

South Central District Health

Prevent. Promote. Protect.



South Central District Health
Keeping your family & community healthy

1020 Washington Street North
Twin Falls, ID 83301
208-737-5900
www.phd5.idaho.gov

*Serving Blaine, Camas, Cassia, Gooding, Jerome,
Lincoln, Minidoka, and Twin Falls counties*

South Central District Health



Prevent. Promote. Protect.

2006 ANNUAL REPORT

coordinators and managers, receive training, as needed, to assure their competency as evaluators. Outside evaluators are also utilized, where appropriate, to assure objectivity. The components and evaluation models vary, but all measure one or more of the following: effectiveness of services to improve health outcomes, customer satisfaction, comparison to national standards and best practices, and employee satisfaction.

This is the first year District Health has emphasized and monitored progress in meeting this goal. Of the 41 District programs, 10 (or 24%) currently have a formal evaluation process. Examples include an external evaluation of the Tobacco Cessation program by Boise State University and an internal evaluation of the Fit and Fall Proof Program for seniors. Staff is currently working toward developing formal evaluations for all District programs or services to improve health outcomes, customer satisfaction, comparison to national standards and best practices, and employee satisfaction.

ESSENTIAL SERVICE TEN

Research for new insights and innovative solutions to health problems.

Public health practitioners, such as the staff of the Idaho public health districts, are vital for contributing to and testing the evidence-based science of public health. Therefore, SCDH evaluates and improves programs and services on a routine basis. Further, District Health shares results of findings with other public health practitioners and academics, and field-tests nationally developed evidence-based practices in local settings.

Specifically, the District engages in the following steps to aid research activities that benefit community health:

- Identify appropriate populations, geographic areas, and partners;
- Work with partners to actively involve the community in all phases of research;
- Provide data and expertise to support research; and,
- Facilitate partner efforts to share research findings with the community, governing bodies, and policymakers.

District Health is newly promoting this essential public health service by monitoring the number of improvements made in programs based on evaluation results. This past year, 12 program improvements were implemented by South Central District Health.

ESSENTIAL SERVICE NINE Examples of District Evaluation, 2005-06

Process evaluation of the Public Health Ready certification

Outcomes — Standards met by all seven public health districts enabling Idaho to become the first state designated as “Public Health Ready.”

Food Program evaluation toward meeting national FDA standards

Outcomes — Met two of the nine standards (the Idaho Food Code is consistent with national codes and established Idaho baseline standards were met).

Evaluation of the Fit and Fall Proof program for seniors

Outcomes — The number of class sites in the district increased from two to seven; post-class tests revealed an 85% improvement in participant performance.

Evaluation of the Tobacco Cessation Program in conjunction with Boise State University

Outcomes — Out of 109 clients who received services, 61 (56%) stopped using tobacco. This is much higher than the national average of a 10% quit rate. In addition, services were provided in seven of the district’s eight counties.

For example, as a result of the Food Program’s evaluation by the Food and Drug Administration, District Health is developing community advisory programs. As a result of the Tobacco Cessation evaluation, the District is recruiting more subcontractors to provide services in more sites with more flexibility in class frequency. A Women, Infants and Children’s (WIC) program client survey revealed that 32% of respondents felt providing breast pumps for working mothers was the most effective strategy for increasing breast feeding rates. As a result, SCDH has significantly increased the number of breast pumps issued this past year.

As a result of on-going evaluation, WIC is experimenting with same day appointments. In addition, because 48% of WIC clients report using the internet, WIC now provides internet access to program registration and materials while continuing to provide information by mail.

WIC PROGRAM EVALUATION COMMENTS

“Not that long ago they did like a survey. They give you a sheet about what complaints you may have. How would you like to be attended? You can cancel your appointment or make an appointment or what would you prefer? That was good because they took our opinions.”

ESSENTIAL PUBLIC HEALTH SERVICES

cancer is the second leading cause of death among Idaho women. Cervical cancer was once the leading cause of cancer death in women; this is no longer the case since the Papanicolaou (Pap) test was implemented in the 1940s. Early detection of breast and cervical cancer through mammography and Pap testing leads to early treatment and increased survival rates.

Recognizing the value of screening and early detection, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990. This Act allows Idaho to offer free breast and cervical cancer screening through the Women's Health Check (WHC) program to women age 50-64 who have income at 200% or below of the federal poverty level. Over 600 women were seen in the WHC program through SCDH in FY 2006; 257 of the women were of Hispanic ethnicity. Nearly 400 Idaho providers, including public health districts, clinics, tribal health facilities, gynecologists, and family practice doctors, provide access to screening through exams.

ESSENTIAL SERVICE EIGHT

Assure a competent public health workforce.

The safety of the population served by South Central District Health relies on a competent workforce that is able to deliver essential emergency response services. One way that SCDH strives to assure a competent public health workforce is by adhering to and promoting the Core Competencies for Public Health Professionals.

ESSENTIAL SERVICE EIGHT

Number of classes and staff that received competency-based training
32 classes • 292 staff

The Core Competencies are essential for performing 'routine' public health duties and enhance the skills necessary to deliver essential services during a public health emergency. A means of addressing these competencies is through educational and training opportunities.

SCHD schedules and promotes classes on a variety of disaster preparedness and core public health skill training for all staff, such as Introduction to Incident Command System, Columbia Center for Public Health Preparedness Basic Emergency Preparedness Competency training course, and the National Incident Management System (NIMS) in venues ranging from computer learning to formal classroom settings for all staff. More advanced courses on emergency preparedness are

offered to staff that are most likely to assume a leadership role in the Incident Command Structure during a public health emergency.

District Health also utilizes a web-based Preparedness Learning Management System (LMS) to track and broadcast satellite training and encourage the staffs' on-going professional development. As new public health challenges continue to arise, SCDH is committed to providing essential training to its workforce to help ensure a strong, competent public health system.

ESSENTIAL SERVICE NINE

Assess effectiveness, accessibility, and quality of personal and population-based health services.

It is not enough to just provide essential public health services in the community -- it must be clear they make a difference, are efficient, and meet the needs of Idaho's citizens. Programs and interventions may be gauged by developing evaluation efforts to assess health outcomes, district program effectiveness, or competence of other community practitioners and agencies toward prevention, containment, and/or remediation of problems affecting community health.

District Health conducts these activities in several ways -- internally and in collaboration with other districts, contractors, and consultants. Staff, including program

FIT & FALL PROOF SURVEY COMMENTS

"Since I've been exercising, I have gone back to driving my car. I go to church alone and to the doctor's office. Thanks for letting us exercise."



"My husband fishes and I was afraid to go with him because I thought I would fall. Since participating in Fit and Fall prevention, I go fishing and am not afraid."

"This elevates my mood to a higher level and helps me be positive."

SOUTH CENTRAL DISTRICT BOARD OF HEALTH

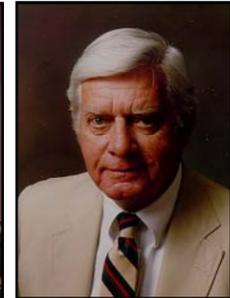
We said good bye this past year to long time Board member and chair Dr. Don Bard, who represented Gooding County for more than 14 years. He brought style, credibility, and warmth to his leadership of South Central District Health and will be missed. Everett "Buck" Ward, representing Lincoln County, became the new Chairman on July 1, 2006. He brings great experience to his new position. Mr. Tom Faulkner, Gooding County Commissioner, has been appointed to the Board of Health to serve the FY2007 term. We welcome him.

This year we have reframed our annual report to account for the essential public health services we provide. These services have been identified nationally as necessary components of a functional local health agency. District Health is responsible to:

- Understand the specific health issues confronting the community, and how physical, behavioral, environmental, social, and economic conditions affect them.
- Investigate health problems and health threats.
- Prevent adverse health effects from communicable disease, unsafe food and water, environmental hazards, injuries, and risky health behaviors.
- Lead planning and response activities for public health emergencies.
- Collaborate with other local responders and with state and federal agencies to intervene in other emergencies with public health significance.
- Implement health promotion programs.
- Engage the community to address public health issues.
- Develop partnerships with public and private providers and institutions to collectively identify, alleviate, and act on the sources of public health problems.
- Coordinate the public health system's efforts in a non-competitive and non-duplicative manner.
- Address health disparities.
- Serve as an essential resource for local governing bodies and policymakers on up-to-date public health laws and policies.
- Provide science-based, timely, and culturally competent health information and health alerts to the media and to the community.
- Provide its expertise to others who address issues of public health significance.
- Ensure compliance with public health laws and ordinances.
- Employ well trained staff members to implement best practices and evidence-based programs and interventions.
- Facilitate research efforts that benefit the community.
- Use and contribute to the evidence base of public health.
- Strategically plan its services and activities; evaluate performance and outcomes; and improve its effectiveness to meet the community's expectations.



Cheryl Juntunen, MS, RN
District Director



Donald G. Bard, MD
Chairman, 2005
Gooding County



Marvin Hempleman
Vice-Chairman
Twin Falls County



Peter Curran, M.D.
Blaine County



Marypat Fields, MS, RN
Camas County



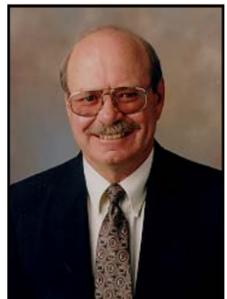
Don Clark
Cassia County



Linda Montgomery
Jerome County



Everett "Buck" Ward
Lincoln County
Chairman, 2006



Donald Billings
Minidoka County

These efforts are framed in the ten essential public health services that are reported in the following pages.

Cheryl Juntunen

Cheryl Juntunen, MS, RN, Secretary

D. G. Bard, M.D.

Dr. Donald G. Bard, Chairman

COUNTY COMMISSIONERS

2006

Blaine County

Sarah Michael, Chairman
Tom Bowman
Dennis Wright

Camas County

Bill Davis, Chairman
Kenneth Backstrom
Ron Chapman

Cassia County

Dennis Crane, Chairman
Paul Christensen
Clay Handy

Gooding County

Carolyn Elexpuru, Chairman
Helen Edwards
Robert Morgado

Jerome County

Veronica Lierman, Chairman
Joe Davidson
Charles Howell

Lincoln County

Jerry Nance, Chairman
Rusty Parker
Lawrence Calkins

Minidoka County

Dan Stapleman, Chairman
Marvin Bingham
Lynn Hunsaker

Twin Falls County

Gary Grindstaff, Chairman
Bill Brockman
Tom Mikesell

SOUTH CENTRAL DISTRICT HEALTH STAFF

2006

Aanestad, Sherry - RN, Nurse Practitioner
Adams, Kris - Office Specialist
Aguilar, Veronica - LPN
Anderson, MaryBelle - RN
Andersen, Shannon - RN
Andreotti, Nancy - Administrative Asst.
Arnell, Scott - EHS
Bandy, Deb - Office Specialist
Barron, Josh - EHS
Beck, William - EHS
Becker, Cheryle - Epidemiologist
Beem, Susie - Health Education Specialist
Bennett, Joyce - Financial Technician
Bowyer, Melody - EHS Program Manager
Boyd, Dee - Office Specialist
Caldera, Elvia - Health Education Specialist
Calhoun, Lynne - Nutritionist
Chapa, Olivia - Clinical Assistant
Chavez, Margie - Clinical Assistant
Cortes, Coleen - Clinical Assistant
Culbertson, Esther - BCC Outreach
Detmer, Heidi - Training Specialist
Dolezal, Caroline - Nutritionist
Egbert, Kathlyn - Management Assistant
Egbert, Merl - EHS Program Manager
Erickson, Bob - EHS
Evans, Toni - Clinical Assistant
Fierros, Norma - Clinical Assistant
Frodin, Karin - RN, Epidemiologist
Fullmer, Ronald, MD - Medical Consultant
Fuqua, Leticia - Clinical Assistant
Gibby, Evar - EHS
Gillespie, Lorye - RN
Glauner, Steve - LPN
Goodale, Karyn - PHP Manager
Green, Christi - Office Specialist
Helkey, Andy - EHS
Henry, Karen - Pharmacist

Hernandez, Alice - Office Specialist
Hernandez, Margarita - Office Specialist
Higley, Trish - Financial Support Technician
Hopkins, Helen - Nutritionist
Huber, Mary Ann - Office Specialist
Humphrey, Miles, MD - Medical Consultant
Humphrey, Yvonne - Office Services Supervisor
Jackson, Vonia - EHS
Jacobson, Silver - Health Education Specialist
Jensen, Mary - RN
Johnson, Michael - PHP Planner
Juntunen, Cheryl - District Director
Kahin, Libertad - Office Specialist
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
Lanzarone, Darlene - Clinical Assistant
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 - CDP Director
Maxim, Rose - RN
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
Orozco, Maria - Clinical Assistant
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
Rand, Thomas, MD - Medical Consultant
Rasch, Marie - Physician Assistant
Rosas, Sarai - Clinical Assistant
Ruprecht, Jeff - RN
Salinas, Paula - Clinical Assistant
Shaffer, Linda - RN, Supervisor
Shelly, Rebecca - LPN
Smith, Monie - Public Information Officer
Spencer, Bonnie - Operations Director
St Clair, Jeremy - Financial Specialist
Stephenson, Jim - Computer Consultant
Stephenson, Maxine - Office Specialist
Stireman, Mary - Clinical Assistant
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
Williams, Charlene - Office Specialist
Wilson, Deanna - Office Specialist

RN—Registered Nurse
LPN—Licensed Practical Nurse
CDP—Communicable Disease Prevention
EHS—Environmental Health Specialist
PHP—Public Health Preparedness

establishments. The overall inspection rate was 106% resulting from temporary food permits and those establishments with multiple units (e.g., supermarkets and restaurants with mobile units). The Lands Program issued 867 septic permits, a reflection of the growth in the south central Idaho housing market. There has also been an increase in the number of facilities providing childcare, especially through the Idaho Childcare Program (ICCP). SCDH's Day Care Program inspected 382 facilities in FY 2006, an increase over the past two fiscal years.

Regulation Strategies

This strategy is a last resort when all other avenues of compliance have been exhausted. Examples of enforcement activities may include civil penalties by statute, embargo, closure, or isolation and quarantine.

During FY 2006, 10 food services workers or childcare providers were restricted from performing their job because they tested positive for a disease or condition which is included in Idaho's Reportable Disease Regulations. Additionally, there were seven persons placed on Directly Observed Therapy (DOT) for active tuberculosis.

Under the Idaho Food Code, there were two enforcement actions (food embargos) issued for food contamination or for procurement from a non-approved food source by the USDA/FDA.

ESSENTIAL SERVICE SEVEN

Link people to the needed personal health services and assure the provision of health care when otherwise unavailable.

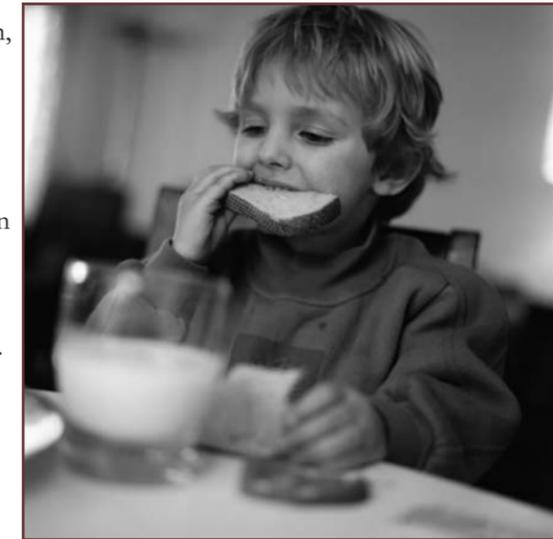
South Central District Health collaborates with community members and key leaders to assure all citizens have access to the personal health services or the health care they may need. In addition, SCDH assures there is access to personal and preventive health services in local communities.

Some examples of direct service access provided through South Central District Health are: family planning services, WIC services, HIV testing, smoking cessation classes, fluoride rinses, and immunizations. District Health is most concerned with marginalized populations, those without health care insurance, and those that are sometimes more vulnerable --

the elderly, pregnant women, and children. Good health care increases the quality and years of healthy life for all Americans. Promoting access to care provides a primary means of eliminating health disparities among different ethnic and socioeconomic groups. Barriers that prevent access to the health care system are many. The cost of health insurance can be prohibitive, even for those who work full time.

In addition, Idaho is a rural state; and transportation to and from health care can be an issue. With a growing population of non-English speaking Idahoans, a future challenge will be to provide access to culturally and linguistically appropriate care to those with limited English proficiency.

The Women, Infants, and Children (WIC) program was created in 1972 as an amendment to the Child Nutrition Act of 1966. It was given permanent status in 1975. WIC was established



during a time of growing public concern about malnutrition among low-income mothers and children. WIC services were designed to deliver early nutrition and health intervention during critical times of growth and development to prevent future medical and developmental problems. Since its inception, the number of participants in the program has expanded to over 8 million nationwide in 2005. In calendar year 2005, South Central District Health WIC clinics served 10,068 women, infants, and children. To be eligible for WIC services, women must have an income of 185% or below of the federal poverty level, be pregnant or breastfeeding for up to 12 months after delivery, or have had a baby in the past six months. Infants and children can qualify until age five if income and nutritional risk criteria are met.

Poor nutrition during early childhood increases the chance of anemia, adds to health care costs, limits a child's ability to learn, and will affect that baby for the rest of its life. WIC provides access to a safe, nurturing environment for education, healthcare, and social service referrals, as well as free access to nutritious foods.

Every woman, regardless of income, race, or cultural background is at risk for breast and cervical cancer. Breast

available in the event of a public health disaster. Identifying and formalizing a partner's role and resources in advance also helps to ensure that confusion will be kept to a minimum during a health emergency.

In June 2006, SCDH (along with the Idaho's other six public health districts and local and state emergency response partners) participated in the Idaho Strategic National Stockpile Full Scale Exercise. This exercise tested our ability to receive, distribute, and mass dispense prophylactic (antibiotic) medicine to the public, practice response roles, coordinate responsibilities, and utilize community resources. It also enhanced our response efforts through a collaborative effort with our community partners.

ESSENTIAL SERVICE FIVE

Develop policies and plans that support individual and community health efforts.

The District's Board of Health, managers, and staff are active promoters and participants in efforts to assure policies are in place in business, educational institutions, health care, and government that promote and protect health. We contribute to the development or modification of public health policy at the local and state level by facilitating community involvement in the process and by engaging in activities that inform the process. We work with community partners to educate the public, track progress and results, and evaluate the impacts of policy on health.

We advocate through direct contact with business leaders, county commissioners, legislators, school leaders, and the public to promote policies known to protect and improve health. We also develop strategic plans, in concert with our local communities and other Idaho public health districts, to identify trends that impact health and the effectiveness of public health services to address them.

This past year we advocated for public health policy 50 times. These addressed such issues as public health preparedness, child health, tobacco prevention, suicide prevention, coal fire plant health impacts, immunization registry, and the food program. We also provided information and support to two school district's implementation of an inhaler policy for children with asthma and removal of peanuts from a cafeteria menu for children with allergies. We also led and participated in the statewide Idaho Public Health strategic planning process that resulted in implementing a new plan based on a framework that mirrors national performance standards for local public health agencies.

ESSENTIAL SERVICE SIX

Enforce laws and regulations that protect health and ensure safety.

This service focuses on minimizing the public's exposure to hazards in order to prevent disease and injury through an integrated program of prevention and regulation strategies. Central to these strategies is the multidisciplinary team approach used by South Central District Health's Community Health, Environmental Health, and Communicable Disease and Prevention programs. Through education, individuals and organizations have a better understanding of the meaning, purpose, benefit, and how to comply with public health laws, regulations, and ordinances. There is a tangible benefit to citizens, business owners, and local/county government when the water, food, air, childcare, housing, and community services provided are safe and conform to public health laws and regulations.

Prevention Strategies

Compliance with this strategy is achieved by adherence to regulatory standards (inspection and permitting program) and through investigations of complaints received.

During FY 2006, South Central District Health's Food Program continued to inspect over 1,100 permitted

ESSENTIAL SERVICE 6 DEMONSTRATION

Choosing quality child care is one of the most important decisions that parents face when they go to work. To help parents with this decision, South Central District Health (SCDH) received a grant from Idaho's Generation of the Child Initiative, through the Governor's office, to provide education to families about quality child care as well as information about how to select a quality child care facility. Through a collaborative effort between the Snake River Association for the Education of Young Children (SRAEYC), IdahoSTARS, and SCDH, TV commercials were produced that explore the ways in which parents can investigate which child care facility will be best for their child. An informational DVD and brochure were also produced to highlight key points in the process of selecting child care. The DVD included the three TV spots featuring such topics as health and safety; communication with children, parents, and the community; and opportunities for providing stimulating curriculum for children.

Financial

District Health realized another healthy increase in regular revenues during FY 2006. The District's primary funding source – contracts -- increased by 4.8% largely due to increased Communicable Disease, Child Care, and Public Health Preparedness contracts. Revenues from other fees and donations increased even more substantially -- by 20.7% -- with increased demand for client services during the year. Other funding was less vigorous. State General Funds increased by less than 1.0%, and Millennium Funds actually decreased by over one-third. Pledged county contributions increased by 2.0%. Overall, the District realized a 4.7% increase in regular revenues.

Total expenditures actually decreased by 1.4% in FY 2006. Personnel and operating costs increased significantly with inflationary demands and additional contract responsibilities -- 9.0% and 13.2% respectively. However, those increases were offset by reduced capital outlay expenditures. FY 2006 was the first year in over a decade that District Health had no facility construction and/or loan payments. Sub-grantee payments remained stable with only a 0.3% variance.

Information Technology

District Health tackled a few information technology projects during FY 2006.

- **E-mail system migration from GroupWise to Exchange:** This successful migration further integrated the District portal and other network services and provided for mandatory archiving and monitoring of the District's e-mail system. This was a huge undertaking that required considerable planning and behind-the-scenes work by our IT staff.
- **Installation of building access control systems in the Gooding and Rupert offices:** Access to every district facility is now controlled by the same electronic system, providing for enhanced security and monitoring of facility access as well as improved staff access to facilities.
- **Enhanced emergency communications within the District:** Virtual extensions were implemented for the Twin Falls phone system to assure phone access to key

REVENUES AND EXPENDITURES

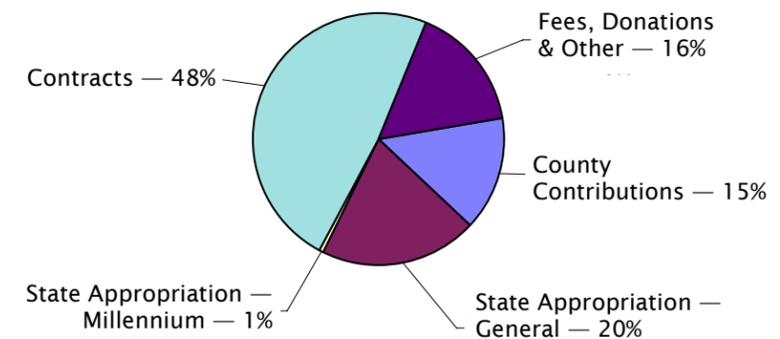
	FY 2006 Actual	FY 2007 Budget
REVENUES		
County Contributions	\$ 928,706	\$ 953,594
State Appropriation — General	1,265,800	1,265,900
State Appropriation — Millennium	44,900	66,500
Contracts	3,038,008	3,050,866
Fees, Donations & Other	1,006,278	942,591
SUBTOTAL REVENUES	6,283,692	6,279,451
Reserve Draw	(51,763)	229,838
TOTAL REVENUES	\$ 6,231,929	\$ 6,509,289
EXPENDITURES		
Personnel	\$ 4,514,053	\$ 4,756,502
Operating	1,281,983	1,430,764
Capital Outlay—General	64,809	—
Capital Outlay—Building	23,371	39,000
Sub-grantee Payments	347,713	283,023
TOTAL EXPENDITURES	\$ 6,231,929	\$ 6,509,289

staff in the event of an emergency, and event manager software was implemented on the District

portal site to coordinate written communications and documentation of emergency events.

- **Improved network security:** Patch management and anti-virus capabilities were added to the network, and security policies were enhanced.

FY 2006 Revenues By Source



The Fiscal Year to Come

Strong revenues and budgeted expenditure savings in FY 2006 resulted in additional reserve funding that the Board of Health opted to allocate in the 2007 budget for various projects, the major ones as follows:

- Merit- and market-based salary increases for staff.
- Business process and information needs assessment.
- HVAC system software upgrade and other facility maintenance.
- Additional interpreter and clinical nursing staff time.
- Community partnership project support (including Suicide Prevention and Magic Valley Safe Kids car seat program).
- Food safety advisory coalition implementation.

ESSENTIAL SERVICE ONE

Monitor health status to identify community health problems.

Monitoring the health status of communities is an essential service of public health. Periodically assessing the health status of south central Idaho residents helps South Central District Health (SCDH) identify health trends. This information can be used as the basis for setting priorities, developing strategies to address identified health issues, allocating resources, and evaluating the impact of public health efforts.

District Assessments

During FY 2006, South Central District Health conducted five community health assessments. These included school surveys around implementation of a new asthma inhaler law, school wellness policies, and tobacco use policies. In addition, an assessment was conducted on the number of decayed, missing, and filled teeth among third graders as well as a survey of seat-belt use among the general public. Results of these assessments are available through District Health.

Community Health Profile

District Health also developed a Community Health Profile in an effort to establish a baseline for accurate, periodic assessment of district progress toward health-related objectives. Together with Idaho's six other health districts and the Idaho Department of Health and Welfare, the District selected 20 indicators that represent the status of the health and safety of Idahoans. These indicators will be monitored over time and communicated to policy makers to help set priorities and allocate resources. The table shows baseline values for some of the selected indicators in south central Idaho compared to state baselines.

ESSENTIAL SERVICE TWO

Diagnose and investigate identified health problems and health hazards in the community.

South Central District Health is extensively involved in investigating and identifying health problems in our communities. We investigate and report on over 65 reportable diseases specified by Idaho Code (IDAPA 16.02.10) Rules and Regulations Governing Idaho Reportable Diseases. Through the State Office of Epidemiology and Food Protection, reports are linked to the Centers for Disease

Control through the National Electronic Disease Surveillance System (NEDSS). This electronic link to the State and the CDC provides for the quick identification of public health concerns including outbreaks, biological/chemical health threats, and/or other health-related concerns.

This year, seven reportable diseases have been selected for tracking and reporting in accordance with the statewide public health districts' Strategic Plan for 2006-2010. These include salmonella, hepatitis A, chlamydia, giardiasis, campylobacter, West Nile virus, and tuberculosis.

Most of these diseases have been around for decades and are not a concern in

most people's minds. However, some have been making a comeback in recent years, such as tuberculosis, with the

* SOURCES:

- Vital Statistics, Bureau of Health Policy and Vital Statistics
- Idaho Behavioral Risk Factor Surveillance System, Bureau of Health Policy and Vital Statistics

NOTES:

1. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record.
2. Motor Vehicle Crash Death Rate: number of motor vehicle crash deaths from 2002 to 2004 per 100,000 population.
3. Breast cancer screening: mammogram and clinical breast exam in past two years among females 40 and over.
4. Prostate cancer screening: Prostate-Specific Antigen (PSA) test in past two years among males 40 and over.

ESSENTIAL SERVICE ONE			
Health Indicators for Idaho and SCDH 2004 Data *			
Category	Item	Idaho	SCDH
Maternal/Child	% live births with adequate prenatal care ¹	32.6	27.5
Adolescents	Motor vehicle crash death rate, 2002-2004 (ages 15-19) ²	30.9	51.0
Adults	% with no leisure time activity	18.8	24.0
	% overweight (BMI > 25)	58.2	60.5
	% of females without breast cancer screening (age 40+) ³	40.7	44.3
	% of males without prostate cancer screening (age 40+) ⁴	52.0	54.9
	% who did not wear seatbelts (2003)	32.7	35.8
	% with no dental visit in the past 12 months	33.4	38.2

advent of multiple drug resistant strains. An emerging disease, West Nile virus, has made its way across the United States over the past three years and during the summer of 2006 affected Idaho, causing more human cases this year than most other states combined.

During FY 2006, SCDH conducted 422 investigations of reportable diseases, with chlamydia comprising 72% of these investigations.

ESSENTIAL SERVICE THREE

Inform, educate, and empower people about health issues.

Crucial to changing individual health behaviors is education. SCDH provides educational outreach to individuals, groups, and the general public to share information that affects the public's health. Types of outreach activities include classes, events, forums, media releases, and trainings aimed at developing the public's knowledge in specific areas.

District Health taught 1,684 educational classes in schools during FY 2006. Examples of topics covered in the classes included family planning, oral health, Peers Encouraging Abstinent Kids (PEAK), sexually transmitted disease prevention, and teen tobacco prevention. In the Women, Infants, and Children's (WIC) program, 1,311 classes were offered. Classes included preparing for a baby, breastfeeding, infant feeding, fun foods, food safety, eggs, and a cooking class. Environmental Health held 40 classes for food establishment workers, swimming pool operators, septic system installers, solid waste operators, and public water system operators. Lastly, 15 community-based classes were offered through SCDH to community groups, including the Fit and Fall Proof injury prevention classes for seniors, tobacco cessation, lead poisoning, radon, and diabetes.

In order to inform the public of specific health issues, a variety of media are used. SCDH issued 283 information releases during FY 2006. Newsletters, newspapers, radio, reader boards, and television relay the information to the public at large. Announcements such as clinic schedules, community events, food recalls, and health advisories are released to educate and protect people in the community. Examples of media release topics included:

- The first West Nile virus confirmation in humans;
- Fishing advisories for local bodies of water;
- Warnings of contaminated products distributed in Idaho;

- Flu clinics scheduled at SCDH and local facilities;
- Encouragement of teams and individuals to participate in an Annual Asthma Walk; and
- Announcements of local activities around national events, such as the National HIV Testing Day during which SCDH provided confidential HIV testing.

The importance of public education cannot be over-emphasized. Education is vital in protecting the health and safety of our citizens.

ESSENTIAL SERVICE FOUR

Mobilize community partnerships to identify and solve health problems.

South Central District Health engages the support of community partners to help identify and solve public health problems and promote health. For example, SCDH staff participate on advisory groups and coalitions that address suicide prevention, asthma, arthritis, diabetes, tobacco cessation, and food safety. These illustrations demonstrate collaboration and ensure that public health concerns are addressed.

Another way of mobilizing partnerships and solving health problems is by establishing Memorandums of Understanding (MOU). Signed MOUs identify shared resources (e.g., personnel, facilities, equipment, and/or supplies) and formalize roles and responsibilities between SCDH and a community partner. Every program throughout District

ESSENTIAL SERVICE FOUR	
Number of MOUs that are current	41
Number of advisory groups on which District staff participate	41
Number of community groups facilitated	8

Health has established MOUs with various entities, such as schools and other health care providers; and these documents

are especially important in the Public Health Preparedness (PHP) program.

The PHP program is responsible for preparedness and response planning, workforce competency development, and coordinating exercises and drills. While these tasks are typically coordinated internally, many are also dependent upon a coordinated effort with other community providers. The PHP program has established MOUs with law enforcement agencies, businesses, school districts, health care providers, and other organizations to help ensure that resources are