

Annual Report



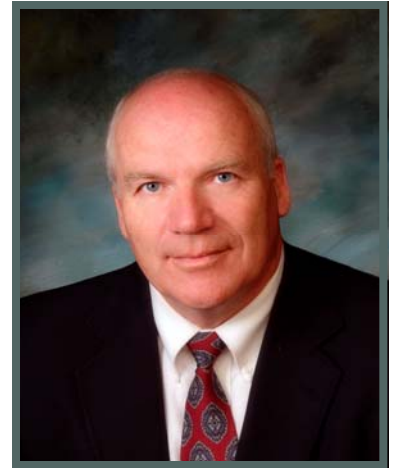
Eastern Idaho Public Health District Fiscal Year 2012

Prevent. Promote. Protect.

Director's Message

On behalf of the Board and staff of Eastern Idaho Public Health District (EIPHD), I am pleased to present the district's Fiscal Year 2012 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.



The district has faced many challenges over the past few years as a result of the recession. I am excited to report, that while recovery will take time, it appears that we are beginning that process. We are starting to experience an increase in the level of some of the services we provide, indicating to us that is a slight recovery in economy.

The mission of Eastern Idaho Public Health District is to:

PREVENT diseases and outbreaks

PROMOTE healthy lifestyles, and

PROTECT the health and quality of the environment.

As we do our best to tighten our budgets, we, like other businesses, are experiencing increased costs. So, as we forge our path into the future, we will need to ensure we continue to provide those public health services mandated by law in the most economical manner possible, while also responding to new challenges and opportunities.

These are exciting times! Public health has profoundly improved the lives of people in our state. Even though the impact of Health Care Reform and the Affordable Care Act is yet to be seen, Eastern Idaho Public Health District's dedicated staff remains 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.**”

I invite you to browse through this report, which highlights some of the programs, services, and activities that have been provided by EIPHD to the citizens of Eastern Idaho during this past year. For a detailed explanation of all the services provided by the health district, please visit our website at www.phd7.idaho.gov.

It has been my pleasure to be involved in the delivery of public health services in Idaho for over 40 years. But, as the saying goes, “all good things must come to an end.” This will be the last annual report I present on behalf of Eastern Idaho Public Health District, as I will begin a new adventure this coming year—retirement!

A handwritten signature in dark ink, reading "Richard O. Horne".

Richard O. Horne, Director
Eastern Idaho Public Health District

Board of Health

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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 2012, Eastern Idaho Public Health District experienced another year of decreasing State general fund revenue. The reduction to our District was \$58,600, or approximately 5%. Each year, we experience fluctuations in our contract revenue. This year, we experienced a 15% decrease in contract funding over the previous year, which equated to approximately \$475,000. Contributing in part to this decrease was the end of federal funding for the H1N1 pandemic response that we had received the previous three years, a reduction of over 50% in our appropriations from the State's Millennium Fund that is used to provide free smoking cessation services to the public, and the elimination of two programs (Infant Toddler and Project Life) that were being phased out over the past couple fiscal years. On the bright side, our total revenue from fees increased by approximately 12%, or just over \$140,000. The Family and Community Health Services division realized an increase of approximately 14% and the Environmental Health Division realized an increase of approximately 5% over the previous fiscal year. Finally, appropriations from the counties remained level for the fourth consecutive year, which is appreciated in light of the recession. Overall, total revenue was right on budget for Fiscal Year 2012.

EXPENSES

Once again, health district staff did a great job of managing the district's personnel and operating expenses, keeping them under budget, ending the year at 96% of budget.

At the start of Fiscal Year 2012, a payment of nearly \$500,000 was made on the outstanding bonds for the construction of the District's Bonneville County office that was built in 2007. These funds were taken from the District's capital reserve account. In May, 2012, the Board of Health authorized the remainder of the bonds to be paid in full; however, this transaction took place in August, which will be reflected in the District's Fiscal Year 2013 budget.

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 \$4,510,467 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	FY12 County Contribution	Value of WIC Food Vouchers	Value of Public Health Services Provided	Value per \$1 County Contribution
Bonneville	\$468,015	\$2,469,143	\$5,816,400	\$12
Clark	5,714	16,526	153,432	\$27
Custer	30,443	43,891	376,714	\$12
Fremont	78,421	205,655	636,466	\$8
Jefferson	111,760	377,973	1,357,132	\$12
Lemhi	39,686	104,133	547,297	\$14
Madison	154,255	1,131,278	2,184,709	\$14
Teton	73,573	161,868	557,033	\$8
TOTALS	\$961,867	\$4,510,467	\$11,629,183	

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 Fiscal Year 12.

Disease	FY12	FY11	FY10	Disease	FY12	FY11	FY10
Amebiasis	0	2	0	Lyme disease	0	1	1
Aseptic Meningitis	2	5	1	Malaria	2	0	0
Biotinidase Deficiency	0	0	1	Neisseria Meningitis, invasive	0	0	1
Campylobacteriosis	28	40	36	Noroviruses	3	5	4
Chlamydia	341	315	266	Novel Influenza A Virus Infections (H1N1)	0	0	96
Congenital Hypothyroidism	2	1	2	Pertussis	8	17	4
Cryptosporidiosis	19	10	19	Q Fever	0	0	1
Giardiasis	11	16	24	Rabies, post exposure prophylaxis	1	0	7
Gonorrhea	9	21	5	Rabies, animal	0	0	1
Group A Streptococcus, invasive	1	0	1	Respiratory Syncytial Virus (RSV)	96	168	199
Hamophilus Influenza, invasive	2	5	3	S. Aureas, methicillin-resistant, invasive (MRSA)	11	14	10
Hemolytic Uremic Syndrome	0	0	1	Salmonellosis	12	14	19
Hepatitis A, acute	1	2	0	Shiga toxin producing Escherichia coli (E. coli)	9	22	18
Hepatitis B virus infection, chronic	5	2	4	Shigellosis	3	3	1
Hepatitis C, acute	1	1	0	Spotted Fever Rickettsiosis	2	0	1
Hepatitis C virus infection, chronic/resolved	80	93	115	Strep pneumonia, invasive	1	0	1
HIV	1	1	12	Syphilis	4	2	1
Lead poisoning	3	0	2	Toxic-shock syndrome, staphylococcal	1	0	0
Legionellosis	0	1	0	Tuberculosis	2	2	0
Listeriosis	0	0	1	Tularemia	0	1	0

protecting Idahoans from communicable diseases

Environmental Health Division

LEGISLATIVE HIGHLIGHT: CHILDCARE IMMUNIZATIONS RULES

Legislative changes to Idaho's rules governing immunizations for attending child care increased the number of immunizations these children need. This is because diseases like measles and whooping cough spread quickly in child care facilities, so children need to be protected before they attend.

EIPHD's contract for conducting Health and Safety inspections at child care facilities includes a component on immunization checks. Ten percent of our facilities had 100% Immunization Reviews conducted. This requires that 100% of the children attending a childcare facility be 100% up-to-date on their immunizations. While the 100% requirement may seem excessive, a provider signs a contract with Idaho Department of Health and Welfare when starting its childcare business agreeing to not accept children who are not up-to-date.



	FY12	FY11	FY10
# of Septic Permits Issues	318	282	373
# of Food Establishment Inspections	1,551	1,680	1,697
# of Public Water Systems Monitored	304	319	315
# of Child Care Facility Inspections	215	241	254
# of Solid Waste Facility Inspections	42	33	36

Environmental Health Division

EASTERN IDAHO SOLID WASTE COMMITTEE

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 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. 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.

Current topics of discussion include recycling, animal composting, and waste-to-energy. Many ideas are being shared at these meetings on how to improve recycling efforts in all counties. Recycling operations at most landfills and transfer stations has greatly improved over the past few years. Implementation of viable curbside recycling programs is now the topic of conversation.

Last fall, Madison County began a pilot program for composting dead animals with the use of wood chips. A few years ago the EISWC took a field trip to West Yellowstone, Montana and observed a large number of buffalo being composted with wood chips. Madison County officials decided their county could benefit by utilizing the same process. Over the past year, dead animals have been composted successfully in Madison County. Individuals involved in the process have been sharing the knowledge gained of the process with the committee. Officials from Fremont County are now looking to use the same process at their St. Anthony facility.

Clark County officials continue to pursue a viable waste-to-energy technology that can be implemented in their county. They have teamed up with Madison, Fremont, and Bonneville Counties to create the Eastern Idaho Regional Solid Waste District. In April of 2012, members of the District, along with health district employees, took a field trip to Pasco, Washington to observe a pilot plant that can take sorted solid waste and convert it into fuel (gas) for use in automobiles as well as various grades of diesel fuel.



Waste-to-fuel pilot plant in Pasco, Washington.



Animal compost pile in Madison County.

Family and Community Health Services Division

The Family and Community Health Services (FACHS) division continued to creatively pursue expanded contracting opportunities when possible. In addition, the division's managers expanded the marketing and outreach for their programs. Expanded partnerships brought in additional revenue from many third party payers, including Medicaid, Medicare, and private insurances. In fact, the division generated more than double the number of insurance billings for April through June of 2012 than in the same period in 2010. In addition, staffing is being adjusted to expand client service opportunities and to accommodate an expanded array of general health matters for women.

The data included with the following program highlights will help demonstrate the healthy trend that FACHS is riding. There is a strong effort on behalf of FACHS management to increase meaningful disease prevention and health promotion activities and service levels alongside Health Care Reform and to fully develop the billable code sets that can capture payments appropriately. Finally, the division purchased and started the implementation planning process for an electronic medical record and practice management software system. The new system is scheduled to "go live" on January 7, 2013.

IMMUNIZATION PROGRAM

EIPHD operates the busiest public health immunization program in the state of Idaho. There are several reasons for the productivity of the District's vaccine-preventable disease endeavors. EIPHD has a long term reputation for quality, creative, accessible, and affordable immunization services. The District takes the matters of vaccine handling and storage very seriously. We use the highest quality commercial grade refrigeration and freezer units for vaccine storage. Each is equipped with a temperature-monitoring alarm system, which notifies staff if the power goes out or the temperatures in the units get out of acceptable ranges. The vaccine refrigerators and freezer in our main office in Bonneville County is also supported by an emergency back-up generator.

Immunization Partnerships

One factor that supports and promotes a vibrant immunization practice is the partnership and leadership EIPHD has demonstrated over the years. Many private medical clinics and their employees rely on the district's staff for local expertise on vaccine administration, storage and handling, and short-term supply needs in the event of shortages. EIPHD was immediately responsive in purchasing private supplies of vaccine for the insured population of children when the State of Idaho removed this population from the free "vaccine for children" program in 2009. The District has shown quick response to outbreaks of vaccine-preventable diseases over the years, efficiently and effectively immunizing large groups of vulnerable individuals.

EIPHD's immunization staff has been a collaborative partner with child care providers, assessing immunization records of their enrolled children. In Fiscal Year 2012, Amy Gamett, RN Manager, and Rachel Tweedie, LPN, expanded this partnership to assure children were up-to-date given new legislative rules requiring compliance with the Center for Disease Control and Prevention's (CDC) vaccination recommendations.

The State of Idaho's Immunization Program contracted with the FACHS division for the second consecutive year to perform Quality Assurance Reviews (QARs) with many of the private vaccine providers. The relationship EIPHD has established with the State of Idaho and local providers is important to continue leading the way in this vital line of work.



Safe and appropriate vaccine handling and storage is a top priority at EIPHD.

Family and Community Health Services Division

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IMMUNIZATION SERVICES

County	# of Adults Served	# of Children Served	# of Vaccinations Given	% of 2 year olds up-to-date, based on 2011 requirements (4-3-1-3-3-1) ¹	% of 2 year olds up-to-date, based on 2012 requirements (4-3-1-3-3-1-4-2) ²
Bonneville County	4,218	2,861	12,706	76%	38%
Clark County	98	118	370	60%	60%
Custer County	844	343	1,556	69%	54%
Fremont County	368	426	1,468	90%	67%
Jefferson County	1,088	1,190	4,439	77%	44%
Lemhi County	976	501	2,186	81%	61%
Madison County	1,103	1,016	4,173	72%	56%
Teton County	488	387	1,572	79%	53%
FY12 Total	9,183	6,842	28,440	77%	50%
FY11 Total	8,242	6,439	25,751	82%	N/A
FY10 Total	9,005	6,981	27,321	69%	N/A

¹ Children who have received the following vaccinations: 4 DTap, 3 Polio, 1 MMR, 3 Hepatitis B, 2 or 3 HIB, and 1 Varicella (chickenpox)

² Children who have received the following vaccinations: 4 DTap, 3 Polio, 1 MMR, 3 Hepatitis B, 3 HIB, 1 Varicella (chickenpox), 4 Prevnar (pneumococcal), and 2 Hepatitis A

Pertussis Outbreak Response

EIPHD also played a key role in responding to the whooping cough (pertussis) outbreak, which has been closing in on Idaho since Washington and California started documenting hundreds to thousands of case of the disease in the last year. Beginning in April, the FACHS division launched a multi-phased pertussis vaccination campaign, resulting in close to 700 doses of Tdap (tetanus, diphtheria, and pertussis vaccine) being administered to adults during the last quarter of the fiscal year. This was an increase of approximately 500 doses over the number of Tdap vaccines given to adults during the same time period in Fiscal Year 2011. The campaign continues and cases of pertussis are still being reported. Tragically, a nine-week-old infant in the Pocatello area died from whooping cough during this outbreak period.

**Don't risk spreading Pertussis
(Whooping Cough)
to your baby!**

**Protect yourself, your
family, and your baby.
Get vaccinated TODAY!**



Family and Community Health Services Division

IMMUNIZATION PROGRAM

Outreach Activities

EIPHD continues to have a positive community presence while offering effective immunization services. The new immunization coordinator, James Corbett, RN, is the QAR staffer as well as the arranger of many off-site flu and childhood immunization clinics. In Fiscal Year 2012, influenza vaccine was offered at many businesses with more than 7,000 doses of flu vaccine administered by the health district. Booster Bird, the mascot of the immunization program, continued to promote vaccine awareness at Idaho Falls Chukars' baseball games and high school sporting events.

In April, the FACHS division was honored during National Immunization Week by a visit from Dr. Melinda Wharton, the Director for the National Center for Immunization and Respiratory Diseases at the CDC, along with several staff members from the Idaho Immunization Program. The day of this visit, EIPHD's Immunization Program, in partnership with the Eastern Idaho Immunization Task Force, held a FREE immunization clinic for children. More than 160 appointments were made and 148 children received vaccinations.



Dr. Melinda Wharton from the Centers for Disease Control and Prevention received a warm welcome from Booster Bird when she visited Idaho Falls in April of 2012.



EIPHD partnered with the Eastern Idaho Immunization Task Force to offer a free immunization clinic for kids.

A final outreach effort to note is the presence of FACHS staff at the Eastern Idaho State Fair in Blackfoot, Idaho. The FACHS division sponsored an immunization booth, complete with a functional "iron lung." During the event, FACHS staff assessed child and adult immunization records and provided a great variety of information and education materials. Close to 3,000 individuals heard about immunizations from EIPHD staff. Numerous fair attendees who stopped by the booth expressed appreciation of the District's efforts to immunize and educate the public.

Summary

This past year was an exceptionally engaging one for EIPHD's immunization program. More and more insurance companies are being billed for adult and children immunizations. Business in the clinics themselves has been active and the number of vaccinations administered this fiscal year is higher than the past two years.

Family and Community Health Services Division

WOMEN'S HEALTH CHECK PROGRAM

The federal program, (public law 101-354), continues to provide funding for states to identify eligible women and enroll them for FREE breast and cervical cancer screenings. The program has offered considerable benefits to uninsured women. It is always more cost effective to identify possible breast and cervical cancers early so that treatment can be effective and save lives. Pat Fletcher, RN Senior, Women's Health Check Coordinator, did an exceptional job expanding the volume of participants and assuring quality follow-up and counseling. Pat retired at the end of July, 2012. The new Women's Health Check coordinator is Lynne Trauntvein. Lynne is also a clinician who will be able to see many of these women in District clinics.

The program was able to directly screen 273 women through District clinics and case manage an additional 204 women through privately contracted physicians, totaling 477 women (58 more than last fiscal year). As the data below indicates, 16 women had cancers detected and were referred to a special Medicaid treatment program to cover expenses.

For Fiscal Year 2013, the Women's Health Check program is funded to screen more than 500 women.



WOMEN'S HEALTH CHECK SERVICES

County	# of Women Screened at EIPHD	# of Women Screened at Private Providers	Total # of Women Screened	# of Clients Referred for Additional Testing	# of Breast & Cervical Cancers Detected
Bonneville County	206	87	293	66	10
Clark County	2	1	3	0	0
Custer County	15	16	31	5	0
Fremont County	4	24	28	5	0
Jefferson County	22	46	68	10	3
Lemhi County	6	21	27	8	1
Madison County	14	1	15	8	1
Teton County	4	8	12	4	1
FY12 Total	273	204	477	106	16
FY11 Total	237	182	419	98	17
FY10 Total	235	185	420	98	18

Family and Community Health Services Division

REPRODUCTIVE HEALTH PROGRAM

Health Care Reform

Health Care Reform and the Affordable Care Act (ACA) dominated many board rooms, budget hearings, and program planning meeting during Fiscal Year 2012. The ACA was signed into law on March 23, 2010. Beginning in 2012, insurance companies were required to offer many preventive services to children, adults, seniors, and women. Some insurance companies were “grandfathered” into Health Care Reform’s requirements and retained many of their original plan’s components. However even these companies were required to offer many preventive health services, especially to women such as the following with no co-pay and no deductible:

- well women visits
- screening for gestational diabetes
- HPV (human papilloma virus) screening every three years. HPV can cause cervical cancer and genital wart virus
- counseling for sexually transmitted infections
- counseling and screening for HIV
- contraceptive methods and counseling
- breastfeeding support, supplies, and counseling with every birth
- screening and counseling for interpersonal and domestic violence
- mammograms every 1-2 years for women over age 40

EIPHD’s Reproductive Health program continues to provide many of these services with the assistance of various part-time advanced practice clinicians in each of our district’s eight counties. As more women become insured in the next two years, reproductive health and sexually transmitted disease clinical staff are ready to meet an inevitable increased demand for services.



Sexually Transmitted Disease (STD)

The number of STDs reported continues to rise slightly in the district. EIPHD remains committed to identifying, treating, and counseling patients with STDs throughout our eight-county region. Staff members are trained in partner notification and disease trends, emerging outbreaks, and antibiotic-resistant infections.

In Fiscal Year 2012, gonorrhea strains had been identified (mostly outside the United States) which were becoming increasingly resistant to antibiotics. The CDC changed treatment recommendations to be more aggressive with cases of gonorrhea identified in this country to avoid a resistant strain from emerging here, hopefully. The Idaho Legislature passed a new law in Fiscal Year 2012 labeled “Expedited Partner Therapy.” This law allows clinicians to treat partners of infected individuals more freely.

A positive note is the considerably fewer cases of HIV reported to the District this fiscal year. FACHS division continues to operate HIV testing at alternate sites, where the incidence of infection in the population tested may be higher. As many as 20% of infected individuals don’t know they are infected. Early identification of HIV infection can result in a much longer period of optimal health for the patient.

The District continues to offer coordination of services for those infected with HIV. Several funding sources are funneled through the District to assure continuity of care for the HIV-infected population. Some Housing and Urban Development funds and some Ryan White Part B and C funds come into the District to offset medication costs and allow case management services to occur. It is known that good consistent care can produce an ‘undetectable viral load,’ which essentially translates to HIV positive individuals being less likely to transmit HIV to others. Maintaining good health can extend life many years and retain productivity and quality of life.

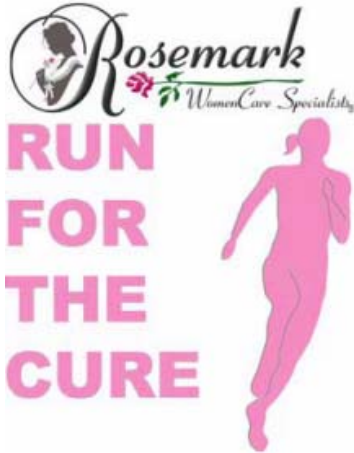
Family and Community Health Services Division

REPRODUCTIVE HEALTH PROGRAM

Community Outreach

The Reproductive Health program staff has also engaged in positive community partnerships. EIPHD organizes a team for the annual "Run for the Cure" each October, anchored with reproductive health staff and supporters.

In Fiscal Year 2012, the team had approximately 20 members. All proceeds from the race were donated to EIPHD for the purpose of giving free mammogram vouchers to women in need.



Nikki Sayer, RN Manager, and Rachel Tweedie, LPN, offer the program considerable enthusiasm and a commitment to quality service delivery. Nikki also sponsored a variety of "PINK" events to acknowledge the various breast cancer awareness activities throughout the month of October.

Summary

There are so many benefits to the work performed in the reproductive health programs. The projected 503 pregnancies averted through available and improved methods of birth control, as well as the early identification of breast and cervical cancers are significant health outcomes. More than 100 abnormal cervical screenings were followed and/or referred for additional assessment.

REPRODUCTIVE HEALTH & SEXUALLY TRANSMITTED DISEASE SERVICES

	Bonneville County	Clark County	Custer County	Fremont County	Jefferson County	Lemhi County	Madison County	Teton County	FY12 Total	FY11 Total	FY10 Total
REPRODUCTIVE HEALTH SERVICES											
Individuals Served	2,827	31	87	122	333	199	320	170	4,089	3,719	3,952
% of Clients at ≤150% of Poverty Level	89%	80%	87%	94%	89%	87%	92%	85%	89%	87%	85%
# of Abnormal Pap Smears	68	0	5	3	10	1	9	6	102	141	244
# of Unwanted Pregnancies Averted (theoretical) - CY11	302	5	17	20	47	45	36	28	503	591	710
SEXUALLY TRANSMITTED DISEASE (STD) SERVICES											
# of STD Tests (including Chlamydia, Gonorrhea, Syphilis & Rapid HIV)	4,382	60	195	263	609	398	534	331	6,772	5,487	4,474
# of Positive STD Tests (including Chlamydia, Gonorrhea, & Syphilis)	268	0	3	14	37	7	14	9	353 ³	350	284

³ 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 1 positive HIV/AIDS case reported in FY12. Positive tests reflect cases reported from EIPHD and private medical offices in which health district staff conducted follow-up. Total positive STD Tests = 353 (352 + 1 HIV/AIDS)

Health Preparedness, Promotion, and Surveillance Division

PHYSICAL ACTIVITY & NUTRITION PROGRAM

Madison County is ready for a CHANGE!

Fiscal Year 2012 was a busy one for the Physical Activity and Nutrition (PAN) Program. In previous years, the PAN

Program focused on physical activity and nutrition options at schools in our district. This year, the program's focus has expanded into examining healthy lifestyles in the community/county setting. Madison County was the first county in our district to take a look at the "whole picture" of the health of its community. A team of concerned community members from Madison Memorial Hospital, Madison School District, Madison County, City of Rexburg, BYU-Idaho, local business owners, private citizens, and Eastern Idaho Public Health District have been working to complete the CDC's CHANGE Tool.

The CHANGE tool (**C**ommunity **H**ealth **A**ssessment **a**nd **G**roup **E**valuation) is a "data collection tool and planning resource for community members who want to make their community a healthier one." The goal of the CHANGE tool is to identify the assets and needs of a community in order to find places where policy, system, and environmental changes can be implemented to affect positive and long lasting change in the community. The CHANGE tool helps community teams (such as coalitions) develop their community action plan. This tool walks community team members through the assessment process and helps define and prioritize possible areas of improvement. Having this information as a guide, community team members can create sustainable, community-based improvements that address the root causes of chronic diseases and related risk factors.



After completing the CHANGE tool, the team discovered that Madison County has many assets, such as established parks with walking paths throughout the county, an active Farmer's Market, many local fun run events, a strong mental health care program (Madison CARES) for families and their loved ones, a community-focused hospital with adequate medical staff, free classes for chronic disease self-management, and community health services at the health district's office in Madison County.

Some of the major needs identified by the group included a lack of connecting many of these assets together, such as community awareness of free- and low-cost services available, trails and pathways linking to each other and to parks, as well as signs and lights for the pathways to increase usage. Efforts have begun in Madison County to address these needs and will continue throughout the coming year.

By completing the CHANGE tool, the community is eligible to apply for various grants to assist in implementing the changes the team has identified to increase their efforts to promote health and prevent disease.

Learn More

about the CDC's Healthy Communities Program at
<http://www.cdc.gov/healthycommunitiesprogram>



Health Preparedness, Promotion, and Surveillance Division

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ORAL HEALTH PROGRAM

Give Kids a Smile Day

The first Friday of February is designated as the national "Give Kids a Smile" (GKAS) Day, the American Dental Association's signature annual charitable event when volunteer dental professionals donate their time and dental services to increase access to care for low-income children.

Fiscal Year 2012 was another successful year of planning, participation, education, prevention, and healthy teeth for the children residing in EIPHD's region. During December of 2011 and January/February of 2012, Elyse Baird, RDH, Oral Health Program Coordinator, engaged in planning, preparation, coordination, and follow-up activities for our local Give Kids A Smile Day held on February 3, 2012. The local project is a community partnership between Upper Snake River Dental Society, Eastern Idaho Public Health District, and schools within EIPHD's boundaries as well as Bingham County. There are participating dentists in Shelley that are part of the Upper Snake River Dental Society, so schools in Shelley and Firth are included in this project even though they are located within Southeastern Idaho Public Health's boundaries.

Delta Dental of Idaho donated oral hygiene kits for participating children. Henry Schein Dental donated limited supplies for registered GKAS projects through the American Dental Association, which were received and distributed by EIPHD. All television, radio, and print media in the District were notified of the event through EIPHD's Public Information Officer, Geri Rackow, and the event information was posted on the EIPHD website. Newspaper articles were published in The Post Register (Idaho Falls), The Recorder Herald (Salmon), The Challis Messenger (Challis) and Teton Valley News (Driggs). On February 1, 2012, a television story about the event featuring Dr. Higham, a local pedodontist, aired on KIFI Channel 3. EIPHD provided printed materials (medical history forms, three-part NCR treatment forms, and HIPPA forms) for dental office

use and packaged and delivered all forms, hygiene kits and supplies to the 38 participating dental offices. EIPHD also printed 25,000 GKAS parent fliers and distributed them to over 75 area schools and other service organizations and agencies. After the event, EIPHD picked up the treatment forms and tallied the dental services provided. Parents (or legal guardians) were required to accompany their children to the dental offices and received a copy of all work completed and were advised of future dental needs. Elyse Baird followed up with some parents whose children still had dental needs and connected them with local resources.

Approximately 296 dental health professionals (each participating dentist worked on children in his individual office with his own staff, equipment, and supplies) volunteered on GKAS Day and provided 562 children free dental care valued at \$162,935.00. In addition, 16 Dental Assisting students from Eastern Idaho Technical College volunteered to work in dental offices along with the dentists and their staffs.

Over the past nine years that the Give Kids a Smile Day event has been held in Eastern Idaho, dental professionals and other volunteers have provided free dental services for 3,876 low-income children, valued at \$1,021,752.

Remember, Give Kids A Smile Day is held on the first Friday in February. Mark your calendars now for February 1, 2013.



ADA American Dental Association®

Health Preparedness, Promotion, and Surveillance Division

DIABETES PROGRAM PARTNERS WITH THE IDAHO NATIONAL LABORATORY

Diabetes has been described as the greatest threat to public health ever faced by this country. Looking at the numbers, that's no exaggeration. As many as 20.8 million Americans have diabetes. More than one third of these people—6.2 million—are unaware that they have the disease. Add to those numbers another 54 million Americans who suffer from elevated blood sugar, a condition considered a precursor to diabetes, and you start to see why some health care professionals are already calling this an epidemic.

Diabetes is currently one of the ten leading causes of death in Idaho. According to the 2008 report of Idaho's Behavioral Risk Factor Surveillance Survey (BRFSS), eight percent of people living in EIPHD boundaries have been diagnosed with diabetes. The average age of onset is 51 years.

Adults with diabetes experience high blood pressure, cholesterol, weight gain, heart disease, and stroke. They are less likely to visit the dentist and engage in physical activity. Not only does diabetes cause detriment to the well-being of Idaho's citizens, but it also puts tremendous financial burden on the state. Based on a study for the American Diabetes Association, it is estimated that in 2007, total costs of diabetes was \$174 billion. The indirect cost including loss of work, premature death and disability equaled \$58 billion. People with diagnosed diabetes, on average, have medical expenditures that are more than 2 times higher than expenditures would be in the absence of diabetes.

diabetesatwork.org

Taking on diabetes. Together, we are making a difference.

In an effort to decrease lost work productivity and to increase well-being, EIPHD partnered with Idaho National Laboratory (INL) and Gwen Hoffmann, a local Certified Diabetes Educator, to implement the National Diabetes Education Program's *Diabetes at Work*.

The *Diabetes at Work* Program was implemented in five different sites the INL campuses over the past year. The program was held during the lunch hour and offered free of charge to INL employees and their family members. The program was held an hour a week for six weeks. The sessions included the following topics:

- Understanding Diabetes and Pre-Diabetes
- Working with your Health Care Team
- Preventing and Managing Complications of Diabetes
- Taking Care of Your Diabetes Every Day
- Eating Well and Physical Activity
- Caring for a Family Member with Diabetes
- Emotional Well-Being

A total of 86 INL employees and family members participated in the *Diabetes at Work* Classes. Having INL allow employees to attend the classes on their lunch hour and furnish a classroom presented an ideal opportunity for employees to learn. The Diabetes at Work program continues to be implemented at the INL and is being marketed to additional community businesses.



Learn More

View the entire Idaho Behavioral Risk Factor Surveillance Survey Results at
<http://healthandwelfare.idaho.gov/Health/VitalRecordsandHealthStatistics/HealthStatistics/BehavioralRiskFactorSurveillanceSystem/tabid/913/Default.aspx>

Health Preparedness, Promotion, and Surveillance Division

PUBLIC HEALTH PREPAREDNESS

Groundhog Day Exercise

On February 1-3, 2012, Eastern Idaho Public Health District, along with 250 other local, regional and state responders, participated in the Groundhog Day Tabletop Exercise. The exercise focused on the response to a catastrophic seismic event in Eastern Idaho along the Grand Valley Fault, involving Bonneville, Madison, Teton and Jefferson counties.

The exercise was developed to test the region's capabilities in Emergency Operations Center (EOC) Management, Critical Resource Logistics and Distribution, Emergency Public Safety and Security Response, Citizen Evacuation and Shelter in Place, Urban Search and Rescue, Emergency Public Information and Warning, Medical Surge, Mass Care, Structural Damage and Mitigation Assessment, and Restoration of Lifelines.

Eastern Idaho Public Health District focused on Medical Surge, which is the capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, and public health departments) in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications.

Eastern Idaho Public Health District also focused on Emergency Public Information, which involved developing, coordinating, and disseminating information to the public, coordinating officials, and incident management and responders across all jurisdictions and disciplines.

During the course of the exercise, it became evident that interoperable and redundant communications are a regional challenge. Currently, backup communications plans do not cover communications between local, county and regional response agencies. Further, the region lacks a plan for coordinating public information between all jurisdictions involved in emergency response activities. As a result of these findings, Eastern Idaho Public Health District's Public Information Officer (PIO), in collaboration

Practice Plan Prepare

with other local PIOs, has developed a working group whose main purpose is to develop a Joint Information System (JIS) to ensure accurate information can be disseminated to the public and emergency responders during a response event. This exercise scenario pointed out that it will be nearly impossible for all PIOs to gather in a physical Joint Information Center (JIC), so it will be important for the group to develop ways in which PIOs group can work together in a virtual environment to accomplish the goal of coordinating public information during an emergency response.

It also became evident during the course of the exercise that the counties are looking to the Eastern Idaho Public Health District, as the Emergency Support Function 8 (Health and Medical Services Annex) Coordinator, to plan for and operate medical shelters. Eastern Idaho Public Health District is now working with the Idaho Department of Health and Welfare and the United States Centers for Disease Control and Prevention, to develop these plans.

This exercise gave Eastern Idaho Public Health District the opportunity to integrate plans with local response agencies, verifying planning strengths, and showing areas where public health planning can be improved to better provide a unified command response. Overall the exercise was extremely beneficial and increased the response capabilities of Eastern Idaho Public Health District and all other participating agencies.

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.

The WIC program has experienced growth in past years, growing from 6,454 participants in Fiscal Year 2005 to 7,823 participants in Fiscal Year 2012.

EIPHD's WIC staff promotes the program in an effort to reach out to at-risk families to make them aware of the free WIC resources available to families. WIC food packages and the nutrition services that accompany them help to ensure that WIC mothers and young children stay healthy.

A new, Window-based WIC Information System, WISPr, was implemented in February, which created more efficiencies in the program.



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.

The State of Idaho was one of three states recognized for having one of the top three breastfeeding rates in the nation. The award was in the form of \$1.1 million bonus given to the State by the U.S. Department of Agriculture.

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 2011 WIC Dollars Spent	# Participants in FY 2010 WIC Dollars Spent
Bonneville County	4,435	3,831 86%	1,030 24%	946 21%	2,459 55%	\$2,469,143	4,560 \$2,371,687	4,163 \$2,554,966
Clark County	45	42 93%	8 18%	5 11%	32 71%	\$16,526	55 \$20,737	60 \$22,633
Custer County	63	58 92%	12 19%	12 19%	39 62%	\$43,891	61 \$33,635	81 \$43,187
Fremont County	378	335 89%	75 20%	72 19%	231 61%	\$205,655	424 \$198,441	420 \$228,773
Jefferson County	932	856 92%	194 21%	176 19%	562 60%	\$377,973	1,022 \$381,771	1,016 \$435,958
Lemhi County	188	164 87%	47 25%	38 20%	103 55%	\$104,133	190 \$102,713	191 \$120,443
Madison County	2,242	1,976 88%	770 34%	518 23%	954 43%	\$1,131,278	2,308 \$1,124,038	2,155 \$1,220,857
Teton County	309	302 98%	62 20%	56 18%	191 62%	\$161,868	322 \$159,691	258 \$141,691
FY2012 Total	8,592	7,565 88%	2,198 26%	1,825 21%	4,569 53%	\$4,510,467		
FY2011 Total	8,942	7,823 87%	2,283 26%	2,017 23%	4,641 52%	\$4,392,716		
FY2010 Total	9,428	8,345 89%	2,412 26%	2,107 22%	4,907 52%	\$4,768,508		



Public Health

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