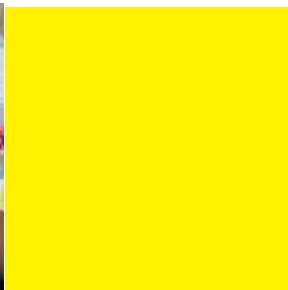


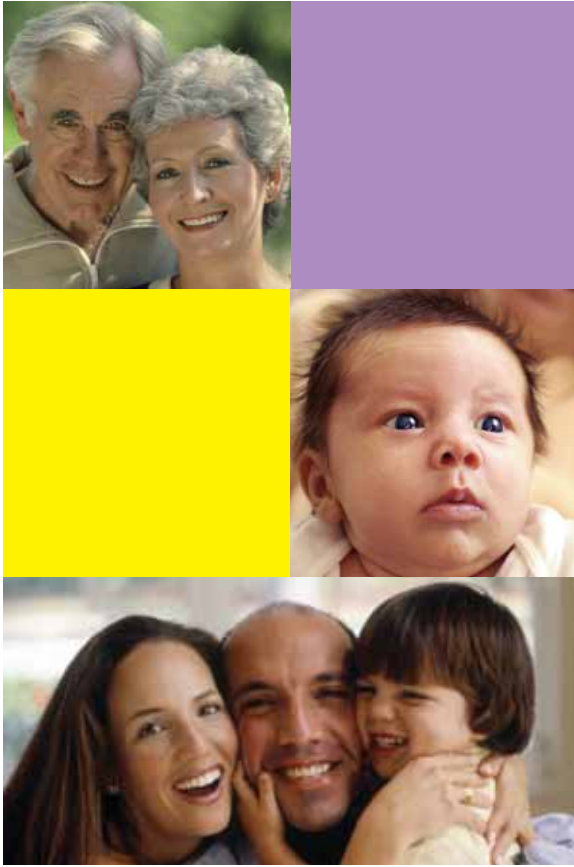
TEN

Essential Public Health Services



SOUTHEASTERN DISTRICT HEALTH DEPARTMENT ANNUAL REPORT 2008

Healthy People in Healthy Communities



“HEALTH CARE IS VITAL TO ALL OF US SOME OF THE TIME, BUT PUBLIC HEALTH IS VITAL TO ALL OF US ALL OF THE TIME.”

*C. Everett Koop, MD
Former US Surgeon General*



DIRECTOR'S MESSAGE

Your LOCAL HEALTH DEPARTMENT

The Southeastern District Health Department is pleased to present its fiscal year 2008 annual report. Our activities and services are presented in the format of the "Ten Essential Public Health Services," which were detailed in a report issued by the U.S. Public Health Service in 1994 outlining a framework for the development and evaluation of the work of local public health agencies. The report offers to our citizens an overview of what our local health district is doing, using the "Ten Essential Public Health Services" to provide public health services as effectively and efficiently as possible.

Our Vision: Healthy People in Healthy Communities, is where we would like to be throughout our eight county area. To reach this lofty vision, the primary focus of the Southeastern District Health Department has been preventive health services, and this is reflected in our Mission Statement: To prevent disease, disability, and premature death; to promote healthy lifestyles; and to protect and promote the health and quality of our environment.

The Southeastern District Health Department, one of seven Idaho public health districts, is governed by an eight-member Board of Health. Board members are appointed by the county commissioners from each of the counties comprising this health district (Bannock, Bear Lake, Bingham, Butte, Caribou, Franklin, Oneida, and Power). The Board is responsible for the

policy and operation of the District. As the Director, I am appointed by the Board of Health and responsible for the implementation of those programs and policies designated by the Board, and for the day-to-day operation of the district.

Chapter 4, Title 39, Idaho Code is the Public Health Districting Law (1970). The intent of the legislature in creating the seven public health districts was for public health services to be locally controlled and governed. The districts neither are state agencies or part of any state department; they are recognized much the same as other single purpose districts, and are accountable to their respective Boards of County Commissioners. The Law stipulates that the districts provide the basic health services of public health education, physical health, environmental health, and public health administration, but does not restrict the district solely to these categories. Therefore, our services are based upon local and state need with many being essential services provided throughout Idaho by all seven public health districts.

The Southeastern District Health Department is privileged to have very strong Board of Health leadership and highly professional and extremely competent staff. There is an office located in each of our eight counties, and for fiscal year 2008, we had a total staff of 105 people, comprising 97.48 FTP's (full time equiva-

lent personnel). The Southeastern District Health Department service area has a population of approximately 162,000 people, and covers 11,441 square miles.

In October of 2007, a decision was made to close the Home Health/Hospice division at the Southeastern District Health Department. This was a very difficult decision for the Board to make. In recent years, there has been a profusion of growth in the Home Health and Hospice industry here in SE Idaho, thus increasing our division's competition, even in the more remote areas of our district where historically we were the sole providers. This, coupled with new federal regulations looming on the horizon, caused the Board to reach its decision. The division had been an integral part of who we are since our inception; we lost many valued employees with whom we all worked for many, many years. We have missed and continue to miss our association with them very much.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Edward A. Marugg".

Edward A. Marugg, R.E.H.S.
District Director

GOAL ONE



MONITOR HEALTH STATUS

IMMUNIZATION PROGRAM

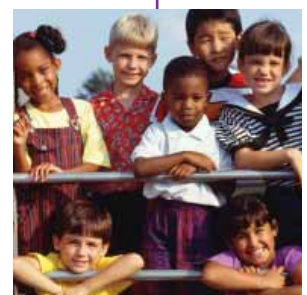
- The goal of SDHD's Immunization Program is to reduce vaccine preventable disease and increase immunization rates for all persons, with a major focus on children 0-24 months of age.
- Ongoing monitoring of the immunization rates of two-year old children allows SDHD to prevent many vaccine preventable diseases by targeting those groups that require outreach. During FY 08, the Immunization Program averaged a client immunization rate of 89% for toddlers 24-35 months of age. This rate is calculated using the Comprehensive Clinical Assessment Software Application (CoCASA) developed by the Centers for Disease Control and Prevention (CDC). A toddler is considered up-to-date if they have received four DTaP, three Polio, one MMR, three HIB, three Hepatitis B, and one Varicella prior to their second birthday. SDHD dispensed 11,883 vaccines to children and 6,151 vaccines to adults in FY 08.
- The SDHD Immunization Program participates in the Idaho Immunization Reminder Information System (IRIS). Records belonging to the clients of all ages that have given consent are sent to IRIS on a weekly basis. This allows other health departments, doctors' offices, schools,

and childcare facilities access to their records. Reminder cards are sent monthly to clients under three years of age to help parents remember when to return for more vaccinations. The Immunization Program is also responsible for the recruiting of new health care providers to participate in IRIS. Providing training to the newly recruited health care providers as well as the current health care providers and day care staff is another responsibility of SDHD's Immunization Program.

BMI PROJECT

- During the 2007-2008 contract period, the Physical Activity and Nutrition Program conducted a body mass index (BMI) project throughout Idaho. The main purpose of the BMI project was to gain baseline information through obtaining height and weight measurements of third grade students. The BMI data will allow the state to focus and target critical areas for education and intervention to control overweight and obesity to improve the health of Idaho's children and future adults.
In our district, the Physical Activity and Nutrition Program Coordinator weighed and measured 306 third grade students in Bingham, Bannock, and Caribou Counties. The collected data was submitted to the Idaho Department of Health & Welfare to be

analyzed. Once the data was calculated, it was found that, in Idaho, 12.8% of third grade students are overweight; 15.2% are at risk for being overweight; and 70.3 % are at a healthy weight. In our district, we found that 13.2% of third grade students are overweight, 17.3% are at risk for being overweight, and 68.2% are at a healthy weight.





GOAL TWO

DIAGNOSE & INVESTIGATE HEALTH PROBLEMS

FAMILY PLANNING/STD/AIDS PROGRAMS

- The Family Planning and STD/AIDS Programs provide reproductive health services which include testing, diagnosis, and treatment for chlamydia, gonorrhea, syphilis, and other sexually transmitted diseases (STDs). In addition to testing and education, counseling services are provided to clients who are at risk for STDs, or who are diagnosed with an STD. A total of 3,754 individual clients were served through Family Planning and 871 individuals were served through the STD/AIDS program. In addition to operating its own clinics, Family and Community Health (FACH) continued a Memorandum of Understanding with Health West, Inc. to provide reproductive health services to clinics in Pocatello and Aberdeen. The Aberdeen clinic has a Saturday clinic three to four times per year. A total of 77 clients were served by these clinics.

TUBERCULOSIS (TB) CONTROL PROGRAM

- The TB Program provides TB testing, a TB skin test and chest x-rays (for those who are unable to cover the cost of the x-ray), counseling, case management, and medications for TB. The number of clients seen and provided services has decreased from the previous fiscal year. A total of 58 clients received services in the TB clinic in FY 08. Of the 58 clients served in FY 08, one had active TB; the remaining 57 clients were diagnosed with latent TB. The referrals have continued to be mainly in Bannock, Bingham, and Power Counties; however, every county except for Oneida had at least one case of latent TB. Please note: latent TB is when a person is infected with mycobacterium Tuberculosis, but the infection is “dormant.” The person does not appear sick, and cannot spread the infection to others. Active TB disease occurs when the bacteria “wake up,” and cause a person to be sick (e.g., coughing, fatigue, fever, night sweats, weight loss, chest pain); a person with active disease can spread the infection to others by tiny droplets spread when coughing, talking, or singing.

A total of 3,754 individual clients were served through Family Planning and 871 individuals were served through the STD/AIDS program.



GOAL THREE

INFORM, EDUCATE & EMPOWER PEOPLE ABOUT HEALTH ISSUES

ENVIRONMENTAL HEALTH SERVICES

- In cooperation with Idaho STARS (State Training and Registry System), SDHD hosted a training event in February for childcare providers. Environmental Health staff provided information on the childcare inspection process, as well as on sanitizing and food safety issues.
- Environmental Health Services staff participated in three different Community Access Channel programs throughout the year. Michelle Moser, Environmental Health Specialist (EHS), participated on two programs about childcare inspections and Steve Pew, Environmental Health Director, participated in a panel discussion on West Nile Virus, specifically providing information about Abatement District formation in several counties.
- Abatement District information has been provided at various Local Emergency Planning Committee (LEPC) meetings in the district, at the bi-annual Infection Connection meeting, and a pamphlet was developed by SDHD personnel as an information source for voters. The pamphlet was designed so each county with an Interim Abatement District could put their county contact information in it and hand it out at fairs or other community events.

HIV PREVENTION PROGRAM

- SDHD provides information, education, and counseling on the prevention of HIV through a contract to fund HIV Prevention Interventions. Four of these interventions were held at the Bannock County Jail through a two hour class held twice a week for two weeks (34 participants); and two at the Four Directions Drug and Alcohol Treatment Center in Fort Hall through a one hour class held once per week for eight weeks (38 participants).
- Education and counseling were also provided to other inmates in Bannock County Jail, at Charley's Bar in Pocatello, at the Colonial Bar in Blackfoot, and to participants of the Genesis Project through SDHD's off-site HIV testing program. A total of 180 clients were served in FY 08 through this testing program.

AVON BREAST CARE PROGRAM

- This program provides funding for outreach/recruitment activities to increase the number of women in Southeastern Idaho receiving breast cancer screening services. The grant supports two part-time outreach workers, or Promotoras, from the Hispanic Health Project to recruit Hispanic women in Power County into breast cancer

screening services. SDHD staff conducts outreach and recruitment of women in the other seven counties. Recruited women are seen in Saturday clinics held in American Falls and Aberdeen. The grant pays for incentives and educational materials on breast cancer and funding for public education activities such as newspaper and radio ads.

HEALTH & SAFETY PROGRAM

- The purpose of this program is to provide an array of services, by a Registered Nurse, to at-risk families and children who are receiving services through the Department of Health & Welfare, Children & Family Services. The services are aimed at the identification and remediation of health and safety issues to assure that protective interventions are enhanced. Services are also focused on family preservation and support of reunification efforts. Beginning this year, referrals are accepted from the Infant & Toddler Program as well as Child Protection Service. During FY 08, the number of families that received services ranged from 26 to 41 per quarter. The services provided included environmental assessments and reviews; in-home weight checks; illness and injury assessments; review and interpretation of medical records; referrals to Infant/Toddler Program; and education on substance abuse, domestic violence, growth and development of infants and children, maturation, STDs, and birth control.

Continued on Page 8



GOAL THREE

Continued from Page 7

TOBACCO PREVENTION

- For the third year in a row, the Tobacco Prevention Program utilized the “Life Skills Training Program,” a research-based, best practice program in which high school students are trained to teach fourth, fifth, and sixth graders about why they should choose to be tobacco-free. Program topics include self-esteem, decision making skills, tobacco product information, industry advertising tactics, stress management, communication, social skills, and assertiveness. Life Skills was implemented at Holy Spirit Catholic School in Pocatello. Eight peer mentors conducted training sessions, and fifty-four elementary students participated in the Life Skills Training sessions.

GIRLS ON THE RUN

- The Southeastern District Health Department partnered with Pocatello/Chubbuck School District #25 to provide “Girls on the Run” as an after-school program to girls ages 8-14. The program, which was implemented in schools in Bannock, Power, Caribou, and Bingham counties this year, combines training for a 3.1 mile running event with self-esteem enhancing and uplifting workouts provided by trained female adult coaches. The program also promotes positive emotional, social, mental character and physical development, and has the expectation for their participants that they will exit the program with a stronger sense of identity, a greater acceptance of themselves, a healthier body image, and an understanding of what it means to be part of a team. To date, 275 girls have participated in Girls on the Run in southeastern Idaho.



To date, 275 girls have participated in Girls on the Run in southeastern Idaho.

GOAL FOUR



MOBILIZE COMMUNITY PARTNERSHIPS TO IDENTIFY & SOLVE HEALTH PROBLEMS

COMMUNICABLE DISEASE

- Each year, SDHD Epidemiologists meet with medical providers and their office personnel, jails, the Pocatello Women's Correctional Center, State Hospital South, and local hospitals. The purpose of these meetings are to provide partners with the current Idaho reportable disease list, review reporting requirements, and explain how the Health Insurance Portability and Accountability Act (HIPAA) applies in public health reporting situations. These meetings help to build relationships with local providers, and encourage timely reporting of illnesses.

TOBACCO CESSATION

- John Peterson, a Boise race car driver, was in Pocatello Friday, August 24 and Saturday, August 25, 2007, promoting the Southeastern District Health Department's tobacco cessation classes as well as Idaho Quitnet and Idaho Quitline. John, coupled with KORR 104, a local radio station, during live radio remotes at the Courtesy Ford Auto Dealership in Chubbuck on Friday from 4 p.m. – 6 p.m. and Saturday from 11 a.m. – 1 p.m. The remotes encouraged listeners to stop by and sign the Smoke-free 83 race car, register for raffle items, and take tobacco cessation information. John, a former tobacco user, was a fan of Nancy Caspersen's Quit and Live Tobacco Cessation program. Her class helped him quit his tobacco addiction. In John's second season of racing, he created the "Smoke-free 83 team." Since 2003, John's mission has been to encourage fans to try quitting just as he did, and to convince children to not experiment with tobacco. In 2004, John moved up to the Late Model Lite/Pro 4 class, which has allowed him to take his tobacco-free message across the state.

John Peterson, a Boise racecar driver, promoted the Southeastern District Health Department's tobacco cessation classes as well as Idaho Quitnet and Idaho Quitline.





GOAL FIVE

DEVELOP POLICIES & PLANS THAT SUPPORT INDIVIDUAL & COMMUNITY HEALTH EFFORTS

ENVIRONMENTAL HEALTH SERVICES

- ♦ In an effort to continue to collect groundwater data, Michelle Moser, EHS, monitors private wells that serve childcare facilities for Nitrite and Nitrate throughout the district. This information is then submitted to the Department of Environmental Quality on a quarterly basis for inclusion into the statewide groundwater monitoring database.
- ♦ A Joint Powers Agreement (JPA) has been signed between Bannock County and the Cities of Chubbuck and Pocatello to look at providing public sewer services to the north end of Bannock County. Ken Keller, EHS, continues to maintain a role and attend JPA meetings when they occur.
- ♦ Environmental Health staff had the opportunity to comment and attend technical meetings regarding the Bannock County Comprehensive Plan which is in the process of being adopted by the county.
- ♦ Bonnie Christensen, EHS, helped to coordinate a sewer task force committee in Bingham County. The committee consisted of the SDHD Environmental Health Division, Division of Environmental Quality (DEQ) staff, county commissioners, county planning and zoning members and staff. It was mostly an information sharing committee as well as educating members of the committee on what each agency does in regard to land review and what options may be available for the counties to use.

GOAL SIX



ENFORCE LAWS & REGULATIONS THAT PROTECT HEALTH & ENSURE SAFETY

ENVIRONMENTAL HEALTH SERVICES

- During FY 08 the Department of Health and Welfare conducted three Idaho Child Care Program audits. Each audit reviewed the previous quarter's activities. Two of the audits received a 100% compliance rating and one found minor deficiencies. Corrections to these minor deficiencies have been made for future audits.
- In the past, SDHD has either given a Certified Pool Operator (CPO) course or participated with other health districts on the course. The concern from the pool industry has been that the course is only given once a year and that makes it difficult for pools to get as many of their staff certified as CPOs as they have wanted to. In response to this, Mike Reas, Environmental Health Supervisor, developed an online CPO course that is very comprehensive and covers the rules as well as giving definitions and other helpful information. Anyone can read the online course and then go to any SDHD office to take the CPO exam. This course has had very positive reviews from the public and other health districts.
- In FY 08 the Environmental Health Division held 19 food safety and sanitation courses with 280 people in attendance. In addition, as part of the contract with the Indian Health Service, five classes were held in Fort Hall with 182 people in attendance. The total number of people attending the courses was down significantly from the previous fiscal year. This may be because so many were trained in FY 07, the training certificates are valid for five years, and there are other ways that individuals can demonstrate knowledge in food safety and sanitation under the current Idaho Food Code.
- Ken Keller, EHS, coordinated the annual septic installers' training class in February. The class covered a review of the rules, and a review of alternative systems. Sixty-five installers attended the training.
- In FY 08 the health districts requested that DEQ consider updating onsite sewer rules. One of the biggest issues in the rules deals with wastewater flows from homes. Under the current rules Idaho has the lowest flow estimates in the nation. As part of this request each health district was to conduct a flow study and share the information. In this district Brigitta Ruggiero, EHS, conducted the study and did a great job of obtaining the information from various sources. In general, the flows from homes are well above what the current rules require for drainfield sizing. It was interesting that when data from each of the seven health districts was compared, the data was very similar indicating that wastewater flows from around the state are the same.
- As part of the new proposed onsite wastewater rules, Environmental Health Staff participated in two negotiated rule making sessions and one public hearing on the rules.

GOAL SEVEN



LINK PEOPLE TO NEEDED PERSONAL HEALTH SERVICES

WOMEN'S HEALTH CHECK PROGRAM

- The purpose of the Women's Health Check (WHC) Program is to increase the number of breast and cervical cancer services for women by addressing barriers to screening. WHC staff utilizes recruitment activities to improve access to screening services for uninsured or under-insured women over the age of 50 who are financially deprived. In the past year, these activities have been very successful. The goal for FY 08 was for 540 women to be provided breast and cervical cancer screening services; 530 women received services. Funding from the AVON grant assisted in recruitment of women into WHC. SDHD not only served as the Local Coordinating Contractor, but also provided cervical cancer screening and clinical breast exams to some enrolled women.
- For FY 08, WHC provided, through community partners and its own clinics, 416 mammograms, 368 clinical breast exams, 57 diagnostic mammograms, 59 ultrasounds, 16 surgical consultations, four needle aspirations, 11 biopsies, 263 pelvic exams, 263 Pap smears, and seven colposcopies. A total of 182 women received their cervical screenings and clinical breast exams through SDHD clinics.

CHILD FIND PROGRAM

- Research has demonstrated that children learn most rapidly during the first three years of life. Due to this, it is imperative that children who have developmental delays are identified at the earliest possible age so that remedial services can be provided at the optimal time of life. Extra assistance at this time can make a difference in their lives. In fact, providing services at this age may reduce or eliminate the need for other costly services later in life. SDHD has a contract with the Department of Health and Welfare to provide Child Find activities for the Idaho Infant Toddler Program, which is supported by federal funding through legislation under the Individuals with Disabilities Act. The program identifies children with developmental delays in two ways: 1) developmental screening clinics held throughout the district, and 2) periodically mailing out of Ages and Stages Questionnaires for families to complete with their child in their home.
- Through Child Find, children ages birth to 36 months of age are screened for motor skills, cognitive skills, vision, hearing, speech/language skills, general health and health prevention, dental hygiene, and social emotional skills. During FY 08, 11 screening clinics were held throughout the district; 176 children were screened.

Computer files were maintained and monitoring questionnaires were mailed out every few months to 989 children living in southeastern Idaho. The results are then reviewed with the family either by phone or mail, and appropriate referrals are made for further developmental evaluation.

- Through screening clinics and monitoring questionnaires, a total of 133 referrals were made by SDHD for further evaluation of developmental skills. Of these 133 children, 87 have Individualized Family Service Plans and are receiving developmental services, representing 65% of children referred. Of the remaining 46 children referred, 28 children did not qualify for developmental services after receiving standardized evaluations, 14 families refused services, and four evaluations are pending. Of the 133 children referred for further evaluation, 50 (38%) of the children were identified by the monitoring questionnaires, 50 (38%) at the screening clinics, and 33 (24%) were referred because their parent, physician, or other health care worker called in.

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GOAL SEVEN

Continued from Page 12



SCHOOL HEALTH SERVICES

- During FY 08, SDHD provided contract services to 16 school districts and partial contract services for two school districts. A total of 4,890 students received vision screening with 1,029 referred for further evaluation. For musculoskeletal screening, 1,437 were seen with 55 referred for further evaluation. Maturation presentations were provided to 1,426 students with 229 parents attending. Teen sexuality presentations were provided to 277 students.
- Overall, presentations and screenings were provided by school nurses to over 66 separate schools.

PRENATAL ANCILLARY CARE (PAC) PROGRAM

- PAC provides educational services on pregnancy, labor and delivery, and infant care to pregnant women who are on Medicaid and are experiencing their first pregnancy or are at high-risk for complications of pregnancy, labor or delivery. The purpose of the program is to decrease the rate of premature deliveries, low birth weight infants, and complications of pregnancy. Also, PAC nurses make one or two home visits to the client's home, usually after delivery, to assess the mother's recovery from delivery, the infant's health status, and to provide any education related to infant care the mother may need. During FY 08, 574 pregnant women received services. A total of 1,644 visits were made by clients to the clinic and were seen by a PAC Nurse and WIC Nutritionist, if needed. Referrals are made to other agencies when needed.

RYAN WHITE II AND HOUSING OF PERSONS WITH AIDS (HOPWA)

- Both of these programs provide case management services to clients who have HIV or AIDS. The purpose of case management is to empower clients to be able to navigate the complicated health care and social services system in order to obtain the vital services they need. The HIV Case Manager finds resources for the clients and assists them in applying for the services. Ryan White II also provides transportation services for those who have difficulty in traveling to obtain the services they need, and covers the costs of some health services. HOPWA provides transportation plus assistance in paying for other health care services such as mental health services, lab tests, medications, etc., and assists in housing and utilities to prevent homelessness. The HIV Case Manager provided services to 32 clients during FY 08.

A total of 4,890 students received vision screening, with 1,029 referred for further evaluation.

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GOAL SEVEN

Continued from Page 13



ORAL HEALTH CARE

- Give Kids a Smile, a national event, was conducted locally in Pocatello during February 2008. This event targets children in families that are dentally uninsured or underinsured. Free dental services, both preventative and restorative, are provided by local dental professionals. For some families in the district, this is the only dental visit their children receive each year. This year, 122 children were seen and over \$35,000.00 of free services provided. Children from all counties in SE Idaho received these services; it was not limited to just children in Bannock County. Partnering in this event were the ISU Dental Hygiene Dept., ISU Dental Residency Program, SE Idaho Dental Society, Delta Dental, Caring Foundation of Regence Blue Shield, and volunteering area dental hygienists and dental assistants.
- The Promotora project in Bingham and Power Counties is a cooperative venture between SDHD, ISU's Department of Anthropology, and Key Bank of Idaho. Through this program, the Promotoras act as health care "gate-keepers" to the Hispanic communities in these two counties. They are well known and respected by the Hispanic population. The dental hygienist from SDHD partnered with them to provide dental education and oral care kits as they conducted their home visits. Also included in this partnership were oral assessments and fluoride varnishes for children attending the well child clinics set up by the Promotoras. During this fiscal year, over 200 oral health care kits were distributed to families, and 100 children in 40 families received dental screenings and assessments. Key Bank of Idaho provided the funding for this project.

ARTHRITIS FOUNDATION EXERCISE CLASS

- The Arthritis Foundation exercise program was implemented in Bannock County in 2006. The class, which is taught at the Bannock County office twice a week, is especially designed for people who have arthritis, since research has shown that exercising can reduce arthritis pain. Through the exercises which can be done standing or sitting, participants, over time, see improvement in their endurance, strength, and joint movement. However, the thing all participants note is a reduction in their arthritis pain and that they are able to continue to do the things they need and want to do. The class has seen much success in participants' physical and mental health abilities as well as growth of class size from three participants to 25 participants in the last two years.

ASTHMA

- In May 2008, Southeast Idaho Asthma Coalition members, Dr. David Parry, Pocatello Asthma and Allergy Specialist; Bill Andreason, Portneuf Respiratory Therapist; Steve Swope, Respiratory Therapist and Idaho State University Applied Technology Respiratory Therapy Instructor; and Idaho State University Respiratory Therapy Program students teamed up to conduct pulmonary function testing at the Pocatello Fred Meyer Pharmacy. Twenty-two people were screened and 18 of them were referred on to their family physician. Screening participants had their testing results analyzed and interpreted by a health care professional during this two-hour period.

TOBACCO CESSATION

- During FY 08, 280 participants received tobacco cessation services sponsored by the Southeastern District Health Department. Services were provided either through a four day community-wide tobacco cessation class taught by Boise instructor, Nancy Caspersen, RN; individual consultations through Portneuf's Tobacco Cessation Clinic; appointments through the Prenatal Ancillary Care Program (PAC) Tobacco Cessation Program instructed by SDHD Public Health Nurses; or Ending Nicotine Dependence youth classes instructed by Traci Lambson, SDHD's Tobacco Cessation Coordinator. Of the 280 participants, 245 of them were adults, 15 were pregnant women, and 20 were youth.

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GOAL SEVEN

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WOMEN, INFANTS, & CHILDREN (WIC) PROGRAM

- Through the WIC Program, SDHD staff monitors the health status of pregnant, breastfeeding and non-breastfeeding women, as well as infants and children under the age of five. In FY 08, there were 69,194 client contacts and 97.5% of the authorized case load received services. For the year, WIC served a total of 10,642 individual participants.
- High risk clients are monitored by a Registered Dietitian. These individuals include premature and underweight infants, infants and children with low iron stores, underweight or overweight children, and pregnant women with nutrition-related medical problems such as diabetes or pre-eclampsia. On average, 350 high-risk clients were served by dietitians on a monthly basis and nutrition education was individualized to their specific needs.
- Another priority of the WIC program is to encourage breastfeeding, the healthiest choice for both infants and mothers. On an average monthly basis, WIC had 426 breastfeeding moms on the program compared to 465 non-breastfeeding moms. WIC also offers a Peer Counseling Program designed to help first time mothers learn about breastfeeding. Participants receive education during pregnancy and support after delivery. The Peer Counselors are WIC moms with personal breastfeeding experience who have completed an extensive training course. The services are provided over the phone, at the WIC clinic, or at the individual's home. Sixteen clients saw a counselor one - two times, 75 had three - five visits, and 72 clients saw a peer counselor more than five times. Sixty-nine percent of women in an exit interview said the Peer Counseling Program impacted their decision to breastfeed. Forty-six percent chose to breastfeed for longer than three months. Families in the Peer Counseling Program are followed for only three months after the birth of their infant.



In FY 08, WIC served a total of 10,642 individual participants.



GOAL EIGHT

ASSURE A **COMPETENT WORKFORCE**

EPIDEMIOLOGY

- SDHD facilitates a conference twice each year called Infection Connection. This meeting is designed to provide updates on communicable disease issues and infection control, and is open to hospital, clinic, and correctional facility infection control staff. At these conferences, experts from SDHD and around the state present on issues ranging from Tuberculosis to West Nile virus immunizations to Methicillin-Resistant Staphylococcus Aureus (MRSA), and many more. These conferences have helped bridge potential disease reporting gaps with hospitals, physicians' offices, long-term care centers, Pocatello Womens Correctional Center, and jails. Evaluation data from the conferences has been overwhelmingly positive.

PUBLIC HEALTH PREPAREDNESS EXERCISES

- SDHD focuses on grant requirements for the Office of the Assistant Secretary for Preparedness and Response (ASPR, formerly HRSA) through various forms of exercises throughout the year.
- In March 2008, a full-scale exercise was held at Caribou Memorial Hospital to evaluate and update the overall emergency plan and create an evacuation plan. Caribou Memorial Hospital proved its ability to evacuate the hospital within 60-90 minutes to a near-by facility, requiring no additional transportation assets, instilling confidence in the staff, residents, patients, and community. Additionally, there is an updated emergency plan and evacuation plan for the hospital.
- Mass Casualty Disaster trailers are a regional resource that had not been previously exercised. This exercise proved that the request protocols work and the trailers can be at the incident site within about 30 minutes plus standard drive time.
- On July 1 – 31, 2008 PANdemonium was a month of exercises using pandemic flu as the scenario and was the culmination of a year-long exercise and training plan generated by CDC and ASPR grant requirements, with a focus on alternate care sites and mass fatalities in conjunction with pandemic flu. During this final two-weeks leading up to the exercise, public education was provided during a two-week blog exercise that portrayed the pandemic flu spreading from Southeast Asia to southeast Idaho in one of several expected manners.

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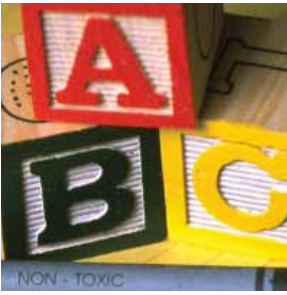
GOAL EIGHT

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- ♦ Alternate care sites were established in two of eight counties. Power County conducted a walk-through of the various alternate care site locations. Fort Hall conducted a table top exercise with the alternate care site staff to review their draft plan as written by the alternate care site leader. This was an outstanding first step in creating a foundation of alternate care site planning that provided a basic floor diagram of the alternate care site, basic supplies, and supply sources. Two counties that were scheduled to establish their alternate care sites could not because real-world events in the counties took priority over the exercise.
- ♦ The funerary industry in the district is confident that the proposed number of fatalities given a 2% death rate can be handled as “very busy but do-able” as long as the deaths are not concentrated over a few days.
- ♦ Communication capabilities can be highlighted as a success and as one of the greatest learning opportunities during the exercise. SDHD Net Control capabilities were significantly increased by this exercise. SDHD contacted all participating counties on HAM radio and the Idaho Secure Net, with the contact on Idaho Secure Net being the first use of those frequencies by SDHD. Harms Memorial’s Emergency Manager also made his first HAM radio contact. Franklin County had seventeen HAM radio operators check into the exercise network. SDHD realized its HAM radio was mis-programmed and had it fixed within 24 hours. Bannock County AARL assisted with communications on July 30, 2008. In addition, the Idaho National Guard Joint Incident Site Communications Capability (JISCC) provided additional support to the SDHD Emergency Operation Center (EOC) and was able to review how they would support the SDHD facility during a regional EOC event.

PANdemonium, a month of exercises using pandemic flu as the scenario, was the culmination of a year-long exercise and training plan generated with a focus on alternate care sites and mass fatalities in conjunction with pandemic flu.



GOALS NINE & TEN

EVALUATION & RESEARCH FOR NEW INSIGHTS & INNOVATIVE SOLUTIONS TO HEALTH PROBLEMS

- In some situations, evaluation forms the foundation for a research project; the tobacco cessation program evaluation is a prime example. Since the inception of the Millennium Fund Cessation Program, SDHD and the other six public health districts have contracted with Boise State University's Center for Health Policy (CHP) to conduct the evaluation component of the program. This decision was made because the CHP could assist the public health districts in standardizing the evaluation protocol statewide, and was a neutral party which assured unbiased reporting of results. To date, Boise State University (BSU) has conducted two- and six-month follow up with cessation program participants to determine quit status.

According to data from CHP, in FY 08, the Public Health District Cessation Program served 2,045 clients statewide. Of those, 1,423 (70%) completed a program; 744 (36%) quit using tobacco; and 854 (42%) reduced the number of cigarettes they were smoking. These services were provided in 27 of Idaho's 44 counties, and residents of 38 counties received services. Additionally, CHP noted in the FY 08 Evaluation Report that the four main objectives of the program had been accomplished as follows:

- Continued cessation programs in each district that fit standardized criteria for best practices developed by the American Cancer Society, Idaho Prenatal Smoking Cessation Program (IPSCP), the Centers for Disease Control and Prevention, the American Heart Association, and the American Lung Association.
- Conducted at least one tobacco cessation course in at least half of the counties served within the district boundaries.
- Conducted services designed for pregnant women and teens.
- Provided the independence for each health district to determine the program(s) they wanted to offer and to recruit instructors.

Over the long-term duration of the program, 3,568 clients have been interviewed at two months; 1,275 (35%) were tobacco free. Additionally, 2,544 were interviewed at six months, and 881 (35%) were still quit or had quit since the program end.

The public health districts will continue to contract with BSU's CHP to conduct objective evaluation of this initiative. Participants will continue to receive calls at two- and six-month follow-up upon completing the program to assess quit and/or reduced status. Doing so will help to contribute to the body of research regarding what are effective interventions for tobacco cessation.

BOARD OF HEALTH

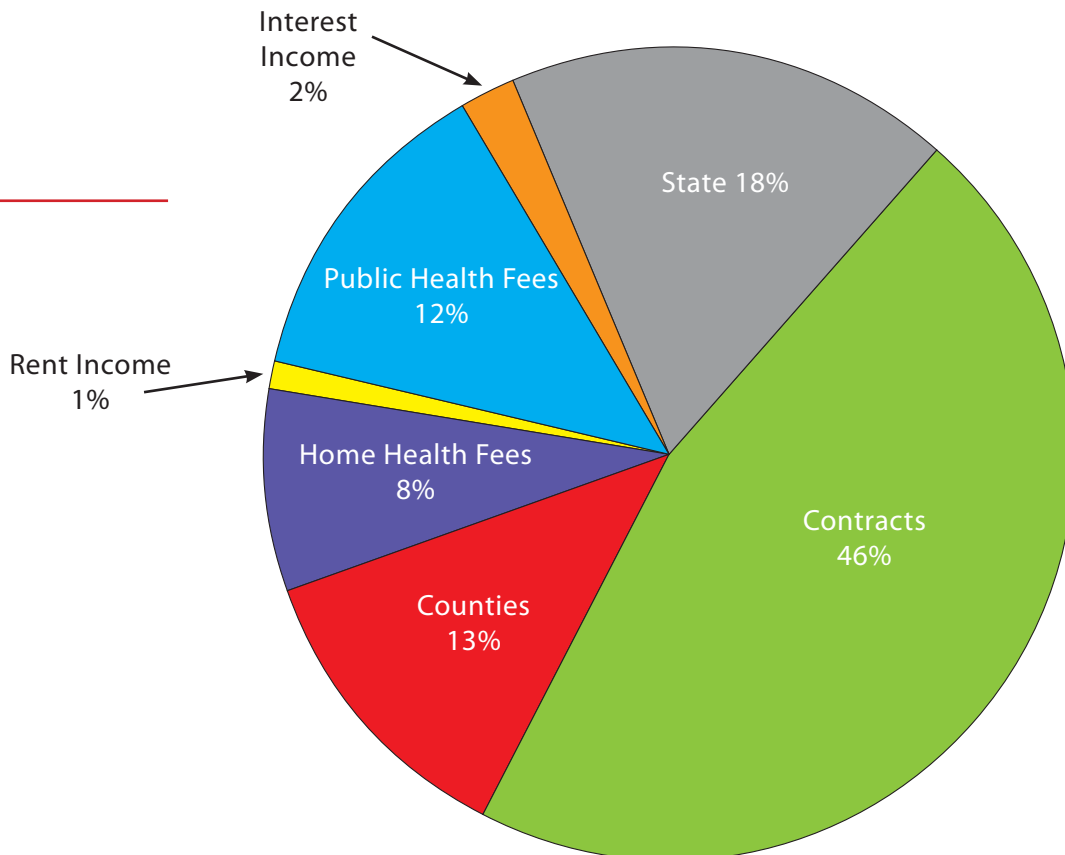


1. Carolyn Meline, Chair & Trustee
Bannock County
2. Keith Martindale, Vice-chair
Bear Lake County
3. Ken Estep
Power County
4. Steve Bastian
Franklin County

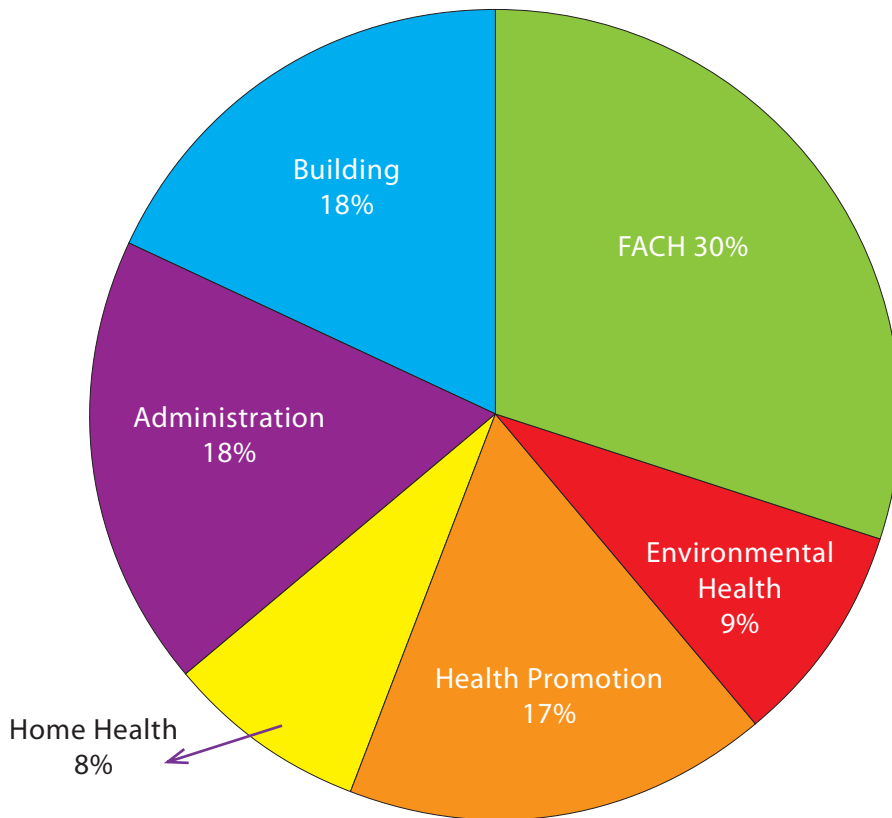
5. Wayne Brower
Bingham County
6. Susan Collins
Butte County
7. Jerry Bush
Oneida County
8. R. Douglas Hogan
Caribou County

FUNDING SOURCES

SOURCE	FY 2008		FY 2007		INCREASE
State	\$1,323,000	17.7%	\$1,275,200	16.2%	\$47,800
Contracts	3,465,795	46.3%	3,175,658	40.1%	290,137
Public Health Fees	861,409	11.5%	823,830	10.4%	37,579
Home Health Fees	628,262	8.4%	1,486,706	18.8%	(858,444)
Counties	973,714	13.0%	945,357	11.9%	28,357
Bannock	\$450,609				
Bear Lake	48,503				
Bingham	242,830				
Butte	17,733				
Caribou	55,971				
Franklin	70,490				
Oneida	26,704				
Power	60,874				
Rental Income	109,749	1.5%	0	0	109,749
Interest Income	123,448	1.6%	205,267	2.6%	(81,819)
Total	\$7,485,377	100%	\$7,912,018	100%	(\$426,641)



EXPENDITURES FY 2008



SOURCE	FY 2008	%	FY 2007	%	INCREASE
FACH	\$2,699,360	31.2	\$2,799,222	35.0	(\$99,862)
Environmental Health	745,673	8.6	713,939	8.9	31,734
Health Promotion	1,457,153	16.8	1,481,073	18.5	(23,920)
Home Health	652,591	7.5	1,540,128	19.3	(887,537)
Administration	1,567,214	18.1	1,450,503	18.2	116,711
Building	1,527,767	17.7	2,318	0.0	1,525,449
Total	\$8,649,758	100%	\$7,987,183	100%	662,575
Personnel	5,190,479	60.0	5,833,890	73.0	(643,411)
Operating	1,749,201	20.2	2,083,717	26.1	(334,516)
Capital Outlay	1,710,078	19.8	69,576	.9	1,640,502
Total	\$8,649,758	100%	\$7,987,183	100%	662,575

FY 2008 PROGRAM SERVICE EXPENDITURES

PUBLIC HEALTH CATEGORIES

Women, Infants & Children (WIC)	\$1,044,623
Public Health Preparedness (includes HRSA)	948,900
Immunization (includes IRIS)	855,675
Communicable Disease Control	670,608
Family Planning	625,102
On-site Sewage	345,285
Food Protection and Sanitation	243,198
Women's Health Check/Avon	141,536
Child Find/Health & Safety	122,839
Child Care	104,118
Cancer Control	103,590
Prenatal Care (PAC)	95,092
Oral Health	93,377
School Health	80,847
Tobacco Cessation (Millennium Fund)	70,080
Public Drinking Water	67,877
Injury Prevention/Highway Safety	64,185
Tobacco Prevention	58,025
Solid Waste	49,482
Land Development	39,926
Fitness	35,577
Diabetes	24,632
Arthritis	23,629
Asthma	16,693
Vital Statistics	14,882
Public Swimming Pools	11,964
Various Misc. Environment Programs	124,404
Other Programs (6)	236,130
Total Public Health	6,312,276
Total Home Health/Hospice	809,715
Bingham County Building Purchase	1,527,767
TOTAL EXPENDITURES	8,649,758

FAMILY & COMMUNITY HEALTH SERVICES

	Bannock	Bear Lake	Bingham	Butte	Caribou	Franklin	Oneida	Power	Total
Family Planning	10,970	1,413	2,953	477	949	839	453	1,741	19,795
Immunizations	8,603	4,056	5,082	1,741	3,379	6,492	1,847	932	32,132
Prenatal	1,146	64	266	7	71	124	26	97	1,801
Communicable Disease	963	48	246	16	15	28	17	28	1,361
Schools	5,559	0	9,667	753	2,138	796	2,329	2,925	24,167
Women's Health Check	649	8	28	2	15	14	6	36	758
CSHP	467	0	0	0	0	0	0	0	467
WIC	33,485	2,065	17,866	880	2,965	6,197	1,157	4,517	69,132
Child Find/ Infant Toddler	425	0	0	35	0	0	0	0	460
TB Services	370	1	207	5	24	9	0	65	681
EPSDT Services Coordination	163	0	0	0	0	0	0	0	163
TOTAL	62,800	7,655	36,315	3,916	9,556	14,499	5,835	10,341	150,917
WIC Food	1,762,759	92,772	1,079,456	38,538	144,642	316,099	53,168	225,841	3,713,275

ENVIRONMENTAL HEALTH SERVICES

	Bannock	Bear Lake	Bingham	Butte	Caribou	Franklin	Oneida	Power	Total
Food	2,387	177	1,117	100	571	507	169	112	5,140
Sewage	2,329	430	2,042	139	831	1,181	355	258	7,565
Child Care	1,669	12	293	9	29	41	18	57	2,128
Solid Waste	170	32	61	78	75	40	39	70	565
Recreation	257	6	16	0	11	17	6	0	313
Nuisance	163	2	10	0	1	3	0	0	179
Vector Control	202	9	13	0	118	36	3	5	386
Comm. Disease	298	8	7	0	5	6	2	0	326
Air Quality	123	0	0	0	18	6	1	1	149
Water	782	68	210	1	46	41	7	52	1,207
Land Development	189	42	280	1	44	162	32	53	803
Mortgage Surveys	50	0	92	0	5	5	0	3	155
Disaster Prep	271	7	6	0	19	9	2	4	318
Fort Hall Contract	4	0	0	0	0	0	0	0	4
TOTAL	8,894	793	4,147	328	1,773	2,054	634	615	19,238

HEALTH PROMOTION SERVICES

	Bannock	Bear Lake	Bingham	Butte	Caribou	Franklin	Oneida	Power	Total
Physical Activity & Nutrition	37,250	20	1,256	0	345	20	80	425	39,396
Comprehensive Cancer	140	2	10	1	3	2	3	7	168
Oral Health	1,926	545	5,168	195	553	3,742	1,244	589	13,962
Tobacco Prevention	4,816	0	815	50	85	50	135	150	6,101
Smoking Cessation	256	3	40	0	2	0	0	7	308
Injury Prevention	566	2	143	6	37	51	4	0	809
Diabetes	822	0	8	0	0	4	52	0	886
Arthritis	1,862	0	35	0	30	0	10	30	1,967
Asthma	705	104	85	0	85	4	85	100	1,168
Communicable Disease *	519	17	155	8	15	28	10	19	771
Public Health Preparedness	886	182	232	93	336	186	118	164	2,197
TOTAL	49,748	875	7,947	353	1,491	4,087	1,741	1,491	67,733

* Number of disease reports received per county



Bannock County Office

1901 Alvin Ricken Drive
Pocatello, ID 83201
(208) 233-9080

Bear Lake County Office

455 Washington Suite #2
Montpelier, ID 83254
(208) 847-3000

Bingham County Office

412 West Pacific
Blackfoot, ID 83221
(208) 785-2160

Butte County Office

178 Sunset, PO Box 806
Arco, ID 83213
(208) 527-3463

Caribou County Office

55 East 1st South
Soda Springs, ID 83276
(208) 547-4375

Franklin County Office

42 West First South
Preston, ID 83263
(208) 852-0478

Oneida County Office

175 South 300 East
Malad, ID 83252
(208) 766-4764

Power County Office

590 1/2 Gifford
American Falls, ID 83211
(208) 226-5096

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