activity for those with Higher Risk > >65 years old and esp >85 Cancer Heart, Lung or Kidney Disease Obesity (BMI >30) Pregnancy Sickle Cell Smoking Diabetes mellitus	 Avoid gatherings of > 20 people Masks when indoors if social distancing not possible Continue good hygiene practices Shopping and dining with precautions Wear mask when with others outside of household 	Avoid gatherings of >8 people Only gather with precautions Take-out/delivery only Essential shopping only Wear mask when with others outside of household	Avoid gatherings of >2 people Essential shopping only Use dedicated hours, curbside pick-up or delivery Wear mask when with others outside of household	Stay-at-home Use curbside pick-up or delivery only Stay at home
Level of Community Activity for non high-risk individuals	Follow current health orders Continue good hygiene practices Wear mask in large gatherings, indoor in public spaces, or with high-risk individuals Distance when indoors Check on at-risk and vulnerable neighbors	All level 1 measures PLUS: Consider limiting activities, especially large gatherings Distance indoors and outdoors Wear mask when unable to distance or per local orders	All level 1 and 2 measures PLUS: Orange Recommendations	Severely restrict activities No gatherings Watch for public health orders (masks, Stay at Home) Limit activities to essential only
Business/Workplace Activity	Open Follow current public health orders Work from home option for at-risk individuals where able Wear masks in meetings Maintain distancing in meetings, and between workers High risk environments consider workplace mandatory mask rules	Open with limits Follow current public health orders Limit capacity Increase ventilatory capacity of workplace to maximum or at least 6 air exchanges per hour Consider workplace mandatory mask rules if not under public health orders	Consult recommendations Follow current public health orders Limit capacity Plan for possible closure of non- essential businesses Plan for continuity of operations if stay-at-home orders put in place or if unable to staff	Restrictions Follow current public health orders All virtual where possible Close break rooms

COVID-19: Risk-Based Rating Scale

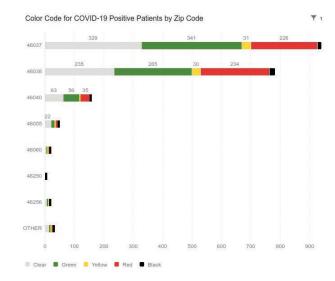
Risk Level	Level 1 Low Risk	Level 2 Moderate Risk	Level 3 Significant Risk	Level 4 Severe Risk
Community Transmission	No to minimal	Minimal to Moderate	Substantial, controlled	Substantial, uncontrolled
Primary metrics considered Positivity rate = positives ÷ total tests Source of data: ISDH and Fishers Testing Site	T-day average <5% positivity rate Case incidence: <5 daily new cases per 100,000 on a 14-day rolling average	7-day average 5-7% positivity rate Case incidence: 5-10 daily new cases per 100,000 on 14-day rolling average	 7-day average 7-10% positivity rate Case incidence: 10-25 daily new cases per 100,000 on a 14-day rolling average 	T-day average >10% county positivity rate using "individuals tested" rate Case incidence: >25 daily new cases per 100,000 on a 14-day rolling average
Public Health Capacity (Testing and Contact Tracing) Secondary metrics considered Source of data: Fishers testing site; Fishers Health Department	Sufficient Testing availability < 2-day wait Test turn-around <2 days Tracing: contacts notified <24 hours after case reported	Stretched Testing availability decreasing, >2-day book Test turn-around: increasing; >3 days Tracing: contact notification delayed over 24 hours	Insufficient Testing availability >3 days book Test turn-around: >5 days Tracing: contact notification delayed over 36 hours or unable to complete on most cases	Exceeded Testing: >5 days book Test turn-around: >10 days Tracing: Contact notification delayed over 48 hours or unable to complete
Healthcare System Capacity	Sufficient	Increased	Strained	Surge
Tertiary metrics considered	Hospital capacity sufficient New daily hospitalizations	Hospital capacity decreasing Increasing new hospitalizations per	Hospitals near capacity Increasing new hospitalizations per	Hospitals at or on diversion Increasing new hospitalizations per
Source of data: ISDH/Regenstriel for District 5; EMResource District 5 (non-public)	decreasing or flat per 100,000 for 7-day rolling average	100,000 on 7-day rolling average	100,000 on 7-day rolling average	100,000 increasing on 7-day day rolling average

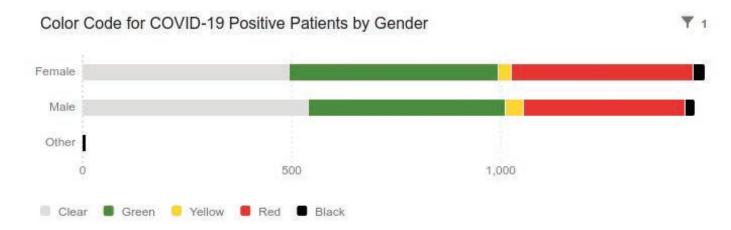
COVID-19 School Mitigation and Activity

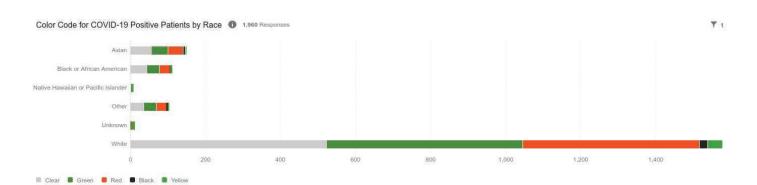
Risk Level	Level 1 Low Risk	Level 2 Moderate Risk	Level 3 Significant Risk	Level 4 Severe Risk
School Assessment Considerations Can be considered by grade, school or district or other unit (ie, wing of school) Schools may have additional measures to consider	Community Risk Level 1 per Fishers Health Department No active cases in school or activity in past 2 weeks Staffing levels sufficient	Risk level 2 per FHD - Active cases in school or activity sporadic - Able to identify close contacts with little difficulty - Staffing levels stretched	Risk level 3 per FHD Difficulty managing contacts and/or quarantines Teaching/bussing options severely limited due to staffing Unable to meet 5 Core Requirements of FHD	Risk level 4 per FHD Multiple classes quarantining Schools over capacity to manage in/out of quarantining students Unable to staff in-person option at lowest level Unable to meet 5 Core Requirements
School Mitigation Measures All levels assume any current public health or executive orders are being followed	Distancing where able Masks per public health orders Increased sanitation protocols Assigned seats in class/ on bus Cohorting at lunch, recess, and with shared supplies So% capacity in gyms, weight rooms, sporting areas Strict COVID reporting requirements for staff/students Bus windows open when able	All level 1 measures PLUS: Masks per public health orders Cohorting of all classes Staggered passing periods Increased cleaning/ventilation Outdoor gym, sports, music, or 10 ft distancing maintained Encourage car riders and increased spacing on bus	All level 1 and 2 measures PLUS: Follow FHD school guidance 2+ cases in class or activity – whole group quarantines Schools may need to dismiss classes, grades, wings, or entire schools for limited periods of time depending on school assessment	All level 1, 2 & 3 PLUS Follow FHD school guidance FHD to perform environmental checks 1+ case in class-whole class quarantines Schools may need to dismiss classes, grades, wings, or entire schools for limited periods of time depending on school assessment
School Activity Recommendations All levels assume any current public health or executive orders are being followed	Virtual option offered All schools may open fully Extracurricular events per IHSAA/IDDE/ISDH guidelines Limited field trips Strong response plan in place with clearly defined reporting and contact tracing process	Virtual option offered Elementary schools may open Middle/high-school students hybrid (50-50) unless strictly cohorted (stay with same classroom all day) Students with compelling needs may attend in-person at all grade levels	Virtual option offered/encouraged Elementary schools may be open Middle/high-schools may be hybrid (50-50) unless strictly cohorted (stay with same classroom all day) Students with compelling needs may attend in-person at all grade levels	Follow public health orders Virtual option encouraged No extracurriculars Prepare school community for potential quarantines and temporary closure of school Students with compelling needs may attend in-person at all grade levels

INTERNAL TESTING SITE DASHBOARD EXAMPLE DATA

APPENDIX B



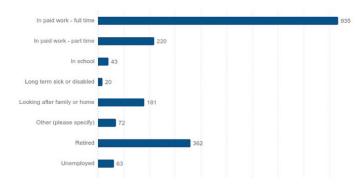




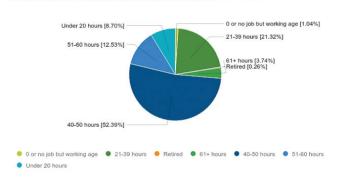
COMMUNITY WELLBEING SURVEY EXAMPLE RESULTS

APPENDIX C

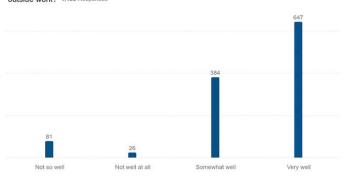




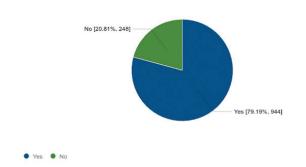
How many hours do you normally work per week in your main job or jobs, including any paid or unpaid overtime? If you do not have a job, please put*0". 1,149 Responses



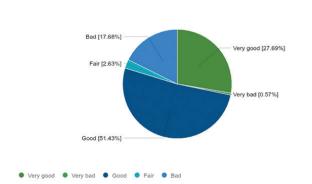
In general, how well do your working hours fit in with your family or social commitments outside work? 1,138 Responses



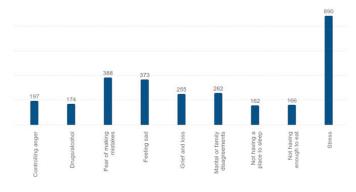
Do you think it is possible to balance all of your work, home, and community commitments?



How is your health in general? Would you say that it is.... 1,748 Responses



Which of the following makes it difficult to succeed in life? 2,632 Responses



COUNTY TAX RATES

APPENDIX D

COUNTY	TAX RATE (\$)	POPULATION
ADAMS	0.0192	35,367
ALLEN	0.0179	372,575
BARTHOLOMEW	0.0260	82,481
BENTON	0.0058	8,677
BLACKFORD	0.0451	12,013
BOONE	0.0111	65,544
BROWN	0.0360	15,064
CARROLL	0.0218	20,074
CASS	0.0111	37,880
CLARK	0.0239	116,507
CLAY	0.0034	26,234
CLINTON	0.0185	32,273
CRAWFORD	0.0680	10,569
DAVIESS	0.0312	33,120
DEARBORN	0.0215	49,479
DECATUR	0.0234	26,562
DEKALB	0.0159	42,927
DELAWARE	0.0132	115,020
DUBOIS	0.0132	42,543
EAST CHICAGO (city)	2.0796*	27,557
ELKHART	0.0258	204,558
FAYETTE	0.0211	23,194
FISHERS (city)	0.0100	99,116
FLOYD	0.0166	77,320

COUNTY	TAX RATE (\$)	POPULATION
FOUNTAIN	0.0300	16,430
FRANKLIN	0.0181	22,774
FULTON	0.0254	20,096
GARY (city)	4.1742*	74,879
GIBSON	0.0140	33,656
GRANT	0.0198	66,452
GREENE	0.0214	32,159
HAMILTON	0.0133	323,117
HANCOCK	0.0088	75,164
HARRISON	0.0401	39,940
HENDRICKS	0.0145	163,799
HENRY	0.0277	48,255
HOWARD	0.0252	82,331
HUNTINGTON	0.0109	36,359
JACKSON	0.0164	44,025
JASPER	0.0143	33,447
JAY	0.0247	20,840
JEFFERSON	0.0151	32,201
JENNINGS	0.0250	27,710
JOHNSON	0.0097	153,716
KNOX	0.0124	37,065
KOSCIUSKO	0.0139	79,035
LAGRANGE	0.0124	39,193
LAKE	0.0056	485,707

COUNTY	TAX RATE (\$)	POPULATION
LAPORTE	0.0305	485,707
LAWRENCE	0.0218	110,154
MADISON	0.0286	45,548
MARION	0.0206	129,455
MARSHALL	0.0129	951,869
MARTIN	0.0130	46,461
MIAMI	0.0279	10,212
MONROE	0.0064	35,815
MONTGOMERY	0.0191	146,461
MORGAN	0.0098	38,287
NEWTON	0.0148	13,992
NOBLE	0.0153	47,506
OHIO	0.0434	5,874
ORANGE	0.0151	19,545
OWEN	0.0070	20,835
PARKE	0.0012	16,946
PERRY	0.0405	19,102
PIKE	0.0401	12,378
PORTER	0.0143	168,636
POSEY	0.0154	25,560
PULASKI	0.0095	12,559
PUTNAM	0.0257	37,384
RANDOLPH	0.0253	24,926
RIPLEY	0.0168	28,391

TAX RATE (\$)	POPULATION
0.0294	16,641
0.0198	270,216
0.0363	23,759
0.0199	44,438
0.0179	20,447
0.0113	22,952
0.0102	34,453
0.0227	20,730
0.0427	10,685
	191,553
0.0148	15,162
0.0283	7,113
0.0406	181,291
0.0161	15,539
0.0485	107,459
0.0150	31,389
0.0000	8,237
0.0146	62,280
0.0432	27,848
0.0000	66,342
0.0057	28,011
0.0069	24,149
0.0359	33,730
	0.0294 0.0198 0.0363 0.0199 0.0179 0.0113 0.0102 0.0227 0.0427 0.0148 0.0283 0.0406 0.0161 0.0485 0.0150 0.0000 0.0146 0.0432 0.0000 0.0057 0.0069

*Health Department operations funded through General Fund



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