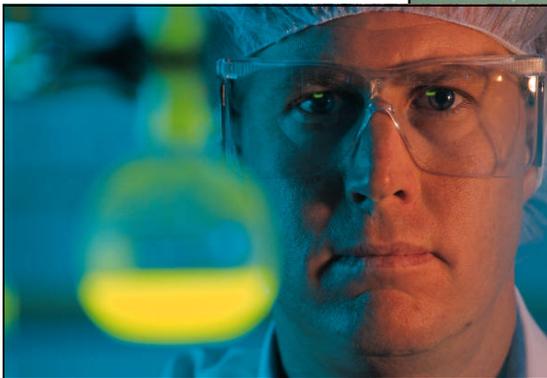
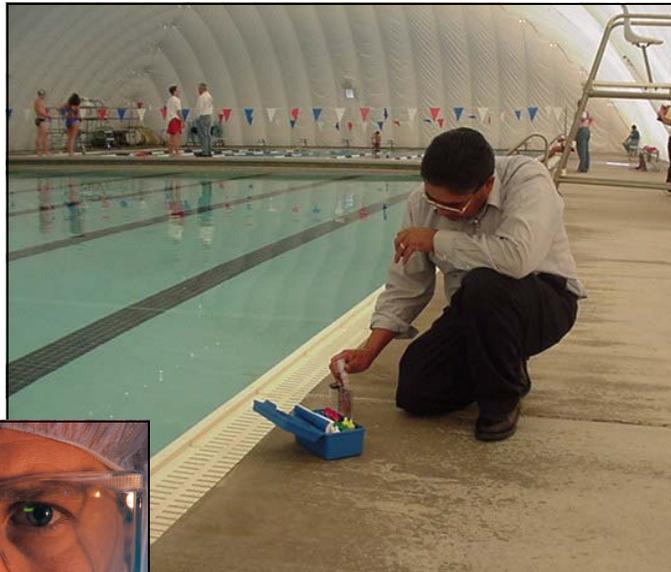


# Health Through Inquiry



*Investigating  
health hazards  
and problems in  
the community*





# South Central District Board of Health

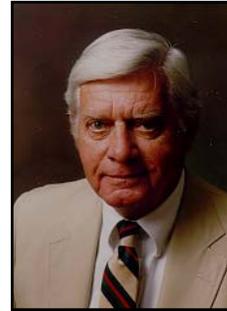
Our agency performs a broad range of functions, from preparing for an act of bioterrorism to assisting vulnerable populations to enforcing health regulations. Last year in the annual report to our community, we highlighted our efforts to inform, educate, and empower citizens to make healthy choices. This year, we will address how we diagnose and investigate identified health problems and health hazards in the community. We conduct these activities in partnership with other local, state, and federal providers and organizations. Generally, we do this by:

- Using community health data for strategic planning and response activities.
- Identifying, investigating, and responding to health problems and environmental health hazards in order to prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food, water, and vector-borne outbreaks; chronic diseases; environmental health hazards; biological, chemical, and radiological threats; and public health disasters.
- Identifying and advocating for changes in social and economic conditions that adversely affect the public health.
- Maintaining policies and technology required for urgent communications.
- Generating, receiving, and distributing public health alerts to the general public; health care providers; appropriate responders; and local, state, and federal agencies.
- Leading public health emergency planning and response activities.
- Fully participating in planning and response for other emergencies in the community in a manner consistent with the community's best public health interest.
- Maintaining access to laboratory expertise and capacity to help monitor community health status as well as diagnose and investigate public health problems and hazards.

Watch for examples of this essential service in each of the reports in this publication. Diagnosing and investigating health problems is a long tradition in our programs. Our agency was established in 1928 to fight an outbreak of "infectious" meningitis that paralyzed the Twin Falls community. We continue to work hard to identify and contain both long standing and emerging infections and diseases.



Cheryl Juntunen, MS, RN  
District Director



Donald G. Bard, MD  
Chairman  
Gooding County



Marvin Hempleman  
Vice-Chairman  
Twin Falls County



Linda Johnson, RN  
Blaine County



Marypat Fields, MS, RN  
Camas County



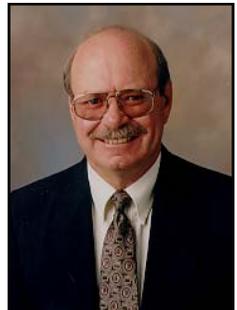
Don Clark  
Cassia County



Linda Montgomery  
Jerome County



Everett "Buck" Ward  
Lincoln County



Donald Billings  
Minidoka County

*Cheryl Juntunen*

Cheryl Juntunen, MS, RN, Secretary

*D. G. Bard, M.D.*

Dr. Donald G. Bard, Chairman

# County Commissioners

2005

## Blaine County

Sarah Michael, Chairman  
Tom Bowman  
Dennis Wright

## Cassia County

Dennis Crane, Chairman  
Paul Christensen  
Clay Handy

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Veronica Lierman, Chairman  
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Dan Stapleman, Chairman  
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## Camas County

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Carolyn Elexpuru, Chairman  
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## Lincoln County

Jerry Nance, Chairman  
Rusty Parker  
Lawrence Calkins

## Twin Falls County

Gary Grindstaff, Chairman  
Bill Brockman  
Tom Mikesell

# South Central District Health Staff

2005

**Aanestad**, Sherry - RN, Nurse Practitioner

**Adams**, Kris - Office Specialist

**Aguilar**, Veronica - LPN

**Anderson**, MaryBelle - RN

**Andreotti**, Nancy - Administrative Asst.

**Arnell**, Scott - EHS

**Bandy**, Deb - Office Specialist

**Barron**, Josh - EHS

**Beck**, William - EHS

**Becker**, Cheryl - Epidemiologist

**Beem**, Susie - Health Education Specialist

**Bennett**, Joyce - Financial Technician

**Bowyer**, Melody - EHS

**Boyd**, Dee - Office Specialist

**Brown**, Lenora - Clinical Assistant

**Covarrubias**, Maria - Clinical Assistant

**Caldera**, Elvia - Health Education Specialist

**Calhoun**, Lynne - Nutritionist

**Chapa**, Olivia - Clinical Assistant

**Chavez**, Margie - Clinical Assistant

**Cortes**, Coleen - Clinical Assistant

**Cranney**, Heidi - EHS

**Culbertson**, Esther - BCC Outreach

**Deal**, Christine - RN

**Detmer**, Heidi - Training Specialist

**Dolezal**, Caroline - Nutritionist

**Egbert**, Kathlyn - Management Assistant

**Egbert**, Merl - EHS, Supervisor

**Erickson**, Bob - EHS

**Fierros**, Norma - Clinical Assistant

**Frodin**, Karin - RN, Epidemiologist

**Fullmer**, Ronald, MD - Medical Consultant

**Gibby**, Evard - EHS

**Gillespie**, Lorye - RN

**Giraud**, Leticia - Clinical Assistant

**Glauner**, Steve - LPN

**Goetsch**, Dick - HIV/AIDS Advocate

**Goodale**, Karyn - PHP Manager

**Gonzalez**, Cynthia - Clinical Assistant

**Green**, Christi - Office Specialist

**Helkey**, Andy - EHS

**Henry**, Karen - Pharmacist

**Hernandez**, Margarita - Office Specialist

**Higley**, Trish - Clinical Assistant

**Hopkins**, Helen - Nutritionist

**Huber**, Mary Ann - Office Specialist

**Humphrey**, Miles, MD - Medical Consultant

**Humphrey**, Yvonne - Administrative Assistant

**Jackson**, Vonia - EHS

**Jacobson**, Silver - Health Education Specialist

**Jensen**, Mary - RN

**Johnson**, Michael - PHP Planner

**Juntunen**, Cheryl - District Director

**Katz**, Ben E., MD - Medical Consultant

**Kee**, Janet - Dental Hygienist

**Kennedy**, Jackie - LPN

**Klamm**, Lisa - RN

**Kraal**, Debra - RN

**Kraley**, Mark - EHS

**Krasnodemski**, Anna - Clinical Assistant

**Kriz**, Dan - EHS

**Larson**, Patricia - Office Specialist

**LeBlanc**, Rene - Environmental Health Director

**Loya**, Paula - Clinical Assistant

**Lubeck**, Linda - RN

**Luna**, Monica - Office Specialist

**Luzar**, Carla - Office Specialist

**Machala**, Maggi - Community Health Director

**Machala**, Tom - Communicable Disease

Prevention Director

**Marshall**, Susan - Office Specialist

**Merrill**, Krista - Clinical Assistant

**Merritt**, Charlotte - Office Specialist

**Meter**, Lori - Clinical Assistant

**Mitcheltree**, Donna - RN

**Moore**, Sonia - Clinical Assistant

**Myers**, Eric - Building Facility Foreman

**Nevarez**, Josie - Office Specialist

**Parrish**, Debbie - RN

**Pearson**, Tami - Health Education Specialist

**Peterson**, Inge - Systems Technician

**Pierson**, Jeff - IT Network Analyst Sr.

**Pollard**, Wanda - Office Specialist

**Porterfield**, Nancy - RN

**Rasch**, Marie - Physician Assistant

**Ruprecht**, Jeff - RN

**Salinas**, Esmerelda - Office Specialist

**Salinas**, Paula - Clinical Assistant

**Shaffer**, Linda - RN, Supervisor

**Smith**, Monie - Public Information Officer

**Spencer**, Bonnie - Operations Director

**St Clair**, Jeremy - Financial Specialist

**Stephenson**, Jim - Computer Consultant

**Stephenson**, Maxine - Office Specialist

**Stevenson**, Kurt, MD - Medical Consultant

**Stone**, Joymae - Office Services Supervisor

**Van Sickle**, Yvonne - Information Coordinator

**Van Tassell**, Sharlynn - RN

**Villasenor**, Margarita - Clinical Assistant

**Walters**, Tammy - Nutritionist Supervisor

**Watson**, Julie - Nurse Practitioner

**Welsh**, Judy - Office Services Supervisor

**White**, Sharon - Personnel Technician

**Williams**, Charlene - Office Specialist

**Wilson**, Deanna - Office Specialist

RN—Registered Nurse

LPN—Licensed Practical Nurse

EHS—Environmental Health Specialist

PHP—Public Health Preparedness

## Health Through Inquiry

Investigating health hazards and  
problems in the community

During FY-2005, District Health realized a healthy 10.6% increase in regular revenues. State funding increased by a total of 2.9%, and pledged county contributions increased as well by 2.0%. Much more significant revenue increases were achieved in other areas. The District's primary funding source—contract funding—increased by 12.7%, primarily due to new public health preparedness funding to facilitate preparedness efforts by local medical care providers. Revenues from other fees and donations increased by 16.9% with increased demand for client services during the year.

Total expenditures also increased by 11.5% overall. Personnel and operating costs increased moderately during the year with inflationary demands and additional contract responsibilities—4.7% and 7.0% respectively. Sub-grantee payments increased by almost \$300,000—more than five times the FY-2004 level—with the new public health preparedness contract activities to support local medical care providers. Finally, completed construction of the Bellevue facility and new vehicle purchases resulted in major increases in FY-2005 capital outlay costs — over three times the FY-2004 level.

### The fiscal year to come

Strong revenues and budgeted expenditure savings in FY-2005 enabled the District to use regular revenue

sources to supplement reserve funding dedicated for building capital projects. The Board of Health opted to allocate excess reserves in the FY-2006 budget for various projects, the major ones as follows:

- Upgraded phone systems and conference/meeting room equipment,
- Family Partnership and Suicide Prevention community partnership projects,
- Car seat funding for WIC clients,
- Clinic room PCs and printers, and
- Tablet PCs and software for an Environmental Health pilot project for the Twin Falls office.

### Information systems

With increasing reliance on information systems, District Health increased full-time IT staff to three in FY-2005. The year also began with considerable planning for an e-mail migration from GroupWise to Outlook Exchange. The migration will further integrate the District portal and other network services and provide for mandatory archiving and monitoring of the e-mail system.

Major improvements for FY-2005 included further upgrades to the district network, replacement of aging workstations, and an upgrade to Windows XP operating systems. Additionally, the IT Unit deployed new anti-spyware/anti-virus systems to combat the ever increasing threats to information systems.

## REVENUES AND EXPENDITURES

	FY 2005 Actual	FY 2006 Budget
<b>REVENUES</b>		
County Contributions	\$ 944,586	\$ 925,819
State Appropriation – General	1,254,800	1,255,200
State Appropriation – Millennium	68,300	44,900
Contracts	2,900,030	2,927,706
Fees, Donations & Other	<u>833,618</u>	<u>772,568</u>
SUBTOTAL REVENUES	6,001,334	5,926,193
Reserve Draw	<u>317,683</u>	<u>498,136</u>
<b>TOTAL REVENUES</b>	<b>\$ 6,319,017</b>	<b>\$ 6,424,329</b>
<b>EXPENDITURES</b>		
Personnel	\$ 4,139,984	\$ 4,609,765
Operating	1,132,487	1,379,205
Capital Outlay—General	87,309	68,829
Capital Outlay—Building	610,448	16,650
Sub-grantee Payments	<u>348,789</u>	<u>349,880</u>
<b>TOTAL EXPENDITURES</b>	<b>\$ 6,319,017</b>	<b>\$ 6,424,329</b>

During FY-2005, work also continued on automating records. Additional scanners were deployed to outside offices, staff received training in the use of the scanners, and plans were set in place to add workstations and printers to clinic rooms. Finally, working with Environmental Health staff, the IT unit helped make food establishment inspection results available on the District's public website and put plans together to streamline the inspection process through the use of tablet PCs.

When South Central District Health investigates an usual disease outbreak or environmental concern, part of ensuring the health of the community is to inform the public about the threats or outcomes associated with the investigation. In 2005, SCDH handled several disease investigations, two of which garnered substantial public interest and media attention. The investigations included West Nile virus and Creutzfeldt-Jakob disease (CJD). While our investigations often go unnoticed by the media and public because they concern “routine” diseases like pertussis or influenza, investigations of two human and several equine cases of West Nile virus stirred intense local interest. A grouping of CJD cases also sparked local as well as national and international interest among the public and media.

In this era of increased media coverage, part of investigating a disease is determining how best to inform the public about public health threats while protecting the privacy of people who may be part of the disease investigation. In conjunction with the Idaho Department of Health and Welfare and all other health districts in the state, SCDH has adopted a policy that maximum information about the disease and the investigation is shared with the media, while only minimal information about the disease victim is released to the press. This information includes gender, age range by decade, county of residence, and medical condition. Protecting both the victim’s identity and the public’s right to information is a fine line that South Central District Health must walk.

## Media training

To help our staff handle the pressure of media attention, training was conducted during 2005 which included looking at the general philosophy of media relations, as well as on-camera work in both a one-on-one mock interview and a press

conference scenario. The training was also offered to public information officers from various local agencies, including law enforcement, hospitals, and county government. Each participant learned how to conduct a media interview on their terms, while ensuring that the public is informed of how to protect themselves against health threats.

## Reaching “special populations”



*Epidemiologist Cheryle Becker, RN, handled media interviews concerning the group of five CJD cases South Central District Health investigated this year.*

As part of ongoing efforts to improve how the agency communicates with the public in an emergency or during a high profile disease investigation, public information officers from each Idaho health district met with representatives of “special populations” to determine the best methods of getting information to these groups during an emergency.

Representatives from the Native American and Hispanic communities, as well as spokespersons for refugee populations and people who are deaf or blind, shared their insights into how to reach the groups most effectively. Insights gathered from meeting with the “special population” representatives will be invaluable to health districts as we finalize emergency communication plans.

## Health Through Inquiry

*Investigating health hazards and problems in the community*

# Communicable Disease and Prevention

Tom Machala, MPH, RN, Division Director

Epidemiology is the public health tool of inquiry used to assess health hazards in the community. The Communicable Disease section has frontline nurse epidemiologists trained in gathering appropriate information that allows for timely notification and control of reportable disease outbreaks. Information and resources are coordinated within the District and with the State Office of Epidemiology and Food Protection to ensure an appropriate response is implemented. This response usually includes the State Epidemiologists, SCDH consulting physician for infectious diseases, state and local Public Information Officers (PIO), and appropriate District staff as well as local health care providers and emergency responders. At times, other special consultants have been included from the Centers for Disease Control and Prevention.

Over the past year, SCDH has conducted 184 investigations of reportable diseases and fielded over 500 inquiries on illnesses and disease ranging from rabies and giardia to salmonella and campylobacter. The following are three examples of these inquiries and the use of the SCDH Epidemiology Response Plan:

## Influenza surveillance and flu vaccine shortage allocation

The fall 2004 influenza vaccine shortage resulted in SCDH becoming the focal point for redistributing vaccine from local and national reallocation sources. The Health Alert Network (HAN) was used to survey all area providers on vaccine availability, and then epidemiologists tracked the impact of influenza through weekly school and provider based surveys. SCDH staff provided an additional 2,500 doses of vaccine through a variety of extra clinics above the usual 6,000 doses given each year. A phone bank was also set up in the Twin Falls office during the first few days of the shortage to respond to numerous inquiries and to schedule appointments for those targeted as high risk.

## West Nile Virus (WNV) surveillance

Surveillance involved both environmental and communicable disease staff collecting mosquito

samples weekly, fielding phone calls related to sentinel bird deaths from WNV, providing public education on prevention of WNV and up-to-date information on its spread, and investigating a total of two human cases. SCDH also alerted local health care providers through the Health Alert Network (HAN) to watch for increased numbers of human cases of WNV this year as Idaho became part of the national spread of the disease.

## Creutzfeldt-Jacob Disease (CJD) cluster investigation

CJD is a rare brain wasting disease that usually occurs in one out of one million people each year and affects those 60 years or older. In July 2005, SCDH epidemiologists became aware of three people reported to have died of CJD. The SCDH Epidemiology Response Team and the State Epidemiologist conferred and recommended a cluster investigation be initiated and the public alerted. That began ongoing media coverage in the local, national, and international press. Since then, two more recent deaths in the district have

*As attention increases around avian influenza and a possible pandemic flu outbreak, South Central District Health is closely monitoring national and world health care entities for expert guidance on how to protect our community from pandemic influenza, as well control the spread of disease if it were to appear in the United States.*

been investigated as well as four others throughout the state. The Centers for Disease Control has provided assistance. The

investigation involves monitoring for new reported cases and reviewing all reported cases to verify the diagnosis and look for potential commonalities. To date, no commonalities have been found among the nine reported cases; however, autopsy results have confirmed two cases and ruled out two. Since an autopsy is the only way to confirm a case and only five of the nine victims have had this procedure, the others will be evaluated on their clinical evidence as the investigation continues. A preliminary report on the investigation is due out in late 2005.

## Investigating compliance with School Asthma Inhaler Law

In September 2004, the Idaho Legislature passed a law allowing students with asthma to carry their inhalers with them while in school. This law addresses a potential health hazard for children who may have severe asthma attacks. Through a state contract, the South Central District Health Asthma Program Coordinator conducted an investigation in the spring of 2005 to measure implementation of the new law in south central Idaho schools. The investigation included surveying parents who have children with asthma attending public schools and interviewing key school staff.

Investigation findings revealed that the majority of parents and school staff were unaware of the new inhaler law. However, 60% of schools already had policies in place, developed by District Health, which are consistent with the new law. In addition, the majority of schools allow children with asthma to carry inhalers with them and have not seen them misused. Parents are also generally supportive of having their children with asthma carry inhalers.



A Twin Falls elementary school 5th grader uses her asthma inhaler. A new Idaho law allows her and other children who suffer from asthma to carry their inhalers in school at all times.

Of concern was the finding that, while 52% of parent respondents' children had a physician order to carry an inhaler with them at all times, only 41% of them actually did. Also of concern were the findings that one school has no mechanism for identifying children with asthma and one school does not allow children with asthma to carry an inhaler.

### District Health response:

- Public health nurses will go back to contracting schools and assure that asthma inhaler policies are in place and that staff are aware of them and the new law.
- Investigation findings will be shared with school nurses and principals of non-contracting schools along with a sample of the District asthma inhaler policy and health assessment information forms.
- Investigation findings will be sent to all school principals and parent teacher organizations in the district.
- A press release summarizing investigation findings and the new law will be submitted to local media.

### Parent Survey Respondent

*"My daughter has been hospitalized at different times in her childhood due to asthma. I am relieved that the (asthma inhaler) law was implemented as I know how important this life saving medication is."*

## Food Safety

Through a program with the State Food Coordinator, Environmental Health has been conducting a baseline survey of a representative sample of various types of food establishments in the district. The results of this survey show that the most often cited violation during a regular inspection is improper time and temperature for handling, preparing, and serving food (30%).

District Health's response was to "target" employee and manager training as a means to modify and improve health practices. The District trained 149 food service workers from July through September 2005. This represents a 90% increase over the same time period from 2004. The Food Program Manager continually monitors the results of training and inspections in order to implement quality improvements to the service we provide our community.

## Child Care

District Health has received a 'Generation of the Child Initiative' Grant through the Governor's Office to help educate families about quality child care as well as provide information about how to select a quality child care facility, be it a licensed childcare or ICCP provider. The District will work collaboratively with the Snake River Association for the Education of Young Children (SRAEYC), the Idaho STARS (State Training and Registration System) Regional Office, and the College of Southern Idaho to produce an informational DVD covering such topics as health and safety; communication with children, parents, and

the community; and opportunities for providing stimulating curriculum for children.

## Lands Program

District Health is in the process of converting all hard copies of land documents to an electronic storage and retrieval system by the process of Lazerfiche scanning. The primary identifier and retrieval field is being changed to the Parcel Number used by all counties in the state of Idaho.



*Environmental Health staff Deanna Wilson (foreground) and Nancy Andreotti enter information about land documents into a Lazerfiche storage and retrieval system.*

As part of this process, we are working with each County Assessor for access to certain information in the Assessor's records. This information will be downloaded to a protected (encrypted) website managed by SCDH, which in turn will populate the District Health database. This process is a

multi-year project and will ultimately provide a great service and benefit to the community.

## Health Through Inquiry

*Investigating health hazards and problems in the community*

# Public Health Preparedness *Karyn Goodale, MPH, Program Manager*

The goals of the Public Health Preparedness (PHP) Program are to assure comprehensive preparedness planning for public health emergencies; coordinate efforts for a competent public health workforce; and exercise the District's Emergency Response Plans to practice appropriate response measures and identify areas of improvement.

The PHP Unit is comprised of a Program Manager, a Planner, a Workforce Development Coordinator, and a Health Care Liaison.

There is a concerted effort to institutionalize PHP activities throughout the agency through the coordinated efforts with other Divisions and staff members, such as the Public Information Officer, Epidemiologists, and Information Technologist.

South Central District Health's Emergency Response Plans are consistent with the National Response Plan and the Idaho Emergency Operations Plan. The District has an All-Hazards Plan approach to investigate and respond to public health emergencies. Subsequent annexes are connected to the All Hazards Plan and are referred to for specific emergency types.

## Training and exercises

Response capabilities are enhanced through education and training. Nearly 100% of staff have completed the on-line Basic Emergency Preparedness Competency Training Course offered through Columbia Center for Public Health Preparedness. In addition, over 85% of staff have completed Incident Command training. Workforce competency training is routinely demonstrated through a series of drills and exercises, including staff participation in the June 2005 statewide Joint Functional Exercise (JFX).

The JFX provided a new readiness element by simulating the first few hours of a public health threat and initiating response activities at the

state and local health district level. The exercise assessed various elements of the SCDH Emergency Response Plan, policies, and the decision making processes of all participants. This and other experiential learning opportunities help to refine and improve SCDH preparedness and response efforts.

*South Central District Health, along with the other six district health departments in Idaho, was awarded national Public Health Ready designation. Idaho is the first state in the nation to receive this recognition.*

## Public Health Ready recognition

In July 2005, the Public Health Preparedness Program at SCDH was nationally recognized

as being *Public Health Ready (PHR)*. Through a partnership with the National Association of County and City Health Officials and the Centers for Disease Control and Prevention, *Project Public Health Ready* recognizes local public health agencies as ready to respond to public health emergencies. Just 14 other public health agencies in the nation were honored as *PHR*. This recognition was especially significant in Idaho because all seven health districts were recognized, making Idaho the only state that is *PHR*.

## Helping hospitals prepare

For the second year, SCDH coordinated and administered the Health Resources and Services Administration (HRSA) Grant. The grant supports the efforts of health care providers to better prepare and respond to a public health crisis. A component of the 2004-05 grant is to enhance the surge capacity of the individual health care entities and establish mutual aid agreements among them. The regional planning group, with representatives from health care agencies, fire and law enforcement personnel, county disaster coordinators, and other first responders, joined efforts to identify response needs and priorities. Using dedicated HRSA grant funds, SCDH allocated \$321,754 to qualifying health care entities to improve their prevention and response activities.





**South Central District Health**

*Keeping your family & community healthy*

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