



2006 Combined Annual Report

2006 Executive Summary

**Annual Report 2006:
Benton-Franklin Counties & City Councils**

EXECUTIVE SUMMARY

A collaborative effort of the
Benton-Franklin Health District Management & Staff

Benton-Franklin Health District

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Heather Hill, Supervisor
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David Miller, Supervisor
Nancy Henderson, Supervisor
Leslie Koenig- Supervisor

BOARD OF HEALTH

County Boards

Max Benitz, Jr.-Benton County

Claude Oliver, Benton County
Neva Corkrum, Franklin County

Robert Kock, Franklin County

City Councils

Thomas Moak- City of Kennewick

Margie Price- City of Kennewick
Bob Parks, Alt.-City of Kennewick

David Rose- City of Richland
Sheila Sullivan- City of Richland
Rebecca Francik- City of Pasco
Matt Watkins- City of Pasco

Benton County Small Cities

Larry Walter (Prosser)- Benton
City, Prosser, West Richland
Franklin County Small Cities
Gary Walton (Connell)-
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This document was prepared and published by the Benton-Franklin Health District Staff &
Assessment Coordinator

April 2008

INTRODUCTION

“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 the number of critical items in food service establishments. Our goal for this report is to inform many 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

METHODOLOGY

The purpose for this assessment is to provide a combined Benton-Franklin Health District report for 2006. The report is divided by demographics, socioeconomic, key health indicators, divisions and programs, financial summary, and full-time equivalent (FTE) distributions. Specific program descriptions and data were gathered from key program staff while additional statistical data was gathered from valid and reliable sources.

Program Descriptions

The Health District staff collaboratively developed a template to be used for all the programs. Additional key staff and sources were identified within each program. This process then led to the gathering of program information and data either electronically or by hard copy, which was then circulated back to program directors and supervisors for feedback and accuracy. The program templates were approved to represent all programs in each division. Although not all programs within a department were included, the overall program descriptions were represented of all sub-programs. In addition, program expenses, revenues, and full time equivalent distributions were provided by the senior accountant.

Statistical Data

Data was collected from State Reports specific to programs, Office of Financial Management, U.S. Census Fact Finder, Washington State Department of Health, Benton-Franklin Billing Services program (MAGIC), Behavioral Risk Surveillance Survey (BRFSS), Health Youth Survey (HYS) for Franklin county only, American Diabetes Association, a Survey of the Adult Population, and Benton-Franklin Health District specific data bases. Data reported includes demographics and socio-economics information. In addition key staff chose four local key health indicators to report on. The health indicators will help us measure health outcomes and also answer the question “how is the overall health of our community?”

The data gathered, collected and developed for this report was conducted by the Health District Assessment Coordinator. This report was set-up to establish a baseline for all the Health District programs as well as a template for future annual reports. The ultimate purpose is to assess program needs, develop priorities, gather essential resources, and develop evaluation tools to improve programs and public health in our communities.

DEMOGRAPHICS

- The Benton-Franklin County Population area was estimated at 224,800.
- From 2005 to 2006, Benton County's population increased by 2,501 and Franklin County's population increased by 3,699.
- The average age for Benton County is 36 years of age and for Franklin County is 27 years of age.
- There are slightly more females than males in Benton County. However in Franklin County, males outnumber females.
- In Benton County, 81% of the residents are Caucasian, 13% are Hispanic and >1% are Black. In Franklin County, 59% of residents are Caucasian, 36% are Hispanic and 1% are Black.
- In 2006 there were 57,000 households in Benton County. The average household size was 2.8 people. In 2006 there were 20,000 households in Franklin County. The average household size was 3.3 people. The state average 2.53 persons per household.

SOCIOECONOMICS

- The median income of households for Benton County was \$50,688. The median income of households for Franklin County was \$42,417.
- In 2006, 13.9% of the residents in Benton County and 24.90% of the residents in Franklin County were living in poverty. Statewide, 11.8% of residents and Nationwide 11.3% of residents live in poverty.
- The percentage of all families living in poverty in Benton County is 10%, 21% in Franklin County and 8% for state and 9.8% Nationwide.
- 32% of all children 18 years or younger in Benton County live in poverty, 37% in Franklin County and 15.4% in the state.

KEY HEALTH INDICATORS **COMMUNICABLE DISEASE**

- Chlamydia is one of the most commonly reported of all Sexually Transmitted Diseases throughout the United States.
- The highest incidence rates of reported Chlamydia infections occur among females 15-24 years of age (DOH).
- 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 than that of the Washington State STD rate.
- 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.
- 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).

OBESITY/OVERWEIGHT, DIABETES & ASTHMA

- 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 compared to 24%, 36%, and 10.6% respectively statewide.
- 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.
- 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 compared to 14% and 9% respectively statewide.
- Among Franklin county 11.7% of 10th graders said they were told by a doctor that they have asthma compared to 19% statewide.

ENVIRONMENTAL HEALTH

- The Benton-Franklin Health District's Environmental Health Specialists conduct routine unannounced inspections of all public food service establishments through both counties.
- 15.07% of all inspections in Benton-Franklin County resulted with a Red Item Violation score of 35+ points.
- 22.09% of all inspection in Benton-Franklin county resulted with a Red item violation score of 5+ points.
- Each inspector also provides educational training to the food service operator to improve food safety practices and instill long-term positive behavior change.
- A combination of three or more items will constitute a red item violation of 35+ points. Examples: 1) undercooked hamburger 2) a blocked hand sink 3) improperly cooked beans.
- 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.

DIVISION I-ADMINISTRATIVE SERVICES

- Vital Records was chosen as the 3rd County Health District (behind Spokane and Pierce) to implement the Electronic Death Registration System (EDRS) out of 44 counties.

DIVISION II- PREVENTATIVE HEALTH SERVICES

- In 2006 Benton County had 2332 birth, and Franklin County had 1545 births.
- In Benton County, 1343 of the total births were paid by Medicaid, and in Franklin County, 1128 of the total births were paid by Medicaid.

- The over all up to date Immunization rate for children in childcare centers in Benton-Franklin Counties was 85%.
- Approximately 600 helmets were distributed and 1,500 parents and children were educated about injury prevention in both Benton-Franklin Counties.
- In Franklin County 73% of families receiving WIC live in poverty. The monthly income for a family of four living in poverty was \$1,613 or less; 73% of WIC families were employed.
- In Benton County 68% of families receiving WIC live in poverty. The monthly income for a family of four living in poverty was \$1,613 or less; 65% of WIC families were employed.
- In Benton County WIC served 4,729 women, infants and children under 5 and 1,816 pregnant, breastfeeding and postpartum women.
- In Franklin County WIC served 5,736 women, infants and children under 5 and 2,247 pregnant, breastfeeding and postpartum women.
- In Benton County WIC contributed \$2,092,117 millions in local grocery stores sales and \$16,940 dollars to farmers.
- In Franklin County WIC contributed \$2,990,360 millions in local grocery stores sales and \$60,202 dollars to farmers.
- The Benton-Franklin Health District is the only local health department in the area that offers school-based vaccination clinics.
- In Benton County there were a total of 26,003 immunizations administered, in Franklin County there were a total of 7,597 immunizations administered; a total of 33,600.
- In 2006 a total of 122 countries were visited by Benton-Franklin County residents and a total of 1,075 clients were served.
- In 2006 a total of 1224 Medicaid applications were completed for a success rate of 91% in Benton-Franklin Counties.
- HIV/AIDS clients are at a 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.
- In 2006, 126 women were served in the Safe Babies, Safe Moms program.
- Two former refugee clients now assist with interpretation services at the Benton-Franklin Health District.

DIVISION III-ENVIRONMENTAL HEALTH/SURVEILLANCE, LIQUID WASTE, LAND USE & WATER

- Our most entertaining activity for 2006 was the appearance of our Handwashing Trailer in the Fair Parade.
- In 2006, we began posting our inspection results on the internet. Every permanent food establishment in our district has its routine and follow-up inspections posted on the net at www.bfhd.wa.gov/food.
- In 2006, 7,237 clients obtained their food handlers cards, 3,009 food service inspections were conducted.
- In 2006, 1057 food service establishments were permitted (permanent) and 638 temporary permits were provided.

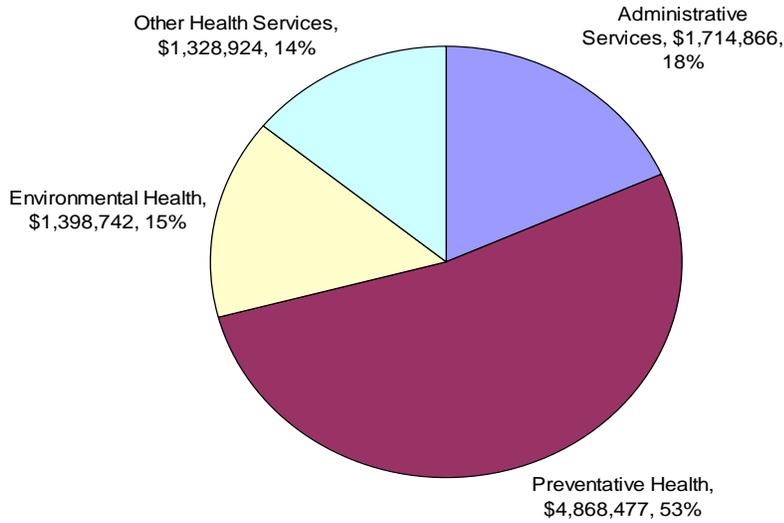
- In 2006, 337 food handler classes were provided and 427 environmental health education classes were taught.
- The Land Use, Liquid Waste and Water section continues to respond to requests from the public for permits, inspections, and consultations in the on-site program.
- In the vector program each animal bite incident received was evaluated for rabies and the appropriate response was generated.
- In the area of Solid Waste 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.
- 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 provided assistance as needed for the West Nile Virus Dead Bird Surveillance Program.
- 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).

DIVIISON IV-LABORATORY & PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE

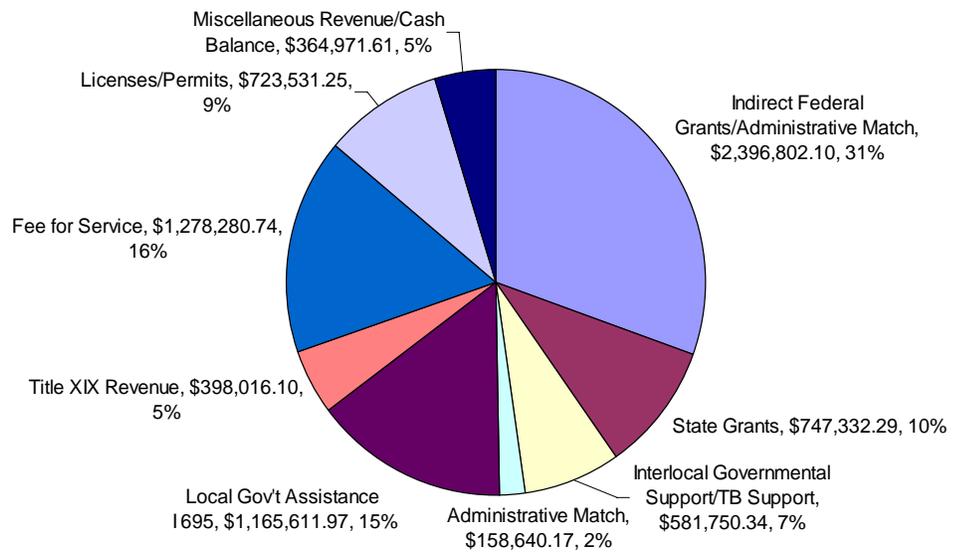
- The lab is a resource for other counties and laboratories.
- We are available 24/7 in response to an emergency providing reduced response times.
- The laboratory is recognized and respected by the DOE, DOH and local partners.
- The analysis of drinking water tests run anywhere from 24-96 hours to be complete.
- The analysis of Wastewater tests run anywhere from 1-5 days to be complete.
- In 2006 Benton County had a total of 1,799 clients and Franklin County had a total of 758 clients. The Benton-Franklin Health District Laboratory also served a total of 482 clients from other Counties.
- Region 8 Public Health Emergency Preparedness and Response (PHEPR) 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.
- PHEPR accomplishments: 24/7 system capacity testing, coalition and database development, emergency preparedness kits, provided exercise evaluations, created job action sheets for responders and Point of Distributions (PODS), and conducted point of dispensing evaluations.
- PHERP delivered, enhanced and updated the BFHD Emergency Plan and incorporated lessons learned from exercises.
- Conducted a tabletop exercise on Pandemic Influenza with emergency response community members and prepared an after action report.
- Trained key staff in risk communication.

Financial Summary

2006 Public Health Program Expenses

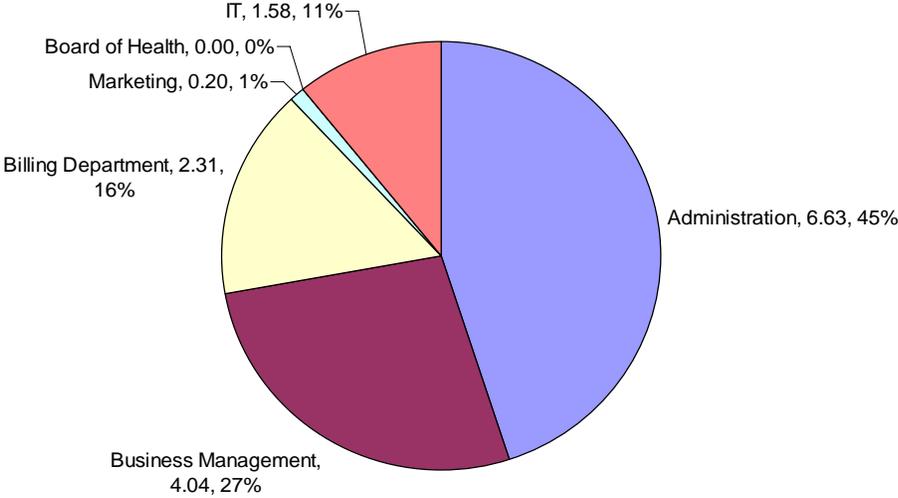


Total Program Revenue Sources

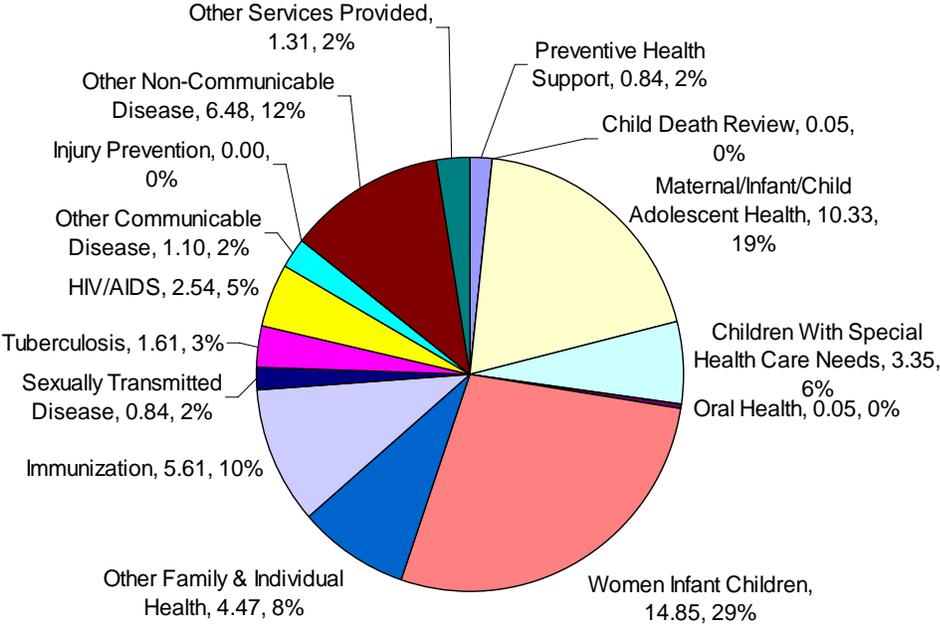


Full Time Equivalent (FTE) Distributions

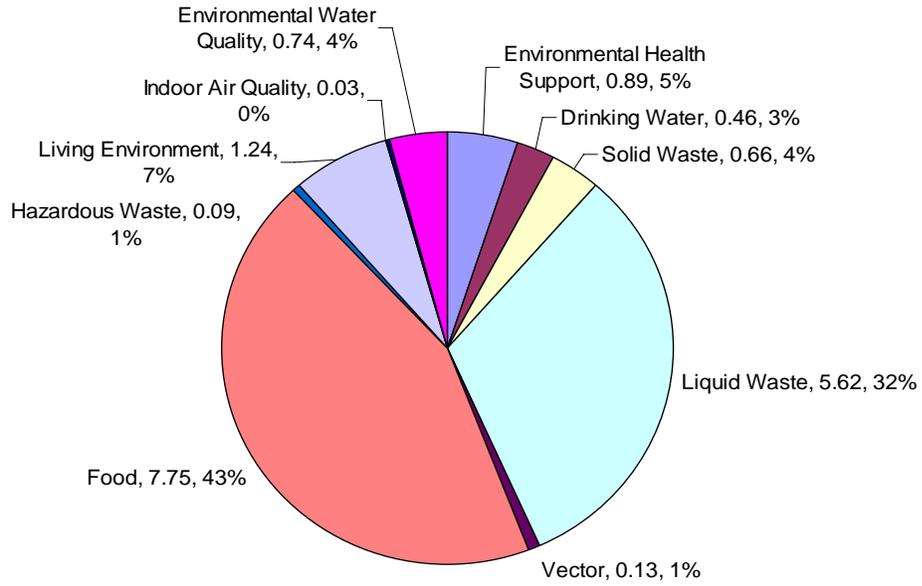
Administration FTE Distribution



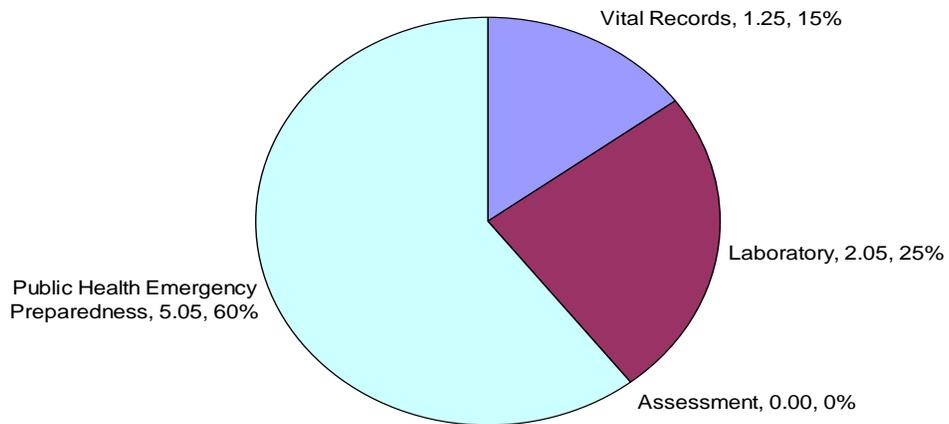
Preventive Health FTE Distribution



Environmental Health FTE Distribution



Other Health Services FTE Distribution



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