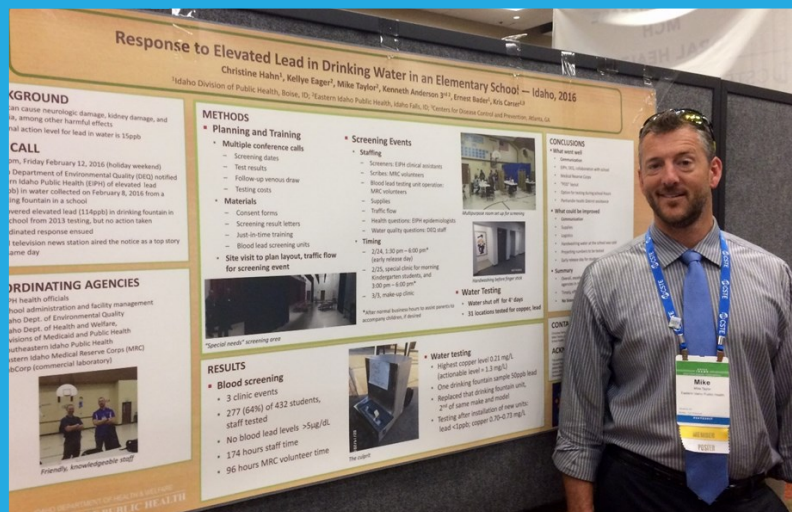
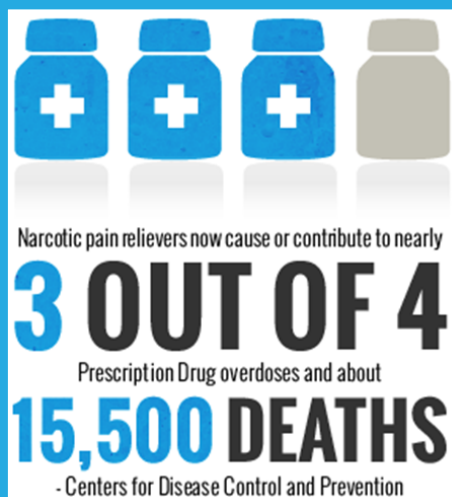




Eastern Idaho Public Health

Fiscal Year 2017 ANNUAL REPORT



Prevent. Promote. Protect.

Director's Message

It is my pleasure to present to you the Fiscal Year 2017 (July 1, 2016—June 30, 2017) 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.

We were excited to have two new members join our Board of Health. We had two long-term County Commissioners retire at the end of 2016—Commissioner Lee Staker from Bonneville County and Commissioner Lin Hintze from Custer County. Commissioner Hintze was EIPH's longest serving Board of Health member, with 19 years of service. Commissioner Staker served on the Board for nine years. We appreciate their time and dedication to serving public health and addressing the needs in our district. Commissioner Hintze was replaced by Commissioner Wayne Butts and Commissioner Staker was replaced by Commissioner Bryon Reed. We are excited to have these gentlemen join EIPH's Board of Health.

I would be remiss if I did not acknowledge the great staff we have at EIPH—a staff of 110 men and women who are dedicated to public health and serving the residents of Eastern Idaho. They work hard every day to protect people from health threats and to help them live healthy lives. I am proud of the work they do day in and day out and commend them on continually demonstrating our organizational values—both with the public they serve as well as their fellow teammates. I want to thank each of them for their services to EIPH as well!

In June of 2017, EIPH served as the host of the annual conference of the Idaho Association of District Boards of Health. Board members and public health staff from around the state got to visit Idaho Falls to take part in the conference, which included trainings on the Great American Eclipse, suicide prevention, preventing mental health stigma, and more. It was our pleasure to host public health leaders from all across Idaho.

In late spring/summer we began preparations for the Great American Eclipse. EIPH staff were involved in responding to this major event in a variety of ways. More details of this work will be highlighted in FY18.

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 Pubic Health and the services we provide or answer any questions that you may have.

Geri L. Rackow

Geri L. Rackow, Director
Eastern Idaho Public Health
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.



Brian Farnsworth
Chairman
Jefferson County
Term: 2013-2020



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



Bryon Reed
Bonneville County
Term: 2017-2022



Greg Shenton
Clark County
Term: 2001-2017



Wayne Butts
Custer County
Term: 2017-2022



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
Trustee
Term: 2015-2019

Finances

REVENUE

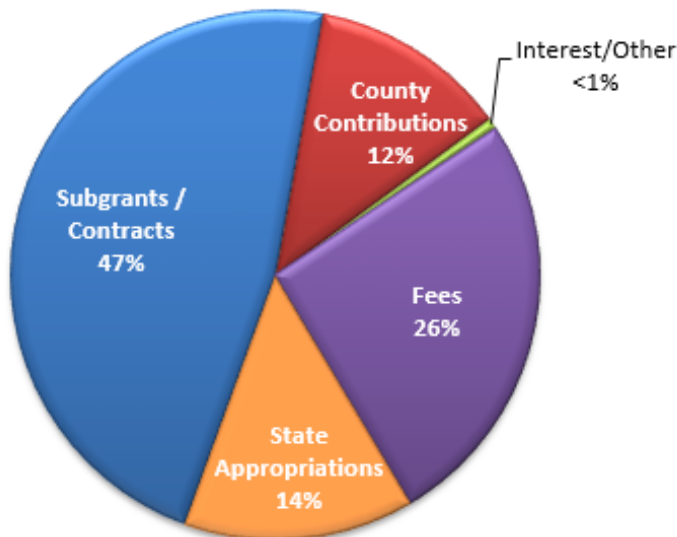
In Fiscal Year 2017 (FY17), EIPH's total revenue exceeded expectations by 6.49%. Fee revenue was above budget in most clinical services, as well as in the land development and septic programs where we continue to see increased activity.

While there were some fluctuations in revenue from subgrants/contracts, overall, we were right on budget, ending the year less than one percent under budget.

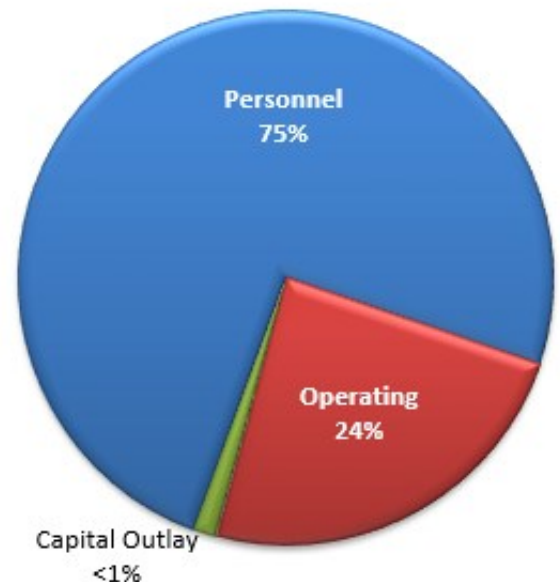
EXPENSES

Again this year, EIPH's management did a great job of managing the district's personnel and operating expenses. We ended the year 2.06% under the approved expense budget.

FY17 Revenue Summary



FY17 Expense Summary



CAPITAL EXPENDITURES—BUILDING REPAIR AND MAINTENANCE

Many of EIPH's buildings are reaching the age in which they are in need of some capital improvements. Heating and air conditioning equipment in many of our offices is reaching the end of its lifespan. Two units were replaced in our Jefferson County office in FY17, with more replacements in other offices planned in FY18 due to equipment failure. Another major project that was completed in FY17 was the replacement of concrete in our Bonneville County office. While this particular office is only 10 years old, much of the concrete had deteriorated and needed to be replaced. Replacing the flooring in three more of our county offices (Jefferson, Madison, and Fremont) began in FY17 and will be completed in FY18.



It is our goal to develop a comprehensive facilities maintenance plan so we can be proactive in planning for not only the needed projects, but the funding required to complete the projects as well.

Challenges & Successes



CHALLENGES AND LOOKING AHEAD

Adequate and sustainable funding for public health continues to be a challenge and a concern for EIPH. This past year, considerable time was spent advocating with state and national elected officials to discuss the successes as well as challenges of public health as well as funding needs. Addressing fee strategies is part of this effort. The Trustees of Idaho's public health districts are working on options to present to local legislators that what would increase food establishment licensing fees. Current fees do not cover the cost of providing the services. Increasing fees would help reduce the amount of district dollars (county and state funds pledged to the health district) needed to support this program. Representatives from all stakeholder groups will be engaged in this process as it moves forward. The goal is to have a proposal to introduce in the 2019 Legislative Session.

Increased activity in some of our Environmental Health programs (septic and land development especially) continues. In FY18, we will be adding one additional employee to help with this increased workload.

On a very positive note, EIPH has been able to fund employee merit increases for the past few years. This is helping to retain the good employees we have working to provide public health services in Eastern Idaho. Unfortunately, salaries of EIPH's employees still lag behind those of other health districts around the state. EIPH's administration continues to focus on this challenge.

Fiscal Year	EIPH's Pay Compared to State Policy*
FY17	88%
FY16	85.5%
FY15	84.8%
FY14	84.7%

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

While we did experience an increase of approximately 10% in health insurance costs in FY17, we will see a reprieve from this challenge in FY18. To the best of our knowledge, the State of Idaho has built up some reserves in its trust fund that will help cover health insurances increases for the coming year.

EMPLOYEE TURNOVER

EIPH employs approximately 110 individuals throughout our eight-county district, equating to about 90 Full Time Equivalents (FTEs). Turnover is very costly since most of our staff positions require significant training to be fully productive.

In FY17, EIPH hired 15 new employees and experienced 17 separations (down from 25 separations in FY16). Reasons for separation included:

- 4 - left for new jobs (1 state job; 1 county job; 2 private sector jobs)
- 2 - Left the workforce
- 4 - Personal or unknown reasons
- 2 - Retired
- 1 - Moved from the area
- 1 - Left to attend school full time
- 3 - Vacated temporary positions

However, we have been successful in recent months with hiring new qualified staff for some of our most challenging positions in some of our more challenging office locations.

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	FY17	FY16	FY15
# of Septic Permits Issued	703	685	521
# of Food Establishment Inspections	1,720	2,065	1,946
# of Public Water Systems Monitored	305	303	304
# of Child Care Facility Inspections	141	205	171
# of Solid Waste Facility Inspections	42	52	41

SOLID WASTE PROGRAM

Changes to Non-Municipal Solid Waste Landfill Guidance

In January, the Department of Environmental Quality (DEQ) finalized the Guidance for Siting, Design, and Operations of Non-Municipal Solid Waste Landfills (NMSWLF) in Idaho. NMSWLFs may be publicly or privately owned. These types of facilities only accept solid waste that is not mixed with waste generated by households or is not specifically excluded from regulation by state rule. Such waste may include glass, plastic, wood, roofing materials, sheetrock, and certain quantities of hazardous or pathogenic waste. It does not include wastes that are regulated under separate laws and rules, such as asbestos, certain hazardous wastes, polychlorinated biphenyl (PCB), and radioactive waste.

DEQ's guidance document was developed to help the public better understand applicable requirements for NMSWLFs as well as provide additional information to owners and operators about siting, designing, and operating their facilities. The guidance was shared with EIPH's Board of Health and regulated non-municipal landfill representatives. Landfills not meeting the standards set forth in the new guidance have worked with us to come into compliance. Some practices that are no longer allowed, such as NMWSLFs accepting grass clippings and empty containers that once held Petroleum or petroleum-based products such as paint cans, adhesive buckets, fuel containers, and pesticide containers, have either been adjusted or eliminated in order to comply with the new guidance.

Unfortunately, compliance did come with a cost. In Jefferson County, both the public and the county have incurred cost increases due to having the transport grass clippings received at the County Line NMSWLF near Rigby to Circular Butte Municipal Solid Waste Landfill in Mud Lake.



As a result of the new NMSWLF guidance released this year, Jefferson County can no longer accept grass clippings at its County Line NMSWLF. They now transport this waste to a municipal waste landfill.



Health Division

SEPTIC PROGRAM

Protect



Service Provider Certification Rules

One type of subsurface sewage disposal system that is regulated by EIPH is Extended Treatment Package Systems (ETPS). An ETPS treats, through aeration or trickling media, the sewage effluent to a higher quality before final disposal to the drainfield.

During the 2017 legislative session, DEQ introduced a rule change (IDAPA 51.08.03) so that property owners with ETPS will no longer be required to be a member of an Operation and Maintenance Entity. Instead, property owners are required to use a service provider of their choice. Service providers are used by individual property owners to perform operation, maintenance, and monitoring of their ETPS.

Certified service providers for these systems must now pass an Idaho state exam and obtain a Service Provider Certification. EIPH is one of the entities proctoring the exam and certifying service providers.

This rule change legislation will have an impact on 608 property owners in EIPH's region. As we certify service providers, their certification will be shared with DEQ so they can be added to a statewide list available to property owners to aid in their search for a service provider.

An example of the new Service Provider Certification is shown below.



Number:

Service Provider Certification

Congratulations! You have demonstrated a commitment to the IDAPA Individual/Subsurface Sewage Disposal Rules by successfully achieving the service provider certification. Your certification information will be posted at the DEQ website as an approved service provider. www.deq.idaho.gov

Issued To:

Manufacture Endorsement(s):

Date Issued

Effective Date

Expiration Date

Certification Renewal – Certification is valid upon submitting **annual** documentation of manufacturing specific training of each manufactured and packaged treatment system to your local health district. For renewal information visit www.deq.idaho.gov

Refresher Course – You must attend one (1) refresher course approved by DEQ every three (3) years. For available courses visit www.deq.idaho.gov

Renewal of certification is the responsibility of the service provider. Please make sure you keep track of your renewal date and advise your local health district of any **CHANGE OF ADDRESS**.

This service provider certification is non-transferable and is the property of the issuing agency and may be revoked for failure to maintain compliance with applicable health regulations or any applicable state and local laws, ordinances, and regulations as referred to therein.

Family and Community

IMMUNIZATION PROGRAM



FY17 was yet another successful year in the world of immunizations at EIPH! Amy Gamett (pictured at left) promoted to Gary Rillema's role as Division Director of Family and Community Health and has continued her passionate involvement with our immunization program. We were able to vaccinate 5,162 children and 9,302 adults for a total of 24,182 vaccines!

We pride ourselves on being the premier clinic in the area for foreign travel vaccination administration. Our staff is well educated and able to provide accurate information on the appropriate recommendations of travel vaccines for all ages. We are excited to begin the process of adding oral typhoid and cholera vaccinations to the list of vaccinations we can administer at EIPH.

There has been a shortage of Yellow Fever vaccine in the nation due to problems with the product's only manufacturer in the U.S. At the end of FY17, EIPH was chosen by the Centers for Disease Control and Prevention as the only site in Idaho to receive Stamaril, an alternate Yellow Fever vaccine.

In an effort to meet the needs of all populations, EIPH continues to provide immunizations to uninsured and underinsured adults at a fraction of the cost through reduced cost vaccines available through the state immunization program, as well as

patient assistance programs. FY17, we were able to administer 1,418 vaccines to 859 of these individuals. In addition, a generous donation of \$5,000 from The Bank of Commerce allowed us to provide free flu vaccine to underserved adults throughout our health district.



EIPH continues to actively participate in fairs and events throughout our district. We had the opportunity to promote vaccinations to thousands at the Eastern Idaho State Fair and the Idaho Falls Independence Day parade. We held immunizations clinics at several school registrations; both the schools and the parents of students are appreciative of our attendance and the services provided.

Our annual Free Immunization Clinic was again a success with 90 children being vaccinated and a total of 224 vaccines given. Students from Compass Academy, a magnet high school in Idaho Falls, were involved in projects in which they designed posters and made videos that promoted both the importance of vaccinations and our Free Immunization Clinic. Through our partnership with the school, several of EIPH's staff had the opportunity to judge the students' promotional materials. We used the final selections for advertisement and promotion of the event.

Prevent

Protect



Immunization Services	Adults		Children		Total	
	Visits	Vaccines Given	Visits	Vaccines Given	Visits	Vaccines Given
Bonneville County	4,896	7,593	2,141	4,668	7,037	12,261
Clark County	135	170	75	175	230	345
Custer County	542	629	373	696	915	1,325
Fremont County	435	572	298	542	733	1,114
Jefferson County	877	1,214	1,010	2,058	1,887	3,272
Lemhi County	755	912	312	657	1,067	1,569
Madison County	1,136	1,761	616	1,364	1,752	3,125
Teton County	526	628	317	543	843	1,171
FY17 Total	9,302	13,479	5,162	10,703	14,464	24,182
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

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 for those women who meet eligibility requirements. In FY17, EIPH received funding to serve 457 women; however, we were able to serve a total of 499 women that were eligible for Women's Health Check clinical services. Rachel Mugleston and Lucy Castaneda provide a stable and supportive presence in the community, working with private medical providers, imaging centers and clients.

Two cases of breast cancer and 10 cases of cervical cancer were diagnosed through the Women's Health Check program during FY17. This is an increase of 58% from FY16.

EIPH continues to be a presence in the community during cancer-related outreach events such as Run for the Cure, Brake for Breakfast, Say Boo to Cancer, and Breast Cancer Awareness night at the Chuckars 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	314	71	385	93	12
Clark County	1	0	1	1	0
Custer County	6	1	7	1	0
Fremont County	3	0	3	1	0
Jefferson County	19	1	20	3	0
Lemhi County	16	20	36	10	0
Madison County	14	17	31	4	0
Teton County	11	5	16	3	0
FY17 Total	351	109	499	116	12
FY16 Total	354	121	475	111	5
FY15 Total	266	136	402	111	6

Human Papillomavirus (HPV)

Human Papillomavirus (HPV) is a group of viruses linked to multiple types of cancer and other diseases. HPV is so common that nearly all sexually active people will get HPV in their lifetime.

In our Women's Health Check program, we saw an 83% increase this past year in women diagnosed with moderate to severe cervical dysplasia (pre-cancer) and invasive cervical cancers compared to FY16. The large increase in this number is likely attributed to the additional HPV testing that is being widely utilized by not only our health district, but with private providers as well, as recommended by the American College of Obstetrics and Gynecology and the American Society for Colposcopy and Cervical Pathology. In the Women's Health Check program, 293 HPV tests were performed in FY17 compared to only 9 in FY16. The additional HPV testing is allowing us to diagnose cervical changes early before the changes lead to invasive cervical cancers.

In February, three of our employees were able to attend the HPV Vaccination Summit and brought back valuable knowledge to share with our staff that could then be shared with individuals, and parents of individuals, receiving that vaccine. We have made great strides to increase the public's awareness that HPV vaccination is cancer prevention! Our staff has continued to be diligent in educating and as a result we administered 2,040 HPV vaccines in FY17.

Cancer in Idaho 2010-2014

Sex	Total All Sites	HPV-associated		HPV-attributable	
	All Invasive Cancers	Cases	%	Cases	%
Female	18,042	554	3.1%	461	2.6%
Male	19,579	395	2.0%	290	1.5%
Total	37,621	949	2.5%	751	2.0%

Family and Community

REPRODUCTIVE HEALTH AND SEXUALLY TRANSMITTED DISEASE PROGRAMS

Reproductive Health and Sexually Transmitted Disease (STD) programs continue to operate in all district county offices FY17. These services assist individuals acquire birth control, counseling in planning and spacing births, screening for breast and cervical cancers, and testing, counseling and treatment of STDs including Human Immunodeficiency Virus (HIV), Chlamydia, and Gonorrhea.

Forty-five percent of all pregnancies in the U.S. are unintended. Increasing access to contraception is a proven strategy for reducing unintended pregnancy and achieving health spacing of births. EIPH is a resource for affordable care, including affordable and effective birth control, including Nexplanon, an implantable device that is newly available to EIPH, in which to help women be successful in delaying or preventing pregnancies.

The STD program experienced some positive changes this last year. We began offering rapid syphilis testing and oral pharyngeal and rectal Chlamydia and Gonorrhea testing. The number of STDs continues to increase throughout our district. EIPH staff maintains partnerships with local providers who work with us to report incidence of STDs. This year, EIPH staff followed up with 562 individuals (those testing positive for an STD or reported as a partner) to provide counseling, testing, and treatment as needed.

During the year, we received additional subgrant funding, which allowed for additional STD personnel costs and extra alternative site HIV and Hepatitis C testing. EIPH also collaborated with Breaking Boundaries to offer free HIV testing for clients in December 2016 and June 2017. No positives for HIV were identified, however 38 in December and 53 in June were tested for HIV and counseled on reducing their risk of contracting HIV.

Jen Walton, EIPH's HIV Medical Case Manager, managed 48 HIV positive clients throughout the year. The goal of medical case management is to assist with patient navigation, collaboration with HIV care providers, and housing assistance. With medical case management services, clientele are able to access health care services to meet their needs without costly emergency room visits or accessing county indigent funds.



Prevent

Protect

	Bonneville County	Clark County	Custer County	Fremont County	Jefferson County	Lemhi County	Madison County	Teton County	FY17 Total	FY16 Total	FY15 Total
REPRODUCTIVE HEALTH SERVICES (includes District Care, Title X, and STD)											
Individuals Served	2,376	23	76	66	228	144	189	110	3,212	3,060	3,096
# of Visits	3,447	32	130	140	393	305	277	235	4,959	4,802	5,761
% of Clients at ≤150% of Poverty Level	84%	80%	80%	95%	88%	84%	91%	72%	84%	87%	89%
SEXUALLY TRANSMITTED DISEASE (STD) SERVICES											
# of Positive STD Tests (including Chlamydia, Gonorrhea, & Syphilis)	436	1	2	17	47	12	42	17	574	489	451

*Due to the low incident of HIV, the HIV/AIDS positive data is not available at the county level. Eastern Idaho Public Health had 4 new positive HIV/AIDS cases reported in FY17 in addition to 6 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 = 578 (574 + 4 HIV/AIDS).



Health Services Division



PARENTS AS TEACHERS

EIPH's Parents as Teachers (PAT) Home Visiting Program realizes the positive and powerful impact that fathers have on their children's health and development. PAT staff members make a special effort to reach out and include fathers in the program. During FY17, there were 832 total home visits completed, with 240 of these visits occurring with fathers.

Our Blockfest group connection meeting allowed fathers to build block structures with their children. Another group connection meeting taught fathers how to make healthy food choices for their children. The way fathers play with their children has an important impact on a child's emotional, physical, and social development. With direction from parents, EIPH's home visiting staff focus on interactions that teach fathers about the growth and development of their child and how to play with their child. Research has shown that fathers spend a much higher percentage of their one-on-one interaction with infants and preschoolers in stimulating, playful activity than do mothers. Involving fathers in home visits is important to healthy development and our Parents as Teachers Program has made including fathers a top priority.



PAT by the Numbers	
Total Families Served	67
Number of Children Served	80
Number of families with 2 or more risk factors, which include: <ul style="list-style-type: none">• 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.	56
% of children 19-35 months fully immunized	97%



Promote

Health Education, Epidemiology, and Preparedness

The Health Education, Epidemiology, and Preparedness (HEEP) Division focuses on improving our communities' health through education, monitoring, and preparedness activities and by encouraging individuals to live healthy, active lifestyles through a variety of programs. The programs in the HEEP Division rely on collaborative working relationship with our community partners to assist in creating and sustaining healthy communities.

PRESCRIPTION DRUG OVERDOSE PREVENTION PROGRAM

Since 1999, the amount of opioids prescribed have quadrupled. From 1999-2014, over 165,000 Americans have died from an overdose related to prescription opioids. In 2015, Idaho reported 218 deaths from overdose involving prescription opioids. That is one Idahoan dying every forty hours.

The Centers for Disease Control and Prevention (CDC) released a set of guidelines—Guidelines for Prescribing Opioids for Chronic Pain—for prescribers in March 2016. The guidelines focus on helping providers make informed decisions regarding pain treatment for adults experiencing chronic pain. They encourage prescribers to use best practices for responsible prescribing. These guidelines promote the use of:

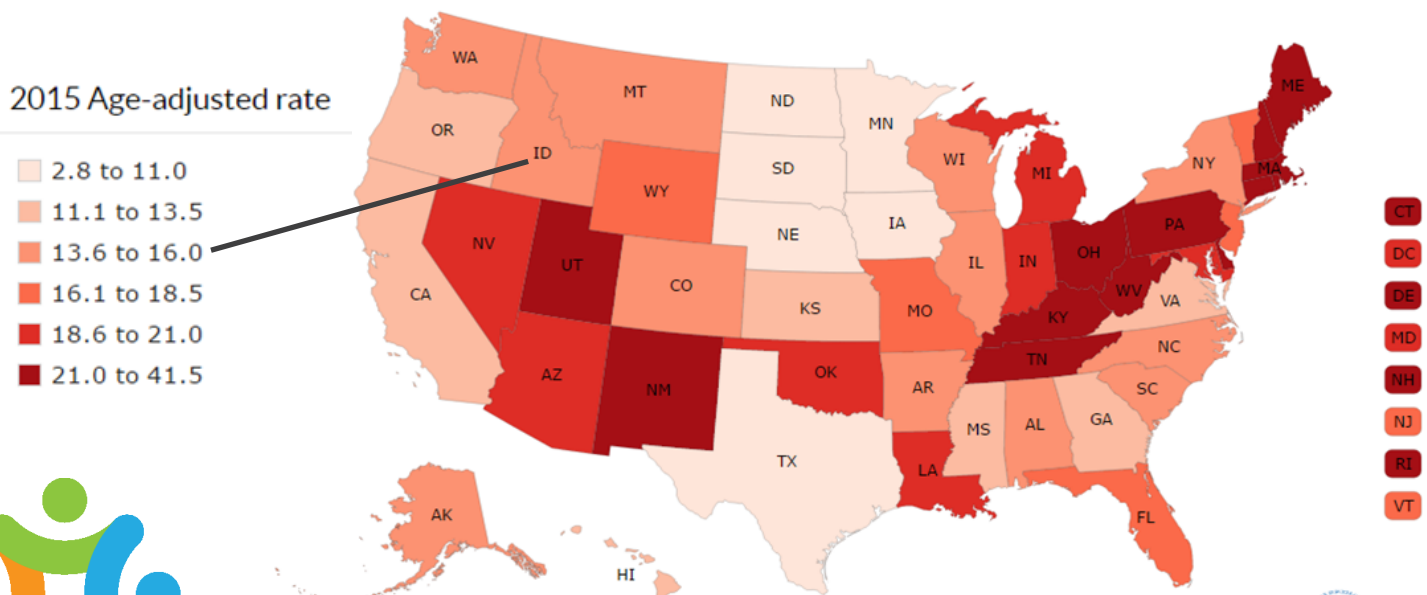
- **Non-pharmacologic therapy:** Exercise and cognitive behavioral therapy
- **Non-opioid pharmacologic therapy:** Acetaminophen, nonsteroidal anti-inflammatory drugs, anticonvulsants, and antidepressants
- **Interventional approaches:** Offer referrals and resources

- **Multidisciplinary therapies:** An example is using a non-opioid pharmacologic therapy along with cognitive behavioral therapy
- **Prescription Drug Monitoring Program (PDMP):** Allows prescribers to check the database to ensure patient is not “doctor shopping” and receiving more than what is needed

The goal of EIPH's Prescription Drug Overdose Prevention program is to provide trainings based on the CDC guidelines to the prescribers in our district. We have partnered with two physician champions in this effort: Dr. Aaron Gardner, a pediatric intensivist; and Dr. Boyd Southwick, a family practitioner. The role of the physician champion is to engage fellow prescribers and promote the CDC guidelines and usage of the PDMP. Through this program, we hope to encourage positive changes in prescriber behavior and patient education regarding prescription opioids to create a safe and healthy Idaho.

Prevent


Number and age-adjusted rates of drug overdose deaths by state, US 2015



Training for Medical Providers

To increase awareness of and encourage preparation for the pending rule change, EIPH's Preparedness Program staff provided trainings at Local Emergency Planning Committee meetings in Ashton, Challis, Driggs, Idaho Falls, Rexburg, and Salmon. In total, 116 participants from CMS providers attended the trainings, held from February 17 through April 19, 2017. The trainings focused on:

- **Eastern Idaho Healthcare Coalition** – Facilities were invited to participate in the Eastern Idaho Healthcare Coalition (Coalition). The CMS rules offers the Coalition and newly engaged providers a tremendous opportunity to achieve greater organization and community preparedness. The Coalition functions as a source of preparedness and response best practices available to newly engaged providers and can provide the following assistance:
 - ◇ Copies of hazard vulnerability analysis or risk assessments;
 - ◇ Plans, policies, and procedures that are used to meet CMS requirements;
 - ◇ Training and exercises conducted by coalition members;
 - ◇ Participation in shared services, communications systems, patient tracking systems, and other jointly used equipment and supplies; and

HAZARD AND VULNERABILITY ASSESSMENT TOOL NATURALLY OCCURRING EVENTS								 KAISER PERMANENTE
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
	Likelihood this will occur	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Hurricane	0	0	0	0	0	0	0	0%
Tornado	1	2	2	1	2	2	2	20%
Severe Thunderstorm	3	1	1	2	1	1	1	39%
Snow Fall	3	1	1	1	1	1	1	33%
Blizzard	2	2	3	2	1	1	1	37%
Ice Storm	1	2	2	3	2	2	2	24%
Earthquake	2	1	3	2	1	2	2	41%
Tidal Wave	0	0	0	0	0	0	0	0%
Temperature Extremes	3	2	1	1	1	1	3	50%
Drought	3	1	1	1	2	2	2	50%
Flood, External	3	1	3	3	2	3	3	83%
Wild Fire	3	1	2	1	1	2	2	50%
Landslide	1	1	1	1	3	3	3	22%
Dam Inundation	1	3	3	3	2	3	3	31%
Volcano	1	3	3	3	3	3	3	33%
Epidemic	2	3	1	2	1	1	1	33%
AVERAGE SCORE	1.81	1.50	1.69	1.63	1.44	1.69	1.81	33%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY			
0.33	0.60	0.54	

Health Education, Epidemiology,

EPIDEMIOLOGISTS: “THE DISEASE DETECTIVES”

EIPH's Epidemiology program was highlighted several times this past year with much of their valued work being presented in career field journals, national publications, and professional meetings. The investigative work for the unusual cases that were featured occurred in past years, but highlighted in FY17 and FY18.

In February of 2016, EIPH's Epidemiology and Environmental Health staff were called upon to assist in a problem with elevated lead levels in a public drinking water system (this situation was highlighted in EIPH's FY16 Annual Report). Our epidemiology staff had the opportunity to present their findings at the Council of State and Territorial Epidemiologists (CSTE) annual national conference held in Boise in June. They presented both, to a live audience for questions and discussion and also presented during the poster session of the national conference.

Recent publications in which EIPH's epidemiology staff contributed include:

- *Notes from the Field: Veillonella Misidentified as Francisella tularensis* — Idaho, 2016. MMWR Weekly / June 2, 2017 / 66(21);564–565
- *Outbreak of Gastroenteritis Among Rafters on the Middle Fork of the Salmon River*. This article was published in the July / August 2017 edition of the *Journal of Environmental Health*.
- *Notes from the Field: Plague in Domestic Cats* — Idaho, 2016. MMWR Weekly / December 9, 2016 / 65(48);1378–1379 (this case was highlighted in EIPH's FY16 Annual Report)

Our staff felt it to be both an honor and a privilege to be able to present their work and findings in front of esteemed colleagues and counterparts from around the nation.



One of EIPH's epidemiologists, Mike Taylor, is shown in front of his poster display at the annual conference of the Council of State and Territorial Epidemiologists held in Boise in June of 2017.



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 FY17.

Disease	FY 17	FY 16	FY 15
AIDS	1	0	0
Amebiasis	0	0	1
Aseptic meningitis	0	2	0
Botulism, Infant	0	0	1
Campylobacteriosis	79	45	49
Chikungunya virus	0	2	0
Chlamydia	512	449	412
Congenital Hypothyroidism	1	0	2
Cryptosporidiosis	22	13	7
Dengue	0	1	0
Encephalitis, viral or aseptic	0	1	1
Giardiasis	41	31	15
Gonorrhea	47	36	28
Group A Streptococcus, invasive	5	2	2
Haemophilus Influenza, invasive	4	0	2
Hemolytic Uremic Syndrome	1	0	0
Hepatitis A, acute	1	0	2
Hepatitis B, acute	2	0	0
Hepatitis B virus infection, chronic	15	12	1
Hepatitis C virus infection, chronic/resolved	95	97	118
HIV	3	2	1
Lead, Elevated Blood	9	1	1
Legionellosis	0	0	1

Disease	FY 17	FY 16	FY 15
Listeriosis	0	0	2
Lyme disease	1	1	0
Malaria	0	2	0
Neisseria Meningitidis	0	0	1
Noroviruses	34	3	4
Pertussis	7	0	15
Q Fever, acute	1	0	0
Rabies, post exposure prophylaxis	2	1	3
Rabies, animal	2	1	2
Respiratory Syncytial Virus (RSV)	21	30	290
Rheumatic Fever	0	0	1
S. Aureas, methicillin-resistant, invasive (MRSA)	1	3	5
Salmonellosis	27	28	32
Shiga toxin producing Escherichia coli (E. coli)	15	17	15
Shigellosis	1	2	1
Strep pneumonia, invasive	2	1	1
Syphilis	15	4	5
Toxic Shock Syndrome, staph or strep	0	0	1
Trichinosis (Trichinellosis)	0	1	0
Tuberculosis	0	2	0
Transmissible spongiform encephalopathies	0	0	1
Yersiniosis	2	2	1
Zika Virus	1	0	0

Prevent.

Promote.

Protect.

Nutrition

WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM

WIC is a federally funded special supplemental nutrition program for **Women, Infants, and Children**. WIC helps eligible families save money, eat well, learn about nutrition, and stay healthy at no cost to the family.

Nationally, WIC enrollment and participation numbers continue to decline. It is reasonable to expect that with an improved economy, programs like WIC will see a decline in participation. At EIPH, the average WIC participation in 2007 was 6,817 and in 2010 it was 8,345. Since 2010, we have seen a slow decrease, but with some stable years. Over the past two years, the decline has been more consistent. Our state's participation is decreasing at a slower rate than our neighboring states, but it does continue to decrease.

WIC funding is based on participation numbers, so with a decrease in participation comes a decrease in funding. EIPH's WIC program made some tough decisions this year, resulting in the elimination of positions through attrition and readjusting the services based on decreasing participation in various offices. This balancing act will continue into the future. Fortunately, we have been able to continue to provide WIC services in all eight of our counties.

We continue to make outreach efforts a priority. We advertise on social media, reaching over 27,000 individuals with Facebook ads this past year. We also participate in Spanish radio programs, pay visits to local doctors' offices and medical clinics, stores, laundromats, libraries, social service organizations, and more. We deliver our income guidelines with contact information during these visits.

In an effort to make our WIC services more accessible to the participants in our district, we started offering "Walk-in Wednesday" in our Bonneville County office. This allows participants who may have missed an appointment or those who prefer not to schedule in advance an easier way to access WIC services. In our Fremont County office, we have added a late day once a month to provide services to those whose schedule does not allow them to participate during regular business hours. In Challis, when weather did not permit the Registered Dietitian to travel, she counseled participants over the phone with the assistance of the Clinical Assistant on the other end of the line. We will continue to work hard to be creative in providing valuable WIC services to women, infant, and children throughout our district!

See page 19 for the eligibility guidelines for participation in the WIC program.

Healthcare Referrals

WIC also focuses on preventive healthcare to protect children and helps low-income children access important healthcare services. WIC has been described as a "gateway" to primary and preventive health care, connecting families to resources such as pediatric care, dental care, and social services. The success of WIC as a "gateway" to other health services is reflected in a study of children who participate in both WIC and Medicaid which found that the healthcare needs of these children are better met than low-income children not participating in WIC¹.

One highly important preventive health measure for children is dental care. Tooth decay is one of the most chronic childhood conditions. Low family income is associated with fewer visits to the dentist; fortunately, WIC can help fill this gap through its referral services. One study found that children who participated in WIC were more likely to have a dental visit and use preventive dental services and less likely to use emergency services for dental problems. Results from the same study also indicated that children who participated in WIC for a full year were about 1.7 times more likely to have two or more dental visits per year than those children who never participated in WIC. Additionally, WIC children between ages one and two years have lower dental-related Medicaid costs compared to children who do not participate in WIC.

At EIPH, the WIC program works closely with the Oral Health program, referring WIC participants to same day appointments after the WIC appointment is completed.

October, November, and December 2016

EIPH's Dental Hygienist will be available to provide an oral screening, fluoride varnish application and dental education for your child (children), from the start of their very first tooth (around 6 months) to 13 years at **NO COST TO YOU**. Check-in is through WIC.

NO APPOINTMENT NECESSARY - WALK INS WELCOME

October 2016	OFFICE
11 th 9:30 - 4:00	REXBURG (314 North 3 rd East)
24 th 8:30 - 4:30	IDAHO FALLS (1250 Hollipark Drive)

November 2016	OFFICE
7 th 9:00 - 4:00	RIGBY (380 Community Lane)
22 nd 8:30 - 4:30	IDAHO FALLS (1250 Hollipark Drive)
29 th 10:00 - 3:00	DRIGGS (820 Valley Centre Drive)

December 2016	OFFICE
6 th 9:30 - 4:00	REXBURG (314 North 3 rd East)
13 th 8:30 - 4:30	IDAHO FALLS (1250 Hollipark Drive)
15 th 9:00 - 4:00	MUDLAKE (1078 East 1500 North)
19 th 9:30 - 3:30	ST. ANTHONY (45 South 2nd West)
21 st 9:30 - 3:30	DUBOIS (332 West Main)

¹ Taken from NWA publication *Children in WIC: Opportunities for Success in a Critical Time of Growth and Development* February 2016 NWA Website



Division



Cooking Classes

One of the many services WIC provides is the opportunity for participants to learn how to cook the foods provided by the WIC program. This takes place in the form of a one-on-one discussion with WIC staff or in the form of a cooking class. Over this past year, we offered classes and recipes on making healthy popsicles with yogurt, banana, and peanut butter; using various fruits and vegetables to make salsa; and using brown rice for rice bowls.

WIC Clinical Assistant, Eve Erwin, is shown preparing for one of the cooking classes.

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 2016 WIC Dollars Spent	# Participants in FY 2015 WIC Dollars Spent
Bonneville County	3,771	3,384 90%	901 24%	810 21%	2,060 55%	\$1,997,672	<u>3,542</u> \$1,822,664	<u>3,916</u> \$2,177,851
Clark County	34	33 97%	4 12%	6 18%	24 71%	\$19,746	<u>33</u> \$18,280	<u>38</u> \$24,633
Custer County	63	54 86%	14 22%	12 19%	37 59%	\$28,899	<u>67</u> \$33,220	<u>68</u> \$39,187
Fremont County	201	178 89%	42 21%	35 17%	124 62%	\$105,005	<u>226</u> \$111,769	<u>261</u> \$143,347
Jefferson County	691	638 92%	137 20%	121 18%	433 63%	\$362,320	<u>747</u> \$358,424	<u>722</u> \$397,331
Lemhi County	170	154 91%	47 28%	37 22%	86 51%	\$100,162	<u>171</u> \$81,318	<u>135</u> \$82,716
Madison County	2,157	1,984 92%	709 33%	498 23%	950 44%	\$1,076,758	<u>2,171</u> \$980,781	<u>2,170</u> \$1,185,980
Teton County	146	133 91%	29 20%	24 16%	93 64%	\$77,725	<u>168</u> \$81,117	<u>178</u> \$98,446
FY17 Total	7,233	6,558 91%	1,883 26%	1,543 21%	3,807 53%	\$3,768,287		
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		

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:
 - Women aged **50 - 64** for Pap test, clinical breast exam and mammogram **or**
 - Women aged **21 - 49** for Pap test.
 - Women over age 65 who are **NOT** eligible for Medicare or cannot afford Medicare Part B.
4. Do not have income above that shown in the following chart:

Persons in Family Unit	Yearly Income
1 person	\$24,120
2 people	\$32,480
3 people	\$40,840
4 people	\$49,200
For each additional person add:	\$8,320

Limited enrollment and services available for **uninsured** women who meet these additional criteria:

- Uninsured women age 40 -49 at high risk (personal history) and/or symptomatic for breast cancer.
- Uninsured women age 21 - 39 symptomatic for breast cancer.

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
- Some reduced-fee vaccines available for uninsured adults



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.



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
MUD LAKE 663-4860

Lemhi County
756-2123

Madison County
356-3239

Teton County
354-2220



www.EIPH.Idaho.gov

Rev 11/16



Information



What is WIC?

2017–2018



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



SUPPLEMENTAL NUTRITION PROGRAM
FOR WOMEN, INFANTS AND CHILDREN

www.wic.dhw.idaho.gov

Choose WIC!

If you:

- 1) live in 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) meet the income guidelines below

WIC Income Eligibility Guidelines

July 1, 2017 through June 30, 2018

Number of Household Members	Maximum Gross Household Income		
	Per Week	Per Month	Per Year
1	\$430	\$1,860	\$22,311
2	\$578	\$2,504	\$30,044
3	\$727	\$3,149	\$37,777
4	\$876	\$3,793	\$45,510
5	\$1,024	\$4,437	\$53,243
6	\$1,173	\$5,082	\$60,976

For each additional person, add \$7,733/year. Pregnant woman = 2 people.

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, please contact the Idaho Careline at 211 or 1-800-926-2588, or visit www.wic.dhw.idaho.gov.

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.

This publication was made possible by grant 177IDID7W1003 from U.S. Dept. of Agriculture. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Dept. of Agriculture. Idaho Department of Health and Welfare, WIC Program, (208) 334-5948. Form 500/E/S. 5/17



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

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Notes

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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





Public Health

Prevent. Promote. Protect.

Idaho Public Health Districts

Healthy People in Healthy Communities

www.EIPH.Idaho.gov



Published 9/21/17