



2006 Combined Annual Report

April 2008

Table of Contents

Letter from the Health Officer/Dr. Larry Jecha.....	Page 3
Division Descriptions.....	Page 4
What is Public Health?.....	Page 5
Benton-Franklin Counties Population Trends.....	Page 6-7
Benton-Franklin Counties Socioeconomics	Page 8
Key Health Indicators.....	Pages 9-13
Program Descriptions	
Division I: Administrative Services.....	Page 14
Division II: Preventative Health.....	Pages 15-35
Division III: Environmental Health.....	Pages 36-44
Division IV: Laboratory & Emergency Preparedness.....	Pages 45-49
Financial Summary	Page 50
Full Time Equivalent Distributions.....	Page 51-52
Office Directory.....	Page 53
References.....	Page 54

April, 2008

Dear Citizens of Benton-Franklin Counties,

“The mission of the Benton-Franklin Health District is to provide all people in our community the opportunity to live full productive lives by (1) promoting healthy life-styles: (2) preventing disease and injury: and (3) protecting individuals and their environment through cooperative participation among community, government and Health District.” This is accomplished by providing community health and environmental health services, which you and residents utilize on a daily basis.

The 2006 Annual Report sets the baseline that will allow us to measure our program goals and objectives and make future recommendations for programs needed in our communities to address health disparities.

The focus of the report will be on key health indicators that have been chosen by the Washington State Department of Health and Benton-Franklin Health District’s Management to show overall community health status, and public health services for the purpose of developing policies and resource decisions. The report is set up to be a comprehensive summary of all the programs the Health District offers. A financial summary of all the programs and staffing distribution of employee times will be included. The Public Health Improvement Plan was directed by the legislature to develop public health standards to assure protection from public health threats and prevent health problems equally statewide. The measurement of standards addresses protection and identification of public health needs to assure health protection. This report will be addressing four key health indicators: Obesity and Diabetes, Asthma, Chlamydia, and number of critical items in food service establishments. Our goal for this report is to inform different audiences such as public health staff, community partners, policy makers, county and city residents, and others about our local public services, health status, and needs.

This report will serve the Health District’s Management Team together with the Board of Health to set health priorities, mobilize programs and make budget decision to guide program development and implementation. With yearly updates, this report will serve the purpose of identifying areas of need and successes.

The hope of the Benton-Franklin Health District is for you to join us in assuring safer and healthier counties.

Sincerely,

Larry Jecha, MD, MPH
Health Officer

The Benton-Franklin Health District is organized into four different divisions. Agency leadership is provided by Dr. Larry Jecha, Health Officer/Administrator, who reports directly to the Board of Health. Jeffrey Jones (Senior Accountant) and Lisa Wight (Human Resource Manager) are responsible for many day-to-day agency operations. The 10-member team comprised of two Directors (Sandy Owen-Preventative Health Services & Bruce Perkins-Environmental Health Services) and 9 Supervisors, works together to provide leadership and direction.

Division I: Administration provides the management coordination, direction and control of Health Department operations in order to meet the overall public health needs of the community. Administration is responsible for carrying out Board of Health policies, supporting the work of the District Health Officer, and enforcing the statutes, rules and regulations of the State Board of Health and the State Department of Health.

Division II: The mission of the Preventive Health Services Section of the Benton Franklin District Health Department is to assist individuals, families and the community in the development of healthy lifestyles. We achieve this through assessment of the individual, family and/or community and identifying needs as well as strengths. We provide: Education, Counseling, Community Linkages, Immunizations, Sexually Transmitted Disease Clinics, HIV/AIDS screening, Education and Case Management, Parenting Education, Wellness and Safety Education, and Nutrition Education. These services occur in a variety of settings including the Health Department clinics, client homes, classrooms, community events and via various types of media.

Division III: Environmental Health is an organized community effort aimed at minimizing the public's exposure to environmental hazards and the prevention of human disease and injury by identifying environmental factors contributing to the human conditions and modifying them to assure the conditions in which people can be healthy. Environmental Health is accomplished through a broad spectrum of professional disciplines united by their shared mission.

Environmental Health is the science and the art of: 1) Identifying the disease or injury agent through assessment. 2) Preventing the agent's transmission through the environment by the way of policy development-providing intervention measures. 3) Protecting people from the exposure to contaminated and hazardous environments (a product of assurance).

Division IV: This division is comprised of the Laboratory and Region 8 Public Health Emergency Preparedness and Response.

The Health District Laboratory has two major program areas: 1) Drinking Water: This program is designed to provide analysis of the major elements of concern, primarily bacteriological monitoring and limited water chemistry. 2) Waste Water: This program is designed to provide services primarily for waste water treatment plants and industrial users who need to monitor waste streams.

Benton-Franklin Health District operates a Regional program for Public Health Emergency Preparedness and Response. A staff of epidemiologists, emergency planners, software specialist, and an educator provide support for Benton, Franklin, Klickitat, Walla Walla and Yakima County's local health jurisdictions in planning, epidemiology, and education.

What is Public Health?

Public Health is a set of services created to meet the needs of all citizens. It was developed by local, state and national professionals with one goal in mind, to have healthier and safer communities. From community and family services, to community health interventions, disease prevention and response, to restaurant inspections and drinking water safety, health promotion, and vital records, the Benton-Franklin Health District Provides over 40 different programs and services to individuals, families, and organizations.

What is the difference between Public Health and Health Care?

Public health focuses on preventions, interventions and services to the community. Health care focuses on individualized treatments. Treating an individual with E. coli infection is an example of a health care service. Monitoring and responding to an E. coli outbreak to prevent further spread and/or infections is an example of a public health service. Health care and public health work together to ensure individual and community well being.

The Board of Health (BOH)

Washington State law establishes each local board of health shall have supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction. The Local Board of Health was created in 1946 to establish the Benton-Franklin District Health Department to serve the populations of Benton and Franklin counties. The Benton-Franklin District Board of Health is a 12-member local health board made up of elected officials appointed by the county boards of commissioners and city councils throughout Benton and Franklin counties. Counties and cities represented include: Benton County, Franklin County, and the Cities of Benton City, Connell, Kahlotus, Kennewick, Mesa, Pasco, Prosser, Richland and West Richland.

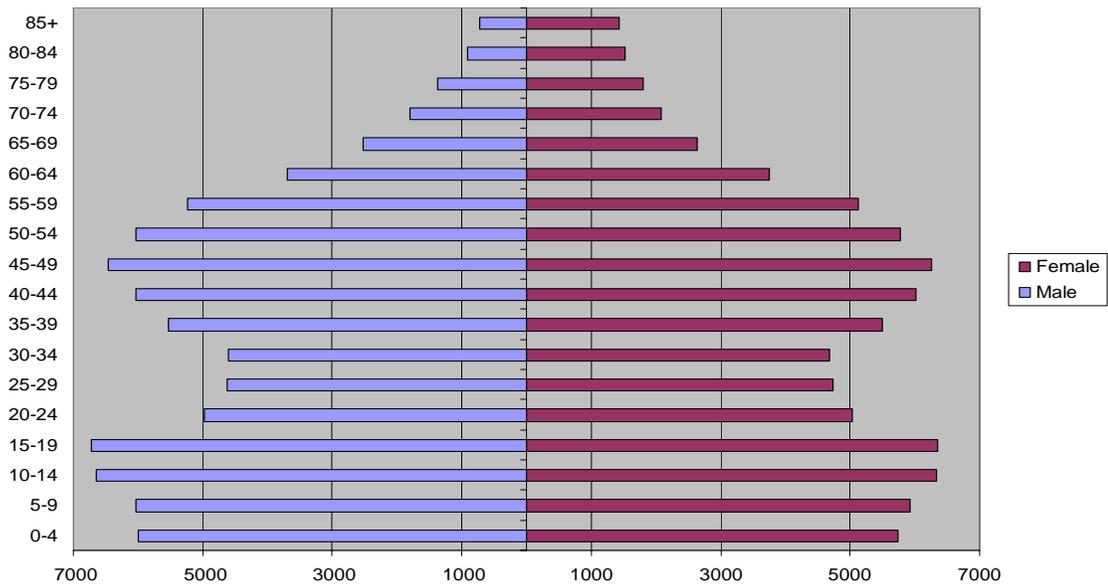
State law requires the BOH to assure public health protection by:

1. Enforcing through the local health officer or the administrative officer the public health statutes of the state and the rules and regulations adopted by the state board of health and the secretary of the state department of health.
2. Supervising the maintenance of all health and sanitary measures for the protection of the public health within its jurisdiction.
3. Enacting such local rules and regulations as are necessary in order to preserve, promote and improve the public health and provide for the enforcement thereof.
4. Providing for the control and prevention of any dangerous, contagious or infectious disease within the jurisdictions of the local health department.
5. Establishing fee schedules for issuing or renewing licenses or permits or for such other services as are authorized by law and the rules and regulations of the state board of health.
6. Secure financial support needed to maintain necessary public health services.

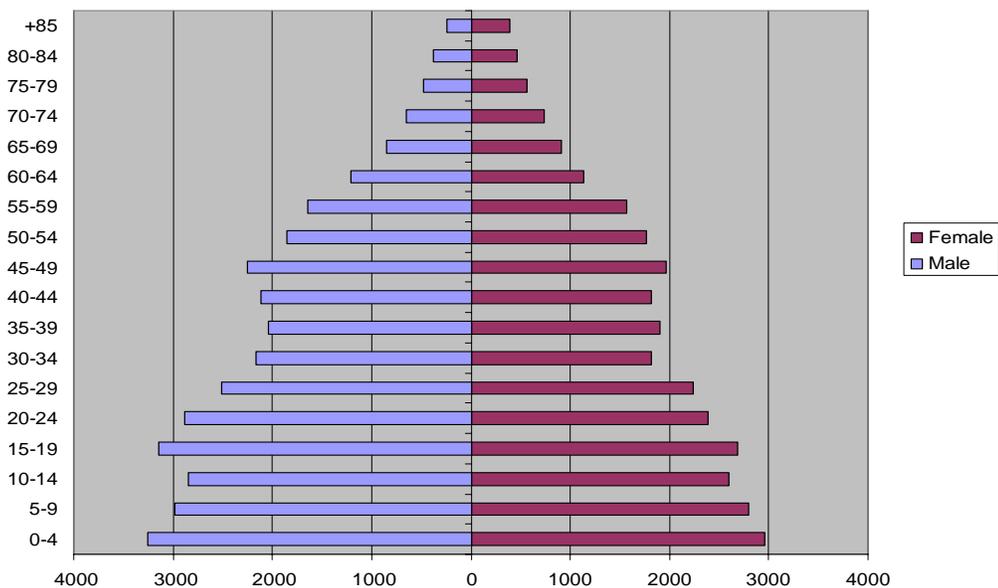
Benton-Franklin Counties 2006 Population Trends:

Benton County has a total population of 160,600 of which 79,956 are males and 80,644 are females. Females outnumber males slightly. The average age range is 36 years old. Franklin County has total population of 64,200 of which 33,508 are males and 30,692 are females. Males outnumber females. The average age range is 27 years old. The total population for 2006 is 224,800. In 2005 Benton County had a total population of 158,099 and Franklin County had a total population of 60,501. An increase of 2,501 people for Benton County and 3,699 people for Franklin County. Caucasian ethnicity group remains the largest race for both Counties. The Hispanic race is the largest of all minority races at 24,786 for Benton County and 36,495 for Franklin County.

Benton County Population by Age & Gender 2006



Franklin County Population by Age & Gender 2006



Benton County

Age	Total	Male	Female
0-4	11,729	5,999	5,730
5-9	11,957	6,036	5,921
10-14	12,973	6,647	6,326
15-19	13,079	6,723	6,356
20-24	10,014	4,985	5,029
25-29	9,366	4,625	4,740
30-34	9,286	4,614	4,672
35-39	11,040	5,542	5,499
40-44	12,036	6,027	6,009
45-49	12,715	6,456	6,260
50-54	11,805	6,027	5,778
55-59	10,364	5,242	5,122
60-64	7,435	3,689	3,746
65-69	5,161	2,532	2,629
70-74	3,884	1,809	2,075
75-79	3,178	1,375	1,803
80-84	2,441	914	1,528
85+	2,135	715	1,421
Total	160,600	79,956	80,644

Franklin County

Age	Total	Male	Female
0-4	6,213	3,261	2,952
5-9	5,781	2,986	2,795
10-14	5,449	2,845	2,603
15-19	5,829	3,144	2,684
20-24	5,270	2,881	2,389
25-29	4,754	2,514	2,241
30-34	3,977	2,162	1,815
35-39	3,953	2,043	1,910
40-44	3,937	2,118	1,820
45-49	4,209	2,247	1,961
50-54	3,628	1,857	1,771
55-59	3,209	1,645	1,564
60-64	2,340	1,210	1,130
65-69	1,756	848	907
70-74	1,378	645	733
75-79	1,045	483	562
80-84	832	372	460
85+	640	247	393
Total	64,200	33,508	30,692

Source: Office of Financial Management

Benton-Franklin Population by Race

Benton County				Franklin County			
	Total	Male	Female		Total	Male	Female
White	150,247	74,856	75,391	White	60,090	31,401	28,689
Black	1,700	911	789	Black	1,435	764	670
AIAN	1,391	674	716	AIAN	532	256	275
API	4,275	2,055	2,220	API	1,324	655	669
Two or More	2,988	1,529	1,459	Two or More	820	432	388
Hispanic	24,786	12,920	11,867	Hispanic	36,495	19,697	16,799

Source: Office of Financial Management

AIAN: American Indian and Alaska Native

API: American Pacific Islander

Benton-Franklin County Socioeconomics:

The median household income for Benton County is \$57,339 and for Franklin County \$39,831. Individual Status- (In Benton County 13.90% of the population for whom poverty status was determined is below the poverty level. In Franklin County 24.90% of the population for whom poverty status was determined is below the poverty level). Family Status- (For Benton County, 17.90% of all families, 4.50% a married-couple families, and 56.10% of female householder no husband present with related children less than 18 years old were below poverty level. For Franklin County, 29.60% of all families, 23.3% of married-couple families, and 52.60% of female householder no husband present with related children less than 18 years old were below poverty level).

Median Household Income Estimates by County: 1989 to 2005 and Projection for 2006; October 2006

	Census	Estimate					Preliminary Estimate	Projection
	1999	2000	2001	2002	2003	2004	2005*	2006**
Benton County	47,044	49,170	51,003	51,444	52,643	54,684	54,183	57,339
Franklin County	38,991	40,370	41,147	40,453	40,451	39,734	38,842	39,831

*Preliminary estimates for 2005 are based on the 2004-05 payroll data compiled by the state Employment Security Department and the state total personal income data published by BEA.

**Projection for the year 2006 is based mainly on the Forecast Council's September 2006 forecast of total state personal income.

Source: Office of Financial Management

Benton County 2006 Individual Status Poverty Level	Total	Below Poverty Level	Percent Below Poverty Level
Population for whom poverty status is determined	157,777	21,898	13.90%
Age			
under 18 years	41,498	9,210	22.20%
Related children under 18 years	41,145	8,857	21.50%
18 to 64 years	99,405	11,418	11.50%
65 years and over	16,874	1,270	7.50%
Gender			
Male	77,806	8,990	11.60%
Female	79,971	12,908	16.10%

Source: Fact Finder: US Census

Franklin County 2006 Individual Status Poverty Level	Total	Below poverty level	Percent below poverty level
Population for whom poverty status is determined	65,206	16,232	24.90%
Age			
under 18 years	21,558	8,022	37.20%
Related children under 18 years	21,429	7,893	36.80%
18 to 64 years	39,362	7,268	18.50%
65 years and over	4,286	942	22.00%
Gender			
Male	33,454	7,212	21.60%
Female	31,752	9,020	28.40%

Source: Fact Finder: US Census

The Public Health Improvement Plan (PHIP) is a partnership plan among public health leaders in Washington State. PHIP purpose is to guide the development of Washington's public health system by setting and accomplishing goals to promote good health, and provide protection from disease, injury, and hazards in the environment. In order to address public health challenges the PHIP along with its partners have created a list of Key Health Indicators to measure health outcomes at the local level.

Local Public Health Indicators try to answer the questions: how is our health? The focus is on the greatest factors that have the greatest impact on our health. The Health Indicators are intended to inform and stimulate community discussion as well as policy development and action ultimately for better health outcomes in the future. Health Indicators have a set of criteria: 1) Measures an important aspect, result, or outcome of public health's work-related as high, medium, low 2) It is population-based 3) It is measurable 4) It is feasible to collect, not too expensive 5) It is actionable- actions or interventions could be taken 6) Can be reported routinely 7) Indicator can be either a measurement of health determinant or health status 8) Trend data available to monitor direction of change 9) Links to and is consistent with local, state, and national measures, like Healthy People 2010 10) When available gives demographics and 11) Indicator is understandable. Source: PHIP website.

We have chosen the following health indicators to report on. Communicable Disease: Chlamydia infections and treatment. Prevention and Health Promotion: Adult and Children Overweight/Obese, Adults with Diabetes, Asthma. Environmental Health: Critical violations in food establishments.

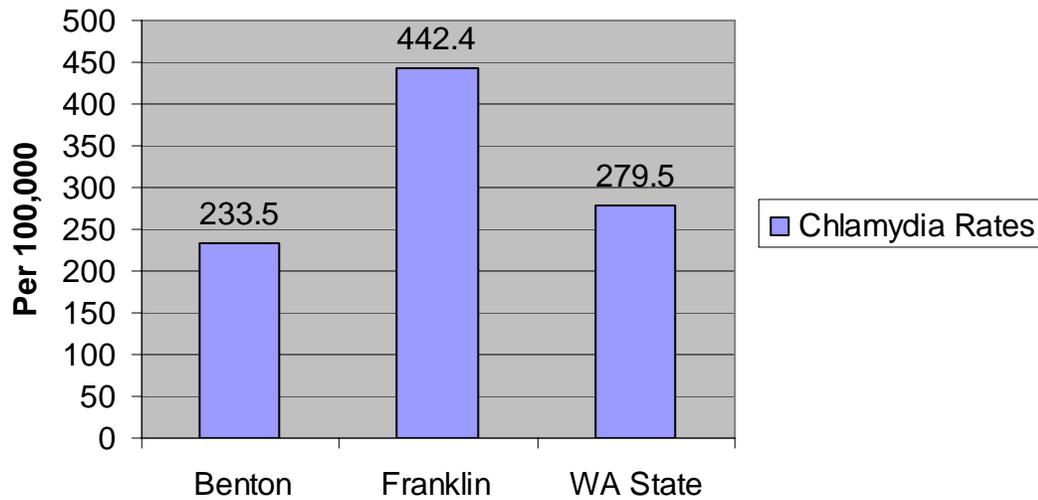
Communicable Disease: Chlamydia

Chlamydia is one of the most commonly reported of all Sexually Transmitted Diseases throughout the United States. Symptoms of Chlamydia infection among women and men often go unnoticed therefore early screening and/or treatment does not occur. The highest incidence rates of reported Chlamydia infections occur among females 15-24 years of age (DOH). No race/ethnicity information was reported to determine if a group is at a higher risk compared to others.

Benton county had a decrease among all reportable STD cases (Chlamydia, Gonorrhea, Early Syphilis all types, Herpes, GI/LGV/Chancroid, HIV cases, AIDS cases) from 2005 to 2006. The overall incidence rate for all STD was 27% less then that of the Washington State STD rate. Chlamydia had an 8% decrease in reported cases (DOH County Profile Report). Franklin county had an increase among all reportable STD cases (Chlamydia, Gonorrhea, Early Syphilis all types, Herpes, GI/LGV/Chancroid, HIV cases, AIDS cases) from 2005 to 2006. The overall incidence rate for all STD was 30% higher then that of the Washington State STD rate (DOH County Profile Report). In Benton County among females 15-24 years of age, 218 cases were reported and adequate treatment was reported for 91% (DOH County Profile Report). In Franklin County among females 15-24 years of age, 143 cases were reported and adequate treatment was reported for 90% (DOH County Profile Report). No other programs or interventions are available to monitor or prevent the spread of Chlamydia.

Recommendations: In an effort to address the spread of STDs in our Counties, an Expedited Partner Therapy Program from the Washington State Department of Health is being implemented.

Chlamydia Rates for 2006



Source:

State Data- DOH-Community Family Health

279.5 Per 100,000 people

County Data- DOH-County STD Disease Trends

Benton- 233.5 per 100,000; 8% decrease in reported cases

Franklin- 442.4 per 100,000; 29% increase in reported cases

Prevention and Health Promotion: Obesity/Overweight, Diabetes, & Asthma

According to the DOH, more than half of Washington residents are obese or overweight do to the lack of physical activity and poor eating habits. The Benton-Franklin Health District keeps track of height and weight for WIC infant clients only. Currently at the Benton-Franklin Health District we do not monitor or implement programs targeting the prevention and/or education about Obesity/Overweight issues.

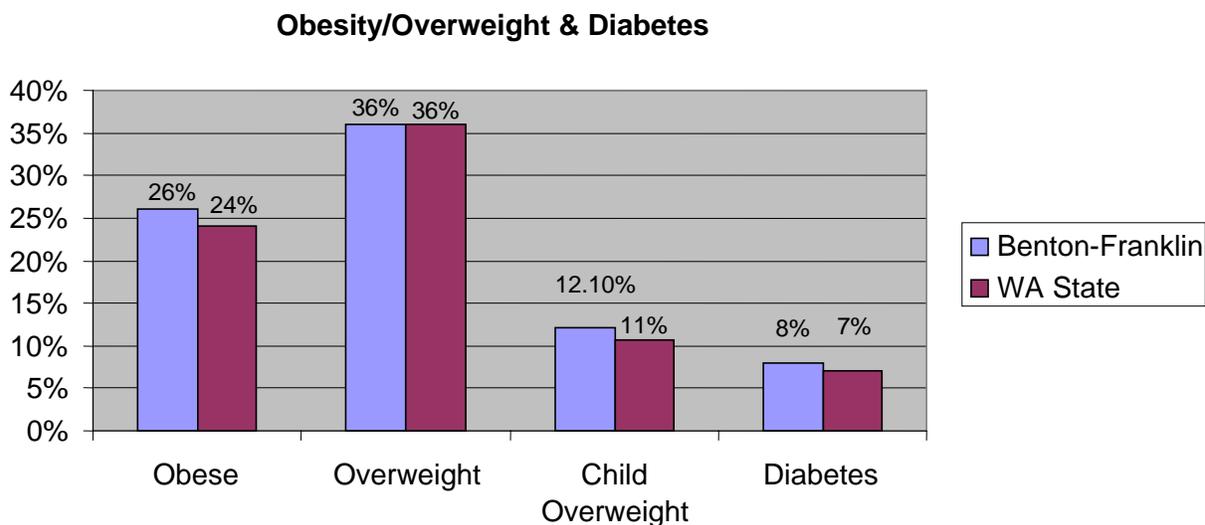
Obesity/Overweight

According the State data collected from the Behavioral Risk Surveillance System Survey and the Healthy Youth Survey for both adults and children, over 24% of adults are obese, over 36% are overweight, and 10.6% of 10th graders were overweight through Washington State. County data from the Survey of the Adult Population and Healthy Youth Survey indicates 26% of adults classified themselves to be obese, 36% classified themselves to be overweight, and 12.1% of Franklin County 10th graders were overweight.

Diabetes

According to the American Diabetes Association, diabetes is a condition in which the body is unable to produce or utilize insulin properly. Among Washington residents 1.4 million are affected by diabetes: Over 300,000 have a diabetes diagnosis, over 127,000 have not been diagnosed, and over 987 have pre-diabetes placing them at a higher risk for developing diabetes in their lifetime (DOH). Currently at the Benton-Franklin Health District we do not monitor or implement programs targeting the prevention and/or education of diabetes.

According to the state data collected from the Behavioral Risk Factor Surveillance Survey, a little over 7% of adults had ever been told by a doctor they had diabetes. County data indicates 8% of adults said that doctors told them they have diabetes.



Source:

State Data- Overweight/Obesity: BRFSS & HYS

Over 24% of adults were obese (BMI ≥ 30)

Over 36% of adults were overweight (BMI ≥ 30)

10.6% of 10th graders were overweight, 14% were at risk for overweight, and 75.3% were not overweight.

County Data- Overweight/Obesity: A Survey of the Adult Population & HYS

26% of adults classified themselves to be obese (BMI ≥ 30)

36% of adults classified themselves to be overweight

12.1% of 10th graders were overweight, 17.2% were at risk for overweight, and 70.7% were not overweight (Franklin County data only).

*The proportion of adults calculated to be overweight in the combined counties is 62%.

State Data- Diabetes: BRFSS

A little over 7% of adults had ever been told by a doctor they had diabetes

County Data-Diabetes: A Survey of the Adult Population

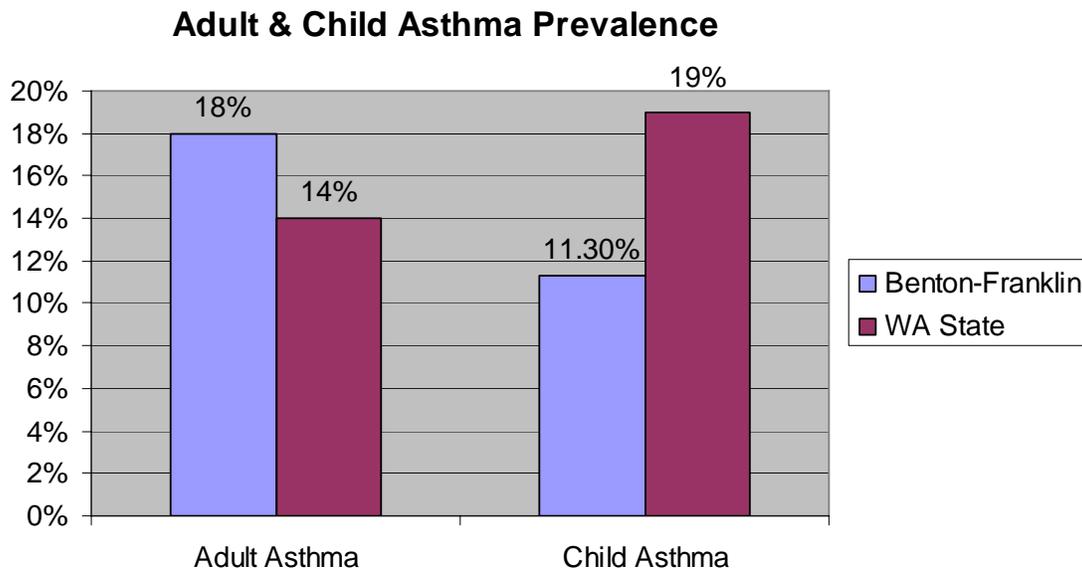
8% of adults said that doctors told them they have diabetes

Asthma

Asthma is defined as a pulmonary disease caused by inflammation, constriction of airways, and excess mucus in the lungs (DOH). Washington State Asthma rates are among the highest nationwide. More adults and children suffer from asthma every year leading to frequent hospitalizations and/or deaths (DOH). Currently the Benton-Franklin Health Department does not have a dedicated program and/or intervention to monitor asthma rates or an education component for those who suffer from asthma.

State data from the Behavioral Risk Factor Surveillance Survey indicates 14% of adults have been told some time in their lives that they have asthma and that 9% have asthma now. Among children 19% of 10th graders responded yes to ever been told by a doctor or other health professional that you have asthma.

County data from the Survey of the Adult Population results indicate that 18% of adults' surveys say they been told by a doctor they had asthma and 13% currently have asthma. Among Franklin county 11.7% of 10th graders said they were told by a doctor that they have asthma.



Source:

State Data- Asthma: BRFSS

About 14% of adults have been told some time in their lives that they have asthma

About 9% of adults have asthma now

19% of 10th graders responded yes to ever been told by a doctor or other health professional that you have asthma

County Data- Asthma: A Survey of the Adult Population & HYS

18% said yes when asked whether a doctor had ever told them they had asthma. Of those ever diagnosed with asthma 72% reported that they still have asthma

13% of adults in the two-county areas currently have asthma

11.7% of 10th graders responded yes to ever been told by a doctor or other health professional that you have asthma (Franklin County data only)

Environmental Health/Food Safety Program

Key Health Indicator: The percent of inspections of permanent food establishments with 35 or more critical violations (CV) points.

The food safety program works to prevent foodborne illness in our community. We provide mandatory training for food workers; offer community education and information on food safety topics; partner with other food safety agencies in the region; investigate foodborne illnesses, complaints, and product recalls; and conduct food safety inspections of all licensed

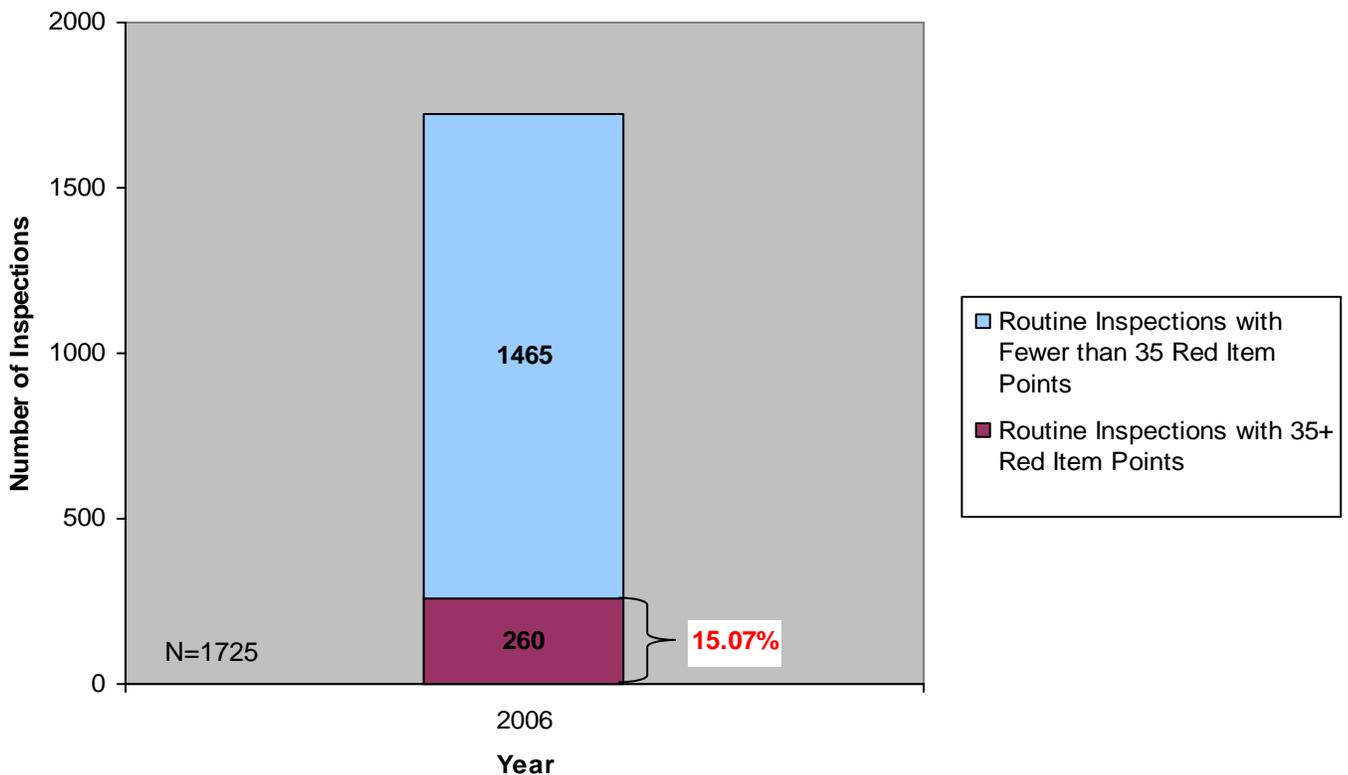
establishments in the district. As part of the inspection program, Benton-Franklin Health District’s Environmental Health Specialists conduct unannounced inspections of all public food establishments to ensure compliance with state food safety regulations. Each inspector also provides educational training to the food service operator to improve food safety practices and instill long-term positive behavior change.

About the indicator: There are 418 possible points on the inspection report; the lower the score, the fewer food safety violations observed at the time of the inspection. A perfect score is zero. The report is divided into Red and Blue Risk Factors. Red High Risk Factors are critical food handling practices that, when not done properly, are most likely to lead to foodborne illnesses. Red item violations range from 5-30 points per violation. Blue Risk Factors, such as dirty floors, are not direct causes of foodborne illness. Blue items are marked on the inspection report but are not included in the state indicator. Out of all of the inspections for 2006, 15.07% resulted with a Red Item Violation Score of 35+ points.

Recommendations: Continued dedication to this program is requested to provide the time and effort needed to work with the diverse and fluctuating food service operators that provide food to the visitors and residents in our district.

Total Inspections	1725	Percent of Total
Total Inspections with a Red Item Violations Score of 35+	260	15.07%

Food Establishment Inspections
Indicator: Percentage of Inspections with 35+ Red Item Violations



The following information is a summary of all the Benton-Franklin Health District Programs including mission, highlights/successes, services provided, types of clients served, demographics specific to each program and for some, community and state partnerships. The programs are organized by Divisions.

Division I- Administrative Services: Vital Records- Birth and Death Certificates

Staff: Nancy Henderson-Supervisor

Linda McGlothern, Susan Martinez, Raquel Melchor & Maria Mercado-Deputy Registrar

Vital Records Mission: To provide our citizens with certified copies of accurate birth and death records in a timely and efficient manner.

Vital Records Highlights/Successes: Chosen as the 3rd County Health District (behind Spokane and Pierce) to implement the Electronic Death Registration System (EDRS) out of 44 counties.

- We are filing a total of 91% on the EDRS system (61% drop to paper and 30% totally electronic).
 - Improving the quality of the cause of death reporting, reducing errors and rejections of death certificates, thus reducing queries from the State to physicians.
 - Improving fraud preventions by using electronic authentication
 - Improving timeliness, allowing the funeral homes to print their burial transit permits electronically giving the families of the deceased earlier disposition and earlier availability of certified copies.
 - Improving the death notification to the Social Security Administration, allowing for less pension checks having to be recalled.
 - Improves cause-of-death data to electronic disease surveillance systems, helping in tracking in an epidemic situation.

Services Provided: Birth and Death Certificates

Types of Clients:

- Benton and Franklin County Residents
- City Residents
- Out of state requests, including by FAX
- In person, by mail and APO addresses

2006 Demographics:

	Unduplicated Clients	Unduplicated Visits
Benton County:	4,486	4,486
Franklin County:	2,236	2,236
Other County:	1,071	1,071

**Division II- Preventive Health Services: Maternal Child Health: Maternal Infant Health,
Child and Adolescent Health, Children with Special Health Care Needs;
Alternative Response Services & Early Intervention Project**

Staff: Sandy Owen-Director, Carol Miller-Supervisor

Susy Bockmann-Thomas, Gretchen Patrick, Nancy Klotz, Nancy Tarara, Betty Cummings, Carla Prock, Jennifer Wall, Karen Weidert, Marjorie Lindholm, Cindy Holt, Marie Hutson, Liz Ellis, and Suzanne Dezember- Public Health Nurses

Maternal Child Health: The mission of the maternal child health programs is to assess and monitor maternal and child health status to identify problems. Diagnose health problems and health hazards affecting local communities. Inform and educate the public and families about health issues. Mobilize community partnerships between policy makers, health care providers, families, the general public and other to identify and solve health problems.

Alternative Response Services & Early Intervention Project services provided directly to families and/or linking families to community resources to reduce risk of abuse or neglect of children in the home; enhance parenting skills, family and personal self-sufficiency, and family functioning; reduce stress on the family; reduce the likelihood of additional referrals to Child Protective Services (CPS); and enhance the health status of families and linkages to health services.

Services Provided:

- Home visits with valid approval assessments; In person and by phone
- Referral and Community Resources available to community resources
- Education on parenting, special needs children
- Car Seat Clinics as part of Safe Kids Coalition and their purpose is to reduce the number of unintentional, preventable childhood injuries and resulting deaths, to children between the ages of 0 – 14, that occur in Benton and Franklin Counties

Types of Clients:

- Pregnant Women
- Children with Special Health Care Needs
- Infants <1 yr. of age
- Families

2006 Demographics: Report to the State for: Maternal Infant Health, Child and Adolescent Health, Children with Special Health Care Needs.

	Total # Served with Title V (partially or fully funded by MCH allocation)	Estimated % with Title XIX coverage	Estimated % with other coverage	Estimated % with No or Unknown Health Coverage
Pregnant Women	893	97%	2%	1%
Infants < 1 yr. of age	1181	96%	2%	2%
Children 1 to 22 yrs.	1164	75%	20%	5%
CSHCN	429	75%	20%	5%

	Benton	Franklin	Other County
Child & Youth Visits	295	172	7
Early Intervention Project (CPS)	29	16	1
Children with Special Health Care Needs Visits	1199	691	8

	Alternative Response Services (CPS)	Passport Program (foster care)
Number of Clients Served	69 New Referrals of which 64 were actual clients for both counties; 303 total clients and 498.75 hours	282 Passports Completed, 863.3 hour spent by Case Worker

Division II - Preventive Health Services: First Steps - Maternity Support Service (MSS) & Infant Case Management (ICM)

Staff: Sandy Owen-Director, M. Annie Goodwin-Supervisor & Carol Miller-Supervisor
 Susy Bockmann-Thomas, Gretchen Patrick, Nancy Klotz, Nancy Tarara, Betty Cummings, Carla Prock, Jennifer Wall, Karen Weidert, Marjorie Lindholm, Cindy Holt, Marie Hutson, Liz Ellis,
 Suzanne Dezember- Public Health Nurses
 Behavioral Health Specialist: M. Cathy Ellison
 Laili AbdLatif, Amy Lindholm, & Sheila Schweiger- Nutritionist

Mission: The MSS/ICM programs provides enhanced support services to eligible pregnant women through the maternity cycle and for high risk infants and their families through the month of the infant’s first birthday. MSS/ICM services are designed to provide interventions as early in a pregnancy as possible to promote a healthy pregnancy and positive birth and parenting outcomes.

ICM Mission: Infant Case Management (ICM) is part of MSS/ICM services for high-risk infants and their families. The goal of ICM is to improve the parent’s self-sufficiency in gaining access to needed medical, social, educational, and other services.

The goal of Infant Case Management is to improve the birth parents’ (and family’s) self sufficiency in accessing existing social and health resources in the community to meet their immediate needs. These services are limited to 1) acting on the client’s behalf in order to ensure the client receives needed services (advocacy); 2) networking and/or collaborating among staff of different agencies/programs to connect clients to services and avoid duplication (linkages); and 3) providing information to clients to assist them in receiving medical, social, educational, or other services (referral).

Services Provided:

- Preventative Health Services:
 - Assessment, Education, Intervention, Case Management: Referrals, Linkages, Advocacy
- Referrals, linkages, and advocacy
- Client work with Community Health Nurses, Registered Dietitians, Behavioral Health Specialist, and Community Health Workers

Types of Clients:

- Medicaid eligible women may receive MSS during pregnancy and through the post pregnancy period (2 months)
- Infants from three to 12 months old at high-risk who are Medicaid eligible and reside with a biological parent
- Families with infants 3 months of age to one year of age

2006 Demographics: Statistics for All Births

	Benton County		Franklin County	
	2006	State 2006	2006	State 2006
Number of Births	2332	86858	1545	86858
Number of Births with Medicaid-Paid Maternity Care	1343	40873	1128	40873
Births with Medicaid-Paid Maternity Care (%)				
Medicaid	57.6%	47.1%	73.0%	47.1%
Grant women (TANF/AFDC)	17.1%	14.2%	11.8%	14.2%
Medical-only citizens	25.2%	20.5%	21.6%	20.5%
Medical-only non-citizens	12.4%	10.0%	36.4%	10.0%
Non-Medicaid	42.4%	52.9%	27.0%	52.9%
Average Age of Mothers with First Births				
All Births	23.8	25.8	22.4	25.8
Medicaid	21.5	22.2	20.9	22.2
Non-Medicaid	27.1	28.7	25.9	28.7
Mothers with at least a High School Education1 (%)				
All Births	71.1%	80.1%	48.7%	80.1%
Medicaid	55.2%	63.5%	36.8%	63.5%
Non-Medicaid	92.9%	94.9%	81.0%	94.9%
Married (%)				
All Births	62.9%	68.1%	60.8%	68.1%
Medicaid	41.9%	42.7%	51.1%	42.7%
Non-Medicaid	91.6%	90.8%	87.1%	90.8%
First Trimester Prenatal Care (%)				
All Births	72.5%	78.6%	64.3%	78.6%
Medicaid	64.7%	68.4%	59.2%	68.4%
Non-Medicaid	82.9%	87.7%	77.8%	87.7%
Late or No Prenatal Care (%)				
All Births	6.7%	5.0%	7.8%	5.0%
Medicaid	9.1%	7.5%	8.8%	7.5%
Non-Medicaid	3.6%	2.7%	5.0%	2.7%
Maternal Smoking Status (%)				
All Births	8.9%	10.0%	3.7%	10.0%
Medicaid	12.4%	16.7%	4.2%	16.7%
Non-Medicaid	3.9%	4.0%	2.4%	4.0%
Primary C-sections (%)				

All Births	22.5%	24.8%	21.1%	24.8%
Medicaid	22.9%	22.4%	18.7%	22.4%
Non-Medicaid	22.0%	26.7%	26.5%	26.7%
Birth Outcomes				
Low Birth Weight (less than 2,500 grams) (%)				
All Births	4.6%	5.0%	5.9%	5.0%
Medicaid, singleton liveborn	4.6%	5.8%	6.5%	5.8%
Non-Medicaid, singleton liveborn	4.6%	4.3%	4.2%	4.3%
Infant Mortality Rate				
All Infant Deaths during 1 st year of life	n.a.	n.a.	n.a.	n.a.

1 Data for mother's level of education were not available prior to 1992.

2 Rates per 1,000. Infant Mortality Rate (IMR) was not calculated where number of births less than 500.

Infant Mortality Rates for 2005 and 2006 are not available (n.a.)

Partnerships:

Community:

- Who: Ex: providers, community clinics, hospitals, dental vision, mental health, car seats, food bank
- Services Provided: Referrals and Linkages include WIC, Prenatal Care, Family Planning, Childbirth Education

State:

- DSHS
- DOH

Division II- Preventive Health Services: Child Care Health Program-Healthy Child Care of Washington & Child Care Health

Staff: Sandy Owen-Director, Carol Miller-Supervisor

Staff: Elaine Ruhlman -PHN; Nancy Tarara-PHN & Cindy Bishop-Health Service Worker

Child Care Health Program: One of the distinctions in Benton-Franklin's Child Care Health Program has been our ongoing screenings of young children's vision, hearing and dental status from 1 month old to kindergarten entry. Training child care providers (in classes and in the role of a nurse/health consultant at the child care/preschool sites) in matters related to bonding, attachment, infant cues, nurturing, responsive care and principles of NCAST; teaching them to take care of themselves through stress relief and providing training in areas they need help in to relieve some of that. Monitoring our child care/larger preschool's immunization status with the result of improving the up-to-date rate in our bi-county area.

Project Highlights/Successes:

- The over all up to date Immunization rate was 85%
- 117 children were referred for further evaluation of their vision. 68 children received glasses as a result of these referrals and at least another 10 were seen again by the vision specialists in 6 to 12 months for an early vision concern
- Our hearing screenings are still being done by audiometer and/or an Infant/Toddler Hearing Screening kit which allows us to do gross hearing screenings at or above conversational levels

- Local dental caries (tooth infections) rates improved greatly in recent years
- We believe we are helping make a very positive difference for children in out-of-home care, especially in the areas of health and safety
- We are also helping the caregivers become more knowledgeable in a multitude of areas by providing training for staff within their own centers
- Our Registered Dietitian has done two STARS classes on Nutrition-related topics

Services Provided:

- Dental, vision screenings
- Immunizations
- Trainings
-

Types of Clients:

- Child Care Centers

2006 Demographics:

- Reviewed 2,009 immunization records of children in child care from ages 1 month to 12 years old
- Of 380 records of 2-year olds, 36 (9.5%) still needed the fourth DTaP (which is due by 18 months old)
- Vision, Hearing and Dental Screenings were done on 1,484 children from 1 month to kindergarten entrance
- 117 children were referred for further evaluation of their vision. 68 children received glasses as a result of these referrals and at least another 10 are being seen again by the vision specialists in 6 to 12 months for an early vision concern
- Eight children were referred for further hearing evaluations; three were found to have otitis media (an ear infection) and/or “fluid in the ears” which contributed to temporary hearing deficits
- Our simple dental screenings resulted in 173 children being referred for dental exams and treatment
- A total of 223 out of 1484 children screened in 2006 have a dental history (current caries and/or treatment for caries in the past)... a rate of 15.5%
- Nurse Consultation continues in 19 child cares/preschools, including Head Start, Early Head Start and the Children’s Developmental Center
- We did trainings for approximately 230 child care providers at their worksites on such topics as Blood Borne Pathogens, Disaster/Emergency Preparedness, Children with Special Needs, Immunizations/Communicable Disease, Pandemic Flu, Infant-Toddler Care Giving, Allergies & Asthma, etc.
- We provided 16 classes for STARS credit for 198 individuals
- We did immunizations/TB tests for about 150 providers/preschool teachers
- A Child Care Provider Conference was presented on October 14th at the AmeriSuites in Pasco and was attended by 204 child care providers. The providers received 5 hours of STARS credit for attending and received rave reviews from the attendees. The Keynote was on “Autism.”

Community Partnerships: child cares/preschools, including Head Start, Early Head Start and the Children’s Developmental Center. Mom’s Clubs; in association with the Reading Foundation; Educational Co-op (2 classes on health and safety in collaboration with Columbia Basin College); and at the Tri-Cities Child Care Center Directors. STARS.

Division II- Preventive Health Services: Injury Prevention (Safe Kids)

Staff: Sandy Owen-Director, M. Annie Goodwin-Supervisor
 Jerry Tyler- coordinator, PHN

The mission of the Safe Kids Benton-Franklin Coalition is to reduce the number of unintentional, preventable childhood injuries and resulting deaths, to children between the ages of 0 – 14, that occur in Benton and Franklin Counties.

Our goal is to achieve this by uniting diverse groups and individuals; developing and implementing educational programs; initiating public policy changes; and increasing awareness within local and regional communities of the problem of childhood injuries

Services Provided:

The Safe Kids Benton-Franklin Coalition has selected four primary prevention focus areas:

- Child passenger safety
- Head injury prevention
- Fire safety
- Drowning prevention
- We also address:
 - home safety, pedestrian safety, poison prevention, safe gun storage, choking prevention and other areas related to childhood safety

Types of Clients:

- Adults, children, community members and organizations that work closely with children and parents.

2006 Demographics:

Events in Community with Safe Kids messages on display	
Boat Show	3,000 Adults and Children
Spring Into Safety	500 Adults and Children
Safe Kids Saturday	2,500 Adults and Children
Safe Summer at Columbia Center Mall	~400 Adults and Children
April Pools Day	40 kids, 15 adults
Health & Wellness at Columbia Center Mall	~5,000 Adults and Children
Hanford Health & Safety Fair	~12,000 Adults and Children
Water Safety Fun Day at Charbonneau Park	85 Adults and Children
West Richland Harvest Festival	~3,000 Adults and Children
Fire Safety Fun Day	~250 Adults and Children

Child Passenger Safety	
Number of Car Seat Check clinics held	28
Total number of Seats Checked	~ 445
Total number of seats distributed	~ 233
Number trained at 32 hour CPS class	12
ANGLS (Angels Project for Car Seat Vouchers) voucher project income	\$960.00
La Clinica CHPW voucher project income	\$1,250.00

Head Injury Prevention	
Number of Helmets distributed	~600
Number of Helmet fit sites in community	5
Bike Rodeos held in community	7
Number of children attending	~450
Number of head injury presentations	8
Number of children/parents educated	1,500
Helmet fit trainings held	2
Number trained	35
Number of ice cream cone coupons distributed	~7,000
Number of Road Safety booklets distributed	~10,000

Fire Prevention	
Smoke detectors distributed during home visits	~350
Number of people educated on home safety	~1,500
Number of Fire Safety booklets distributed	~5,000

Drowning Prevention	
Life Jacket loan boards up in at river parks:	6
New boards constructed	1
Number of life jackets SK purchased	80
Number US Army Corp of Eng. Purchased	150
Life Jacket Check-out loaner site locations	3
April Pools Day attendance	55 people
Drowning prevention public service announcements (PSA's) running on KNDU	3
Water Watcher tags distributed	1000 English 600 Spanish

Pedestrian Safety	
Wild Feet retro reflective stickers distributed	1,500
Walk your child to school day event	1

Community Partnerships:

- Over 55 community organizations are members of our Safe Kid Benton-Franklin Coalition

22 safety messages taped by coalition members, aired on KONA Radio on a rotating basis-funded by Fluor Corporation.

**Division II- Preventive Health Services: Women, Infants and Child Nutrition Program
(WIC)**

Staff: Sandy Owen- Director, M. Annie Goodwin- Supervisor
Nancy Henderson- Clerical Supervisor

Staff: Laili AbdLatif, Amy Lindholm, & Sheila Schweiger- Nutritionist
Irene Berger, Maria Bang, Xenia Garcia, Rachel Ramirez, Mary Siegel, Rosie Tobias & Cindy
Bishop – WIC Certifiers

Jolene Chacon, Susana Martinez, Raquel Melchor, Betty Contreras, Kara Stevens,
Marta Blunt & Valerie Shaw-Clerks

Laili AbdLatif, Amy Lindholm, & Sheila Schweiger- Nutritionist

WIC mission statement - The mission of the Washington WIC Nutrition Program is to improve the lifelong health and nutrition of women, infants, and young children in Washington State.

WIC Highlights:

- The majority of WIC families are living in poverty. In 2006, the monthly income for a family of four living in poverty was \$1,613 or less. In Benton County 65% and in Franklin County 73 of WIC families are employed.
- WIC nutrition education: emphasizes healthy habits so families can eat better and stay active to prevent obesity and other chronic diseases. Promotes breastfeeding for at least the first year of life. And, helps working mothers' breastfeed longer by providing breast pumps. Helps prevent early childhood caries by giving parents ideas for healthy snacks and stressing dental care by age one
- WIC helps families get the services they need
- WIC served 10,465 women, infants and children under 5, and 4,063 pregnant, breastfeeding and postpartum women in Benton-Franklin Counties
- In Benton County WIC contributed \$2,092,117 millions of dollars to grocery stores and \$16,940 dollars to farmers. In Franklin County WIC contributed \$2,990,360 millions of dollars to grocery stores and \$60,202 dollars to farmers
- Statewide WIC's breastfeeding rate is 4th highest in the nation

Services Provided: Counseling

- Nutrition education
- Nutritious foods
- Referrals
- sites: Connell, Kennewick, Pasco, Richland, Tri Tech Skill Center, New Horizons school

Types of Clients:

- Pregnant women, new mothers and children under age 5

2006 Demographics:

Benton-Franklin Health District: 2006	Benton (all WIC clinics)	Franklin(all WIC clinics)
Infants Born in County Served by WIC: Benton: 58% Franklin: 70% Statewide: 50%	Infants Born Served by WIC: County: 58% Statewide: 50%	Infants Born Served by WIC: County: 70% Statewide: 50%
Women, Infants and Children Served: 10,290	Women, Infants and Children Served: 6,545	Women, Infants, and Children Served: 7,983
Infants & Children under 5: 7,503	Infants & Children under 5: 4,729	Infants & Children under 5: 2,247
Pregnant, breastfeeding & postpartum women: 2,787	Pregnant, breastfeeding & postpartum women: 1,816	Pregnant, breastfeeding & postpartum women: 2,247
Dollars to Grocery stores: \$3,568,088 Dollars to farmers: \$38, 584	Dollars to grocery stores: \$2,092,117 Dollars to farmers: \$16,940	Dollars to grocery stores: \$2,990,360 Dollars to farmers: \$60,202
Working families: 67% Families living in poverty: 70%	Working families: 65% Families living in poverty: 68%	Working families: 73% Families living in poverty: 73%
Total nutrition Education sessions: 20,499	Total nutrition Education sessions: 10,719	Total nutrition Education sessions: 14,274
WIC referrals: 44,864	WIC referrals: 26,907	WIC referrals: 35,816

Community Partnerships: Groceries Stores, Farmers Markets, Health Care providers, Connell Methodist Church, New Horizons and TriTech Schools and Casita Del Rio

Division II- Preventive Health Services: Basic Food Nutrition Education Project (BFNEP)

Staff: Sandy Owen- Director, M. Annie Goodwin-Supervisor

Staff: Lynne Taylor & Marie Bang

BFNEP Mission: To provide Basic Food Program (food stamp program) eligible individuals nutrition education that includes making food dollars go further, safe food handling, and nutritious food choices. The 5-a-day fruit and vegetable message is an integral part of the program.

To teach WIC, Pregnant and Parenting Teens, Headstart/Early Headstart Families, Early Childhood Education & Assistance Program (ECEAP Families), Safe Babies Safe Moms participants, Family Literacy families, 1st Steps Clients to identify the number of fruits and vegetables they can prepare for themselves and their children. Identify snacks in lieu of sweets or fast food. Benton-Franklin Community Action Center Childcare participants, Washington State Migrant Council Childcare Participants will learn to increase fruit and vegetables dishes that child care providers identify to prepare for themselves and the children they care for.

Services Provided:

- Nutrition
- Cooking: food safety and sanitation
- How to best utilize foods and wisely
- Food tasting

Types of Clients:

- WIC Pregnant and Parenting Teens
- Headstart/Early Headstart Families
- ECEAP Families
- Safe Babies Safe Moms participants
- Family Literacy Families
- First Steps clients
- Women in substance abuse treatment
- Benton-Franklin Community Action Center Childcare participants
- Washington State Migrant Council
- Childcare Participants

2006 Demographics:

- Direct Contacts (those who participated in nutrition/physical activity sessions):
 - 1st Quarter: 403
 - 2nd Quarter: 709
 - 3rd Quarter: 526
 - 4th Quarter: 774
- Indirect Contacts (those reached through newsletters, family members, or other indirect means):
 - 1st Quarter: 75
 - 2nd Quarter: 50
 - 3rd Quarter: 40
 - 4th Quarter: 50

Community Partnerships:

Who: Tri Tec, New Horizons, ECEAP, Casita Del Rio, CAC, WA State Migrant Council, Farmers market.

Division II- Preventive Health Services: Immunizations

Staff: Sandy Owen-Director, Heather Hill – Supervisor
Dana Montgomery & Polly Ingvalson-RNs
Sharon Olson & Jennifer Franco- LPNs
Mary Ann Garza-Health Services Worker

Immunization Program Mission: We are actively working toward full protection for all adults and children in Benton and Franklin Counties by offering education and immunization services at the Health Department.

Program Highlights: Benton-Franklin Health District offers low cost immunizations for those unable to afford immunizations at private physicians. No one is denied mandatory vaccinations

due to the inability to pay. The Health Department keeps computer records on all children and adults immunized at our sites.

The Benton-Franklin Health District is the only local health department in the area that offers school-based vaccination clinics.

The Benton –Franklin Health District provides support and education to providers who provide vaccines for children for support and education during quarterly meetings.

Services Provided:

- Clinic: TB, Immunizations, Lice/Scabies, Blood Pressures
- Out: Schools, Community Center, Assisted Living/Adult Retirement Centers
- Vaccine Adverse Reaction (VAER’s) Reports: adverse reactions
- Vaccine for Children (VFC): coordinating vaccine deliveries to providers, provide site visits as regular consultations
- We offer education to interested community groups such as businesses, schools, private physicians, and service organizations.

Types of Clients:

- County and City Residents
- Children

2006 Demographics: Immunizations

	Total Visits	Unduplicated Clients(# of total clients)
Benton County:	12,632	7,752
Franklin County:	5,012	3,018
Other County:	889	559

Total Immunizations by Office

Richland Office	Kennewick Office	Pasco Office	Prosser Office	Total
13,515	10,857	7,597	1,631	33,600

Division II- Preventive Health Services: International Travel Vaccination Clinic

Staff: Sandy Owen-Director, Heather Hill-Supervisor

Jerry Tyler- Public Health Nurse

The mission of the travel clinic is to provide education and vaccinations to travelers to foreign countries to decrease the risk of illness on their travels and to prevent the spread of diseases back to our local community.

Services Provided:

Focus areas:

- Consultation by appointment 2½ days a week: Monday mornings, Tuesday & Thursday- all day
- Itinerary specific information
- Education on disease prevention
- Malaria prescriptions and prevention education
- Food and water precautions and prescriptions for antibiotic

- Injections/Immunizations based on travel plans

Types of Clients:

- International travelers – for business, pleasure, missions and/or adventure
- Adults and Children

2006 Demographics:

	Total countries visited: 122
	Number of Clients Served: 1,075
Benton County:	796
Franklin County:	179
Other County:	100

Community Partnerships:

International travelers, businesses, churches, travel agencies

Division II- Preventive Health Services: Medicaid Outreach Project

Staff: Sandy Owen-Director, Carol Miller-Supervisor

Staff: Romy Arreola- Health Services Worker

Outreach Project: The purpose of the Outreach Project is to locate families who may be eligible for Medicaid but have not been able, for many reasons, to apply for and receive these necessary medical benefits.

Project Highlight/Success: The Health Services Worker (HSW) had a program success rate of 91% of those in need of medical assistance; combination of all program activities. Outreach to families through Grace Clinic, a volunteer community clinic held on weekends. The HSW spends 1 day per month to access the uninsured and had 27 contacts through the clinic to assist with applications and appropriate health care options. The HSW spends less time at the clinic than previously, since clinic staff refers the clients to the Health District Office for assistance with applications. Most of the clients are uninsured adults, but children are also clinic clientele. Other contacts were assisted with problem solving application obstacles, improving knowledge of the application process, requirements and steps to keep consistent medical coverage for vulnerable citizens. A continued good working relationship between the local and regional Community Service Office (CSO's) and the Public Health Department contribute greatly to the success of the project.

Services Provided:

- Increase awareness of potential eligibility for member of the community, the outreach worker assists families to complete the necessary forms, and to provide the necessary documentation to receive Medicaid.
- The outreach worker also provides individual assistance in troubleshooting client applications that have hit snags in the process.
- Community education to providers who serve families with young children is also part of the outreach efforts.

Types of Clients:

- Men
- Women
- Children

2006 Demographics:

During 2006 the project provided education and resources to area schools, clinics and community organizations to keep community partners informed of changes in Medicaid and other state health plans. This is done so children and their families could be directed to appropriate resources for continued, consistent medical coverage and care.

- 1350 Medicaid Eligible Individuals were Contacted
- 1224 Medicaid Applications Completed
- 441 Healthy Option Enrollment Forms Submitted
- 500 Basic Health Plan Applications Distributed/120 assisted to complete
- 9 Community Education Presentations resulting in family referrals
- 10 Participation in Workgroups, coalition and (Community Service Office (CSO) interview panel for new staff

Community Partnerships: Community Service Offices of DSHS, as well as, Regional and State Offices. The Alien Emergency Medical Workgroup.

Division II- Preventive Health Services: Communicable Disease Program/STD

Staff: Sandy Owen-Director, Heather Hill – Supervisor

Leslie Rivera-PHN

Melissa Pettis-Public Health Education

CD Program Mission: Reduce the spread of communicable diseases in the community through follow-up on notifiable conditions. When infections are identified, medications are dispensed under standing orders of the District Health Officer as recommended by the Centers for Disease Control and Prevention. The emphasis in this clinic is to guide the client through their risk determination and provide counseling, education and encouragement to make healthy choices regarding sexual behavior.

Communicable Disease Services Provided:

- Case Management
- EPT-Expedited Partner Therapy: tract whether partners are treated or not
- CD Reporting of Notifiable Disease to Department of Health: PHIMS and/or paper form
- Education: Medical Community, Schools, Community Groups
- Seasonal Surveillance
- Consultations
- Hep. B and C testing
- STD testing and treatment provided via Standing Orders in accordance with the CDC recommended guidelines
- Reporting of STD's to DOH in accordance with WAC's

CD/STD Challenges:

In 2007 the decision was made to reduce the testing services provided in our STD clinic to HIV serum and oral testing and Hepatitis B and C testing only. Lack of funding.

2006 Demographics: Communicable Disease

	STD	Chlamydia	HIV/AIDS Rates
Benton County:	Unduplicated Clients: 187 Unduplicated Visits: 265	Cases: 375 Rate: 233.5 per 100,000	HIV cases: 0 AIDS cases: 4 HIV rate: 3.1 per 100,000 AIDS rate: *
Franklin County:	Unduplicated Clients: 135 Unduplicated Visits: 188	Cases: 284 Rate: 442.4 per 100,000	HIV cases: 0 AIDS cases: 2 HIV rate: 0 per 100,000 AIDS rate: *
Other County:	Unduplicated Clients: 31 Unduplicated Visits: 37		

Community Partnerships:

Who: Referrals are made to Planned Parenthood, private physicians, maternal child health nurses and the epidemiologist as indicated.

Division II- Preventive Health Services: Tuberculosis Program

Staff: Sandy Owen-Director, Heather Hill – Supervisor

Cindy Ralston-RN

TB Program Mission: Reduce the spread of tuberculosis in the community through testing, timely investigations, monthly medication management and Direct Observed Therapy for active cases.

Challenges: Financial support to provide services, patient compliance with foreign borne.

Tuberculosis Services Provided:

- PPD and Whole Blood TB testing
- Referral for chest x-ray for selected clients
- Monthly medication distribution for Latent TB cases.
- TB case management including Direct Observed Therapy on all Active TB cases
- Education: Medical Community, Community groups
- Resource and assistance for School Nurses involved in migrant screenings.
- Consultations

Types of Clients:

- Majority are city residents

2006 Demographics: TB Control

Starting treatment for latent TB infection: 201

Benton County: 102, Franklin County: 99

Completing treatment for latent TB infection: 142

Benton County: 75, Franklin County: 67

Incomplete due to patients discontinuing treatment: 46

Benton County: 21, Franklin County: 25

Incomplete due to provider discontinuing treatment: 5

Benton County: 2, Franklin County: 3

Pts. Moved or transferred out of county: 8

Benton County: 4, Franklin County: 4

Active Tuberculosis Cases: 4

Benton County: 4, Franklin County: 0

2006 Demographics: Tuberculosis Clinic

	Unduplicated Visits	Unduplicated Clients (# of total clients)	All Services
Benton County:	4,631	2,100	491
Franklin County:	2,361	1,016	212
Other County:	323	170	20

Division II- Preventive Health Services: HIV/AIDS Program & Education/Outreach

Staff: Sandy Owen-Director, Heather Hill – Supervisor

Leslie Rivera-PHN

Joe Vela & Melissa Pettis-Public Health Educators

HIV/AIDS Case Management Program Mission: To ensure all HIV clients have resources necessary to support optimal health.

Education/Outreach Mission: Provide support to school education and mandates. Implement 4-5 scientific interventions to provide HIV messages to targeted populations (high risk groups- MSM(Men who have sex with Men), IDU(Intravenous Drug Users), and HIV+).

HIV/AIDS Case Management Program Challenges: High risk for non-compliance, language barriers, multiple diagnosis complications, citizenship status, low education level, cultural barriers, socioeconomic status, and dual diagnosis issues. No funding for consultations, education. Services provided to cities for disease investigation however, no funding provided.

Services Provided:

- Case Management (medical referrals), Housing assistance (referrals), Rx-“Aids Prescription Drug Program (APDP)” assistance,
- Early Intervention Program (EIP)
- Services are guided by Standards set by the Federal Government

- Outreach MSM (Men who have sex with Men)
- Client Testing and Consulting
- Outreach for Injection Drug Users
- Outreach conducted at Bars and Migrant Fields,
- Outreach for HIV positive partners (Partnership for Health)
- Hepatitis B and C testing

Types of Clients:

- HIV/AIDS positive
- Males
- Females
- Children
- Mandated clients through the court system (HIV testing)

2006 Demographics: Cumulative HIV/AIDS case counts and deaths by Resident County and AIDS Net region at diagnosis- WSDOH

			Presumed Living		
January –June	Cumulative Cases	Deaths	HIV	AIDS	Total
Benton	108	38 (35%)	26	44	70(.8%)
Franklin	69	17(25%)	19	33	52(.6%)
July-December					
Benton	111	39(35%)	27	45	72(.8%)
Franklin	70	17(24%)	19	34	53(.7%)

2006 Demographics: HIV Prevention & Education

	Number of Events	Number of People
Active outreach	6	52
Church/place of worship	3	37
Correction/detention facility	13	77
Drug treatment facility	37	341
Fixed site (tabling, van)	4	19
Meeting Room	13	79
Private Home	2	8
Grand Total	78	613
Transmission Risk Category Summary		
General population (risk unknown)	47	157
Heterosexual	54	197
HIV-Infected Persons	4	4
IDU	51	158
MSM	39	87
MSM/IDU	6	10
Total for Events with Attendees	78	613
Intervention Type		
Group-level Intervention	78	613
Materials Distributed		
	Number	
Bleach Kits	4	
Condoms/latex barriers	949	

Educational Materials	1135	
IDU Prevention Materials	10	
Lubricant	609	
Promotional Materials	55	
Referral Information	49	
Testing Coupons	14	
Total	2825	

HIV Counseling and Testing Summary: 36 clients

Number of Referrals	Low-verbally mentioned	Medium-Info. Provided to client	High- Scheduled Appt. for Testing	Total
Hepatitis	1	1	0	2
HIV C& T	17	5	0	22
STD	7	6	0	13
Total	25	12	0	37

2006 Ethnicity Demographics: HIV Prevention & Education

	Grand Total
Hispanic or Latino	227
Not Hispanic or Latino	386
Total	613

2006 Race Demographics: HIV Prevention & Education

	Grand Total
American Indian/Alaskan Native	6
Asian	4
Black or African American	23
Native Hawaiian or Other Pacific Islander	0
White	356
More than One Race (Hispanic)	224
Total	613

2006 Demographics: Blood Borne Pathogen Certification Classes

	Unduplicated Visits	Unduplicated Clients (# of total clients)
Benton County:	168	165
Franklin County:	129	127
Other County:	32	26

Division II- Preventive Health Services: Safe Babies, Safe Moms (SBSM)

Staff: Sandy Owen-Director, Shelley Little-Supervisor

Audra Essary-Clerk/Receptionist

Jan Brodie- RN

Judy Dirks, Cathy Hanson, Diane Goodnight & Julie Chacon- Social Workers

SBSM Mission: Helping women and their children become healthy, safe and self-sufficient.

SBSM Highlights/Successes: Pilot Study results indicated-

- Women who joined Safe Babies, Safe Moms has babies born with higher birth weights- a sign of a healthy baby
- Two-thirds of women in Safe Babies, Safe Moms had at least one method of birth control paid for by their medical coupons.
- Women in Safe Babies, Safe Moms And in treatment had 50% less arrests
- Women who joined Safe Babies, Safe Moms while they were pregnant were 35% less likely of being reported to CPS.

Types of Clients:

- 1) Women over 18 years of age
- 2) Pregnant women or have a child under the age of 3
- 3) A recent history of alcohol and/or drug abuse and,
- 4) Client and/or child have a medical coupon.

Services Provided

- Medical: Regular medical appointments assistance, Prenatal Care, Well-Baby Care, Dental Care, Family Planning
- Treatment: Drug & Alcohol Assessments, Inpatient treatment, Outpatient treatment
- Mental Health: Counseling Services, Journaling, Art Therapy
- Parenting & Children: Parenting Education & Skills, Child Development Assessment, NCAST-Nursing Child Assessment Satellite Training
- Education & Job Skills: GED Prep., Vocational Training, Employment Counseling, WorkFirst Credit, Life Skills Classes
- Other Needs: Safe Housing Food, Financial Assistance Legal Services, Transportation, Social Support, Utilities, Domestic Violence Services

2006 Demographics:

- 126 clients
- Age Range: 18-43 years of age
- Time in Program: 7-45 months
- Drug of Choice: Methamphetamine-99, Marijuana-10, Alcohol-11, Prescription- 2, Heroin-1
- Received Treatment: 95
- Graduated from Program: 57
- NA/AA participation: 93
- Kids- Girls: 153 Boys: 148
- Entered pregnant: 55

- SBSM Counseling and/or other Counseling: 68
- Education Range at entry: high school-college
- Education Range at exit: GED-College
- Employment status: No: 54 Yes: 71
- TANF Eligible: 110
- SSI Eligible: 10
- Jail History: 44
- New Crime: 26
- DV: 25
- Drug Court: 13

	Unduplicated Visits	Unduplicated Clients (# of total clients)
Benton County:	3,136	130
Franklin County:	501	21
Other County:	6	2

Community Partnerships:

- Who: Advocate for Wellness, BF Co. Assessment Center, Casita Del Rio, First Steps, Lourdes Treatment Center, Nueva Esperanza/Detoxification Center, Somerset Counseling, Unity Counseling, Community Clinics, Drug Court

Services Provided: Treatments, assessments, medical services.

**Division II- Preventive Health Services: Access to Baby and Child Dentistry (ABCD)-
Oral Health**

Staff: Sandy Owen-Director, M. Annie Goodwin-Supervisor

Staff: Peggy Flint - Registered Dental Hygienist (RDH)

Mission: ABCD stands for Access to Baby and Child Dentistry. It is a preventive dental service aimed at keeping your child's baby teeth healthy. The ABCD program helps DSHS children, ages 0-5, receive dental care and assists parents in establishing a dental home. Education is also provided at Head Start programs.

Challenges: Recruitment and retention of dental providers. Provider support and client support.

Services Provided:

- 2 Dental Exams each year
- 2 Family oral health education sessions each year
- 3 Fluoride varnish applications each year
- Restorative care (fillings, etc.) as needed

Types of Clients: Children

- 0-5 years of age
- With a DSHS medical coupon
- Who live in Benton and Franklin Counties

2006 Demographics:

	Unduplicated Visits	Unduplicated Clients (# of total clients)
Benton County:	718	1,246
Franklin County:	736	1,249
Other County:	19	46

Enrollment by Office:	Richland: 246, Kennewick: 393, Pasco: 834 Total: 1473
-----------------------	--

Children's Community Dental Day 2003-2006: 2006-Willamette Clinic

2004		2005		2006 W: Willamette	
Exams	150	Exams	143	Exams	W: 52
BW	118	BW	43	Bight wings	W: 33
Pro	108	Pro	84	Pro-cleaning	W: 36
Fl Treatment	99	Fl Treatment	69	Fluoride treatment	W: 34
Seals	170	Seals	88	Sealants	W: 86
Ops	103	Ops	99	Ops-fillings, restorations	W: 90
Exts	31	Exts	24	Extractions	W: 16
Other	24	Other	82	Other	n.a.
Patients Completed	70	Patients Completed	78	Patients Completed	W: 35
Patients Referred	76 (15 to Pediatric DDS)	Patients Referred	65	Patients Referred	W: 2
Total Seen	150	Total Seen	143	Total Seen	W: 67
		Total with Medical Coupons	22	Total with Medical Coupons	W: 7
Total Revenue	\$42,869	Total Revenue	\$37,172	Total Revenue	\$22, 623

Other: crowns, space maintainers, pulp cap-root canal for children, behavior management

Partnerships

Community:

Benton Franklin Oral Health Coalition: Local dentists, dental hygienists and concerned citizens

- CBC Dental Hygiene school, Grace Clinic, Tri-Tech Dental Assisting school, Community Health Alliance, Access to Care, Dental Society

State: Washington Dental Service Foundation, DSHS, DOH (2007)

Services provided in collaboration: Children's Community Dental Day, ABCD support and trainings.

Division II- Preventive Health Services: Refugee Program

Staff: Sandy Owen-Director, Heather Hill – Supervisor

Leslie Rivera- Public Health Nurse

Refugee Program Mission: “To provide comprehensive health screening and referrals to refugee clients”

Refugee Program Highlights/Successes:

We are able to see clients in a timely matter (within 30 days of arrival into the United States) and we have a high return for follow up appointments for the TB skin test. Two former refugee clients now assist with interpretation.

Challenges: Follow-ups around TB medication (though this has improved) and keeping doctor referral appointments

Services Provided:

- Health Screenings
- Immunizations
- Referrals for follow-up care: medical, Dental, Vision, Mental Health
- TB screening with follow-up appointments
- Case Management/Home Visits

Types of Clients:

- Country of Origin: Sudan, Somalia, Iraq, Iran, Afghanistan, Russia, Ukraine, Sierra Leone, Burma, Vietnam
- Adults: Men & Women
- Children

2006 Demographics:

Number of New Clients Served	Time Period	TB Follow-up	Screening Tests Provided
32	January 1 st to June 30 th	n.a.	TB (PPD skin test), HIV test for adults, Chronic Hep. B Surface Antigen, urinalysis, vital signs
45	July 1 st to Dec. 31 st	41 returned for skin test reading	TB (PPD skin test), HIV test for adults, Chronic Hep. B Surface Antigen, urinalysis, vital signs

Community Partnerships:

- World Relief Organization from Kennewick, La Clinica: Pasco and Kennewick, Services Provided: referrals to the Health District.

Division III- Environmental Health Services: On-Site Sewage

Staff: Bruce Perkins-Director, Rick Dawson-Supervisor

Jeri Randle, JoDee Peyton, Kay Rottell, Justin Wilde & Nicole Jensen- Environmental Health Specialist/Educator

The mission of Environmental Health is to minimize the community’s exposure to environmental hazards and to prevent human disease and injury by identifying and modifying hazardous environmental factors to assure safe conditions in which people can be healthy.

Environmental Health is accomplished through a broad spectrum of professional disciplines united by their shared mission. It is the science and the art of: (1) identifying the harmful agent through assessment and surveillance, (2) preventing the agent's transmission through the environment by providing intervention and educational measures, and (3) protecting people from the exposure to contaminated and hazardous environments through regulation enforcement.

On-Site Sewage Program (OSS) – Through education, site evaluation, permitting and inspection of the use, construction and maintenance of on-site sewage disposal systems we insure protection of human health and the environments. In accordance with WAC 246-272, we are responsible for application review and issuance of on-site sewage system permits. This requires site evaluation to determine proper location and design requirements for systems. In this program we also determine the competency of persons and firms wishing to install permitted systems including the issuance of a license.

Highlights/Successes: Our educator completed many objectives as set forth in the action plan for January – December 2006 were met. We provided educational brochures to more sites in the community.

Services Provided: We also perform other activities including:

- managing records for all OSS in Benton and Franklin counties,
- evaluating changes in use of existing OSS, and most importantly
- we respond to failing OSS, prescribing corrective actions to provide environmental protection.

2006 Demographics:

On-Site Sewage Program Activities 2006			
Permit Applications	580	Complaint Investigations	55
Permits	440	Inspections	713
Failing OSS/Repairs	91	Evaluations of Existing Systems	163

Division III- Environmental Health Services: Land Use/Subdivisions

Staff: Bruce Perkins-Director, Rick Dawson-Supervisor

Jeri Randle, JoDee Peyton, Kay Rottell, Justin Wilde & Nicole Jensen- Environmental Health Specialist/Educator

The mission of Environmental Health is to minimize the community’s exposure to environmental hazards and to prevent human disease and injury by identifying and modifying hazardous environmental factors to assure safe conditions in which people can be healthy.

Land Use/Subdivisions – In cooperation with local planning agencies at the City, County and State level our staff review and comment on proposed subdivisions, commercial projects, rule development and any project that triggers the State Environmental Policy Act. In accordance with WAC 246-272, we review land proposed for subdivision, for suitability and use of on-site sewage disposal systems and minimum land area requirements. We review SEPA documents for projects proposed to other agencies, evaluating the needs and impacts related to sewage disposal, water and solid waste. Sound working partnerships have been developed with all local planning departments.

Highlights/Successes: Continues to respond to requests from the public for permits, inspections, and consultations in the on-site program. All complaints filed regarding environmental concerns have been responded to and resolution achieved in the majority of cases. Our educator completed many objectives as set forth in the action plan for January – December 2006 were met. The Septic System Education Program continues to be presented to the public as requested. We provided educational brochures to more sites in the community. We continued as a member of the Bio-Med Advisory Committee for Southridge High School.

Services Provided:

- Review and comment on proposed subdivisions, commercial projects, rule development and any project that triggers the State Environmental Policy Act
- Review land proposed for subdivision
- Review SEPA documents for projects proposed to other agencies
- Evaluating the needs and impacts related to sewage disposal, water and solid waste

2006 Demographics:

Land Use/Subdivision Activities 2006			
Short Plat Reviews	95	Long Plat Reviews	13

Division III- Environmental Health Services: Solid Waste

Staff: Bruce Perkins-Director, Rick Dawson-Supervisor
 Kay Rottell - Environmental Health Specialist/Educator

The mission of Environmental Health is to minimize the community’s exposure to environmental hazards and to prevent human disease and injury by identifying and modifying hazardous environmental factors to assure safe conditions in which people can be healthy.

Solid Waste – The Solid Waste program works closely with the Department of Ecology to regulate facilities, educate the public and enforce solid waste management rules within the District. Pursuant to WAC 173-350 and WAC 173-351 we are delegated lead responsibility for review, permitting, and inspection of solid waste disposal facilities. Currently permitted sites include municipal solid waste landfills, solid waste transfer stations, inert waste landfills, organic waste land application projects, drop box sites, compost facilities, and household hazardous waste facilities. Additional responsibilities within this program are delegated from the cities and counties of the district, directing BFHD to investigate and resolve issues related to improper solid waste disposal. We also have a local rule governing firms that pump septic tanks and grease traps to insure proper handling and disposal of this waste. The major funding

mechanisms for this program are from a Coordinated Prevention Grant from the Department of Ecology and annual permit fees assessed to regulated facilities.

Highlights/Successes: Facilities continue to be inspected for operational compliance on a once a month basis. Our educator completed many objectives as set forth in the action plan for January – December 2006 were met. We posted banner outside Kennewick Health Department reminding septic tank owners to pump their tanks every 3-5 years.

Services Provided:

- Regulate facilities,
- Educate the public and
- Enforce solid waste management rules within the District
- Review, permitting, and inspection of solid waste disposal facilities

2006 Demographics:

Solid Waste Program Activities 2006			
Permitted Solid Waste Facilities	20	Complaints Investigated	114
Facility Inspections	302	Septic Tank Pumpers Permits	39

Division III- Environmental Health Services: Water Supply

Staff: Bruce Perkins-Director, Rick Dawson-Supervisor

Jeri Randle, JoDee Peyton, Kay Rottell, Justin Wilde & Nicole Jensen- Environmental Health Specialist/Educator

The mission of Environmental Health is to minimize the community’s exposure to environmental hazards and to prevent human disease and injury by identifying and modifying hazardous environmental factors to assure safe conditions in which people can be healthy.

Water Supply – Safe potable water is paramount to the public health. The majority of the population in Benton and Franklin counties receive their water from municipal water systems subject to regular monitoring. The remainder of our residents receive their water from smaller public water supplies and many from their own single family wells. In cooperation with the Washington Department of Health (DOH), local conversation districts and municipalities we provide review and inspection of water systems, approval of small systems and most importantly provide information to the public on the importance of water quality and proper monitoring. Additionally we perform inspections, under a contract with DOH, of mid sized Group B water systems and GPS all Group B wells currently located within the District.

Highlight/Successes: Continues to respond to requests from the public for permits, inspections, and consultations in the on-site program. All complaints filed regarding environmental concerns have been responded to and resolution achieved in the majority of cases. Our educator completed many objectives as set forth in the action plan for January – December 2006 were met. We partnered with the Benton County Mosquito Control Board at Safe Kids Saturday in presenting materials on Mosquitoes and West Nile Virus. We posted banner outside Kennewick Health Department reminding septic tank owners to pump their tanks every 3-5 years. We worked with the Pasco and Kennewick Code Enforcement for local apartment mold issues. BOMA – Building Owners and Managers Association Class. We worked with the Pasco and Kennewick Code Enforcement for local apartment mold issues.

Services Provided: In cooperation with the Washington Department of Health (DOH), local conversation districts and municipalities

- We provide review and inspection of water systems,
- Approval of small systems and most importantly
- Provide information to the public on the importance of water quality and proper monitoring.

2006 Demographics:

Water Supply Program Activities 2006			
Public Water System Reviews	34	Group A Water System Inspections	6
Group B Water System Inspections	55	Group B Wells GPS	440

Division III- Environmental Health Services: Zoonotic Disease Program

Staff: Bruce Perkins-Director, Rick Dawson-Supervisor

Jeri Randle, JoDee Peyton, Kay Rottell, Justin Wilde, Susan Shelton, Jessica Bayne, Britt Wilkins, Judy Kitchen, Pam Blake, Erin Tebay & Nicole Jensen- Environmental Health Specialist/Educator

The mission of Environmental Health is to minimize the community’s exposure to environmental hazards and to prevent human disease and injury by identifying and modifying hazardous environmental factors to assure safe conditions in which people can be healthy.

Zoonotic Disease Program - Environmental Health staff provides public information regarding a large number of zoonotic diseases, investigate reports of disease in our community, and review animal bites for possible rabies exposure. Additional partnerships are maintained in the investigation of potential rabies incidents working closely with local medical providers to insure that each animal incident is evaluated promptly for the potential rabies exposure. The department has taken the regional lead in developing a partnership with mosquito control agencies, Department of Agriculture, Audubon Society, local veterinarians, neighboring local health jurisdictions, and the Department of Health to aggressively plan and coordinate a regional response to the potential for zoonotic diseases, such as Hantavirus and West Nile Virus in our community.

Highlights/Successes: We continued as a member of the Bio-Med Advisory Committee for Southridge High School. We partnered with the Benton County Mosquito Control Board at Safe Kids Saturday in presenting materials on Mosquitoes and West Nile Virus. In the vector program each animal bite incident received was evaluated for rabies and the appropriate response was generated.

Services Provided:

- Investigate reports of disease in our community, and
- Review animal bites for possible rabies exposure

2006 Demographics:

Zoonotic Disease Program Activities 2006			
Rabies Investigations	324	West Nile Virus Dead Bird Surveillance	167
Zoonotic Media Interviews	17	Community Zoonotic Meetings	7

Division III- Environmental Health Services: Water Recreation

Staff: Bruce Perkins-Director, Rick Dawson-Supervisor
 Jeri Randle, JoDee Peyton, Kay Rottell, Justin Wilde, Nicole Jensen & James Peterson-
 Environmental Health Specialist/Educator

The mission of Environmental Health is to minimize the community's exposure to environmental hazards and to prevent human disease and injury by identifying and modifying hazardous environmental factors to assure safe conditions in which people can be healthy.

Water Recreation – Pursuant to an agreement with the Washington Department of Health a program to permit, inspect and monitor water recreation facilities operated by hotels, municipalities, apartment complexes, homeowner associations, mobile home parks and athletic clubs has been in place for a number of years. Through routine inspection, we educate pool operators in water chemistry, safety and maintenance of physical facilities to protect public health and safety.

Highlights/Successes: Our educator completed many objectives as set forth in the action plan for January – December 2006 were met. We provided educational brochures to more sites in the community.

Services Provided:

- Permit, inspect and monitor water recreation facilities operated by hotels, municipalities, apartment complexes, homeowner associations, mobile home parks and athletic clubs.

2006 Demographics:

Water Recreation Program Activities 2006			
Facilities Inspected	377	Operating Permits	169

Division III- Environmental Health Services: Chemical/Physical Hazards

Staff: Bruce Perkins-Director, Rick Dawson-Supervisor
 Jeri Randle, JoDee Peyton, Kay Rottell, Justin Wilde, Susan Shelton, Jessica Bayne, Britt Wilkins, Judy Kitchen, Pam Blake, Erin Tebay & Nicole Jensen- Environmental Health
 Specialist/Educator

The mission of Environmental Health is to minimize the community's exposure to environmental hazards and to prevent human disease and injury by identifying and modifying hazardous environmental factors to assure safe conditions in which people can be healthy.

Chemical/Physical Hazards – The environmental health staff have established a strong working relationship with local law enforcement, DOH and DOE to effectively respond to the incidence of Clandestine Drug labs within the district. In accordance with WAC 246-205, this office is

responsible for investigating and declaring properties used as clandestine drug labs as fit or unfit for occupancy after seizure by local law enforcement agencies. Additional activities in this program include the assessment of suspected and confirmed sites contaminated by various hazardous substances on the behalf of DOE. We also provide information and referrals for consumers on various concerns including Radon, Lead, Formaldehyde, and Asbestos.

Highlights/Successes: We provided education and review on the following topics related to Environmental Health and Safety Issues: Legal and Regulatory Background, Hazard Communication, Asbestos, Lead Hazards, Indoor Air Quality, Air Quality Management and Air Pollution Control, Water Pollution Control.

Services Provided:

- Effectively respond to the incidence of Clandestine Drug labs within the district
- Responsible for investigating and declaring properties used as clandestine drug labs as fit or unfit for occupancy after seizure by local law enforcement agencies
- Assessment of suspected and confirmed sites contaminated by various hazardous substances on the behalf of DOE
- Provide information and referrals for consumers on various concerns including Radon, Lead, Formaldehyde, and Asbestos

2006 Demographics:

Chemical/Physical Hazards Activities 2006			
Clandestine Drug Labs	0	Site Hazard Assessments	3

Division III- Environmental Health Services: Living Environment

Staff: Bruce Perkins-Director, Rick Dawson-Supervisor

Jeri Randle, JoDee Peyton, Kay Rottell, Justin Wilde, Susan Shelton, Jessica Bayne, Britt Wilkins, Judy Kitchen, Pam Blake, Erin Tebay & Nicole Jensen- Environmental Health Specialist/Educator

The mission of Environmental Health is to minimize the community’s exposure to environmental hazards and to prevent human disease and injury by identifying and modifying hazardous environmental factors to assure safe conditions in which people can be healthy.

Living Environment- Environmental Health staff work with DOH, Educational Service District 123, local building agencies and consultants to assure proper health and safety provisions are made in the design and operation of our schools. This is accomplished through plan review, consultation, inspection of facilities and education. The division also responds to public nuisance complaints, such as animal waste, dead animals, indoor air quality issues etc. Each investigation requires establishing the validity of the complaint, determining its health significance, performing an evaluation, making recommendations and taking legal actions where necessary.

Highlight/Successes: All complaints filed regarding environmental concerns have been responded to and resolution achieved in the majority of cases. Our educator completed many objectives as set forth in the action plan for January – December 2006 were met. We worked with the Pasco and Kennewick Code Enforcement for local apartment mold issues. BOMA –

Building Owners and Managers Association Class. Prepared 5 students for test (all 5 subsequently passed). We provided education and review on the following topics related to Environmental Health and Safety Issues: Legal and Regulatory Background, Hazard Communication, Asbestos, Lead Hazards, Indoor Air Quality, Air Quality Management and Air Pollution Control, Water Pollution Control. We completed 204 requested presentations and directly spoke to over 7376 members of our community. We have participated in two (2) local elementary schools' "Science Night's" as an educational exhibit. We perform home assessments for asthmatic families and families with health problems possibly related to indoor air quality issues as referred by their medical provider(s).

Services Provided:

- Plan review, consultation, inspection of facilities and education
- Respond to public nuisance complaints, such as animal waste, dead animals, indoor air quality issues etc.

2006 Demographics:

Living Environment Activities 2006			
School Plan Reviews	3	Other Complaints Investigated	14
Indoor Smoking Complaints	105		

Division III- Environmental Health Services: Environmental Health Education

Staff: Bruce Perkins-Director, Rick Dawson & Jean Ross-Supervisors
JoDee Peyton & Susan Shelton-Environmental Health Specialist/Educator

The mission of Environmental Health is to minimize the community's exposure to environmental hazards and to prevent human disease and injury by identifying and modifying hazardous environmental factors to assure safe conditions in which people can be healthy.

Environmental Health Education –Environmental health educators interact with the community and conduct outreach activities addressing the relationship of the environment to the health status of the individual. They develop materials, deliver presentations, and utilize print, visual and audio media to disseminate pertinent environmental health information to the public. One of the main focuses of this program is the education of elementary school children about public health issues within the community.

Highlights/Successes: Presentations, materials, and media campaigns are developed for food safety, vectorborne disease, playground safety, injury and poison prevention, hazardous waste, illegal drug prevention, on-site sewage, solid waste, indoor air quality, and other environmental health issues. The district continues to develop and update brochures, fact sheets, presentations and website pages highlighting each of these areas and regularly disseminates information through press releases, news conferences and public service announcements.

Services Provided:

- Outreach activities addressing the relationship of the environment to the health status of the individual.
- Develop materials, deliver presentations, and utilize print, visual and audio media to disseminate pertinent environmental health information to the public

- Education of elementary school children about public health issues within the community

2006 Demographics:

Environmental Health Education Activities 2006			
Educational Presentations	427	Presentation Attendance	~12,676
Community Events/Health Fairs	18	Brochures Developed or Revised	35
Media Interviews	39	Hands Washed	10,000+
		Handwashing Trailer Appearances	11

Partnerships: We complete these activities by collaborating with many outside agencies including: local school districts, Girl and Boy Scout Organizations, Soil Conservation, Cooperative Extension, local cities, Washington State Training and Registry System (STARS), Washington State University at Tri-Cities, local real estate agencies, hospitals and health clinics, local service organizations (such as the Elks), Columbia Basin College, WSU Extension, W.I.C., Washington State Migrant Council, Department of Agriculture, Washington State Restaurant Association, Head Start, Benton-Franklin Safe Kids Coalition, the Community Action Council and the American Lung Association.

Division III- Environmental Health Services: Public Food Safety Programs

Staff: Bruce Perkins-Director, Jean Ross-Supervisor

Erin Tebay, Judy Kitchen, Guy Barnes, Jessica Bayne, Britt Wilkins & Susan Shelton-
Environmental Health Specialist/Educator

The mission of Environmental Health is to minimize the community’s exposure to environmental hazards and to prevent human disease and injury by identifying and modifying hazardous environmental factors to assure safe conditions in which people can be healthy.

Public Food Safety – In addition to safe drinking water, residents and visitors to our community have the right and expectation to safe food. Environmental Health Specialists are charged with preventing the spread of foodborne disease in our community at public facilities such as schools, restaurants, community events, mobile food units, coffee stands, and grocery stores. Our program works closely with state and federal food regulators (Washington State Departments of Agriculture and Health, Food and Drug Administration, and United States Department of Agriculture) and industry members, such as the Washington Restaurant Association, school districts, and individual business owners.

Highlights/Successes: In 2006, two national food items (contaminated spinach from California and shellfish harvested from Washington) were distributed in our area and caused illness and concern within our district. Our office provided education to the community, performed recall checks with food establishments to ensure product was removed from service, and handled numerous calls from the public. In 2006, we also began posting our food safety inspections on our internet site, produced numerous training materials on food safety, and our handwashing trailer was awarded “Kids Favorite” at one of our largest health and safety fairs in the district. Additionally, we unveiled specialized hallway art with a “Food Safety is No Fairytale” theme created by food safety program staff (on personal time). The nine hand-drawn art pieces

incorporate food safety messages into classic fairytales and are a popular addition in our hallway. Please try to determine the food safety message next time you visit our office.

Services Provided:

- We work to ensure safe foods through regulation enforcement, inspection, and education in all of our permitted establishments. In addition to inspections,
- We respond to complaints received from the public, conduct epidemiological investigations of suspect foodborne illness outbreaks,
- Perform plan reviews of new and remodeled food establishments,
- Respond to questions from the public on food safety and food concerns, and provide a food safety newsletter to our establishments.
- We also dedicate considerable time to training our food workers through food safety training classes offered 4-5 times per week.

2006 Demographics:

Food Safety Program Activities 2006			
Permanent Establishments Permitted in District	1205	Food Complaints Received and Responded To	181
Permanent Establishment Inspections Conducted	2151	Food Worker Card Training Classes Provided	337
Temporary Establishments Permitted in District	638	Food Worker Cards Issued	7237
Epidemiology Inspections	35	Handwashing Trailer Appearances	11

Community Partnerships:

- Who: Richland Library, STARS Program, partner with METRO, Kennewick Police Department, Pasco Police Department and Richland Police Department, Crime Resistant Community Living Program; Environmental Awareness for Realtors Seminar; Continued partnerships with all school districts in providing water filter, groundwater model, Enviroscape, Tap Water Tour, and H2Olympics, water and vector borne diseases, indoor air quality, septic systems, and public health presentations for all ages, as requested.

Services provided in collaboration: in presenting “Insects Bug Me” at the Richland Public Library, education of child care providers, sponsored by the Kennewick Police Department in offering information to the public about the hazards of illegal drug manufacturing sites, granted continuing education credits, on the following topics: Septic Systems, Wells, Mold, Methamphetamine Labs

Division IV- Laboratory Services

Staff: David Miller-Supervisor
Sherry Dengate-Lab. Technician II

Laboratory Mission: The lab has two major program areas. **Drinking Water:** This program is designed to provide analysis of the major elements of concern, primarily bacteriological monitoring and limited water chemistry. **Waste Water:** This program is designed to provide services primarily for waste water treatment plants and industrial users who need to monitor waste streams.

Laboratory Highlights: The lab is a resource for other counties and laboratories. We work extensively with private individuals to resolve water problems and educate them on well and water related issues. We work with many public water systems to help educate new owner /operators on regulatory issues and water sampling procedures and requirements.

- We are available 24/7 in response to an emergency providing reduced response times.
- Recognized and respected by the DOE, DOH and local partners.
- We provide a testing service that would currently be unavailable to the local community through any other laboratory.
- We assist many Wastewater generators meet regulatory compliance without the expense of shipping samples to outside laboratories.
- We work with the local laboratory community providing support and analysis that they are not certified to perform.
- Water Yearly Total: 12095
- Waste Water Yearly Total: 1674

Types of Clients:

- 1) Public Water systems
- 2) Private home owners
- 3) Wastewater Treatment Facilities, Domestic, Industrial, food processing etc.

The analysis of Drinking Water tests from initial testing can run anywhere between 24-96 hours to complete; not including delivery of results. The analysis of Waste Water tests from initial testing can run anywhere between 1-5 days to complete; not including delivery of results. The laboratory offers a variety of tests and delivery of results varies from the time the tests are initiated to completion.

Drinking Water Tests Available: Bacteriological, Nitrate, Nitrite, Fluoride, Heterotropic Plate Count, Drinking Water (MPN): Total Coliform, Drinking Water (MPN): Fecal Coliform, and E-Coli, Total Dissolved Solids and Total Hardness.

Wastewater Tests Available: Biological Oxygen Demand (BOD), Carbonatious BOD (CBOD), BOD/CBOD, Settleable Solids, Total Solids, Total Suspended Solids, Total Dissolved Solids, Volatile Suspended Solids, Ammonia, Chloride, Nitrate/Nitrite, Total Kjeldahl Nitrogen, Total Phosphorus, Total Coliform, Fecal Coliform, pH, Residual Chlorine, Dissolved Oxygen, Vector Attraction Reduction: Analysis and Tannin's.

2006 Demographics:

Summary of Services		2006		Unduplicated Clients (# of total clients)	Unduplicated Visits
Drinking Water			Benton County:	1,799	1,799
Public Water Supplies		~800	Franklin County:	758	758
Water Analysis		7,002	Other County:	482	482
Quality Control		4,018			
Nitrates		781			
Fluorides		71			
Wastewater Program					
Biological Oxygen Demand		372			
Total Suspended Solids		318			
Total Dissolved Solids		79			
Volatile Suspended Solids		3			
Nitrates		135			
Amonia		119			
Total Kjeldahl Nitrogen		112			
Chloride/Chlorine		56			
Aerobiology		86			

Partnerships:

Community:

- Who: We partner with many government agencies including but not limited to all of the Cities in Benton and Franklin Counties, Public water system owners, Wastewater Treatment Plant operators, Wastewater dischargers and private well owners throughout the region. We also partner with the local laboratory community.

State: WA State Dept of Health, WA State Dept of Ecology, WA State Dept of Agriculture, EPA.

Services Provided: Water Bacteriological and Chemical analysis of Water and Wastewater. We provide the service to all water and wastewater users and generators throughout the Mid Columbia Region.

Division IV: Public Health Emergency Preparedness & Response

Staff: Dr. Larry Jecha-Health Officer

Staff: Leslie Koenig-Supervisor, Bruce Perkins- EH Director

Angela Seydel-Education and Communication; John Franco and Barbara Andrews-Epidemiology;

Nathan Sheeran-Software Specialist

Public Health Emergency Preparedness & Response Mission: This is a Center for Disease Control and Prevention funded program to improve the ability of Local Health Jurisdictions to respond to bioterrorism, epidemic disease, and/or other public health emergencies. Benton-Franklin County Health District is the lead agency for Public Health Region 8.

Accomplishments:

Region 8 Mission: Region 8 Public Health Emergency Preparedness and Response serves as a primary resource to local health jurisdictions in planning and preparing for responding to, and

recovery from public health emergencies in Benton, Franklin, Klickitat, Walla Walla, and Yakima Counties.

Region 8 Accomplishments:

- 24/7 System Capacity Testing
- Coalition Development
- Database Development
- Emergency Preparedness Kits
- Exercise Evaluations
 - Incident Command System, Epi Info, Risk Communication, SmartPH, PIO Go Kits
- Job Action Sheets
 - Responders, PODS
- Multimedia Presentations
- Plan Development Assistance
- Point of Dispensing (POD) Evaluations
- Provider Notebooks
- Training Resource Library
- Trainings

Services & Focus Areas Provided:

Services	Focus Ares
Epidemiology	Plans
Exercise Development and Evaluation	Best Practices
Materials Development	Information Resources
Training	Partnerships
Database Development	Surge Capacity
Plan Review	
Community Presentations	

Types of Clients:

- Health Districts
- General Public
- Healthcare partners
- Emergency Management

2006 Demographics:

Local 2006 Deliverables:

- Delivered, enhanced and updated the BFHD Emergency Plan and incorporated lessons learned from exercises.
- Participated in a Health Risk Assessment with Region staff.
- Conducted a tabletop exercise on Pandemic Influenza with emergency response community members and prepared an after action report
- Reviewed and updated mass prophylaxis plans
- Developed and enhances written agreements for use of POD sites in an emergency
- Proceeded with planning and identification of essential core staffing plans for POD sites
- Conducted a POD site exercise during a Richland flu clinic

- Maintained a 24-7 on call service for public health emergencies
- Completed a 24-7 capacity assessment
- Developed and maintained a list of medical providers, emergency response partners and populated our Blast Fax system
- Maintained our satellite phone systems
- Participated in SECURES testing
- Maintained our digital certificates
- Trained key staff in risk communication
- Fit tested and sized N-95 respirators for the majority of staff
- Provided additional NIMS training to staff

Regional 8 Deliverables:

- Provided the dates the SNS Coordinators held their quarterly SNS Meetings with the LHJs
- Provided a short narrative of work completed to integrate veterinarians in PH surveillance systems
- Provided a short narrative of work completed to develop a communications plan
- Provided a short narrative of work completed to assist LHJs implementing PHIMS and PHRED
- Provided a list of people trained in risk communications this quarter
- Provided a short narrative of risk communications and public information integration into drills and exercises
- Provided a short narrative of assistance for JIC capability
- Provided a short narrative of participation in LMS implementation facilitated by the state
- Provided a short narrative of training and education information for updates and reports provided to DOH
- Provided a list of training
- Provided a short narrative of activities undertaken to provide materials for the catalog
- Provided a short narrative of activities undertaken to identify needed training topics
- Provided a short narrative of efforts undertaken to develop and evaluate training resources
- Provided a list of needed products developed
- Provided a short narrative of activities undertaken to set targets and assist in pilot projects
- Provided a short narrative of the process to provide information to training targets

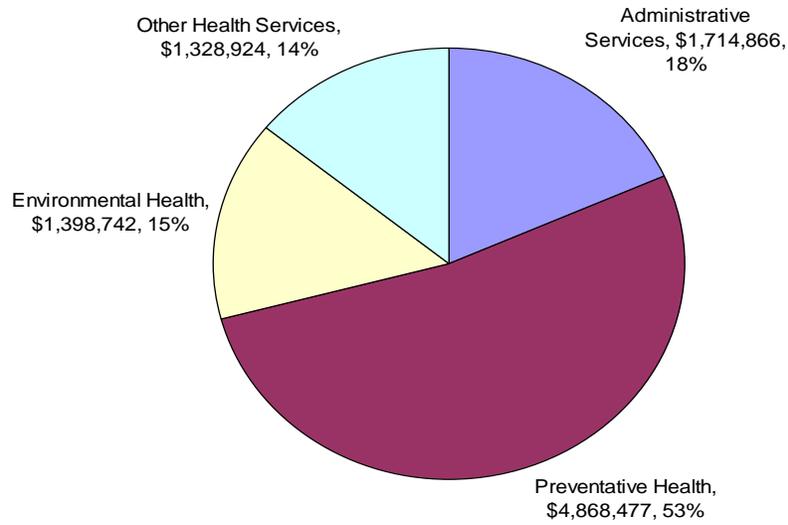
Partnerships:

- Advancement Handford
- Benton County Emergency Management
- Benton-Franklin Health District
- Benton-Franklin Red Cross
- CHC LaClinica
- Franklin County Emergency Management
- Kadlec Medical Center
- Kennewick General Hospital
- Klickitat County Emergency Management

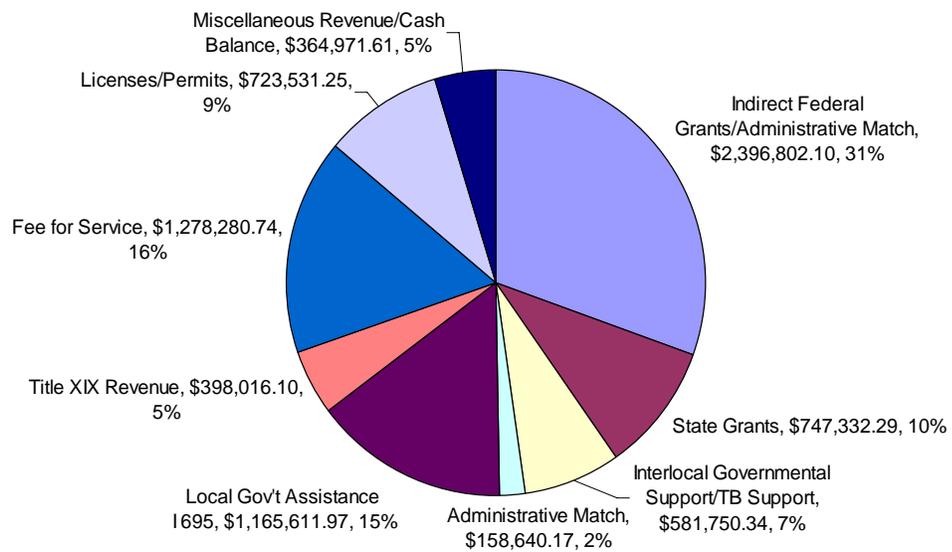
- Klickitat County Health Department
 - Klickitat Valley Health Services
 - Lourdes Medical Center
 - Prosser Memorial Hospital
 - Region 8 EMS/Trauma Counsel
 - Skyline Hospital
 - St. Mary Medical Center
 - Sunnyside Community Hospital
 - Tri-Cities Lab
 - Topinish Community Hospital
 - Walla Walla County Emergency Management
 - Walla Walla County Health Department
 - Walla Walla General Hospital
 - Yakima Nation
 - Yakima Health District
 - Yakima Neighborhood Health Services
 - Yakima Regional Medical & Heart Center
 - Yakima Valley Farm Workers
 - Yakima Valley Memorial Hospital
- Yakima Valley Office of Emergency Management

Financial Summary

2006 Public Health Program Expenses

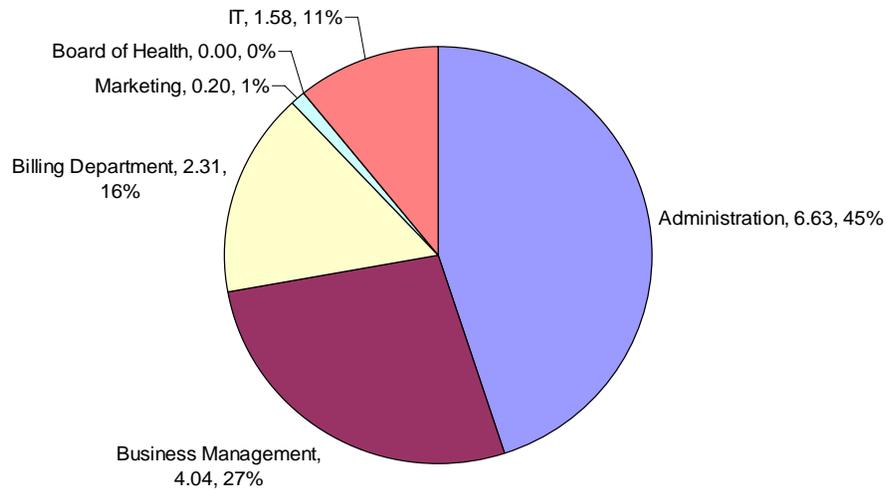


Total Program Revenue Sources

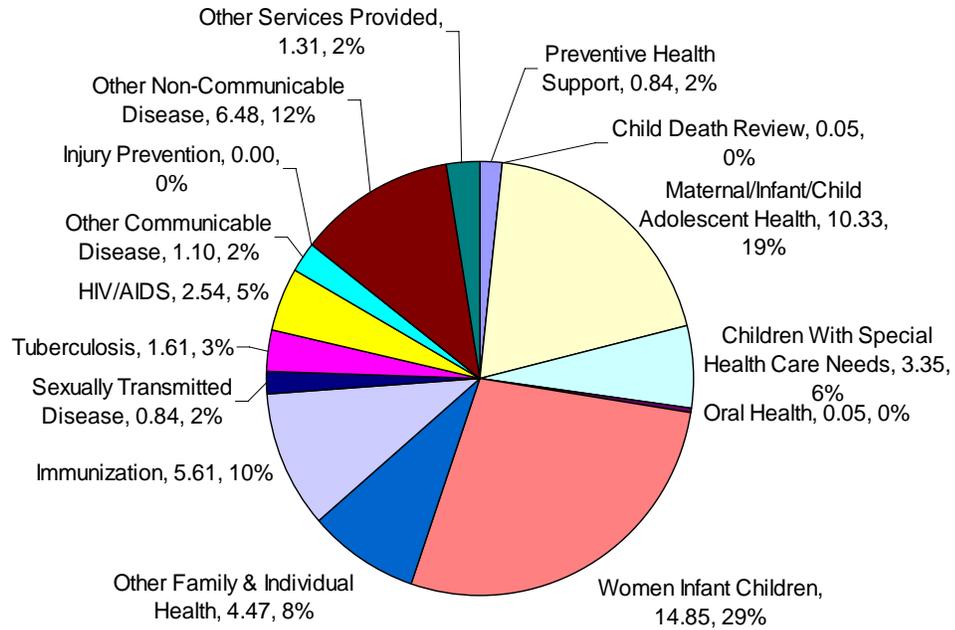


Full Time Equivalent (FTE) Distributions

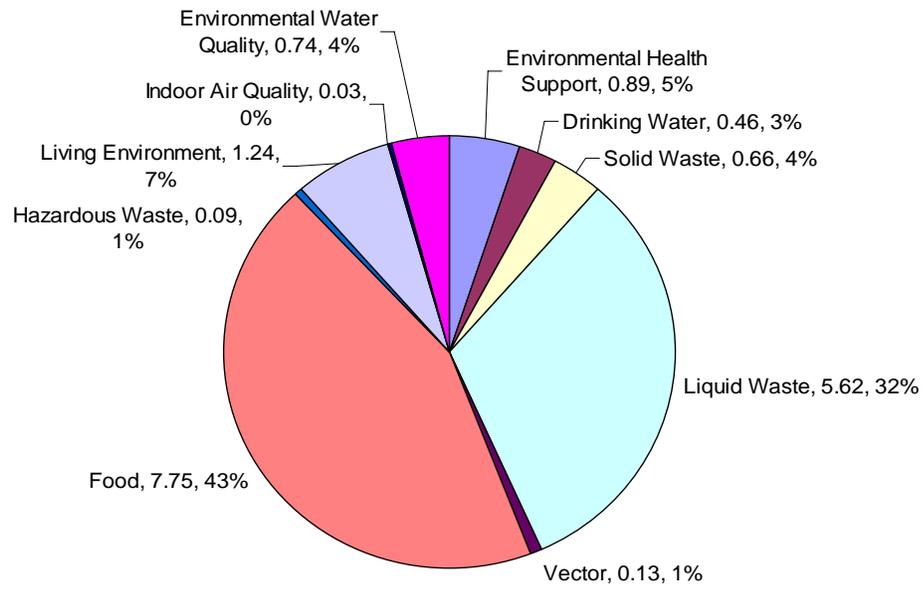
Administration FTE Distribution



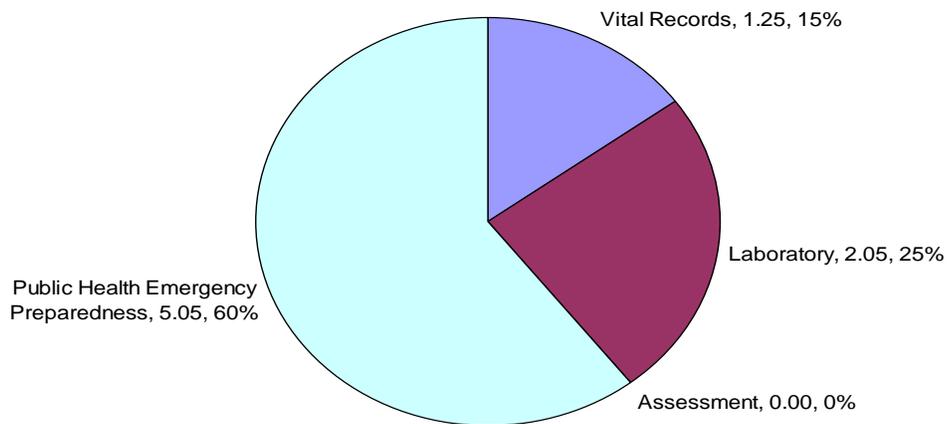
Preventive Health FTE Distribution



Environmental Health FTE Distribution



Other Health Services FTE Distribution



Administrative Services:

471 Williams Blvd.
Richland, WA 99354
943-2614

Community Health Centers:

471 Williams Blvd.
Richland, WA 99354
943-2614

800 W. Canal
Kennewick, WA
99336
586-1525

310 7th Ave. E
Prosser, WA 99350
786-1633

Environmental Health:

800 W. Canal
Richland, WA 99354
582-7761

Emergency Preparedness:

100 N Fruitland Suite D
Kennewick, WA 99336
586-0673 or 586-0975

Safe Babies Safe Moms:

100 N Fruitland Suite D
Kennewick, WA 99336
582-0834 or 582-0934

Public Health- Always working for a safer and healthier Benton-Franklin Counties!

www.bfhd.wa.gov



REFERENCES

- American Diabetes Association (2007). All About Diabetes. Retrieved December 26, 2007 from <http://www.diabetes.org/about-diabetes.jsp>.
- Benton County and Franklin County (Dec. 2006): A Survey of the Adult Population. Seattle, WA: The Gilmore Research Group.
- Center for Disease Control and Prevention: MMWR (2007): Summary of Notifiable Diseases, 54:53, 1-94. Retrieved December 26, 2007 from www.cdc.gov/mmwr
- Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2006].
- Health Youth Survey (2007). Healthy Youth Survey 2006 Survey Results, Franklin County, RMC Research Corporation, Portland, OR.
- Public Health Improvement Plan (2007). Key Health Indicators and Performance Measures. Retrieved December 4, 2007 from <http://www.doh.wa.gov/PHIP/default.htm>
- U.S. Census Bureau (2006). American Fact Finder: American Community Survey. Retrieved December 5, 2007 from <http://www.factfinder.census.gov>
- Vista PHw (2005). Population Trends and Hospitalizations do to Asthma.
- Washington State Department of Health (2006). Behavioral Risk Surveillance Survey. Retrieved November 14, 2007 from http://www.doh.wa.gov/EHSPHL/CHS/CHS-Data/brfss/brfss_homepage.htm
- Washington State Department of Health (2006). Notifiable Conditions: HIV/AIDS, STD. Retrieved December 5, 2007 from <http://www.doh.wa.gov/Notify/list.htm>
- Washington State Department of Health (2006). County Profile Report. Retrieved December 14, 2007 from <http://www.doh.wa.gov/cfh/STD/Ctyprofiles2006/BENTON06.pdf>
- Washington State Office of Financial Management (2006). Total Population Estimates by age, gender, and race: Washington and Its Counties. Retrieved November 14, 2007 from <http://www.ofm.wa.gov/localdata/bent.asp>
- Washington State Office of Financial Management (2006). Median Household Income Estimates by County: 1989 to 2005 and Projection for 2006. Retrieved November 14, 2007 from <http://www.ofm.wa.gov/localdata/bent.asp>