

Annual Report



Eastern Idaho Public Health District

Fiscal Year 2010

Prevent. Promote. Protect.

Director's Message



On behalf of the Board of Health and Staff of Eastern Idaho Public Health District (EIPHD), I am pleased to present the district's Fiscal Year 2010 Annual Report.

The mission of Eastern Idaho Public Health District can simply be summed up in three words--*Prevent, Promote, and Protect*. These three words are the driving force for all activities that take place within the Health District. Our overarching mission is:

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

In Idaho, the Public Health Districts were created by the Idaho Legislature in 1970 (Chapter 4, Title 39 of the Idaho Code) to ensure that essential public health services are available to protect the health of all citizens of the state – no matter how large their county population. Eastern Idaho Public Health District serves the counties of Bonneville, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton.

Eastern Idaho Public Health District continues to face several challenges in delivering the services that the public expects as a result of a budget that continues to be reduced resulting in reduction in staff. Facing budget cuts and eliminating staff, programs, and services due to a weakened economy is especially difficult during this time when many people tend to need our services more than ever.

During this same time of staff reductions, EIPHD faced the largest vaccination campaign in recent history due to the H1N1 pandemic flu outbreak. Communicable disease outbreaks are the unique responsibility of the public health districts. We train year round to respond to and manage such events. EIPHD's entire staff rallied together, worked into the evenings and on weekends on several occasions to successfully meet this challenge. My thanks and gratitude goes out to my staff, who are such wonderful dedicated professionals who were so willing to give of their time to protect the citizens of Idaho.

Public health is weathering one of the worst recessions in our nation's history and the erosion of public health capacity at the local level has been painful. However, I remain optimistic as we face future challenges of attending to the social context of disease prevention and health promotion.

EIPHD's board and administration have and are continuing to making some tough decisions concerning necessary program reductions or eliminations, as well as the reduction of service hours in some of our counties. We are also engaging in strategic planning to guide us over the next few years in order for us to redefine the role of public health and determine what services should and can be delivered.

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

A handwritten signature in black ink that reads "Richard O. Horne". The signature is fluid and cursive.

Richard O. Horne, Director
Eastern Idaho Public Health District

Board of Health



Robert Cope
Lemhi County
Chairman



Dr. Barbara Nelson
Physician
Vice Chairman



Lee Staker
Bonneville County
Executive Committee



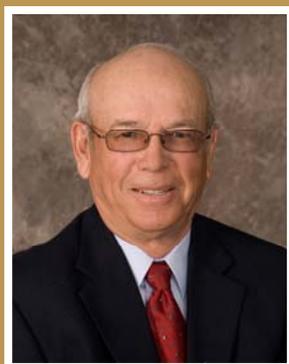
Greg Shenton
Clark County



Lin Hintze
Custer County



Debbie Karren
Jefferson County



Paul Romrell
Fremont County



Kimber Ricks
Madison County



Larry Young
Teton County

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

Finances

REVENUE

In Fiscal Year 2010, Eastern Idaho Public Health District experienced a continued decrease in revenues from state general funds. EIPHD received 15% less in state appropriations in FY2010 compared to FY2009. This was a reduction of \$201,600 for our health district. Fees also continued to decrease by approximately \$79,000. The district did see an increase in contract funding to help offset the cost due to the H1N1 outbreak.

EXPENSES

Throughout the year, we reduced our operating expenses as much as possible and closely monitored our progress. We ended the fiscal year approximately 5% under budget. We also experienced some salary savings by not refilling positions that had been previously vacated. Furthermore, we had some savings through attrition. When positions came open, we evaluated the necessity of the position. In some cases, the position was not refilled and we reallocated the critical tasks to other employees.

Value of Services Provided to the Counties

The chart below represents the value of services provided to the Counties by the health district. In addition to the actual services provided by the health district, the counties benefit from a combined \$4,768,511 in WIC food vouchers that WIC participants spend on food in local retail stores. The value of the WIC vouchers is included in the "Value per \$1 County Contribution" number.

County	FY10 County Contribution	Value of WIC Food Vouchers	Value of Public Health Services Provided	Value per \$1 County Contribution
Bonneville	\$463,205	\$2,554,966	\$3,299,889	\$13
Clark	\$5,647	\$22,633	\$214,019	\$42
Custer	\$33,059	\$43,187	\$394,747	\$13
Fremont	\$76,401	\$228,773	\$566,723	\$10
Jefferson	\$105,998	\$435,958	\$1,022,169	\$14
Lemhi	\$41,370	\$120,443	\$501,757	\$15
Madison	\$157,381	\$1,220,857	\$1,109,038	\$15
Teton	\$78,806	\$141,691	\$469,596	\$8
TOTALS	\$961,867	\$4,768,508	\$7,577,938	

Office Locations



Jefferson County
380 Community Lane
Rigby
745-7297



Lemhi County
801 Monroe
Salmon
756-2122



Madison County
314 North 3rd East
Rexburg
356-3239



Teton County
820 Valley Centre Drive
Driggs
354-2220



Bonneville County
1250 Hollipark Drive
Idaho Falls
522-0310



Clark County
420 West Main
Dubois
374-5216



Custer County
1050 N Clinic Road
Challis
879-2504



Fremont County
45 South 2nd West
St. Anthony
624-7585

Public Health Snapshot

More than 70 communicable diseases are on Idaho's Reportable Disease list. Health care providers, lab workers, and hospital administrators are required to report communicable diseases to their local health district within three days of diagnosis. Listed below are the diseases reported to Eastern Idaho Public Health District in FY10.

Disease	FY10	FY09	FY08	Disease	FY10	FY09	FY08
Aseptic Meningitis	1	2	3	Lyme disease	1	7	0
Biotinidase Deficiency	1	0	0	Neisseria Meningitis, invasive	1	2	2
Campylobacteriosis	36	34	31	Noroviruses	4	3	4
Chlamydia	266	219	139	Novel Influenza A Virus Infections (H1N1)	96	32	N/A
Congenital Hypothyroidism	2	0	2	Pertussis	4	8	12
Cryptosporidiosis	19	12	98	Q Fever	1	0	0
Giardiasis	24	20	38	Rabies, post exposure prophylaxis	7	5	1
Gonorrhea	5	4	0	Rabies, animal	1	1	1
Group A Streptococcus, invasive	1	0	1	Respiratory Syncytial Virus (RSV)	199	154	3
Hamophilus Influenza, invasive	3	1	6	S. Aureas, methicillin-resistant, invasive (MRSA)	10	4	2
Hemolytic Uremic Syndrome	1	1	0	Salmonellosis	19	25	15
Hepatitis B virus infection, chronic	4	13	12	Shiga toxin producing Escherichia coli (E. coli)	18	33	21
Hepatitis C virus infection, chronic/resolved	115	127	161	Shigellosis	1	2	2
HIV	12	7	2	Spotted Fever Rickettsiosis	1	0	0
Lead poisoning	2	3	4	Strep pneumonia, invasive	1	3	0
Listeriosis	1	0	0	Syphilis	1	1	3

LEGISLATIVE HIGHLIGHT: LAND AND SEPTIC PROGRAMS

The 2010 Legislative Session proved to be a challenging one for public health's Environmental Health Divisions statewide. Not only were budgets a stress, but legislators were contemplating turning the septic and land development programs over to the Department of Environmental Quality (DEQ) or over to the individual counties. Lack of program consistency statewide was the driving factor. A special legislative task force was appointed to address these concerns.

The public health districts and DEQ are working collaboratively to bring more consistency to septic and land development programs across the state. An Action Plan was developed to address the issues identified by the legislators. The public health districts' Environmental Health directors have worked together closely to standardize operating procedures, create standard forms to be used statewide, and agreed to fee categories for consistency. DEQ will be providing training to public health district staff on topics including soil classification, permit writing, and system installation and inspection in the coming months.

Work on this process will continue through December of 2010. The efforts of the public health districts and DEQ will be reviewed by the Legislators during the 2011 Legislative Session.

CHILD CARE PROGRAM

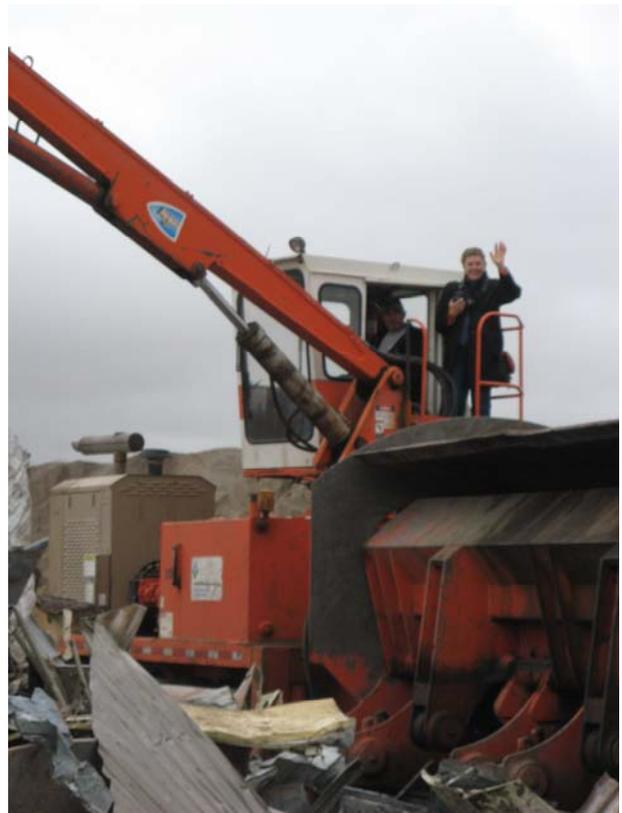
A major change in Idaho's Child Care Health and Safety Program this year was the delegation of the program's oversight from the Idaho Department of Health and Welfare to Idaho's public health districts. This change created significant additional effort by the health districts to redefine the parties' respective roles for service delivery.

EIPHD has three environmental health specialists who work to ensure that all children in child care setting are in a healthy and safe environment while receiving care. Our staff conducts health and safety inspections, investigates complaints, and reviews immunizations records (in conjunction with staff nurses) at child care facilities district-wide. Items such as staff-to-children ratios, diaper changing facilities, firearm storage, and proper food handling are verified. In FY10, EIPHD staff inspected 254 child care facilities.

FACILITATOR ROLE OF EIPHD'S ENVIRONMENTAL HEALTH STAFF

EIPHD's Environmental Health Division is not just an enforcement arm. Division staff have been proactive in their approach to solid waste disposal by helping organize the Eastern Idaho Solid Waste Committee (EISWC). The EISWC is comprised of landfill operators from all eight counties in our district. As the majority of landfills are county owned/operated, county commissioners are also encouraged to attend the meetings, which are held quarterly. The committee was formed so that operators, regulators, and commissioners might all come together to share ideas and discuss the needs and issues of solid waste disposal within our counties.

Over the last year, the committee members went on several field trips to solid waste facilities around our region. The goal was for the facilities to share best practices in an effort to help all facilities improve their operations. EIPHD's Environmental Health Director helps facilitate the EISWC by serving as the committee's secretary. EIPHD often provides meeting space for the committee as well.



EISWC Committee member, Ginny Newsom, during a field trip in Teton County.

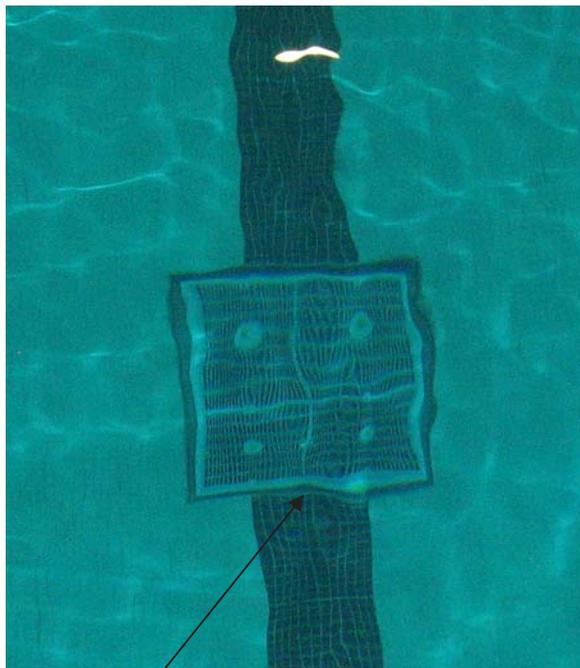
Health Division

VIRGINIA GRAEME BAKER POOL AND SPA SAFETY ACT

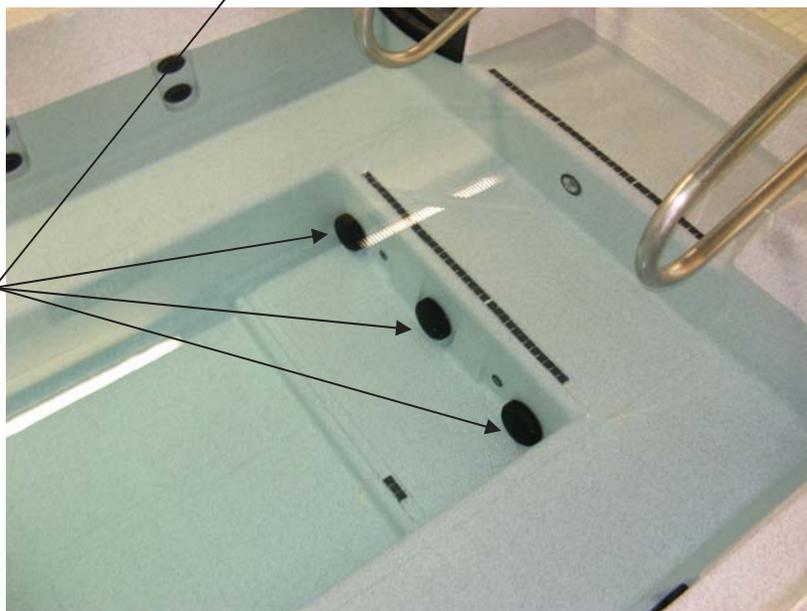
The Virginia Graeme Baker Pool and Spa Safety Act was enacted by Congress and signed by President Bush on December 19, 2007. Designed to prevent the tragic and hidden hazard of drain entrapments and eviscerations (disembowelments) in pools and spas, the law became effective on December 19, 2008. Under the law, all public pools and spas must have drain covers installed that are compliant with American Society of Mechanical Engineers (ASME) and American National Standards Institute (ANSI) standards. In addition, these facilities must also have a second anti-entrapment system installed when there is a single main drain other than an unblockable drain.

Due to lack of resources, the Consumer Product Safety Commission (CPSC) contacted the public health districts to inquire about contract opportunities to fulfill the Act's inspection needs. All seven of Idaho's public health districts contracted jointly with the CPSC to perform the inspections to gather information on the drain covers and determine if a secondary anti-entrapment device was required.

On behalf of the CPSC, health district staff inspected public swimming pools in our district to determine what each pool has done to be in compliance with the law. In our district, 15 pools were inspected. Only one pool was found to be out of compliance with the Act, which was reported to CPSC for their follow up.



Raised, unblockable drain covers, which meet ASME/ANSI standards required by the Virginia Graeme Baker Pool and Spa Safety Act.



Family and Community

Family and Community Health Services (FACHS) are offered in all eight of our district's counties. The access to our clinical, educational, and referral services offers great protection from disease and disability by increasing access to care. The medical staff in our offices are able to provide the public with accurate information on what services might be available to them in the district or the surrounding area. A wide variety of child and adult vaccinations are available and protect the public from vaccine-preventable diseases. In addition, the access to affordable birth control and sexually transmitted disease testing offers personal and public protection from unplanned pregnancies and infections.

Almost 18% of FACHS staff, approximately 5 FTEs, have been lost over the last three years, mostly through attrition or filling vacancies with part time rather than full time staff. There has also been a considerable amount of rearranging assignments and more efficiently utilizing the staff in some of the eight counties, directing them to offices with greater volume. This has resulted in many of the satellite offices having reduced office hours.

IMMUNIZATION PROGRAM

EIPHD's Immunization Program offers routine immunizations for infants, children, and adults. In addition, we are the only provider in our eight county region who provides information and immunizations for foreign travel.

Idaho is ranked very close to the bottom in terms of adequately immunized two-year-old children—49th out of the 50 states. You will note in the data table at right that our immunization rates are significantly below previous years rates. This is directly related to the HIB shortage last fiscal year. Because of the shortage, last year's rates included only 2 HIB doses. This year, the rates include 3 HIB doses with many children still missing a dose from the previous year. If you assessed children this year using only 2 doses of HIB vaccine our rate would be 85% and our late up-to-date rate with 2 HIB doses would be 94%.

An outbreak of a vaccine-preventable disease could be deadly to Idahoans as well as very costly to our district. In FY10 an ongoing nationwide Pertussis (whooping cough) outbreak is a prime example of the danger of under-



IMMUNIZATION SERVICES

County	# of Adults Served	# of Children Served	# of Vaccinations Given	% of 2 year olds up-to-date ¹
Bonneville County	4,139	2,758	11,156	67%
Clark County	131	100	393	73%
Custer County	607	298	1,253	53%
Fremont County	415	557	1,908	79%
Jefferson County	1,164	1,371	5,041	61%
Lemhi County	847	348	1,813	54%
Madison County	1,229	1,125	4,262	77%
Teton County	473	414	1,495	84%
FY10 Total	9,005	6,981	27,321	69%
FY09 Total	10,355	7,517	32,374	84%
FY08 Total	10,925	8,023	35,066	85%

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

immunizing our population when a very easily spread disease like whooping cough takes hold. As of September 11, over 11,000 cases of Pertussis have been reported this year. Over 4,000 of these cases have been reported in California, resulting in the death of nine infants. Idaho is experiencing an increase of cases as well.

It is vital that Idahoans continue to vaccinate their children. Eastern Idaho Public Health District initiated an Immunization Task Force this year with many projects designed to help Eastern Idaho improve the vaccination status of their children. The task force received a donated IRON LUNG for vaccine promotional purposes and has initiated a "Vaccinate Before You Graduate" campaign for high schools in our District.



Iron Lungs in a Hospital Respiratory Ward in Los Angeles, 1952

Health Services Division

IMMUNIZATION REMINDER INFORMATION SYSTEM (IRIS)

In the past, EIPHD provided IRIS education and training to all health care providers in our district who receive state-supplied vaccine. We have developed great relationships with the medical community and they rely on the health district for support. These services were made possible through a contract EIPHD had with the State of Idaho.

Unfortunately, due to budget cuts at the state level, the State of Idaho canceled its Immunization Registry contracts with the health districts during the last quarter of FY10. The medical community has come to depend on EIPHD as a critical resource in providing immunization information and support. And even though there is no longer state funding for us to provide this service, we will continue to assist immunization providers as best we can.

The State of Idaho is now mandating all providers administering state-supplied vaccine to children do their ordering and vaccine accountability through the state's Immunization Registry system (IRIS). The decreased role of the local health districts during this critical transition period is having a negative impact. Providers are frustrated and confused about the new process and as a result, some are even considering no longer providing immunization services in our area.

VACCINE FOR CHILDREN PROGRAM

Last year, due to decreased revenue, the State of Idaho stopped providing free vaccine to Idaho's insured children. This resulted in some insured children's immunization visit costs increasing from \$34 to over \$225. By the end of the FY10 legislative session, an agreement was reached where all vaccines except cervical cancer vaccine would remain free. Insurance companies would collect a user fee dedicated to the purchase of vaccines at State rates. Insured children will just be responsible for the vaccine administration charges (which we will bill to their insurance), with vaccines remaining free. This is a very good thing for Idaho's insured children.

However, we still see parents of insured children who are confused about their costs for vaccinations, and as a result are not seeking these services. EIPHD staff continues to educate parents.

WOMEN'S HEALTH CHECK PROGRAM

The Women's Health Check (WHC) program promotes women's health by screening women for breast and cervical cancer. The program has identified 116 women this fiscal year out of the 420 women screened who needed additional diagnostic workups, 18 of whom had cancer and were eligible for Medicaid treatment services. This early identification of disease and referral for Medicaid treatment services relieves local hospitals and county indigent funds of a considerable cost burden. In addition, the expanded life expectancy and improved quality of life for the women served is priceless.



WOMEN'S HEALTH CHECK SERVICES

County	# of Women Screened ²	# of Clients Referred for Additional Testing	# of Breast & Cervical Cancers Detected
Bonneville County	175	79	14
Clark County	3	0	0
Custer County	16	3	1
Fremont County	7	2	1
Jefferson County	13	7	1
Lemhi County	3	4	1
Madison County	12	2	0
Teton County	6	1	0
FY10 Total	235	98	18
FY09 Total	260	61	7
FY08 Total	337	70	24

² The number of women screened does not include women screened at privately contracted doctors' offices. The total number of women screened is 420.

Family and Community

REPRODUCTIVE HEALTH PROGRAM



Our Reproductive Health program consists of family planning services and sexually transmitted disease (STD) services for individuals of all ages who are able to provide informed consent. In recent years, the cost of birth control supplies has increased considerably without a corresponding increase in funding. The result is that in FY10 some more expensive methods like the contraceptive patch are no longer offered and there is a limited supply of intra-uterine devices (IUDs). Patients are able to access other more expensive methods by prescription.

The number of individuals able to be served in Family Planning has decreased slightly, partly due to limited funds available to hire clinicians to maintain back-up coverage during times of illness and vacation. Despite the third year in a row of decreased funding from the State, our ability to shift staffing from some of the satellite offices to our volume-intensive office in Bonneville County has helped us meet client demand.

As the data indicates, there continues to be increasing numbers of sexually transmitted diseases in our district, although our health dis-

trict's region remains a low incidence area like the rest of Idaho. All sexually transmitted diseases remain problematic, particularly as they may affect a pregnancy or newborn, and where there is no cure, as in the cases of HIV/AIDS, hepatitis, and genital herpes. The State of Idaho has identified EIPHD as the first public health district to have a reported perinatal HIV case in FY10. The infant became diagnosed with AIDS within her first year of life. The case has required intensive oversight, case management, and community collaboration, and has resulted in the improved ongoing health of the infant. In addition, several recent cases of HIV/AIDS involving on-line dating connections where partner tracing is difficult may result in more cases being reported in the next months.

EIPHD continues to offer HIV Case Management services which link HIV and AIDS cases to specialty treatment clinics. Case managers also assist them with referral for AIDS drug assistance and help them maintain access to care and treatment compliance. These actions reduce the financial burden on local hospital emergency rooms and county indigent funds. HIV medications can easily cost several thousand dollars per month.

	Bonneville County	Clark County	Custer County	Fremont Count	Jefferson County	Lemhi County	Madison County	Teton County	FY10 Total	FY09 Total	FY08 Total
REPRODUCTIVE HEALTH SERVICES											
Individuals Served	2,611	43	89	177	378	178	284	192	3,952	4,121	4,009
% of Clients at ≤ 150% of Poverty Level	85%	86%	75%	92%	85%	74%	85%	78%	85%	83%	82%
# of Abnormal Pap Smears	167	3	11	10	12	10	12	19	244	320	193
# of Unwanted Pregnancies Averted (theoretical) CY09	424	6	27	36	80	52	54	30	710	737	784
SEXUALLY TRANSMITTED DISEASE (STD) SERVICES											
# of STD Tests (including Chlamydia, Gonorrhea, Syphilis)	3,125	42	131	198	295	222	307	154	4,474	4,724	4,941
# of Positive STD Tests (including Chlamydia, Gonorrhea, Syphilis)	207	3	8	10	17	6	14	7	284 ³	231	144

³ Due to the low incident of HIV, the HIV/AIDS positive data is not available at the county level. Eastern Idaho Public Health District had 12 positive HIV/AIDS cases reported in FY10. Positive tests reflect cases reporting from public health and private medical testing. Total positive STD Tests = 284 (272 + 12 HIV/AIDS)

Health Services Division

INFANT TODDLER PROGRAM

In June of 2010, the Idaho Department of Health and Welfare terminated its contact with public health districts to provide Infant Toddler Services due to ongoing budget challenges.

During fiscal year 2010, EIPHD was one of several health districts still providing a full range of infant and toddler screening services. The longstanding collaborative relationship with Health and Welfare's Child Development Center was very successful and for many years identified high rates of children who needed additional therapeutic services to assist them to be school ready. In some parts of the state, as in Central Idaho, Health and Welfare had regionalized the processing of Ages and Stages questionnaires which were mailed to parents of infants and toddlers to assess for developmental delays.

During the last quarter, Health and Welfare asked the districts to scale back their activities and expect the final quarter contractual payment to be reduced by half. It was decided that no clinical screenings would be held during the last quarter.

When termination of the Infant Toddler contract was announced, the public health districts were instructed to close all active charts on children birth through three years of age and mail these records to the State. All other records had to be purged and destroyed. Ages and Stages questionnaires that continue to be mailed back to the district are being transferred to the local Child Development Center.



Health Preparedness, Promoti

Fiscal Year 2010 was a very eventful year for the Division of Health Preparedness, Promotion, and Surveillance (HPPS). In this division, there are 20 programs that are managed by 12 staff who diligently work together to accomplish the goal of protecting and promoting the importance of healthy lifestyles in our district.

ORAL HEALTH PROGRAM

EIPHD's Oral Health Program was instrumental in organizing the annual Give Kids a Smile event. Over 285 volunteer dentists and their staffs provided free dental care to low income children in seven of our health district's eight counties as well as in Bingham County, as dentists in Shelley are part of the Upper Snake River Dental Society. Approximately \$157,000 worth of dental services were donated for 541 low income, high risk children between the ages of 2 and 18 years who would not normally have access to dental care.

Services provided included preventive care (exams, X-rays, cleaning, fluoride, and sealants) and restorative care (fillings, extractions, and root canal therapy). Another project partner, Delta Dental of Idaho, provided oral hygiene kits with toothbrushes, floss, and brushing timers for participating children to take home.



CHRONIC DISEASE COMMUNITY WORKSHOP

EIPHD's Health Promotion staff and the Eastern Idaho Chronic Disease Coalition were busy in the first quarter of the year preparing for the first bi-annual community workshop. The theme for this workshop was *Empowering Your Life: Tools for Healthy Living*. The event was held at EIPHD's Bonneville County office on Saturday, October 24, 2009. There were local presenters, as well as speakers from the intermountain west. Topics

addressed were diabetes, physical activity, nutrition, stress management, cancer prevention, and asthma. Over 100 participants attended to receive information to support healthy living. All that attended would like to have this as a regular event.

2009 H1N1 INFLUENZA PANDEMIC

The main focus of the HPPS division during the last year was responding to the H1N1 Pandemic. This response involved all health district staff. For many years, EIPHD has been developing a plan to respond to a major disease outbreak. In order to accomplish this goal, we have trained our staff on roles identified in the health district's Emergency Operations Plan (EOP). Staff have had many opportunities to practice their roles by participating in agency-specific drills as well as drills involving community partners. In 2009, all of this planning and practicing paid off.

EIPHD was experiencing budget problems in the beginning of FY 2010. Staff were required to take furloughs and the elimination of some positions was being evaluated. These factors could have negatively affected our health district's ability to respond to the pandemic. When federal funds were allocated to states and local health districts to assist in the H1N1 response efforts, EIPHD administration determined that instead of hiring temporary staff to respond to the event, as was done in some areas, existing staff could respond. This decision had a very positive impact on our health district's response to the pandemic. Existing staff were already trained to respond in an emergency and they knew our community partners.

As a result, EIPHD accomplished the goal of protecting the public spending the least amount of federal dollars of the seven public health districts in Idaho. Throughout the last year, EIPHD staff provided over 11,500 hours of service in the H1N1 response efforts. Efforts included:

- Incident Command
- Point of Distribution (POD) Clinics
- Epidemiology
- Call Center
- Public Information
- Medical Resources through the Health Alert Network (HAN)
- Distribution of antiviral medication and personal protective equipment (PPE) to medical providers throughout the district

There were many successes in the H1N1 Pandemic response, but there were also some challenges that will need to be resolved before there is another outbreak. These challenges included:

- The federal response agencies [Centers for Disease Control and Prevention (CDC), Health and Human Services (HHS), Federal Emergency Management Agency (FEMA), and Bureau of Homeland Security (BHS)] were not conveying



on, and Surveillance Division

the same message to the public concerning the disease, vaccinations, and other important information. This caused us, at the local level, to have to correct and clarify information.

- Vaccine was not distributed to the health districts as soon as the CDC stated that it would be arriving. This caused problems by having to reschedule PODs when vaccine was not available for the clinic. This caused confusion for the public, as well as for the schools that had donated their facilities.
- The type of vaccine (nasal spray) that was available first to the health districts could not be given to the high risk populations that CDC was recommending receive the vaccine first. This, along with rumors about the efficacy of the nasal spray vaccine, caused major issues at the beginning of the vaccine campaign.

- The high risk groups defined by the CDC were not prioritized causing confusion and anxiety over who should receive the limited amount of vaccine at the beginning of the vaccination campaign.

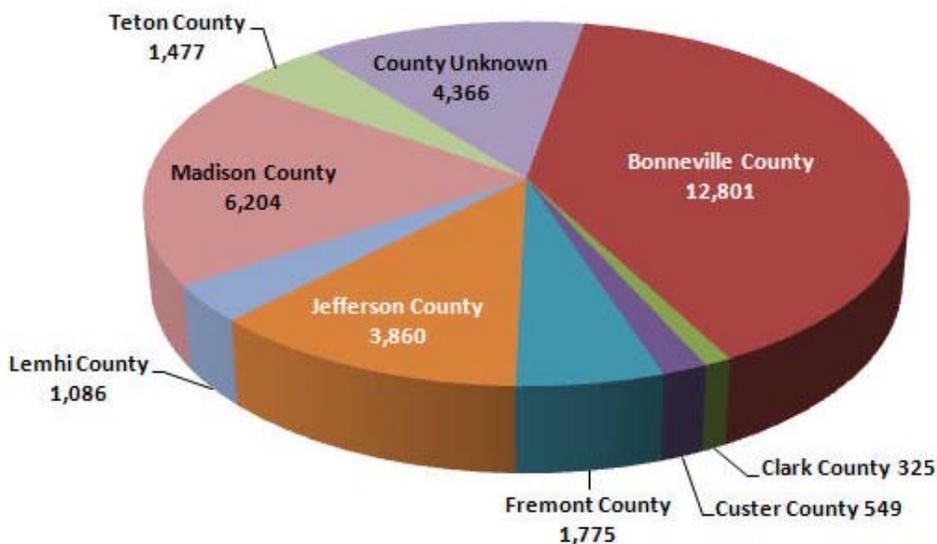
The H1N1 Pandemic could have caused much more illness and death, and the response effort by EIPHD would not have been as successful as it was in protecting the public if it were not for:

- involvement by our County Emergency Managers,
- school district cooperation,
- collaboration with the bordering county health departments in Montana and Wyoming who were a great asset in protecting the public, and
- over 150 agencies and partners in the community who worked to provide vaccinations, public information, and facilities.



Scenes of the H1N1 POD held at EIPHD's Bonneville County Office in October of 2009.

H1N1 Vaccinations Given By EIPHD in FY2010 Total Vaccinations = 32,443



GROWTH OF WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM

WIC is a federally funded nutrition program for Women, Infants, and Children. WIC helps families by providing checks to buy healthy supplemental foods from WIC authorized vendors. In addition, WIC provides clients with nutrition education, breastfeeding information and support, and help finding healthcare and other community services. Applicants must be Idaho residents, must meet income guidelines, and be pregnant women, new mothers, infants, or children under age five. WIC services are provided in all eight of Eastern Idaho Public Health District's county offices.

The WIC caseload continues to increase. It has grown from serving 6,454 mothers and children in FY2005 to serving 8,345 during FY2010, which is a 29% increase. Families turning to WIC for

nutrition assistance are vulnerable and at risk. Economic crises compound their vulnerability. The WIC program was fully funded to support this growth. As a result, the WIC program was able to increase its staff from 20.8 Full Time Equivalents (FTEs) in FY2009 to 23 FTEs in FY2010.

BREASTFEEDING PEER COUNSELOR PROGRAM

Through the Nutrition Division, we emphasize the many benefits of breastfeeding to our clients. This fiscal year, our grant funding for our Breastfeeding Peer Counselor program increased from \$34,107 to \$53,856. This will allow us more opportunity to promote breastfeeding throughout our district.

	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 2009 WIC Dollars Spent	# Participants in FY 2008 WIC Dollars Spent
Bonneville County	4,763	4,163 87%	1,130 24%	1,087 23%	2,546 53%	\$2,554,966	4,015 \$2,666,050	3,502 \$2,331,708
Clark County	66	60 91%	13 20%	10 15%	43 65%	\$22,633	61 \$31,629	57 \$24,965
Custer County	88	81 92%	19 22%	16 18%	53 60%	\$43,187	82 \$53,672	55 \$52,516
Fremont County	467	420 90%	94 20%	89 19%	282 60%	\$228,773	384 \$246,079	401 \$229,562
Jefferson County	1,129	1,016 90%	220 19.5%	208 18.5%	700 62%	\$435,958	962 \$431,327	817 \$369,129
Lemhi County	217	191 88%	55 25%	48 22%	114 53%	\$120,443	199 \$118,491	182 \$115,810
Madison County	2,421	2,155 89%	820 34%	590 24%	1,010 42%	\$1,220,857	2,042 \$1,279,623	1,867 \$1,148,019
Teton County	277	258 93%	61 22%	57 21%	158 57%	\$141,691	237 \$143,352	207 \$116,327
FY2010 Total	9,428	8,345 89%	2,412 26%	2,107 22%	4,907 52%	\$4,768,508		
FY2009 Total	8,967	7,982 89%	2,361 26%	2,104 23%	4,502 50%	\$4,970,223		
FY2008 Total	8,060	7,118 88%	1,959 24%	2,192 27%	3,909 49%	\$4,388,036		

WIC IMPLEMENTS NEW FOOD PACKAGE

One major change in the WIC program this year was the implementation of a new food package on October 1, 2009. The last major revision to the WIC food packages occurred nearly 30 years ago in 1980. These new changes now align the WIC food packages with the 2005 Dietary Guidelines for Americans and infant feeding practice guidelines of the American Academy of Pediatrics.

In the new food packages, there are additional foods to choose from like whole wheat bread and soft corn tortillas. Participants started receiving a cash value voucher to buy a set dollar amount of fresh fruits and vegetables, which is \$6 for children, \$10 for women, and \$15 for women if they are breast-feeding multiples. Infants can receive baby foods including fruits, vegetables, and meats. Participants are still able to receive eggs, milk, juice, and infant formula, but in lesser amounts. Participants are no longer able to receive juice for infants and whole milk for participants age 2 and older.

This was a busy time for the WIC staff. Four trainings were held for WIC staff to help them learn and implement these changes. WIC participants were educated about the new food package through WIC's bimonthly newsletter, classes, and individual education appointments about these changes. So far, response to the new food packages from WIC participants has been positive.

Healthy Foods for Children, Ages 2 through 4 years of age



Before Oct. 2009



New—Starting October 1, 2009

Children ages 2 through 4 years of age now receive:

- \$6.00 cash value voucher for fresh fruits and vegetables
- 2—64 ounce containers of Vitamin C-rich juice
- 4 gallons of milk (3 quarts can be substituted for 1 pound of cheese)
- 1 dozen eggs
- 1 pound of dried beans, peas, or lentils OR 18 ounces peanut butter
- 36 ounces of iron-fortified cereal
- 32 ounces of whole wheat bread or soft corn tortillas

Healthy Foods for Pregnant Women and Women Partially Breastfeeding



Before Oct. 2009



New—Starting October 1, 2009

Pregnant women and women partially breastfeeding an infant now receive:

- \$10.00 cash value voucher for fresh fruits and vegetables
- 3—12 ounce frozen concentrate containers of Vitamin C-rich juice
- 5 1/2 gallons of low fat milk (3 quarts can be substituted for 1 pound of cheese)
- 1 dozen eggs
- 1 pound of dried beans, peas, or lentils AND 18 ounces of peanut butter
- 36 ounces of iron-fortified cereal
- 16 ounces of whole wheat bread or soft corn tortillas



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