

Southeastern District Health Department 2006 Annual Report

Southeastern District Health Department



# 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*



## Director's Message

The Southeastern District Health Department is pleased to present its fiscal year 2006 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. 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, 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 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 are neither 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 (SDHD) 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 137 people, comprising 115.76 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.

Respectfully submitted,

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

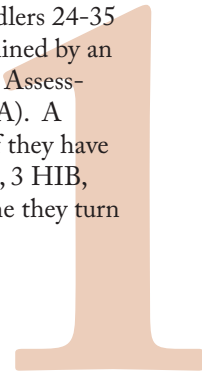
Edward A. Marugg, R.E.H.S.  
District Director



WIC found that **64%**  
of infants are still breastfed  
past three months

## Monitor Health Status

- The Home Health and Hospice division regularly monitors the health status of each patient and acts as the “eyes and ears” of the physician. The goal of short-term home health care is to provide treatment for illness and/or injury. It helps patients recover faster, regain their independence, and to become as self-sufficient as possible. The goal of long-term home health care (for chronically ill or disabled people) is to maintain their highest level of ability or health, and to help them learn to manage the illness or disability.
- Women Infants and Children (WIC) monitored the breastfeeding rates for its clients during FY06:
  - 64% of infants are still breastfed past three months of age.
  - 65% of women said having a peer counselor impacted their decision to breastfeed.
  - 68% of women said having a peer counselor impacted their length of breastfeeding time.
- During this past Fiscal Year (FY) 06, the educational and outreach efforts of the immunization program have continued to be successful in preventing a number of communicable diseases. During FY06, the Immunization Program averaged a client immunization rate of 90% for toddlers 24-35 months of age. This rate is determined by an assessment done with the Clinical Assessment Software Application (CASA). A toddler is considered up-to-date if they have received 4 DTaP, 3 Polio, 1 MMR, 3 HIB, and 3 Hepatitis B shots by the time they turn two years old.







68

Clients received services  
in the TB Clinic

## Diagnose & Investigate Health Problems

- The Tuberculosis (TB) Program provides TB testing, including PPDs (skin tests) and chest x-rays (for those who are unable to cover the cost of the x-ray), counseling, case management, and medications for TB. Clients diagnosed with active TB also receive Directly Observed Therapy (DOT) through the Home Health Program. In the last year, the number of clients seen has increased dramatically. In previous years, the number of cases has ranged from a low of 7 up to 20 per year with only 1-2 active cases in 2-3 years. A total of 68 clients received services in the TB Clinic in FY06. Of these clients, four had active TB and one client was diagnosed with *Mycobacterium avium*. The remaining 63 clients were diagnosed with latent TB. The referrals have been mainly in Bannock, Bingham, and Power Counties, but Butte County had one active case and three latent cases. Caribou and Bear Lake Counties each had one latent case.
- For the first time in over 20 years, SDHD had to issue isolation orders for persons with active Tuberculosis disease. The initial instance occurred in October 2005, and the second in March 2006. In both of these situations, SDHD staff took steps initially to work with the individuals involved to ensure that they would not expose others to TB. In both instances, however, the individuals concerned were unwilling to cooperate. In order to protect the public's health and limit possible spread, SDHD chose to issue these orders. Orders were rescinded when each person was deemed no longer infectious by their physician.
- SDHD utilizes the Health Alert Network, or HAN, to communicate information about communicable disease, including disease outbreaks, to area physicians, pharmacists, veterinarians, hospitals, and other community partners. The HAN employs a blast fax and/or email containing specific information about a given situation. In FY 2006, SDHD sent out 15 HANs. Topics included information on Hurricane Katrina volunteer relief efforts; pertussis cases; active Tuberculosis cases; changes in Centers for Disease Control and Prevention (CDC) recommendations for use of antivirals for pandemic influenza; and a fish advisory for American Falls Reservoir.



# Health & Safety services range from **26-41** per quarter

## Inform, Educate, & Empower People About Health Issues

- The Hospice Volunteer Coordinator, Karen Snyder, conducted an annual training session in April 2006 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.
- In addition, hospice social workers conducted two annual grief support groups for all hospice families and interested community members in the fall of 2005, and again in the spring of 2006. The eight-session groups were provided free of charge to all interested community members and focused on educating participants in such topics as: grief, loss, anger, shock, denial, faith, acceptance, and handling special holidays.
- By working closely with the Solid Waste Association of North America (SWANA), Environmental Health Specialist, Dee Johnson was able to convince the association to provide a Manager of Landfill Operations (MOLO) class in Pocatello in January. Typically, these classes are only provided in larger cities and are, therefore, very expensive for people to attend. By being able to hold it in Pocatello, the cost was greatly reduced and many local landfill personnel could take advantage of the training opportunity. The training was three days long and 27 people from around the state attended.
- SDHD provides information, education, and counseling on the prevention of HIV through a grant obtained this year to fund HIV Prevention Interventions. Two of these interventions were held at the Bannock County Jail for two hours, twice per week for two weeks, and the Women's Correctional Center through a two hour class held once per week for four weeks. Each facility holds these classes four times per year. In FY06, 45 women incarcerated at the Women's Correctional Center participated in the classes, while 37 participated at Bannock County Jail. Education and counseling was also provided at Charley's Bar through the Off-Site HIV testing program for those patrons who wanted to be tested. A total of 198 clients were served in FY06.
- The purpose of the Health and Safety program is to provide an array of services by a Registered Nurse to at-risk families who are receiving services through the Department of



Health & Welfare, Children & Family Services. The services are aimed at addressing 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. During FY06, 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 of children with a portable scale; illness and injury assessments; review and interpretation of medical records; referrals to the Infant Toddler Program; providing education on substance abuse, domestic violence, growth and development of infants and children, maturation, and STDs and birth control.

- WIC completed the Idaho Fit Kids BMI project in August 2005. The Idaho Fit Kids BMI project provided training for doctors and their staff who weigh and measure children. The project focused on using BMI (body mass index) as a predictor of risk for overweight children and provided families with helpful tips on health. The trainings included factual information about BMI, including ideas for incorporating BMI screening into practice and tips on providing parents with information regarding their children's health. Nutrition education and physical fitness referral lists for southeastern Idaho were compiled and distributed. Breastfeeding was encouraged and a breastfeeding resource list was distributed.
- During the last year, both the Tobacco Prevention and Adolescent Pregnancy Prevention programs utilized a peer education model. The Tobacco Prevention program adopted "Life Skills," a research-based, best practice program in which high school students are trained to teach fourth, fifth, and sixth graders about why it is not cool to start using tobacco. The program emphasizes communication skills, goal setting, self esteem building, and media analysis in addition to the dangers of tobacco and other drug use. The program is offered consecutively over three years, so students receive the intervention in fourth, fifth, and sixth grade. Life Skills was piloted at Holy Spirit School in Pocatello this year, and will be expanded in coming years to other schools.

Similarly, the Peers Encouraging Abstinent Kids, or PEAK, program also trains and utilizes high school students to teach younger students, in this case seventh and eighth graders, about why abstinence from sexual activity is the best choice for them. In six one-hour sessions, the PEAK peer mentors teach about media influences, goal setting, communication and refusal skills, self esteem, and sexual abstinence. This program was offered in American Falls and Soda Springs in FY 2006, and will be expanded in FY 2007 to several other communities.

Both the Life Skills and PEAK programs have strong evaluation components. Life Skills conducts a pre- and post-test that assesses changes in knowledge, attitudes, and behaviors. PEAK is evaluated by Boise State University. Both programs have demonstrated positive changes in knowledge, attitudes, and behavioral intent.

# June 2006

SDHD participated in a  
full-scale preparedness exercise



## Mobilize Community Partnerships

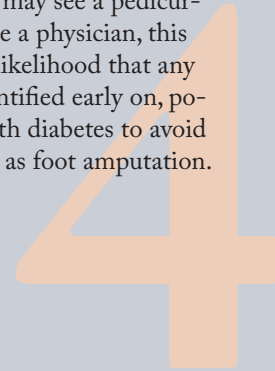
- The SDHD Hospice program cooperated with other community agencies in bringing the Fifteenth Annual Hospice teleconference sponsored by the National Hospice and Palliative Association to Pocatello. This year's conference, held in April 2006, focused on Pain Management at the End of Life: Bridging the Gap Between Knowledge and Practice. The Hospice division 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.
- Community members, SDHD staff and hospice volunteers all worked together to assemble and ship over 200 hygiene kits to families affected by Hurricane Katrina. Donated items included: combs, toothpaste, toothbrushes, soap, hand towels, blankets, and miscellaneous medical supplies. Partners included Grace Lutheran Church & School, Hanson Janitorial Supply, and the Alameda LDS 4th Ward Primary Children.
- June 27-20, 2006, SDHD participated in a statewide, full-scale preparedness exercise. This exercise was designed to test capacity to receive and dispense prophylactic medication, in the event of some type of public health emergency, to the entire population. To test this capacity, SDHD worked closely with a wide variety of community partners, including the Bureau of Homeland Security, the Idaho Department of Health and Welfare, local hospitals, the Idaho State University School of Pharmacy, county and city governments, and a wide variety of community volunteers.

During the exercise, SDHD facilitated the counties' process to request the Strategic National Stockpile, a cache of pharmaceuticals and medical supplies designed to be a resource in just such an event. A Point of Dispensing clinic, or POD, was staffed in

each of SDHD's eight counties, as well as two "mini-PODs," one in Howe and one at a Senior Center in Pocatello. In addition, public information efforts were tested.

Many important lessons were learned through this exercise process, including both strengths of the Emergency Response Plans as well as areas for improvement. Perhaps one of the most important lessons learned was a clarification of the fact that community partnerships are absolutely essential to an effective, efficient response to a public health emergency.

- The Diabetes program developed an innovative strategy this year for improving diabetic foot care. The program worked with community partner Dr. Jeff Bray, DPM, to provide training through Idaho State University's Cosmetology Program. Through this training opportunity, students were taught an overview of diabetes, as well as how to check and care for the feet of people with diabetes. Because some people with diabetes may see a pedicurist more often than they see a physician, this initiative is increasing the likelihood that any complication might be identified early on, potentially helping people with diabetes to avoid serious complications such as foot amputation.



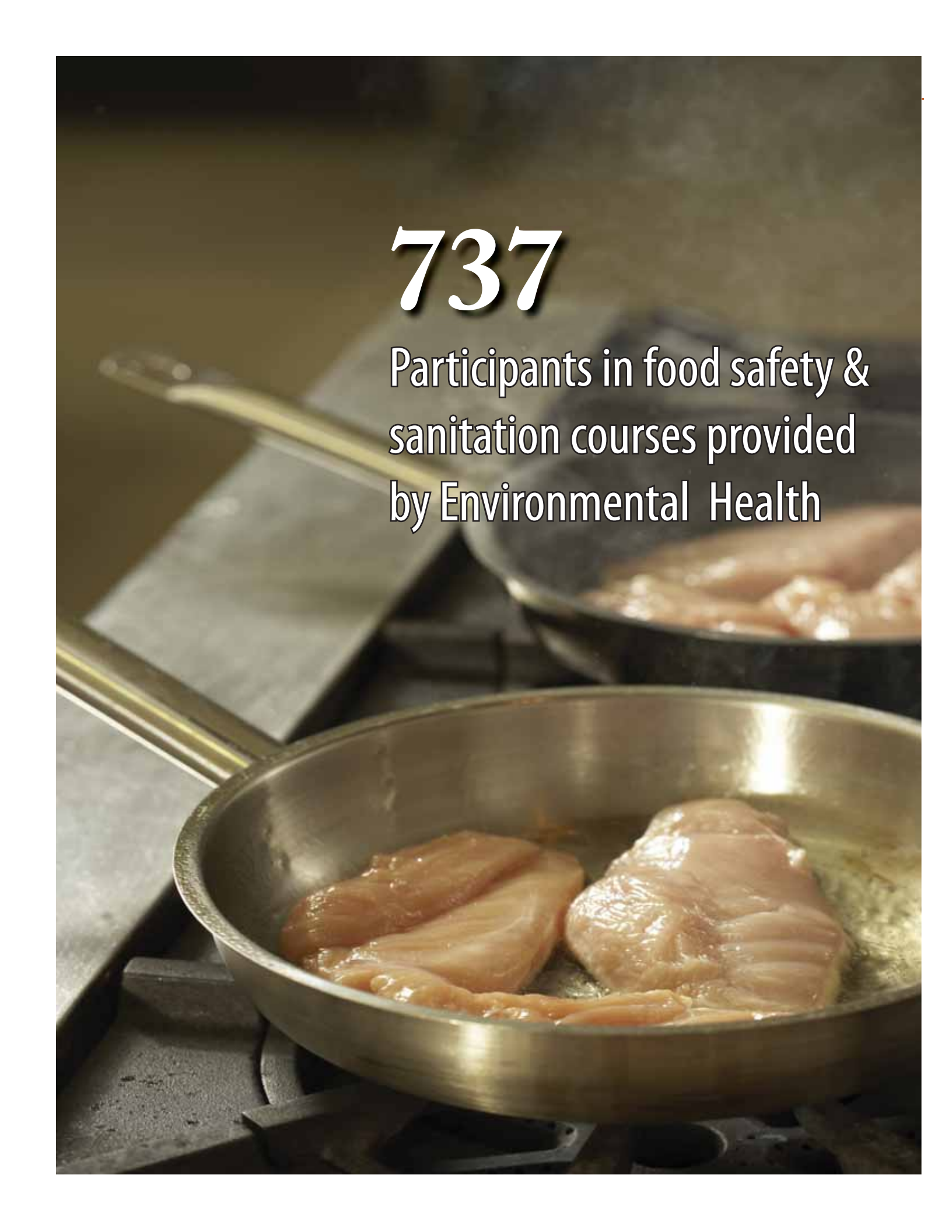
## Develop Policies

- In Franklin County, Environmental Health Specialist, Kevin Blanch has served on a Watershed Protection Committee under the direction of Franklin County Planning and Zoning. The committee has looked at how to protect areas around public water systems and watersheds. It is possible that from the recommendations of this committee, lot sizes for development may be larger than they are now, or if a developer wants to have smaller lot sizes, (s)he may have to do additional studies to show the development won't impact groundwater.

## Enforce Laws

- Section 111 of the Child Nutrition and WIC Reauthorization Act of 2004 required that any school lunch program that was receiving federal commodities must be inspected two times per year. SDHD only inspects school lunch programs once per year, and this federal mandate to the schools was basically leaving it up to them to find a regulatory authority they could contract with to conduct the second inspections. Environmental Health Staff worked closely with the various school districts and were able to conduct the necessary second inspections before school was released for the summer.
- The Certified Pool Operators course was given on May 15, 2006. Pool operators must attend a course once every three years. At this course 13 people attended, representing seven pools. Two of the pools were from District 7. In FY06, the Environmental Health division held 23 food safety and sanitation courses with 672 people in attendance. In addition, as part of the contract with the Indian Health Service, three classes were held in Fort Hall and 65 individuals were trained in food safety and sanitation. This was a significant increase in the number of people EH trained the previous year and was probably due to the new food code and establishment operators becoming more familiar with the new requirements.
- The Environmental Health division had three program audits during FY06. An audit of the food program was conducted in July 2005. No deficiencies or significant findings were found in that audit. In the Childcare program the Department of Health and Welfare began quarterly auditing of files during the year. Deficiencies were noted on the first audit and were primarily related to documentation of dates. Changes were made to the program and during the audit in May 2006, SDHD received a 100% compliance rating.





# 737

Participants in food safety &  
sanitation courses provided  
by Environmental Health

## 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 is to increase the number of breast and cervical cancer services for women by addressing barriers to screening, thereby decreasing 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 underinsured women over the age of 50 and low income. In the past year, these activities have been very successful and the program has provided services to more women than was anticipated. The goal for FY 2006 was for 440 women to be provided breast and cervical cancer screening services. The program served a total of 525 women during the year, or 19.3% beyond the established goal for the program. Funding from an AVON grant assisted in recruitment of women into WHC.
- For FY06, the WHC provided 431 mammograms and 235 Pap smears. Out of these women, eight were diagnosed with breast cancer and three with cervical cancer.
- 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, and 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 Individual 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.

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, 16 screening clinics were held throughout the district.

One hundred and eighty-eight children were screened and of those, 71 (or 38%) were referred for further developmental evaluation through the Idaho Infant Toddler Program. Monitoring questionnaires were mailed out every few months to 1,097 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.

- The Family Planning and STD/AIDS Programs provide testing, diagnosis, and treatment for chlamydia, gonorrhea, syphilis, and other sexually transmitted diseases (STDs). Risk reduction education and counseling services are also provided to clients who are at risk for STDs or are diagnosed with a STD. A total of 3,689 clients were served through Family Planning and 567 through the STD/AIDS program. FACH has also continued the Memorandum of Understanding with Health West, Inc. to provide services in Downey, Lava, Pocatello, and Aberdeen by having a Saturday clinic 3-4 times per year. A total of 115 clients were served by these clinics.
- During Fiscal Year 05, SDHD provided services to 57 schools within the district. A total of 5,954 students received vision screening with 1,216 referred for further evaluation. For musculoskeletal screening, 2,234 were seen with 128 referred for further evaluation. Presentations were also made by the school health nurses on maturation to 1,121 students and teen sexuality to 506 students. Two hundred-forty-six parents attended the maturation presentations.
- Prenatal Ancillary Care Program (PAC) provides educational services on pregnancy, labor and delivery, and infant care to pregnant women who are on Medicaid. Also, public health nurses make one or two client



# 1,171

## Pregnant women received PAC services

home visits 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 the past year, 1,171 pregnant women received services. 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 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. 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 31 clients during FY 2006.
- “Give Kids a Smile Day” was successfully carried out in February 2006. Approximately 75 children were seen by local dentists, dental residents, and dental hygiene students. These children received \$18,000 worth of free dentistry provided by the dentists and dental hygiene students. 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.
- “Open Access Scheduling” was implemented in the Family Planning and STD/AIDS Clinic at the in the Bannock County Office in July 2006. 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 process increases access to care, lowers the no-show rate, and ultimately, reduces staffing costs. The new method has worked well and has not had any major problems. Allowances are made for those clients who have to have appointments scheduled in advance due to employment issues. The no show rate has decreased from an average of 27.4% to 4.8% after implementation.

## Assure a Competent Workforce

- Home Health and Hospice ensures that the nurses, aides, social workers and therapists that provide service to patients are licensed by their respective accrediting professional entities prior to their being hired. Once hired, all certified nursing assistants complete a minimum of 12 hours continuing education per year. Social workers complete a minimum of 20 hours continuing education per year. Overall, Home Health and Hospice staff completed over 1,005 hours of training and inservice during fiscal year 2006. Over the last year, nursing staff have completed advanced training in OASIS, ICD-9 Coding, CareFacts Information Systems, Wound Care, Palliative Care, and Pain Management. Home Health and Hospice staff also provided CPR training and equipment to all interested SDHD staff at no cost to their programs.
- The WIC Coordinator attended the National WIC Association Annual Conference and other WIC staff attended trainings on breastfeeding, perinatal and pediatric nutrition, and physical activity and nutrition. One of the WIC supervisors represented Idaho at the United States Breastfeeding Conference in Washington D.C. in January, 2006 for three days. Idaho is active in a national network to promote breastfeeding in the U.S. The goals from the conference were to strengthen local breastfeeding coalitions, start a statewide coalition, and implement the Idaho Breastfeeding Friendly Employer Project statewide.

## Evaluation

- Each quarter, the Home Health and Hospice division participates in a review of at least 10% of all open and closed patient files. The files are reviewed by an interdisciplinary team of professionals (from inside and outside the agency). Findings are summarized and presented to staff for training purposes and with an eye towards improved service delivery. Patient satisfaction surveys are mailed regularly and the results tabulated on a quarterly basis to be shared with staff, the Advisory Board, and the Board of Health. Additionally, both the Hospice and Home Health programs undergo an annual program review and licensure survey to highlight strengths and to correct any possible deficiencies. SDHD also participates in the “Home Health Compare” program sponsored by Medicare which ranks all “Outcome Based Quality Improvement” and “Outcome Based Quality Management” items on a national basis.
- The hospice program underwent one survey during fiscal year 2006. The Bureau of Facility Standards team conducted their audit during May of 2006 and reviewed 20 patient records. Overall, the exit interview was very positive, and revealed only one standard deficiency. Auditors complimented the agency on its use of technology to enhance patient care, and were impressed with the quality of care provided by clinicians.



## Research

- The Diabetes program partnered with Idaho State University's College of Pharmacy and EXCEL Health and Wellness from January through March, 2006 on a diabetes and physical activity study. The purpose of the study was to increase physical activity levels for people with diabetes. Therefore, the target audience for the study included people with diabetes, those at risk for diabetes (e.g., pre-diabetes or metabolic syndrome), family members of people with diabetes, and support people for those with diabetes. Fifty people enrolled in and completed the study. Participants received information regarding diabetes care and complications, an A1c test, a pedometer, a walk log, and Pre- survey. Results of the study are currently being analyzed.

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## Board of Health

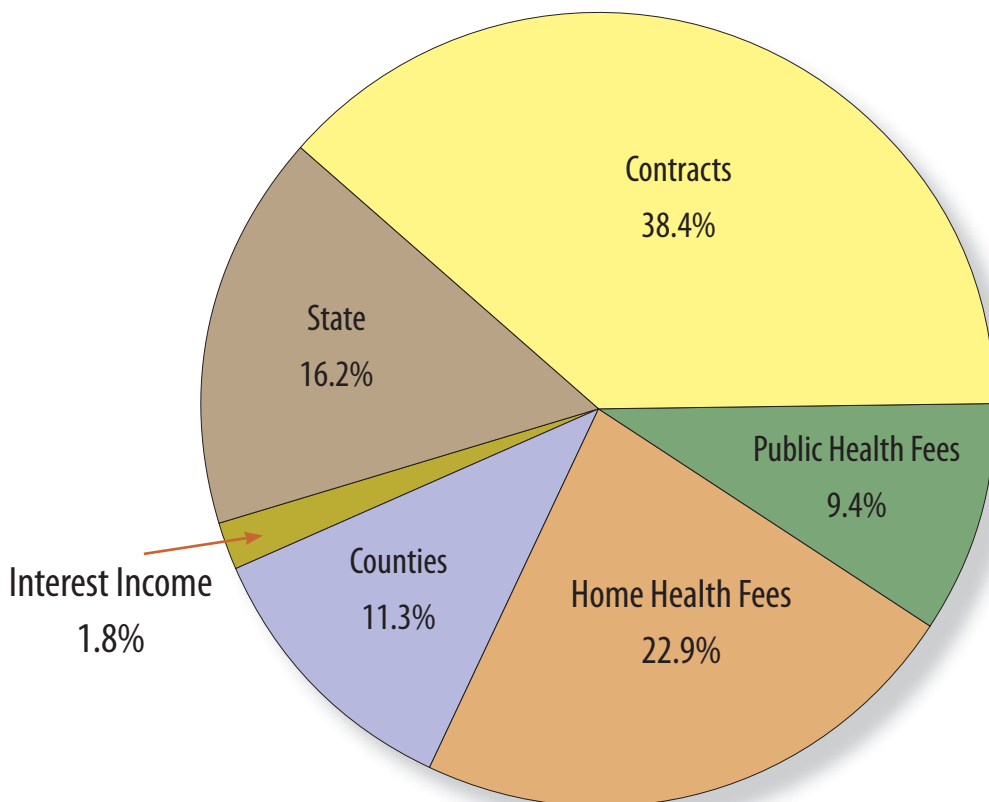


1. Carolyn Meline, Chair & Trustee  
*Bannock County*
2. Keith Martindale, Vice-chair  
*Bear Lake County*
3. Ray Zimmerman  
*Power County*
4. Steve Bastian  
*Franklin County*

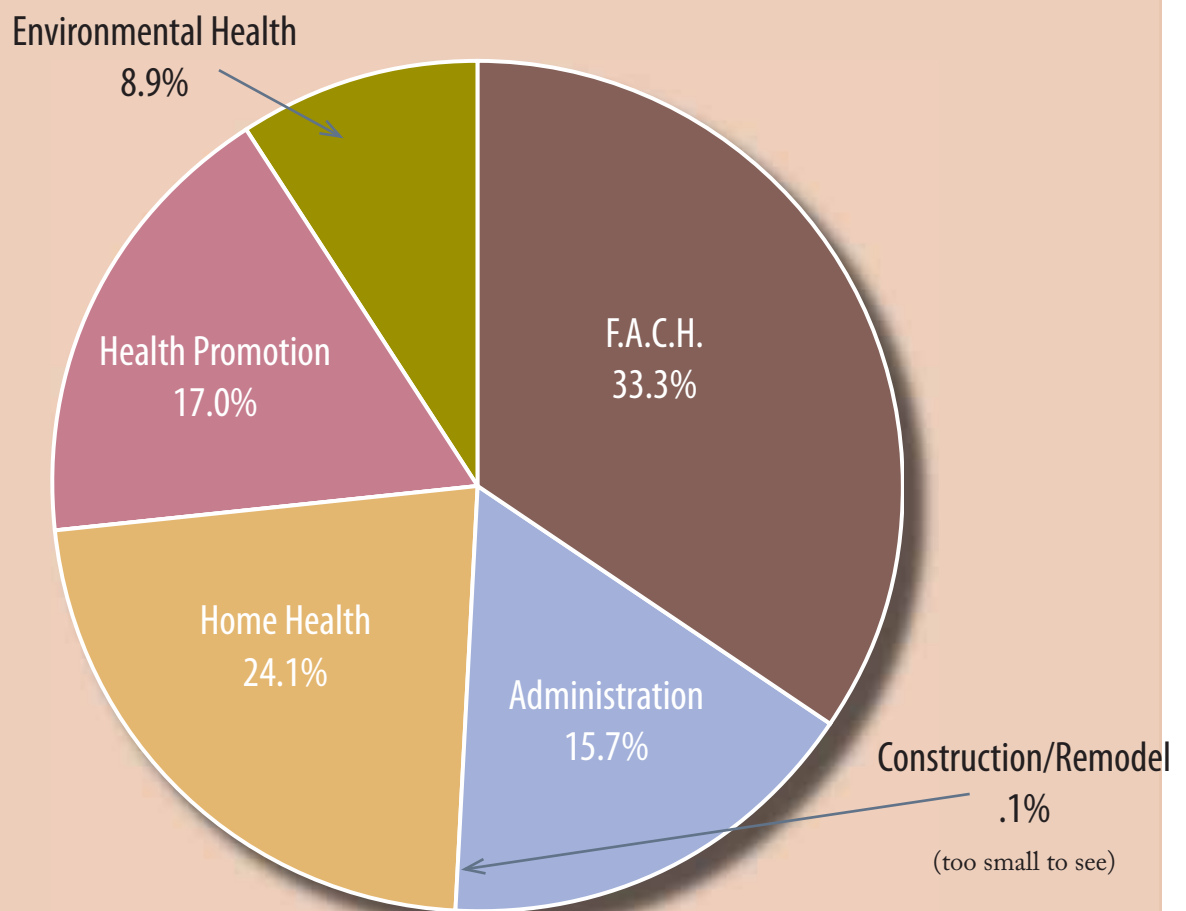
5. Wayne Brower  
*Bingham County*
6. Sheryl Haralson  
*Butte County*
7. Jerry Bush  
*Oneida County*
8. Bart Conlin  
*Caribou County*

## Funding Sources

Source	FY 2006		FY 2005		Increase
State	<b>\$1,314,100</b>	<b>16.2%</b>	\$1,265,700	16.3%	\$48,400
Contracts	<b>3,122,420</b>	<b>38.4%</b>	2,945,307	37.9%	177,113
Public Health Fees	<b>767,045</b>	<b>9.4%</b>	672,518	8.7%	94,527
Home Health Fees	<b>1,865,899</b>	<b>22.9%</b>	1,831,257	23.6%	34,642
Counties	<b>922,261</b>	<b>11.3%</b>	912,014	11.7%	10,247
Bannock	\$421,747				
Bear Lake	43,846				
Bingham	230,882				
Butte	19,507				
Caribou	56,012				
Franklin	66,452				
Oneida	25,904				
Power	57,911				
Interest Income	<b>148,762</b>	<b>1.8%</b>	140,794	1.8%	7,968
<b>Total</b>	<b>\$8,140,487</b>	<b>100%</b>	7,767,590	100%	\$372,897



## Expenditures FY 2006



Source	FY 2006	%	FY 2005	%	Increase
FACH	\$2,813,266	34.5	2,529,518	38.6	283,748
Environmental Health	736,863	9.0	674,418	10.3	62,445
Health Promotion	1,431,525	17.6	1,294,279	19.7	137,246
Home Health	1,828,830	22.5	1,834,111	28.0	(5,281)
Administration	1,325,809	16.3	1,194,683	18.2	131,126
Construction/Remodel	11,191	.1	77,750	1.2	(66,559)
<b>Total</b>	<b>\$8,147,484</b>	<b>100%</b>	7,604,759		542,725
Personnel	5,967,872	73.3	55,646,702	85.9	321,170
Operating	2,055,287	25.2	189,865	27.9	225,422
Capital Outlay	124,325	1.5	128,192	2.0	(3,867)
<b>Total</b>	<b>\$8,147,484</b>	<b>100%</b>	7,604,759		542,725



## FY 2006 Program Service Expenditures

<b>Public Health Categories</b>	Public Health Preparedness (includes HRSA)	\$1,051,351	
	Women, Infants & Children (WIC)	995,137	
	Immunization (includes IRIS)	830,941	
	Family Planning	604,454	
	Communicable Disease Control	542,802	
	On-site Sewage	285,542	
	Food Protection and Sanitation	245,885	
	Prenatal Care (PAC)	160,107	
	Child Find/Health & Safety	152,092	
	School Health	108,332	
	Women's Health Check/Avon	103,922	
	Child Care	97,753	
	Injury Prevention/Highway Safety	76,172	
	Oral Health	76,041	
	Solid Waste	70,098	
	Public Drinking Water	65,498	
	Tobacco Prevention	53,457	
	Abstinence Programs	52,957	
	Tobacco Cessation (Millennium Fund)	46,234	
	Diabetes	19,702	
	Land Development	15,499	
	Asthma	15,345	
	Vital Statistics	13,129	
	Arthritis	12,398	
	Mortgage Surveys	12,328	
	Public Swim Pools	6,613	
	Children's Special Health (CSHP)	2,964	
	Physical Fitness	2,035	
	Other Programs (10)	271,621	
	<b>Public Health Total</b>	<b>5,990,409</b>	
	<b>Home Health/Hospice Total</b>	<b>2,157,075</b>	
	<b>TOTAL EXPENDITURES</b>	<b>8,147,484</b>	

## Home Health & Hospice Services

	Bannock	Bear Lake	Bingham	Butte	Caribou	Franklin	Oneida	Power	Yearly Total
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
2006	6,111	22	853	0	1,876	730	1,946	408	11,946

## Environmental Health Services

	Bannock	Bear Lake	Bingham	Butte	Caribou	Franklin	Oneida	Power	Total
Food	2,852	222	1,391	152	602	512	127	136	5,994
Sewage	1,996	391	2,302	106	940	1,035	244	261	7,275
Child Care	1,604	26	286	14	62	34	40	84	2,150
Solid Waste	264	13	43	16	103	172	67	53	731
Recreation	117	4	43	0	6	7	3	3	183
Nuisance	257	7	11	1	19	15	3	8	321
Vector Control	106	0	6	0	5	0	1	0	118
Comm. Disease	308	1	8	1	23	9	1	6	357
Community Health	22	0	1	0	0	0	0	0	23
Air Quality	151	2	3	0	1	1	0	4	162
Water	1,308	98	317	14	55	66	18	45	1,921
Land Development	217	38	142	1	11	47	1	12	469
Mortgage Surveys	66	19	393	6	44	61	20	8	617
Disaster Prep	232	15	13	1	41	6	0	7	315
Fort Hall Contract	0	0	7	0	0	0	0	0	7
<b>TOTAL</b>	<b>9,500</b>	<b>836</b>	<b>4,966</b>	<b>312</b>	<b>1,912</b>	<b>1,965</b>	<b>525</b>	<b>627</b>	<b>20,643</b>

## 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	2,297	291	2,647	29	469	1,486	517	232	7,968
Tobacco Prevention	1,800	125	561	125	125	125	125	125	3,111
Tobacco Cessation	90	1	7	0	0	0	0	2	100
Injury Prevention	983	0	269	0	75	29	0	0	1,356
Diabetes	223	0	31	0	0	0	0	0	254
Arthritis	424	0	15	0	0	30	26	50	545
Asthma	2,672	0	11	0	0	0	300	0	2,983
Communicable Disease*	383	5	143	6	24	18	13	15	607
Press Releases	56	50	50	39	47	51	48	46	387
Public Health Preparedness	2,331	422	309	620	602	422	312	424	5,462
<b>TOTAL</b>	<b>11,499</b>	<b>914</b>	<b>4,369</b>	<b>859</b>	<b>1,392</b>	<b>2,161</b>	<b>1,381</b>	<b>1,160</b>	<b>23,755</b>

*\* Number of disease reports received*



## Family & Community Health Services

	Bannock	Bear Lake	Bingham	Butte	Caribou	Franklin	Oneida	Power	Total
Family Planning	13,207	1,334	4,191	688	837	860	677	1,913	23,707
Immunizations	8,279	4,042	6,442	2,099	4,431	6,471	1,824	995	34,583
Prenatal	2,295	149	572	7	180	424	71	85	3,783
Communicable Disease	1,743	47	192	34	38	16	30	37	2,137
Schools	4,094	0	9,342	881	2,567	3,441	2,125	2,866	25,316
Women's Health Check	66	5	15	1	7	3	0	22	119
CSHP	17	0	7	0	3	0	0	0	27
WIC	35,625	2,867	19,133	807	3,114	6,682	1,583	4,377	74,188
Child Find	1,165	84	0	19	0	0	0	0	1,268
TB Services	67	0	53	5	2	0	0	33	160
EPSDT Services Coordination	26	0	0	0	0	0	0	0	26
Refugee Services	4	0	0	0	0	0	0	0	4
<b>TOTAL</b>	<b>66,588</b>	<b>8,528</b>	<b>39,947</b>	<b>4,541</b>	<b>11,179</b>	<b>17,897</b>	<b>6,310</b>	<b>10,328</b>	<b>165,318</b>
WIC Food	\$1,450,693	\$116,389	\$907,441	\$25,242	\$120,937	\$275,788	\$70,296	\$182,417	\$3,149,203



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