



# Eastern Idaho **Public Health**



## **Fiscal Year 2015 ANNUAL REPORT**

***Prevent. Promote. Protect.***

# Director's Message

It is my pleasure to present to you the Fiscal Year 2015 (July 1, 2014—June 30, 2015) 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.

We strive for *"Healthy People in Health Communities"* by:

- **PREVENTING** disease, disability, and premature death;
- **PROMOTING** healthy lifestyles; and
- **PROTECTING** the health and quality of our environment.



We have found that many people do not understand what public health is or what we do as an agency. Therefore, we made it one of our agency's goals during the last year to make a concerted effort to educate the public about Eastern Idaho Public Health and the services we provide. Our mission was to take every opportunity afforded us to tell our story — to our clients, to our community partners, to our friends and acquaintances, and to the citizens of Eastern Idaho. This Annual Report is just one more way that we are working towards this goal.

In the following pages, EIPH's staff have provided highlights of the work done over the past year. We are proud of our accomplishments, but are not blind to our challenges. We continually strive to become better as an agency and to improve the quality of services we provide. In fact, in the coming year, every employee has a Quality Improvement goal of identifying areas where we can work to be better. Throughout the year, we have focused on our agency's values—in staff meetings and trainings, in our internal newsletters, and in our individual interactions with coworkers, clients, and the public. As an agency, we strive our best to demonstrate these values day in and day out.

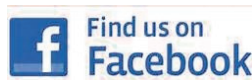
During Fiscal Year 2015, we had some changes in our agency's governance. Long time Commissioner, Board of Health member, and EIPH's Board Chairman, Commission Robert Cope from Lemhi County hung up his hat and retired from his Commissioner and Board of Health role, as did Commissioner Kathy Rinaldi from Teton County. Both of these board members brought a wealth of knowledge, insight, and engagement to EIPH's Board. Commissioner Lee Staker from Bonneville County stepped up to serve as our new Board Chairman, and Commissioners Ken Miner and Bill Leake filled the spots that had been vacated. We are excited to have them join the group of fine board members for Eastern Idaho Public Health.

Over the next four years, EIPH, along with the state's other six local public health districts and many, many other stakeholders across the state will be engaged in Idaho's Statewide Healthcare Innovation Plan, or SHIP. The goal of the SHIP is to improve all Idahoans' health by strengthening primary and preventive care through the patient centered medical home and evolve from a fee-for-service, volume-based payment system of care to a value-based payment system that rewards improved health outcomes. The triple aim of the SHIP: improved health outcomes; improved quality and patient care experience; and lower cost of care for all Idahoans. EIPH is excited to be part of this transformation effort! Learn more at [www.ship.idaho.gov](http://www.ship.idaho.gov).

More detailed information about all of EIPH's services is available on our website at [www.EIPH.Idaho.gov](http://www.EIPH.Idaho.gov). Our office contact information is include at the end of the report if you would rather stop by or call to visit with our staff — we'd love the opportunity to tell you about Eastern Idaho Pubic Health and the services we provide.

*Geri L. Rackow*

Geri L. Rackow, Director  
Eastern Idaho Public Health  
[grackow@EIPH.Idaho.gov](mailto:grackow@EIPH.Idaho.gov)





# 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.



**Lee Staker**  
Chairman  
Bonneville County  
Term: 2008-2018



**Dr. Barbara Nelson**  
Vice Chairman  
Physician Representative  
Term: 2006-2016



**Greg Shenton**  
Clark County  
Term: 2001-2017



**Lin Hintze**  
Custer County  
Term: 1997-2017



**Lee Miller**  
Fremont County  
Term: 2011-2018



**Brian Farnsworth**  
Jefferson County  
Term: 2013-2015



**Ken Miner**  
Lemhi County  
Term: 2015-2016



**Kimber Ricks**  
Madison County  
Term: 2009-2019



**Bill Leake**  
Teton County  
Term: 2015-2019

# Finances

## REVENUE

In Fiscal Year 2015 (FY15), EIPH's total revenue exceeded expectations by 4.63%. Most of this was due to increased fee revenue in our immunization and septic programs, similar to what we experienced in FY14. Contract revenue was 1% below budget. We ended the year at 104% of budget for County Contributions due to the timing of payments received from the Counties, as we ended FY14 at 96% of budget in this category.

## EXPENSES

Again this year, EIPH's management did a great job of managing the district's personnel and operating expenses. We ended the year 3.46% under the expense budget, being very judicious in the use of the district's financial resources.

## CAPITAL RESERVE

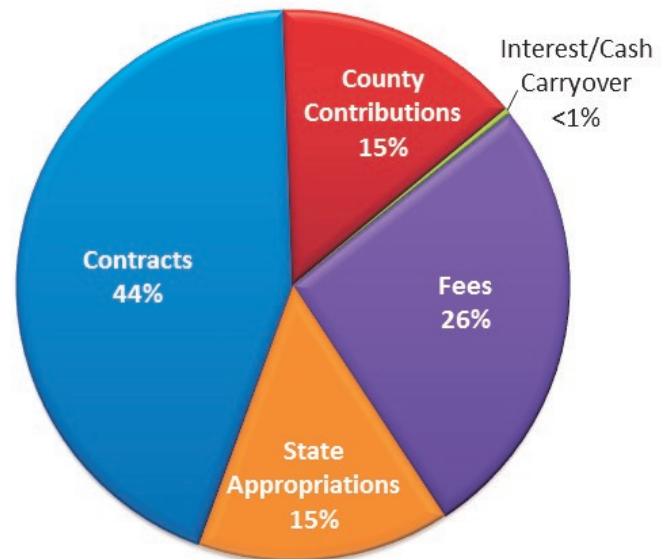
EIPH's Board of Health increased the district's capital reserve designed for public health emergencies to \$500,000 after previous experience responding to the H1N1 pandemic in 2009-2010 as well as new emerging threats like Ebola. In these types of situations, the health district may be required to fund responses that could include quarantines without knowing if or when reimbursement may come from Federal or State sources. In addition, capital reserve designations were increased for auto purchases and building maintenance and repairs. Reserve funds remain essential to the financial viability of EIPH due to our inability to access State or County funds for emergency responses or maintaining operating assets.

## CHALLENGES AND LOOKING AHEAD

Over the past few years, EIPH has implemented several new programs, such as Medical Home Coordination and Parents as Teachers, with more new programs starting in FY16, including the Statewide Healthcare Innovation Program and the Heart Disease, Stroke, and Diabetes Prevention and Control program. New programs help spread costs of buildings, computer networks, phone systems, and administrative support across a larger base of services, but they also put additional pressures on these same assets/resources, which could possibly necessitate building remodels or additions to infrastructure, including administrative personnel to support the program growth.

Generally, a fiscal year has 26 pay periods. However, every so often, there is a 27<sup>th</sup> pay period in the fiscal year for which we need to plan. This will occur in FY17 and is anticipated to cost EIPH close to \$200,000 in salary and benefits costs. Idaho's public health districts are seeking additional State funding to help deal with this unusual cash flow, but it is yet to be seen if this funding request will be approved.

## Revenue Summary - FY15



On a positive note, the cost of health insurance is expected to increase only 6% from FY15 to FY16, compared to double-digit increases the past several years. Still, with contracts not providing inflationary increases and the State funding only a small fraction of these costs, it will put continued pressure on fees to be increased or the health district to seek increases in county funding.



# Human Capital

EIPH employs approximately 110 individuals throughout our eight-county district. Staff turnover and salaries are issues facing the district that will need more focused attention and funding. Turnover is very costly since most of our staff positions require significant training to be fully productive.

Fiscal Year	Turnover Rate	EIPH's Pay Compared to State Policy*
FY15	13.1%	83.8%
FY14	19.5%	84.8%
FY13	22.1%	84.7%
FY12	7.1%	85.9%

\*The State of Idaho's "Policy" pay rate is the target pay rate set with legislative oversight.

Fortunately, we were able to budget funding for a 2% raise for staff in FY15 and 3% in FY16 which is helping. Pay of EIPH staff compared to market rates and a slowly improving economy is one factor that is impacting our staff turnover. After multiple years of below-market salary increases, EIPH's salaries still significantly lag in competitive salary rates.

# Promotion of Services

In FY14, data showed that the number of people served by EIPH's clinical services had decreased from the previous year. As a result, this year a concerted effort was made to promote the health district's services. We started by developing a new "Rack Card" (shown at right) that features our primary health services as well as all of our office locations. We increased our outreach efforts through participation in community events and advertising (print, radio, and social media).

In addition, each employee had a performance goal that focused on promoting the health district's services, which they tracked throughout the year. During FY15, EIPH employees had documented reaching 48,561 individuals with information about EIPH's services! This was a tremendous effort on behalf of our employees and they should be commended. This performance goal will continue for every employee in FY16 with the intent of reaching even more people with education about the high quality, affordable (and often FREE) services offered by EIPH.



## Eastern Idaho Public Health

Prevent. Promote. Protect.

We offer the following services in our eight-county region:

**Immunization Program**  
As the region's leading immunization provider, EIPH:

- Provides a full range of vaccines for all ages
- Specializes in foreign travel and flu vaccines

• Accepts insurance, Medicaid, and Medicare  
• No child denied routine immunizations due to inability to pay

**Reproductive Health Program**  
All services are personal and confidential.

- Services billed on a sliding fee scale based on family size and income

• Accepts insurance and Medicaid  
• Provides a full range of services and education:  
Annual exams | Pregnancy tests | Birth control  
• Testing, counseling, and treatment of Sexually Transmitted Diseases (STDs) including HIV/AIDS

**Women's Health Check (WHC) Program**  
FREE breast and cervical cancer screening program:

- Serves older, uninsured or underinsured women with limited family income and no other resources for these cancer screenings

• Provides referrals for diagnostic testing and treatment

**Women, Infants, and Children (WIC) Program**  
WIC is a FREE supplemental nutrition program for women, infants, and children who meet income and eligibility guidelines.

- Teaches families nutrition and how to prepare healthy meals
- Provides vouchers for healthy foods such as milk, eggs, cheese, fruits, and vegetables
- Provides breastfeeding education and support
- Provides referrals to other community resources

**Healthy Living Programs**  
Services offered to help people live healthier lives:

- FREE classes to help people stop using tobacco
- Dental varnish and sealants for children

• FREE Fit and Fall Proof™ exercise classes for older adults to help them reduce the risk of falls

For a comprehensive list of services provided by Eastern Idaho Public Health, please visit [www.EIPH.Idaho.gov](http://www.EIPH.Idaho.gov).

**CALL YOUR LOCAL OFFICE TODAY TO  
SCHEDULE AN APPOINTMENT**

**Bonneville County**  
522-0310  
TOLL-FREE 1-855-533-3160

**Clark County**  
374-5216

**Custer County**  
CHALLIS 879-2504  
MACKAY 588-2947

**Fremont County**  
624-7585

**Jefferson County**  
RIGBY 745-7297  
TERRETON 663-4860

**Lemhi County**  
756-2123

**Madison County**  
356-3239

**Teton County**  
354-2220

Find us on Facebook

[www.EIPH.Idaho.gov](http://www.EIPH.Idaho.gov)

# Environmental

Environmental issues involving air, food, and water have an impact on human health. In an effort to prevent human disease, EIPH's Environmental Health staff works hard to educate the public on the meaning, purpose, and benefit of compliance with public health laws, regulations, and ordinances for which we are responsible.

## STAFFING CHANGES



**Jarryd Samples**

Several significant staffing changes occurred during the past year, resulting in a turn over rate of nearly 25% in the division. Our Senior Environmental Health Specialist for Custer and Lemhi Counties retired. This left a large "experience" gap to fill. It was a challenge to fill this vacated position in one of the district's more rural counties. Months passed and position reclassification took place several times before we were able to attract interested and qualified applicants for this position. Eventually, we were successful and fortunate to hire Jarryd Samples, who has now been with EIPH for just over a year. During the time this position was unoccupied as well as throughout Jarryd's orientation and extensive training period, staff from our Idaho Falls office helped fill the gap and provide support for the Environmental Health needs in Custer and Lemhi Counties.

A second Environmental Health Specialist, this time from our Bonneville County office, retired near the start of the fiscal year. This gave us an opportunity to restructure staff assignments to better meet the needs of our communities as well as more equally distribute staff workload, which has steadily been on the rise since the recession ended. We were fortunate to hire Vincent McHenry to work in our Food program. He is responsible for conducting food inspections in Fremont, Madison, and Teton Counties. Vincent's office is centrally located in our Madison County Office.



**Vincent McHenry**

One of our office support staff positions in our Main Office in Idaho Falls was also vacant for a significant time during the year. This stretched staff very thin for some time, but eventually we were lucky to hire Pati Waddell as the division's Administrative Assistant. Patti brings great skills to the position which has greatly helped everyone in the division.

With all the staffing changes during the year, all of the Environmental Health Staff chipped in to help each other and ensure the needs of our customers continued to be met in all of our counties. Kudos to all of the staff for their willingness to help their team, and ultimately, our agency, be successful this last year. Teamwork, one of our agency's core values, has been demonstrated time and time again in the Environmental Health Division of EIPH!

## Protect

## Prevent

	FY15	FY14	FY13
# of Septic Permits Issued	521	446	387
# of Food Establishment Inspections	1,946	1,884	1,938
# of Public Water Systems Monitored	304	302	302
# of Child Care Facility Inspections	171	224	224
# of Solid Waste Facility Inspections	41	44	33



# Health Division



## COTTAGE FOODS

The 2015 Legislative Session was a busy one for EIPH's food program. During the session, Cottage Food language was introduced to allow the sale of non-potentially hazardous foods from the home kitchen of a person's primary residence.

Specifically, Cottage Foods are foods made in a person's home or other designated location and sold directly to a consumer. They include foods that are defined in the Idaho Food Code as non-Time/Temperature Control for Safety foods. Examples of Cottage Foods include: baked goods that do not require refrigeration, fruit jams and jellies, honey, fruit pies, breads, cakes that do not require refrigeration, pastries and cookies that do not require refrigeration, candies and confections that do not require refrigeration, dried fruits, dry herbs, seasonings and mixtures, cereals, trail mixes and granolas, nuts, vinegar and flavored vinegars, popcorn and popcorn balls, and tinctures (a solution of a plant extract or chemical in alcohol) that do not make medicinal claims.

People would be allowed to sell Cottage Foods at any venue provided the sale is direct to consumer. Possible venues could include farmers markets, roadside stands, internet sales, and mail order sales.

Cottage Foods are legal in Idaho; they have been legal for many years. Neither Idaho's local public health district nor the Idaho Department of Health and Welfare (IDHW) have required a Cottage Food producer to obtain a food establishment permit or license. If the Cottage Food bill would have passed, people would have been required to register, label the foods being made, and take a food handler or a food safety course. None of these steps have been required before.

Staff from IDHW's Food Protection Program held 18 educational meetings statewide on Cottage Foods. Highlights from the meetings are as follows:

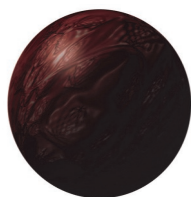
- The Idaho Food Protection Program and the Idaho Public Health Districts have allowed direct-to-consumer sales of foods that are considered non-Potentially Hazardous Foods (non-PHF's) or non-Time/Temperature Control for Safety (non-TCS) foods for many years. A recent opinion of a Deputy Attorney General supports this practice. Therefore,

it is not correct to state or suggest that such foods are illegally sold or distributed in Idaho.

- Nothing prevents or prohibits a Farmer's Market management team from implementing or developing its own policies and rules. If we, as the local public health agencies, are aware of those policies and rules, our staff will honor and support such policies and rules.
- The majority opinion expressed at the meetings was to clarify in the Idaho Food Code specific language about "Cottage Foods" and where/how they can be sold and distributed but to not require a registration or add rules for producers of Cottage Foods.

Legislation on Cottage Foods may appear again in the 2016 Legislative Session. What would be the best outcome discovered during the educational meetings held by IDHW would be to add the definition of Cottage Foods into the rules that govern food establishments.

### *Example of items included in the definition of Cottage Foods:*



*Chocolates/Candies*



*Breads*



*Cookies*

### *Examples of items NOT included in the definition of Cottage Foods:*



*Sloppy Joes*



*Tamales*



*Some canned acidified foods.*



# Family and Community

The Family and Community Health Service (FACHS) division maintained a steady course during FY15. In an effort to help promote the health district's services, staff collaborated with other divisions as well as community partners by providing presentation and word-of-mouth education to help make our current, and hopefully future, clients more aware of the variety of health services we offer at EIPH.

The following program highlights demonstrate some of FACHS efforts to maintain and improve the health of individuals, families, and communities.

## MEDICAL HOME COORDINATION

EIPH's two-year pilot project for Medical Home Coordination was scheduled to expire May 31, 2015; however, it has been extended at least through December 2015. Over the past two years, Corinne Bird, a health educator and our Medical Home Coordinator, has been working with private medical providers to implement a pediatric "Medical Home" model. She helps the practices develop registries of various pediatric populations with special health care needs, evaluates practice processes, and helps identify potential quality improvement initiatives.

Medical practices participating in the pilot project also engaged in "learning collaboratives" focused on a variety of topics including adolescent depression screening and health care transitions. This is all done in an effort to help the medical practice improve service delivery and better coordinate the care of its patients.

## PARENTS AS TEACHERS

In addition, the Idaho Department of Health and Welfare was successful in applying for a significant expansion of the state's Maternal Infant Early Childhood Home Visiting grant made available to all states through legislation on health reform. This expanded funding allowed several of Idaho's public health districts, including EIPH, to implement the Parents as Teachers (PAT) home visiting curriculum. EIPH began its program in February, 2015, offering PAT services to residents of Bonneville County, focusing on pregnant women, infants, and children up to three years of age. Currently, 33 families are enrolled in EIPH's PAT program. Our grant funding was initially for a two-year period, continuing through December of 2017; however, an additional year of funding has already been received.

The evidenced-based preventive work and family strengthening that occurs between professional staff (nurse, child development specialist, or social worker) and the families participating in the PAT program can provide significant return on investment over the long term. An effective home visiting program can result in reduced remedial education costs, reduced juvenile delinquency costs, and less substance abuse and mental health problems among other outcomes. EIPH was fortunate to hire excellent staff with considerable experience and a proven passion for helping to improve the well-being of children and families!



*One of PAT's recent Group Connections meetings was themed "Road to Resources." Representatives from EIPH, Eastern Idaho Community Action Partnership, Idaho Department of Health and Welfare, and Idaho Stars were on hand to talk with PAT participants about resources available to them from their respective agencies. The children and parents make "box cars" and took a ride down the "Road to Resources."*



# Health Services Division



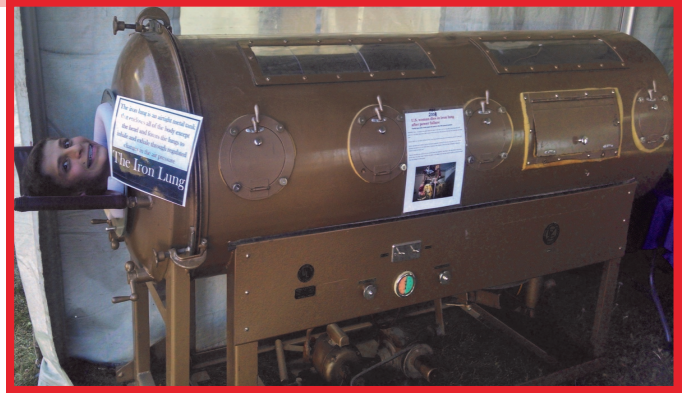
## IMMUNIZATION PROGRAM

EIPH continues to offer one of the most robust and comprehensive child and adult immunization programs in the state. Program staff are to be commended for their proactive approach to alerting the public to vaccine-preventable disease outbreaks whether active in the Health District or likely to become a concern. This was the case again in FY15 when cases of measles began to erupt nationally stemming from exposures to a measles case at a California amusement park. Over the winter, cases of measles continued to spread, leading to a nationwide outbreak. Many of the measles cases occurred in unvaccinated individuals. EIPH's staff worked with schools, daycares, medical providers, and the public to inform them of this situation and provide them with vaccination opportunities, including some school-based clinics for both students and teachers. By July of 2015, 183 cases of measles had been reported in 24 states. Fortunately, Idaho did not report any cases.

One of the independent initiatives that began in the FACHS Division in FY15 involved improving HPV (human papilloma virus) and shingles vaccination rates in the health district. Using recommendations from the Centers for Disease Control and Prevention (CDC), EIPH staff review immunization records and conduct reminders, both by phone and mail for individuals that are not current on immunizations. We have focused on pneumonia, shingles, and HPV vaccines to help achieve lower cervical cancer rates, prevent pneumonia in both young and old, and help prevent the debilitating effects of shingles. This will help to greatly improve the lives of individuals in our district.

In FY15, Amy Gamett, one of EIPH's Nurse Managers, was elected board chairman of Idaho's Immunization Coalition. The state recognizes EIPH's passion for vaccinating vulnerable populations and thereby preventing unnecessary illness and death. It is an honor to have staff from EIPH involved in state and regional initiatives.

*The Iron Lung provides a topic of discussion about immunizations at the Eastern Idaho State fair.*



Throughout the year, staff engage in a variety of great outreach, awareness, and advocacy opportunities, including health fairs, community events, the Eastern Idaho State Fair (EISF), and in collaboration with the Eastern Idaho Immunization Task Force, the Idaho Falls' Independence Day parade. These events provided opportunities for staff to interact with people of all ages and educate them on vaccine-preventable diseases as well as the immunization services EIPH provides. At the EISF, immunization staff are also able to assess individuals' immunization records for them and talk about the "Iron Lung," a relic of historical polio epidemics in the U.S. Thousands of EIPH's rack cards and other educational materials are distributed at these events.

	Adults		Children		Total	
	Visits	Vaccines Given	Visits	Vaccines Given	Visits	Vaccines Given
Bonneville County	4,885	7,062	2,662	5,659	7,547	12,721
Clark County	79	84	80	132	159	216
Custer County	498	520	363	679	861	1,199
Fremont County	464	511	417	758	881	1,269
Jefferson County	757	932	1,252	2,521	2,009	3,453
Lemhi County	1,086	1,163	351	650	1,437	1,813
Madison County	1,217	1,866	1,100	2,249	2,317	4,115
Teton County	440	562	297	638	737	1,200
<b>FY15 Total</b>	<b>9,426</b>	<b>12,700</b>	<b>6,522</b>	<b>13,286</b>	<b>15,948</b>	<b>25,986</b>
<b>FY14 Total</b>	<b>9,239</b>	<b>12,034</b>	<b>6,070</b>	<b>13,489</b>	<b>15,309</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>

**Prevent**

# Family and Community

## REPRODUCTIVE HEALTH AND SEXUALLY TRANSMITTED DISEASE PROGRAMS

EIPH's Family Planning services; Sexually Transmitted Disease (STD) surveillance, testing and treatment; and HIV testing and case management work remain important public health interventions.

Our Family Planning program was scheduled for three separate audits in FY15 (state, federal, and Legislative). All the auditors noted quality programming, excellent fiscal oversight, and good clinical and administrative policies and procedures. This was a positive outcome and reflects strongly on EIPH's competent and committed staff. Despite two years of expanding health insurance to individuals through Your Health Idaho, the state's health insurance exchange, Medicaid has not expanded in Idaho, and there are still many Idahoans without health insurance. EIPH's Reproductive Health program offers affordable and confidential appointments for access to annual exams, birth control, and other testing and screening. It is important to allow families and individuals the opportunity to plan their families and maintain good reproductive health.

FY15 saw a large increase in the cases of Gonorrhea and Chlamydia reported in the district (see "Summary of Re-

portable Diseases" chart on page 15 for numbers). Staff are diligent in assuring correct treatment is accessed and that partners are notified for follow-up. The contract EIPH has for laboratory testing services with the Center for Disease Detection continues to provide our clients with affordable and timely testing services.

It should be particularly noted that EIPH offered free HIV rapid tests in the month of June to acknowledge National HIV Testing Day on June 27. Thirty-three (33) individuals took advantage of this testing, with some of the costs being offset by a local non-profit, Breaking Boundaries.

In addition, Hepatitis C and HIV rapid testing were expanded into Bonneville County Probation and Parole's Drug Court program.

Finally, kudos to Nikki Sayer, one of EIPH's Nurse Managers, who was appointed to Idaho's Hepatitis Advisory Council, which is an opportunity to partner on creative programming. This appointment is a tribute to Nikki's engaging and creative spirit!



## Protect

	Bonneville County	Clark County	Custer County	Fremont County	Jefferson County	Lemhi County	Madison County	Teton County	FY15 Total	FY14 Total	FY13 Total
<b>REPRODUCTIVE HEALTH SERVICES (includes District Care, Title X, and STD)</b>											
Individuals Served	2,107	21	75	89	287	189	208	120	3,096	3,119	3,960
# of Visits	3,749	49	147	222	539	401	384	270	5,761	6,487	7,176
% of Clients at ≤150% of Poverty Level	86%	88%	87%	93%	92%	89%	85%	85%	89%	89%	90%
# of Abnormal Pap Smears	113	1	5	4	23	12	9	4	172	120	108
<b>SEXUALLY TRANSMITTED DISEASE SERVICES</b>											
# of Positive STD Tests (including Chlamydia, Gonorrhea, & Syphilis)	344	0	2	13	39	19	25	9	451*	335	298

\*Due to the low incident of HIV, the HIV/AIDS positive data is not available at the county level. Eastern Idaho Public Health had 1 new positive HIV/AIDS case reported in FY15. Positive tests reflect cases reported from EIPH and private medical offices in which health district staff conducted follow-up. Total positive STD Tests = 451 (450 + 1 HIV/AIDS)





# Health Services Division

## WOMEN'S HEALTH CHECK PROGRAM

## Promote

The Women's Health Check (WHC) Program continues to serve uninsured and under-insured women, offering free breast and cervical cancer screenings to women who meet the program's eligibility guidelines. Most of Idaho's WHC programs had trouble reaching their target numbers for enrolled women, but EIPH was among the top for reaching their goal. Idaho expanded the eligibility to younger women late in the contract year. At least six breast or cervical cancers were identified this fiscal year which might have otherwise gone undetected without the services offered through the WHC program.

EIPH also continues to participate in the local breast cancer awareness and fund raiser events, include *Run for the Cure* and *Breast Cancer Awareness Night at the Chukars*, just to name a few. This year EIPH was recognized as the "Team on the Move" for having significantly expanded its team's participants in Run for the Cure. To date, EIPH has received over \$50,000 in donations and served 374 women with free mammograms and ultrasounds through these fund raising efforts!

Please see page 18 of this report for the eligibility guidelines for the Women's Health Check program.



One of EIPH's WHC staff, Lucy Castanada (above), and Dr. Barbara Nelson (right), the Vice Chairman of EIPH's Board of Health and an OB/GYN, promoted breast cancer awareness at a recent Idaho Falls Chukars baseball game.



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	206	89	295	81	6
Clark County	2	0	2	1	0
Custer County	12	6	18	6	0
Fremont County	2	4	6	0	0
Jefferson County	12	4	16	4	0
Lemhi County	13	22	35	12	0
Madison County	13	9	22	4	0
Teton County	6	2	8	3	0
<b>FY15 Total</b>	<b>266</b>	<b>136</b>	<b>402</b>	<b>111</b>	<b>6</b>
<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>

## Prevent



# 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.

## HEALTHCARE PREPAREDNESS PROGRAM—PEDIATRIC TRIAGE TRAINING

Children remain the most vulnerable in a disaster. In some areas of Eastern Idaho, children make up to 75% to 80% of the total population, making them a significant priority in a disaster. The Eastern Idaho Healthcare Coalition has identified the care of children in a disaster as a planning and training priority.

To aid the Coalition and healthcare responders in reaching this goal, training and exercise funds from EIPH's Healthcare Preparedness Program were used to obtain Pediatric Triage training from Dr. Aaron Gardner (pictured below). Dr. Gardner is a pediatric intensivist and is active in emergency preparedness and an advocate for all aspects of disaster planning for children. He is also a member of the newly organized Regional Pediatric Disaster Coalition, which is funded by a grant from the Centers for Disease Control and Prevention (CDC) and includes physicians and Healthcare Coalition partners from Utah, Wyoming, Montana, Colorado, and Idaho. The Eastern Idaho Healthcare Coalition plans to support this multistate regional coalition.

Mass casualty triage is ideally performed using accepted triage protocols that account for the unique characteristics of children. However, the assessment of children is often suboptimal. Local emergency medical service agencies and hospitals may not have established protocols for a pediatric-specific mass casualty event, may not utilize a pediatric-specific triage tool, may not include sufficient numbers of children in disaster drills, and may not involve a pediatric subject matter expert in their medical control.

This Pediatric Triage training was intended to help the Healthcare Coalition fill planning and service gaps with the ability to provide optimal care for children in a disaster situation.

Through the trainings, participants:

- Became familiar with current triage protocols and their application to pediatric patients.
- Were able to recognize the differences between pre-hospital and hospital pediatric triage.
- Identified critical concepts in pediatric triage and guidelines to assist in determining the disposition of pediatric patients.
- Increased their ability to appropriately assess and triage pediatric patients in a mass casualty incident.

Trainings were held in Driggs, Idaho Falls, Mud Lake, Rexburg, and Salmon. The training was a huge success, as nearly 300 EMS, hospital, paramedic students, emergency management, law enforcement and public health responders learned more about pediatric triage.

Due to the success of the training, Dr. Gardner was also asked to present at the Region X Medical Reserve Corps Workshop and to Idaho Department of Health & Welfare's preparedness program leaders. The Eastern Idaho Healthcare Coalition plans to build on the training with further pediatric and special needs training for the FY16 grant year.



**Dr. Aaron Gardner**

Pediatric Intensivist  
and member of  
Eastern Idaho  
Healthcare Coalition



# and Surveillance Division



## EBOLA PREPAREDNESS AND RESPONSE

### Facts *about* **Ebola** in the U.S.

You **CAN'T** get Ebola  
through **AIR**



You **CAN'T** get Ebola  
through **WATER**



You **CAN'T** get Ebola  
through **FOOD** grown or  
legally purchased in the U.S.



Source: <http://www.cdc.gov/vhf/ebola/resources/infographics.html>

The 2014 Ebola epidemic is the largest in history, affecting multiple countries in West Africa. In the United States, there have been two imported cases of Ebola, including one death, and two locally acquired cases in healthcare workers. Beginning in September of 2014 and continuing through December, EIPH's Preparedness staff spent much time and effort working on the district's Ebola Response Plan as a result of this epidemic. Staff met with representatives from our region's hospitals, emergency medical services (EMS), fire departments, law enforcement, dispatch centers, airports, colleges and universities, and private businesses as well as county emergency managers and city and county elected officials to begin developing a coordinated response to Ebola. Much of this work focused on our region's plans for handling a patient diagnosed with Ebola. Preparedness staff also spend much time providing education on Ebola to our community partners, community groups, and the public at large.

During the Ebola epidemic, Idaho's public health districts were responsible for monitoring any individuals residing in or visiting their respective jurisdictions after returning from travel to any of the affected countries in Western

Africa. The Centers for Disease Control and Prevention (CDC) developed guidelines for this monitoring based on risk factors of the individuals. The purpose of the monitoring is to ensure people who may have been exposed to Ebola did not start exhibiting signs and symptoms of the disease during its 21 day incubation period. Monitoring consist of at least daily reporting of the individual's temperature to check for fever as well as other symptoms such as headache, fatigue, muscle pain, weakness, diarrhea, vomiting, abdominal pain, or unexplained bleeding. It may be necessary to conduct this monitoring by directly observing the individual based on his/her risk factors.

While all of the healthcare and emergency response agencies in our district have made huge strides in preparing for all types of public health emergencies, it became very evident in a scenario such as a deadly Ebola pandemic, all of our regional resources to respond would be exhausted very quickly. So, we continue to partner together to continue developing our response planning and exercising for such an event. During the Ebola response, EIPH's Preparedness staff also reviewed and updated our agency's emergency response plan, including plans for isolation and quarantine. We shared our plans with our community partners, discussed ways for improving our plans, as well as identified areas of our plans that still need to be fine-tuned.

EIPH received supplemental federal funding to assist us with this work in the coming years. And, we have hired a part time health educator, Holly Allen, whose job will be to focus on these activities. In addition, EIPH's preparedness team has two other new employees that re-filled vacated positions: Stacey Whitehead, Planner, and Brad Clements, Trainer. These three have been great additions to our Preparedness staff. In the coming year, our entire Preparedness team will continue to improve EIPH's response plan; educate EIPH staff, partners, and the public; work with community partners to assist them with planning for handling patients with Ebola; and much more! Working together, we can accomplish great things.

# Prevent Protect

# Health Preparedness, Promotion,

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 FY15.

## FIT AND FALL PROOF™ PROGRAM

In 2015, the Fit and Fall Proof™ (FFP) program celebrated ten years of providing exercise classes to older adults in EIPH's eight-county region. The success of the program is due to the amazing class leaders who volunteer their time to instruct the classes and especially the older adults who attend the classes on a regular basis. To honor the participants, a birthday party was held to celebrate the participants at each of the 14 class sites in the district. Participants also received a t-shirt and water bottle as a thank-you gift.

The goal of the FFP™ program is to keep older adults independent and living in their own homes for as long as possible. The exercises included in the program focus on mobility, flexibility, balance, and strength. Classes are held two to three times per week for 45-60 minutes per session.

Over the past ten years, we have grown from five to 14 sites and classes have been held in every county in our district, except Lemhi. Plans are in place to begin a class in Salmon in the spring of 2016. Class participant numbers have steadily increased over the past decade starting with 35 in 2005 to approximately 200 at the present time. The best marketing tool is word of mouth from participants to their friends and neighbors.

The Fit and Fall Proof™ program is widely respected. It is a program designed by Idahoans for Idahoans. It is successful because of the participants and class leaders. Participants and staff at Eastern Idaho Public Health greatly appreciate the support of local and state leaders, who see the value of the program and provide the funding to keep the program running. It is partnerships like these that embrace the mission and services

of public health. We are looking forward to celebrating many more years of fall prevention and improved health for older adults in our communities.



*Fit and Fall Proof™ ten year celebration at MorningStar Senior Living of Idaho Falls. Pictured (left to right) are Evada B., Kermit C., Timalee G. (EIPH's FFP™ program coordinator), Marianne's daughter, and Marianne H.*

Nancy Bower, a participant at the Idaho Falls Senior Center for five years, wrote,

*"I have seen the benefit of the Fit and Fall Proof™ program personally. I have nerve damage that makes me walk awkwardly; balance is an on-going issue. While the damage is permanent, the exercise class (FFP™) has helped improve my balance issues. The program is a very helpful addition to senior living."*

Gail Nichols, a participant at the Rigby LDS Stake Center said,

*"I have been taking the exercise (FFP™) classes for more than seven years. I have osteoporosis and I am a diabetic. My bones are improving. My blood sugar has gone down and is now below 100 ct. The classes have also helped me to be stronger in my body. I am able to do more yard work and house work. My bones have increased in density."*

Jim and Joan Wilson, participants at the Ririe Senior Center shared some thoughts about the program. Jim said,

*"The Fit and Fall Proof™ class has given me incentive to exercise on a regular basis. The leaders have made it fun for us as well. I have been losing some weight and feeling better and more energetic each day."*

Joan said,

*"The Fit and Fall Proof™ program at the Ririe Senior Center has been very good for me. My doctor was really impressed that I was doing it. I can get in and out of the bathtub easier."*





# and Surveillance Division



## SUMMARY OF REPORTABLE DISEASES

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 (IDAPA 16.02.10). Listed below are the diseases reported to Eastern Idaho Public Health District in FY15.

Disease	FY15	FY14	FY13
Amebiasis	1	2	0
Botulism, Infant	1	0	2
Campylobacteriosis	49	39	41
Chlamydia	412	322	340
Congenital Hypothyroidism	0	1	1
Cryptosporidiosis	7	11	18
Encephalitis, viral or aseptic	1	0	0
Giardiasis	15	17	11
Gonorrhea	28	11	6
Group A Streptococcus, invasive	2	0	0
Haemophilus Influenza, invasive	2	1	3
Hemolytic Uremic Syndrome	0	0	0
Hepatitis A, acute	2	0	0
Hepatitis B virus infection, chronic	0	1	2
Hepatitis B virus infection, perinatal	1	0	0
Hepatitis C, acute	0	0	4
Hepatitis C virus infection, chronic/resolved	122	92	122
HIV	1	5	2
Lead poisoning	1	2	0
Legionellosis	1	5	0
Listeriosis	2	0	0

Disease	FY15	FY14	FY13
Lyme disease	0	3	5
Malaria	0	0	1
Neisseria Meningitidis	1	0	0
Noroviruses	3	3	73
Pertussis	14	28	44
Rabies, post exposure prophylaxis	3	2	4
Rabies, animal	2	2	4
Respiratory Syncytial Virus (RSV)	290	107	374
Rheumatic Fever	1	0	0
S. Aureas, methicillin-resistant, invasive (MRSA)	2	3	9
Salmonellosis	32	20	21
Shiga toxin producing Escherichia coli (E. coli)	15	10	15
Shigellosis	1	1	2
Strep pneumonia, invasive	1	0	0
Syphilis	5	1	2
Toxic Shock Syndrome, staph or strep	1	0	0
Tuberculosis	0	0	1
Transmissible spongiform encephalopathies	1	0	0
West Nile Virus	0	0	1
Yersiniosis	1	0	1

***EIPH's epidemiologists, Kenneth Anderson and Mike Taylor, are very knowledgeable about communicable diseases and help to educate individuals as well as health care providers.***

**Prevent.**

**Promote.**

**Protect.**

# Nutrition

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

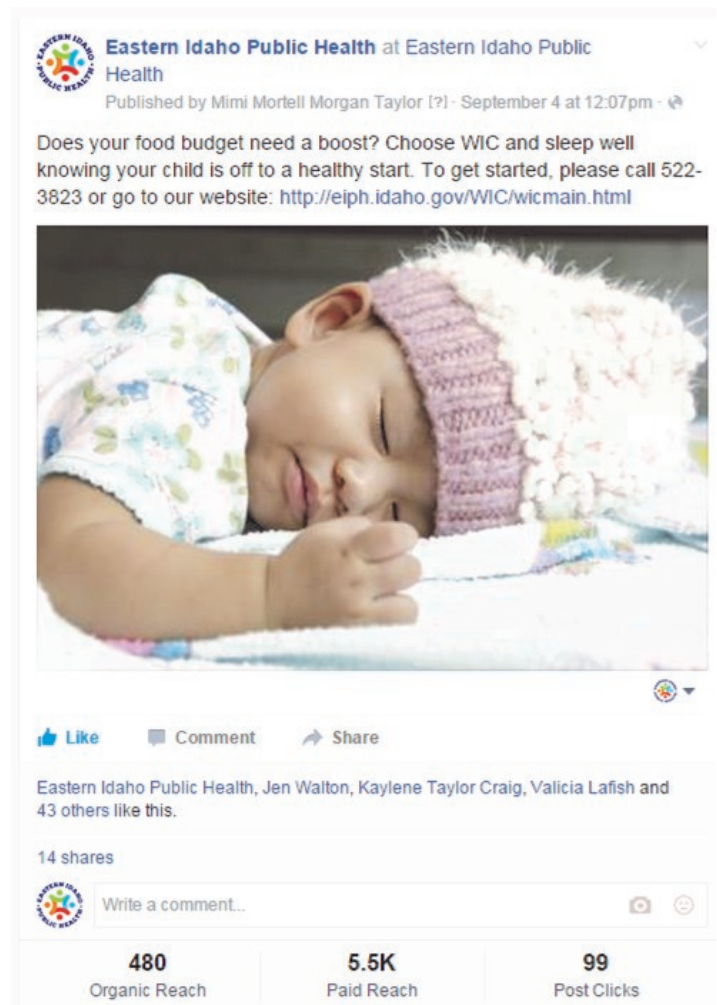
The special supplemental nutrition program for Women, Infants and Children (WIC) is a short-term intervention program designed to influence lifetime nutrition and health behaviors in targeted high-risk populations. WIC helps to ensure infants' and children's normal growth, reduced levels of anemia, increased immunization rates, improves access to regular health care/social services and improved diets. Over 50% of all infants born in the United States are in WIC program.

Nationally, WIC participation is on the decline with a decrease of 750,000 participants monthly over the past few years. Fortunately, over the past year at Eastern Idaho Public Health, we have been able to maintain average participation. In FY15, our annual average monthly participation was 6,930; in FY15 it was 6,932.

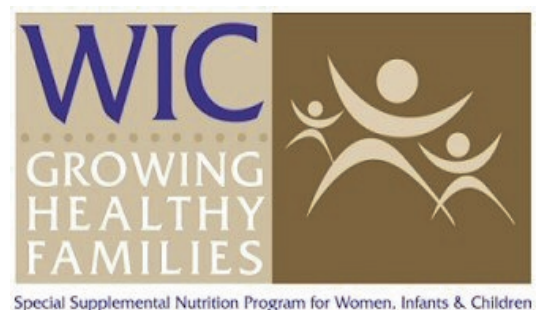
One of the most significant accomplishments of FY15 was the division's conversion from paper charts for participants to a more efficient chartless system, allowing us to save money, time and space. In addition, we began the process of exploring online Nutrition Education options for our participants and hope to roll this out within the next year. Online nutrition education options will save low risk participants time while still allowing them to receive high quality nutrition education. Finally, a new scheduling software was purchased that will be implemented soon replacing an old outdated scheduling system.

EIPH's WIC staff continually looks for ways to reach participants while making the program inviting and easy to use. On a state level, WIC changed the certification process from every six months to annually. During the past year, we have moved in the direction of leveraging technology to help meet the needs of the young people we serve. We have converted the WIC newsletter from paper to electronic and are now posting the newsletter information on EIPH's website along with a recipe index.

WIC uses social media ads as well as newspaper and articles and ads to help promote the program. However, studies show that most people hear about WIC from family and friends. We have been encouraging participants to help refer eligible family and friends to the WIC program.



## Promote



# Division



## BREASTFEEDING PEER COUNSELOR PROGRAM

The Breastfeeding Peer Counselor Program is also using technology to increase efficiency and availability. EIPH hosts the only Peer Counselor Program in the state using smartphones to contact participants. Over this past year, the Peer Counselor Coordinator has worked with the State's Breastfeeding Coordinator to develop secure and efficient charting and record keeping techniques using smartphones.

With the smartphones, the Peer Counselors are also able to contact participants via text which seems to be the preferred method of communication for many of the participants we serve. Currently we have eight Peer Counselors and four board certified lactation consultants on staff. At any given time, our Peer Counselor Program has between 400 and 500 participants.

*See page 18 for the eligibility guidelines for participation in the WIC program.*

## 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 2014 WIC Dollars Spent	# Participants In FY 2013 WIC Dollars Spent
<b>Bonneville County</b>	3,916	3,588 92%	1,025 26%	857 22%	2,034 52%	\$2,177,851	3,919 \$2,149,516	4,241 \$2,565,554
<b>Clark County</b>	38	37 95%	7 18%	7 18%	24 64%	\$24,633	40 \$26,446	44 \$26,399
<b>Custer County</b>	68	62 91%	18 26%	17 25%	33 49%	\$39,187	43 \$29,286	60 \$43,875
<b>Fremont County</b>	261	237 91%	61 23%	49 19%	151 58%	\$143,347	277 \$168,148	313 \$183,882
<b>Jefferson County</b>	722	685 95%	153 21%	124 17%	444 62%	\$397,331	774 \$438,013	858 \$372,027
<b>Lemhi County</b>	135	126 93%	40 30%	28 21%	67 49%	\$82,716	129 \$68,076	179 \$96,763
<b>Madison County</b>	2,170	2,034 94%	758 35%	526 24%	886 41%	\$1,185,980	2,084 \$1,127,486	2,124 \$1,144,557
<b>Teton County</b>	178	161 90%	37 21%	30 17%	111 62%	\$98,446	211 \$121,630	253 \$130,671
<b>FY2015 Total</b>	<b>7,488</b>	<b>6,930 93%</b>	<b>2,099 28%</b>	<b>1,638 22%</b>	<b>3,750 50%</b>	<b>\$4,149,491</b>		
<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>		



# Program Eligibility Guidelines

## The Women's Health Check Program is for women who:

1. Are U.S. citizens or U.S. residents at least five years.
2. Do not have any other resources such as health insurance, Medicare Part B, or Medicaid that covers mammograms or Pap tests;
3. Do not have income above that shown in the following chart:

Persons in Family Unit	Yearly Income
1 person	\$23,540
2 people	\$31,860
3 people	\$40,180
4 people	\$48,500
For each additional person add:	\$8,320

4. And are one of the following:
  - Women aged **50 and older** for Pap test, clinical breast exam and mammogram or
  - Women aged **21+** for Pap test.
  - **Limited enrollment** and services available for uninsured women who meet these additional criteria:
    - \* Age 21-49 at high risk for breast and cervical cancer (as confirmed by a healthcare professional).

## Choose WIC!

### If you:

- 1) are a resident of Idaho
- 2) are one of the following categories:
  - pregnant
  - breastfeeding a baby under one year of age
  - just had a baby
  - have an infant or child under the age of 5
- 3) have a nutritional need
- 4) meet the income guidelines below

### WIC Income Eligibility Guidelines

July 1, 2015 through June 30, 2016

Number of Household Members	Maximum Gross Household Income		
	Per Week	Per Month	Per Year
1	\$419	\$1,815	\$21,775
2	\$567	\$2,456	\$29,471
3	\$715	\$3,098	\$37,167
4	\$863	\$3,739	\$44,863
5	\$1,011	\$4,380	\$52,559
6	\$1,159	\$5,022	\$60,255

For each additional individual, add \$7,696/year.  
One pregnant woman counts as 2 household members.

## Notes





# EIPH Office Locations

## MAIN OFFICE

Bonneville County  
1250 Hollipark Drive  
Idaho Falls, Idaho  
(208) 522-0310



Clark County  
332 W. Main  
Dubois, Idaho  
(208) 374-5216



Custer County  
1050 N. Clinic Road  
Suite A  
Challis, Idaho  
(208) 879-2504



Fremont County  
45 South 2nd West  
St. Anthony, Idaho  
(208) 624-7585



Jefferson County  
380 Community Ln.  
Rigby, Idaho  
Main: (208) 745-7297  
WIC: (208) 745-0346



Lemhi County  
801 Monroe  
Salmon, Idaho  
(208) 756-2123



Madison County  
314 North 3rd East  
Rexburg, Idaho  
Main: (208) 356-3539  
WIC: (208) 356-4496



Teton County  
820 Valley Center Dr  
Driggs, Idaho  
(208) 354-2220



*Prevent.*  
*Promote.*  
*Protect.*



# **Public Health**

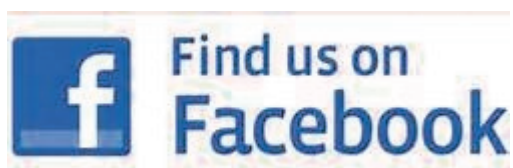
Prevent. Promote. Protect.

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**Idaho Public Health Districts**

*Healthy People in Healthy Communities*

[www.EIPH.Idaho.gov](http://www.EIPH.Idaho.gov)



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