



Eastern Idaho **Public Health**

Fiscal Year 2016

ANNUAL REPORT



Prevent. Promote. Protect.

Director's Message

It is my pleasure to present to you the Fiscal Year 2016 (July 1, 2015—June 30, 2016) 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.



In the following pages, EIPH's staff have provided highlights of the work done over the past year. All of the work we do revolves around the core functions of public health: Assessment, Policy Development, and Assurance. We work to assess the immunization status of children and adults, work with community partners to develop policies promoting efforts that contribute to healthier lifestyles, and ensure people have access to preventive services either through programs and services we offer directly or by connecting them with other resources within our community. We also ensure the health of the public by educating as well as enforcing Idaho's rules and regulations.

Again this year, as in FY15, we had some changes to our agency's governance as well as our administration. Our Board of Health Chairman, Bonneville County Commissioner Lee Staker, decided to retire at the end of 2016 after a career in local and state politics that has spanned three decades. As a result, EIPH's Board of Health elected Jefferson County Commissioner Brian Farnsworth to lead the agency as Board Chairman. In addition, Teton County Commissioner Bill Leake was elected to assume the role of Board Trustee for EIPH. We appreciate the service of Commissioner Staker, not only in his role as a member of EIPH's Board of Health, but as a long time representative of the residents of Eastern Idaho. In addition, Gary Rillema, our long time Director of the Division of Family and Community Health Services retired after spending nearly twenty years at EIPH. Amy Gamett, RN, was selected to be the new Division Director. Amy brings with her over 20 years of experience in nursing and public health programming. We look forward to the leadership that Commissioners Farnsworth and Leake and Amy will bring to Eastern Idaho Public Health!

It's no surprise that public health has evolved over time and that public health funding is often not adequate to address all of the issues affecting public health. Public Health modernization and funding are topics that are being discussed nationwide through the Public Health 3.0 initiative that is being led by representatives from the U.S. Department of Health & Human Services. This initiative focuses on expanding the scope and reach of public health to address all factors that promote health and well-being. In order to achieve the vision of Public Health 3.0, adequate and flexible funding will be critical. Public health funding continues to be the topic of many discussions at the local and state level. EIPH continues to address public health needs of our communities with the limited resources available to us. We constantly look for better and more efficient ways to provide quality services to the residents of Eastern Idaho.

More detailed information about all of EIPH's services is available on our website at 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 Public Health and the services we provide or answer any questions that you may have.

Geri L. Rackow

Gerri L. Rackow, Director
Eastern Idaho Public Health
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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.



Brian Farnsworth
Chairman
Jefferson County
Term: 2013-2020



Dr. Barbara Nelson
Vice Chairman
Physician Representative
Term: 2006-2021



Lee Staker
Bonneville County
Term: 2008-2018



Greg Shenton
Clark County
Term: 2001-2017



Lin Hintze
Custer County
Term: 1997-2017



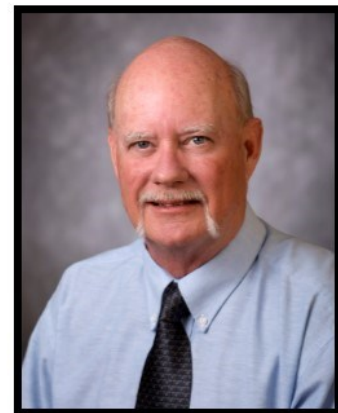
Lee Miller
Fremont County
Term: 2011-2018



Ken Miner
Lemhi County
Term: 2015-2021



Kimber Ricks
Madison County
Term: 2009-2019



Bill Leake
Teton County
Term: 2015-2019

Finances and

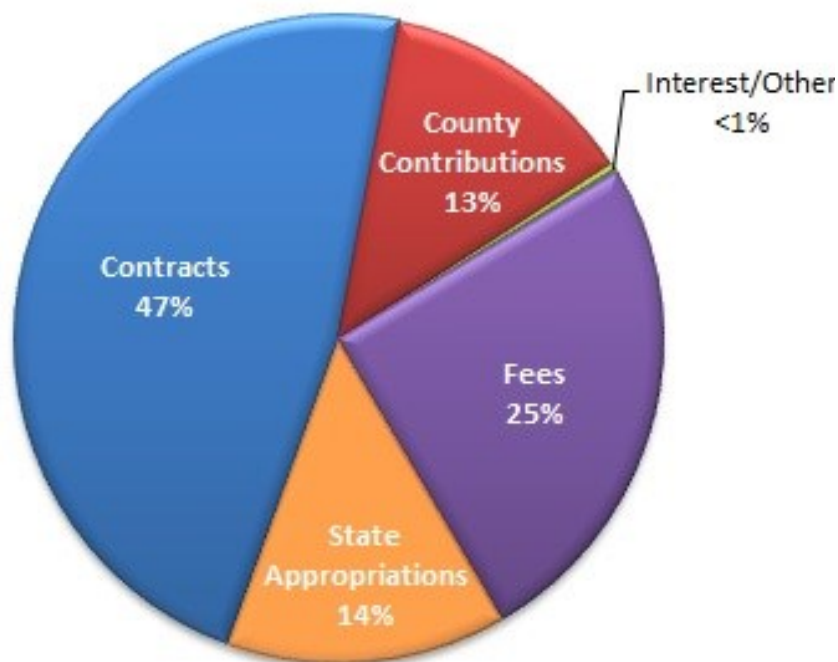
REVENUE

In Fiscal Year 2016 (FY16), EIPH's total revenue exceeded expectations by 4.96%. Most of this was due to increased fee revenue in our immunization and septic programs, similar to what we experienced in FY15 and FY14. Contract revenue was 3% below budget.

EXPENSES

Again this year, EIPH's management did a great job of managing the district's personnel and operating expenses. We ended the year 2.44% under the expense budget, being very judicious in the use of the district's financial resources.

FY16 Revenue Summary



CAPITAL RESERVE

Early in FY16, EIPH's Board of Health designated \$225,000 as future operating stabilization reserve to help ensure continuity of operations for the district. This turned out to be valuable foresight. Once about every eleven years, we are faced with one additional pay period in the year (27 pay periods instead of 26), which will occur next in FY17, increasing our personnel costs by approximately \$190,000. When the health districts' FY17 budget was presented to the State's Joint Finance-Appropriations Committee, funding for this extraordinary cost of the 27th pay period was requested; however, only a small fraction of the cost was funded by the State. Fortunately, EIPH will be able to maintain operations into FY17 by using most of that operating stabilization reserve to cover the rest of the costs related to the 27th pay period. Looking into the future, EIPH's Board of Health will need to continue to provide vision in planning for future large costs.





Human Capital

CHALLENGES AND LOOKING AHEAD

On a very positive note, Idaho’s economy is doing much better since the recession of 2007-2009. However, with the improved economy, there is also an employee expectation of annual raises which were often skipped during the recession. Idaho’s Legislature has approved raises of between 2-3% over the last four years. EIPH has budgeted a 3% merit raise for our employees in FY17. Unfortunately, salaries for EIPH employees continue to lag considerably behind those of other state agencies, including the other six health districts, and even farther behind the private sector. This continues to create challenges for us with employee recruitment and retention. Therefore, we will need to continue funding employee salary increases in the coming years, in a concerted effort to be a more competitive employer in our local job market.

The other large factor in personnel costs is health insurance. We have been notified by the State of a health insurance increase of approximately 10% (around \$113,000 for EIPH) for FY18. State General Funds cover only about 15% of these new costs. Going into the future, EIPH’s Administration and Board of Health will need to continue looking for ways to deal with the ever increasing unfunded cost increases in personnel and benefits. We must continue to look for funding from State General Funds and County Appropriations. Unfortunately, Federal funding for programs has generally not been increased annually to account for these personnel cost increases, so there are few expectations for increased funding from Federal sources. Balancing services provided and available funding is a challenge we face every year, and will continue long into the future.

The improved economy is also having positive impacts resulting in significant growth in septic permitting fees due to construction activity. These fee receipts are helping offset the costs of the program.

EMPLOYEE TURNOVER

EIPH employs approximately 110 individuals throughout our eight-county district, equating to about 90 Full Time Equivalents (FTEs). Staff turnover and salaries are issues facing the district where we continue to focus our attention and funding. Turnover is very costly since most of our staff positions require significant training to be fully productive.

In FY16, EIPH hired 19 new employees and experienced 25 separations. Reasons for separation included:

- 7 - left for new jobs (2 state jobs; 5 private sector jobs)
- 5 - Left the workforce
- 5 - Personal or unknown reasons
- 4 - Retired
- 3 - Involuntary Separation (did not complete probation)
- 1 - Moved from the area

Fiscal Year	Turnover Rate	EIPH’s Pay Compared to State Policy*
FY16	23.1%	85.5%
FY15	14.2%	84.8%
FY14	19.5%	84.7%
FY13	22.1%	85.9%

*The State of Idaho’s “Policy” pay rate is the target pay rate set with legislative oversight.

EIPH Outreach Efforts



In FY16, all EIPH employees continued their efforts of promoting the services provided by the health district—a targeted effort that began in FY15. This past year, we were able to reach over 82,600 people with information about EIPH's programs and services!

A new opportunity that we were presented this year was a partnership with a local church and Spanish radio station to reach the Hispanic community in our region with information about services offered by EIPH. This is exciting because the Hispanic population, as a whole, experiences higher rates of some health conditions—such as obesity and diabetes for example—compared to non-Hispanics. This partnership allows us to focus on specific needs of the Hispanic population.

Twice a month, beginning in December of 2015, radio programs were broadcast in Spanish featuring EIPH's different programs and services, as well as educational information on relevant health topics. The radio program has an estimated reach of 3,000 listeners. In FY16, we conducted interviews on 25 different topics, such as Adolescent Pregnancy Prevention, free oral health services, vaping, tobacco cessation, Parents as Teachers, Women's Health Check, and many more. All of these programs have been archived on EIPH's website (www.EIPH.Idaho.gov) and are available for listening by the public.

During the year, we placed paid advertisements in all of the newspapers in our region to inform residents of the services offered by EIPH. In addition, we used other means of low- or no-cost outreach to promote our services. We had 67 articles relating to EIPH appear in our regional newspapers. And, our Facebook page gained over 1,000 followers. We published 108 posts on our page that provided health education and/or promoted services offered by the health district, with many of these posts generating a considerable amount of community engagement.

Eastern Idaho Public Health
Prevent. Promote. Protect.

Serving Bonneville, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton Counties

MAIN OFFICE
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Idaho Falls, ID 83401
(208) 522-0310

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Welcome to Eastern Idaho Public Health's (EIPH's) Website

Lead in Drinking Water

Local Public Health Newsletters

Food Establishment Inspection Results

Children's Mental Health Community Engagement Project Presents: Childhood Trauma Conference - Monday, October 17, 2016

Please [click here](#) for more information about the upcoming conference.

Free Informational Support Groups to help you quit smoking

- Idaho Falls group meets Wednesdays starting September 28 from 6:00 - 7:00 p.m. The group will meet at the Center for HOPE (1501 Northgate Mile-in the Fred Meyer plaza).
- Teton Valley group meets Tuesday, September 13 from 5:15 - 6:15 p.m. The group will meet at Teton Valley Hospital (120 E. Howard Ave., Driggs, Room 123).
- Don't see a class near you? For more information, please call 533-3158 or email nbutler@eiph.idaho.gov.

Temas de Salud presentados en **La Super Caliente** 103.7 FM 104.5 FM

EIPH staff are engaged in a variety of community outreach efforts to help promote the services of the health districts. (Pictured right—Eastern Idaho Immunization Coalition at the Idaho Falls Independence Day Parade; bottom left—Jarryd Samples at the Salmon parade; bottom right—Mary Ann Brown and Hilary Coyne-WIC's Picnic in the Park.



Healthcare Transformation Programs



STATEWIDE HEALTHCARE INNOVATION PLAN (SHIP)



Last year, the State of Idaho in partnership with all seven of Idaho's public health district and many other stakeholders, embarked on a journey called the 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. These efforts have progressed and EIPH staff have been actively working with eight medical clinics in Eastern Idaho (based in Driggs, Idaho Falls, Rexburg, St. Anthony, and Victor) to achieve SHIP's triple aim of: improved health outcomes; improved quality and patient care experience; and lower cost of care for all Idahoans. EIPH's SHIP team added a fourth aim to our efforts: increased provider satisfaction.

The SHIP goals will be achieved through collaboration that the Patient-Centered Medical Home (PCMH) model encourages. Our role in this effort is to provide the clinics with assistance with quality improvement, establishing best practices, care coordination expertise, and performance measurements of regional health concerns.

In addition, the Eastern Health Collaborative (EHC) was formed to help support Eastern Idaho's eight SHIP clinics, as well as other primary care clinics, that would like to change to the PCMH model of care. The EHC facilitates PCMH transformation support, resource sharing and networking, and the identification of gaps in healthcare services through needs analysis and gathering of population health data. The EHC is working to identify and develop a Medical-Health Neighborhood to improve communication between primary care providers, specialists, hospitals, social services, public health, and other community services that provide health benefits to community members.

Early in 2017, 55 more clinics statewide will join the SHIP efforts.

MEDICAL HOME COORDINATION

Another program that EIPH offers to help establish PCMH principles with medical clinics in Eastern Idaho is Medical Home Coordination. Through this program, EIPH staff helps to facilitate services for pediatric patients, specifically children and adolescents with health needs. This is accomplished through implementing a specific portion of PCMH, Care Coordination, in the participating clinics. Care Coordination helps families identify health needs for their children and then work with providers to establish a proactive approach to obtain the needed care. In FY16, EIPH began working with two clinics in our region—The Pediatric Center and Ashton Medical Center. It is anticipated that a third clinic will be added to this program in the very near future.

REGIONAL BEHAVIORAL HEALTH BOARD SUPPORT

In FY16, EIPH entered into a contractual relationship with Idaho Department of Health and Welfare, Division of Behavioral Health to provide Administrative Support to the Region 7 Behavioral Health Board (R7BHB). During the year, the R7BHB applied for and received a grant from the Blue Cross of Idaho Foundation for Health, Inc., to conduct youth mental health community engagement activities throughout Eastern Idaho. Presentations were scheduled in Dubois, Driggs, Idaho Falls, Salmon, Arco, and Blackfoot to provide free community education. A panel of speakers shared information on the following topics: bullying, anxiety, depression, trauma recovery, suicide prevention, and stigma. The R7BHB also provided behavioral health resources to participants.



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.

Environmental Health Statistics

	FY16	FY15	FY14
# of Septic Permits Issued	685	521	446
# of Food Establishment Inspections	2,065	1,946	1,884
# of Public Water Systems Monitored	303	304	302
# of Child Care Facility Inspections	205	171	224
# of Solid Waste Facility Inspections	52	41	44

PUBLIC WATER PROGRAM

Elevated Lead Levels in a Drinking Water System

Mobilizing community partnerships and monitoring health are two of the essential services of public health. In February of 2016, the Department of Environmental Quality (DEQ), one of EIPH's partners, contacted EIPH due to a potential health issue involving elevated lead levels in the drinking water at a local elementary school. There had been a lead exceedance in the drinking water at the school back in 2013. Unfortunately, it was found that no follow up measures had occurred from the exceedance. DEQ asked if EIPH could support blood lead testing to students and staff at the school. EIPH's staff from multiple divisions took on the task of executing a mass blood lead screening effort within just weeks following the request. A total of 277 individuals (64% of the school's population) were screened. To everyone's relief, no one screened had a blood lead level that required secondary testing. EIPH staff dedicated a total of 174 hours of time to this event.



Changes to Idaho's Total Coliform Rule

Bacteria is one of the few contaminants for which every single public water system must monitor. The rule (Total Coliform Rule) requiring water systems to test for bacteria first started in the early 1990s. In April 2016, the changes took effect and many water systems in Eastern Idaho have worked with the revised rule (Revised Total Coliform Rule—RTCR) firsthand.

Type of Water System	Routine Sampling		Repeat Sampling (# of samples)		Samples during the month following a positive water sample	
	# of Samples	Frequency	Original TCR	New RTCR	Original TCR	New RTCR
Community (locations where people reside full time, like small neighborhoods or living centers)	1	Monthly	4	3	5	1
Non-Community (includes businesses, schools, churches, and restaurants where people visit, but do not live)	1	Quarterly	4	3	5	3

In the past, when multiple samples were positive for bacteria, a system was required to post a public notice stating bacteria were found in the water. With the RTCR that requirement has been removed. Now, a system must conduct an assessment to determine if there are any sanitary defects. The first time an assessment is conducted it counts as a Level 1 Assessment. If the system receives a second Level 1 Assessment, then the system moves to a Level 2 Assessment which is more in depth. These assessments are typically due 30 days after the trigger event (positive repeat samples).

The biggest change with the RTCR is for seasonal systems which do not stay open year round. These systems include campgrounds or RV parks and summer home locations. The RTCR requires systems to complete a start-up checklist each season. This includes making sure the well cap is secured to the casing, chlorinating and flushing the water lines, and collecting a construction or check sample PRIOR to opening for the season. Once these things have been done and the bacteria sample is absent the system will be allowed to open and begin serving water to the public.

The RTCR encourages water systems operators to be more proactive with the system in figuring out what is happening. Details and explanations are provided for each step of the process starting with seasonal systems to figuring out why contamination is happening. Several systems have already conducted a Level 1 Assessment and have provided good feedback on the form.



Health Division

FOOD PROGRAM

Protect



This past year, EIPH worked diligently to educate the public on when a food license IS or IS NOT needed to sell food. This resulted from staff members' growing concerns over the potential risk of foodborne illness that could stem from a variety of foods being sold for public consumption by those without proper education on food handling safety and without being properly licensed and inspected if required by Idaho Food Code.

Two education articles appeared in newspapers and on social media throughout the district, as well as on EIPH's website (visit www.EIPH.Idaho.gov/EH/Food/foodmain.html to read the full article).



In order to operate a food establishment, a food license **must** be issued by the health district. An area of confusion was identified by staff where people think that having a food handler's permit or training certificate is a food license. This is not correct. A food license is issued after an application is submitted and an owner demonstrates compliance to the Idaho Food Code with requirements such as verification of an approved kitchen, potable water source, and approved septic disposal.

EIPH's Environmental Health Specialists have been finding possible food establishments on social media such as Facebook. When this occurs, they ask individuals vending their food products on social media to call and discuss if what they are selling requires a food license.

In addition, an effort was also made to clarify when individuals or businesses qualify for an exemption to food license requirements. Exemptions to the rules are only allowed for the following reasons:

- a. Agricultural markets as exempted in Section 39-1602, Idaho Code.

- b. Bed-and-breakfast operations that prepare and offer food for breakfast only to guests. The number of guest beds must not exceed ten as defined in Section 39-1602, Idaho Code.
- c. Day care facilities regulated by Sections 39-1101 through 39-1119, Idaho Code.
- d. Licensed outfitter and guides regulated by Sections 36-2101 through 36-2119, Idaho Code.
- e. Low-risk food establishments, as exempted in Section 39-1602, Idaho Code, which offer only non-time/temperature control for safety (Non-TCS) foods.
- f. Farmers Market vendors and roadside stands that only offer or sell non-time/temperature control for safety (Non-TCS) foods or cottage foods.
- g. Non-profit charitable, fraternal, or benevolent organizations that do not prepare or serve food on a regular basis as exempted in Section 39-1602, Idaho Code. Food is not considered to be served on a regular basis if it is not served for more than five consecutive days on no more than three occasions per year for foods which are not time/temperature control for safety (Non-TCS) foods. For all other food, it must not be served more than one meal per week.
- h. Private homes where food is prepared or served for family consumption or receives catered or home-delivered food as exempted by Section 39-1602, Idaho Code.
- i. Cottage Food Operations, when the consumer is informed and must be provided contact information for the cottage food operations as follows:

By a clearly legible label on the product packaging or a clearly visible placard at the sales or service location that also states:

- The food was prepared in a home kitchen that is not subject to regulation and inspection by the regulatory authority; and
- The food may contain allergens.

The ultimate goal of EIPH's Environmental Health staff is to ensure that food being sold for public consumption is safe to eat and does not cause anyone to become sick. They are here to help educate and provide information to people wanting to sell food. The best thing is for the food vendor to contact their local health district and talk to an Environmental Health Specialist who can help them determine if a license is needed or not. For more information, call 523-5382 or toll free at 1-855-533-3160, option 6.

Family and Community

IMMUNIZATION PROGRAM

EIPH has a long history and solid reputation for providing quality, accessible, and affordable immunizations services in all eight counties within the district. While we provide routine immunizations to children and adults, we also provide immunizations to individuals with specific disease conditions and to individuals traveling to foreign countries.

Staff members continue to be actively engaged throughout the year in outreach, awareness, and advocacy opportunities. EIPH evaluates gaps in services and barriers to vaccination in each of our communities and then strives to close gaps and reduce barriers. We believe in ensuring that the vaccines reach all people who need them.

Idaho was in the news in August of 2015 as leading the nation for number of immunization exemptions for kindergartners. The published data showed that when registering for school, 6.5% of Idaho kindergarten students had an exemption on file for at least one vaccine. One school in our district was reported to have an exemption rate of 16.7%! The high exemption rates are concerning. Having a high percentage of students who are not fully protected from preventable diseases can lead to outbreaks in schools and in our communities. EIPH's immunization staff worked with schools to educate staff on exemption policies and offered school-based immunization clinics in every county in our district. A free immunization clinic for children was held at our Bonneville County office, with over 125 children being vaccinated with 318 vaccines. Efforts like school based clinics and free clinics help reduce barriers for families.

EIPH continues to be one of the only agencies approved to receive vaccine at a reduced cost to administer to uninsured and underinsured adults. This fiscal year, 862 in-need adults met the requirements for these services and over 1,000 reduced cost vaccines were given. Many of the individuals were Medicare clients needing vaccines other than flu, pneumonia, and Hepatitis B, which are typically covered by their plan.

Adult vaccines can be costly, with some vaccines costing nearly \$200 per dose, but through our patient assistance program for immunizations, EIPH can administer disease-preventing vaccines to individuals in need at a fraction of the cost. For clients on a fixed income, this can be the difference between being vaccinated or buying groceries.

EIPH continues to offer pre-foreign travel consultations and vaccinations for people traveling abroad. Our nurses review travel plans with clients—including their destination, the length of their trip, the activities in which they may engage—as well as other personal matters such as their age and medical history. Foreign travel vaccines EIPH offers include Yellow Fever, Typhoid, and Japanese Encephalitis.

A big part of EIPH's immunization program is annual flu vaccinations. We offer on-site flu clinics, taking the vaccine to people at their worksite or school. This helps eliminate the barrier of access to services and provides vaccine to many who otherwise would not be able to take time off work. Many employers call us to set up these individualized clinics year after year. EIPH also continues to be one of the only providers of high dose flu vaccine for individuals 65 years of age and older. These services and our competent, friendly, and knowledgeable staff is what sets us apart from other flu vaccine providers.

Prevent

Protect



Members of EIPH's Immunization Staff provide exceptional services to clients. Our immunization mascot, Booster, often joins us in our efforts!

Health Services Division



Immunization Services	Adults		Children		Total	
	Visits	Vaccines Given	Visits	Vaccines Given	Visits	Vaccines Given
Bonneville County	4,595	7,070	2,234	4,980	6,829	12,050
Clark County	65	105	78	132	143	237
Custer County	562	692	375	673	937	1,365
Fremont County	488	633	300	502	788	1,135
Jefferson County	792	1,123	1,083	2,226	1,875	3,349
Lemhi County	844	1,072	318	627	1,162	1,699
Madison County	1,070	1,744	769	1,630	1,839	3,374
Teton County	447	590	428	739	875	1,329
FY16 Total	8,863	13,029	5,585	11,509	14,448	24,538
FY15 Total	9,426	12,700	6,522	13,286	15,948	25,986
FY14 Total	9,239	12,034	6,070	13,489	15,309	25,523

PARENTS AS TEACHERS

A parent is a child's first and most important teacher. Parents as Teachers (PAT) is a free program designed to provide parents with information and to help build their children's intellectual, language, social, and physical development from birth to age three.

To be able to participate in the program, the children must have one or more risk factors, which can include:

- low income,
- low birth weight,
- teen parent,
- parent with mental illness or low educational attainment,
- parent with substance abuse history,
- domestic violence history,
- child abuse and neglect history, or
- parental incarceration.

In our health district, the PAT Program serves only residents of Bonneville County as a result of limited funding and a statewide needs assessment which identified the county a "community at risk." During the past year, we met our goal of enrolling 50 families into the PAT program. Participating families receive monthly home visits that include health screenings, developmental activities, family support, and referrals to other services or resources.

EIPH is proud to support families and young children in our district and hope that in the future we will be able to expand the PAT program to other counties in our region.



Above: Parents and infants take part in "tummy time" exercises to promote infant physical development.



Right: PAT builds healthy outcomes for children and families "block by block" as two children play at Blockfest, a PAT Group Meeting.

PAT by the Numbers	
Total number of personal visits during the year	618
Number of families with 2 or more risk factors	48
Child with disability or chronic health condition	20
Teen Parents	12
Homeless or unstable housing	9
Parent with mental illness	21
% of children 19-35 months fully immunized	96%

Family and Community

REPRODUCTIVE HEALTH AND SEXUALLY TRANSMITTED DISEASE PROGRAMS

FY16 brought a major change to our Reproductive Health and Sexually Transmitted Disease (STD) programs with the retirement of Connie Wolcott, our primary clinician. Allison Barto, PA-C, (pictured at right) was hired for this role and now serves Bonneville and Madison counties. Fortunately, we have maintained stability in clinical services in the rest of our district's counties with Sheryl Gombert, CNM, serving in Jefferson, Clark, and Fremont counties; Amy Klingler, PA-C, in Custer County; Clare York, PA-C in Lemhi County; and Kristen Coburn, FNP in Teton County.



The mission of Family Planning is to assist individuals and couples in planning and spacing births, contributing to positive birth outcomes and improved health for women and infants. Our fees are based on our cost of providing the services and assessed on a slide fee scale according to household income and family size. Family Planning services are a cost saving to taxpayers as *The Office of Population Affairs; Title X, Cost Effectiveness of Family Planning Report* estimates that every public dollar spent on contraceptive services yields an estimated \$3.74 in savings that would have been spent on Medicaid costs.

Our Reproductive Health Program offers a broad range of services, including: breast and cervical cancer screenings; pregnancy testing and counseling; screening and treatment for sexually transmitted infections including HIV; a wide range of contraceptives; and other patient education and referrals. Our goal

is to ensure residents of Eastern Idaho have access to critical reproductive health services, regardless of their income or health insurance status.

Numbers in our STD program continued to increase this year, with more people testing positive for reportable diseases. Gonorrhea, syphilis, and HIV remain high priority diseases in which partner services are provided for testing and treatment if indicated. STD/HIV education classes are available to high schools, detention centers, and jails to provide education, and sometimes on-site testing for HIV and Hepatitis C. This year, EIPH began offering rapid syphilis testing for sexual partners of those who test positive for syphilis. As June is National HIV Testing Month, free HIV testing was offered in all of our counties through our partnership with a local non-profit, Breaking Boundaries. We had 106 clients take advantage of this free testing.

HIV case management services continue to help approximately 60 individuals in our region infected with HIV/AIDS. Case management services include patient navigation for care, collaboration with HIV care providers, housing assistance, and follow-up for the client's health care needs. As a result of funding provided by Breaking Boundaries, some of our HIV-infected clientele were able to access health care services without costly visits to local emergency rooms. Jen Walton, LPN, has been a stable and supportive staff member in this program, with six years of HIV case management experience. She is considered a valuable resource to assist in training new HIV case managers across the state.

Prevent

Protect

	Bonneville County	Clark County	Custer County	Fremont County	Jefferson County	Lemhi County	Madison County	Teton County	FY16 Total	FY15 Total	FY14 Total
REPRODUCTIVE HEALTH SERVICES (includes District Care, Title X, and STD)											
Individuals Served	2,160	26	78	71	241	163	197	124	3,060	3,096	3,119
# of Visits	3,182	50	122	144	401	360	308	235	4,802	5,761	6,487
% of Clients at ≤150% of Poverty Level	86%	81%	87%	97%	92%	90%	89%	74%	87%	89%	89%
# of Abnormal Pap Smears	90	1	4	2	8	4	4	6	119	172	120
SEXUALLY TRANSMITTED DISEASE (STD) SERVICES											
# of Positive STD Tests (including Chlamydia, Gonorrhea, & Syphilis)	411	1	6	0	17	21	26	7	489	451	335

*Due to the low incident of HIV, the HIV/AIDS positive data is not available at the county level. Eastern Idaho Public Health had 2 new positive HIV/AIDS cases reported in FY16 in addition to 2 positive HIV clients who relocated into our district. Positive tests reflect cases reported from EIPH and private medical offices in which health district staff conducted follow-up. Total positive STD Tests = 491 (489 + 2 HIV/AIDS).



Health Services Division



WOMEN'S HEALTH CHECK PROGRAM

The Women's Health Check Program continues to serve uninsured women, offering free breast and cervical cancer screenings to women who meet the program eligibility requirements. This past year, EIPH not only met the original contract number of women to be screened, but successfully exceeded the amount of originally contracted women by 25 enrollments. Rachel Mugleston and Lucy Castaneda provide a stable and supportive presence in the community, working with private medial providers, imaging centers, and clients.

Eligibility for the program was permanently expanded to reach the younger population, dropping the age requirement for cervical cancer screening to age 21. During FY16, at least five breast and cervical cancers were diagnosed—cancers that may have otherwise gone undetected if not for the services offered through the Women's Health Check program.

Statewide, the program funding was decreased for the coming year. Unfortunately, this will result in 68 less women being able to enroll in the program in our health district.

EIPH staff continues to participate in local breast cancer awareness and fundraising events sponsored by our community partners, including Run for the Cure, Brake for Breakfast, and Breast Cancer Awareness Night at the Chukars, to name a few. Through these fundraising efforts, EIPH has been able to continue providing women in our community the opportunity to have mammography and breast ultrasound services at no cost to them.



Some of EIPH's team members (employees and family members) at the 2015 Run for the Cure.



Free bags are provided to women at Brake for Breakfast, which included information about the Women's Health Check program.

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	282	70	352	86	5
Clark County	3	0	3	1	0
Custer County	15	3	18	4	0
Fremont County	4	8	12	5	0
Jefferson County	16	2	18	1	0
Lemhi County	12	24	36	6	0
Madison County	11	11	22	1	0
Teton County	11	3	14	7	0
FY16 Total	354	121	475	111	5
FY15 Total	266	136	402	111	6
FY14 Total	265	179	444	107	9

Promote

Health Education, Epidemiology, and Preparedness

The Health Education, Epidemiology, and Preparedness (HEEP) Division focuses on improving our communities' health by promoting healthy, active lifestyles through a variety of programs. Public-private partnerships are increasingly seen as playing a key role in leveraging the characteristics of the public and private sectors to improve efficiency, quality, innovation, and health impact of both sectors. We work in partnership with our community partners to assist in creating and sustaining healthy communities.




IDAHO PHYSICAL ACTIVITY AND NUTRITION PROGRAM

The goal of the Idaho Physical Activity and Nutrition (PAN) Program is to affect changes that have a positive impact on the health of Idahoans. Over the past three decades, childhood obesity rates in the United States have tripled. Today, nearly one in three children in the U.S. is overweight or obese, which puts them at greater risk for health problems such as diabetes, heart disease, high blood pressure, cancer, and asthma.

The PAN program focuses on strategies and practices that make healthy eating and active living the easy choice for all Idaho communities, resulting in healthier residents. One way we accomplish this goal is to partner with cities to encourage them to recognize their role in obesity prevention and assist them in taking action to make positive changes in the community to help reduce obesity. One way they can do this is by participating in the nationwide *Let's Move! Cities, Towns, and Counties* (LMCTC) initiative.

This year, the City of Ammon joined the *Let's Move!* Campaign. One of EIPH's health educators, Kaylene Craig, works with the City on this initiative. This includes meeting with city leaders to help assess their efforts and determine if there are areas for improvement, then identifying next steps for addressing community needs and helping them to complete a Community Action Plan around their established goals. Working together, they determine a method for evaluating the Community Action Plan as well as recruit partners to engage in their efforts.

LMCTC initiative participants, like the City of Ammon, have the opportunity to earn up to five gold medals, one for each actionable goal to which they commit to as part of the initiative. Medals are awarded to local elected officials based on their achievements in each of the following five goal areas:

- **Goal I: Start Early, Start Smart:** Promoting best practices for nutrition, physical activity, and screen time in early care and education settings. *Let's Move! Child Care trainings are provided through a partnership between EIPH's PAN program and IdahoSTARS.*
- **Goal II: My Plate, Your Place:** Prominently displaying MyPlate (an illustration of the five food groups that are building blocks for a healthy diet) in all municipal or county venues where food is served. 
- **Goal III: Smart Servings for Students:** Expanding access to meal programs before, during and after the school day, and/or over summer months. Ammon's McCowin Park began a "Lunch in the Park" program this year.
- **Goal IV: Model Food Service:** Implementing healthy and sustainable food service guidelines that are aligned with the *Dietary Guidelines for Americans*.
- **Goal V: Active Kids at Play:** Increasing opportunities for physical activity.

Congratulations to the City of Ammon, who is one of 75 cities, towns, and counties nationwide that has earned gold medals in all five goal areas! *Working together, we can make great strides to keep the people in our communities healthy and active!*



Promote
Prevent

and Preparedness Division



Health through education, monitoring, and preparedness activities and by encouraging individuals to live a critical role in improving the performance of health systems worldwide by bringing together the best private and public systems. The programs in the HEEP Division rely on collaborative working relation-

PUBLIC HEALTH & HEALTHCARE EMERGENCY PREPAREDNESS

EIPH's Public Health Emergency Preparedness and Healthcare Preparedness programs support the Eastern Idaho Healthcare Coalition in an effort to build medical surge capacity in the region in the event of a disaster. We jointly plan, train, and exercise for disasters. Focus activities include ensuring awareness of each other's capabilities and capacities; having executed Memorandums of Understanding to allow the sharing of resources; identifying preparedness and response gaps; and planning for the medical surge needs of at-risk populations in the event of a public health emergency. Nicole Lurie, the Assistant Secretary of Preparedness and Response at the U.S. Department of Health and Human Services, shared that half of the nearly 500 healthcare coalitions nationwide feel they are capable of responding to a disaster. In Eastern Idaho, EIPH and the Eastern Idaho Healthcare Coalition continue to work to strengthen our ability of responding to disasters.

On May 11, 2016, EIPH coordinated and participated in an exercise focusing on an scenario involving Ebola. The exercise participants spanned all eight counties within the health district's jurisdiction and included 26 agencies with a total of 129 participants. The objectives of the exercise were to test coordination of partners to provide transport of patients, emergency public information and warning, information sharing, patient referral, and laboratory testing of Ebola preparedness and response.

Upon completion of the exercise, gaps were identified and areas of need addressed to help prepare responders and health providers in providing the best care possible while also keeping the public safe.

There will always be new and emerging infectious diseases. The likelihood of Ebola breaking out is very low in Eastern Idaho. However, the capabilities exercised here could easily be applied to many highly infectious diseases.



Members of EIPH's Preparedness Program participated in a full-scale exercise with the Eastern Idaho Healthcare Coalition to test our collective ability to respond to a public health emergency—Ebola in this scenario.



Protect

The health status of community residents is not the sole responsibility of the public health agency or health service providers. While public health agencies may bear responsibility for leading community health improvement efforts, their success hinges on their ability to establish and maintain effective partnerships throughout the state.

~ Engaging Partners, Healthy People 2010 Toolkit

Health Education, Epidemiology,

ENDEMIC DISEASES IN EASTERN IDAHO

Staff in EIPH's Epidemiology Program are responsible for investigating and following up on any incident of a reportable disease that occurs in Eastern Idaho (see more details on Idaho's Reportable Diseases on page 17). Generally, an epidemiologist contacts the affected individual and conducts an interview in an effort to:

- Determine how the individual was exposed to the disease;
- Determine if the affected individual has received treatment;
- Provide education to prevent further disease spread; and
- Identify any other individuals the infected person may have been in contact with and potentially infecting them with the disease so they can be provided preventive treatment (prophylaxis).

While there are some diseases that we see frequently, such as campylobacter and salmonella, which are caused by bacteria and cause diarrhea, abdominal pain, and fever, there are other diseases that are much less common. This last year, EIPH staff investigated two such situations with diseases that are considered endemic—regularly found among particular people or in a certain area.

Trichinosis

People acquire trichinosis (trichinellosis) by consuming raw or undercooked meat—particularly wild game or pork—infected with the trichinella parasite. Even consuming very small amounts of undercooked meat during preparation or cooking puts you at risk for infection. Outbreaks occur in settings where multiple people consume the same trichinella-infected meat.



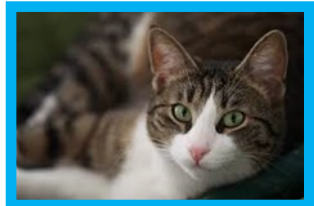
This is what happened in the fall of 2015 in Eastern Idaho. A bear was harvested in the Frank Church Wilderness and a group of six people consumed the bear meat after cooking it on a gas barbeque grill. A seventh person in the group did not eat any of the meat due to his suspicion that it was not fully cooked. Seven days later, one of the people started having symptoms of diarrhea, vomiting, fever, and body aches and eventually went to the doctor. When he still didn't feel better after a week, he visited another doctor who suspected he had trichinosis and prescribed medication. It was at this time the disease was reported to EIPH and our epidemiologist's investigation was initiated to determine if all people that had consumed the meat were sick and to make sure they received the appropriate treatment. Even though several people became ill in this situation, only one individual was tested and received a laboratory confirmed diagnosis of trichinosis, as indicated on page 17 as the one case reported to EIPH in FY16 (page 17).

Plague

Plague is endemic in Eastern Idaho as well as throughout the state. It is often a cause of die-offs of rodents. When animals infected with plague die, fleas that were living on the animal leave the carcass to find another host, thereby contributing to the spread of the disease. Most human plague cases result from the bites of infected fleas. Less commonly, people are infected by direct contact with body fluids or tissues from infected animals, including rodents, rabbits, and pets.

In May, a preliminary positive plague test result in a house cat from Clark County was reported to EIPH. The cat had become sick and its owner took it to a veterinarian. A confirmatory test was conducted, with a positive result for *Yersinia Pestis* (Plague). During our investigation, we learned that die-offs of rabbits had been detected in the surrounding area months earlier. Although multiple people who were in contact with the cat were exposed, no human cases of plague were detected. The last human infection of plague in Idaho was in 1992. Fortunately, with treatment, the cat made a full recovery.

This feline infection was the only indication of plague in Eastern Idaho this year, but it has been found in wildlife in other areas of the state, including Ada and Elmore Counties.



and Preparedness 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 FY16.

Disease	FY16	FY15	FY14
Amebiasis	0	1	2
Aseptic meningitis	2	0	0
Botulism, Infant	0	1	0
Campylobacteriosis	45	49	38
Chikungunya virus	2	0	0
Chlamydia	449	412	322
Congenital Hypothyroidism	0	2	1
Cryptosporidiosis	13	7	12
Dengue	1	0	0
Encephalitis, viral or aseptic	1	1	0
Giardiasis	31	15	18
Gonorrhea	36	28	11
Group A Streptococcus, invasive	2	2	0
Haemophilus Influenza, invasive	0	2	1
Hemolytic Uremic Syndrome	0	0	0
Hepatitis A, acute	0	2	0
Hepatitis B virus infection, chronic	12	1	1
Hepatitis B virus infection, perinatal	0	0	0
Hepatitis C, acute	0	0	0
Hepatitis C virus infection, chronic/resolved	97	118	89
HIV	2	1	5
Lead poisoning	1	1	3
Legionellosis	0	1	5

Disease	FY16	FY15	FY14
Listeriosis	0	2	0
Lyme disease	1	0	2
Malaria	2	0	0
Mumps	0	0	1
Neisseria Meningitidis	0	1	0
Noroviruses	3	4	1
Pertussis	0	15	27
Rabies, post exposure prophylaxis	1	3	2
Rabies, animal	1	2	3
Respiratory Syncytial Virus (RSV)	30	290	104
Rheumatic Fever	0	1	0
S. Aureas, methicillin-resistant, invasive (MRSA)	3	5	3
Salmonellosis	28	32	22
Shiga toxin producing Escherichia coli (E. coli)	17	15	11
Shigellosis	2	1	2
Spotted Fever Rickettsiosis	0	0	2
Strep pneumonia, invasive	1	1	0
Syphilis	4	5	1
Toxic Shock Syndrome, staph or strep	0	1	0
Trichinosis (Trichinellosis)	1	0	0
Tuberculosis	2	0	0
Transmissible spongiform encephalopathies	0	1	1
Yersiniosis	2	1	0

Of concern to public health officials is the growing number of cases of the sexually transmitted diseases chlamydia and gonorrhea. EIPH staff not only provides testing and treatment, but conducts partner notification, treatment, and follow-up.

On a positive note, there were no reports of pertussis this past year. EIPH has made a concerted effort over the past five years to educate people about the important vaccine, not only for their own protection, but to also help protect the most vulnerable population—newborn babies.

Prevent.

Promote.

Protect.

Nutrition

WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM

The primary nutrition goals of the WIC Program are to provide nutritious foods, improve dietary intake and feeding practices, improve birth outcomes, increase breastfeeding rates, and prevent obesity in the population WIC serves.

In addition to providing healthy foods and critical health and social service referrals, the program works intensively with WIC families to help them form healthy eating habits. The foods included in the WIC food packages are specifically selected for their nutritional value to supplement the nutrients found lacking in the diets of low-income populations. The food packages are prescribed based upon the participant's life cycle stage and the foods are selected for the food list based upon the Dietary Guidelines for Americans and recommendations by professional organizations such as the American Academy of Pediatrics (AAP).

In Idaho, WIC food benefits are redeemed in retail grocery settings and are accessed with paper checks provided in one-, two-, or three-month issuance. Paper checks are cumbersome to participants, WIC employees, and cashiers. Paper checks draw attention to a participant with WIC benefits and are a deterrent from participating in the WIC program.

Nationally, the WIC program is moving to an electronic delivery system. This new system will make using the WIC benefits easy. States who have already moved to this system are seeing positive results. It is too soon to determine if this new electronic system, eWIC, will help increase WIC participation but early results from other states look promising.

Idaho WIC is federally required to provide benefits electronically by 2020. The state WIC office is working hard on this transition; we are hopeful eWIC will be implemented by 2019.

Source: NWA. *Delivering WIC Food Benefits via Electronic Benefit Transfer (EBT)* 2011

See page 21 for the eligibility guidelines for participation in the WIC program.

New Scheduling Software

This past year the WIC program purchased a new appointment scheduling software—Office Hours. Implementation of Office Hours was slow. Clinics were converted individually. We attempted to upload data from our old appointment scheduling software, but the format in which we received the data made the process nearly impossible. This resulted in staff having to spend many hours manually inputting the participant data into the new software. Fortunately, we were able to utilize a Department of Labor intern to assist us in the data entry.

WIC staff were helpful and continue to be helpful by discovering new tools and capabilities of this system. The WIC staff maintained a positive attitude throughout the transition. Office Hours is up and running and staff prefer it to the old scheduler. Purchasing Office Hours was a onetime fee. The old scheduler billed a monthly fee. We now save several thousand dollars per year.

Breastfeeding Peer Counselor Program

The Peer Counselor Program at EIPH remains strong. This year one of our long time the peer counselors took and passed the International Board Certified Lactation Consultant Exam (IBCLC). This is a rigorous exam is preceded by a significant amount of training and experience required to qualify to take the exam. Currently, EIPH has five staff with IBCLCs certification; three of them are part of the Peer Counselor Program. This is the largest number of IBCLC in a district in the state. The Peer Counselor Program served 300-400 participants at any given time.



Division



EIPH's WIC Staff is made up of Peer Counselors, Clinical Assistants, and Dietitians.

These are the ladies who make it all happen and provide our participants with quality, friendly, and timely services!

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 2015 WIC Dollars Spent	# Participants in FY 2014 WIC Dollars Spent
Bonneville County	3,926	3,542 90%	968 25%	871 22%	2,087 53%	\$1,822,664	<u>3,916</u> \$2,177,851	<u>3,919</u> \$2,149,516
Clark County	33	33 100%	8 24%	7 21%	18 55%	\$18,280	<u>38</u> \$24,633	<u>40</u> \$26,446
Custer County	72	67 93%	19 26%	14 20%	39 54%	\$33,220	<u>68</u> \$39,187	<u>43</u> \$29,286
Fremont County	226	212 94%	47 21%	40 18%	139 61%	\$111,769	<u>261</u> \$143,347	<u>277</u> \$168,148
Jefferson County	747	707 95%	163 22%	147 20%	437 58%	\$358,424	<u>722</u> \$397,331	<u>774</u> \$438,013
Lemhi County	171	155 91%	48 28%	42 25%	81 47%	\$81,318	<u>135</u> \$82,716	<u>129</u> \$68,076
Madison County	2,171	2,004 92%	707 32%	517 24%	947 44%	\$980,781	<u>2,170</u> \$1,185,980	<u>2,084</u> \$1,127,486
Teton County	168	152 90%	40 24%	33 20%	95 56%	\$81,117	<u>178</u> \$98,446	<u>211</u> \$121,630
FY16 Total	7,514	6,872 91%	2,000 27%	1,671 22%	3,843 51%	\$3,486,572		
FY15 Total	7,488	6,933 93%	2,099 28%	1,638 22%	3,750 50%	\$4,149,491		
FY14 Total	7,475	6,932 93%	2,031 27%	1,629 22%	3,816 51%	\$4,128,601		

Promote

Program



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. Are one of the following:
 - Age 21 or older and have abnormal breast symptoms
 - Age 21 or older for a pap test
 - Age 50 or older for a pap test and mammogram
4. Do not have income above that shown in the following chart:

Persons in Family Unit	Yearly Income
1 person	\$23,760
2 people	\$32,040
3 people	\$40,320
4 people	\$48,600
For each additional person add:	\$8,320

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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 uninsured 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
- Fluoride varnish and dental 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.



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

Information



What is WIC?

2016–2017



WIC is the Special Supplemental Nutrition Program for Women, Infants and Children.

WIC will help you and your family...

- Save money
- Eat well
- Learn about nutrition
- Stay healthy

For eligible families, WIC provides:

- Healthy foods
- Health screenings
- Health and nutrition information
- Help from licensed registered dietitians
- Breastfeeding information and support
- Referrals to health and social services



www.wic.dhw.idaho.gov

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, 2016 through June 30, 2017

Number of Household Members	Maximum Gross Household Income		
	Per Week	Per Month	Per Year
1	\$423	\$1,832	\$21,978
2	\$570	\$2,470	\$29,637
3	\$718	\$3,108	\$37,296
4	\$865	\$3,747	\$44,955
5	\$1,012	\$4,385	\$52,614
6	\$1,160	\$5,023	\$60,273

For each additional individual, add \$7696/year.

One pregnant woman counts as 2 household members.

Prescreening Tool: wic.fns.usda.gov/wps/pages/start.jsf

These guidelines are to see if you *might* qualify for WIC. To make sure that you qualify, please contact your local **WIC office**. To find your local office, call the Idaho Careline at 211 or 1-800-926-2588, or visit www.wic.dhw.idaho.gov.



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

USDA is an equal opportunity provider. For the full nondiscrimination statement and contact information to file a complaint, please visit the Idaho WIC website at www.wic.dhw.idaho.gov.

Costs associated with this publication are available from the Idaho Department of Health and Welfare, WIC Program, (208) 334-5948. Form 500/E/S. 5/16

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.





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
610 Clinic Road
Suite A
Challis, Idaho
(208) 879-2504



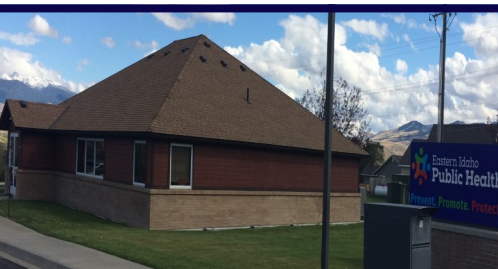
Fremont County
45 South 2nd West
St. Anthony, Idaho
(208) 624-7585



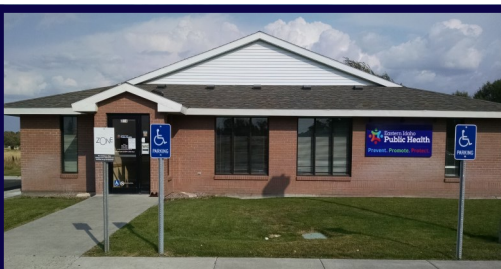
Jefferson County
380 Community Ln.
Rigby, Idaho
Main: (208) 745-7297
WIC: (208) 745-0346



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



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Public Health

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Idaho Public Health Districts

Healthy People in Healthy Communities

www.EIPH.Idaho.gov



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