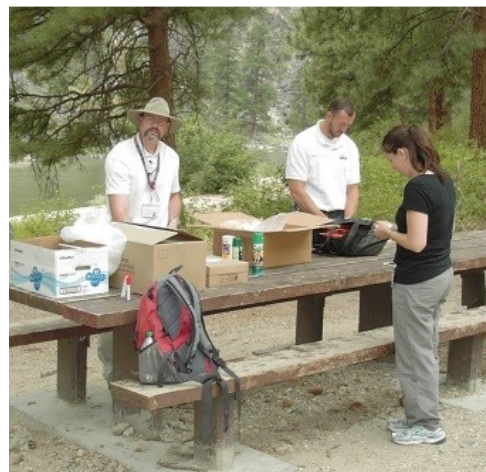




# Eastern Idaho Public Health

## ANNUAL REPORT Fiscal Year 2014



**Prevent. Promote. Protect.**

# Director's Message

It is my pleasure to present to you the Fiscal Year 2014 Annual Report for Eastern Idaho Public Health (EIPH) on behalf of the health district's Board of Health and entire staff. The work we do in public health is truly a team effort and requires partnership and collaboration among our staff as well as our numerous community partners in the eight counties we serve—Bonneville, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton.

This year brings with it the completion of my first full year as the director of EIPH. As with any change, there is a time of transition that follows, which we have experienced at EIPH over the past year. We have used this time to review our agency's mission, which is to:

- **PREVENT** disease, disability, and premature death;
- **PROMOTE** healthy lifestyles; and
- **PROTECT** the health and quality of our environment.

The district's employees and Board of Health also engaged in a process of identifying and defining our organizational values—enduring beliefs about the way things should be done and underlying principles that guide our decisions. Collectively, we at EIPH agreed to embrace the following values—values we want to be known for as we work together to serve the residents of Eastern Idaho.

**Honesty**  
**Trust**

**Integrity**  
**Teamwork**

**Dependability**  
**Happiness**

**Respect**  
**Accountability**

**Communication**  
**Quality**

As we clarified what we stand for and the role we play in the community, it also lead to the refinement of our agency's logo. Our new logo not only recognizes the value of each of our four divisions—Environmental Health; Family and Community Health Services; Health Preparedness, Promotion, and Surveillance; and Nutrition—but also the teamwork, collaboration, and strength between the divisions to accomplish our agency's mission. It also capitalizes on the strength of a community held together by its connections—of which public health is a huge part.



We have been working to develop and implement an agency-wide marketing plan with a variety of outreach components to help us promote the valuable services that we provide to the residents of Eastern Idaho. In the coming year we will be working to strengthen and expand our partnerships as well as develop strategic priorities that will help drive the continued success of our great agency.

In the following pages, there are highlights of our work, our successes, and our challenges over the last year. More detailed information about all of EIPH's services is available on our website at [www.eiph.idaho.gov](http://www.eiph.idaho.gov).

This last year has been filled with change, challenges, and growth—a year that I would call SUCCESSFUL. I feel that if we (both individually and as a agency) are not being challenged and growing, it's easy to become complacent and stagnant. I want to share my sincere appreciation with the great team of employees at EIPH's for their dedication and support. It is only because of them that we are able to provide the best public health services possible to the residents of Eastern Idaho. Undoubtedly, we will have challenges in the days, months, and years to come, but with a strong team, I truly believe that together we can face anything!



*Geri L. Rackow*  
Geri L. Rackow, Director  
Eastern Idaho Public Health



# Board of Health



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



**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



**Brian Farnsworth**  
Jefferson County



**Lee Miller**  
Fremont County



**Kimber Ricks**  
Madison County



**Kathy Rinaldi**  
Teton County

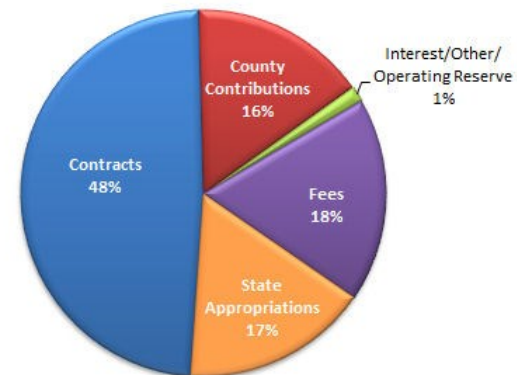


# Finances

## REVENUE

In Fiscal Year 2014 (FY14), EIPH's total revenue exceeded expectations by approximately 2.4%. This is mainly due to increased fee revenue in immunizations and septic permits. Part of the increase is attributed to increased activity in the septic program. The other contributing factor is that in January, new fees for childhood immunizations and septic permits went into effect. Revenue from contracts was 2.6% below expectations.

Revenue Summary - FY14



## EXPENSES

Again this year, EIPH's management did a great job of managing the district's personnel and operating expenses. We ended the year 5% under the expense budget, which is a testament to the team's ongoing efforts to be resourceful and judicious in the expenditure of the district's limited resources.

## CAPITAL RESERVE

In FY12, we depleted our capital reserve account in order to retire the building loan for our Bonneville County office. In FY13, due to carryover funds, we were able to start contributing back into this capital reserve account. Regular contributions to this account will be critical in order for us to have funds needed in the future to address building projects, vehicle purchases, and other capital projects.

## CHALLENGES AND LOOKING AHEAD

Over the past five years, due to the recession, we have minimized our expenses as much as possible in order to help us balance our budget. However, with that being said, we have also delayed the purchase of some large ticket items such as vehicles, building projects, computers, and other equipment by not budgeting for them, but rather waiting to see if we have carryover funds at the end of the year. This then creates challenges if we end up not having carryover dollars. For example, in the last two fiscal years, we did not budget to purchase vehicles, which results in us now having an aging fleet and several of our vehicles nearing the end of their useful life, but with no designated funds to replace them.

In FY14, we did not budget for salary increases for our staff. However, due to having carryover funds from FY13, we were able to give our employees a 2% one-time bonus. Over the years, due to lack of funding, we have fallen behind in our employee compensation. This makes it challenging to not only retain our great employees, but also very difficult to attract new employees.

When looking at our revenue over the past five years, state and county funding has remained fairly flat, while contract funds are trending downward, and fees are trending slightly upward. With the downward trend in contracts, challenges are created since nearly half of our total revenue comes from this source. With fees, although they have been trending upward, there is very little room for us to make additional increases in our fees if we are to stay competitive with market prices of clinical services. In fact, our numbers show that the number of people served in all of our clinical services (immunizations, reproductive health, and WIC) have decreased over last year. This is why we are planning an aggressive promotional and outreach campaign this coming year in an effort to make people aware of the great services we offer and hopefully increase our numbers.

Finally, we continue to have budget pressures due to increased costs of employee health insurance and other benefits. For FY15 alone, we experienced a 16% increase in these costs (approximately \$126,000) that was largely unfunded.

This coming year, EIPH will be identifying priority areas in which to focus our efforts to help us ensure our financial viability well into the future.



# 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 FY 2014.

Disease	FY14	FY13	FY12
Amebiasis	2	0	0
Aseptic Meningitis	0	0	2
Botulism, Infant	0	2	0
Campylobacteriosis	39	41	28
Chlamydia	322	340	341
Congenital Hypothyroidism	1	1	2
Cryptosporidiosis	11	18	19
Giardiasis	17	11	11
Gonorrhea	11	6	9
Group A Streptococcus, invasive	0	0	1
Haemophilus Influenza, invasive	1	3	2
Hemolytic Uremic Syndrome	0	0	0
Hepatitis A, acute	0	0	1
Hepatitis B virus infection, chronic	1	2	5
Hepatitis C, acute	0	4	1
Hepatitis C virus infection, chronic/resolved	92	122	80
HIV	5	2	1
Lead poisoning	2	0	3
Legionellosis	5	0	0
Listeriosis	0	0	0

Disease	FY14	FY13	FY12
Lyme disease	3	5	0
Malaria	0	1	2
Noroviruses	3	73	3
Pertussis	28	44	8
Q Fever	0	0	0
Rabies, post exposure prophylaxis	2	4	1
Rabies, animal	2	4	0
Respiratory Syncytial Virus (RSV)	107	374	96
S. Aureas, methicillin-resistant, invasive (MRSA)	3	9	11
Salmonellosis	20	21	12
Shiga toxin producing Escherichia coli (E. coli)	10	15	9
Shigellosis	1	2	3
Spotted Fever Rickettsiosis	0	0	2
Strep pneumonia, invasive	0	0	1
Syphilis	1	2	4
Toxic-shock syndrome, staphylococcal	0	0	1
Tuberculosis	0	1	2
Tularemia	0	0	0
West Nile Virus	0	1	0
Yersiniosis	0	1	0

## Office Locations



**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



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



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



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



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

# Environmental

Environmental health continues to be one of the major issues facing our society. Public health recognizes the connection between human health and the health of our environment. The goal of having a healthy community with clean and safe air, water, food, and surroundings is aimed at minimizing the public's exposure to environmental hazards and preventing disease.

Public health staff work hard to educate the public on the meaning, purpose, and benefit of compliance with public health laws, regulations, and ordinances.

	FY14	FY13	FY12
# of Septic Permits Issued	446	387	318
# of Food Establishment Inspections	1,884	1,938	1,551
# of Public Water Systems Monitored	302	302	304
# of Child Care Facility Inspections	224	224	215
# of Solid Waste Facility Inspections	44	33	42

## CHILD CARE HEALTH AND SAFETY INSPECTIONS

EIPH's Environmental Health staff members conduct Health and Safety Inspections for child care facilities for the Idaho Department of Health and Welfare (IDHW) in accordance with IDAPA 16.06.02, Standards for Child Care Licensing. Child care is defined as the care and supervision provided for compensation during part of a 24-hour day for a child not related by blood or marriage to the person providing the care. The care is provided in a place other than the child's own home. Child means a person less than twelve (12) years of age. Health and Safety Inspections include checking such items as staff-to-children ratios, sanitation practices, diaper changing stations, and proper firearm storage.

In FY2014, staff conducted 224 inspections at child care facilities. This number includes remedy inspections, which are a result of a complaint against the facility. Last year, 49 complaints against child care facilities were investigated by health district staff.

In FY2014, public health staff received clarification on the section of rules regarding fire exits and smoke detectors. While a fire inspection by a Fire Marshall is still required by the applicable city or county in which

the childcare facility is located, these inspections sometimes use different fire code standards than required in the rules of IDHW.

The following items are included in IDHW's rules, but may differ from the local municipality's fire code:

1. Exit (door) is 32 inches by 6 foot 8 inches. Patio doors are only acceptable in group and family facilities.
2. Basements require two exits.
3. Story above (upstairs) requires two exits.
4. Smoke detector is required in each room used for sleeping purposes.

EIPH's inspectors cannot pass a child care provider on its Health and Safety Inspection if the facility is in violation of any of the rules outlined in IDAPA 16.06.02. If any violations are found during the inspection, the child care provider must work with IDHW to develop a corrective action plan in order to have its license issued.



## Protect





# Health Division

## SUBSURFACE SEWAGE DISPOSAL PROGRAM

The individual onsite subsurface sewage disposal program (septic systems) protects human health from infectious diseases and prevents contamination of the environment through proper handling, treatment, and disposal of wastewater. Traditionally, the emphasis has been water treatment and disposal from septic systems; however, wastewater from other sources, such as storm drains, landfills, and other point sources also impacts water supplies.

The Director of the Department of Environmental Quality (DEQ) has delegated the responsibility for individual subsurface sewage disposal program to the local public health districts through a Memorandum of Understanding. DEQ has provided an on-site coordinator to oversee the program and has formed a Technical Guidance Committee to keep Idaho current with the latest in technology. DEQ also provides a Technical Guidance Manual, along with the rules, to the health districts that govern Idaho's septic disposal.

### Extended Treatment Package Systems (Aerobic Treatment Units)

An Extended Treatment Package System (ETPS) is a manufactured and packaged mechanical treatment device that provides additional biological treatment to water coming out of the septic tank (effluent) prior to its discharge to a drainfield. These types of systems are also commonly referred to as aerobic treatment units. The biological treatment provided by an ETPS is done under aerobic conditions that facilitate the growth of aerobic bacteria. The additional treatment provided by an ETPS occurs after primary clarification of wastewater in an appropriately sized septic tank.

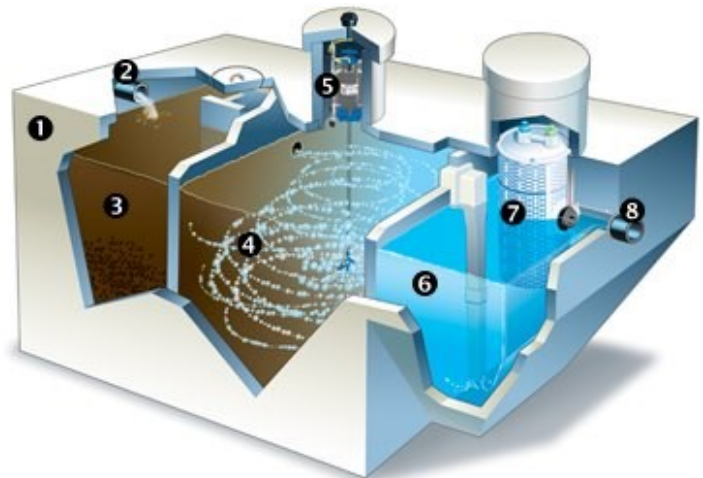
Ray Keating, one of EIPH's Environmental Health Specialists, participated in an ETPS Subcommittee for DEQ to assist with work on areas of the programs. Areas highlighted were:

- Generic ETPS reminder notifications (health district to homeowner) and service refusal letter (health district to homeowner)
- ETPS system testing requirements

- How to handle members refusing to pay the required annual dues to their Operation and Maintenance (O & M) entity
- O & M entity transitions such as new ownerships or service provider changes
- Title company and real estate transition notices, information, and education

The subcommittee met six times to address the issues identified above. From the work of the subcommittee, two education letters have been sent out to homeowners with an ETPS. A full educational page on ETPS can be found on the DEQ website following the work of the subcommittee (<http://www.deq.idaho.gov/water-quality/wastewater/septic-systems/extended-treatment-package-systems.aspx>).

Below is an example of one type of ETPS, Norweco's Singulair Residential Aerobic Treatment System:



1. **Precast Concrete Tank:** The Singulair tank, access risers, and covers are reinforced precast concrete manufactured locally by your factory-trained, licensed Norweco distributor.
2. **Inlet:** Untreated wastewater enters the system here.
3. **Pretreatment Chamber:** Wastewater enters at the Singulair inlet and is equalized here as anaerobic bacteria and gravity precondition it.
4. **Aeration Chamber:** Safe, living aerobic bacteria convert the wastewater into stable substances.
5. **Singulair Aerator:** Our exclusive aerator infuses the fresh air that safe, living microorganisms require to fully digest and treat wastewater inside the aeration chamber.
6. **Clarification Chamber:** Flow equalization enhances the settling of biologically active substances inside the Clarification Chamber.
7. **Bio-Kinetic System:** Our Bio-Kinetic system combines filtration, settling, non-mechanical flow equalization, optional disinfection, adjustable outlet weir and optional dechlorination features into a single package.
8. **Outlet:** Only a clear, safe, and odorless liquid exits the system here for return to the environment.

# Family and Community

The programs in the Family and Community Health Services (FACHS) division continued transitioning into the electronic medical record (EMR) system that was initiated in FY13. In FY14, the “collections” module was implemented to assist the district in collecting overdue payments from clients. In addition, data tables were built, enabling us to obtain accurate reports on services provided as well as revenue generated. Having accurate data is critical to program planning, budgeting, and reporting.

Another aspect of the ongoing EMR transition process involved redesigning our quality assurance and quality improvement processes. Each program has developed an audit tool which helps staff measure the level of accuracy and completeness of various processes, from clerical intake and exit of clients, to reproductive health and immunization documentation. Most of the FACHS staff is involved in the quality review process, which has not only resulted in improvements to programs but to personal performance as well. In addition, the EMR has created efficiencies in our billing practices, allowing

for a more streamlined process for billing insurance companies for services we provide and then posting payments received from the insurance companies.

The FACHS division experienced turnover of some key staff this past year, many due to retirement. With the addition of new staff, particularly in several satellite offices, many discussions on common core values occurred. Identifying and aligning FACHS’ goals and values with EIPH goals and values involved numerous hours of dialogue, staff meetings, and personal reflection on the part of all staff. As with many client-based services, quality and competence in service delivery, respect, and accountability are key values to identify with if our services are going to be successful. One opportunity that was identified through these discussions was the need to market the important services we provide—one of our goals for the coming year.

The following program highlights describe some of FACHS’ significant efforts in fulfilling EIPH’s mission and the core public health function of assuring access to care to the people of Eastern Idaho.

## Immunization Services

## Prevent

	Adults		Children		Total	
	Visits	Vaccines Given	Visits	Vaccines Given	Visits	Vaccines Given
Bonneville County	4,658	6,464	2,955	6,618	8,613	13,082
Clark County	85	99	104	192	189	291
Custer County	529	558	270	560	799	1,118
Fremont County	463	515	352	776	815	1,291
Jefferson County	1,035	1,197	944	2,208	1,979	3,405
Lemhi County	885	979	300	619	1,185	1,598
Madison County	1,122	1,661	854	1,937	1,976	3,598
Teton County	462	561	291	579	753	1,140
<b>FY14 Total</b>	<b>9,239</b>	<b>12,034</b>	<b>6,070</b>	<b>13,489</b>	<b>16,309</b>	<b>25,523</b>
<b>FY13 Total</b>	<b>11,676</b>	<b>14,102</b>	<b>6,806</b>	<b>16,547</b>	<b>18,482</b>	<b>31,583</b>
<b>FY12 Total</b>	<b>9,183</b>	<b>10,121</b>	<b>6,842</b>	<b>18,319</b>	<b>16,025</b>	<b>28,440</b>





# Health Services Division



## IMMUNIZATION PROGRAM

Our Immunization Program includes a variety of components that help us meet our mission. Our clinical services continue to serve thousands of children and adults throughout the district. We provide access to children and ensure that no child using our services misses any needed vaccine due to an inability to pay. In fact, FACHS' Annual Free Immunization Clinic held in April was the most successful clinic to date. We scheduled 181 children for appointments at this clinic, resulting in 163 children being immunized. Private donations were able to cover much of the administration costs incurred for children without insurance.



Another aspect of the Immunization Program involves alerting the public to emerging reports on vaccine-preventable disease outbreaks and offering appropriate services to vaccinate against these diseases. Over the past few years, pertussis (whooping cough) cases have consistently reached outbreak levels in

the western states. In fact, during the last half of FY14 (January—June), the number of reported cases in Idaho reached 193, nearly double from the same reporting period in FY12 and FY13. Tragically, one Idaho infant died of whooping cough this spring. Our goal is to continue educating and vaccinating to prevent illness and loss of life. We have purchased additional supplies of Tdap (tetanus, diphtheria, and pertussis) vaccine to offer protection against whooping cough to vulnerable populations whenever possible. The number of Tdap vaccines administered over the last four years reflects this ongoing effort.

### Tdap Vaccines Administered

FY14	FY13	FY12	FY11
1,891	3,607	1,760	878

In addition, staff have actively pursued vaccination opportunities in schools and businesses, offering approximately 75 off-site clinics throughout the eight counties served by EIPH. This includes offering injectable and nasal mist flu vaccines in all our clinics and at numerous community sites.

Another component of the Immunization Program includes awareness, education, and advocacy. FACHS staff members are very engaged in a variety of outreach efforts, including booths at the Eastern Idaho State Fair, local county fairs, health fairs, and other community events. In addition they collaborate with many community partners to promote the importance of vaccinations. These efforts are critical in helping us to achieve our mission.

At our Eastern Idaho State Fair booth, thousands of individuals have their immunization records reviewed and receive education and counseling by our staff. Many more individuals stop by to view our Iron Lung, an icon of the 1940s and 1950s when polio disease ravaged many Americans. Today, polio has nearly been eliminated worldwide due to routine polio vaccinations. The Iron Lung is a clear reminder that vigilance in immunizing our vulnerable populations is critical to the public's health and well-being.



*Booster Bird, EIPH's immunization mascot, attends our outreach events to help staff educate individuals on the importance of immunizations.*

Staff also conducts outreach by having a float in the Idaho Falls' Independence Day parade, reflecting the importance of immunizing early and completely to prevent disease. Again this year, over 4,000 flyers about pertussis and a fact sheet on the other serious vaccine-preventable diseases were distributed along the parade route.

# Family and Community

## REPRODUCTIVE HEALTH AND SEXUALLY TRANSMITTED DISEASE PROGRAMS

The Reproductive Health services offered by EIPH continue to be a valued aspect of local public health services, assuring that all residents of the district have access to affordable birth control, breast and cervical cancer screenings, and sexually transmitted disease (STDs) testing, treatment, and counseling. Early detection of breast and cervical abnormalities and further referral for diagnostic determination of any cancers present is a significant role for this FACHS program.

Last fall, Idaho's local Public Health Districts learned that routine testing for STDs would no longer be provided by the Idaho State Bureau of Laboratories, due to the loss of grant funding. Since the public relies on public health to provide this valuable service, EIPH began looking for another provider to allow us to continue offering STD testing services.

After researching our options, EIPH selected the Center for Disease Detection (CDD), a Texas-based laboratory, who was able to provide us with reasonably priced laboratory testing services. After considerable coordination and training, EIPH had this new lab service in place in February, 2014. For our clients, our transition to CDD was seamless. Unfortunately, EIPH did have to absorb some additional costs due to the loss of testing at the State Lab. In addition, more of the cost became the responsibility of the clients requiring the service. However, we are pleased that we were able to continue providing our clients with affordable resources for detection and treatment of diseases.

## Protect Prevent

	Bonneville County	Clark County	Custer County	Fremont County	Jefferson County	Lemhi County	Madison County	Teton County	FY14 Total	FY13 Total	FY12 Total
<b>REPRODUCTIVE HEALTH SERVICES (includes District Care, Title X, and STD)</b>											
Individuals Served	2,142	31	62	103	265	186	197	133	3,119	3,960	4,089
# of Visits	4,170	63	137	278	616	461	458	304	6,487	7,176	Not available
% of Clients at ≤150% of Poverty Level	89%	96%	93%	89%	90%	92%	88%	88%	89%	90%	89%
# of Abnormal Pap Smears	73	6	5	3	6	12	8	7	120	108	102
<b>SEXUALLY TRANSMITTED DISEASE SERVICES</b>											
# of Positive STD Tests (including Chlamydia, Gonorrhea, & Syphilis)	251	1	4	29	13	13	11	8	335*	298	353

\*Due to the low incident of HIV, the HIV/AIDS positive data is not available at the county level. Eastern Idaho Public Health had 5 new positive HIV/AIDS case reported in FY14. Positive tests reflect cases reported from EIPH and private medical offices in which health district staff conducted follow-up. Total positive STD Tests = 335 (330 + 5 HIV/AIDS)





# Health Services Division

## WOMEN'S HEALTH CHECK PROGRAM

## Promote

Each October, the local "Run for the Cure" walk/run has raised funds for breast cancer awareness and prevention. For many years now, these funds have been donated to EIPH to provide lower income women with FREE mammogram vouchers. In FY14, we received approximately \$10,000 from this cause. To assure that these funds are put to use, some additional diagnostic and screening services are included in the free voucher service. The Idaho Falls Chukars, the Idaho Falls YMCA, and the Women's Golf Association in Idaho Falls also contributed to this effort.

In FY14, through the Women's Health Check program, nine cancers were detected early. This federally funded program continues to reach out to uninsured, lower income women, particularly between the ages of 50 to 64. This life saving effort has been invaluable to many women.



The Women's Health Check staff promote the free cancer screenings available to women through a variety of outreach efforts.

Photo above:  
EIPH's employees participate in the Run for the Cure to raise funds for free mammogram vouchers for women in need.



County	# of Women Screened at EIPH	# of Women Screened at Private Providers	Total # of Women Screened	# of Clients Referred for Additional Testing	# of Breast & Cervical Cancers Detected
Bonneville County	205	55	260	62	5
Clark County	1	3	4	1	0
Custer County	6	19	25	8	0
Fremont County	8	27	35	12	1
Jefferson County	18	36	54	11	1
Lemhi County	5	28	33	8	2
Madison County	18	5	23	5	0
Teton County	4	6	10	0	0
<b>FY14 Total</b>	<b>265</b>	<b>179</b>	<b>444</b>	<b>107</b>	<b>9</b>
<b>FY13 Total</b>	<b>306</b>	<b>198</b>	<b>504</b>	<b>91</b>	<b>22</b>
<b>FY12 Total</b>	<b>273</b>	<b>204</b>	<b>477</b>	<b>106</b>	<b>16</b>



# Health Preparedness, Promotion,

The Health Preparedness, Promotion, and Surveillance (HPPS) Division focuses on improving our communities' health through education, monitoring, and preparedness activities and by encouraging individuals to live healthy, active lifestyles. There are 18 programs that are in place to provide resources to the public to help EIPH achieve this goal. The coordinators of these programs work with the public, the media, and partner agencies to provide the tools needed to assist in cultivating and enriching healthy communities in Eastern Idaho.

## SURVEILLANCE & EPIDEMIOLOGY PROGRAM

FY14 was a busy year for the epidemiology staff at EIPH. There was an outbreak of pertussis as mentioned previously, and epidemiology staff conducted investigations for those individuals who were diagnosed with the disease. The staff also provided education to healthcare professionals as well as the public on this vaccine-preventable disease.

In addition, an outbreak of gastroenteritis among rafters on the Middle Fork of the Salmon River occurred. EIPH's staff investigated the outbreak with support from staff from Central District Health Department, the United States Forest Service, and the Idaho Department of Health and Welfare. As part of this outbreak investigation, staff developed and distributed a questionnaire in an effort to gather data about the outbreak, facilitated pathogen testing of people who became ill, obtained water samples for *E. coli* and norovirus testing, and swabbed environmental surfaces for norovirus testing.

The investigation results indicated that there was not one single cause or source for the outbreak. Both giardia and norovirus were detected among ill rafters and several factors most likely contributed to the spread of illness. It was not surprising to find cases of giardia from this outbreak as giardia is a parasite commonly found in surface waters. Outdoor activities involving natural surface water usually place a person at some risk. Rafting white water may increase this risk since individuals are exposed to possibly swallowing water that is splashed into one's face and mouth

while going through the rapids. An occasional swim during calmer parts of the river may also place a person at risk, as would drinking untreated surface water.



*EIPH's epidemiologists, Ken Anderson and Mike Taylor, as well as a representative from the Centers for Disease Control and Prevention, set up a temporary work space at the outtake of the Salmon Middle Fork, interviewing rafters and providing education.*

Norovirus is not naturally found in surface waters unless the water has been contaminated by human feces or vomit. However, norovirus is highly transmissible from person to person. This transmission can occur easier when people are faced with a lack of available clean water to wash hands and experience challenges with disinfecting or sanitizing surfaces while rafting and camping in the wilderness. EIPH provided educational material to people rafting the river to help them reduce their risk of getting sick while on their trip.

For more details about this outbreak investigation, you can visit our website at [www.eiph.idaho.gov](http://www.eiph.idaho.gov).



## Prevent

# and Surveillance Division



## PUBLIC HEALTH EMERGENCY AND HEALTHCARE PREPAREDNESS PROGRAMS

The goal of this program is to enhance the public's ability to respond to, and recover from, a catastrophic event, such as an act of bioterrorism, communicable disease outbreak, or other public health threat. We accomplish this by helping our communities, families, and individuals be prepared for such events through education and also by working with community partners to enhance the overall preparedness of our communities throughout the district.

In FY14, the specific focus on the Public Health Emergency Preparedness and the Healthcare Preparedness Programs was working with community partners to enhance the mass fatality planning and response efforts and mass medical shelters surge capacity. In the spring, Public Health Districts 5, 6, and 7 hosted a table-top exercise called the "Spring Fling." This was a discussion-based exercise designed to bring together the first responders who respond to emergencies in Eastern/Southeastern Idaho. The focus of the table-top exercise was to discuss specific issues dealing with a potential large earthquake response in southeastern Idaho. Topics focused on:

- Processes for patient tracking and how public health and hospitals share this information.
- WebEOC information management processes and policies.
- Medical Sheltering plans and coordination policies (specifically with American Red Cross).
- Immediate bed availability procedures for all hospitals as set by Idaho's Public Health Emergency Preparedness Program guidance.

Participants from Northern Utah and Jackson Hole, Wyoming also attended the table-top exercise to address interstate issues during a potential emergency event.

In June 2014, a full-scale exercise was held with community partners in the EIPH's region called "The Ragin' Stagins' Full Scale Exercise." This was a multi-agency, multi-jurisdictional exercise that tested the ability of regional responding organizations to establish and staff a disaster response staging area. This exercise was jointly planned and executed with multiple healthcare sectors, emergency management, and community partners.

As part of the exercise, EIPH set up and operated a medical shelter for two days (four operational periods) with the following objectives:

- Test our ability to setup a medical shelter.
- Determine the adequacy of our medical shelter supplies.
- Determine the adequacy of shelter staffing model utilizing Eastern Idaho Medical Reserve Corps (MRC) members

From the exercise, we learned:

- More training is needed for staff, volunteers (MRC) and first responder partners about medical shelters and their purpose, as well as staffing and equipment needs.
- Education is needed on the differences between a medical shelter and a Red Cross Shelter.
- Needed supplies for a medical shelter must be prioritized and purchased as funding allows.
- Education on the role of MRC volunteers in an emergency needs to be provided to EIPH staff and first responder partners.

Both exercises were successful, facilitating coordination between the region's emergency response agencies as well as discussion on response capabilities requiring enhanced planning and preparation in the upcoming year.



*A view of the inside of the EIPH's medical shelter that was set up during the Ragin' Stagins' exercise.*

**Protect**

# Health Preparedness, Promotion,

## HEALTH PROMOTION PROGRAMS

The goal of health promotion programs is to positively influence the health behavior of individuals and communities as well as the living and working conditions that influence their health. Much activity occurred in these programs during FY14.

In the Comprehensive Cancer Prevention Program, activities continued to focus on sun safety for the prevention of skin cancer and colon cancer prevention, including education to individuals aged 50 years or older on the importance of colonoscopy screenings. Efforts in EIPH's Tobacco Prevention and Cessation services were successful as well, with over 400 individuals attending tobacco cessation classes throughout the district.

	# of Tobacco Cessation Participants
Teens	257
Pregnant Women	3
Adults	182
Total	442

And to help protect our youth from risky behaviors that can lead to unwanted pregnancy and sexually transmitted diseases, the Adolescent Pregnancy Prevention curriculum was taught to students in three secondary schools in the health district, reaching 277 students.

Two of the district's health promotion programs—Oral Health and Physical Activity and Nutrition—experienced major changes this last year, redirecting their focus to be more in line with the Healthy People 2020 goals.

### Oral Health Program

The Oral Health Program changed its focus from working with area schools to provide the Fluoride Mouthrinse Program in the classroom setting to providing fluoride varnish and sealants to children in local schools, childcare centers, and EIPH's WIC Clinics.

Fluoride varnish is applied to a child's teeth to help protect them from cavities. The process is quick and the varnish is easy to apply. The concentration of fluoride is twice as high as the standard fluoride gel. The varnish remains on the teeth for 24 hours after application, releasing fluoride into smooth surface areas of the teeth, eventually being removed by brushing and flossing.

Sealants are a safe coating that is painted onto the chewing surfaces of a child's molars, which are the teeth most likely to benefit from the treatment. This coating helps protect teeth from cavities by keeping germs and food out of the deep grooves in the surface of the teeth. The first molars usually come into the mouth when a child is about 6 years old. Second molars appear at about age 12. It is best if the sealant is applied soon after these teeth have erupted—before they have a chance to decay.

In FY14, 77 children received dental sealants and 421 children received fluoride varnish from EIPH's registered dental hygienists.



*Pam Rich, one of EIPH's dental hygienists, applies fluoride varnish to a child.*

## Prevent





# and Surveillance Division



## Physical Activity & Nutrition Program

This program has a two-pronged approach—focusing on child care centers and work sites.

### Let's Move! Child Care

*Let's Move!* is a comprehensive initiative that was launched in 2010 and is dedicated to solving the problem of obesity within a generation so that children born today will grow up healthier and able to pursue their dreams.

One in five children are overweight or obese by age six years. Child care and early education providers are a powerful force in children's lives. Providers can help children learn habits that prevent childhood obesity and can keep them healthy for life.

The Let's Move! Child Care Campaign focuses on five key areas of childhood obesity prevention:

1. Physical Activity
2. Screen Time
3. Food
4. Beverages
5. Infant Feeding



EIPH has been working with over 20 child care facilities in Eastern Idaho to complete the **Let's Move! Child Care** assessment. This activity is free to child care facilities. Resources, best practices, and technical assistance have been provided to help the facilities make simple, but effective, changes to help reduce childhood obesity.

## Learn More

Visit [www.healthykidshealthyfuture.org](http://www.healthykidshealthyfuture.org) to learn more about the **Let's Move! Child Care** initiative.

## Promote

### Worksite Wellness Promotion

A worksite's environment has a significant impact on employees' overall health and employers can experience meaningful benefits from maintaining a healthy workforce.

EIPH implemented the National Healthy Worksite Health Scorecard with businesses in Eastern Idaho. The scorecard was developed by the Centers for Disease Control and Prevention (CDC). The Health Scorecard is a tool designed to help employers assess the extent to which they have implemented evidence-based health promotion interventions or strategies in their worksites to prevent heart disease, stroke, and related conditions such as hypertension, diabetes, and obesity.

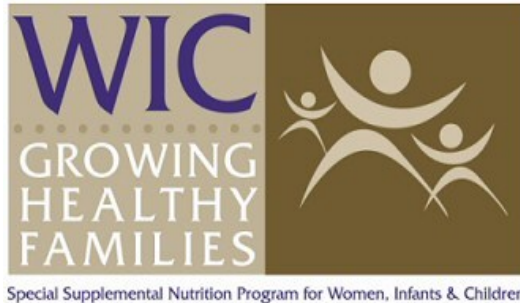
Fifteen worksites within the health district were contacted to participate in the CDC Health Scorecard. Ten worksites completed the initial scorecard. Work plans were developed with the contact person at each worksite and included with the scorecard assessment.

EIPH was one of the worksites participating in this effort and created a Wellness Committee to help promote a healthy work environment. One of the activities offered to employees was a "Biggest Loser" contest. The activity spanned a two-month period, offering weekly weigh-ins, support, and educational opportunities all in an effort to help employees lead healthier lives.

EIPH's Wellness Committee also created a "Wellness Corner" in our break rooms, providing educational materials for the staff. This information is also placed in other areas throughout our offices and shared with staff through e-mail.

# Nutrition

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



This year the WIC program celebrates 40 years of existence! Happy Birthday, WIC!

The WIC program has a firm commitment to safeguard and advance the nutrition status and health of mothers, babies, and children. WIC provides nutrition education and healthy foods enabling families to make lifelong healthy eating and lifestyle choices. The foods selected in the WIC food packages are specifically selected for their nutritional value to supplement the dietary needs of participants to ensure good health, growth, and development.

Currently, controversy surrounds the WIC food package and a decision made by the Institute of Medicine to not allow white potatoes on the WIC food package. According to the U.S. Department of Agriculture, including white potatoes "would not support the goal of expanding the types and varieties of fruits and vegetables available to program participants". This decision is being challenged by some law makers and potato special interest groups. The final ruling has not yet been made.

In spite of extensive outreach efforts, the WIC program continues to see a decline in participation locally and nationally. At EIPH, our average participation in FY 2013 was 7,504 and in FY 2014 it was 6,930. This decline in participation has resulted in budget cuts for FY2015.

WIC helps families combat food insecurity and nutrition-related health problems. In Idaho, 23% of children are food insecure. Food insecurity exists whenever a person does not have nutritionally adequate and safe foods available or the ability to acquire these foods. People who are food insecure live with hunger and fear starvation. Getting services to those who qualify is important to help combat this scary statistic. Outreach ideas and efforts continue to be a focus in our WIC program in the coming year.

### WIC Income Eligibility Guidelines

July 1, 2014 through June 30, 2015

Number of Household Members	Maximum Gross Household Income
	Per Year
1	\$21,590
2	\$29,101
3	\$36,612
4	\$44,123
5	\$51,634
6	\$59,145

*For each additional individual, add \$7,511/year.*

*One pregnant woman counts as 2 household members.*



# Division



## BREASTFEEDING PEER COUNSELOR PROGRAM

Research shows that breastfeeding provides numerous health benefits to both a mother and her baby, helping to reduce healthcare costs. Breastfeeding lowers a child's risk of obesity, type 2 diabetes, and asthma. WIC is the largest public program in the nation to promote breastfeeding, providing mothers with education and support.

Locally approximately 500 women in EIPH's region participate in the Breastfeeding Peer Counselor Program. The Peer Counselor program employs nine Peer Counselors, including two Board Certified Lactation Consultants who have extensive training allowing them to help WIC participants with more complicated breastfeeding concerns.

Idaho WIC breastfeeding rates are 83% compared to 67% of National WIC breastfeeding rates. In EIPH our rate of breastfeeding is exceptional at 94%!

*Source: National WIC Association your child has you. And you have WIC- How WIC impacts the People in Idaho February 2014. Idaho statesman.com; 3-11-2014*



## 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 2013 WIC Dollars Spent	# Participants In FY 2012 WIC Dollars Spent
<b>Bonneville County</b>	3,919	3,600 92%	977 25%	837 21%	2,104 54%	\$2,149,516	4,241 \$2,565,554	3,831 \$2,469,143
<b>Clark County</b>	40	40 100%	8 20%	8 20%	24 60%	\$26,446	44 \$26,399	42 \$16,526
<b>Custer County</b>	43	40 93%	13 30%	10 23%	20 47%	\$29,286	60 \$43,875	58 \$43,891
<b>Fremont County</b>	277	258 93%	62 22%	55 20%	160 58%	\$168,148	313 \$183,882	335 \$205,655
<b>Jefferson County</b>	774	738 95%	164 21%	142 18%	468 61%	\$438,013	858 \$372,027	856 \$377,973
<b>Lemhi County</b>	129	110 85%	34 26%	26 20%	69 54%	\$68,076	179 \$96,763	164 \$104,133
<b>Madison County</b>	2,084	1,951 94%	731 35%	512 25%	841 40%	\$1,127,486	2,124 \$1,144,557	1,976 \$1,131,278
<b>Teton County</b>	211	195 92%	42 20%	39 18%	130 62%	\$121,630	253 \$130,671	302 \$161,868
<b>FY2014 Total</b>	<b>7,475</b>	<b>6,932 93%</b>	<b>2,031 27%</b>	<b>1,629 22%</b>	<b>3,816 51%</b>	<b>\$4,128,601</b>		
<b>FY2013 Total</b>	<b>8,072</b>	<b>7,505 93%</b>	<b>2,124 26%</b>	<b>1,728 21%</b>	<b>4,219 52%</b>	<b>\$4,563,728</b>		
<b>FY2012 Total</b>	<b>8,592</b>	<b>7,565 88%</b>	<b>2,198 26%</b>	<b>1,825 21%</b>	<b>4,569 53%</b>	<b>\$4,510,467</b>		



# Organizational Values



# Notes



*Prevent. Promote. Protect.*



# **Public Health**

Prevent. Promote. Protect.

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**Idaho Public Health Districts**

**[www.eiph.idaho.gov](http://www.eiph.idaho.gov)**  
(previously [www.phd7.idaho.gov](http://www.phd7.idaho.gov))

