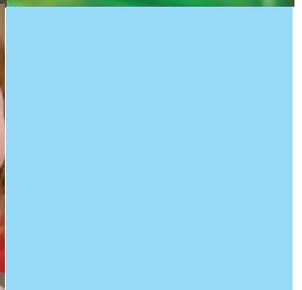


# TEN

Essential Public Health Services



## SOUTHEASTERN DISTRICT HEALTH DEPARTMENT ANNUAL REPORT 2009

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.”

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*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 2009 annual report, and for the first time, we are posting it on our website instead of printing out copies, in order to keep our costs at a minimum. 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, which outlines 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 health districts, is governed by an eight-member Board of Health 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 am responsible for the implementation of those programs and policies designated by the Board, and for the day-to-day operation.

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 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 2009, we had a total staff of 105 people, comprising 85.75 FTP's (full time equivalent personnel). The Southeastern District Health Department service area has a population of approximately 162,000 people, and covers 11,441 square miles.

At the end of FY2009, public health faced a new challenge: H1N1 Novel Influenza. It has become obvious that this virus will write a new chapter in public health as we move into FY2010. The Southeastern District Health Department takes great pride in saying that we are prepared for dealing with this situation.

In Fiscal Year 2009, the Southeastern District Health Department, as well as all State agencies, had to face budget cuts. Many people utilize the services we provide in public health. Facing budget cuts and eliminating staff and/or programs or services during a weakened economy is especially difficult, as it is during this time that many people tend to need our services even more.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Edward A. Marugg". The signature is fluid and cursive, with a large loop at the end.

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

# GOAL ONE



## MONITOR HEALTH STATUS

### IMMUNIZATION PROGRAM

- The goal of the SDHD 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. On-going 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 09, the Immunization Program averaged a client immunization rate of 83% 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 4 DTaP, 3 Polio, 1 MMR, 3 HIB, 3 Hepatitis B, and 1 Varicella prior to their 2nd birthday. Unfortunately, there has been a shortage of HIB, so many children have been delayed in receiving their third dose of the HIB vaccine. Our rate for those children who only have 2 HIBs is 93%. Idaho currently has the lowest rate (57.6%) in the nation for this series of immunizations. SDHD dispensed 11,398 vaccines to children and 6,198 vaccines to adults in FY 09.

- The SDHD Immunization Program participates in the Idaho Immuniza-

tion 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, doctor's offices, schools, and child day cares access to their records. Reminder cards are sent 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 into the IRIS program, as well as the current health care providers using IRIS, and day care staff on the IRIS program. The Immunization Program partners with several agencies to provide immunizations and education to areas in need. Education is provided at health fairs and immunizations are provided in many of the district's schools.

### WIC PROGRAM (WOMEN, INFANTS & CHILDREN)

- Through the WIC Program, SDHD staff monitors the health status of pregnant, breastfeeding, non-breastfeeding women; infants; and children under the age of five. In FY 09, there were 78,568 client contacts and 102.5% of our authorized case load received services. For the year, WIC served a total of 11,238 individual participants. Clients at high risk are monitored by Registered Dietitians. High-risk

clients include premature and underweight infants, infants and children with low iron stores, underweight or overweight children and those with nutrition-related medical problems such as diabetes or pre-eclampsia. On average, 388 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 481 breastfeeding moms on the program as well as 481 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 breast feeding experience, and they have completed an extensive training course. The services are provided over the phone, at the WIC clinic, or at the individual's home. One client saw a counselor 1-2 times, four had 3-5 visits, and 25 clients saw a peer counselor more than five (5) times. Seventy-six percent (76%) chose to breastfeed for longer than three months. It is recommended that moms breastfeed until the infant is at least one year of age. Families in the Peer Counseling Program are followed for only three months after the birth of their infant.



## GOAL TWO

### DIAGNOSE & INVESTIGATE HEALTH PROBLEMS

#### FAMILY PLANNING/STD/AIDS PROGRAMS

- The Family Planning and STD/AIDS Programs provide testing, diagnosis, and treatment for chlamydia, gonorrhea, syphilis, and other sexually transmitted diseases (STDs). Education and counseling services are also provided to clients who are at risk for STDs or who are diagnosed with a STD to prevent further spread of STDs. A total of 3,430 individual clients were served through Family Planning, and 940 individuals were served through the STD/AIDS program. Another 146 individuals were provided STD/HIV testing through the Alternate Site HIV Testing program. These Alternate Sites include Charley's Bar, Bannock County Jail, Four Directions Drug & Alcohol Treatment Program at Fort Hall, and the Colonial Inn in Blackfoot. A Memorandum of Understanding with Health West, Inc. to provide services was discontinued as of July 1, 2008, due to financial issues that they had in providing the services. Their Aberdeen clinic has continued to participate in the Saturday clinic three times per year. A total of 45 Hispanic women were served by this clinic. Eleven clients were served at Harms Family Clinic during the Saturday clinics. Family and Community Health (FACH) also participated in the Saturday clinics at SDHD's Power County Office and held three clinics with 35 women attending the clinic.

#### TUBERCULOSIS (TB) CONTROL PROGRAM

- The TB Program provides TB testing, including PPDs 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 increased slightly from the previous fiscal year. A total of 60 clients were seen in the TB Clinic in FY 2009 and received services, whereas in FY 08, 58 clients were seen. Of the 60 clients served in FY 09, one had Active TB and the remaining 59 clients were diagnosed with Latent TB. The referrals have continued to be mainly in Bannock, Bingham, and Power Counties, but Butte and Franklin Counties each had three clients during FY 09.
- During September and October, 2008, SDHD Epidemiologists investigated the largest outbreak of HIV (Human Immunodeficiency Virus) in Idaho's history. The first two cases were identified in mid-September, and through sensitive, thorough case investigations, 38 individuals were identified and underwent testing. In all, 11 new cases of HIV were identified. All HIV clients were referred to the local HIV clinic, Ryan White Services, and HIV case management.

During this outbreak, it was clear that the internet is a potentially explosive source of high-risk sexual contact for young people in southeastern Idaho. Prevention outreach efforts should take this into account, and utilize existing technology to reach high-risk populations.

Due to the intense workload generated by this outbreak, SDHD received assistance from Dr. Randy Nett, CDC EIS Officer assigned to Idaho, and Jared Bartschi, State HIV Epi Coordinator, for a week in October during the height of this outbreak.

# GOAL THREE



## INFORM, EDUCATE & EMPOWER PEOPLE ABOUT HEALTH ISSUES

### FAMILY & COMMUNITY HEALTH SERVICES

Provides one-on-one counseling and education through the following programs:

- ♦ **Family Planning and STD/AIDS Programs:** Provides education at high school and junior high schools, the local county jail, and community organizations and agencies. The HIV Prevention Program also provides education and information on a community-based level by participating in health fairs, and the annual National HIV Testing Day.
- ♦ **Prenatal Ancillary Care Program:** Provided counseling related to prenatal care issues and education on pregnancy, labor, and delivery. Empowered clients by teaching them how to navigate the health care system.
- ♦ **HIV Prevention Program:** SDHD also provided 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 for two hours, twice per week for two weeks, and two at the Four Directions Drug and Alcohol Treatment Center at Fort Hall through a one hour class held once per week for eight weeks. In FY 2009, 37 women incarcerated at the Bannock County Jail participated in the classes while 32 (men & women) participated at Four Directions Drug and Alcohol Treatment Center. Education and counseling was also provided

to other inmates in the Bannock County jail, at Charley's Bar in Pocatello, at the Colonial Bar in Blackfoot, and participants of the Genesis Project through SDHD's Off-Site HIV testing program. A total of 113 clients were served in FY 09 through this testing program. Information and education has also been distributed through two health fairs the program participated in as well as the National HIV Testing Day, in which 33 people received testing and counseling services. Paid advertisements were placed in each county in the local newspapers to provide information on the National HIV Testing Day, and where testing and counseling services were available.

- ♦ **Women's Health Check Program:** Provides education on the importance of obtaining breast and cervical cancer screenings at the recommended intervals. This is done through participating in health fairs, community presentations or events, and providing educational materials to physicians and/or clinics participating in the program.
- ♦ **Avon Breast Care 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 as well as SDHD staff doing outreach and recruitment of women in the other seven counties. The women they recruit are seen in the 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.

- ♦ **WIC:** Provides education and information on appropriate nutrition for infants, toddlers, children, pregnant, and breastfeeding mothers. This is done through clients attending classes or on a one-to-one basis.

### ENVIRONMENTAL HEALTH

- ♦ Jesse Anglesy, REHS, developed and recorded on the public access channel a course on onsite sewage disposal. The idea was to provide basic information to the general public on sewage disposal, disposal options, and to address the do's and don'ts of septic system operation.



## GOAL THREE

*Continued from Page 7*

### ENVIRONMENTAL HEALTH (CONTINUED)

- In participation with the central Department of Environmental Quality office; both Jesse Anglesy and Kevin Blanch developed and presented information at local source water protection workshops. The presentations were regarding the role that the District Health Departments have in regard to water quality. It was presented to the local communities and local governmental officials to enable them to make decisions to protect the communities drinking water supplies.
- Working with the local DEQ office in Pocatello, several EHS staff participated in local health fairs and offered nitrate testing of drinking water. The events were held in Pocatello, Soda Springs, and Preston, and a number of samples were brought to the booth for testing. Each homeowner that brought in a sample identified their home on a map, and the location was marked so that potential "hot spots" could be identified in the counties. Staff answered questions related to drinking water and other environmental issues.

### TOBACCO PREVENTION

- For the fourth year in a row, the Tobacco Prevention Program utilized the "Life Skills Training Program," a researched-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 information, advertising, stress management, communication, social skills, and assertiveness. Life Skills was implemented at Grace Lutheran School and Cre-Act Franciscan School in Pocatello. Thirteen peer mentors conducted training sessions and 80 elementary students went through the Life Skills Training sessions.

## GOAL FOUR



## MOBILIZE COMMUNITY PARTNERSHIPS TO IDENTIFY & SOLVE HEALTH PROBLEMS

### PUBLIC HEALTH PREPAREDNESS

- In March, SDHD coordinated a six-hour meeting with various organizations representing special populations to provide general preparedness measures within the health district jurisdiction. Time was allotted to hazard awareness, individual preparations, networking within break-out groups, and feedback concerning special concerns SDHD staff may not have considered. SDHD staff learned many different aspects of the special populations' culture and planning requirements.
- Each month, SDHD initiates a request for disaster trailers using one of the dispatch offices in the district's counties. That dispatch office follows the disaster trailer request protocols to request deployment of trailers from all other counties in the district. When the primary point of contact for each disaster trailer receives the request for deployment, he or she calls SDHD to inform them that they received the request.

### TOBACCO PREVENTION

- John Peterson, a Boise race car driver, was in town on Friday, July 11, 2008, from 7:00 p.m. to 9:00 p.m. John had his race car on display at ISU Davis Field as part of the American Cancer Society's Relay for Life festivities. On Saturday, July 12th, the race car was on display at Courtesy Ford from 11 a.m. – 1 p.m. Tobacco cessation services such as Idaho Quitline and Idaho Quitnet, as well as community classes offered through SDHD, were promoted during a KORR 104 live radio remote at both locations. Various community members came by to meet John, sign the hood of his race car, and learn about the benefits of being tobacco-free.

Peterson and his team have been dedicated to sharing information to help Idahoans prevent and quit tobacco habits. The concept began in 2002, when John, the team's founder, received an email at work for free tobacco cessation classes sponsored by the Idaho State Legislature's Millennium Fund, and offered through Idaho's public health districts.

- Tyler Bailey, a Boise race car driver, was in Pocatello Friday, June 26 and Saturday, June 27, 2009, promoting SDHD's tobacco cessation classes, as well as Idaho Quitnet and Idaho Quitline. Tyler, coupled with KORR 104, was visible at Courtesy Ford in Chubbuck. A live radio remote took place on Friday from 7 p.m. – 9 p.m. and Saturday from 9 a.m. – 12 p.m. Listeners were encouraged to come by to sign the Smoke-free 83 racecar and take tobacco cessation information promoting local tobacco cessation classes, Quitnet, and Quitline.



## GOAL FIVE

### DEVELOP POLICIES & PLANS THAT SUPPORT INDIVIDUAL & COMMUNITY HEALTH EFFORTS

#### ENVIRONMENTAL HEALTH

- Ken Keller, REHS, continues as a member of the North County Sewer Task Force. The task force is a collaborative effort between Bannock County, the cities of Chubbuck and Pocatello, DEQ, SDHD, and other interested parties with the ultimate goal of providing public sewer for the northern part of Bannock County. Recently, the task force has developed an ordinance relating to installation of septic tanks in that part of the county and addressing the progression of the municipal sewer to the area.
- Mike Reas, REHS, spent considerable time in reviewing the SDHD land development policies and procedures, and recently developed a updated land development report form. He received input from surveyors, engineers, political leaders, and the State of Idaho Engineering and Surveying Board in creating the document. The idea behind the document was to streamline the review process and take SDHD out of doing the field work and places them in a review capacity only. The document was presented to SDHD Board of Health on April 16, 2009, and the Land Development Policy was approved.

#### ASTHMA

- SDHD partnered with five schools in the district that agreed to implement the Clean Air Zone Idaho Program on their property. Participating Shelley schools include Donald J. Hobbs Middle School, Hazel Stuart Elementary, and Sunrise Elementary. Participating Pocatello schools include Pocatello Community Charter School and Cre-Act Franciscan School. Clean Air Zone Idaho is a statewide program aimed at reducing children's exposure to diesel exhaust by discouraging idling of buses and other vehicles. "Turn Off Your Engine" signs have been posted on the schools' premises.



## GOAL SIX



## ENFORCE LAWS & REGULATIONS THAT PROTECT HEALTH & ENSURE SAFETY

### ENVIRONMENTAL HEALTH

- SDHD presented a Onsite Sewer Installers course in February. Installers are required to take refresher courses every three years and EHS staff presented information from basic system requirements all the way to more complex system issues. Over 50 installers from the area attended.
- SDHD continues to provide courses in food safety and sanitation to the public. In FY09, staff taught 12 courses to 155 people in the District and two courses with 36 people attending on the Fort Hall Reservation. Idaho requires that each establishment have a person in charge at all hours of operation who is certified in food safety and sanitation; those who pass the course meet this requirement.

*A total of 14 Food Safety/  
Sanitation Courses were held  
in Southeast Idaho.*



## GOAL SEVEN

### LINK PEOPLE TO NEEDED PERSONAL HEALTH SERVICES

#### WOMEN'S HEALTH CHECK PROGRAM

- The purpose of the Women's Health Check Program is to increase the number of breast and cervical cancer services for women and to address the barriers to screening in order to decrease their morbidity and mortality rates and the associated costs, particularly for women with late stage diagnoses. WHC staff utilizes recruitment activities to improve access to screening services for uninsured or under-insured women over the age of 50 and who are financially deprived. In the past year, these activities have been very successful. The goal for FY 2009 was for 511 women to be provided breast and cervical cancer screening services, which was met. Funding from the AVON grant assisted in recruitment of women into WHC. SDHD not only serves as the Local Coordinating Contractor but also provides the cervical cancer screening and clinical breast exams to enrolled women. A total of 121 women received their cervical screenings and clinical breast exams through SDHD clinics. During the year a total of seven women unfortunately were diagnosed with breast cancer through the program and received treatment through the special Medicaid program that was established for women who were diagnosed with breast or cervical cancer through WHC.

#### 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 development delays are identified at the earliest possible age so that remedial services can be provided at the optimal time of life. 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 Ages and Stages Questionnaires for families to complete with their child in their home.
- Children ages birth up 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 this fiscal year, eight total screening clinics were held, three in Blackfoot and five in Pocatello. A total of 167 children were screened and of those, 61 (or 36.5%) were referred for further developmental evaluation through the Idaho Infant Toddler Program. Computer files

*A total of 511 uninsured or underinsured women received breast and cervical cancer screening services.*

# GOAL SEVEN

Continued from Page 12



## CHILD FIND PROGRAM (CONTINUED)

were maintained and monitoring questionnaires were mailed out every few months to 694 children living in southeastern Idaho during this fiscal year. The results are then reviewed with the family either by phone or mail and appropriate referrals are made for further developmental evaluation if needed.

- Through screening clinics and monitoring questionnaires, a total of 101 referrals were made by SDHD for further evaluation of developmental skills. Of these 101 children, 52 have Individualized Family Service Plans and are receiving developmental services. This represents 51.5% of children referred. Of the remaining 49 children referred, 20 children did not qualify for developmental services after receiving standardized evaluations, 22 families refused services, three children were referred to the School District because of age, two families moved away, and two evaluations are pending. Of the 101 children referred for further evaluation, 19 (18.8%) of the children were identified by the monitoring questionnaires, 56 (55.4%) at the screening clinics, and 26 (25.7%) were referred because their parent, physician, or other health care worker called in.

## SCHOOL HEALTH SERVICES

- During Fiscal Year 09, SDHD provided services to 16 school districts and partial contract services for two school districts. A total of 4,823 students received vision screening, plus 96 were re-screened and 921 were referred for further evaluation. For musculoskeletal screening, 1,722 were seen, with 52 referred for further evaluation. Maturation presentations were provided to 1,870 students, with 431 parents attending. Teen sexuality presentations were provided to 224 students. Overall, presentations and screenings were provided by school nurses to over 66 separate schools.

## PRENATAL ANCILLARY CARE (PAC) PROGRAM

- PAC provided 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. Also, PAC includes making 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 09, 527 pregnant women received services. A total of 1,023 visits were made by clients to the clinic. Also, 324 home visits were made after delivery to assure that the mothers were recovering from delivery and that the infants were doing well. The purpose of the program is to decrease the rate of premature deliveries, low birth weight infants, and complications of pregnancy. Referrals are made to other agencies when needed.

## RYAN WHITE II AND HOPWA PROGRAMS

- 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 52 clients during FY 2009.



## GOAL SEVEN

*Continued from Page 13*

### TOBACCO CESSATION

- Throughout the fiscal year 2009, 226 participants received tobacco cessation services sponsored by SDHD. Services were provided either through a four day community-wide tobacco cessation class taught by Nancy Caspersen, RN; individual consultations through Portneuf Medical Center's Tobacco Cessation Clinic; or Ending Nicotine Dependence youth classes instructed by Traci Lambson, SDHD's Tobacco Cessation Coordinator. Of the 226 participants, 204 were adults, and 22 were youth. Of these, approximately 37% quit using tobacco, and another 43% reduced their tobacco use.

### ASTHMA

- In June of 2009, Southeast Idaho Asthma Coalition members Dr. David Parry, Pocatello Asthma and Allergy Specialist; Bill Andreason, Portneuf Respiratory Therapist; and Paula Demuzio, Portneuf Respiratory Therapist; teamed up to conduct pulmonary function testing at the Pocatello Fred Meyer Pharmacy. Screening participants had their testing results analyzed and interpreted by a health care professional during this two-hour period. Thirty-four people were screened; of those, 28 were referred on to their family physician for follow up.

*Of the 226 participants taking part in our tobacco cessation efforts approximately 37% quit using tobacco.*



## GOAL EIGHT



## ASSURE A **COMPETENT WORKFORCE**

### “LEARNING LUNCH” TRAINING

- From December 2008, through April 2009, Initial Response Team (IRT) Learning Lunches were held the first Tuesday of each month to provide current and ongoing training for the IRT. Topics included functional operation of SDHD’s Emergency Operations Center (EOC). One result of this training was the development of a “start-up” packet that provided guidance for the IRT when the EOC is activated during an event. This training proved greatly beneficial during the response to H1N1 novel influenza during the spring and summer of 2009.

### FAMILY AND COMMUNITY HEALTH SERVICES

- Most SDHD programs provide trainings for staff during the year to keep them abreast of any changes in their programs, as well as keeping their skills up-to-date in order to provide quality services to clients. Examples include: The Division Director and the Women’s Health and Reproductive Services Coordinator attended the annual Women’s Health Check and Family Planning meeting; the Family Planning Provider attended the Reproductive Health Conference in Portland, Oregon in March. Twelve public health nurses attended an Orasure Rapid HIV Test Training at SHD in November. Five public health nurses attended a STD Update training in August, 2008, and two attended a RESPECT (HIV Client-Centered/Risk Reduction Counseling) training for the STD program in April in Twin Falls. The nurse manager for Immunizations attended the National Immunization Conference in Dallas, Texas in March. The public health nurses also attended the Idaho Immunization Program’s annual Shot Smarts Conference in April and they also viewed the Centers for Disease Control (CDC) immunization satellite broadcasts during the year to keep them current on all recommendations. The Division Director attended the third Idaho Immunization Summit meeting in May.
- Seventeen WIC employees attended a training on Controversies in Breastfeeding by Dr. Jack Newman in Boise in September, 2008. Nineteen attended the “Value Enhanced Nutrition Education State Training in March, 2009, in Idaho Falls. The WIC Coordinator attended the WIC Coordinators meeting in September and May, the Idaho Hunger Summit, and the Idaho Conference on Healthcare in October.

### CHEMPACK EXERCISE

- On March 26, 2009, SDHD participated in a “ChemPack Deployment” exercise. This was a building block series of exercises designed to confirm the ability of an Incident Commander to request and receive the regional ChemPack within one hour of initiating a request. This exercise was a series of exercises which included a table top exercise (TTX) to introduce the resource and confirm responsibilities in

the deployment of the ChemPack, and a full-scale exercise (FSE) in which the resource was deployed in a controlled, mock incident. SDHD staff participated in a StateComm Bridge Call, which provided a foundation of expectations for a real-world event.

### ASPR EXERCISE

- The ASPR Regional Healthcare Planning Group exercise involved a series of events designed to meet the exercise requirements of the ASPR FY09 contract. This series of exercises was planned around the occurrence of county exercises that could incorporate ASPR exercise requirements and the availability of ESAR-VHP (Volunteer Idaho). The series of exercises incorporated a functional exercise at each hospital to review evacuation procedures, while the communication requirements were completed during actual spring 2009 H1N1 novel influenza response. The ESAR-VHP / Volunteer Idaho requirements were completed in Fiscal Year 2010, during a state-wide exercise on July 27-28, 2009. The Bed Tracking System, part of the interoperable communications, was adapted to meet a variety of requirements during the actual spring 2009 H1N1 response.

# GOAL EIGHT

Continued from Page 15



## ASSURE A **COMPETENT WORKFORCE**

### ENVIRONMENTAL HEALTH

- Steve Pew and Mike Reas attended a course on Agroterrorism presented by the Bureau of Homeland Security. The course focused on foreign animal diseases, animal quarantine, personal protection, disposal of diseased animals, and cleanup issues. Staff continue to stay as current as possible on homeland security issues.

### SPRING 2009 H1N1 NOVEL INFLUENZA RESPONSE

- The identification of a novel strain of influenza virus, H1N1, in April 2009, provided an excellent opportunity for the SDHD EOC to work in a “real-world” event. Assessment, planning, and training that had occurred since the beginning of the Public Health Preparedness Program in July 2002, proved to be significantly beneficial to the overall understanding of how the EOC would operate and how response would be conducted. Event coordination, control, and communication were sufficient to respond to the event.

SDHD’s EOC considered this real-world response a “dry-run” for the return of the novel H1N1 influenza virus in the fall 2009 flu season. The EOC team worked as it had practiced in learning lunches and other exercises, validating the training concept. The Strategic National Stockpile was successfully received and redistributed. Communication between the EOC staff, county staff, and hospitals/clinics was excellent.

*The identification of a novel strain of influenza virus, H1N1, in April 2009, provided an excellent opportunity for the SDHD EOC to work in a “real-world” event.*

## GOALS NINE & TEN

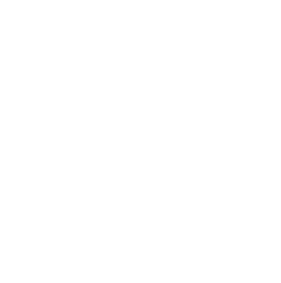
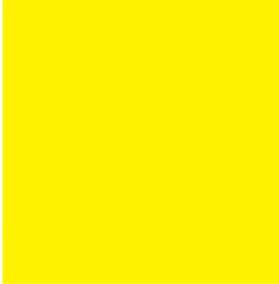
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### **EVALUATION & RESEARCH** FOR NEW INSIGHTS & INNOVATIVE SOLUTIONS TO HEALTH PROBLEMS

- The SDHD Childcare inspection program continues to receive quarterly audits from the Department of Health & Welfare (DHW). Since it's a contract program with them, DHW ensures that staff follow the requirements of the contract and that information is getting to childcare providers. During FY09, no significant deficiencies were noted on any of the audits.

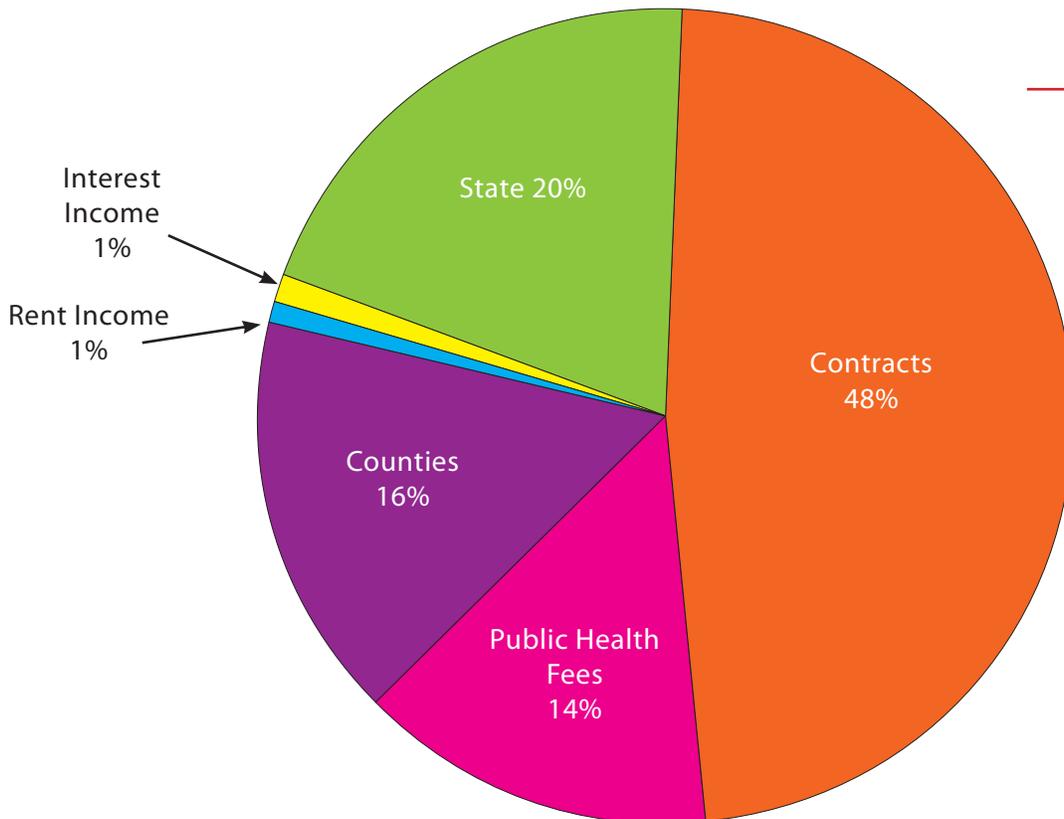
# BOARD OF HEALTH



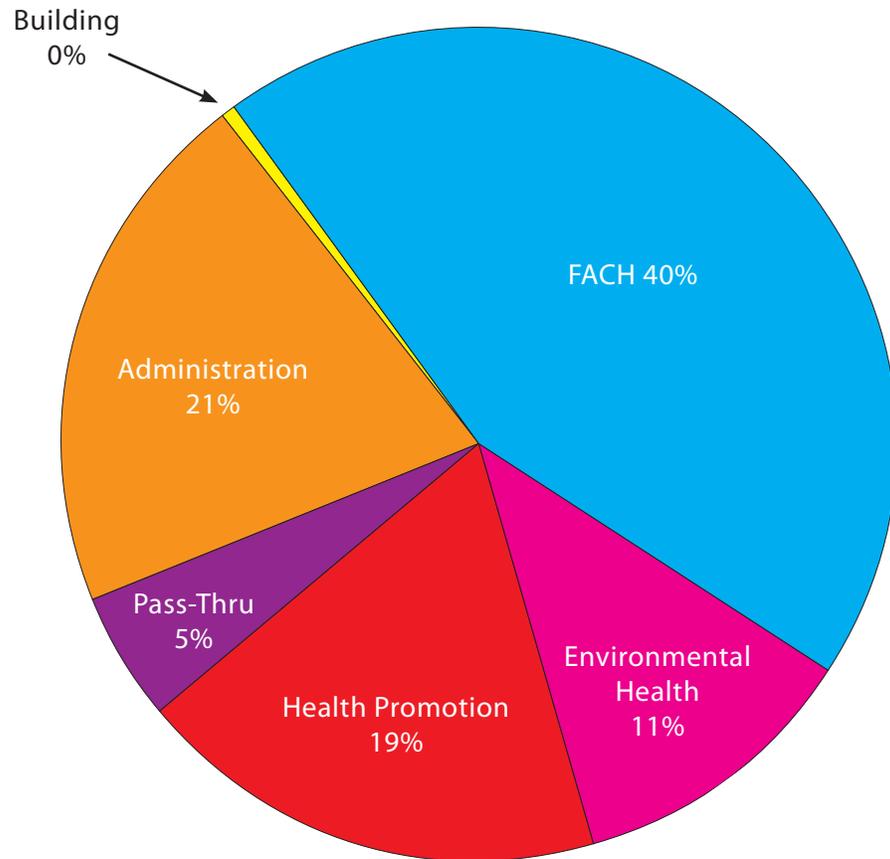
1. Carolyn Meline, Chair & Trustee  
*Bannock County*
2. Keith Martindale, Vice-Chair  
*Bear Lake County*
3. Ken Estep  
*Power County*
4. Steve Bastian  
*Franklin County*
5. Donovan Harrington  
*Bingham County*
6. Susan Collins  
*Butte County*
7. Jerry Bush  
*Oneida County*
8. R. Douglas Hogan  
*Caribou County*

# FUNDING SOURCES

SOURCE	FY 2009	%	FY 2008	%	INCREASE
State	\$1,323,000	20.2	\$1,323,000	16.2	(\$22,400)
Contracts	3,079,577	47.8	3,465,795	46.3	(386,218)
Public Health Fees	899,598	14.0	861,409	11.5	38,189
Home Health Fees	0	0.0	628,262	8.4	(628,262)
Counties	1,002,925	15.6	973,714	13.0	29,211
Bannock	\$471,397				
Bear Lake	50,821				
Bingham	247,053				
Butte	17,428				
Caribou	54,893				
Franklin	73,809				
Oneida	26,706				
Power	60,818				
Rental Income	89,591	1.4	109,749	1.5	(20,158)
Interest Income	75,408	1.2	123,448	1.6	(48,040)
<b>Total</b>	<b>\$6,447,699</b>	<b>100%</b>	<b>\$7,485,377</b>	<b>100%</b>	<b>(\$1,037,678)</b>



# EXPENDITURES FY 2009



SOURCE	FY 2009	%	FY 2008	%	INCREASE
FACH	2,863,952	44.2	\$2,699,360	31.2	164,592
Environmental Health	739,487	11.4	745,673	8.6	(6,186)
Health Promotion	1,196,857	18.5	1,457,153	16.8	58,258
Pass-Thru	318,554	4.9	not broken out		
Home Health	37	0.0	652,591	7.5	(652,554)
Administration	1,333,975	20.6	1,567,214	18.1	(233,239)
Building	27,614	0.4	1,527,767	17.7	(1,500,153)
<b>Total</b>	<b>\$6,480,476</b>	<b>100%</b>	<b>\$8,649,758</b>	<b>100%</b>	<b>(2,169,282)</b>
Personnel	4,799,861	74.1	5,190,479	60.0	(390,618)
Operating	1,537,899	23.7	1,749,201	20.2	(211,302)
Capital Outlay	142,716	2.2	1,710,078	19.8	(1,567,362)
<b>Total</b>	<b>\$6,480,476</b>	<b>100%</b>	<b>\$8,649,758</b>	<b>100%</b>	<b>(2,169,282)</b>

# FY 2009 PROGRAM SERVICE EXPENDITURES

## PUBLIC HEALTH CATEGORIES

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Women, Infants & Children (WIC)	\$1,163,619
Public Health Preparedness (includes ASPR)	1,100,477
Immunization (includes IRIS)	937,660
Family Planning	694,953
Communicable Disease Control	599,353
On-site Sewage	337,017
Food Protection and Sanitation	248,905
Numerous misc. Environmental Health Programs	127,883
Tobacco Prevention & Cessation	122,025
Women's Health Check/Avon	120,834
Oral Health	101,182
Prenatal Care (PAC)	96,813
Child Care	83,836
School Health	79,998
Water Quality	74,966
Injury Prevention	72,587
Child Find/Health & Safety	68,865
Physical Activity & Nutrition	60,750
Cancer Control	51,305
Solid Waste	40,362
Diabetes	36,501
Land Development	31,571
Asthma	17,823
Vital Statistics	16,032
Public Swimming Pools	10,777
Other Programs (5)	41,668

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<b>Total Public Health</b>	<b>6,337,760</b>
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<b>Capital Expenditures</b>	<b>142,716</b>
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<b>TOTAL EXPENDITURES</b>	<b>\$6,480,476</b>
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# FAMILY & COMMUNITY HEALTH SERVICES

	Bannock	Bear Lake	Bingham	Butte	Caribou	Franklin	Oneida	Power	Total
Family Planning	14,321	1,247	3,632	572	891	1,266	395	1,685	24,009
Immunizations	7,422	4,033	4,052	1,711	3,588	6,169	2,023	789	29,787
Prenatal	1,262	30	177	10	56	85	47	82	1,749
Communicable Disease	1,129	21	84	12	24	14	9	25	1,318
Schools	7,241	-	10,169	1,077	2,285	931	1,575	1,128	24,406
Women's Health Check	691	9	10	-	7	5	2	10	734
CSHP	8	-	4	-	-	-	-	-	12
WIC	39,961	2,571	20,582	924	3,451	7,076	1,373	5,453	81,391
Child Find/ Infant Toddler	920	-	-	-	-	-	-	-	920
TB Services	266	-	313	19	1	29	-	124	752
General Physical (MK Place)	66	-	-	-	-	-	-	-	66
Interpreter Services	9	-	1	2	5	67	-	49	133
<b>TOTAL</b>	73,296	7,911	39,024	4,327	10,308	15,642	5,424	9,345	165,277
WIC Food	1,885,868	116,794	1,133,667	39,092	157,395	347,912	66,188	257,187	4,004,103

# ENVIRONMENTAL HEALTH SERVICES

	Bannock	Bear Lake	Bingham	Butte	Caribou	Franklin	Oneida	Power	Total
<b>Food</b>	2,484	138	1,114	86	484	686	142	113	5,247
<b>Sewage</b>	2,000	304	1,545	114	862	1,219	391	227	6,662
<b>Child Care</b>	1,952	10	294	16	18	43	19	56	2,408
<b>Solid Waste</b>	176	12	70	18	28	8	11	43	366
<b>Recreation</b>	160	8	17	2	9	24	7	14	241
<b>Nuisance</b>	206	3	5	-	11	23	-	1	249
<b>Vector Control</b>	151	-	7	-	81	10	1	9	259
<b>Comm. Disease</b>	322	2	2	-	1	3	6	2	338
<b>Air Quality</b>	209	1	-	-	67	3	-	-	280
<b>Water</b>	950	55	321	5	61	73	4	49	1,518
<b>Land Development</b>	237	20	193	2	23	198	25	15	713
<b>Mortgage Surveys</b>	86	2	94	3	7	11	-	-	203
<b>Disaster Prep</b>	206	2	2	-	7	5	-	6	228
<b>Fort Hall Contract</b>	7	-	-	-	-	-	-	-	7
<b>TOTAL</b>	9,146	557	3,664	246	1,659	2,306	606	535	18,719

# HEALTH PROMOTION SERVICES

	Bannock	Bear Lake	Bingham	Butte	Caribou	Franklin	Oneida	Power	Total
Physical Activity & Nutrition	105,495	-	1,490	-	15	-	-	549	107,549
Comprehensive Cancer	350	-	25	-	20	-	-	25	420
Oral Health	2,224	622	5,327	218	947	4,117	962	400	14,817
Tobacco Prevention	7,385	-	1,200	-	50	52	50	70	8,807
Tobacco Cessation*	636	-	248	8	40	4	-	56	992
Injury Prevention	344	5	97	13	29	19	-	13	520
Diabetes	84	12	24	21	29	-	43	8	221
Arthritis	1,920	-	-	-	-	-	-	-	1,920
Asthma	1,257	-	450	-	-	-	-	20	1,727
Communicable Disease **	542	25	171	7	20	25	11	24	825
Public Health Preparedness	1,520	264	322	114	406	276	168	210	3,280
<b>TOTAL</b>	<b>121,757</b>	<b>928</b>	<b>9,354</b>	<b>381</b>	<b>1,556</b>	<b>4,493</b>	<b>1,234</b>	<b>1,375</b>	<b>141,078</b>

\* Number of Cessation Classes attended

\*\*Number of disease reports received per county; H1N1 was not reportable until 9/1/09 and cases investigated prior to that date are not included in this count







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