



SOUTH CENTRAL PUBLIC HEALTH DISTRICT

**FY-2018**

**BUDGET PROPOSAL**



**South Central Public Health District**

Prevent. Promote. Protect.

[www.phd5.idaho.gov](http://www.phd5.idaho.gov)

# Mission

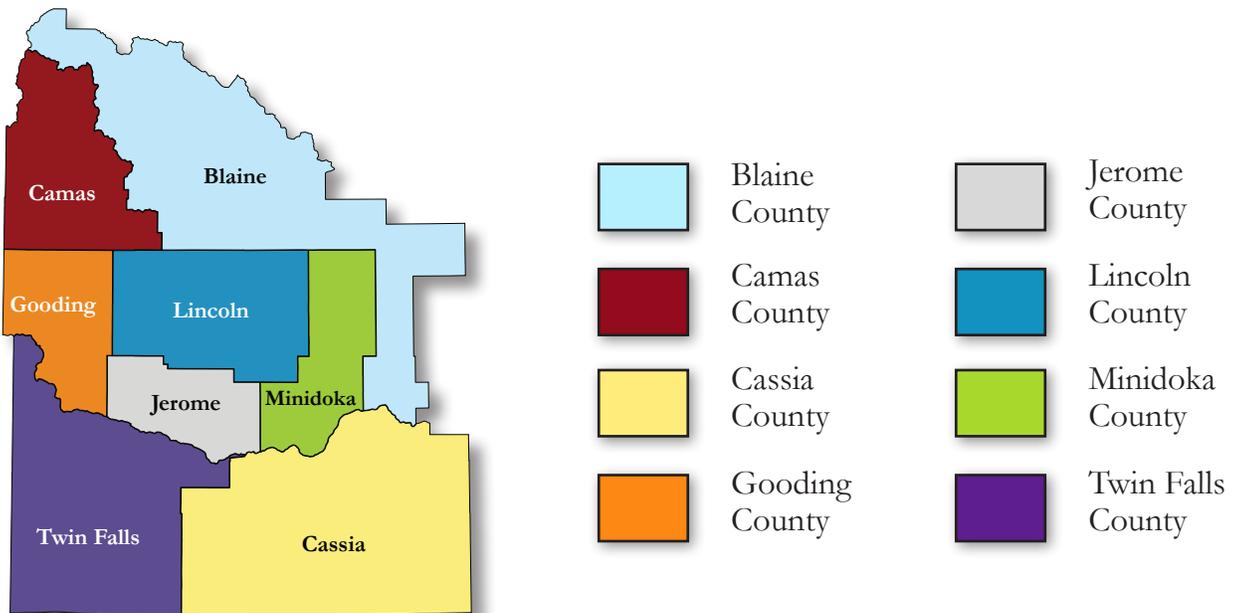
**TO PREVENT** disease;  
**TO PROMOTE** healthy lifestyles; and  
**TO PROTECT** and **PREPARE** the public against health threats.

# Administration

Rene LeBlanc, MS, RS	District Health Director
Yvonne Humphrey	Administrative Assistant II
Jeff Pierson	Information Management and Community Relations
Jeremy St Clair	Financial Specialist, Principal
Eric Myers	Business Operations Specialist

# Division Directors

Cheryle Becker, RN	Family and Children’s Health Division Administrator
Melody Bowyer, MBA, REHS/RS	Environmental Health Director
Susie Beem, CHES	Community Health Director





Linda F. Montgomery  
Chair  
Jerome County



Charles Ritter  
Vice-Chair  
Lincoln County



Tom Faulkner  
Trustee  
Gooding County



Angenie McCleary  
Blaine County  
(Commissioner)



Pamela J. Jones, RN  
Camas County



Robert Kunau  
Cassia County  
(Commissioner)



Tracy Haskin  
Minidoka County



Terry Kramer  
Twin Falls County  
(Commissioner)



Peter Curran, MD  
Medical Consultant



Rene LeBlanc, MS, RS  
District Health Director  
Board Secretary

# SCPHD FY-2018 Budget Proposal

	APPROVED FY-2017 BUDGET (\$)	PROPOSED FY-2018 BUDGET (\$)	CHANGE – FY-2018 PROPOSED TO FY-2017 APPROVED	
<b>ESTIMATED EXPENDITURES</b>				
BY CLASSIFICATION				
Personnel costs	5,112,852	5,036,952	(75,900)	-1.48%
Operating expenses	1,545,001	1,260,057	(284,944)	-18.44%
Sub-grantee payments	1,084,000	1,438,000	354,000	32.66%
Capital outlay--general	102,400	131,700	29,300	28.61%
Capital outlay--building	-	221,600	221,600	0.00%
<b>TOTAL ESTIMATED EXPENDITURES</b>	<b>7,844,253</b>	<b>8,088,309</b>	<b>244,056</b>	<b>3.11%</b>
<b>ESTIMATED INCOME</b>				
County funds	1,150,140	1,184,642	34,504	3.00%
State general fund	1,197,900	1,204,400	6,500	0.54%
State millennium fund	95,400	112,300	16,900	17.71%
Contracts	4,218,063	4,536,270	318,207	7.54%
Fees/insurance and miscellaneous	1,182,750	920,697	(262,055)	-22.16%
Reserve draw	-	130,000	130,000	0.00%
<b>TOTAL ESTIMATED INCOME</b>	<b>7,844,253</b>	<b>8,088,309</b>	<b>244,056</b>	<b>3.11%</b>

The Board shall not ignore fiscal reality and is expected to revise the budget should variable-type revenues increase or decrease during the fiscal year.

The Board is also expected to adjust expenditures, including those funded by the reserve account, based upon fluctuating revenues and compelling needs.

## County Contribution: FY-2018 with 3% Increase

FY-2018 AMOUNTS WITH 3% INCREASE	BLAINE	CAMAS	CASSIA	GOODING	JEROME	LINCOLN	MINIDOKA	TWIN FALLS	TOTAL
<b>EST. POPULATION+</b>	21,791	1,072	23,504	15,185	22,994	5,271	20,616	83,514	<b>193,947</b>
<b>PROPORTION</b>	0.1124	0.0055	0.1212	0.0783	0.1186	0.0272	0.1063	0.4306	<b>1.0000</b>
<b>MARKET VALUE++</b>	9,272,328,826	126,453,156	1,392,172,924	1,007,454,649	1,305,893,304	332,291,732	1,236,326,329	4,841,432,260	<b>19,514,353,180</b>
<b>PROPORTION</b>	0.4752	0.0065	0.0713	0.0516	0.0669	0.0170	0.0634	0.2481	<b>1.0000</b>
<b>70% POPULATION</b>	93,171	4,583	100,495	64,926	98,314	22,537	88,147	357,077	<b>829,250</b>
<b>30% VALUATION</b>	168,866	2,303	25,354	18,348	23,783	6,052	22,516	88,171	<b>355,393</b>
<b>COUNTY TOTALS</b>	<b>262,037</b>	<b>6,886</b>	<b>125,849</b>	<b>83,273</b>	<b>122,097</b>	<b>28,589</b>	<b>110,663</b>	<b>445,248</b>	<b>1,184,642</b>

## FY-2017 County Totals

<b>COUNTY TOTALS</b>	<b>254,301</b>	<b>6,812</b>	<b>122,878</b>	<b>81,445</b>	<b>119,114</b>	<b>27,892</b>	<b>107,095</b>	<b>430,602</b>	<b>1,150,138</b>
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## FY-2018 Increase

<b>FY - 2018 INCREASE</b>	<b>7,736</b>	<b>74</b>	<b>2,971</b>	<b>1,828</b>	<b>2,983</b>	<b>697</b>	<b>3,568</b>	<b>14,646</b>	<b>34,504</b>
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+ U.S. Census Bureau  
++ State of Idaho Tax Commission

## Summary of Expenditures and Revenues by PCA FY-2018

	Expenses						Revenues			Indirect	Total Expenditures	Estimate of District Support	Previous Year Comparison		
	Salary	Fringe	Operating	Capital Outlay	SubGrantee	Total Exp	Contract	Fees/Donations	Total Rev				Total Exp	Trend	
<b>Administration and General Support</b>															
11100	Admin	101,480.14	35,412.36	9,130.00	-	-	146,022.50	1,184,644.20	30,000.00	1,214,644.20			146,723.59	-	
11200	Board	6,750.00	662.41	8,060.00	-	-	15,472.41	-	-	-			15,684.19	-	
11999	Admin Misc.	-	-	420.00	-	-	420.00	-	-	-			7,578.55	-	
12000	Gen Support	383,740.02	198,691.70	57,400.00	71,700.00	-	711,531.72	-	23,100.00	23,100.00			684,633.60	+	
12010	IT Operating/Repair/Maintenance	-	-	136,410.00	-	-	136,410.00	-	-	-			153,500.00	-	
12011	IT Allocated Computer Costs	-	-	5,000.00	-	-	5,000.00	-	-	-			10,000.00	-	
12020	Auto Fleet Costs	-	-	(43,330.00)	-	-	(43,330.00)	-	-	-			(41,300.00)	-	
12030	Allocated District Costs	-	-	-	-	-	-	-	-	-			-	-	
12040	Training/Travel Costs - Dist Funded & Carryover	-	-	-	-	-	-	-	-	-			16,000.00	-	
12100	Build Fund Gen	-	-	3,500.00	-	-	3,500.00	-	-	-			6,000.00	-	
12110	Build Fund Bellevue	-	-	5,700.00	34,300.00	-	40,000.00	-	-	-			31,200.00	+	
12140	Building Fund Gooding	-	-	-	5,900.00	-	5,900.00	-	-	-			26,800.00	-	
12150	Build Fund Jerome	-	-	-	16,900.00	-	16,900.00	-	-	-			54,100.00	-	
12170	Build Fund Mini-Cassia	-	-	-	8,300.00	-	8,300.00	-	-	-			1,372,000.00	-	
12180	Build Fund TF	-	-	3,500.00	216,200.00	-	219,700.00	-	-	-			209,450.00	+	
12210	Maint Bellevue	-	-	28,220.00	-	-	28,220.00	-	-	-			25,550.00	+	
12240	Maint Gooding	-	-	18,430.00	-	-	18,430.00	-	-	-			17,357.00	+	
12250	Maint Jerome	-	-	36,150.00	-	-	36,150.00	-	-	-			33,100.00	+	
12260	Maint Shoshone	-	-	1,380.00	-	-	1,380.00	-	-	-			3,650.00	-	
12270	Maint Mini-Cassia	-	-	31,000.00	-	-	31,000.00	-	-	-			10,500.00	+	
12280	Maint TF	-	-	95,950.00	-	-	95,950.00	-	-	-			96,569.00	-	
12600	Community Relations	7,513.64	4,209.86	29,954.00	-	-	41,677.50	-	-	-	3,163.24	44,840.74	44,840.74	69,842.76	-
12850	Vital Statistics	3,398.64	2,149.66	407.00	-	-	5,955.30	-	5,000.00	5,000.00	1,430.83	7,386.13	2,386.13	4,635.12	+
12999	General Support Misc.	-	-	2,790.00	-	-	2,790.00	-	-	-	-	2,790.00	2,790.00	3,850.00	-
<b>GSP Division Totals</b>		<b>502,882.45</b>	<b>241,125.99</b>	<b>430,071.00</b>	<b>353,300.00</b>	<b>-</b>	<b>1,527,379.44</b>	<b>1,184,644.20</b>	<b>58,100.00</b>	<b>1,242,744.20</b>	<b>4,594.07</b>	<b>55,016.87</b>	<b>50,016.87</b>	<b>2,957,423.81</b>	<b>-</b>
<b>Family, Children's Health</b>															
13100	FCH IT	40,878.55	21,954.25	(62,833.00)	-	-	(0.20)	-	-	-	-	(0.20)	(0.20)	44.77	-
13210	Adult Serv	94.98	49.60	16.00	-	-	160.58	-	-	-	39.99	200.56	200.56	-	+
13220	School Hlth	15,622.64	7,308.37	3,874.00	-	-	26,805.01	17,500.00	-	17,500.00	6,577.13	33,382.14	15,882.14	29,628.18	-
13225	Lead Screening	3,190.68	1,617.05	2,742.00	-	-	7,549.73	-	4,500.00	4,500.00	1,343.28	8,893.01	4,393.01	3,237.14	+
13230	AIDS	9,972.63	5,767.57	3,124.00	-	-	18,864.20	23,000.00	-	23,000.00	4,198.48	23,062.68	62.68	6,959.23	+
13231	HIV Surveillance	2,280.25	1,024.94	310.00	-	-	3,615.18	4,500.00	-	4,500.00	959.98	4,575.17	75.17	5,871.14	-
13236	STD	7,768.03	3,436.51	3,849.00	-	-	15,053.54	13,000.00	-	13,000.00	3,270.34	18,323.88	5,323.88	21,615.37	-
13245	RMA Refugee	49,568.73	26,747.44	26,549.00	-	-	102,865.17	60,000.00	4,500.00	64,500.00	20,868.43	123,733.60	59,233.60	108,346.00	-
13250	Child Hlth	1,072.77	440.14	106.00	-	-	1,618.91	-	-	-	451.64	2,070.55	2,070.55	399.62	+
13255	Early Headstart	26,945.51	12,636.19	6,432.00	-	-	46,013.69	36,000.00	-	36,000.00	11,344.06	57,357.75	21,357.75	36,984.44	+
13265	Nurse Home Visitation	155,476.11	76,432.28	38,684.00	-	-	270,592.39	285,000.00	-	285,000.00	65,455.44	336,047.83	51,047.83	209,864.18	+
13266	District Nurse Home Visit	15,785.96	7,482.34	3,642.00	-	-	26,910.31	-	-	-	6,645.89	33,556.20	33,556.20	10,071.13	+
13390	Imm-VFC	231,767.79	132,127.80	109,372.00	-	-	473,267.59	-	120,000.00	120,000.00	97,574.24	570,841.83	450,841.83	485,534.12	-
13392	Imm-DP Adult	130,551.96	73,190.42	269,160.00	-	-	472,902.39	-	225,000.00	225,000.00	54,962.38	527,864.76	302,864.76	441,379.91	+
13394	Imm Provider Assessment	19,723.15	8,857.86	4,527.00	-	-	33,108.01	30,000.00	-	30,000.00	8,303.44	41,411.45	11,411.45	44,535.92	-
13395	Imm Follow-up	7,000.78	2,864.43	566.00	-	-	10,431.21	5,000.00	-	5,000.00	2,947.33	13,378.54	8,378.54	6,277.36	+
13396	Prenatal HepB	1,109.95	467.33	69.00	-	-	1,646.28	2,100.00	-	2,100.00	467.29	2,113.56	13.56	953.24	+
13400	Epi	24,319.27	10,867.28	4,610.00	-	-	39,796.56	50,000.00	-	50,000.00	10,238.41	50,034.97	34.97	36,090.33	+
13405	Comm Dis	29,146.64	13,577.40	4,628.00	-	-	47,352.05	31,000.00	-	31,000.00	12,270.74	59,622.79	28,622.79	35,278.20	+
13410	NEDSS Capacity	8,976.07	5,650.09	1,598.00	-	-	16,224.16	20,000.00	-	20,000.00	3,778.93	20,003.09	3.09	11,607.78	+
13415	Biosense	10,506.09	4,042.01	747.00	-	-	15,295.10	13,000.00	-	13,000.00	4,423.06	19,718.16	6,718.16	-	+
13450	TB	35,015.42	15,829.53	13,679.00	-	-	64,523.95	3,400.00	17,000.00	20,400.00	14,741.49	79,265.44	58,865.44	57,185.42	+
13500	SHIP	123,456.71	58,377.64	22,604.00	-	-	204,438.35	216,000.00	-	216,000.00	51,975.28	256,413.62	40,413.62	212,972.49	-
13670	BCC	23,774.57	13,165.52	21,142.00	-	-	58,082.09	37,000.00	6,000.00	43,000.00	10,009.09	68,091.18	25,091.18	89,525.55	-
13820	Epi Surv	82,272.58	34,448.82	7,342.00	-	-	124,063.41	128,000.00	-	128,000.00	34,636.76	158,700.17	30,700.17	105,034.45	+
13825	Ebola	-	-	-	-	-	-	-	-	-	-	-	-	67,257.52	-
13999	FCH Misc	714.66	354.33	124.00	-	-	1,192.98	-	-	-	300.87	1,493.86	1,493.86	1,314.92	-
<b>FCH Division Totals</b>		<b>1,056,992.48</b>	<b>538,717.14</b>	<b>486,663.00</b>	<b>-</b>	<b>-</b>	<b>2,082,372.62</b>	<b>974,500.00</b>	<b>377,000.00</b>	<b>1,351,500.00</b>	<b>427,783.96</b>	<b>2,510,156.58</b>	<b>1,158,656.58</b>	<b>2,027,968.42</b>	<b>+</b>

White = Administration  
 Red = Category 1: Mandatory/Statutory  
 Orange = Category 2: Core Public Health  
 Yellow = Category 3: Federal Contracts through IDHW/IDEQ  
 Green = Category 4: Local Board of Health Option



# Data Dictionary – Project Cost Accounts

PCA	Program	Program Definition
<b>Administration</b>		
11100	Admin	Office of the District Director – Salary (and fringe); includes apportioned operating expenses; Member County Apportionment per IC 39-424 is accounted for as Revenue under PCA 11100.
11200	Admin	Board of Health – Payments for meeting attendance; mileage reimbursements; conference registration and per diem & travel to the Annual IADBH Conference.
11999	Admin	Admin. Misc. Represents small contracts managed by the Director.
12000	Admin	General Support – Salaries (and fringe) for staff time benefitting all divisions of the district. Includes capital expense: general and outlay (building infrastructure, district vehicles, new construction, etc.)
12100	Admin	Project & Building Fund General – One-time projects and maintenance.
12110	Admin	Building Fund – Bellevue
12140	Admin	Building Fund – Gooding
12150	Admin	Building Fund – Jerome
12170	Admin	Building Fund – Mini-Cassia
12180	Admin	Building Fund – Twin Falls
12210	Admin	Maintenance - Bellevue
12230	Admin	Maintenance – Mini-Cassia
12240	Admin	Maintenance – Gooding
12250	Admin	Maintenance – Jerome
12260	Admin	Maintenance – Shoshone
12270	Admin	Maintenance – Mini-Cassia
12280	Admin	Maintenance – Twin Falls
12850	Admin	Vital Statistics – Local Registrar activities for issuance of Death Certificates under MOA with IDHW, Bureau of Vital Records and Statistics.
12999	Admin	Misc. activities; usually non-recurring events.

**Legend:**

White = Administration

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# Data Dictionary – Project Cost Accounts

PCA	Program	Program Definition
<b>Information Management Division</b>		
12600	<b>Admin</b>	Community Outreach: Advertising, media; Public Information activities; Social Media
13100	<b>FCH- IT</b>	IT Direct Support to Family & Children’s Health
14100	<b>Environmental- IT</b>	IT Direct Support to Environmental Health
15100	<b>CH- IT</b>	IT Direct Support to Community Health
<b>Family and Children’s Health Division</b>		
13210	<b>Adult Services -- Other</b>	Rarely used. Used for general questions from clients.
13220	<b>School Health</b>	Contracted services provided to mostly rural school districts.
13225	<b>Lead Screening</b>	Capillary blood lead tests provided to any client, but usually to Head Start children (requirement of that program).
13230	<b>AIDS</b>	HIV testing provided in a variety of settings.
13231	<b>HIV Surveillance</b>	Monitoring healthcare providers to ensure complete HIV reporting. Also includes reporting.
13236	<b>STD</b>	Reporting and investigation of sexually disease infections.
13245	<b>RMA Refugee Health</b>	Health Screening provided to newly arriving refugees.
13250	<b>Child Health -- Other</b>	Rarely used. Most common involves calls about head lice.
13255	<b>Early Head-Start Program</b>	This is a contracted program to provide home visits for families.
13265	<b>Nurse Home Visitation</b>	Parents as Teachers home visitation model. Contracted for Twin Falls and Jerome counties.
13266	<b>District Nurse Home Visitation</b>	Parents as Teachers home visitation model. District supported to cover the other six counties.
13390	<b>Immunizations Vaccine for Children</b>	Immunizations provided to birth through 18 years of age. Includes insured children through the insurance pool.
13392	<b>Immunization District Purchased</b>	All immunizations provided to adults and overseas immunizations provided to children.
13394	<b>Immunization Contract</b>	Community or staff education programs and special community clinics.
13395	<b>Immunization Provider Assessment</b>	Services through the Idaho Immunization Program. Compliance visits to healthcare providers (VFC program standard).
13396	<b>Prenatal HepB Surveillance</b>	Epidemiology services to pregnant women with hepatitis B.

# Data Dictionary – Project Cost Accounts

PCA	Program	Program Definition
<b>Family and Children’s Health Division</b>		
13400	<b>Epidemiology</b>	Investigation of reportable diseases.
13405	<b>Communicable Disease Education</b>	Education of epidemiology staff and involvement with infection prevention hospital committees. Providing information to healthcare providers during outbreaks or important disease investigations.
13410	<b>NEDSS Capacity</b>	Reporting diseases in the electronic database.
13450	<b>Tuberculosis Control</b>	Investigation and control of tuberculosis.
13670	<b>Breast and Cervical Cancer</b>	Provide vouchers for low income, uninsured women to receive breast and cervical cancer screening. Limited clinical services provided in Twin Falls.
13820	<b>Surveillance</b>	Provide staff time for pager carrier duties to respond to local emergency situations (communicable disease or hazmat involving food or water). Provide additional staff to respond to communicable disease outbreaks.
<b>Environmental Health and Public Health Preparedness Division</b>		
14210	<b>Nuisance Complaints</b>	Covers miscellaneous complaints or inquiries received from the public which do not fall into any other category. May include inquiries about mold, pests, private water, etc.
14225	<b>Childcare</b>	Contracted childcare inspections, reporting, fee collections, etc.
14227	<b>Childcare Complaints</b>	Contracted childcare complaint inspections and investigations.
14240	<b>Primary Food</b>	Food protection services: permitting, inspections, consultations, investigations, enforcement action, etc.
14241	<b>Secondary Food</b>	Food protection services which do not fall into the primary food PCA, such as plan reviews, or second school cafeteria inspections mandated by the USDA School Lunch Program.

**Legend:**

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# Data Dictionary – Project Cost Accounts

PCA	Program	Program Definition
<b>Environmental Health and Public Health Preparedness Division</b>		
14245	<b>FDA Program</b>	Contracted inspections of FDA-regulated facilities.
14260	<b>Land Development</b>	Land divisions, subdivision reviews and approvals.
14280	<b>Mortgage Survey</b>	Surveys of water and septic systems at the request of a client. Generally performed at the time of a sale.
14300	<b>Public Water</b>	Contracted regulation of public water systems. Includes inspections, monitoring, consultations, paperwork, enforcement actions, etc.
14310	<b>Sewage Disposal</b>	Septic system permitting, inspections, and sewage complaint investigations. Permitting and complaint investigations of septic system installers and septic pumpers.
14320	<b>Solid Waste</b>	Regulating solid waste transfer stations and landfills, complaint investigations.
14380	<b>Pools</b>	Regulating public pools, as defined in rule.
14999	<b>Environmental Misc.</b>	Generally covers activities funded by governmental grants.
14800	<b>Planning/Preparedness</b>	Ensure SCPHD can accomplish emergency preparedness and response activities to address public health threats and other emergencies. SCPHD will also work with local communities to accomplish preparedness activities.
14895	<b>Hospital Bioterrorism (ASPR)</b>	Assist healthcare organizations with developing preparedness and response plans and strategies.
14897	<b>Medical Reserve Corp.</b>	Recruit and train volunteers to assist in emergency response situations. Maintain a register of approved volunteers with license verification as appropriate.
14898	<b>NACCHO MRC</b>	Provide funds to assist in recruitment and training of volunteers for the Medical Reserve Corps.
<b>Community Health Division</b>		
15300	<b>WIC Clinical -Women, Infants &amp; Children</b>	Direct contact with participants. Weighing, measuring, diet and health assessments; appointments, reminder calls, service coordination and referral.
15303	<b>WIC Administration</b>	Program management and monitoring. Administrative record keeping and reports; time studies and site visits.
15310	<b>WIC Nutrition Education</b>	Planning, developing and providing nutrition education, participant counseling and goal setting.
15320	<b>WIC Breastfeeding</b>	Planning or providing breastfeeding promotion, education and encouragement.

# Data Dictionary – Project Cost Accounts

PCA	Program	Program Definition
<b>Community Health Division</b>		
15321	<b>WIC Breastfeeding, Peer</b>	Planning or providing breastfeeding promotion, education and encouragement, by a trained Peer Counselor, to first time pregnant-clients during the prenatal period and up to 3 months postpartum.
15325	<b>Early Head Start, Dieticians</b>	Provide nutrition counseling and menu plans to families enrolled in Head Start. Review nutrition risks of pregnant mothers; participate in Health Advisory Committee meetings.
15401	<b>PAN -Physical Activity and Nutrition</b>	Host and facilitate Let’s Move Child Care workshops and assist providers in developing and completing action plan and activities. Promote policy, system, and environmental changes to increase healthy nutrition and physical activity in child care centers. Promote wellness initiatives to worksites and facilitate the completion of the CDC Health Scorecard Assessment and workplan. Host Looking Glass Academy to assist community members assessing a community’s walkability and bikeability.
15403	<b>Chronic Disease Prevention &amp; Control</b>	Provide resources and technical assistance to health care providers/medical clinics to implement evidenced based and/or evidenced informed resources for hypertension, diabetes and pre-diabetes prevention and management. Host and facilitate a chronic disease health care coalition.
15410	<b>Prescription Drug Overdose Prevention</b>	Identify two physician champions who will provide education about opiate prescribing use and the Prescription Monitoring Program to the healthcare provider community in the health district. Provide educational toolkits to primary care providers that promote the use of the Prescription Monitoring Program.
15525	<b>Seatbelt Observations</b>	Conduct official seat belt observational survey in accordance with National Highway Traffic Safety Administration standards.
15530	<b>Car seats</b>	Coordinate, schedule and promote low cost child car seat classes. Order child safety seats, provide translation services, and evaluate class outcomes.
15630	<b>Injury Prevention</b>	Coordinate Fit and Fall Proof™, an exercise-based fall prevention program for older adults. Recruit and coordinate training for volunteers to teach the classes in their community.
15635 and 15637	<b>APP -Adolescent Pregnancy Prevention &amp; APP-PREP -Personal Responsibility Education Program</b>	Provide information on sexual health education, including abstinence and contraception for the prevention of pregnancy and sexually transmitted infections. In partnership with local schools, teach and facilitate discussion on one of two evidenced-based curriculums, <i>Reducing the Risk</i> or <i>Draw the Line</i> . Coordinate and facilitate a Youth Adult Partnership to develop leadership skills and influence attitudes and norms.

# Data Dictionary – Project Cost Accounts

PCA	Program	Program Definition
<b>Community Health Division</b>		
15660	<b>Dental Health</b>	Coordinate and implement school-based dental sealant clinics at schools with more than 35% on the Free and Reduced Lunch Program. Coordinate and implement fluoride varnish clinics with an emphasis on children enrolled in WIC, Head Start and other early education programs. Participate in the state-wide oral health screening program, the Smile Survey, to monitor and collect data on the oral health status of third-grade students, every four years. Participate in the regional Oral Health Network meetings to eradicate dental disease in children and to improve oral health care in Idaho.
15680	<b>Comprehensive Cancer Control</b>	Coordinate, facilitate and implement cancer control initiatives, including sun safety, colorectal, and breast cancer screening. Work with health care providers to establish patient reminder systems. Provide resources and technical assistance to health care providers/medical clinics to implement evidenced based and/or evidenced informed resources for the implementation of quality improvement measures to increase colorectal cancer screening rates.
15750	<b>Tobacco Prevention</b>	Prevent initiation of tobacco use among youth and adults through education, policies, and community engagement. Eliminate exposure to second-hand smoke by establishing or strengthening smoke/tobacco free policies. Promote cessation for adults and youth through community partnerships; work with health care providers to establish patient referrals.
15752	<b>Millennium Fund</b>	Promote and provide tobacco cessation education using standardized criteria for best practices and offer classes specifically designed for pregnant women and teens.
15999	<b>Community Misc.</b>	Special projects and/or short term mini-grants.

**Legend:**

White = Administration

Red = Category 1: Mandatory/Statutory

Orange = Category 2: Core Public Health

Yellow = Category 3: Federal Contracts through IDHW/IDEQ

Green = Category 4: Local Board of Health Option

# County Health Rankings & Roadmaps

Building a Culture of Health, County by County

# COUNTY HEALTH RANKINGS

	Idaho	Blaine	Camas	Cassia	Gooding	Jerome	Lincoln	Minidoka	Twin Falls
<b>Health Outcomes</b>		2	NR	27	38	35	30	33	19
Length of Life		3	NR	18	35	34	31	23	11
Premature death	6,200	4,300		7,000	8,200	8,200	7,700	7,300	6,300
Quality of Life		14	NR	32	38	35	31	39	26
Poor or fair health	14%	13%	17%	18%	19%	18%	20%	19%	17%
Poor physical health days	3.5	3.3	4.1	4.0	4.3	4.0	4.2	4.1	3.9
Poor mental health days	3.5	3.2	3.8	3.5	3.7	3.6	3.8	3.7	3.6
Low birthweight	7%	8%		8%	7%	8%	6%	9%	7%
<b>Health Factors</b>		1	NR	22	34	37	36	26	21
<b>Health Behaviors</b>		1	NR	19	31	39	41	26	36
Adult smoking	14%	12%	16%	14%	16%	17%	17%	15%	17%
Adult obesity**	28%	19%	26%	31%	30%	33%	32%	34%	28%
Food environment index**	7.2	7.9	3.5	7.3	7.8	7.5	4.2	8.1	7.6
Physical inactivity**	20%	13%	20%	24%	23%	22%	20%	18%	22%
Access to exercise opportunities	75%	90%	4%	57%	60%	76%		41%	70%
Excessive drinking	15%	17%	13%	15%	14%	15%	15%	15%	16%
Alcohol-impaired driving deaths	32%	14%	0%	7%	27%	27%	17%	6%	38%
Sexually transmitted infections**	337.6	192.2	479.8	231.5	318.3	386.4	526.8	305.5	434.0
Teen births	31	20		48	49	59	43	56	42
<b>Clinical Care</b>		8	NR	37	42	40	35	31	9
Uninsured	16%	21%	24%	22%	25%	25%	24%	21%	17%
Primary care physicians	1,560:1	1,020:1	1,040:0	1,310:1	2,510:1	2,540:1	5,320:1	3,390:1	1,470:1
Dentists	1,560:1	1,140:1	1,070:0	1,380:1	3,820:1	2,850:1	5,300:1	3,410:1	1,350:1
Mental health providers	550:1	830:1		1,020:1	850:1	11,410:1		4,090:1	420:1
Preventable hospital stays	32	23		45	53	39	31	33	30
Diabetes monitoring	82%	83%		74%	76%	81%	85%	79%	83%
Mammography screening	58%	66%		50%	52%	49%	50%	57%	60%
<b>Social &amp; Economic Factors</b>		4	NR	16	24	19	29	26	15
High school graduation**	79%	88%		84%	68%	82%		68%	82%
Some college	65%	64%	53%	54%	42%	40%	35%	46%	59%
Unemployment	4.1%	3.5%	3.6%	3.3%	3.4%	3.3%	4.4%	3.7%	3.6%
Children in poverty	18%	12%	15%	21%	21%	22%	24%	21%	19%
Income inequality	4.2	4.1	3.8	4.1	3.8	3.5	3.4	3.5	3.9
Children in single-parent households	25%	33%	39%	22%	22%	24%	15%	31%	24%
Social associations	7.5	15.4	28.9	5.9	9.3	7.9	5.6	6.4	10.1
Violent crime**	212	201	31	189	170	244	270	136	247
Injury deaths	70	71		105	83	74	83	87	87
<b>Physical Environment</b>		19	NR	18	9	36	3	29	32
Air pollution - particulate matter	7.2	6.5	5.9	6.9	7.5	7.6	6.7	7.3	7.4
Drinking water violations		Yes	No	Yes	No	Yes	No	Yes	Yes
Severe housing problems	16%	20%	23%	14%	19%	18%	15%	12%	15%
Driving alone to work	78%	73%	77%	78%	76%	81%	71%	83%	81%
Long commute - driving alone	22%	23%	47%	17%	25%	15%	47%	14%	14%

\*\* Compare across states with caution  
Note: Blank values reflect unreliable or missing data

# County Health Rankings & Roadmaps

Building a Culture of Health, County by County

	Idaho	Blaine	Camas	Cassia	Gooding	Jerome	Lincoln	Minidoka	Twin Falls
<b>Length of Life</b>									
Premature age-adjusted mortality	310	200		370	380	380	310	330	350
Child mortality	50			60	70	90		60	40
Infant mortality	6					10			7
<b>Quality of Life</b>									
Frequent physical distress	11%	10%	12%	12%	13%	13%	13%	13%	12%
Frequent mental distress	11%	10%	12%	11%	12%	11%	12%	11%	11%
Diabetes prevalence**	9%	7%	9%	9%	10%	8%	8%	11%	9%
HIV prevalence	66	45			92				60
<b>Health Behaviors</b>									
Food insecurity**	15%	12%	14%	12%	13%	12%	12%	11%	14%
Limited access to healthy foods	7%	6%	43%	11%	5%	10%	41%	6%	4%
Drug overdose deaths	13								13
Motor vehicle crash deaths	13	11		25	22	18	30	18	16
Insufficient sleep	30%	27%	32%	30%	34%	34%	34%	31%	32%
<b>Clinical Care</b>									
Uninsured adults	19%	23%	27%	27%	31%	31%	29%	26%	21%
Uninsured children	9%	16%	17%	14%	13%	14%	14%	11%	10%
Health care costs**	\$8,238	\$7,458	\$5,846	\$8,222	\$9,879	\$10,278	\$7,451	\$7,043	\$9,033
Other primary care providers	1,168:1	2,699:1	1,066:1	2,137:1	1,911:1	3,259:1	1,324:1	4,092:1	1,113:1
<b>Social &amp; Economic Factors</b>									
Disconnected youth	15%				19%	20%	23%	19%	16%
Median household income	\$48,300	\$65,300	\$46,200	\$47,900	\$49,000	\$47,000	\$46,200	\$45,400	\$45,800
Children eligible for free or reduced price lunch	49%	41%	44%	53%	66%	67%	71%	98%	52%
Residential segregation - black/white	69								79
Residential segregation - non-white/white	30	28		29	1	22		22	25
Homicides	2								2
Firearm fatalities	13	16		17	13	12		12	14
<b>Physical Environment</b>									
<b>Demographics</b>									
Population	1,654,930	21,592	1,066	23,506	15,284	22,814	5,297	20,461	82,375
% below 18 years of age	26.2%	23.1%	23.2%	32.4%	27.9%	31.2%	30.3%	28.7%	27.9%
% 65 and older	14.7%	16.9%	21.1%	13.6%	16.4%	12.3%	12.9%	15.7%	14.9%
% Non-Hispanic African American	0.7%	0.2%	0.4%	0.2%	0.2%	0.3%	0.5%	0.3%	0.6%
% American Indian and Alaskan Native	1.7%	1.5%	1.4%	1.6%	1.9%	2.3%	1.4%	2.3%	1.3%
% Asian	1.5%	1.1%	0.5%	0.7%	0.9%	0.6%	0.5%	0.6%	1.6%
% Native Hawaiian/Other Pacific Islander	0.2%	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%	0.0%	0.2%
% Hispanic	12.2%	21.0%	7.3%	27.1%	28.9%	34.7%	30.2%	34.1%	15.6%
% Non-Hispanic white	82.5%	76.6%	87.1%	70.4%	68.2%	62.8%	67.0%	63.2%	80.2%
% not proficient in English	2%	4%	2%	7%	7%	11%	8%	8%	4%
% Females	49.9%	49.0%	49.1%	49.2%	48.8%	49.2%	48.9%	49.3%	50.5%
% Rural	29.4%	32.8%	100.0%	51.5%	58.1%	51.3%	100.0%	44.2%	28.0%

\*\* Compare across states with caution  
Note: Blank values reflect unreliable or missing data

2017

## 2017 COUNTY HEALTH RANKINGS: DATA SOURCES AND YEARS OF DATA

	Measure	Data Source	Years of Data
<b>HEALTH OUTCOMES</b>			
<b>Length of Life</b>	Premature death	National Center for Health Statistics – Mortality files	2012-2014
<b>Quality of Life</b>	Poor or fair health	Behavioral Risk Factor Surveillance System	2015
	Poor physical health days	Behavioral Risk Factor Surveillance System	2015
	Poor mental health days	Behavioral Risk Factor Surveillance System	2015
	Low birthweight	National Center for Health Statistics – Natality files	2008-2014
<b>HEALTH FACTORS</b>			
<b>HEALTH BEHAVIORS</b>			
<b>Tobacco Use</b>	Adult smoking	Behavioral Risk Factor Surveillance System	2015
<b>Diet and Exercise</b>	Adult obesity	CDC Diabetes Interactive Atlas	2013
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2010 & 2014
	Physical inactivity	CDC Diabetes Interactive Atlas	2013
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2014
<b>Alcohol and Drug Use</b>	Excessive drinking	Behavioral Risk Factor Surveillance System	2015
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2011-2015
<b>Sexual Activity</b>	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2014
	Teen births	National Center for Health Statistics - Natality files	2008-2014
<b>CLINICAL CARE</b>			
<b>Access to Care</b>	Uninsured	Small Area Health Insurance Estimates	2014
	Primary care physicians	Area Health Resource File/American Medical Association	2014
	Dentists	Area Health Resource File/National Provider Identification file	2015
	Mental health providers	CMS, National Provider Identification file	2016
<b>Quality of Care</b>	Preventable hospital stays	Dartmouth Atlas of Health Care	2014
	Diabetes monitoring	Dartmouth Atlas of Health Care	2014
	Mammography screening	Dartmouth Atlas of Health Care	2014
<b>SOCIAL AND ECONOMIC FACTORS</b>			
<b>Education</b>	High school graduation	EDFacts <sup>1</sup>	2014-2015
	Some college	American Community Survey	2011-2015
<b>Employment</b>	Unemployment	Bureau of Labor Statistics	2015
<b>Income</b>	Children in poverty	Small Area Income and Poverty Estimates	2015
	Income inequality	American Community Survey	2011-2015
<b>Family and Social Support</b>	Children in single-parent households	American Community Survey	2011-2015
	Social associations	County Business Patterns	2014
<b>Community Safety</b>	Violent crime	Uniform Crime Reporting – FBI	2012-2014
	Injury deaths	CDC WONDER mortality data	2011-2015
<b>PHYSICAL ENVIRONMENT</b>			
<b>Air and Water Quality</b>	Air pollution - particulate matter <sup>2</sup>	CDC National Environmental Public Health Tracking Network	2012
	Drinking water violations	Safe Drinking Water Information System	FY2013-14
<b>Housing and Transit</b>	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2009-2013
	Driving alone to work	American Community Survey	2011-2015
	Long commute – driving alone	American Community Survey	2011-2015

<sup>1</sup> State sources used for California and Texas.

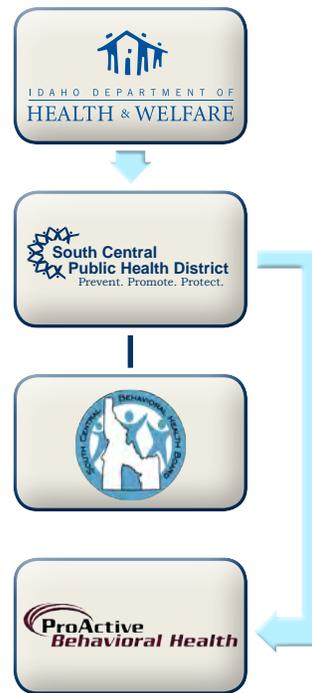
<sup>2</sup> Not available for AK and HI.

# Crisis Center of South Central Idaho

*Strategic Plan 4.2.2 Support the SCBHB with application to the legislature for the establishment of a Crisis Center to be located in south central Idaho.*

In September 2016, the Idaho Department of Health & Welfare (IDHW) contracted with South Central Public Health District (SCPHD) to establish a Behavioral Health Community Crisis Center (BHCCC) in Region 5. Prior to the contract, a three month (April through July, 2016) RFI process was conducted under the auspices of the South Central Behavioral Health Board (SCBHB); this included the formation of a Selection Workgroup comprised of members of SCBHB and local interested volunteers from the community. The workgroup was tasked with reviewing all applications independently, interview applicants as a group, and conducting a blind vote to determine the finalist. Pro Active Advantage, LLC was selected and was recommended to the SCBHB Board for approval (by board vote) in July 2016 and was ratified by the Board of Health, SCPHD in August 2016. Since SCPHD serves as the administrative and fiduciary agent to SCBHB, IDHW contracted with SCPHD who then sub-contracted to Pro Active Advantage, LLC. Additionally, the BH Program Manager for Region 5, IDHW serves as the contract/sub-contract monitor under authority of the Division of Behavioral Health, IDHW.

All entities worked together to ensure that the sub-contractor would be trained, prepared, documented, and cleared to operate and manage a BHCCC within 180 days from sub-contract award. The entities met frequently to review progress and to coordinate efforts. A detailed check list was developed and adhered to, in order to assure and document, the readiness of the sub-contractor to deliver services as a BHCCC in accordance with IC 39-91 and IDAPA 16.07.30. The doors for the Crisis Center of South Central Idaho (CCSCI) opened on November 21, 2016 (2.5 months after the award date).



# Epidemiology

According to Idaho Administrative Procedure Act 16.02.10, over 70 diseases and conditions must be reported and investigated in order to protect the health of Idaho citizens. SCPHD nurses investigate a variety of these diseases and conditions each year. Investigations include interviewing individuals, collecting samples, providing immunizations, implementing control measures, and educating individuals on disease prevention. All nurses and environmental health specialists are given training on outbreak response activities. A team of specially trained nurses investigate reported diseases on a daily basis. These specially trained nurses operate out of the Twin Falls and Heyburn offices, but travel throughout the eight county area as needed.

The following graph shows the number of conditions reported in each county during 2016. Many more citizens in each county are impacted by each case investigation. For example, during the investigation of a foodborne outbreak, all individuals involved with an event would be contacted even though only a few had become ill.

**IDAHO REPORTABLE DISEASE LIST**  
<http://www.idph.gov>

Health care providers, laboratories, and hospital administrators must report the following diseases and conditions to their local public health district or the Epidemiology Program within the Bureau of Communicable Disease Prevention per IDAPA 16.02.10. Reports must be made within three (3) working days of identification or diagnosis unless otherwise noted below.  
Idaho Reportable Diseases (IDAPA 16.02.10): <http://idph.idaho.gov/files/content/160210.pdf>

<p><b>Bacterial Diseases</b></p> <p><b>Anthrax (immediately)*</b></p> <p><b>Botulism: foodborne, infant, other (immediately)*</b></p> <p>Bruceellosis (1 day)</p> <p>Campylobacteriosis</p> <p>Chancroid</p> <p>Chlamydia trachomatis</p> <p>Cholera (1 day)*</p> <p><b>Diphtheria (immediately)*</b></p> <p>E. coli O157:H7 and other toxigenic non-O157 strains (1 day)*</p> <p>Gonorrhea (Neisseria gonorrhoeae)</p> <p>Haemophilus influenzae, invasive disease (1 day)*</p> <p>Legionnaires (Legionnaire's disease)</p> <p>Leprosy (Hansen's disease)</p> <p>Leptospirosis</p> <p>Listeriosis</p> <p>Lyme disease</p> <p>Neisseria meningitidis, invasive (1 day)*</p> <p>Paratuberculosis (1 day)*</p> <p><b>Plague (immediately)*</b></p> <p>Psittacosis</p> <p>Recurring fever (tick and louse-borne)</p> <p>Salmonellosis (including typhoid fever) (1 day)*</p> <p>Shigellosis (1 day)*</p> <p>Staphylococcus aureus, methicillin-resistant (MRSA), "swabs"†</p> <p>Streptococcus pneumoniae (pneumococcus), invasive &lt;18 yrs</p> <p>Streptococcus pyogenes (group A streptococcus), invasive</p> <p>Syphilis*</p> <p>Tetanus</p> <p>Tuberculosis</p> <p><b>Tularemia (immediately)*</b></p> <p>Yersiniosis, all species</p> <p><b>Rickettsia and Parasites</b></p> <p>Amebiasis</p> <p>Cryptosporidiosis</p> <p>Echinococcosis</p> <p>Giardiasis</p> <p>Malaria</p> <p>Q-fever (1 day)*</p> <p>Rocky Mountain spotted fever (RMSF)</p> <p>Trichinosis</p> <p><b>Other</b></p> <p>Blood Lead Level</p> <ul style="list-style-type: none"> <li>• ≥ 5 µg/dL, whole blood in children (&lt;18 yrs)</li> <li>• ≥ 10 µg/dL, whole blood in adults</li> </ul> <p>Cancer (Report to Cancer Data Registry, 338-6100)*</p> <p>Extraordinary occurrence of illness including syndromic clusters with or without an etiologic agent (1 day)*</p> <p>Foodborne illness/outbreak poisoning (1 day)*</p> <p>Hemolytic uremic syndrome (HUS) (1 day)</p> <p>Newborn screening abnormal findings (1 day)*</p> <ul style="list-style-type: none"> <li>• Biotinidase deficiency</li> <li>• Congenital hypothyroidism</li> <li>• Maple syrup urine disease</li> <li>• Galactosemia</li> <li>• Phenylketonuria</li> </ul> <p>Pneumocystis pneumonia (PCP)</p> <p>Reye Syndrome</p> <p>Rheumatic fever, acute</p> <p>Severe or unusual reactions to any immunization (1 day)*</p> <p>Toxic Shock Syndrome (TSS)</p> <p>Transmissible spongiform encephalopathies (TSEs), including CJD and vCJD*</p> <p>Waterborne illness (1 day)*</p>	<p><b>Viral Diseases</b></p> <p>Encephalitis, viral or aseptic*</p> <p>Hantavirus pulmonary syndrome (1 day)*</p> <p>Hepatitis A (1 day)*</p> <p>Hepatitis B (1 day)*</p> <p>Hepatitis C</p> <p>HIV/AIDS: positive HIV antibody, HIV antigen &amp; other HIV isolations, CD4 count of &lt;200 cells/mm<sup>3</sup> blood or ≤ 14%</p> <p>Human T-lymphotropic virus (HTLV-I or -II)</p> <p>Measles (rubella) (1 day)*</p> <p>Meningitis, viral or aseptic</p> <p>Mumps</p> <p>Myocarditis, viral*</p> <p>Norovirus (1 day)</p> <p>Novel Influenza A virus (1 day)</p> <p>Poliovirus, paralytic and non-paralytic (1 day)*</p> <p>Rabies: animal (1 day)</p> <p><b>Rabies: human (immediately)*</b></p> <p>Rubella post-exposure prophylaxis (PEPP) (1 day)</p> <p>Respiratory syncytial virus (RSV) (1 day)</p> <p>Rubella, including congenital rubella syndrome (1 day)</p> <p>SARS (1 day)*</p> <p><b>Smallpox (immediately)*</b></p> <p>West Nile virus infections</p>
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**REPORTING A CASE**

**What to Report:**

All reports are confidential and must include:

- Disease or condition (ICD-10)
- Patient's name, age, date of birth, sex, address (including city and county), phone number, SPD area if applicable, nearest 11 ambulance
- Physician's name, address, and phone number

**When to Report**

**Immediate Reports (Emergency Notifications)**

During business hours: (906) 632-4000

After hours: (24-hour) Communicable Disease Prevention Program (24HR) (906) 632-4000 or (800) 632-4000

**1 Day Reports (reported within 1 working day)**

During business hours: (906) 632-4000 or via electronic reporting system

After hours: If the reporting party feels an assessment or follow-up report to your public health district or State Epidemiology Program is the best working plan for managing the public health issue.

**Routine Reports (reported within 3 working days)**

Phone: Use email or the electronic reporting system for all reports. A confidential State Epidemiology Program list is available: (800) 632-6927

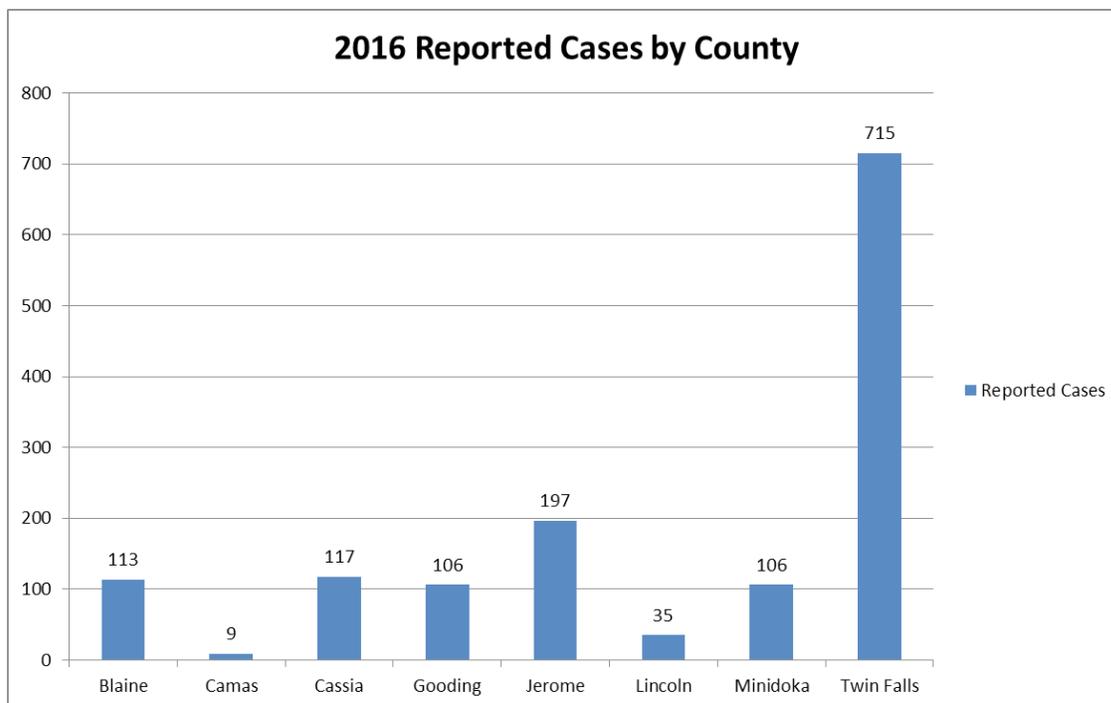
—This is NOT an emergency hotline—

**South Central Public Health District**  
Prevent. Promote. Protect.

Communicable Disease Program  
(208) 737-5971 or (208) 737-5966  
(24-hour voicemail)

Other District Offices:  
Blaine: (208) 786-4335  
Gooding: (208) 934-4177  
Jerome: (208) 934-8608  
Masi-Cassia: (208) 878-8221

Idaho Department of Health and Welfare, Division of Public Health  
Bureau of Communicable Disease Prevention  
Epidemiology Program  
450 W. Main St., 4<sup>th</sup> Floor, Boise, ID 83725  
Phone: 208-334-6339; Fax: 208-332-1307  
Preferred email: 72015



# Parents as Teachers Update

*Strategic Plan 3.1.2 - Reduce unintended pregnancies through education provided during evidence based home visitation.*

Since enrolling the first family in May 2015, the Parents as Teachers (PAT) program in Twin Falls and Jerome has reached a full caseload of families (full time home visitors may be assigned to 20-24 families depending on needs of the family). The PAT program is staffed by two developmental specialists, two part time RNs and a part time nurse supervisor. In May 2016, the SCPHD board approved expanding the PAT program to the remaining six counties. A bilingual registered nurse was hired, primarily for the District program, and received training in the PAT model.

The following is a summary of individuals served. The number served includes current, referrals interviewed but not enrolled, and individuals no longer being served.

County	Total served during 2016	Currently served on 12/31/16
Twin Falls	60	38
Jerome	16	7
Blaine	4	2
Cassia	6	2
Gooding	8	2
Lincoln	3	1
Minidoka	3	3



Parents as Teachers.  
*Affiliate*

## Free Vaccine Clinics

*Strategic Plan 5.1 - Reduce the spread of vaccine preventable illness in south central Idaho through the promotion and provision of immunizations to children and adults.*

In May, 2016, SCPHD received \$6,000 from the Seagraves Family Foundation to underwrite the administration fees for 300 immunizations. A limited supply of adult vaccine was also received through special funding from the Centers for Disease Control and Prevention. These vaccines included tdap (tetanus, diphtheria and pertussis), prevnar 13 (pneumonia) and Zosotavax (shingles).

Special clinics were held at senior centers, soup kitchens, and other local venues. Vaccines were provided to individuals without insurance coverage for the services. The availability of these vaccines allowed not only the individual to receive protection, but others in the community are protected by the reduction of susceptible individuals in the community.

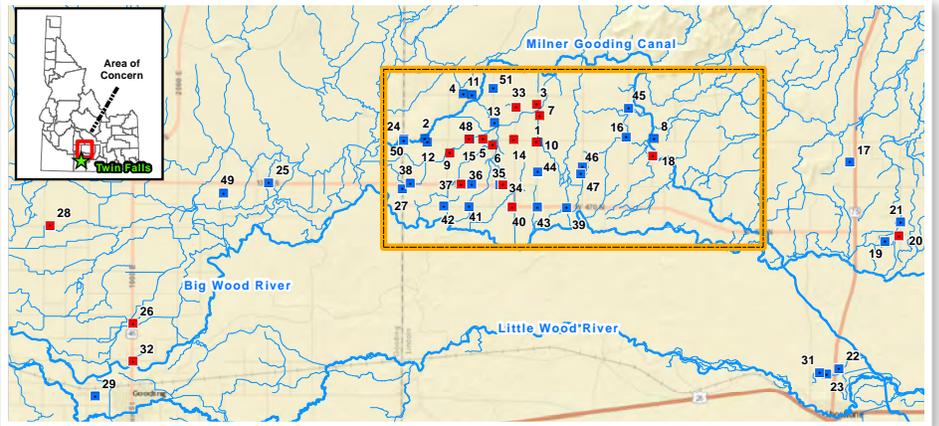
The following are vaccine totals, given August, 2016-March, 2017.

County of residence	Total vaccines given
Blaine	38
Camas	1
Cassia	28
Gooding	9
Jerome	42
Lincoln	32
Minidoka	59
Twin Falls	39

# Flooding

*Strategic Plan 8.2.2 – Increase outreach opportunities with vulnerable populations through partnerships with community organizations (non-profit/faith-based) serving these populations*

The Environmental Health (EH) Division works diligently to ensure that people in south central Idaho have access to clean water, food, and safe places for our children. In addition to our regulatory inspections, we provide EH expertise and assistance to protect the health of our communities.

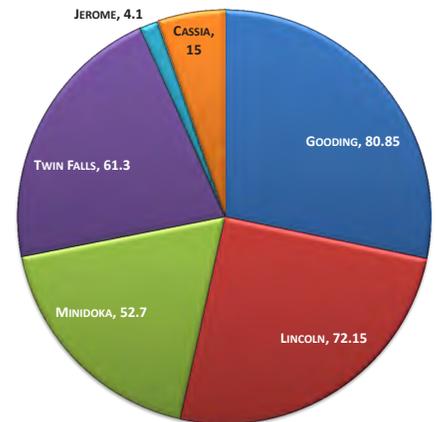


During the winter of 2016-2017, south central Idaho received record amounts of snowfall that led to flooding in Cassia, Minidoka, Gooding, and Lincoln counties. Basements, crawl spaces, and even homes were flooded, leading to concerns about mold growth and sanitary cleanup. No agency in Idaho regulates mold in structures, or after-flood cleanup, so SCPHD EH staff fill the gaps by providing much needed information and guidance to those who were facing the aftermath of the receding water.

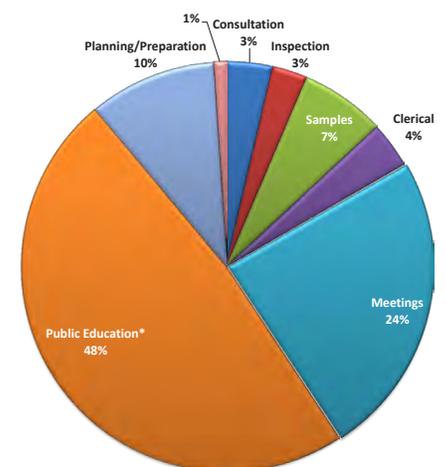
The flooding also contaminated many wells, especially in Lincoln County, leaving dozens of individuals and families without access to clean water for drinking, cooking, bathing, or feeding their animals (map). At the request of Lincoln County Commissioners, SCPHD's senior management provided guidance for the emergency response and assisted with crafting emergency communication messages. Through Emergency Support Function 8 - Public Health and Medical Services, SCPHD's Director facilitated the coordination between the Idaho Office of Emergency Management and Lincoln County Incident Command to access the aid available from the State. He attended an evening town hall meeting with the EH Manager to address concerns from the affected residents and the legislators. EH staff cooperated with other state agencies to collect well water samples for analysis so that we could track the contamination and evaluate the threat to public health.

During the period of February 22 to April 7, SCPHD personnel collectively spent 286 working hours in response to the flooding issues throughout the district. Through our vigilance and hard work, we were able to prevent potential water-borne illnesses associated with E. coli contaminated well water and protect the public's health in our communities.

**Hours Contributed to Each County**  
(286 Total Hours)



**Percent of Time Spent per Activity**



\*Public Education also includes phone calls received and time spent working with media outlets and preparing releases.

# Public Health Preparedness

*Strategic Plan 8.2.1 – Solicit and support collaboration from community organizations addressing “public health” issues*

The Public Health Preparedness staff plans and facilitates workshops, trainings, and exercises designed to bring community partners together to build response capabilities, foster preparedness, and strengthen relationships. In August 2016, SCPHD became the first health district in Idaho to partner with the USDA Animal and Plant Health Inspection Service (APHIS), the National Veterinary Stockpile (NVS), and Idaho Department of Agriculture (ISDA) to conduct an NVS full-scale exercise in Jerome County. SCPHD personnel operated a Point-of-Dispensing (POD) site to simulate the administration of anti-viral medications to responding veterinarians dealing with a simulated Avian Influenza outbreak.



Additionally, PHP and Epidemiology staff collaborated to develop two workshops to promote awareness of “emerging infectious diseases” and engage community partners to prepare for a response to Ebola. The first workshop drew attendees from 20 agencies and organizations from around the state and local area for training and a table-top exercise, which provided valuable input for the next training.



The second workshop focused on each agency’s ability to respond to a highly infectious disease, such as Ebola, and how the patient would be processed through the system from initial contact at a facility to transporting the patient to the Ebola treatment hospital in Spokane, WA. Speakers from Region 10 Treatment Center and U.S. Public Health Service were brought in either in person or via webinar to share their operational and real life experiences. The workshops were well attended and the feedback survey indicated the participants found the workshops a great way to involve community partners to plan/prepare for response to a highly infectious disease. Over 93% of those in attendance indicated that they would like to attend another SCPHD workshop in the future.



**EBOLA**

# Looking Glass Academy

*Strategic Plan 1.1 - Reduce overweight and obesity among residents in south central Idaho.*

The FY-2017 Physical Activity and Nutrition (PAN) subgrant included funding for hosting a Looking Glass Academy. The Looking Glass Academy is a training that is provided by Alta Planning + Design, and focuses on assessing a community’s walkability and bikeability. The Academy is designed specifically for city officials and community members to learn how to evaluate active transportation needs in a community.

Per the PAN subgrant, SCPHD was responsible for working with Alta Planning + Design to select a community in the district to offer the Looking Glass Academy. Fairfield was chosen as the community to receive this training.

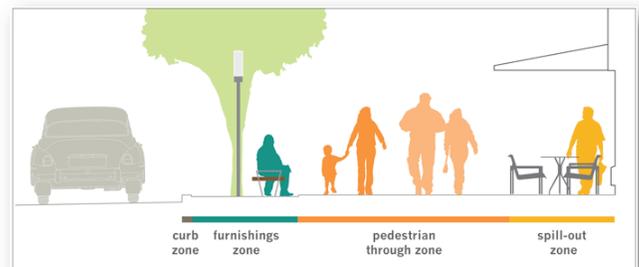
The Looking Glass Academy was held in Fairfield on October 3-4, 2016, at the Camas County Senior and Community Center. The workshop was two full days where approximately 20 participants each day learned about effective mobility and safety, limitations and possibilities of city planning and policy, how to conduct a walk audit, and how to inspire change in the community’s built environment. Participants included city and county officials, local business owners, community members, and representatives from the Forest Service, National Parks Service, Southern Idaho Rural Development, Mountain Rides, and the Camas County School District.



In addition to “classroom work,” the group went on several walk audits in the town of Fairfield, learning to identify issues that affect walkability, bikeability, and safety in the community. At the end of the workshop, participants worked in two groups to choose a section of Fairfield to audit, and led the instructors on a walk, pointing out positive and negative aspects. The participants identified several areas of improvement:

- Decrease the speed limit to 20 mph through city limits
- Clean up sidewalks and walking paths so they become more usable
- Repaint all parallel line crosswalks with high visibility markings
- Improve parking at the south end of Fairfield
- Cultivate a plan for bicycle facilities and programs at the city park
- Use a paint stripe or railroad ties to define a walking path around the school
- Make Fairfield more handicapped accessible

In May 2017, Alta Planning + Design is going to visit Fairfield again to conduct a follow-up walk audit with workshop participants. That audit will be followed by a visit to the city council where recommendations will be made to create a more walkable and bikeable Fairfield.



# Idaho Prescription Drug Overdose Prevention Program

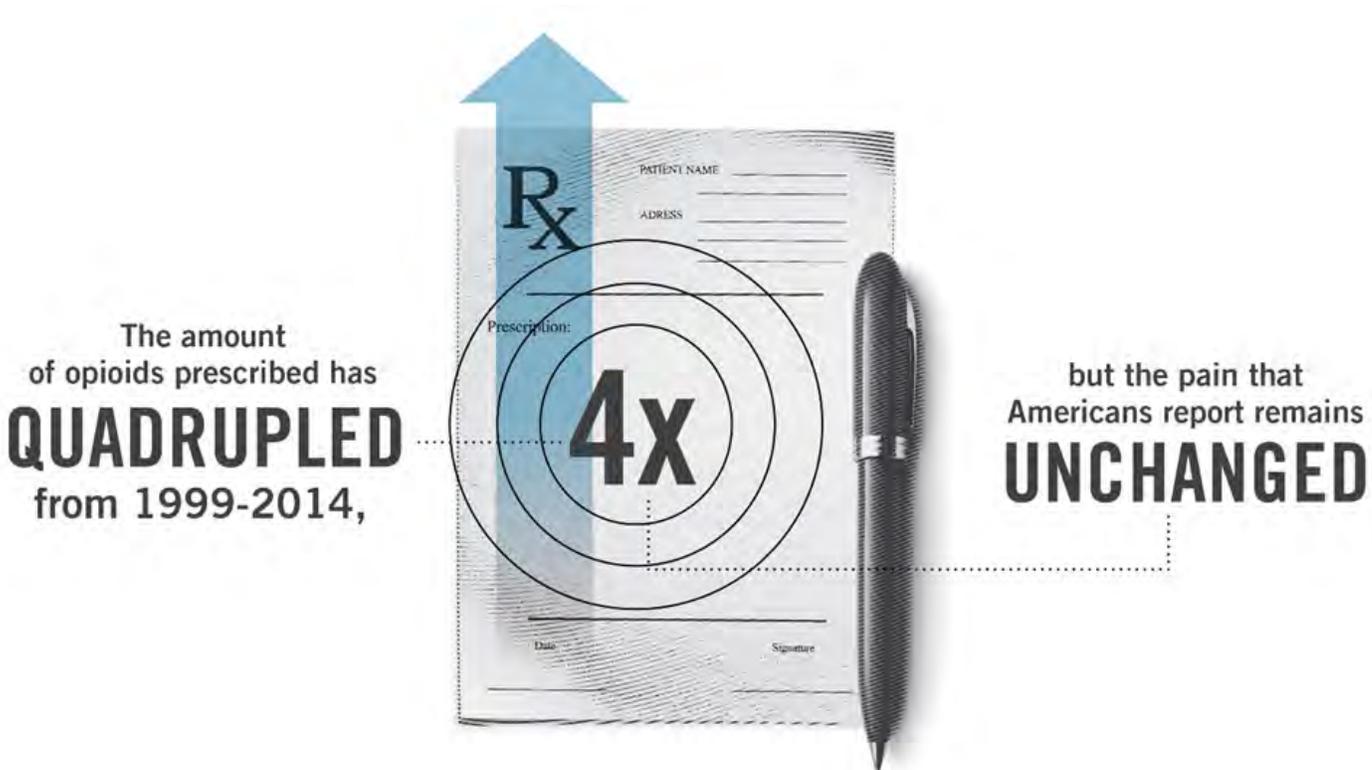
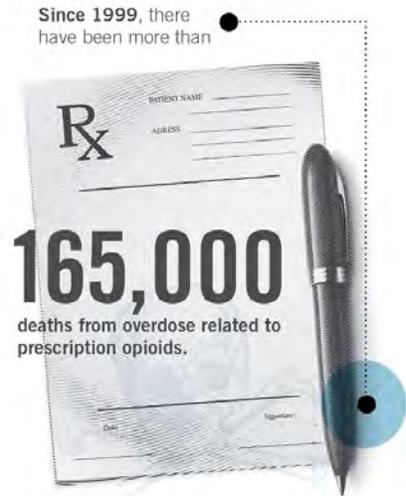
*Strategic Plan 8.2 - Build and sustain new and existing community collaboratives.*

In December 2016, SCPHD was awarded a subgrant from Idaho Department of Health and Welfare for prescription drug overdose prevention. The funding from the Centers for Disease Control and Prevention (CDC) will allow the Idaho Public Health Districts to provide education to physicians and other healthcare providers about prescription drug overdose prevention.

In addition to the Health Education Specialist at SCPHD becoming very familiar with the State of Idaho Substance Abuse Strategic Prevention Plan, the Prescription Monitoring Program, and opiate use trends, other requirements include:

1. Identifying two physician champions (licensed and actively practicing in Idaho) who will provide education about opiate prescribing use and the Prescription Monitoring Program to the healthcare provider community in District 5. Each physician champion is provided a stipend for providing education to at least three healthcare provider meetings or clinical offices.
2. The Health Education Specialist will create a toolkit to provide to 10 primary care providers that includes information about opiate prescribing use and the Prescription Monitoring Program.

SCPHD will also be participating in the Opioid Strategic Planning Retreat in the Spring of 2017.



# Energy Efficiency Measures

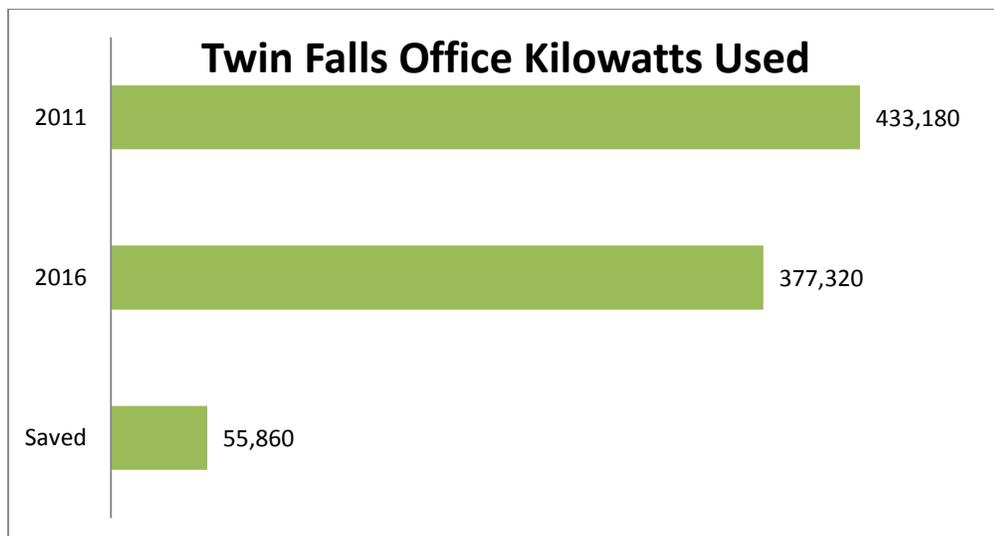
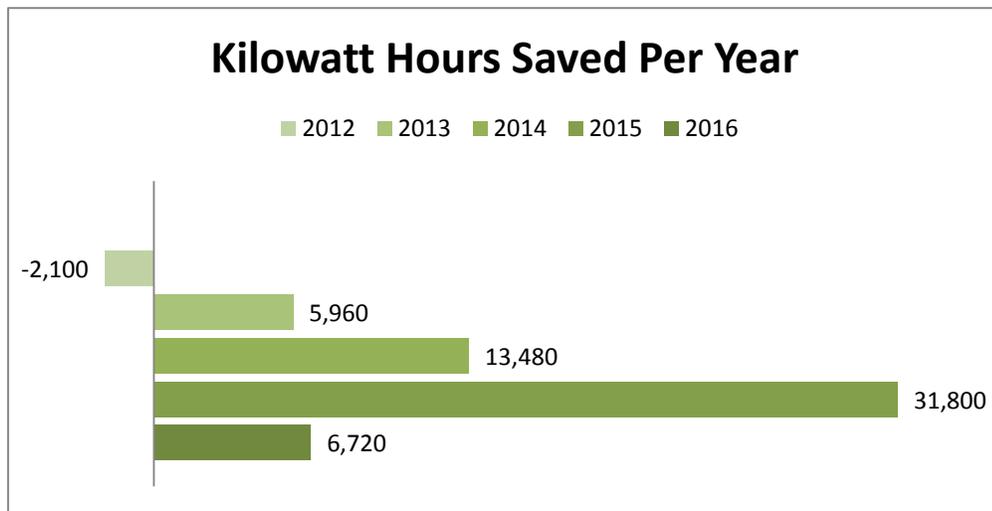
## *Strategic Plan 11.3 Energy Efficiency*

Beginning in 2013, the Energy Benchmarking Study was commissioned to establish a methodology to compare our facilities, and the National Energy Star method was identified for use in documenting the baseline data. The Energy Audit and Modeling report purpose was to evaluate potential Energy Efficiency Measures by an algorithm for energy reduction and reduce operating costs.

Over the time period of 2010 through 2016, fifteen of the identified Energy Efficiency Measures (EEMs) have been implemented; such as the control of lighting by longitude and latitude, environmental controls to reduce CO<sub>2</sub> emissions, automated lighting controls, such as parking lot auto dimming ballast, and an economization system to minimize refrigeration needs in our Data Center; just to name a few.

The cumulative effect becomes apparent when you look at the kilowatt hour graphs below that illustrate the kilowatt hours saved per year, and the reduction of power used at our Twin Falls facility. Many of the EEMs have been partially funded by the Idaho Power Incentives Program.

### Effect EEM's Have Had on Electrical Consumption



# Fleet Revenue Recapture

*Strategic Plan 11: Leverage Limited Resources / Maintain Viability*

The challenge was to decrease routine fleet maintenance costs and increase investment recapture. The staff and services provided by SCPHD have historically been mobile.

Now more than ever, the District has adapted to changing service delivery needs. The mobile nature of meeting program and community needs and staying within budget challenges has put pressure on our fleet. To better monitor the service quality, fleet maintenance has been moved from a contracted service and is now provided in-house. Items such as oil changes, routine cleaning, tire pressure checks, and tire rotations are performed by a mobile service unit that travels to each district location.

Fleet vehicle units are targeted for a 60,000 mile rotation out of the fleet. The rotation decreases costs because many milestones are avoided, such as tire replacement and brake repairs. In the six-year period of 2011 through 2016, \$92,087 has come back in the form of revenue recapture; thus, producing a yearly average of \$15,347.83.

2011-2016 Total Recapture	<b>\$92,087.00</b>
Yearly Average	<b>\$15,347.83</b>
Cost of a 2017 Ford Focus	<b>\$15,586.00</b>



# Community Relations

*Strategic Plan 8.1 - Implement an advertising and awareness campaign for SCPHD.*

## DiseaseInfo App

The DiseaseInfo website, [www.diseaseinfosouthidaho.com](http://www.diseaseinfosouthidaho.com), was developed as a resource for medical professionals needing the most current and updated information on reportable diseases in Idaho. This year, DiseaseInfo was turned into an app that is downloadable for free from the Apple App Store and the Google App Market. Users can view disease information or sign up for notifications about the latest developments.



## Harmful Algal Blooms (HAB)

SCPHD participated in the HAB workgroup and helped develop the HAB Response Plan that we visited Camas Chamber with in December.

## Crisis Center of South Central Idaho (CCOSCI)

During the CCOSCI setup period, the Community Relations Division was instrumental in informing the public of the new crisis center. Activities included:

- Outreach meetings with community organizations (College of Southern Idaho, Twin Falls Police Department, etc.)
- Radio Advertisements
- Television Advertisements
- Web Advertising with TownSquare Media
- Establishment of Facebook Page
- Establishment of CCOSCI website
- Health Fair Booths
- Brochures and Printed Materials
- Grand Opening and Ribbon Cutting
  - » Brochures and Printed Materials
  - » Signage



## Expanded Advertising Efforts

- KMVT Television Commercials
- Cable One Television Commercials
- Print ads in the Spanish language newspaper, *Idaho Noticias*
- Spanish Radio segments on KBWE 91.9 FM
- Outreach meetings with division directors to expand health fair and event participation, with the goal of attending events in every county we serve over the next year.



# Employee Committee

*Strategic Plan 9.3 - Ensure a positive work climate that enhances employee morale.*

## Summer General Staff Picnic

In July 2016, the Employee Committee hosted the summer General Staff meeting at the Shoshone City Park. We had over 150 in attendance. Educational booths dealt with “Safety”. Safe Kids presented “Bicycle Safety” and gave away 2 helmets to participants. Shoshone Police Department presented “Stranger Safety”. Our Women, Infants, and Children (WIC) department did “Food Safety,” which the kids enjoyed. Games in the afternoon were entertaining and refreshing with a bounce house for the kids and a clown with balloon animals.



## Annual Fund Raiser

The fund raiser for the summer was for Stanton Health Care—we collected \$562 district wide.

## Christmas General Staff

In December we hosted the Christmas General Staff meeting at the Caddy Shack in Jerome. Education was provided on My PERSI and the Idaho College Fund. Employees created centerpieces for auction as a fund raiser for the employee fund, raising \$670. Teamwork games were highlighted by paper airplane races. The employee committee also hosted the retirement party for Bob Erickson at this event.

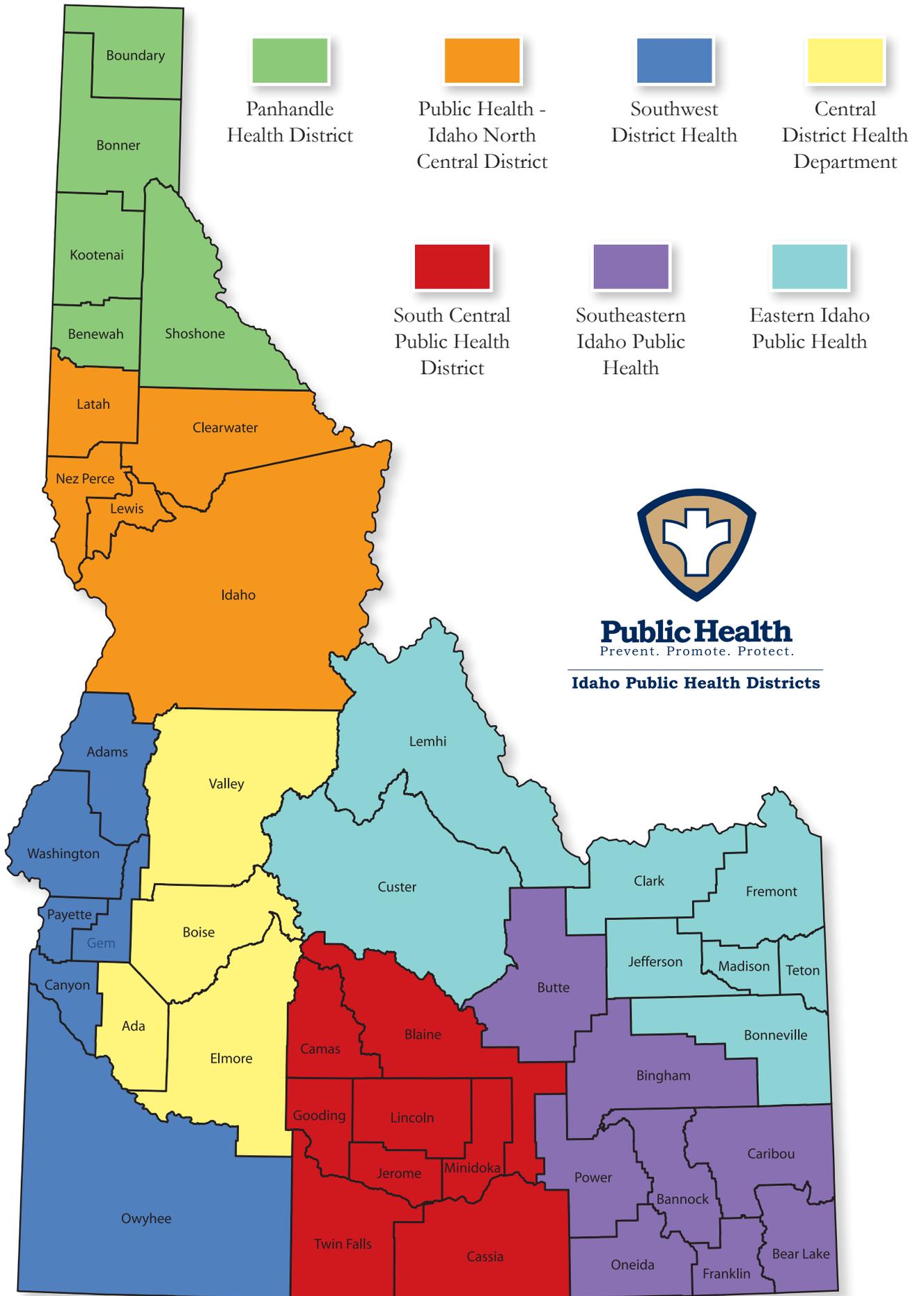


## Minidoka Emergency Operations Center (EOC)

This winter the Minidoka EOC requested help from agencies for snacks and water for flood workers. We collected these items and delivered to help the workers filling sandbags.



# IDAHO PUBLIC HEALTH DISTRICTS



**Public Health**  
Prevent. Promote. Protect.

**Idaho Public Health Districts**



**Twin Falls (Main Office)**

1020 Washington St N  
Twin Falls, ID 83301  
(208) 737-5900  
Fax: (208) 734-9502



**Bellevue Office**

117 East Ash Street  
Bellevue, ID 83313  
(208) 788-4335  
Fax: (208) 788-0098



**Gooding Office**

255 North Canyon Drive  
Gooding, ID 83330  
(208) 934-4477  
Fax: (208) 934-8558



**Heyburn Office**

485 22<sup>nd</sup> Street  
Heyburn, ID 83336  
(208) 678-8221  
Fax: (208) 678-7465



**Jerome Office**

951 East Avenue H  
Jerome, ID 83338  
(208) 324-8838  
Fax: (208) 324-9554



**Shoshone Clinic**

Lincoln County Community Center  
201 S Beverly St.  
Shoshone, ID 83352  
(208) 934-4477





SCPHD: 04/2017



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