

# Annual Report



## Eastern Idaho Public Health District

Fiscal Year 2011

*Prevent. Promote. Protect.*

# Director's Message

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On behalf of the Board and staff of Eastern Idaho Public Health District (EIPHD), I am pleased to present the district's Fiscal Year 2011 Annual Report.

The Public Health Districts were created by the Idaho Legislature to ensure that “**essential public health services**” are available to all citizens of the state – no matter the population, location and finances of a particular county. Eastern Idaho Public Health District serves the counties of Bonneville, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton.

Eastern Idaho Public Health District board and administration continues to face several challenges in re-defining what should be those “**essential public health services**” as a result of a budget that continues to be reduced. We have done our best to cut low-priority and ineffective programs while consolidating duplicative ones. We have reduced staff and shorten office hours in some counties. Now we are at crossroads. In addition to providing services that are mandated by law, we must decide what core public health programs are to remain that fit within the “**MISSION**” of public health? We must look at the new realities effecting public health, we must rethink of how we do our work if we are to.

**PREVENT** diseases and outbreaks

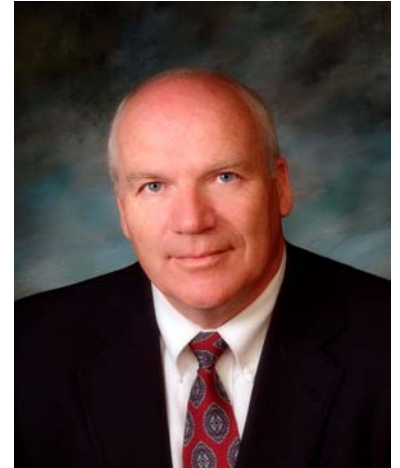
**PROMOTE** healthy lifestyles, and


**PROTECT** the health and quality of the environment.

These are exciting times; public health has profoundly improved the lives of people in our state. Public health will continue to improve if we prevent chronic diseases in the first place rather than treating them after they have occurred. This will require a public health system that assists individuals in adopting health behaviors, assisting communities and organizations in encouraging healthy lifestyles and assist policy makers in implementing appropriate policies changing the conditions in which we all live.

I remain optimistic as we face future challenges of attending to the social context of disease prevention, health promotion and protection of our citizens in having “**Healthy People in Healthy Communities**”.

We have great staff that continues to be dedicated in serving the needs of the public. I invite you to browse through this report, which highlights some of the programs, services, and activities that have been provided to the citizens of Eastern Idaho Public Health District during this past year. For a detailed explanation of all the services provided by the health district, please visit our newly designed website at [www.phd7.idaho.gov](http://www.phd7.idaho.gov).



  
Richard O. Horne, Director  
Eastern Idaho Public Health District

# Board of Health



**Robert Cope**  
Lemhi County  
*Chairman*



**Dr. Barbara Nelson**  
Physician  
*Vice Chairman*



**Lee Staker**  
Bonneville County  
*Executive Committee*



**Greg Shenton**  
Clark County



**Lin Hintze**  
Custer County



**Debbie Karren**  
Jefferson County



**Lee Miller**  
Fremont County



**Kimber Ricks**  
Madison County



**Kathy Rinaldi**  
Teton County

Eastern Idaho Public Health District's Board of Health is comprised of a county commissioner from each of the eight counties in the district as well as one physician representative.

# Finances

## REVENUE

In Fiscal Year 2011, Eastern Idaho Public Health District experienced another year of decreasing State general fund revenue. The reduction to our District was \$32,300. Fee revenues also decreased over \$50,000 and contract revenue over \$270,000 compared to Fiscal Year 2010. The counties' financial support commitment stayed exactly the same. These changes created serious challenges for the Health District this last year; however, the changes were expected and planned for, with the District ending the year about 1% over budgeted revenues.

## EXPENSES

The District responded to the revenue challenges by reducing personnel costs by almost \$300,000 and operating costs by over \$70,000 from the prior year. This was accomplished both by budgeting tighter and closely watching expenditures through out the year. When possible, departing staff were not replaced. Operating costs were monitored and questioned to ensure we did not exceed budgeted levels. Careful management of expenditures resulted in expenditures being under budget by a little over 2% for the year.

## Value of Services Provided to the Counties

The chart below represents the value of services provided to the Counties by the health district. In addition to the actual services provided by the health district, the counties benefit from a combined \$4,392,716. In WIC food vouchers that WIC participants spend on food in local retail stores. The value of the WIC vouchers is included in the "Value per \$1 County Contribution" number below.

County	FY11 County Contribution	Value of WIC Food Vouchers	Value of Public Health Services Provided	Value per \$1 County Contribution
Bonneville	\$461,243	\$2,371,687	\$5,619,614	\$12
Clark	5,685	\$20,737	185,124	33
Custer	34,695	\$33,635	376,204	11
Fremont	76,237	\$198,441	778,466	10
Jefferson	107,691	\$381,771	1,521,204	14
Lemhi	40,456	\$102,713	589,023	15
Madison	158,814	\$1,124,038	2,207,928	14
Teton	77,046	\$159,691	620,719	8
<b>TOTALS</b>	<b>\$961,867</b>	<b>\$4,392,716</b>	<b>\$11,898,282</b>	



# Office Locations



**Jefferson County**  
380 Community Lane  
Rigby  
745-7297



**Lemhi County**  
801 Monroe  
Salmon  
756-2122



**Madison County**  
314 North 3rd East  
Rexburg  
356-3239



**Teton County**  
820 Valley Centre Drive  
Driggs  
354-2220



**Bonneville County**  
1250 Hollipark Drive  
Idaho Falls  
522-0310



**Clark County**  
420 West Main  
Dubois  
374-5216



**Custer County**  
1050 N Clinic Road  
Challis  
879-2504



**Fremont County**  
45 South 2nd West  
St. Anthony  
624-7585

# Public Health Snapshot

More than 70 communicable diseases are on Idaho's Reportable Disease list. Health care providers, lab workers, and hospital administrators are required to report communicable diseases to their local health district within three days of diagnosis. Listed below are the diseases reported to Eastern Idaho Public Health District in FY11.

Disease	FY11	FY10	FY09	Disease	FY11	FY10	FY09
Amebiasis	2	0	0	Listeriosis	0	1	0
Aseptic Meningitis	5	1	2	Lyme disease	1	1	7
Biotinidase Deficiency	0	1	0	Neisseria Meningitis, invasive	0	1	2
Campylobacteriosis	40	36	34	Noroviruses	5	4	3
Chlamydia	315	266	219	Novel Influenza A Virus Infections (H1N1)	0	96	32
Congenital Hypothyroidism	1	2	0	Pertussis	17	4	8
Cryptosporidiosis	10	19	12	Q Fever	0	1	0
Giardiasis	16	24	20	Rabies, post exposure prophylaxis	0	7	5
Gonorrhea	21	5	4	Rabies, animal	0	1	1
Group A Streptococcus, invasive	0	1	0	Respiratory Syncytial Virus (RSV)	168	199	154
Hamophilus Influenza, invasive	5	3	1	S. Aureas, methicillin-resistant, invasive (MRSA)	14	10	4
Hemolytic Uremic Syndrome	0	1	1	Salmonellosis	14	19	25
Hepatitis A, acute	2	0	0	Shiga toxin producing Escherichia coli (E. coli)	22	18	33
Hepatitis B virus infection, chronic	2	4	13	Shigellosis	3	1	2
Hepatitis C, acute	1	0	0	Spotted Fever Rickettsiosis	0	1	0
Hepatitis C virus infection, chronic/resolved	93	115	127	Strep pneumonia, invasive	0	1	3
HIV	1	12	7	Syphilis	2	1	1
Lead poisoning	0	2	3	Tuberculosis	2	0	0
Legionellosis	1	0	0	Tularemia	1	0	0

protecting Idahoans from communicable diseases

# Environmental Health Division

## LEGISLATIVE HIGHLIGHT: RULES GOVERNING STANDARDS FOR CHILD CARE

During the 2011 Legislative Session, changes to Idaho's rules governing standards for child care licensing were approved. The three significant changes, which impact child/staff ratios, licensing fees, and local options for licensure, went into effect July 1, 2011.

EIPHD has four (4) environmental health specialists who conduct Health and Safety inspections, investigate complaint concerns, and review immunization records (in conjunction with staff nurses) at childcare facilities district-wide. Due to the rule changes, a new child/staff ratio point system was incorporated into our inspections to determine compliance. Staff now notify providers when licensing fees are due and collect the fee locally versus providers sending the fee to Boise. EIPHD staff also work with the Cities of Ammon and Idaho Falls, which both have their own city license requirements.

The biggest obstacle providers face is the time frame of the application and renewal process.

Providers are always concerned about meeting deadlines; they want to avoid ramifications if their licenses do not remain current. EIPHD staff members do what they can to work with the licensing entities to make the deadlines and match renewal dates.



*An example of a child care facility that provides separate lockers for the children.*

## EASTERN IDAHO SOLID WASTE COMMITTEE



*Members of the Eastern Idaho Solid Waste Committee visited Madison County's Animal Compost site.*

The Environmental Health division at EIPHD continues to aid counties in the solid waste program by helping to facilitate the Eastern Idaho Solid Waste Committee (EISWC). The EISWC is comprised of landfill operators from all eight Counties in our district and meetings are continuing to be held quarterly. The Committee was formed so that operators, regulators, and commissioners might all come together to share ideas and discuss the needs and issues of solid waste disposal within our counties.

Topics such as alternative cover, composting, and Waste-to-Energy were among last year's topics. Meetings are held at EIPHD, county offices, or waste facility sites. EIPHD's Environmental Health Director continues to function as the committee's secretary. As the secretary, she takes the meeting minutes, organizes the meetings, and sends out meeting announcements.

# Environmental Health Division

## ASSISTING FREMONT COUNTY: ROLE OF EIPHD'S ENVIRONMENTAL STAFF

The Environmental Health Division of EIPHD is assisting Fremont County in implementing its Home Occupancy Ordinance. The regulations were written to protect the county's water resources. The county was concerned that the intense use of some cabins was exceeding the capacity of the septic system to dispose of the wastewater safely. The ordinance is written as an appendix to the county's development code. This ordinance contains a set of criteria that must be met to obtain a permit to operate a business in a home that is not located in a commercial zone. So far, the permit applications that health district staff has reviewed have been for cabins that are rented for less than 30 days.

There are two classes of permits for rental cabins. A class one permit is required for cab-

ins that rent to a maximum of 14 people. A class two permit is required for cabins that are rented to 15-30 people. Cabins that are rented to more than 30 people require a commercial license and zoning and are not covered by the Home Occupancy Ordinance.

The health district's role in the permitting process is to ensure that the septic system meets the septic system regulations and is adequate for the intended use. A septic system capacity assessment is calculated using records on file and a daily wastewater flow of 40 gallons per day per person as required in the ordinance. A maximum occupancy number is established for the cabin. If a cabin owner desires a larger occupancy number, he may apply for a permit to increase the size of the septic system.



*An example of a cabin "For Rent" in Island Park.*

	FY11	FY10	FY09
# of Septic Permits Issues	282	373	486
# of Food Establishment Inspections	1,680	1,697	1,757
# of Public Water Systems Monitored	319	315	335
# of Child Care Facility Inspections	241	254	291
# of Solid Waste Facility Inspections	33	36	30



# Family & Community Health Services

Family and Community Health Services (FACHS) continues to weather the storm of an on-going down-turn in the economy. Nursing staff have been able to be retained in all eight counties comprising our District. Public Health services remain a real bargain and the health promotion and disease prevention value is priceless. FACHS staff have developed a cohesive team attitude given the increased interactivity resulting from satellite nurse assignments in the Idaho Falls Office.

## WOMENS' HEALTH CHECK PROGRAM

The number of eligible women screened for breast and cervical cancer through this FREE Federally funded program (Public Law 101-354) continues at around 400. EIPHD actually screened 419 women in FY 2011 and of those, 98 were referred for additional diagnostic services, and 17 women had cancer detected. When cancer is detected in women enrolled in Women's Health Check program, the woman automatically qualifies for a Medicaid treatment program for which we in Idaho are very thankful. This screening and treatment resource takes some pressure off each county's indigent

funds. Of the 419 women screened, 237 were screened at EIPHD's Reproductive Health clinics.

The shrinking Federal budget is still paying us to screen approximately 400 women annually, which remains a great service to East Idaho women.



WOMEN'S HEALTH CHECK SERVICES			
County	# of Women Screened <sup>2</sup>	# of Clients Referred for Additional Testing	# of Breast & Cervical Cancers Detected
Bonneville County	166	63	13
Clark County	3	0	0
Custer County	10	3	1
Fremont County	9	9	0
Jefferson County	17	13	3
Lemhi County	14	4	0
Madison County	12	4	0
Teton County	6	2	0
<b>FY11 Total</b>	<b>237</b>	<b>98</b>	<b>17</b>
<b>FY10 Total</b>	<b>235</b>	<b>98</b>	<b>18</b>
<b>FY09 Total</b>	<b>260</b>	<b>61</b>	<b>7</b>

<sup>2</sup> The number of women screened does not include women screened at privately contracted doctors' offices. The total number of women screened in FY11 was 419.



# Family & Community Health Services

## IMMUNIZATION PROGRAM

IMMUNIZATION SERVICES				
County	# of Adults Served	# of Children Served	# of Vaccinations Given	% of 2 year olds up-to-date <sup>1</sup>
Bonneville County	3,692	2,438	10,576	78%
Clark County	105	134	432	89%
Custer County	536	350	1,268	83%
Fremont County	448	439	1,668	83%
Jefferson County	1,053	1,304	4,682	81%
Lemhi County	882	469	2,114	87%
Madison County	1,053	870	3,524	87%
Teton County	473	435	1,487	80%
<b>FY11 Total</b>	<b>8,242</b>	<b>6,439</b>	<b>25,751</b>	<b>82%</b>
<b>FY10 Total</b>	<b>9,005</b>	<b>6,981</b>	<b>27,321</b>	<b>69%</b>
<b>FY09 Total</b>	<b>10,355</b>	<b>7,517</b>	<b>32,374</b>	<b>84%</b>

<sup>1</sup> Children who have received the following vaccinations: 4 DTap, 3 Polio, 1 MMR, 3 Hepatitis B, 2 or 3 HIB, & 1 Varicella

Vaccinations for both adults and children are provided in all ten of the health district's offices in our eight-county region. This is the third year where essentially all immunization visits occurred through appointments, with the exception of some walk-in flu vaccinations and occasional other vaccinations when schedules permit. Appointments have allowed clinics to be staffed more efficiently and have decreased the waiting time for clients.

EIPHD was one of the few providers in the area to offer Sanofi's new higher-dose flu vaccine in FY11. The limited numbers of high dose vaccine we purchased were readily utilized by the 65 years and older population.

This is the second full year that EIPHD's FACHS staff has facilitated the East Idaho Immunization Task Force. Last year's donation of an intact, functioning Polio Iron Lung has added a significant success to immunization advocacy and education. Amy Gamett, Nurse Manager over the Immunization Program, rented a booth at the Eastern Idaho State Fair again this year and expanded on

our successful vaccine awareness campaign. For the second year running, approximately 1,115 children had their immunization records assessed for up-to-date status. In addition, at this year's fair, our staff counseled and educated approximately 1,100 adults regarding the importance of getting a Tdap (tetanus, diphtheria, an pertussis) booster, their annual flu shot, and other age-appropriate vaccines like meningococcal and shingles vaccines. At the fair, the Iron Lung was a big attractor and elicited questions and stories from fairgoers. Many older adults had some considerably poignant memories of the late 40's and early 50's polio epidemic. Polio is one of the many vaccine-preventable diseases that no longer devastate human populations as it once did. It is important for our residents to remember to stay current on their immunizations in order for our communities to avoid unnecessary disease outbreaks. Due to excellent working relationships and a history of successful immunization initiatives, EIPHD is piloting a Quality Assurance Review program with the State of Idaho, visiting private doctor offices.

*Continued on page 10.*

# Family & Community Health Services

## Immunization Mascot

In addition to the fair, the Eastern Idaho Immunization Task Force supported the purchase of a “Blue Bird” to be our immunization mascot. We are still in the process of naming the mascot and coming up with a motto. Please send your ideas to Amy Gamett, RN Manger.

## New Immunization Rules

During the 2011 Idaho Legislative session, new immunization rules for children in childcare as well as those entering kindergarten and seventh grade were passed. These new rules went into effect in April. In May, EIPHD’s nurses arranged for numerous immunization clinics targeting current sixth grade students in an effort to help the schools and parents become compliant with this new regulation. These clinics, which were held right at the schools, were most successful.



*EIPHD’s new immunization mascot was a hit with children and adults alike at the Eastern Idaho State Fair.*

## REPRODUCTIVE HEALTH PROGRAM

EIPHD continues to provide affordable and accessible family planning and sexually transmitted disease (STD) services throughout the district. These services include a range of birth control supplies, pregnancy testing, medications for infection, partner notification, and risk reduction counseling. The number of “women in need” who utilize family planning services (income less than or equal to 150% poverty level) has increased over the recent years of the economic recession. Participants with lower incomes, in addition to slightly fewer participants, resulted in less fees being collected for these services that we had anticipated in our budget. However, there have been several contract enhancements which have helped to offset costs.

Nikki Sayer, RN Manger for Reproductive Health, continues to represent Idaho’s Health District on the Regional Infertility Project, which meets several times a year.

## Sexually Transmitted Diseases

The number of positive STD tests continues to increase at EIPHD. Many of these infections involve Chlamydia, in both men and women. Chlamydia is currently treatable, but success in reducing its incidence is directly related to effective partner tracking and notification. Access to sexually transmitted disease testing is available in all of EIPHD’s county offices. The diligence and expertise of staff who contact clients’ partners and provide treatment for both private providers’ and district clients has great impact. The thorough approach of the nursing staff prevents diseases from spreading and reducing costs in treating perinatal infected infants and reproductive complications.

Toward the end of this fiscal year, an outbreak of Syphilis was being tracked in the Boise area. It is likely that the cases of Syphilis will increase some also in FY12.

# Family & Community Health Services

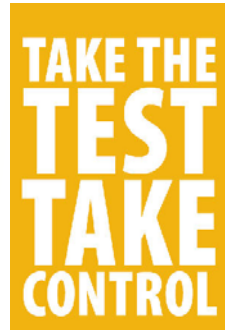
## HIV Testing and Activities

One of the significant changes to the Family Planning Program was the incorporation of HIV rapid testing as a routine service for many of the customers. This modification follows the Center for Disease Control and Prevention's (CDC) guidelines and added \$30,000 to our contract over the past two years. The idea behind routine testing is that it may detect some of the one in five people who are infected with HIV but don't know it. It is this reservoir of infection that is causing the majority of new disease.

HIV remains an incurable disease, but early diagnosis and early entry into care can significantly improve life span and maintain quality of life for infected individuals. EIPHD has partnered with the Federally Qualified Health Clinics (FQHCs) in our region in conducting HIV Testing events, including National HIV Testing Day

on June 27, 2011, and National Latino AIDS Awareness Day in October of 2010. The FQHCs in St. Anthony, Roberts, and Idaho Falls agreed to be testing sites for our staff to conduct these free screenings. Our activities for National HIV Testing

Day in June resulted in 74 rapid HIV tests being administered. They were able to be offered for free due to charitable contributions from Breaking Boundaries, a local non-profit organization. Some of these tests were conducted during the Mexican Consulate's visit to our area.



## REPRODUCTIVE HEALTH & SEXUALLY TRANSMITTED DISEASE SERVICES

	Bonneville County	Clark County	Custer County	Fremont County	Jefferson County	Lemhi County	Madison County	Teton County	FY11 Total	FY10 Total	FY09 Total
<b>REPRODUCTIVE HEALTH SERVICES</b>											
Individuals Served	2,510	36	82	152	321	189	272	157	3,719	3,952	4,121
% of Clients at ≤150% of Poverty Level	88%	89%	81%	93%	89%	86%	85%	85%	87%	85%	83%
# of Abnormal Pap Smears	56	2	5	5	19	24	18	12	141	244	320
# of Unwanted Pregnancies Averted (theoretical) - CY10	351	10	22	29	62	45	47	25	591	710	737
<b>SEXUALLY TRANSMITTED DISEASE (STD) SERVICES</b>											
# of STD Tests (including Chlamydia, Gonorrhea, & Syphilis)	4,840	24	44	73	209	107	146	44	5,487	4,474	4,724
# of Positive STD Tests (including Chlamydia, Gonorrhea, & Syphilis)	258	1	4	21	20	3	24	7	350 <sup>3</sup>	284	231

<sup>3</sup> Due to the low incident of HIV, the HIV/AIDS positive data is not available at the county level. Eastern Idaho Public Health District had 12 positive HIV/AIDS cases reported in FY11. Positive tests reflect cases reporting from public health and private medical testing. Total positive STD Tests = 350 (338 + 12 HIV/AIDS)

# Health Promotion Division

## FIT AND FALL PROOF™ (FFP) PROGRAM

This year was the sixth year since the implementation of the Fit and Fall Proof™ (FFP) program. It is an exercise-based fall prevention program for older adults and focuses on functional fitness to reduce older adults' risk of falling.

According to the Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control (NCIPC),

- Unintentional falls affect one in three adults 65 years of age and older at least once each year.
- Falls are the leading cause of accidental injury deaths among Idahoans aged 65 and older.
- Falls are also the most common cause of nonfatal injuries (such as fractures of the hip, spine, forearm, and leg) and hospital admissions for trauma.
- More than half of all accidental injury deaths to the 65-plus age group were due to accidental falls (CDC, 2009).

Local volunteer leaders, such as retired participants and college student interns, are trained and certified to teach FFP classes in their communities. These class leaders have received training and instruction on exercise techniques and personal safety. The classes are monitored by EIPHD Instructor Trainers, on a regular basis to assure that the classes are being taught according to the program's guidelines.

Classes are free to participants and are held twice a week in senior centers, assisted living communities, churches, and other places older adults gather, throughout the district. At this time there are 11 sites and over 140 participants.



FFP classes enable older adults to:

- Maintain an independent, freely functioning life-style
- Improve muscular strength
- Achieve gains in flexibility, enabling older adults to reach and to bend
- Increase balance and posture
- Improve mobility, endurance, and walking gait

Participants have noticed a change in their physical abilities as the most common strength of the program, with social interaction and enhanced well-being also being noted. Some of the quotes from participants are:

*"I had a hip replacement and every day I am getting better. Love the class."*

*"If it had not been for these classes-I'd have been a stay at home-because walking was becoming a problem."*

*"A wonderful program! I can tell the difference in my body when I miss a few times. It definitely helps me to keep active and balanced."*

*"This class has been great for me. I have improved my physical ability and I'm able to do so much more. I can get out of a chair and walk without having to warm up my legs and the list can go on and on. My quality of life is much improved."*

*"This is a great idea-for some it might be their only social activity-and a great way to meet with and talk to others."*

*"I have a history of falls because of past leg surgery limitations. During the last 2 years have not fallen at all. I definitely attribute that to this class."*

*"Thank you all for inventing a program for seniors that we can afford, that helps our lives and not giving up on us."*



# Health Preparedness Division

## PUBLIC HEALTH PREPAREDNESS AND ASPR PROGRAMS

Emergency preparedness requires attention not just to specific types of hazards, but also to steps that increase preparedness for any type of hazard. There are many resources that are used by the EIPHD Public Health Preparedness Program to accomplish this goal.

- **The Health Alert Network (HAN):** The HAN is a program that provides health alerts, advisories, and updates to healthcare providers, elected officials, and agencies to inform them of public health concerns throughout the district, state, and nation.
- **Preparation and Planning:** Providing plans for individuals, businesses, agencies, healthcare facilities, and district wide. These plans are coordinated with area agencies, state agencies, and federal agencies.
- **Surveillance:** Case definitions, illness recognition and detection, and planning.
- **Training and Education:** Public health employees, area agencies, and the public.
- **Communication:** Communication with first responders, the public through the media, and with state agencies.



The ASPR and the Public Health Preparedness programs work hand-in-hand with community partners to plan for and respond to incidents in the community that can cause significant damage and/or death in an event. To plan and exercise for an incident, Eastern Idaho Public Health District's ASPR Regional Planning Group conducted a full scale exercise in May 2011. This exercise was based on 7 objectives:

- Objective 1: Incident Command System/ Unified Command
- Objective 2: Communications
- Objective 3: Hazardous Materials Response and Decontamination
- Objective 4: Volunteer Idaho
- Objective 5: Fatality Management
- Objective 6: Medical Evacuation
- Objective 7: Tracking of Hospital Bed Availability

The purpose of this exercise was to evaluate participants' actions against current response plans and capabilities for a chemical decontamination incident response. Over 26 agencies and 86 participants were involved in this exercise.

The outcome of this exercise was analyzed. There were many strengths noted of participating agencies which will be maintained and built upon. There were also potential areas for further improvement identified. The success of the exercise is that these areas identified will be addressed and the development of corrective actions will assist in fortifying the emergency response capabilities in the district.



# Nutrition Division

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

The WIC program is a federally funded special supplemental nutrition program for Women, Infants, and Children. The program has improved at-risk children's health, growth, and development, and prevented nutrition related and other health problems for over 35 years.

The primary nutrition goals of the WIC program are to:

- improve dietary intake and feeding practices,
- improve birth outcomes,
- increase breastfeeding rates, and
- prevent obesity in the population WIC serves.

These goals are accomplished by using individualized nutrition assessments to plan appropriate nutrition education needs, providing participant-centered education, as well as providing participants with referrals to other health and social services providers as needed.

WIC applicants must be Idaho residents, must meet income guidelines, and be pregnant women, new mothers, infants, or children under age five. WIC services are provided in all eight Eastern Idaho Public Health District's county offices.

In past years, we have experienced tremendous growth in the WIC program, from serving 6,454 mothers and children in Fiscal Year 2005 to serving 8,345 during Fiscal Year 2010—a 29% increase. However, in Fiscal Year 2011, our client caseload declined to 7,822 mothers and children, a reduction of 9% over Fiscal Year 2010.

While we are not sure what is causing the drop in participation, EIPHD staff members are promoting the WIC program in an effort to reach out to at-risk families to make them aware of the free WIC resources available to families. During our economic recession, many families are experiencing reduced incomes due to reduced hours or lay-offs. Some of these people, who may not have qualified for WIC in the past, may now qualify. Families turning to WIC for nutrition assistance are vulnerable and at-risk and economic crises compound their vulnerability. WIC food packages and the nutrition services that accompany them ensure that WIC mothers and young children stay healthy.

## BREASTFEEDING PEER COUNSELOR PROGRAM

The WIC program and WIC staff has an ongoing commitment to improve and sustain breastfeeding rates among WIC participants. Breastfeeding education is offered to all pregnant women. WIC Breastfeeding Peer Counselors offer help through telephone calls and home visits to all WIC participants in need.



# Nutrition Division



## WIC PROGRAM STATISTICS

	Total Clients Enrolled	# of Clients Participating	# of Women Enrolled	# of Infants Enrolled (0-12 months)	# of Children Enrolled (1-5 years)	WIC Food Dollars Spent	# Participants In FY 2010 WIC Dollars Spent	# Participants in FY 2009 WIC Dollars Spent
Bonneville County	4,560	3,925 86%	1,102 24%	1,045 23%	2,413 53%	\$2,371,687	4,163 \$2,554,966	4,015 \$2,666,050
Clark County	55	50 91%	7 13%	9 16%	39 71%	\$20,737	60 \$22,633	61 \$31,629
Custer County	61	57 93%	12 20%	12 20%	37 61%	\$33,635	81 \$43,187	82 \$53,672
Fremont County	424	373 88%	81 19%	82 19%	261 62%	\$198,441	420 \$228,773	384 \$246,079
Jefferson County	1,022	921 90%	211 21%	192 19%	618 60%	\$381,771	1,016 \$435,958	962 \$431,327
Lemhi County	190	164 86%	49 26%	43 23%	98 52%	\$102,713	191 \$120,443	199 \$118,491
Madison County	2,308	2,028 88%	748 32%	566 25%	994 43%	\$1,124,038	2,155 \$1,220,857	2,042 \$1,279,623
Teton County	322	305 95%	73 23%	68 21%	181 56%	\$159,691	258 \$141,691	237 \$143,352
<b>FY2011 Total</b>	<b>8,942</b>	<b>7,823 87%</b>	<b>2,283 26%</b>	<b>2,017 23%</b>	<b>4,641 52%</b>	<b>\$4,392,716</b>		
<b>FY2010 Total</b>	<b>9,428</b>	<b>8,345 89%</b>	<b>2,412 26%</b>	<b>2,107 22%</b>	<b>4,907 52%</b>	<b>\$4,768,508</b>		
<b>FY2009 Total</b>	<b>8,967</b>	<b>7,982 89%</b>	<b>2,361 26%</b>	<b>2,104 23%</b>	<b>4,502 50%</b>	<b>\$4,970,223</b>		



# Public Health

Prevent. Promote. Protect.

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## Idaho Public Health Districts



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