



**Essential Public
Health Services**

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“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*



Directors Message

The Southeastern District Health Department is pleased to present its fiscal year 2005 annual report. Please note that in this year's report, we discuss our activities and services 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, and which outline 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. This also 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 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 made up of three county commissioners and five citizen appointees who are 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 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 nor 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, with a total staff of 140 people, comprising 126 FTP's (full time equivalent personnel). The Southeastern District Health Department service area has a population of approximately 158,000 people, and covers 11,441 square miles.

Respectfully submitted,

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

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

District Director

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Monitor Health Status

- Working with the Regional Groundwater Initiative (RGI), Environmental Health (EH) staff assisted in completing a project mapping septic systems in northern Bannock County. Density of septic systems has been plotted on a map, and the information is now available to city and county planners, and planning and zoning boards. This information addresses land development issues and determines whether to extend public utilities to areas or allow development to occur.
- Through the Women, Infants, and Children (WIC) Program, Southeastern District Health Department (SDHD) staff monitored the breastfeeding rates and the health status of infants, toddlers, and pregnant and breastfeeding mothers. In FY05, 69,228 clients were served. WIC enrollment reached an all time high in August at 6,403. Each year the state program authorizes so many clients to be served and for FY05, WIC served 101.8% of the authorized case load. The no-show rate for the district was 9% compared to the state average of 11%.
- The Immunization Program continued to be successful in preventing a number of communicable diseases through ongoing monitoring of immunization rates of two-year old children. During FY05, the Immunization Program averaged a client immunization rate of 92% for toddlers at two years of age.¹ As a result, the following county offices received “Big Shot” Awards from the Idaho Immunization Program at the Shot Smarts Conference in April: Bear Lake WIC, Bingham WIC, Butte WIC & General, Franklin General, and Power WIC & General.

¹ A toddler is considered up-to-date if he or she has received four DTaP, three Polio, one MMR, three HIB, and three Hepatitis B shots by the time they turn two years old.

² An outbreak is defined as two or more cases of the same illness that have time, place, and location in common and are not household-related. A major outbreak involves more than two people.

Diagnose & Investigate Health Problems

- The first outbreak² of 2005 involved *Bordetella pertussis* (i.e., Whooping Cough). This outbreak occurred in January in a first-grade class in Bannock County. After three cases were laboratory-confirmed, a decision was made cooperatively with pediatricians from the Pocatello Children and Adolescent Clinic to test and treat all first grade students at the affected school. One additional case was found through that process; a total of four lab-confirmed cases were identified.
- In March, an outbreak of nausea, diarrhea, and vomiting was identified among individuals living at a long-term care facility in Oneida County. Thanks to the hard work of SDHD epidemiologists, environmental health staff, the local public health nurse, and staff at the facility, control measures were put in place and the illness was brought under control. Though there was no laboratory confirmation, it appeared that this may have been a norovirus outbreak.
- During May, a salmonella outbreak developed in the Bingham County area. In all, five cases of *Salmonella enteritidis* were identified. The individuals involved had several possible common exposures, but unfortunately, no source of the outbreak was confirmed. Thanks to the swift intervention of environmental health staff and epidemiologists, this outbreak was stopped.

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An average of **48** families received Health & Safety services per quarter

Inform, Educate, & Empower People About Health Issues

- SDHD provided education at the Bannock County Jail and the Pocatello Women's Correctional Center on prevention of HIV and other Sexually Transmitted Diseases (STDs) through a four-week session involving eight different classes. Education was also provided at Charley's Bar through the Off-Site HIV testing program for those patrons who wanted to be tested. As of June 30, a total of 50 people had received services.
- The purpose of the Prenatal Ancillary Care (PAC) Program was to decrease the rate of premature deliveries, low birth weight infants, and complications of pregnancy. To achieve this end, the PAC Program utilized public health nurses who provided educational services on pregnancy, labor and delivery, and infant care to pregnant women who were on Medicaid. The PAC Program also included one or two home visits to the client by a public health nurse, usually after delivery, to assess the mother's recovery from delivery and the infant's health status, and to provide any education related to infant care. In addition, referrals were made to other agencies when needed. During FY05, 914 pregnant women received services, and 4,766 visits were made by clients to the clinic.
- In October, a tobacco prevention counter-marketing campaign took place on the Idaho State University (ISU) campus. An ISU "Introduction to Health Education" class helped implement this project. Student participants created styrofoam tombstones with messages that identified manipulative marketing techniques used by the tobacco industry, tobacco facts, current ISU tobacco policies, and quitting resource information. Thirty-three tombstones were clustered around campus at high-visibility locations such as the Student Union Quad, Eli Obler Library, the College of Applied Technology, Turner Hall, and the Nursing Building Complex.
- The purpose of the Health & Safety Program was to provide an array of services, by a public health nurse, to at-risk families and children who were receiving services through the Department of Health and Welfare's Children and Family Services. The program was aimed at effectively addressing health and safety issues to assure that protective interventions were implemented. The program was also focused on family preservation and support of reunification efforts. During FY05, the number of families that received services

ranged from 44 to 51 per quarter. The services provided included environmental assessments and reviews; in-home weight checks of children; illness and injury assessments; review and interpretation of medical records; referrals to the Infant Toddler Program; and education on substance abuse, domestic violence, growth and development of infants and children, maturation, STDs, and birth control.

- EH staff continued to provide education to graduate and undergraduate level classes on environmental health at Idaho State University. Classes on food sanitation and safety, solid waste, vector control, sewage disposal, and indoor air were provided for classes, ranging from eight to over 40 students.
- EH staff provided training on solid waste issues to landfill personnel and political officials. Approximately 60 people attended the training which covered issues such as waste screening, asbestos disposal, dealing with open dumps, and issues related to special wastes (e.g., methamphetamine labs, etc.).
- Due to a lack of adequate options within the community during FY05, Family and Community Health (FACH) began offering a six-session childbirth class. The first session began in March and involved five couples; the second session began in May and three couples attended. The classes were very well received, as indicated by the client satisfaction cards. These classes will continue to be offered four to six times per year.
- In January, 20 Teens Against Tobacco Use (TATU) high school students were trained to deliver tobacco prevention presentations throughout Pocatello's elementary schools. Nineteen TATU students traveled to five elementary schools and gave nine presentations to 4th-6th grade students. Approximately 312 elementary students received tobacco education during the months of April and May.
- In November, the Southeast Idaho Asthma Coalition helped sponsor an Asthma and Allergy Foundation of America (AAFA) Training for Childcare Providers. This training took place in Pocatello and included 60 participants. The training was held for three hours; each participant received three IdahoSTARS continuing education credit hours for completing the course. In May, a similar training was held in Blackfoot, and 11 participants attended. Once again, IdahoSTARS continuing education credits were given for course attendance.
- The Home Health Division prepared a physician newsletter regarding the newest updates in the home care field and distributed it to over 200 physicians on a quarterly basis.
- Hospice Volunteer Coordinator, Karen Snyder, conducted an annual training session in April for all community members interested in becoming a hospice volunteer. Topics of study included grief/loss, empathic listening skills, short-term counseling, family dynamics, stress, ethics, and spiritual/psychosocial issues.
- Hospice Social Worker, Cameron Ball, LSW, conducted two annual support groups for all hospice families and interested community members, one in the fall of 2004, and one in the spring of 2005. The eight-session groups were free of charge and focused on educating participants on topics such as grief, loss, anger, shock, denial, faith, acceptance, and handling special holidays.
- SDHD's Hospice Program sponsored the 14th Annual Tree Lighting Service in December and the 4th Annual Garden Planting Service in May. All hospice families and interested community members were invited to attend the services. Participants enjoyed musical entertainment, an inspirational message, refreshments, and the opportunity to reminisce and remember their loved ones during the Christmas and Memorial Day holidays.



Collaborative efforts made
24:7
pharmaceutical assistance
available to hospice patients

Mobilize Community Partnerships

- The Idaho Fit Kids BMI Project provided training for doctors and their staff who weigh and measure children. The project focused on using the BMI (body mass index) as a predictor of risk for overweight children and providing families with helpful tips on health. The training, conducted by SDHD staff, included factual information about BMI, including ideas for incorporating BMI into practice, and tips on providing parents with information regarding their children's health. Key objectives included the staff being able to accurately weigh, measure, and calculate BMI for children ages 2-20 and to increase the use of BMI in clinics. Funding was available for 25 presentations; eight have been completed and 12 have been scheduled for August of 2005.
 - A partnership was formed with Community Health at Tribal Health Services to provide tobacco cessation services. These services were provided as tribal members requested them on a one-on-one basis. Materials included the American Cancer Society's "Fresh Start" program, along with culturally specific information.
 - SDHD's Hospice Program cooperated with other community agencies in bringing the 14th Annual Hospice Teleconference, sponsored by the *National Hospice and Palliative Association*, to Pocatello. This year's conference, held in April, focused on *Living with Grief: Ethical Dilemmas at the End of Life*. The Hospice Program supported the cost of advertising this event, provided the venue, and made efforts to involve professionals and other community members from a variety of social service agencies.
 - Home Health & Hospice Division management worked with the State Division of Purchasing and Maag Prescription & Medical Supply to develop a pharmacy management program designed to increase patient access; ensure 24-hour, 7-day a week delivery service; reduce medication and supply costs; and streamline SDHD's accounts payable system. The agreement was signed and put into effect in May.
 - Denise O'Farrell, Health Care Liaison, in the Public Health Preparedness (PHP) Program facilitated meetings with the Southeast Idaho Regional Planning Group (RPG) to work through each of the ten Critical Benchmarks identified by the Health Resources and Services Administration's (HRSA) Idaho Health Care System Preparedness Program. Surge capacity, defined as a surge of patients overwhelming the health care system, was the main focus of the HRSA Allotment III grant process.
 - As a part of surge capacity planning, the SDHD and the Idaho Bureau of Homeland Security (BHS) co-hosted a surge capacity tabletop exercise in February. The exercise was designed to assess current local and regional readiness and capabilities to manage the consequences of a Chemical, Biological, Radiological, Nuclear, and/or Explosive (CBRNE) event, with particular emphasis focused on the ability of the medical community to react to and manage a hospital surge capacity incident. The exercise involved 72 participants from the following organizations: hospitals, Emergency Medical Services (EMS), Idaho Bureau of Laboratories, fire departments, law enforcement agencies, emergency management, local government officials, Medical Reserve Corps volunteers, the National Weather Service, the Idaho Department of Transportation, the Department of Environmental Quality, SEICAA, and SEICOG.
- The resulting product from the exercise, with additional work completed by the RPG, was a Surge Capacity Annex that was incorporated into hospital and county emergency plans throughout the region.

A photograph of a meal. In the foreground, there are two glasses of iced tea with large ice cubes and a slice of lemon. To the left, a white plate with a blue border contains okra and tomatoes. In the background, there is a basket of bread and a blue napkin. The text is overlaid on the left side of the image.

13 Food Safety Courses
were delivered with

440


people in attendance

Develop Policies

- In an effort to deal with continued growth in Bear Lake County, Dee Johnson, Registered Environmental Health Specialist (REHS), met with the Fish Haven Sewer District and Board to discuss the possibility of providing a public sewer system to the east side of Bear Lake. The east shore continues to grow and utilizes septic systems for sewage disposal, which could potentially affect the lake. There may be some viable options for addressing this, and Ms Johnson will continue to pursue them through the next year.
- Steve Pew, MS, REHS, and Gabe Faulk, REHS, were members of an ongoing sewer task force that recently secured grant monies from the state for a planning study. The study will be designed to look at providing public sewer for parts of northern Bannock County.
- Dee Johnson, REHS, continued to assist with the Southern Counties Cooperative Committee (SCCC). This group was originally formed to look at solid waste issues and help the counties share resources to keep their solid waste costs down. Early in FY05, the SCCC began to stall and it appeared that there wasn't much interest in continuing. Therefore, in January, Ms Johnson called a meeting to discuss what to do with the group and what the member counties wanted to happen. Coincidentally, a lot of turnover occurred within the group's membership and many new members joined. Interest was renewed and the committee will continue to look at solid waste issues and ways that the counties can collaborate to share resources.

Enforce Laws

- The Idaho Food Code, which was pulled from the legislative session in 2004, was finally passed and enacted in April of 2005. While staff had expected the Food Code to pass, they had not expected it to take effect until July. The early adoption caused some problems because of the way the data management system for the division was set up. Staff were able to analyze the situation and came up with a way to implement the new code and still be able to collect data through the end of the fiscal year. Therefore, information for the entire fiscal year is available because of their efforts.
- The passage of the Food Code also required that the Food Safety and Sanitation Course, offered by all the public health districts in the state, be changed to reflect the new requirements. Larry Dunn, REHS, took on the challenge of creating the new course. He spent a lot of time and effort to get the course completed, and it was approved by the Idaho Food Protection Program on June 1, for all the public health districts in the state to use for food training.
- In FY05, the Environmental Health Division held 13 food safety and sanitation courses, with 358 people in attendance. In addition, as part of the contract with the Indian Health Service, six classes were held in Fort Hall and 82 individuals were trained in food safety and sanitation.
- Gabe Faulk, REHS, also coordinated a class for septic installers in February. Forty-five installers were present for the course, which gave them information from the State Onsite Coordinator, as well as information on new technologies from various companies.



7,694
students received
vision screenings

Link People to Needed Personal Health Services & Assure the Provision of Health Care When Otherwise Unavailable

- The purpose of the Women's Health Check (WHC) Program was to increase the number of breast and cervical cancer screening services for women, as well as address the barriers to screening in order to decrease morbidity and mortality rates and the associated costs, particularly for women with late-stage diagnoses. WHC staff utilized recruitment activities to improve access to screening services for uninsured or under-insured women over the age of 50 who were financially deprived. Funding from an AVON Breast Care grant assisted in recruitment of women into WHC. Activities were very successful, and the program provided services to more women than was anticipated. In fact, the program experienced an 18% increase, from 440 to 519 women served during the year. WHC provided 486 mammograms and 303 Pap smears. Out of these women, three were diagnosed with breast cancer and four with cervical cancer.
- Karla Luedtke, RDH, SDHD's Oral Health Coordinator, led collaboration with dental hygienists located in several communities that allowed for increased service delivery at lower cost. For example, fluoride varnish clinics were established in WIC clinics in Soda Springs, Preston, and Pocatello, and in kindergarten classes in both Grace and Pocatello. Additionally, an ongoing partnership with the ISU Dental Hygiene Department allowed students to provide fluoride varnish services to WIC children in Pocatello, as well as Headstart students. Also, local hygienists and parents have taken ownership of several school-based fluoride mouthrinse programs with great success.
- Public Health Nurses provided health services to 65 schools within the district. A total of 7,694 students received vision screening, with 1,317 referred for further evaluation. For musculoskeletal screening, 3,025 were seen, with 69 referred for further evaluation. Presentations were also made by Public Health Nurses on maturation (2,183) and teen sexuality (1,743). Four hundred-eighty-nine parents attended the maturation presentations.

- “Give Kids a Smile Day” was successfully carried out in February. Ninety children were seen by local dentists, dental residents, and dental hygiene students, and received a total of \$15,000 worth of free dentistry. This collaborative effort included local Pocatello dentists, the ISU Dental Residency Program, ISU’s Dental Hygiene Department, The Caring Foundation of Regence Blue Shield, and Delta Dental, as well as SDHD.
- This year, the Diabetes Partnership provided Diabetes Expos in Caribou, Franklin, and Oneida Counties. One hundred sixty people participated in those events. Each event included a number of services for people with diabetes or at risk for diabetes, including HbA1c and glucose testing, blood pressure screening, medication evaluation, risk analysis, foot exams, instruction on checking one’s own feet, nutritional information, oral care, information on traveling with diabetes, and micro and macro complications associated with diabetes. Speaker topics included oral care for diabetes, physical activity, caring for diabetes, complications associated with diabetes, and foot care.
- In June, Southeast Idaho Asthma Coalition⁴ members Dr. David Parry, Pocatello Asthma and Allergy Specialist, and Bill Andreason, Portneuf Respiratory Therapist, teamed up to conduct pulmonary function testing at the Pocatello Fred Meyer Pharmacy. Twenty-seven people were screened and had asthma-related questions answered by a health care professional during this three-hour period.
- Fit & Fall Proof was the newest component of the Injury Prevention Program. Fit & Fall Proof was an exercise program for older adults to prevent falls by building balance, strength, flexibility, and endurance. Training for the program began in June 2004, in Boise. Partners from Franklin and Caribou Counties attended the training and became qualified to lead Fit & Fall Proof classes. Classes were held two times per week and sessions lasted for six weeks. Participants were given a “Get Up and Go Test” on the first and last day of a class session. The “Get Up and Go Test” measured risk of falling prior to the class and improvement during the class. In addition, participants were requested to fill out an exercise diary during class sessions; the diary included the “Get Up and Go Test” results, and inquired about fear of falling, falls which may have occurred during the session, and all physical activity. Encouragingly, virtually 100% of participants displayed significant improvements in their “Get Up and Go” tests.

An additional class leader training was held on November 18 at Bingham Memorial Hospital. Six additional class leaders were trained, including five people from Preston and one from Blackfoot. As a result, three Fit & Fall Proof classes were implemented in Preston, Soda Springs, and Blackfoot at the county Senior Centers.

⁴ *The Southeast Idaho Asthma Coalition is facilitated by SDHD’s Asthma Coordinator, Traci Lambson, MHE.*

Assure a Competent Workforce

- The Family Planning Program went through an assessment this fiscal year by the Health-metrics Company, funded by the Idaho Department of Health and Welfare. The purpose of the assessment was to identify the best practice for providing the initial visit for oral contraceptives and Depo Provera. The effectiveness of the processes involved in family planning clinic was measured based on four different outcome dimensions: patient satisfaction, staff satisfaction, clinical indicators, and unit costs. SDHD received the highest scores in Idaho for both patient and staff satisfaction and reported very good clinical outcomes and patient education scores. A resulting recommendation was for clinic sites to change their method of scheduling clients to a new method called “Open Access Scheduling.” This method of client scheduling allows a clinic to keep a set number of appointments open for clients who call in and want to be seen that day. This method of scheduling has the potential to increase access to care, lower the no-show rate, and ultimately, reduce staffing costs. SDHD plans to implement this new method in Fiscal Year 2006.
- The Home Health & Hospice Division researched, purchased, and implemented a comprehensive state-of-the-art software system designed to streamline the admission process, improve coordination of care, and enhance regulatory compliance in the field of home care. All protected health information is now entered and maintained by clinicians on a laptop, point-of-care system. Implementation was completed on schedule.
- The Diabetes pre-conference workshop of the ISU Conference on Health Care was held October 20, 2004. One hundred thirty-five medical providers and public health professionals attended the day-long session. Topics included “Managing Diabetes in the Family: New Perspectives for Clinical Care;” “Diabetes, Obesity, and the Family; Practical Information on Diabetes Medication;” “Obesity and Type 2 Diabetes in Children and Adolescents;” “We Ate Dessert and Talked About Fat: Reflections on Body Image, Self Esteem;” and “Diabetes Prevention Among Hispanic Women in Southeast Idaho.” Sponsors for the conference included the SDHD, Idaho Diabetes Control Program, Idaho Dairy Council, Idaho WIC Program,

152 child safety seats were inspected



Idaho Plate Method, Novo-Nordisk, Bayer, Wyeth, Aventis, BD Medical, Forest Pharmaceuticals, and GlaxoSmithKline. Displays were presented by Rocky Mountain Diabetes Center, Idaho on the Move, and EXCEL with Karen Donaldson. The evaluation indicated that participants were very satisfied with the conference.

- The annual National Highway Traffic Safety Administration (NHTSA) Child Safety Seat Technician Training, led by SDHD Injury Prevention Coordinator Cherie Nelson, MPH, was held during April and May. The Technician Training was a 32-hour class which included 24 hours of class room instruction and an eight-hour child safety seat check. Students were required to pass a written exam and a hands-on skills evaluation prior to participating in the child safety seat check. This year, 13 students became certified technicians and two technicians were certified as instructors. The child safety seat check was held at the Pine Ridge Mall, Pocatello, in conjunction with the annual Safe Kids Southeastern Idaho Safety Fair.

Four other child safety seat inspections were held, including one in Blackfoot, one in Preston, and two in Pocatello. At the five child safety seat inspections, 152 seats were inspected, 105 families were educated, and 101 seats were provided. Additionally, 70 child safety seats were provided to permanent checking sites which include the Pocatello Police Department, Pocatello Fire Department, Chubbuck Police Department, Portneuf Medical Center, Miracles in Motion Day Care, Blackfoot Police Department, and the Bingham County Sheriffs Department.

- In March, SDHD provided staff training for shipping infectious substances and diagnostic specimens. All international and national regulations require that the shipper be a trained and certified person. As a result, public health nurses, environmental health staff, family planning clinical assistants, office specialists, and central supply staff were involved in the training. According to the

guidelines, it is the shipper's responsibility to properly classify, identify, package, mark, label, and document the goods to be shipped. At the end of the training, each person had to demonstrate the correct method for shipping a package. Each person also had to complete and pass the national certification CD. A total of 39 people were certified.

- Each quarter, the Home Health & Hospice Division participated in a review of at least 10% of all open and closed patient files. The files were reviewed by an interdisciplinary team of professionals (from inside and outside the agency). Findings were summarized and presented to staff for training purposes and with an eye towards improved service delivery. Patient satisfaction surveys were mailed regularly and the results tabulated on a quarterly basis that were shared with staff, the Advisory Board, and the Board of Health. Additionally, both the Hospice and Home Health Programs underwent an annual program review and licensure survey to highlight strengths and to correct any possible deficiencies. SDHD also participated in the "Home Health Compare" program sponsored by Medicare, which ranked all "Outcome Based Quality Improvement" and "Outcome Based Quality Management" items on a national basis.
- The Home Health Program underwent one survey during FY05. The Bureau of Facility Standards team conducted their audit the week of May 26, 2005, and reviewed 16 patient records. Overall, the exit interview was very positive, and revealed only a few standard deficiencies—several of which were corrected before the completion of the survey. Auditors complimented the agency on its use of technology to enhance patient care, and were impressed with the quality of care provided by SDHD clinicians.

A high-angle, wide shot of a large crowd of people sitting in stadium bleachers. The crowd is dense and diverse in color, filling the entire frame. The bleachers are arranged in a series of parallel rows, creating a strong sense of depth and scale. The lighting is bright, suggesting an outdoor setting during the day.

One of **14** local public health agencies recognized nationwide as “Public Health Ready”

Evaluation

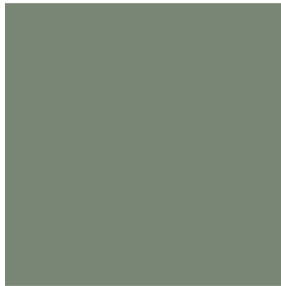
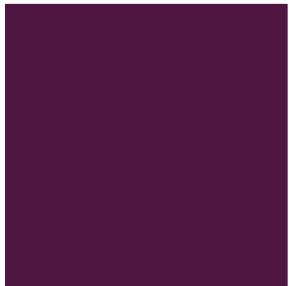
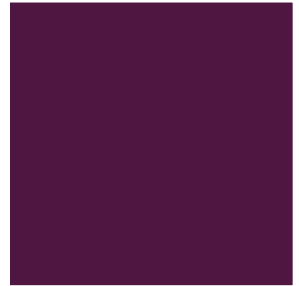
- This year SDHD, in a process led by the Public Health Preparedness Program, was one of 14 local public health agencies recognized nationwide as qualifying as “Public Health Ready.” Project Public Health Ready was a certification program sponsored by the National Association of City and County Health Officials and the Centers for Disease Control and Prevention. Statewide, all seven health districts achieved this status, making Idaho the first state in the nation to be “Public Health Ready.”

To gain this recognition, Project Public Health Ready required SDHD to achieve goals in three key areas: preparedness planning; individual worker competence; and demonstration of readiness through drills and exercises. The recognition confirmed that SDHD has an emergency response plan in place, the plan is appropriately connected to other emergency response plans, agency staff members are trained, and the plan is exercised and used during public health and other community emergencies.

Research

- SDHD does not typically conduct research of its own; research is typically left to institutions of higher education. SDHD does maintain strong partnerships with Idaho colleges and universities, as well as the University of Washington, and participates in research projects as appropriate (e.g., training needs assessment through the Health Preparedness Program).

Board of Health

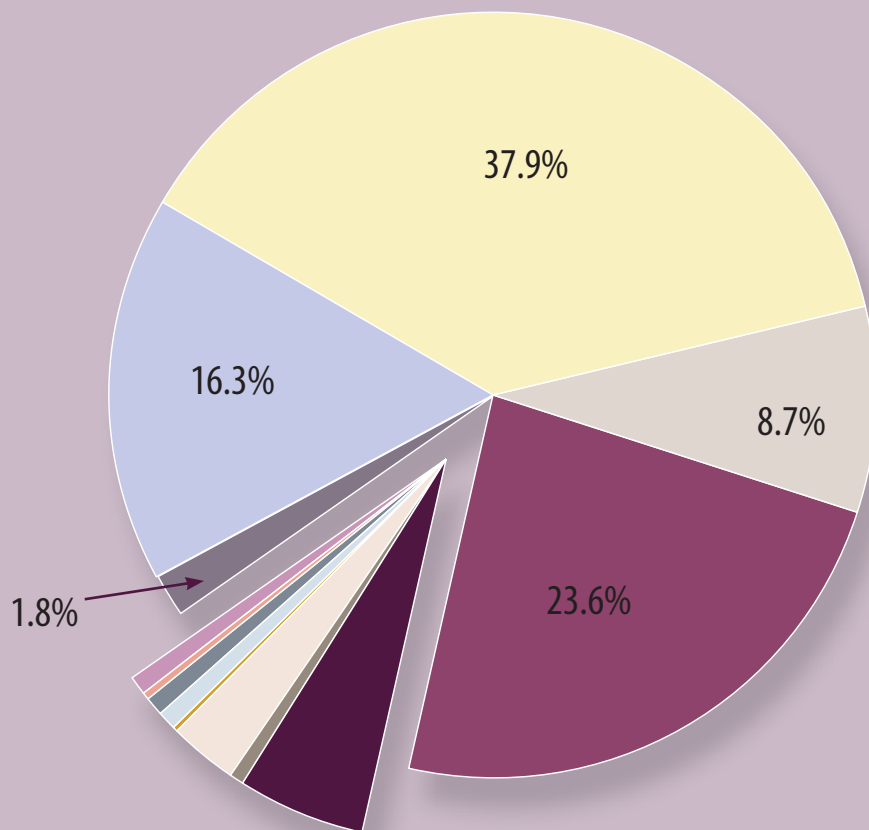


1. Carolyn Meline, Chair & Trustee
Bannock County
2. Keith Martindale, Vice-chair
Bear Lake County
3. Ray Zimmerman
Power County
4. Ray Cutler
Franklin County









5. Wayne Brower
Bingham County
6. Sheryl Haralson
Butte County
7. Jerry Bush
Oneida County
8. Bart Conlin
Caribou County

Funding Sources

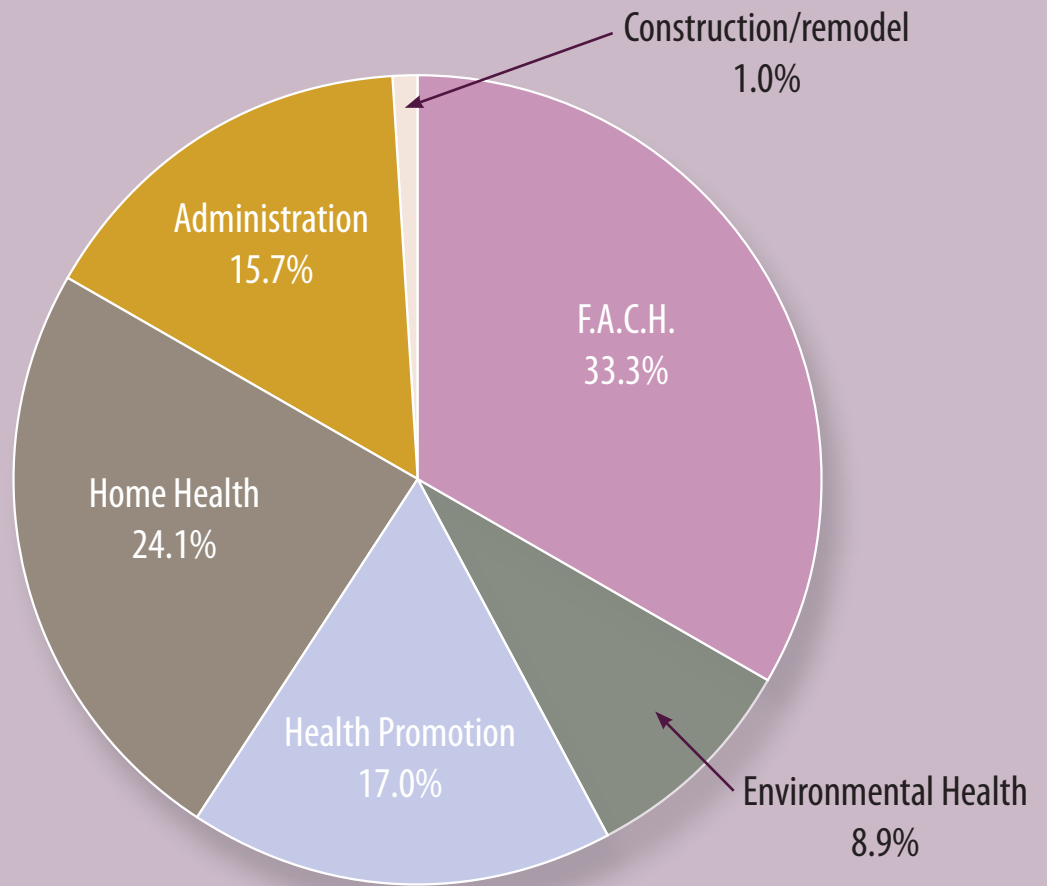
Source	Amount	Percent of Total Income
State	\$1,265,700	16.3%
Contracts	2,945,307	37.9%
Public Health Fees	672,518	8.7%
Home Health Fees	1,831,257	23.6%
Counties	912,014	11.7%
Interest Income	140,794	1.8%
Total	\$7,767,590	100%









Counties

 Bannock	5.36%	 Caribou	.74%
 Bear Lake	.55%	 Franklin	.83%
 Bingham	2.92%	 Oneida	.3%
 Butte	.24%	 Power	.76%

Expenditures FY 2005



By Program			Breakdown		
	F.A.C.H.	\$2,529,518	Personnel	\$5,646,702	74.3%
	Environmental Health	674,418	Operating	\$1,829,865	24.1%
	Health Promotion	1,294,279	Capital Outlay	\$128,192	1.6%
	Home Health	1,834,111			
	Administration	1,194,683			
	Construction/Remodel	77,750			
	TOTAL	\$7,604,759			

FY 2005 Program Service Expenditures

Public Health Categories		
	Public Health Preparedness	\$931,235
	Women, Infants & Children (WIC)	862,226
	Immunization (includes IRIS)	773,991
	Family Planning	499,413
	Communicable Disease Control	382,884
	On-site Sewage	249,641
	Food Protection and Sanitation	204,583
	Prenatal Care (PAC)	166,747
	Child Find/Infant Toddler/Child Health/CHIP	165,085
	School Health	153,586
	Day Care	111,523
	Women's Health Check/Avon	97,595
	Public Drinking Water	66,394
	Tobacco Cessation (Millennium Fund)	59,969
	Oral Health	54,622
	Abstinence Education	53,285
	Tobacco Prevention	52,521
	Injury Prevention	45,128
	Solid Waste	42,246
	Children's Special Health (CSHP)	39,617
	Highway Safety	30,787
	Land Development	23,241
	Diabetes	20,094
	Mortgage Surveys	15,617
	Asthma	14,224
	Vital Statistics	10,031
	Physical Fitness	9,228
	Public Swim Pools	6,867
	Other Programs (11)	265,070
	Public Health Total	\$5,407,450
	Home Health/Hospice Total	\$2,197,309
	TOTAL EXPENDITURES	\$7,604,759

Home Health & Hospice Services

	Bannock	Bear Lake	Bingham	Butte	Caribou	Franklin	Oneida	Power	Yearly Total
1995	19,982	7,929	8,979	1,436	3,951	1,626	3,951	989	48,843
1996	21,955	8,831	8,681	1,788	3,882	1,902	3,468	746	51,253
1997	20,443	5,645	6,149	1,670	3,718	2,694	3,216	612	44,147
1998	18,244	3,360	4,819	1,044	3,498	2,038	2,927	817	36,747
1999	17,385	2,134	4,221	850	2,718	1,953	2,745	565	32,571
2000	14,436	600	4,167	886	4,101	1,585	2,788	614	29,177
2001	15,898	72	2,276	615	3,746	1,229	2,153	322	26,311
2002	11,965	205	2,377	238	3,381	1,319	2,248	271	22,004
2003	9,843	37	1,557	33	2,618	1,401	2,103	994	18,586
2004	3,493	47	815	0	2,307	1,473	2,163	507	10,805
2005	8,908	152	1,071	0	1,662	610	2,395	459	15,257

Environmental Health Services

	Bannock	Bear Lake	Bingham	Butte	Caribou	Franklin	Oneida	Power	Total
Food	2,926	262	1,609	94	560	468	123	102	6,144
Sewage	1,812	403	2,786	109	1,081	1,087	224	204	7,706
Child Care	1,226	35	227	10	85	85	43	59	1,770
Solid Waste	264	32	134	55	95	13	19	29	641
Recreation	161	5	28	0	11	27	4	24	260
Nuisance	287	0	42	24	11	32	0	3	399
Vector Control	154	3	5	0	18	1	0	0	181
Comm. Disease	390	3	59	1	10	2	4	1	470
Community Health	19	1	2	0	0	0	0	0	22
Air Quality	212	1	2	0	3	2	0	0	220
Water	1,786	71	713	23	138	29	4	27	2,791
Land Development	259	22	224	4	35	107	3	13	667
Mortgage Surveys	166	33	377	7	32	83	55	24	777
Disaster Prep	228	0	48	1	28	20	0	6	331
Fort Hall Contract	4	0	16	0	0	0	0	0	20
TOTAL	9,894	871	6,272	328	2,107	1,956	479	492	22,399

Health Promotion Services

	Bannock	Bear Lake	Bingham	Butte	Caribou	Franklin	Oneida	Power	Total
APP	240	20	326	40	50	0	40	266	982
Oral Health	3,272	495	3,775	232	1,016	2,249	341	388	11,768
Tobacco Prevention	10,591	0	45	0	0	0	300	0	10,936
Tobacco Cessation	50	0	18	2	4	3	0	6	83
Injury Prevention	651	0	340	0	95	147	0	0	1,233
Diabetes	145	0	200	0	450	840	720	0	2,355
Arthritis	424	0	15	0	0	30	26	50	545
Asthma	2,672	0	11	0	0	0	300	0	2,983
Communicable Disease*	342	0	114	10	10	9	7	14	506
Public Health Preparedness	1,529	45	107	26	223	136	117	170	2,353
TOTAL	19,916	560	4,951	310	1,848	3,414	1,851	894	33,744

** Number of disease reports received*

Family & Community Health Services

	Bannock	Bear Lake	Bingham	Butte	Caribou	Franklin	Oneida	Power	Total
Family Planning	14,106	2,004	4,678	840	1,822	1,272	507	2,375	27,604
Immunizations	11,996	3,616	7,253	2,496	3,738	5,402	1,226	883	36,610
Prenatal	2,980	156	678	24	246	406	139	122	4,751
Communicable Disease	1,926	111	409	64	142	171	55	72	2,950
Schools	15,900	0	4,578	828	2,692	4,387	1,631	3,946	33,962
Women's Health Check	354	24	161	10	30	30	15	68	692
CSHP	265	0	12	0	6	0	0	0	283
WIC	36,665	2,875	19,111	977	3,513	7,045	1,686	4,484	76,356
Child Find	2,400	154	794	51	275	570	158	123	4,525
Other Child Health	0	0	0	0	12	28	0	0	40
TOTAL	86,592	8,940	37,674	5,290	12,476	19,311	5,417	12,073	187,773
WIC Food	\$1,468,220	\$127,669	\$907,441	\$32,408	\$142,383	\$298,850	\$69,217	\$177,892	\$3,224,080

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