

# The Local Council of Women

## President's Message

We are concluding another great year for LCW. The Board and I want to thank all of you who have supported us and our programming this year and we look forward to another good year in 2019.

We had great quarterly programming this year and excellent attendance at each of the programs, too. I want to thank all of our presenters for helping us bring such exceptional programs to our members. In April, Jon Barada spoke to us about the new mission of the Bloomington Health Foundation. In July, we had a presentation on the Nurse-Family Partnership program from Amy Meek, and in September, Dr. Lee McKinley spoke about Population Health. Brian Shockney, President of the South Central Region, also provided us with updates on the direction of the hospital and new Regional Academic Center.



This was our first year working with the South-Central Regional Board. We also have been working with the Community Health Committee on ideas for how best to employ grants received from IU Health for the needs in our community. We sent a survey to our members about how to use the funds received from IU Health, and received many responses. We have discussed those results with the Community Health Committee so that we may all work together to make a difference in the community while avoiding duplication of our efforts. We want to thank our members who participated in the survey. Your input and interest are very much appreciated.

**Our annual meeting will be held in Ivy Tech's Lamkin Hall again this year, at 6:00 pm on November 28.** The centerpiece of the evening will be the awarding of our academic scholarships. We are proud each year to award several academic scholarships, including our Cecilia Wahl Scholarship, to local students entering healthcare fields in our area. We also want to thank the Bloomington Health Foundation for its generous contribution and partnership in helping us provide these substantial scholarships. Sally Hegeman, our Treasurer, has led our committee on scholarships and we thank Sally for all the work she has done in helping select the winners. The winners will be announced at the Annual Meeting. We also will announce and nominate our three new board members for full terms, we will induct our new officers for the upcoming year, and we hope to talk about our plans for use and investment of the funds granted to LCW by IU Health.

Thank you again for your support of LCW. I hope to see you at the annual meeting.

**Ben Niehoff**

*President*

*Local Council of Women — Your Voice for Community Health Since 1897*



*The Local Council of Women*

## Save the Date

**Annual Meeting: Wednesday, November 28, 6:00 pm**

Lamkin Hall at Ivy Tech | 200 Daniels Way.

Please let Victoria McClary know if you can attend ([lcwbloomington@gmail.com](mailto:lcwbloomington@gmail.com)).

# LCW Board Welcomes Three New Members

In accordance with LCW's bylaws, three members have recently been appointed to fill empty slots on the LCW Board. A warm welcome, along with many thanks to them for agreeing to fill these positions!



Originally from Madison, Indiana, **Penny Caudill** graduated from Indiana State University in Terre Haute with a degree in Health Education/Health and Safety. After working for Planned Parenthood of Southern Indiana for 10 years, Penny joined the Monroe County Health Department (MCHD). She was a Disease Intervention Specialist there for 12 years, a Health Educator/Sanitarian for 4 years and for the past 10 years she has been the Administrator of the Department, which has as its mission "to protect, promote and improve the health of all people in Monroe County." Among the Department's responsibilities are birth and death certificates; food establishment permits, inspections and complaints; septic or campground permits, inspections and complaints; as well as swimming pools, lead, radon, mosquito monitoring and other environmental issues. Also under its aegis is the Monroe County Public Health Clinic and its many programs and services (see page 4 for a report about LCW's recent visit to the Clinic). In spite of Penny's busy schedule, she is active in the Ellettsville First United Methodist Church and is a member of the Ellettsville chapter of Tri Kappa. We are happy she is able to add serving on the LCW Board to her many other activities.



**Jenny Kinder** comes to LCW from 30-plus years in social services delivery. She notes that she is "passionate about community health care," and she believes that "active participation on a local level is the key to success." New to Bloomington, she was looking for an opportunity to contribute her skill base productively in her new community. Jenny began her career as a Service Coordinator in the Bureau of Developmental Disabilities Services in South Bend. In the same location, she was also an Investigator on the Critical Case Team for the Indiana Department of Child Services, a Diagnostic Social Worker and Parole Officer in the State Department of Correction, and the Service Manager for Partners in Opportunities. Her last position was in La Porte as Executive Director of ResCare Northwest Indiana, a company that offers services for people with intellectual and developmental disabilities, home care for seniors, and education, vocational training and job placement for people of all ages and skill levels. With her experience in government policy oversight and compliance, crisis management and negotiation diplomacy, and client advocacy, Jenny brings a lot of skills to the Board.



With a 22-year career in health care, **Elizabeth Thompson Rademacher** is currently Service Line Administrator with IU Health Southern Indiana Physicians, where she is responsible for the operational oversight of medical specialist offices. Previous positions she has held include Executive Director of Volunteers in Medicine of Monroe County, and Practice Administrator for Aegis Women's Healthcare. She has been certified in Practice Management since 2004 and is currently enrolled in a Master's program at the University of Evansville. Since 2014 she has served as a member of the Customer Advisory Board for the National Healthcareer Association. Elizabeth's leadership roles and community service activities have focused on facilitating overall access to healthcare and an improved lifestyle for persons in this area. She is a volunteer member of Bloomington's Playful City Team, of the ACHIEVE Board of Bloomington and Monroe County, and of the steering board of HealthLINC, a Bloomington non-profit that supports health information technology adoption, health information exchange, and the innovative use of information for improved health care outcomes. She is also a call-in volunteer for the Community Kitchen. We're glad Elizabeth was willing to make time to serve on the LCW Board, as well.

## LCW's September Membership Meeting

### Dr. McKinley Explains Population Health at September Member Meeting

Vanessa McClary opened LCW's September 26 member meeting by announcing two winners of door prizes that had been supplied by Kiwanis of South Central Indiana. Sophia Padgett was the recipient of a colorful Balloon Fest quilt, and Liz Feitl received an "opportunity clock," offering a reminder that the day ahead would be full of new opportunities. Vanessa also passed out a history of LCW that had been composed by former president and current board member Susan Wier. (See page 6 of this newsletter for Susan's account.)

The meeting offered much information. Mary Ann Valenta, Regional Director for Strategic Integration for IU Health Bloomington Hospital, presented an update on the construction of the new hospital. She reported that 15,000 cubic yards of soil have already been

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removed at the building site, some of which was given to IU to use for renovating areas of its golf course. Approximately 12,500 cubic yards of stone were also removed, with much of it being crushed and brought back to the site to support the foundation for the hospital. It will take 4,000 cement trucks to pour the base for the structure, and at the height of the construction activities, 400 workers will be on site, most of these representing local jobs. As many trees as possible will be retained in the landscaping, and many more will be added, to provide appealing scenery for patients to enjoy. Almost 1,800 parking spaces will be provided for staff and visitors, a big change from the situation at the current hospital location. For more information on the new hospital, go to [www.iuhealth.org/bloom-build](http://www.iuhealth.org/bloom-build).

Treasurer Sally Hegeman reported that LCW, in cooperation with the Bloomington Health Foundation, will again this year offer four scholarships of \$1,500 each, funded by the Foundation, as well as the \$2,500 Cecilia Wahl scholarship, funded by LCW member contributions. Winners will be announced at the Annual Meeting on November 28.

Jon Barada, President of the Bloomington Health Foundation, noted the organization was honored to be a part of the scholarship program and thanked Sally for her leadership in guiding the selection of the winners from the approximately 20 applications received each year. He gave an update on a recent meeting of the Community Health Committee, to which he is one of three liaisons appointed by LCW. Some of the topics covered in the meeting were programs concerning childhood obesity, smoking cessation, and support for HIV patients. The Committee is also working with school administrators to stress health education for students.



*Door prize winners at LCW's September 2018 membership meeting were, on the left, Liz Feitl and on the right Sophia Padgett.*

Dr. Lee McKinley, Fellow of the American College of Physicians, Clinical Professor of Medicare at the IU School of Medicine, and practitioner with IU Health Southern Indiana Physicians, explained that the term "population health" is used as a measure of the health or healthcare outcomes of a defined group of people, for example an insurance pool, the residents of a state or county, the employees of a business, or the members of a family. Dr. McKinley was kind enough to supply LCW with a copy of his Power Point presentation, which Victoria McClary forwarded to members (from the LCW address) in an email of October 6, 2018 entitled "Recaps, Upcoming Events, Dues." What follows is based on the information included there. Please see the Power Point for complete coverage of Dr. McKinley's remarks.

Assessing population health began in the 1600s, when city and county public health entities in England began reviewing as best they could mortality data for age, sex, and causes of death during a plague epidemic in London. More recently, because Medicare

has mandated that health systems "optimize" (i.e. reduce) reimbursement, control utilization of the systems, and match care to risk to improve system outcomes, individual providers are using data about the patients they treat to measure how effective their care has been and to target high-risk patients for focused care. Health outcomes that are measured include deaths, illness and hospitalization rates, rates of prenatal care, vaccination rates, surgical infections, blood pressure control, and missed days of work due to illness or work injuries, as well as availability of access to care. Insurers have also begun using this kind of information to make risk-based premium increases and to try to shift costs to hospitals, patients and employers, resulting in a "friction between profits and provision of care."

Dr. McKinley pointed out that although per capita healthcare spending in the U.S. is currently more than twice the average of similar spending in other developed countries, it is among the worst in some outcomes, including safety during childbirth, infant mortality, unmanaged diabetes, unmanaged asthma, and life expectancy. In an effort to improve this situation, the conventional focus in the U.S. on curing an already developed disease by providing unlimited access to experts, who each have to be paid, is shifting to the population health approach that focuses on prevention of disease by being team-based and encouraging "self-efficacy" of patients. The primary care provider is the team leader, who is joined by other healthcare professionals such as a medical assistant or nurse, a clinical pharmacist and a case manager in trying to anticipate illness and promote self-care and maintenance. This approach has proven to be more cost-effective and less wasteful.

Due to the availability of a wealth of data, the teams now have access to information regarding, for example, who might need a mammogram, colonoscopy or vaccine, and they can call patients who are at risk and engage them to address prevention. They can compare patients' outcomes with those of other providers, and their income is based on specialty, productivity, quality, patient satisfaction and computer utilization, not on how ill their patients are, hours worked, experience, or overhead. Outcomes that are measured are either a process of care or actual results, such as infections, prevention of disease, or return to work. Quality now includes provider compliance with certain population health goals, such as the percentage of patients having a mammogram or having controlled their blood pressure.

Because of the emphasis on outcomes, rather than on simply seeing patients, primary care doctors now have to jump through some hoops before sending a patient to a specialist or to the emergency room. It may be necessary to do basic testing first, including an MRI, CT scan, or even a biopsy, and sometimes the referral still may not be accepted.

The healthcare system now classifies people into groups, according to the state of their health. Those in the "Well" group have no illness and focus on prevention, making use of their access to healthcare mainly for checkups, immunizations, and other health maintenance offerings. For this group, following a healthy life style by incorporating into their lives 150 minutes of brisk exercise a week; five servings of fruit and vegetables, no more than one serving of alcohol, and 10 minutes of mindfulness or prayer a day; maintaining a body mass index (BMI) of less than 30; and abstaining from tobacco can result in a 78 per cent reduction in healthcare costs.

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Those in the “Chronic Diseases” group may suffer from one or two diseases, including diabetes, hypertension, asthma, depression, heart disease, eye disorders, obesity, chronic pain and COPD, and hence they need regular medical follow-ups. Important for patients in this group is medical literacy about their illnesses, and engagement with the care team to prevent or manage complications by controlling pain, preventing disability, and maintaining independence to improve quality of life and to prolong it.

Those with “Multiple Chronic Complex Diseases (MCCD)” generally may require the use of ambulances and the emergency room, high intensity medical care, and mental health treatment. The members of this group have more than five ongoing medical, behavioral, legal, financial and familial support issues, and have the highest risk for disability and mortality. One percent of those who are Medicare-insured come from this group; they consume more than 21 per cent of Medicare resources. Just five percent of the Medicare-insured consume 50 per cent of them.

Dr. McKinley recounted the case of a large Bloomington business that had 3000 employees, 151 of whom were in the MCCD group. He noted that “ignoring this group is not a financial, ethical, or practical answer.” Because these patients do not respond to episodic office care, symptom management, emergency room care or pills alone, a multidisciplinary treatment plan was developed for them, involving intensive outpatient care with a physician, a nurse navigator, and a behavioral health trainer. Putting the plan into action was expensive, but it still cost far less than standard care. Over three years it saved the employer \$7,000,000, and the employees’ perception of and actual health improved.

There are an estimated 5,000 MCCD individuals in Bloomington. Many if not most of them had “adverse childhood experiences” that led to social, emotional, and cognitive impairment and the adoption of health-risk behaviors, resulting in disease, disability, and social problems. Indiana leaves much room for the improvement of public health in the state overall—it ranks 41st in the nation, with Monroe County being 28th out of 92 counties; Greene County comes in at 71st. A 2015 IU Health/ Monroe County Community Health Needs Assessment noted that “poor social and economic factors lead to poor lifestyle choices, including drug abuse, poor diet, and lack of exercise.” Priorities it planned to work on included substance abuse, health equity and basic needs, obesity and chronic disease, mental health, and senior health. Addressing these priorities are IU Health, which has a Regional Population Health Management plan; Volunteers in Medicine in Bloomington; the Bloomington Health Foundation; Indiana University’s Grand Challenges program, which targets several specific health problems in Indiana, including addiction and childhood diseases; the Indiana State Board of Health, with grants to local healthcare entities; and the Local Council of Women with the \$500,000 grant it received from IU Health for regional health initiatives. There is still a lot of work to be done to improve population health in Monroe County and the south-central region of Indiana.

# LCW Visits IU Health Community Health and the County Public Health Clinic

On October 1, LCW members were invited to visit IU Health’s Community Health department which includes the **Monroe County Public Health Clinic**. We learned about the many services that are made available to residents of Monroe and other counties in the IU Health South Central Region.

The Monroe County Public Health Clinic, located in the unassuming building at 333 East Miller Drive in Bloomington, is the result of a collaboration between the Monroe County Health Department and IU Health Bloomington Hospital. It is a Vaccines for Children (VFC) provider, offering immunizations at no charge to children birth through 18 years of age who are uninsured, who are enrolled in Medicaid, who are Alaskan or Native American, or who have insurance that does not cover immunizations. The clinic also provides certain immunizations at no cost to adults who do not have coverage for them. The clinic will bill most major insurance companies for those children and adults with insurance.

Some of the Clinic’s services include:

- TB Skin Testing (Mondays and Wednesdays 9:00-11:00 am and Fridays 1:00-3:00 pm)
- Immunizations (Mondays and Fridays 8:00 am-4:00 pm by appointment; walk-ins welcome on Wednesdays from 8:00-11:30 am). The Clinic offers immunizations for all ages, including the new shingles vaccine, a two-dose series for adults 50 years and older
- Lead Screenings
- Community Well Screenings (for blood pressure, cholesterol and blood sugar)
- Communicable Disease Education

For more information regarding screenings and immunizations call (812) 353-3244.

IU Health’s Community Health department offers a number of other programs, as well. They serve anyone who is in need of what they offer, regardless of income level.

At the **Alzheimer’s Resource Service**, Alzheimer’s educator Dayna Thompson is available for questions about various issues related to dementia and memory loss and can help patients and caretakers navigate the resources and services available within the IU Health network and through other community agencies. To schedule an appointment, call 812-353-9299. Dayna also speaks to local groups and in nursing care facilities to help the community learn more about these diseases.

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A resource library provides extensive and easily understandable information on types of dementias and the progression of the disease, as well as caregiver-specific resources. Support groups are available for caregivers, and also for those with a diagnosis of mild to moderate Alzheimer's or other dementia. The latter group focuses on maintaining social connection and community engagement.

All services provided by the Alzheimer's Resource Service are free, thanks to private donations to the Bloomington Hospital Foundation (now the Bloomington Health Foundation). No referral from a physician is needed, nor is it necessary to live in Monroe County to take advantage of the program's services. Visit the Resource Service or contact it at 812-353-9299 for more information.

The **Coordinated School Health** department strives to integrate health education into school programs. It works with teachers and school staff, mainly at the elementary level, to teach students about learning to treat both themselves and others well and about good nutrition. One of the results is a large number of school gardens and meal preparation training for students. Sex education is included in the curriculums in the 8th and 10th grades. The office works with school administrators to learn which areas they would like to focus on.

A **Diabetes Education Office**, located at 727 West Hunter Street, serves clients newly diagnosed with diabetes, who are referred to the office by physicians. They receive 10 hours of diabetes health management training, with medical nutrition therapy for persons with kidney disorders also made available. A free diabetes prevention class is open to all, as is a free support group. The program is accredited through the American Association of Diabetes Educators (AADE).

**G.O.A.L** (Get On Board Active Living) offers a 12-week program for obese children and their families who are on Medicaid or have no insurance. It aims to encourage healthy lifestyles for participants through education and activity. They are taught the components of a nutritional diet: a wealth of whole grains builds the base, with the next level comprised of fruits and vegetables; after that come dairy products and protein, while in the – smaller – “attic” are processed foods and sweets, to be eaten only occasionally. The G.O.A.L dietitian offers nutrition counseling, and a recipe book has been developed for families, with multiple copies having been distributed to physicians who wish to give them out to patients. Physical activity is also emphasized. [Ed. note: see the winter 2014 issue of the LCW newsletter for more extensive information on the G.O.A.L. program.]



The **Nurse-Family Partnership**, which was introduced in January 2018, currently serves 55 expectant mothers in Monroe, Lawrence, Greene, Orange and Owen counties. Twelve babies have already been born since the program's inception at the

beginning of the year, one of them to a 13-year old. The program holds “baby showers” to provide educational information, for example on community resources and educational opportunities. [Ed. note: see the summer 2018 issue of the LCW newsletter for further information on the Nurse-Family Partnership.]

**Positive Link** provides comprehensive prevention and holistic social services for those impacted by HIV, including testing, short-term individualized risk reduction planning, linkage to care, and outreach education for community groups. It coordinates care with a focus on increasing health and wellness, and assists with obtaining and understanding medical insurance. It can provide housing advocacy and emergency financial assistance. The Positive Link Health Clinic offers primary medical care for those living with HIV. It also can administer the test for Hepatitis C, and in 2017 tested about 1700 people. With Dr. Tom Hrisomalos being the only infectious care doctor for many counties, the clinic is able to take some of the burden from him.



The **Safe Sleep Site** aims to prevent SIDS (Sudden Infant Death Syndrome). It offers a safe sleep class on Wednesdays at 2:00 pm that is open to all interested persons, especially pregnant mothers (in at least their 8th month), but also baby sitters, grandparents, and friends. The class stresses that co-sleeping is not safe; the baby needs to sleep alone, on its back, in a crib. If the infant sleeps on its stomach or a side, the risk of SIDS is greatly increased. The design of the crib is also important: it must pass the “soda can test,” i.e. if it is possible to pass a soda can between the slats of a crib, it is not safe. The Clinic distributes at least 3 to 4 safe portable cribs a week to low-income families.



The **Tobacco Prevention Office** has several programs for those who wish to stop using tobacco: “Baby and Me Tobacco Free” is a program for pregnant women, with free sessions by appointment at the Clinic. Those who quit using tobacco can earn vouchers for diapers and baby wipes. “Teens Beat Tobacco” is a two-class series in which teens receive tobacco awareness and education, cessation resources, learn the risks of tobacco, and have a chance to ask questions. The free classes are held on the third Tuesday of each month from 4:00-5:30 pm at the Clinic, and any teen is welcome. “Beat Tobacco” is a tobacco cessation program designed to educate and support those who have resolved to be tobacco-free. The program offers different methods for different people, with guidance and support from trained IU Health

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Community Health tobacco educators. For more information about the program, call 812-353-5811. To register, call 888-868-2133. There is no fee for the program.

**WIC** serves infants and children up to the age of five years and their mothers, promoting good nutrition and breast-feeding in Monroe and Greene counties. It has succeeded in demonstrating the highest breast-feeding rates in the state in these two counties.

The **Youth Safety Program** runs the Safety Store at 651 South Clarizz Boulevard in Bloomington, offering low-cost child and adult safety items. Open on Monday and Wednesday from 9 am to 6 pm, and on Friday from 9 am to 1 pm, it is funded by IU Health. The program also offers child safety seat inspections to ensure that children will be safe when riding in cars. For more information or to make an appointment for an inspection, call Cara Wickens at 812-353-5252. *[Ed. note: see the spring 2016 issue of the LCW newsletter for more information on the Safety Store.]*

At the end of LCW's visit, former president Vanessa McClary thanked Carol Weiss-Kennedy, who had guided the group through the Clinic, and announced that Kiwanis of South Central Indiana would donate a "Little Free Library" to it. Thanks go to all who made the visit so fascinating for LCW attendees. They came away agreeing with LCW Treasurer Sally Hegeman, who opined that it was "one of the best-kept secrets in Bloomington."

## Susan Wier's History of LCW

*Ed. note: At the request of the Monroe County Historical Society, which collected stories of importance for the history of the county in preparation for celebrations of its bicentennial, former LCW president Susan Wier related the following account. Many thanks to Susan for allowing the LCW newsletter to reproduce it here for members.*

Hello, my name is Susan Wier and this is my Monroe County Story regarding the Local Council of Women

In 1897, members of nine different women's clubs in Bloomington came together to collectively promote work in the community's interest. This small group of representatives eventually formed what we know today as the Local Council of Women (LCW).

During the group's October 1904 meeting a city hospital was proposed, just a day after a tragic accident in which a young man's legs were mangled by a passing train and all efforts by three local physicians to save his life were unsuccessful. A property on South Rogers Street was chosen for the site of the new hospital, and LCW undertook solicitations for funds to purchase the 4 ½ acres of land at a cost of \$6,000. By February 1906 the first hospital, in the old red brick house on the property, was under way.

The Council members soon set their sights on a larger hospital and started accumulating a building fund. In April 1917, plans for a new hospital were announced, and not much later the foundation was laid. The limestone building cost \$27,900 and held 35 beds; the old red brick house was turned into a nurses' home.

LCW has chartered many ancillary organizations since then to support healthcare in the community:

- 1961 – The Hospital Auxiliary provided an effective base of volunteers to help with hospital operations and served as a source of generous monetary gifts to the Hospital.
- 1967 – Bloomington Hospital Foundation (now the Bloomington Health Foundation) centralized the work of fund-raising.
- 1973 – Meals on Wheels provided nutritious meals to homebound patients.
- 1977 – Bloomington Convalescent Center became an LCW entity.
- 1980 – Hospice of Bloomington and Greene County began supporting people in the end stage of their lives.

By 1977, a plan was under way for an expansion that would bring the Hospital to well over 300 beds and remodel numerous operating functions. It was financed by a \$37,500,000 bond issue.

In 1987, LCW deeded the hospital properties to Bloomington Hospital. The incorporation documents required that Bloomington Hospital had to obtain LCW approval to sell more than five percent of its assets in any given year. LCW also retained the responsibility to appoint six members to the Hospital Board.

I had the honor of being LCW President when a merger proposal was made by the Clarion Health system of hospitals. In February 2008, the membership voted to allow Bloomington Hospital to change its by-laws to enable a merger with Clarion. This was a highly controversial change. The LCW membership grew from 110 to over 1,200 in just a few weeks. Both sides of the proposal were so hotly entrenched in their feelings that an armed security guard was posted at the voting meeting held at the Bloomington Convention Center. The vote was close, but the majority voted to merge. This vote was contested, and there was a petition for a re-vote. A second membership meeting was held, where the vote remained the same—in favor of a merger with Clarion. This was the most overwhelming period for the LCW Board

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in decades. LCW retained its power to approve future by-laws changes for Bloomington Hospital and the right to appoint 6 of the hospital board members.

Clarion, renamed IU Health, requested permission in January 2018 to dissolve the Bloomington Hospital board of directors and to form a regional board that includes community representatives from Bloomington, Bedford, Paoli, and Martinsville. The LCW membership approved the dissolution. LCW was given a seat on the regional board as well as an Ad Hoc position, and three seats on the newly created Community Health Committee, which received \$250,000 to advance community health initiatives. LCW itself was given \$500,000 to help promote community health projects.

It is apparent that change is consistent for LCW; and adjustments and developments as a result of the demands have been challenging. Today LCW remains the link between the community and the health care entity it helped to create, Bloomington Hospital. Combining tradition with innovative thought, LCW works with Bloomington Hospital to bring the best possible health care to our community

**Susan D. Wier**

Local Council of Women

# LCW Financial Report

JULY 1 - SEPTEMBER 30, 2018

## July 1-31, 2018

### OLD NATIONAL BANK

CPC as of June 30, 2018 ..... \$5,748.55  
 BS as of June 30, 2018 ..... \$1,126.20  
**Combined CPC and BS June 30, 2018 ..... \$6,874.75**

### CPC July 1-31, 2018

Deposits ..... \$110.00  
 Withdrawals\* ..... \$000.00  
**Statement balance July 31, 2018 ..... \$5,858.55**

### BS July 1, 2018 ..... \$1,126.20

Interest: July 31, 2018 ..... \$0.00  
**Statement Balance July 31, 2018 ..... \$1,126.20**  
**Total CPC and BS July 31, 2018 ..... \$6,984.75**

## August 1-31, 2018

### CPC August 1-31, 2018 ..... \$5,858.55

Deposits ..... \$25.00  
 Withdrawals\* ..... \$856.77  
**Statement Balance August 31, 2018 ..... \$5,026.78**  
*\*Cincinnati Ins (\$675), VIM (\$35), Meeting lunch (\$146.77)*

### BS July 31, 2018 ..... \$1,126.20

Interest August 31, 2018 ..... \$00.00  
**Statement Balance August 31, 2018 ..... \$1,126.20**  
**Total CPC and BS August 31, 2018 ..... \$6,152.98**

## VANGUARD

Balance 3/31/2018 ..... \$18,224.51  
 Balance 6/30/2018 ..... \$18,285.35\*  
*\*Based on share price of \$10.23 /share (shares owned: 1,787,424)*

## September 1- 30, 2018

### CPC September 1-30, 2018

Deposits ..... \$0.00  
 Withdrawals ..... \$798.70\*  
**Statement balance September 30, 2018 ..... \$4,228.08**  
*\*Traveler's Ins \$668, meeting lunch \$130.70*

### BS September 30, 2018 ..... \$1,126.20

Interest: Sept 30, 2018 ..... \$0.03  
 Statement Balance July 31, 2018 ..... \$1,126.203  
**Total CPC and BS September 30, 2018 ..... \$5,364.31**

## VANGUARD

Balance 6/30/2018 ..... \$18,285.35  
 Balance 9/30/2018 ..... \$18,254.67\*  
*\*Based on share price of \$10.14 (shares owned 1,800.263)*

## LCW Board Members

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# *The* Local Council *of* Women

PO Box 1149  
Bloomington, IN 47402

# *The* Local Council *of* Women NEWSLETTER

Fall 2018 Issue

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