



Benton-Franklin Health District **2007 Annual Report**

September 17, 2008

Table of Contents

Letter from the Health Officer/Dr. Larry Jecha.....	Page 3
Division Descriptions.....	Page 4
What is Public Health?.....	Page 5
The Board of Health.....	Page 5
Benton-Franklin Counties Population Trends.....	Page 6-7
Benton-Franklin Counties Socioeconomics	Page 8
Key Health Indicators.....	Pages 9-15
Program Descriptions	
Division I: Administrative Services.....	Page 16
Division II: Preventative Health.....	Pages 17-43
Division III: Environmental Health.....	Pages 44-54
Division IV: Laboratory.....	Pages 55-57
Public Health Emergency Preparedness & Response.....	Pages 58-63
Financial Summary: Expenses & Revenues.....	Page 64
Full Time Equivalent Distributions.....	Page 65-66
Office Directory.....	Page 67
References.....	Page 68

September 17, 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 2007 Annual Report 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 along with program impact 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 Item Violations 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 11-member team comprised of two Directors (Sandy Owen-Preventative Health Services & Bruce Perkins-Environmental Health Services) and 9 Supervisors, work 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 Health District 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 Services 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 service areas: 1) Drinking Water: Is designed to provide analysis of the major elements of concern, primarily bacteriological monitoring and limited water chemistry. 2) Waste Water: 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 agencies/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.

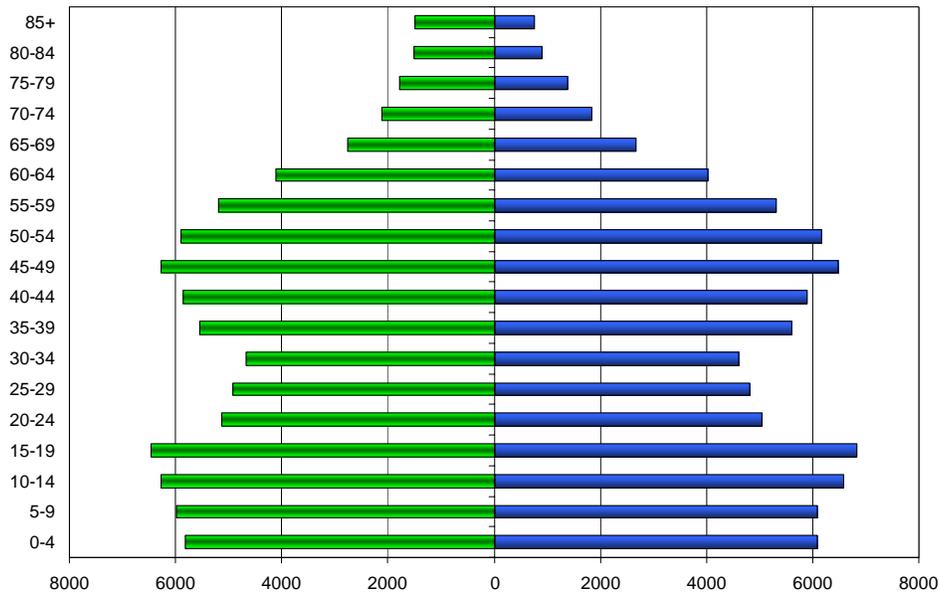
State law requires the BOH to assure public health protection by:

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.

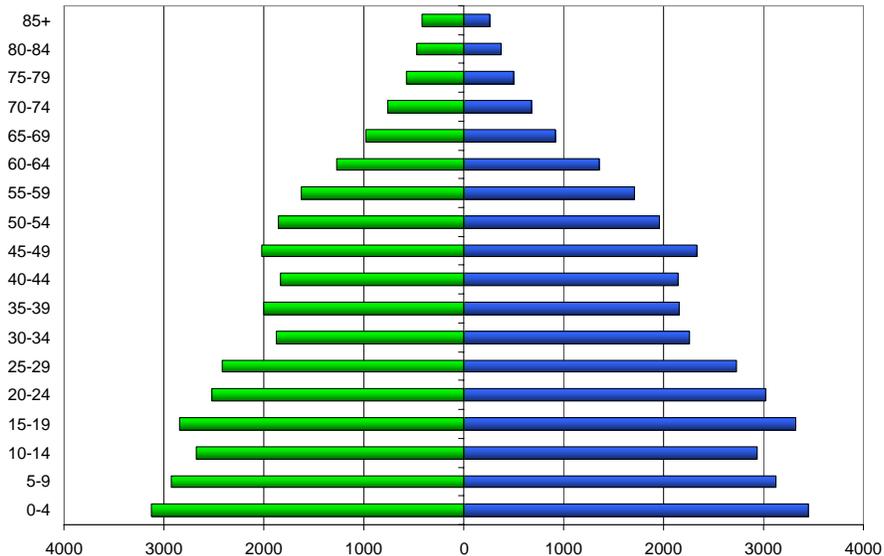
Benton-Franklin Counties 2007 Population Trends:

In 2007 Benton County had a total population of 162,900 of which 81,127 are males and 81,773 are females. Females outnumber males slightly. The average age range is 36 years old. Franklin County has total population of 67,400 of which 35,219 are males and 32,181 are females. Males outnumber females. The average age range is 29 years old. The total population for 2007 is 230,300. In 2006 Benton County had a total population of 160,600 and Franklin County had a total population of 64,200, an increase of 2,300 people for Benton County and 3,200 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 2007



Franklin County Population by Age & Gender 2007



Benton County

2007			
Age	Total	Male	Female
0-4	11,920	6,096	5,823
5-9	12,073	6,094	5,979
10-14	12,855	6,584	6,271
15-19	13,289	6,835	6,454
20-24	10,171	5,052	5,119
25-29	9,746	4,814	4,931
30-34	9,272	4,609	4,663
35-39	11,146	5,608	5,538
40-44	11,752	5,891	5,861
45-49	12,763	6,484	6,279
50-54	12,072	6,166	5,906
55-59	10,514	5,314	5,200
60-64	8,131	4,026	4,105
65-69	5,425	2,667	2,758
70-74	3,960	1,851	2,109
75-79	3,168	1,381	1,786
80-84	2,412	902	1,510
85+	2,231	751	1,480
Total	162,900	81,127	81,773

Franklin County

2007			
Age	Total	Male	Female
0-4	6,568	3,448	3,120
5-9	6,049	3,123	2,926
10-14	5,614	2,936	2,679
15-19	6,167	3,328	2,839
20-24	5,540	3,019	2,521
25-29	5,142	2,724	2,418
30-34	4,132	2,258	1,874
35-39	4,150	2,154	1,996
40-44	3,985	2,148	1,838
45-49	4,354	2,331	2,023
50-54	3,818	1,960	1,858
55-59	3,330	1,705	1,625
60-64	2,628	1,359	1,269
65-69	1,894	916	977
70-74	1,440	675	765
75-79	1,064	495	569
80-84	841	375	465
85+	683	265	418
Total	67,400	35,219	32,181

Source: Office of Financial Management

Benton-Franklin Population by Race (2006 Estimate)

Benton County	Total	Male	Female	Franklin County	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 projected median household income for Benton County is \$59,159 and for Franklin County is \$42,917. Data from 2006 indicates that 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). Data from 2006 indicates that 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. Data from 2006 indicates (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 2006 and Projection for 2007; December 2007

	Census	Estimate					2005	Preliminary Estimate	Projection
	1999	2000	2001	2002	2003	2004		2006*	2007**
Benton County	\$47,044	\$49,190	\$51,570	\$52,584	\$54,112	\$56,242	\$55,031	\$57,897	\$59,159
Franklin County	\$38,991	\$40,349	\$42,204	\$42,571	\$42,370	\$41,634	\$41,609	\$41,875	\$42,917

*Preliminary estimates for 2006 are based on the state Employment Security Department and the State Personal Income Data published by BEA.

**Projection for the year 2007 is based on the 2007 Q1 and Q2 payroll data and the Forecast Council's November 2007 forecast of the 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
- 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.

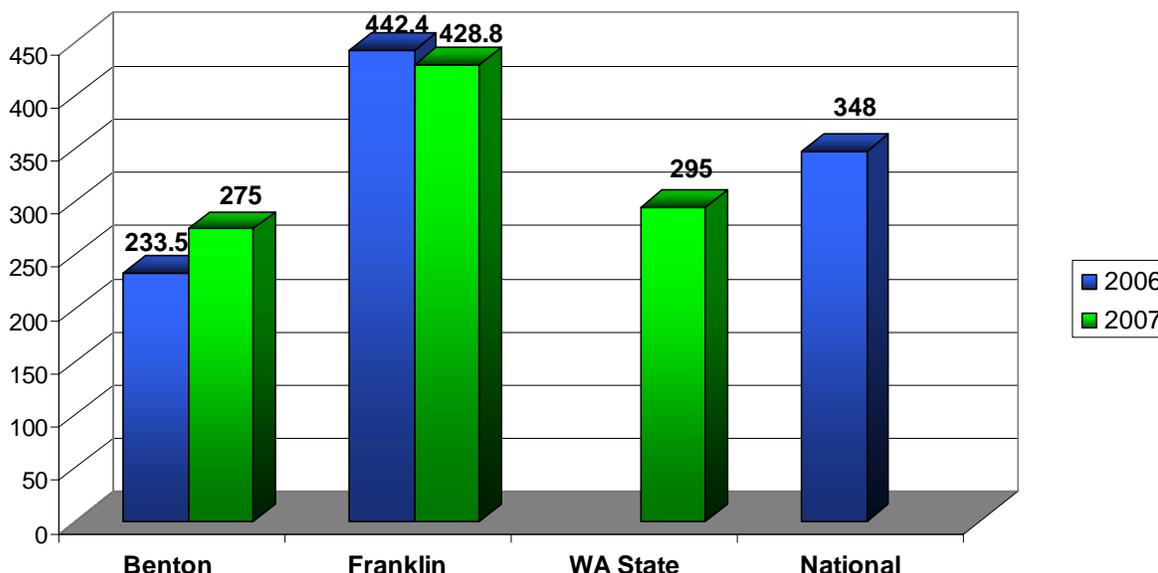
Communicable Disease: Chlamydia

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.

In 2007, 448 Chlamydia cases were reported in Benton County, and 289 Chlamydia cases were reported in Franklin County. Benton County's rate was 275 and Franklin County's rate was 428.8 per 100,000 people. Washington State Chlamydia rate was 295 per 100,000 and the national incidence rate in 2006 was 348 cases per 100,000. 84.8% of all Chlamydia cases reported in 2007 are for persons aged 29 years and younger at the State Level. Franklin County Chlamydia rate was higher than the national incidence rate.

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

Chlamydia Rates 2006-2007



State Data- DOH-Community Family Health & DOH STI Facts: Washington State 2007

2006-279.5 per 100,000 people 2007- 295 per 100,000 people

County Data- DOH-County STD Disease Trends

2006-Benton- 233.5 per 100,000; 8% decrease in reported cases; 2007- 275 per 100,000
 2006-Franklin- 442.4 per 100,000; 29% increase in reported cases 2007- 428.8 per 100,000

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

According to the DOH, more than half of Washington residents are obese or overweight due 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.

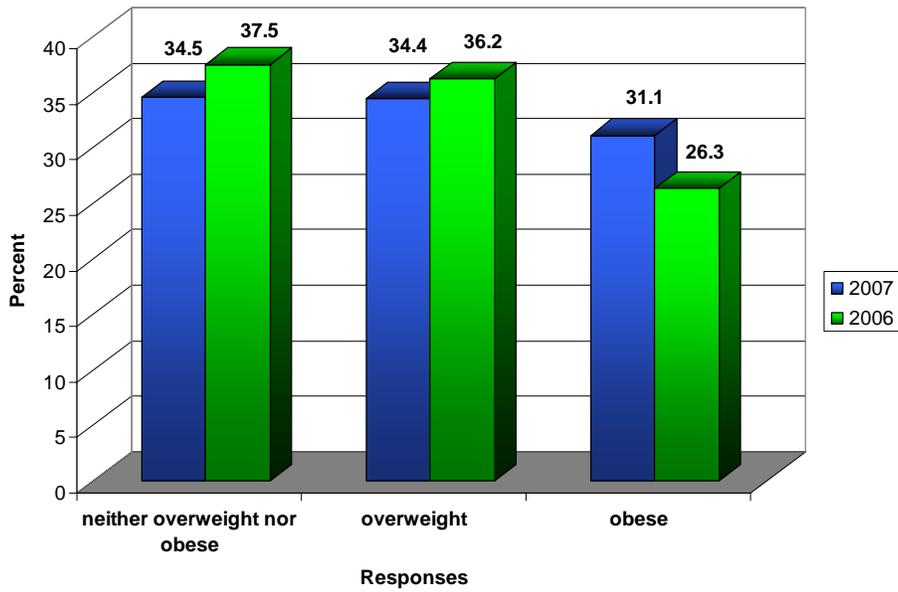
Obesity/Overweight

According to the State data collected from the Behavioral Risk Surveillance System Survey (BRFSS), in 2007 26% of adults were obese compared to 24% in 2006, 36% of adults were overweight compared to 37% in 2006. The Healthy Youth Survey (HYS) for 2006 indicated that 10.6% of 10th graders were overweight through Washington State. The 2007 BRFSS county data indicated that 31% of adults were obese compared to 26% in 2006, and 34% of adults were overweight compared to 36% in 2006. The HYS in 2006 indicated 12.1% of Franklin County 10th graders were overweight. Overweight and Obesity (BMI): Weight classification by Body Mass Index (BMI)

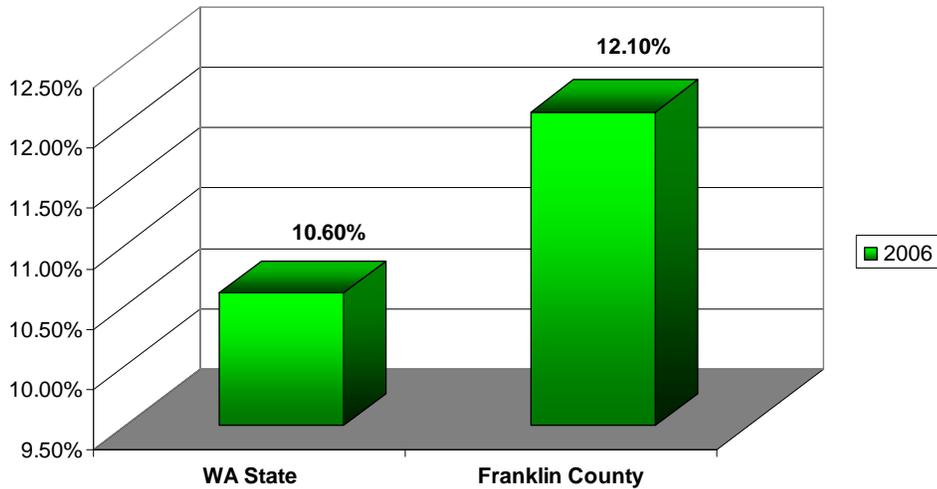
2007 vs. 2006 - Kennewick-Richland-Pasco, WA Metropolitan Statistical Area

Year:		Neither overweight nor obese (bmi le 24.9)	OVERWEIGHT (bmi 25.0 - 29.9)	OBESE (bmi 30.0 - 99.8)
2007	% C I n	34.5 (29.0-39.9) 216	34.4 (29.3-39.4) 225	31.1 (25.8-36.3) 197
2006	% C I n	37.5 (32.4-42.5) 238	36.2 (31.3-41.1) 244	26.3 (21.4-31.2) 157

Overweight & Obesity (BMI)



Percent of 10th Graders Overweight 2006



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.

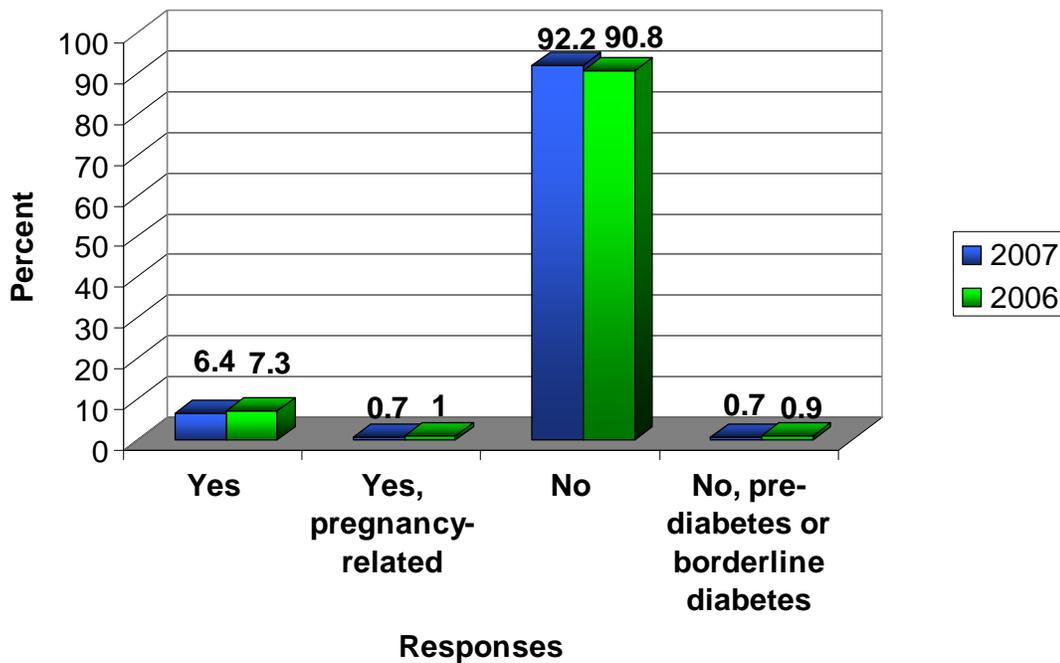
According to the State data collected from the Behavioral Risk Factor Surveillance Survey, in 2007 and 2006 a little over 7% of adults had ever been told by a doctor they had diabetes. County data indicates in 2007 6% of adults said they been told by a doctor that they have diabetes and 7% in 2006.

2007 vs. 2006 - Kennewick-Richland-Pasco, WA Metropolitan Statistical Area

Diabetes: Have you ever been told by a doctor that you have diabetes?

Year:		Yes	Yes, pregnancy-related	No	No, pre-diabetes or borderline diabetes
2007	% C I n	6.4 (4.4-8.3) 66	0.7 (0.1-1.2) 5	92.2 (90.0-94.3) 603	0.7 (0.1-1.2) 8
2006	% C I n	7.3 (5.1-9.4) 66	1.0 (0.0-2.1) 6	90.8 (88.2-93.3) 601	0.9 (0.1-1.6) 9

Diagnosed with Diabetes 2007 vs. 2006



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 indicated for both 2007 and 2006 9% of adults have been told they currently have asthma. According to the 2006 Healthy Youth Survey 19% of 10th graders responded yes to ever been told by a doctor or other health professional that you have asthma.

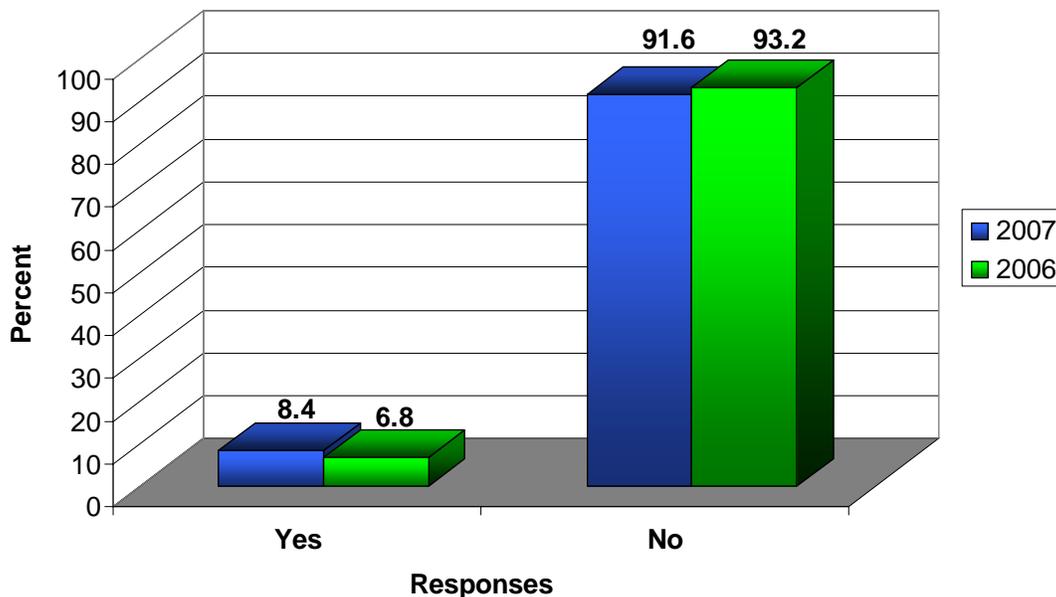
County data from the Behavioral Risk Factor Surveillance Survey indicated in 2007 8% of adults have been told they currently have asthma compared to 7% in 2006. According to the 2006 Healthy Youth Survey in Franklin county 11.7% of 10th graders said they were told by a doctor that they have asthma.

2007 vs. 2006 - Kennewick-Richland-Pasco, WA Metropolitan Statistical Area

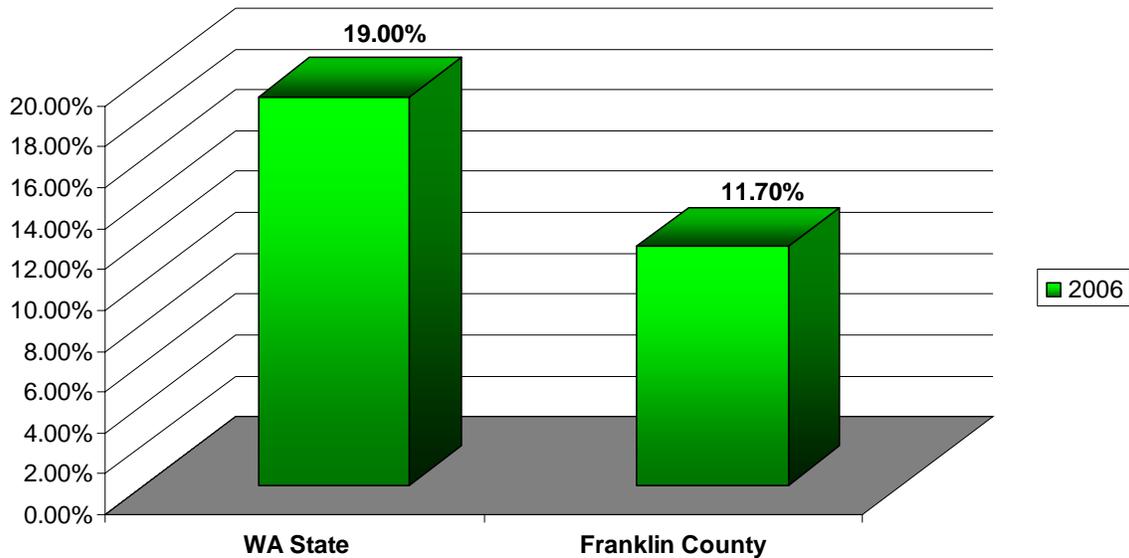
Asthma: Adults who have been told they currently have asthma

Year:		Yes	No
2007	% CI n	8.4 (5.6-11.1) 57	91.6 (88.8-94.3) 620
2006	% CI n	6.8 (4.4-9.1) 54	93.2 (90.8-95.5) 625

Current Asthma Prevalence 2007 vs. 2006



Percent of 10th Graders with Asthma



Sources:

State Data:

Overweight/Obesity: BRFSS & HYS

26% of adults were obese (BMI \geq 30)

Over 36% of adults were overweight (BMI \geq 30)

10.6% of 10th graders were overweight

Diabetes: BRFSS

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

Asthma: BRFSS

A little over 9% of adults currently have asthma

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

County Data:

Overweight/Obesity: BRFSS & HYS

A little over 31% of adults classified themselves to be obese (BMI \geq 30)

A little over 34% of adults classified themselves to be overweight

12.1% of 10th graders were overweight (Franklin County data only).

Diabetes: BRFSS

A little over 6% of adults said that doctors told them they have diabetes

Asthma: BRFSS & HYS

9% of adults 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.

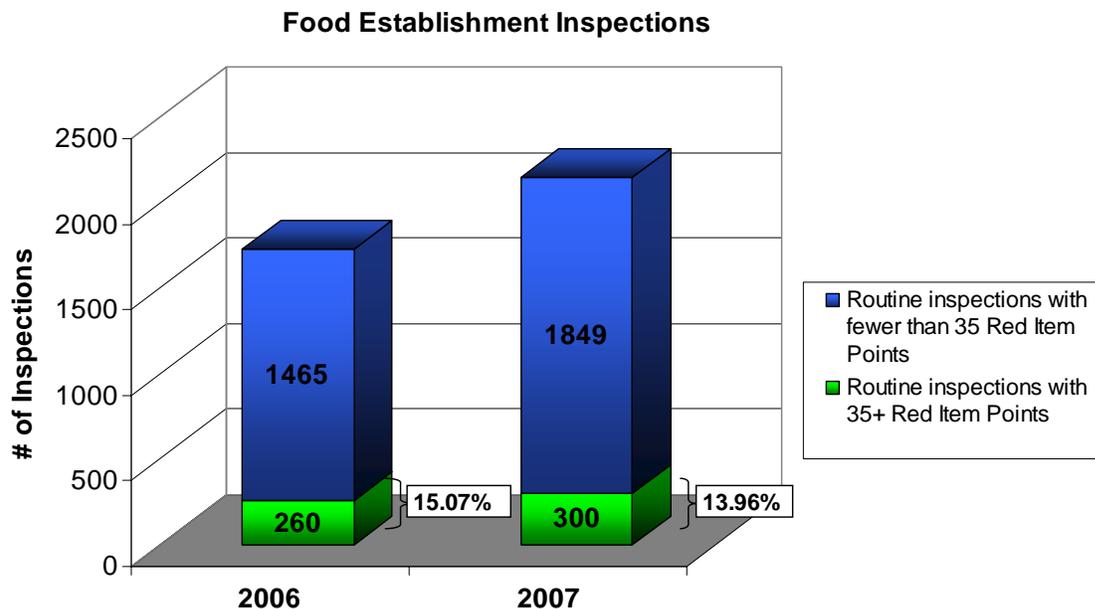
About the indicator: There are 418 possible points on the inspection report; the lower the score, the fewer food safety violations observed at the time of the inspection. A perfect score is zero.

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 2007, 13.96% resulted with a Red Item Violation Score of 35+ points compared to 15.07% in 2006.

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.

Benton & Franklin Counties	2006	2007
Total Inspections	1725	2149
Total Inspections with a Red Item Violations Score of 35+	260	300
Percent of Total	15.07%	13.96%



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: Dr. Larry Jecha- Health Officer

Bonnie Hall- Client Services Manager & Nancy Henderson-Supervisor

Linda McGlothern- Chief Deputy Registrar

Susan Martinez, Raquel Melchor, Maria Mercado & Pam Aiello-Deputy Registrars

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

Demographics:

2006	Total Clients	Total Visits	2007	Total Clients	Total Visits
Benton County:	4,486	4,486	Benton County:	4,578	4,941
Franklin County:	2,236	2,236	Franklin County:	2,296	2,485
Other County:	1,071	1,071	Other County:	1,161	1,288

Trended Data: In 2006 we were filing a total of 90% on the EDRS system (58% drop to paper and 32% totally electronic). For 2007 our electronic filing continues to increase along with the number of clients and visits to the health district.

Division II- Preventive Health Services: Maternal Child Health: Maternal Infant Health, Child and Adolescent Health, Children with Special Health Care Needs; Passport Program; 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 Infant Child and Adolescent 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 and families. 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.

Children with Special Health Care Needs (CSHCN): The Children with Special Health Care Needs Program serves children who have serious physical, behavioral or emotional conditions that require health and related services beyond those required by children generally. The Mission of the CSHCN Program is to assure that children and youth with special health care needs achieve the healthiest life possible. The CSHCN Program promotes access to integrated, family centered, culturally competent and community-based programs and services.

Alternative Response Services (ARS) & Early Intervention Project (EIP): These programs provide services 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.

Child Death Review (CDR) Team: The local CDR Teams review deaths of children under the age of 18 who have unexpectedly lost their lives. Our responsibility is to determine any preventable circumstances in these deaths and consider strategies to improve overall health and safety for all children. The field services supervisor coordinates the team and two Public Health Nurses are team members along with various other members from community law enforcement, Children's Administration and other County officials.

Passport Program: The Passport Program provides a Public Health Nurse to work in coordination with Department of Children & Family Services (DCFS) to develop a comprehensive health report for children in foster care residing in out-of-home care, for use as a tool to promote ongoing health assessments and appropriate follow-up and treatment services for the child.

Work First/Children with Special Health Care Needs: The purpose of this program is to provide nursing evaluation for children with special medical, developmental or behavioral problems by a Public Health Nurse to assist DSHS in determining their parent's level of ability to take part in Work First activities.

Services Provided:

- Contact with clients in person via home and/or clinic visits and by phone
- Family evaluations and assessments with validated assessment tools
- Linkage and Referral to available community resources
- Education on pregnancy, parenting, health, hygiene, discipline techniques, child development and needs specific to the diagnosis for children with special health care needs
- Collaboration with various other community agencies in order to access the best services for our clients and to create the best possible outcomes for our programs
- Home Safety and Child Passenger Safety educations as part of Safe Kids Coalition
- 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 and Teens
- Infants
- Children
- Adolescents
- Parents, Foster Parents, Guardians

Demographics:	2006		2007	
	CSHCN	EIP	CSHCN	EIP
Benton County	1199	29	935	56
Franklin County	691	16	562	19
Other County	8	1	4	0

	Alternative Response Services (CPS) both counties	Passport Program (foster care) both counties
2006	69 New Referrals	282 Passports Completed
2007	92 New Referrals	145 Passports Completed

Trended Data: EIP/ARS/Passport programs are all contract programs that are referral dependent. We are only able to serve the children that Children’s Administration deems appropriate for the programs. The numbers for the CSHCN clients served are lower this year because we have been trying to manage clients within our budgetary constraints and focus time and attention on revenue generating programs in Maternal Child Health that also serve our communities needs.

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 Abd Latif, Amy Lindholm, & Sheila Schweiger- Nutritionists

Mission: The First Steps program 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. First Steps services are designed to provide interventions as early in a pregnancy as possible to promote a healthy pregnancy and positive birth and parenting outcomes. The goal of the Infant Case Management portion of the program is to improve the parent’s self-sufficiency in gaining access to needed medical, social, educational, and other services.

Services Provided:

- Preventative Health Services:
 - Assessment, Education, Intervention, Case Management
 - Referrals, Linkages, 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

Health District Demographics:

2006	MSS	ICM	2007	MSS	ICM
Benton County	3,365	177	Benton County	3,316	223
Franklin County	1,546	67	Franklin County	1,542	69
Other County	103	0	Other County	62	2

Demographics: Statistics for All Births (pending on 2007 data from the State)

	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

Trended Data (Demographics): According to the Department of Social and Human Services (DSHS) Planning, Performance, and Accountability, Research and Data Analysis Division early reports from vital statistics indicate that for 2007 and so far for 2008, the trend of increasing numbers of births is continuing, though the rate of increase will be less than in 2005 and 2006. Statewide there seems to be a problem with the lack of access to prenatal care. Currently this is a focus area at the state level.

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 & Nancy Tarara- Public Health Nurses
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 has resulted in improving the up-to-date rate in our bi-county area.

Project Highlights/Successes:

- The over all up to date Immunization rate was 86.2% compared to 85% from last year
- 134 children were referred for further evaluation of their vision. 69 children received glasses as a result of these referrals and at least another 14 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

Demographics:

2006	2007
Reviewed 2,009 immunization records of children in child care from ages 1 month to 12 years old	Reviewed 2,804 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)	Of 430 records of year olds, 129 (30%) 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	Vision, Hearing and Dental Screenings were done on 1,612 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	134 children were referred for further evaluation of their vision. 69 children received glasses as a result of these referrals and at least another 14 are being seen again by the vision specialist in 6 to 12 months for an early vision concern
8 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	51 children were referred for further hearing evaluation
Our simple dental screenings resulted in 173 children being referred for dental exams and treatment	Our simple dental screenings resulted in 241 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%	A total of 287 out of 1,381 children screened in 2007 have a dental history (current caries and/or treatment for caries in the past)... a rate of 20.8%
Nurse Consultation continues in 19 child cares/preschools, including Head Start, Early Head Start and the Children’s Developmental Center	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,	We did trainings for approximately 250 child care providers and preschool teachers 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.	Immunizations/Communicable Disease, Pandemic Flu, Infant-Toddler Care Giving, Allergies & Asthma, and Brain Development
We provided 16 classes for STARS credit for 198 individuals	We provided 16 classes for STARS credit for 198 individuals
We did immunizations/TB tests for about 150 providers/preschool teachers	We did immunizations/TB tests for about 165 providers/preschool teachers
A Child Care Provider Conference was presented on October 14 th 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.”	A Child Care Provider Conference was presented on March 10 th at the Holiday Inn Express in Pasco and was attended by 120 child care providers. The providers received 5 hours of STARS credit for attending.

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.

Trended Data: The overall “up to date” vaccination rate increased from 85% from 2006 to 86.2% in 2007. After notices were sent home to parents regarding the fourth DTaP, only 10% of the children needed the vaccine. Due to the ABC Dental Program a decrease in dental caries from 2005 (34.4%) to now (20.4%) is evident indicating early identification and intervention.

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

Staff: Sandy Owen-Director, M. Annie Goodwin-Supervisor
 Jerry Tyler- Coordinator, Public Health Nurse

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

Demographics:

2006/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

2007/Events in Community with Safe Kids messages on display	
Prosser Booster Seat Awareness at Hall's Chevrolet	12 people 4 boosters distributed
Boat Show	~3,000 Adults and Children
Burlington Coat Factory car seat awareness day	~70 people
Pasco Migrant PAC program	~ 200 people/primarily Hispanic - 35 boosters
Spring into Safety event	~400 Adults and Children
April Pools Day	~45 adults and Children
Safe Kids Saturday Kadlec Medical Center	~3,000 people – safety fair with 35 booths
Hanford Health and Safety Fair	~15,000 Adults and Children
Safe Summer at Columbia Center Mall	~550 people 20 booths, bike rodeo
Water Safety events at local river parks USACE	~250 Adults and Children
McCurley Dealership sales event - car seat safety	~600 people
LaClinica Patient Appreciation Day-	~ 600 Adults and Children
Dr. Wojnas open house – Safe kids display	~100 Adults and Children
Benton County Fire District #4 open house	~65 Adults and Children
BSNF Railroad safety fair – Safe Kids display	~ 200 people
Columbia Basin College Child Care providers class	~22 educators

Child Passenger Safety	2006	2007
Number of Car Seat Check clinics held	28	23
Total number of Seats Checked	~ 445	279
Total number of Seats Distributed	~ 233	107
Number trained at 32 hour CPS class	12	Refresher class- 28
ANGLS (Angels Project for Car Seat Vouchers) voucher project income	\$960.00	\$514.00
La Clinica CHPW voucher project income	\$1,250.00	\$675.00

Head Injury Prevention	2006	2007
Number of Helmets distributed	~600	~980
Number of Helmet fit sites in community	5	5
Bike Rodeos held in community	7	8
Number of children attending	~450	353
Number of head injury presentations	8	10
Number of children/parents educated	1,500	900
Helmet fit trainings held	2	2
Number trained	35	30
Number of ice cream cone coupons distributed	~7,000	~8,000
Number of Road Safety booklets distributed	~10,000	~3,000

Fire Prevention	2006	2007
Smoke detectors distributed during home visits	~350	~340
Number of people educated on home safety	~1,500	~1,700
Number of Fire Safety booklets distributed	~5,000	~4,000

Drowning Prevention	2006	2007
Life Jacket loan boards up in at river parks:	6	7
New boards constructed	1	0
Number of life jackets SK purchased	80	45
Number US Army Corp of Eng. Purchased	150	-
Life Jacket Check-out loaner site locations	3	3
April Pools Day attendance	55 people	45
Drowning prevention public service announcements (PSA's) running on KNDU	3	7
Water Watcher tags distributed	1000 English 600 Spanish	1200 English 700 Spanish

Pedestrian Safety	2006	2007
Wild Feet retro reflective stickers distributed	1,500	2,000
Walk your child to school day event	1	None organized

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.

Trended Data: Coalition membership is very involved in bringing safety messages to the population they work with. Some expansion of membership occurred and organizations have developed projects within their own organization with an emphasis on safety. (i.e. - La Clinica held a safety day and distributing smoke detectors, US Army Corp and life jacket loan program, ECEAP conducting safety education on home visits).

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

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

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 2007, the monthly income for a family of four living in poverty was \$1,721 or less. In Benton County 65% and in Franklin County 72% 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 10,623 women, infants and children under 5, which included 2,808 pregnant, breastfeeding and postpartum women in Benton-Franklin Counties
- In Benton County WIC contributed \$2,394,441 millions of dollars to grocery stores and \$10,977 dollars to farmers. In Franklin County WIC contributed \$3,140,135 millions of dollars to grocery stores and \$41,429 dollars to farmers
- Statewide WIC's breastfeeding rate is the highest in the nation!

Services Provided:

- Authorized caseload of 5,425
- Education on nutrition and physical activity
- WIC checks to purchase healthy foods
- Breastfeeding education and support
- Growth and health assessments
- Referrals to primary care and preventive health and social services
- sites: Connell, Kennewick, Pasco, Richland, Tri Tech Skill Center, New Horizons school and Casita Del Rio

Types of Clients:

- Pregnant and Breastfeeding women, infants and children under age 5

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

Benton-Franklin Health District: 2007	Benton (all WIC clinics)	Franklin(all WIC clinics)
Infants Born in County Served by WIC: Benton: 58% Franklin: 71% Statewide: 49%	Infants Born Served by WIC: County: 58% Statewide: 49%	Infants Born Served by WIC: County: 71% Statewide: 49%
Women, Infants and Children Served: 10,623	Women, Infants and Children Served: 6,919	Women, Infants, and Children Served: 8,178
Infants & Children under 5: 7,815	Infants & Children under 5: 5,035	Infants & Children under 5: 6,010
Pregnant, breastfeeding & postpartum women: 2,808	Pregnant, breastfeeding & postpartum women: 1,884	Pregnant, breastfeeding & postpartum women: 2,168
Dollars to Grocery stores: \$3,898,106 Dollars to farmers: \$26,564	Dollars to grocery stores: \$2,394,441 Dollars to farmers: \$10,977	Dollars to grocery stores: \$3,140,135 Dollars to farmers: \$41,429
Working families: 67% Families living in poverty: 67%	Working families: 65% Families living in poverty: 65%	Working families: 72% Families living in poverty: 70%
Total nutrition Education sessions: 22,955	Total nutrition Education sessions: 14,599	Total nutrition Education sessions: 22,812
WIC referrals: 47,913	WIC referrals: 30,975	WIC referrals: 43,360

Community Partnerships: Groceries Stores, Farmers Markets, Health Care providers, Connell Methodist Church, New Horizons School, Tri Tech Skills Center, and Casita Del Rio

Trended Data: Washington State went from 4th to 1st in the nation for rate of breastfeeding. 88.4% of our infants were breastfed. In 2006 we served an average of 103% of our authorized WIC caseload, and in 2007 we served 106%. This accounts for the small increase in contacts. Funding for the 2007 WIC Farmers Market Nutrition Program was considerably scaled back and we were only able to serve approximately 27% of eligible women and children. These Farmers market checks were issued at the Pasco Farmers Market which increased our redemption rate.

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

Staff: Sandy Owen- Director, M. Annie Goodwin-Supervisor
Lynne Taylor- Dietetic Technician

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 “fruits and vegetables more matters” message is an integral part of the program.

To teach WIC, Pregnant and Parenting Teens, Headstart/Early Headstart Families, and Casita Del Rio residents to identify at least three fruit and vegetable dishes they can prepare for themselves and their children. Identify snacks in lieu of sweets or fast food.

Services Provided:

- Nutrition education
- Cooking: food safety and sanitation
- Food budgeting and shopping skills
- Food sampling

Types of Clients:

- WIC Clients
- Pregnant and Parenting Teens
- Headstart/Early Headstart Families
- Women in substance abuse treatment

Demographics:

2006	Direct Contacts (those who participated in nutrition/physical activity sessions)	Indirect Contacts (those reached through newsletters, family members, or other indirect means)	2007	Direct Contacts	Indirect Contacts
1 st Quarter	403	75	1 st Quarter	67	179
2 nd Quarter	709	50	2 nd Quarter	180	204
3 rd Quarter	526	40	3 rd Quarter	785	
4 th Quarter	774	50	4 th Quarter	204	325

Community Partnerships:

Who: Tri Tec, New Horizons, Casita Del Rio, Pasco Farmers market.

Trended Data: We scaled the program back in 2007 to one provider and decreased sites.

Division II- Preventive Health Services: Immunizations

Staff: Sandy Owen-Director, Heather Hill – Supervisor
Dana Montgomery, Polly Ingvalson, & Cindy Ralston-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.

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 District 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 evaluations, Blood Pressure monitoring
- Outside Clinic Services: Schools, Community Centers, Assisted Living/Adult Retirement Centers
- Vaccine Adverse Reaction (VAER’s) Reports: Reporting of adverse reactions to immunizations
- 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 and adults

Demographics: Immunizations

2006	Total Visits	Total Clients	2007	Total Visits	Total Clients
Benton County:	12,632	7,752	Benton County:	12,299	10,887
Franklin County:	5,012	3,018	Franklin County:	5,171	4,703
Other County:	889	559	Other County:	736	651

2006/Total Immunizations by Office

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

2007/ Total Immunizations by Office

Richland Office	Kennewick Office	Pasco Office	Prosser Office	Total
14,679	12,709	7,994	1,529	36,911

Trended Data: The immunization clinic continues to see an increase in utilization at all offices with the exception of a slight decrease in Prosser.

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

Demographics:

	2006	2007
Number of clients Served:	1,075	*1,121
Benton County:	796	696
Franklin County:	179	165
Other County:	100	71
Total Countries Visited:	122	118

*(Including follow-up office visits)

Community Partnerships:

International travelers, businesses, churches, travel agencies

Trended Data: In 2007 an additional half day was added to our travel clinic schedule with the idea that we would book the Monday mornings last – we have consistently filled all of the available appointments up to the week prior. It appears that the community finds our service very helpful and we have had a number of repeat travelers returning for information as they plan for their vacations, business travel or prepare for their mission trip.

Division II- Preventive Health Services: Medicaid Outreach Project

Staff: Sandy Owen-Director, Carol Miller-Supervisor
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 24 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

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.

- During 2007 the project focused on community education through School districts programs, Migrant Council and school lunch programs. In addition the project also provided resources and education to clinics, community organizations and community partners

2006	2007
1350 Medicaid Eligible Individuals were contacted	2257 Medicaid Eligible Individuals were contacted
1224 Medicaid Applications Completed	2150 Medicaid Applications Completed
441 Healthy Option Enrollment Forms Submitted	658 Healthy Option Enrollment Forms Submitted
500 Basic Health Plan Applications Distributed/120 Assisted to Complete	107 Basic Health Applications Distributed/12 Assisted to Complete
10 Participation in workgroups, coalition and (Community Service Office-CSO) interview panel for new staff	12 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.

Trended Data: In addition to the number of people contacted, applications completed, enrollments, distributions and workgroup participation, other services were provided. 132 emergency medical applications were completed, 34 fair hearings assistance were provided, 429 cases were reviewed, and 258 case conferences were conducted by the Social Health Worker. The data reported varies with population’s needs along priorities set by the state. In 2007 children coverage was the emphasis. Do to a long waiting period fewer Basic Health Applications were processed.

**Division II- Preventive Health Services:
Oral Health**

Access to Baby and Child Dentistry (ABCD)

Staff: Sandy Owen-Director, M. Annie Goodwin-Supervisor
Peggy Flint - Registered Dental Hygienist (RDH)

Mission: The oral health program collects and uses data on oral health status and/or service delivery and works through partnerships and a local coalition to address access to care issues, increase knowledge in the community and encourage ownership of dental issues, provide education at Head Start and ECEAP programs, coordinate school sealant, fluoride varnish and an Access to Baby and Child Dentistry (ABCD) Program. The ABCD is a preventive dental service aimed at keeping baby teeth healthy. The ABCD program helps DSHS children, ages 0-5, receive dental care and assists parents in establishing a dental home.

Challenges: Addressing access issues for low income adults, keeping current relevant educational resources available to the community, and changing oral hygiene behavior in high need groups. Recruitment and retention of ABCD dental providers, offering provider support and client support, and enrollment in outlying areas.

Services Provided:

- Free preventative and restorative dental care to children age 0-18 during Children's
- Dental Day sponsored by the Benton Franklin Oral Health Coalition
- Screening, dental sealants and fluoride for Benton Franklin School children are coordinated through Benton Franklin Health District oral health program

Access to Baby and Child Dentistry:

- 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

Demographics:

ABCD

2006	Total Visits	Total Clients	2007	Total Visits	Total Clients
Benton County:	718	1,246	Benton County:	575	564
Franklin County:	736	1,249	Franklin County:	521	507
Other County:	19	46	Other County:	13	13
<i>Total enrolled clients</i>		2146	<i>Total enrolled clients</i>		3190

2006 Enrollment by Office:	Richland: 246, Kennewick: 393, Pasco: 834 Total: 1473
2007 Enrollment by Office:	Richland: 236, Kennewick: 321, Pasco: 558 Total: 1115

Children's Community Dental Day 2003-2007: 2007

2004		2005		2006 W: Willamette		2007
Exams	150	Exams	143	Exams	W: 52	164
BW	118	BW	43	Bight wings	W: 33	192
Pro	108	Pro	84	Pro-cleaning	W: 36	111
Fl Treatment	99	Fl Treatment	69	Fluoride treatment	W: 34	101
Seals	170	Seals	88	Sealants	W: 86	187
Ops	103	Ops	99	Ops-fillings, restorations	W: 90	135
Exts	31	Exts	24	Extractions	W: 16	47
Other	24	Other	82	Other	n.a.	52
Patients Completed	70	Patients Completed	78	Patients Completed	W: 35	

Patients Referred	76 (15 to Pediatric DDS)	Patients Referred	65	Patients Referred	W: 2	18
Total Seen	150	Total Seen	143	Total Seen	W: 67	164
		Total with Medical Coupons	22	Total with Medical Coupons	W: 7	24
Total Revenue	\$42,869	Total Revenue	\$37,172	Total Revenue	\$22,623	\$68,530

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

School Sealants 2006-2007 School Year

	First Visit	Second Visit	Total
Consent forms distributed	Total of students		
Forms responding "yes"	2392	-	-
Screenings conducted	2350	1760	4110
Fluoride applications given	4367	1759	6126
Protective Sealants placed	4889	0	4889
referrals	746	400	

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, Grinovations, Benton Franklin Headstart, and Community Health Center La Clinica.

State: Washington Dental Service Foundation, DSHS, DOH (2007), Washington State Oral Health Coalition.

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

Trended Data: The Total Value of the services increased in 2007. A Pre-screening was done allowing more restorative dental work. ABCD total enrollments include enrollments we coordinated with outside agencies, Headstart and LaClinica.

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

Staff: Sandy Owen-Director, Heather Hill – Supervisor

Leslie Rivera- Public Health Nurse

Cindy Ralston-RN

Melissa Pettis-Public Health Education

CD Program Mission: To reduce the spread of communicable diseases in the community through identification, notification, investigation, assuring appropriate treatment, and education.

Communicable Disease Services Provided:

- Reporting of STD’s to DOH in accordance with the WAC’s
- The Health District CD staff receives reports of notifiable conditions from laboratories, medical providers and private individuals in accordance with the WAC’s.
- The CD staff conducts investigations and report the findings to DOH via PHIMS
- Active influenza surveillance is conducted during influenza season
- Testing is provided for Hepatitis B, Hepatitis C and HIV
- Syphilis testing and treatment is provided to individuals identified as connected to a cluster or outbreak situation
- Alert medical providers and community via blast fax system of significant events involving communicable disease

CD/STD Challenges:

Due to the lack of funding and client non-payment the decision was made to reduce the testing services provided in our STD clinic in 2007. The clinic provides Hepatitis B and C testing through a Roche Pharmaceutical grant which covers the laboratory fee for the test, but not the office visit. Clients that are identified as high risk may be tested free of charge through the DOH Laboratory in Spokane, but the office visit fee continues to be difficult to collect even though the sliding scale fee is offered.

Demographics: Communicable Disease

2006		STD	Chlamydia	HIV/AIDS Rates
Benton County:	Total Clients: 187 Total Visits: 265	Cases: 375 Rate: 233.5 per 100,000		HIV/AIDS new cases: 4 HIV rate: 3.1 per 100,000
Franklin County:	Total Clients: 135 Total Visits: 188	Cases: 284 Rate: 442.4 per 100,000		HIV/AIDS new cases: 2 HIV rate: 0 per 100,000
Other County:	Total Clients: 31 Total Visits: 37	-		-
2007		STD	Chlamydia	HIV/AIDS Rates
Benton County:	Total Clients: 97 Total Visits: 152	Cases: 448 Rate: 275		HIV/AIDS new cases: 5 HIV rate: 3.2 per 100,000
Franklin County:	Total Clients: 46 Total Visits: 65	Cases: 289 Rate: 428.8		HIV/AIDS new cases: 3 HIV rates: 8.0 per 100,000
Other County:	Total Clients: 10 Total Visits: 15	-		-

Community Partnerships:

Referrals are made to Planned Parenthood, private physicians, Grace Clinic, La Clinica, BFHD MCN program, BFHD staff (Romy Arreola) for assistance in applying for State insurance and medical coupons, drug and alcohol treatment services, and the epidemiologist as indicated.

Trended Data: Chlamydia rates continue to increase among women 15-25 years of age and for Franklin county the rate is higher then that of the state and nation.

Division II- Preventive Health Services: Tuberculosis Program

Staff: Sandy Owen-Director, Heather Hill – Supervisor
Cindy Ralston & Dana Montgomery- RNs

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

Challenges: Financial support to provide services, patient compliance, language and cultural barriers. Locating adequate medical care for certain cases, such as pediatrics, has been a challenge. This became even more evident in 2007. A very complex case involving a mother and her 3 children, including and infant born with TB meningitis, were all being co-case managed by our TB program and MCH program. The DOH TB program provided some limited funding to help cover this “outbreak”.

Tuberculosis Services Provided:

- PPD testing and referrals for 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

Demographics: TB Control

2006	Starting Treatment for latent TB infection	Completing Treatment for latent TB infection	Incomplete due to patient discontinuing treatment	Incomplete due to provider discontinuing treatment	Patient moved or transferred out of county	Active TB Cases
Benton County:	102	75	21	2	4	4
Franklin County:	99	67	25	3	4	0
2007						
Benton County:	97	62	18	5	2	4
Franklin County:	132	80	25	6	5	4

Demographics: Tuberculosis Skin Testing

2006	Total Visits	Total Clients	2007	Total Visits	Total Clients
Benton County:	4,631	2,100	Benton County:	4,648	2,218
Franklin County:	2,361	1,016	Franklin County:	2,669	1,133
Other County:	323	170	Other County:	448	226

Trended Data: The majority of clients being followed for Latent TB Infection (LTBI) treatment and Direct Observed Therapy (DOT) are foreign borne.

Division II- Preventive Health Services: HIV Case Management

Staff: Sandy Owen-Director, Heather Hill – Supervisor

Leslie Rivera- Public Health Nurse

Joe Vela- Public Health Educator

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

HIV/AIDS Case Management Program Challenges: Clients in case management are high risk for non-compliance in many aspects of their lives. They also present with language and cultural barriers, multiple diagnosis complications, undocumented status, low education level, and low socioeconomic status. There is little or no funding for certain consultations and referrals for dental and mental health.

Services Provided:

- Case Management which includes referrals to medical providers, assistance in obtaining health care coverage when applicable, assistance in applying for the “Aids Prescription Drug Program (APDP)” and Early Intervention Program (EIP), referrals for housing assistance, mental health, and substance abuse treatment facilities
- Services are guided by Standards set by the Federal Government (Ryan White) and the Medical Case Management Standards set by the Washington State Department of Health (initiated in 2007)
- HIV reporting and surveillance per WAC guidelines
- Partner/Spousal Notification per WAC guidelines

Types of Clients:

- HIV/AIDS positive
- Males
- Females
- Children
- Transgender

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-Dec.					
Benton	111	39 (35%)	27	45	72 (.8%)
Franklin	70	17 (24%)	19	34	53 (.7%)

2007 Demographics: Cumulative HIV/AIDS case counts & deaths by Resident County & AIDS Net region at diagnosis- WSDOH

			Presumed Living		
January –June	Cumulative Cases	Deaths	HIV	AIDS	Total
Benton	118	39 (33%)	31	48	79 (.8%)
Franklin	69	18 (26%)	18	33	51 (.5%)
July-Dec.					
Benton	122	39 (32%)	33	15	83 (.8%)
Franklin	71	18 (25%)	20	33	53 (.5%)

Source: HIV/AIDS Epidemiology Semi-Annual Report/SKC

Trended Data: The majority of our new clients to HIV Case Management are identified through testing during routine OB care (and their partner(s) referral) or testing upon hospitalization for severe symptoms of HIV/AIDS.

Division II-Preventive Health Services: HIV Prevention, Education & Outreach

Staff: Sandy Owen-Director, Heather Hill-Supervisor

Leslie Rivera- Public Health Nurse

Joe Vela & Melissa Baughman- Health Educators

HIV Prevention, Education & Outreach Mission: Decrease the rate of HIV infection within our community by identifying new HIV positive individuals, and educating at risk individuals on risk reduction interventions.

HIV Prevention, Education & Outreach Program Challenges: The highest risk populations are the most difficult to access (Craig’s List, locating public sex environments, internet “hook-ups”). The State mandated interventions do not meet the educational needs of our at risk population.

Demographics: HIV Prevention & Education

	2006 Number of Events	2006 Number of People	2007 Number of Events	2007 Number of People
Active outreach	6	52	9	111
Church/place of worship	3	37	4	95
Correction/detention facility	13	77	-	-
Drug treatment facility	37	341	26	227

Fixed site (tabling, van)	4	19	2	14
Meeting Room	13	79	5	76
Private Home	2	8	-	-
Grand Total	78	613	46	523
Transmission Risk Category Summary				
General population (risk unknown)	47	157	34	167
Heterosexual	54	197	34	140
HIV-Infected Persons	4	4	2	4
IDU	51	158	24	98
MSM	39	87	28	111
MSM/IDU	6	10	1	1
Pregnant @ risk for HIV	-	-	2	2
Total for Events with Attendees	78	613	46	523
Intervention Type				
Group-level Intervention	78	613	46	523
Materials Distributed	Number		Number	
Bleach Kits	4		-	
Condoms/latex barriers	949		606	
Educational Materials	1135		831	
IDU Prevention Materials	10		-	
Lubricant	609		337	
Promotional Materials	55		36	
Referral Information	49		22	
Testing Coupons	14		6	
Total	2825		1838	

2006 HIV Counseling & 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

2007 HIV Counseling & Testing Summary:

Number of Referrals	Low-verbally mentioned	Medium-Info. Provided to client	High- Scheduled Appt. for Testing	Total
Hepatitis	14	7	0	21
HIV C& T	19	0	0	19
STD	12	0	0	12
Total	45	7	0	52

Ethnicity: HIV Prevention & Education

	2006 Grand Total	2007 Grand Total
Hispanic or Latino	227	152
Not Hispanic or Latino	386	371
Total	613	523

Race: HIV Prevention & Education

	2006 Grand Total	2007 Grand Total
American Indian/Alaskan Native	6	3
Asian	4	2
Black or African American	23	12
Native Hawaiian or Other Pacific Islander	0	1
White	356	362
More than One Race (Hispanic)	224	143
Total	613	523

Demographics: Blood Borne Pathogen Certification Classes

2006	Total Visits	Total Clients	2007	Total Visits	Total Clients
Benton County:	168	165	Benton County:	181	164
Franklin County:	129	127	Franklin County:	117	117
Other County:	32	26	Other County:	12	12

Trended Data: Prevention, Education and Outreach targets the highest risk individuals. These have been identified as Men who have sex with men (MSM), Injections drug users (IDU), Partners of HIV+ individuals (male and female), migrant/seasonal farm workers, transient populations. These interventions are conducted in bars, missions, drug and alcohol treatment facilities, gay, lesbian, bi-sexual and transgender youth center, schools, and public sex environments.

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 screenings and referrals to refugee clients”.

Refugee Program Highlights/Successes: Over 95% of the time the client was seen within 30 days of arrival. Over 90% of the time there was a return for TB skin tests. Two former refugee clients now assist with interpretation.

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

Follow-ups around TB medication has improved based on number of visits with the TB nurse and documentation in the charts when the clients come in at approximately one year after arrival to begin paperwork for their green card. They are assessed on whether they have followed

through with the TB referral if they had a positive TB skin test. Almost every refugee is referred to some kind of medical, dental or vision doctor, based on the health assessment. The providers (such as Creekside Dental) have stated they are showing up for their 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
- Screening Tests Provided: TB (PPD skin test), HIV test for adults, Chronic Hep. B Surface Antigen, Urinalysis, Vital Signs

Types of Clients:

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

The clients for 2007 came from the following countries: Kuwait, Iraq, Russia, Ukraine, Uzbekistan, Cuba, Columbia, Somalia, Sudan, Burma, and Vietnam. The majority of the clients for 2007 were from Somalia, Burma, and Cuba.

Demographics:

2006	Number of New Clients Served	TB Follow-up	2007	Number of New Clients Served 92 new refugees	TB Follow-Up
	77	41		92	85

Community Partnerships:

- World Relief Organization from Kennewick, La Clinica: Pasco and Kennewick who referred clients to the Health District.

Trended Data: There are more clients arriving from Burma, and this trend is expected (and is) continuing. There were more clients from Somalia. There were more cases of Chronic Hepatitis B and Giardia cases from the Asian countries. There continues to be a high number of clients who are referred to the TB nurse among these new arrivals.

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

Staff: Sandy Owen-Director, Shelley Little-Supervisor

Audra Essary- Health Service Worker

Jan Brodie- RN

Judy Dirks, Cathy Hanson, Diane Goodnight- Social Workers

Julie Chacon- Counselor

SBSM Mission: Provide case management to support mothers and their children in becoming more functional family units, financially independent, safe, healthy, and drug-free.

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.

Services Provided:

- Case management: provide linkages to community resources such as housing, dept. of licensing, medical care, childcare, treatment services, and mental health services
- Advocacy: on behalf of client with DSHS Workfirst program, DSHS/CPS-child protective services, and Domestic Violence Services
- Behavioral Health classes: support groups (women only), parenting classes, scrapbooking, and moral recognition therapy
- Counseling: initial screening on clients that enter program & ongoing services for those who want to continue
- Family & Child Assessments: Denver II-child growth and development for early detection of infant delays. Utilize NCAST-parent/child interaction tool to help improve parent interaction

Types of Clients:

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

Demographics

- On average the programs had 68 active clients per month for both 2006 and 2007
- Age ranged: 18-43 years old
- Time in program: 2-36 months
- Total births for 2007 was 23 compared to 2 in 2006
- On average 5 clients per month were in residential treatment in 2007 compared to 6 in 2006

- On average 26 clients per month were in outpatient treatment in 2007 compared to 29 in 2006
- On average 20 clients per month were receiving counseling services in 2007 compared to 29 clients per month in 2006
- In 2007 we received referrals from 86 agencies compared to 55 agencies in 2006
- For both 2007 and 2006 the number one drug of choice was methamphetamine

Trended Data:

- Safe Babies Safe Moms accepted referrals based on being pregnant first, then choosing moms with very young children.
 - Therefore, moms are entering prevention services pregnant and
 - drug free births increased
- Families continued to work with dependency treatment courts and adult drug courts
- More housing partners and faith-based outreach partners to help clients with basic needs and car repairs

Division III- Environmental Health Services: On-Site Sewage

Staff: Bruce Perkins-Director, Rick Dawson-Supervisor

Jeri Randle, Christopher Plager, Ashley Hoffman, Nicole Jensen, Kay Rottell & JoDee Peyton-
Environmental Health Specialist/Educator

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 246-272A, 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:

- In July of 2007 staff implemented a major revision to WAC 246-272A and Benton-Franklin District Board of Health Rules and Regulations No. 2
- Electronic records managements system has been fully integrated increasing the availability of records to the public

Services Provided:

- managing records for all OSS in Benton and Franklin counties,
- permitting the construction of onsite sewage systems
- evaluating changes in use of existing OSS, and most importantly
- response to failing OSS, prescribing corrective actions to provide environmental protection.

Types of clients:

- General public
- Engineering firms
- Builders
- Excavation contractors
- Plumbers

Demographics:

On-Site Sewage (OSS) Program Activities:	2006	2007
Permit Application	580	538
Permits	440	444
Failing OSS/Repairs	91	73
Complaint Investigations	55	46
Inspections	713	558
Evaluations of Existing Systems	163	155

Trended Data: The number of permit applications continued to decline mostly in the areas of failing OSS and alternative type sewage systems. The decline in alternative type systems can partially be attributed to the revision of rules governing onsite sewage systems.

Division III- Environmental Health Services: Land Use/Subdivisions

Staff: Bruce Perkins-Director, Rick Dawson-Supervisor
Jeri Randle, Chris Plager, Ashley Hoffman, Kay Rottell, Nicole Jensen & JoDee Peyton-
Environmental Health Specialist/Educator

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: Our staff responded to over 240 requests for plat reviews in 2007 an increase of over 100% from 2006. Included in each of these reviews was the evaluation of soil conditions encompassing over 1000 lots proposed for development.

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

Types of Clients:

- Local planning agencies at the City, County and State Level
- Developers
- Homeowners
- Realtors

Demographics:

Land Use/Subdivision Activities:	2006	2007
Short Plat Reviews	95	226
Long Plat Reviews	13	18

Trended Data: The work load in this program increased dramatically due to a proposed revision to the Benton County Comprehensive Plan to increase their minimum lot size requirements.

Division III- Environmental Health Services: Solid Waste

Staff: Bruce Perkins-Director, Rick Dawson-Supervisor

Kay Rottell - Environmental Health Specialist

James Coleman - Environmental Health Specialist

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 monthly basis. All permitted facilities have gained compliance with the provisions of WAC 173-350 including having and appropriate financial assurance instrument.

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

Types of Clients:

- Solid waste disposal facilities
- Municipal landfills
- Solid waste transfer stations
- Organic waste land application projects
- Drop box sites
- Compost facilities, and
- Household hazardous waste facilities
- Department of Ecology

Demographics:

Solid Waste Program Activities:	2006	2007
Permitted Solid Waste Facilities	20	21
Facility Inspections	302	347
Complaints Investigated	114	121
Septic Tank Pumps Permits	39	47

Trended Data: Facilities permitted and the number of inspections remains relatively constant as expected.

Division III- Environmental Health Services: Water Supply

Staff: Bruce Perkins-Director, Rick Dawson-Supervisor
 Jeri Randle, JoDee Peyton, Kay Rottell, Chris Plager, Ashley Hoffman & Nicole Jensen-
 Environmental Health Specialist/Educator

Water Supply – Safe potable water is paramount to the public health. The majority of the population in Benton and Franklin counties receives their water from municipal water systems subject to regular monitoring. The remainder of our residents receives 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: The department continues to work in cooperation with the Department of Health in the delivery of water quality information to the public generally being considered a sound source of information.

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.

Types of Clients:

- General public
- Group B water systems and
- Group A water systems
- Department of Health

Demographics:

Water Supply Program Activities:	2006	2007
Public Water System Reviews	34	35
Group B Water System Inspections	55	8
Group A Water System Inspections	6	29
Group B Wells GPS	440	41

Trended Data: The Group A and B inspections are performed under contract with the Department of Health with numbers based on assignments by DOH and the availability of funds.

Division III- Environmental Health Services: Zoonotic Disease Program

Staff: Bruce Perkins-Director, Rick Dawson-Supervisor, Jean Ross-Supervisor
Jeri Randle, JoDee Peyton, Kay Rottell, Chris Plager, Ashley Hoffman, Jessica Bayne, Britt Wilkins, Judy Kitchen, Pam Blake, Erin Tebay & Gina Hinton

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 continue to coordinate regular meeting with all local agencies involved in response to the potential of West Nile Virus in our community. 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
- Review animal bites for possible rabies exposure
- Coordinate West Nile virus meetings

Types of Clients:

- General Public
- Veterinarians
- Local Response Agencies
- Medical Clinics
- Animal Control
- Humane Society

Demographics:

Zoonotic Disease Program Activities:	2006	2007
Rabies Investigations	324	349
Zoonotic Media Interviews	17	12
West Nile Virus Dead Bird Surveillance	167	146
Community Zoonotic Meetings	7	6

Trended Data: West Nile virus was diagnosed in several horses in Washington State in 2007. This further highlights the need to maintain a strong working relationship with Mosquito Control agencies, adjacent Health Districts, Veterinarians and medical providers to effectively respond when our community is impacted.

Division III- Environmental Health Services: Water Recreation

Staff: Bruce Perkins-Director, Rick Dawson-Supervisor
Jeri Randle, JoDee Peyton, Kay Rottell, Ashley Hoffman, Nicole Jensen & Darcy Hill-
Environmental Health Specialist/Educator

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: All permitted facilities were inspected a minimum of 2 times with re-inspections conducted as needed.

Services Provided:

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

Types of Clients:

- Hotels
- Municipalities
- Apartment complexes
- Homeowner associations
- Mobile home parks and
- Athletic clubs

Demographics:

Water Recreation Program Activities:	2006	2007
Facilities Inspected	377	478
Operating Permits	169	169

Trended Data: Adequate staff was available to insure all facilities were inspected at an appropriate frequency

Division III- Environmental Health Services: Chemical/Physical Hazards

Staff: Bruce Perkins-Director, Rick Dawson-Supervisor
Jeri Randle, JoDee Peyton, Chris Plager, Kay Rottell, Ashley Hoffman, Nicole Jensen-
Environmental Health Specialist/Educator

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: Staff completed several Site Hazard Assessments ranking the potential of known contaminated site in relation to the potential to effect human health. We continue to work with other agencies to deliver education regarding the impacts of Clandestine Drug Labs.

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

Types of Clients:

- Local law enforcement
- Property owners
- DOH and
- DOE

Demographics:

Chemical/Physical Hazards Activities:	2006	2007
Clandestine Drug Labs	0	1
Site Hazard Assessments	3	7

Trended Data: Clandestine drug labs continue to be at low levels mirroring the trend statewide.

Division III- Environmental Health Services: Living Environment

Staff: Bruce Perkins-Director, Rick Dawson-Supervisor, Jean Ross-Supervisor
Jeri Randle, JoDee Peyton, Kay Rottell, Ashley Hoffman, Jessica Bayne, Britt Wilkins, Judy
Kitchen, Pam Blake, Erin Tebay, Nicole Jensen, Gina Hinton & Darcy Hill- Environmental
Health Specialists/Educators

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.

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.

Types of Clients:

- General Public
- DOH
- Local School Districts
- Local building agencies
- Consultants
- Code enforcement agents

Demographics:

Living Environment Activities:	2006	2007
School Plan Reviews	3	4
Indoor Smoking Complaints	105	18
Other Complaints Investigated	14	14

Trended Data: The reduction in the number of smoking complaints can be attributed to better understanding and compliance with the law.

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

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 school children about public health issues within the community

Types of Clients:

- General Public
- School children and staff
- Childcare staff
- Community Service Organizations
- Medical and First Response Partners

Demographics:

Environmental Health Education Activities:	2006	2007
Educational Presentations	427	322
Community Events/Health Fairs	18	22
Media Interviews	39	41
Presentation Attendance	~12,676	~9,000
Brochures Developed or Revised	35	70
Hands Washed	10,000+	10,000+
Handwashing Trailer Appearances	11	13

Trended Data: The availability of the surveillance program educator has become expected in our community and, often, in high demand in our district. Due to the lack of a dedicated educator for nine months of the year, we tried to meet the need, but our numbers were significantly reduced.

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, Jessica Bayne, Pamela Blake, Britt Wilkins & Gina Hinton-
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 2007, a national food item (contaminated peanut butter from Georgia) was 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. We also began manager-level food safety training classes with nationally-recognized certification.

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.

Types of Clients:

- General public: residents and visitors
- Schools
- Restaurants
- Community events
- Mobile food units
- Coffee stands
- Grocery stores
- Temporary food businesses
- Large-scale institutions—Jails, Senior Centers and Homes
- Childcare centers

Demographics:

Food Safety Program Activities:	2006	2007
Permanent Establishments Permitted in District	1205	1257
Permanent Establishment Inspections Conducted	2151	2810
Temporary Establishments Permitted in District	638	734
Epidemiology Inspections	35	45
Food Complaints Received and Responded To	181	170
Food Worker Card Training Classes Provided	337	341
Food Worker Cards Issued	7237	7900
Handwashing Trailer Appearances	11	13

Trended Data: The numbers of food establishments (both permanent and temporary) are increasing annually. We will be reviewing our inspection frequencies to ensure we are able to conduct the required number of inspections and properly respond to emergencies without increasing our staff.

Community Partnerships:

- WSU Extension
- Childcare STARS group
- Local school districts and ESD 123
- SafeKids
- Washington State Migrant Council
- Local Hospitals
- Washington Traffic Safety Commission
- Head Start/ECEAP
- Local cities, public access channels, and libraries
- Local service organizations
- Washington State Department of Agriculture
- Benton – Franklin Community Action Council
- Washington State Restaurant Association
- Pasco Specialty Kitchen
- Local Farmers’ Markets

Division IV- Laboratory Services

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

The Laboratories mission is to provide testing services to the citizens of Benton and Franklin counties and surrounding areas. Through the testing process it is our goal to protect the health of our citizens, provide necessary information to help protect our environment and help the public and private sector meet their regulatory responsibilities.

The lab has two major service areas:

- Drinking Water: tests are designed to provide analysis of the major elements of concern, primarily bacteriological monitoring and limited water chemistry.
- Waste Water: tests are 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 other local laboratories.
- We assist many Wastewater generators in meeting regulatory compliance by providing a service that is unavailable from the local laboratory community.
- We work with the local laboratory community providing support and analysis that they are not certified to perform.
- We run approximately 8000 Drinking water tests annually.
- Waste Water testing volume varies between 1400 and 1600 tests annually.

Types of Clients:

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

Services Provided:

- 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.

The time for analysis of Drinking Water bacteriological samples take between 18 and 24 hours to complete. Most results can be obtained the day of sample completion. Water chemistry times vary depending on analysis required and when the samples are submitted, the maximum time frame is 14 days. Waste Water analysis times vary from 1-5 days; 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.

Demographics:

			Total Visits	
Summary of Services	2006	2007	2006	
Drinking Water			Benton County:	1,799
Public Water Supplies	~800	~850	Franklin County:	758
Water Analysis	7,002	7,710	Other Counties:	482
Quality Control	4,018	4,161	2007	
Nitrates	781	895	Benton County:	2,012
Fluorides	71	107	Franklin County:	756
Wastewater Program			Other Counties	607
Biological Oxygen Demand	372	418		
Total Suspended Solids	318	407		
Total Dissolved Solids	79	225		
Volatile Suspended Solids	3	0		
Nitrates	135	133		
Ammonia	119	136		
Total Kjeldahl Nitrogen	112	169		
Chloride/Chlorine	56	272		
Aerobiology	86	42		

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.

Trended Data:

Currently no other laboratories in the Tri-Cities area is certified for Source water analysis for Total coliform's, Fecal coliform's and E-coli where samples must be enumerated.

The laboratory community currently sends their Microbiological samples and Biological Oxygen Demand (BOD) samples to us instead of certifying to run the test themselves. These tests are used to help wastewater generators like the Cities of West Richland, Connell, and Mesa as well as surrounding communities like the Cities of Umatilla and Warden meets their regulatory requirements with the Dept. of Ecology. It also provides vital information about the efficiency of their treatment plants.

The trend from the dept. of Ecology over the past several years is to increase monitoring requirements and we see that continuing. The GAP program with the Dept. of Agriculture is still on going and may be expanding over the next year or two.

We are the only local source available to the private homeowners and public water systems for the microbiological testing of their systems. Currently we serve over 900 public systems and 1500 to 2000 private home owners annually.

With the slowdown in our economy and the reduced development throughout the region new construction samples are down and will probably be down for the next several years.

Division IV: Public Health Emergency Preparedness & Response

Staff: Dr. Larry Jecha-Health Officer
Leslie Koenig-Regional Coordinator
Angela Seydel-Education and Communication;
John Franco and Barbara Andrews-Epidemiologists;
Nathan Sheeran-Database Management 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.

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:

The accomplishments are greater than the deliverables tasked to the region and the local health jurisdictions as a whole. There are many accomplishments that we bring to the partners within Region 8. This is in no way a comprehensive list and does not cover the deliverables; just some highlights follow:

Planning & Exercises:

Evaluator/Observer: flu clinics for BFHD, KCHD, WWCHD, YHD, SRHD, PH-SKC, and WASABE IX (state exercise).

Exercise participants: CSEPP, NLE – 1 (replaces TOP-OFF), CGS, DOE, county level exercises (post office, HazMat, airport drills, etc), and healthcare exercises/tabletops.

Plan creation or updates: USPS Bio-Detection System (BDS), CSEPP/CHEMPACK, Alternate Care Facilities (ACF), Federal Medical Station (FMS), Mass Fatality and Hospital Evacuation (with Region 8 Healthcare Coalition), NIMS training plans for healthcare facilities, risk communication plans for healthcare and community partners, and review of partner plans (e.g.: County CEMPs for all counties in region, PNNL, United Way, Region 7 & 9, daycare providers, childcare providers, etc).

Epidemiology:

Evaluated surveillance component of all LHJ pandemic influenza response plans as part of state-led initiative.

Developed SNS drive-through clinic and supporting Job Action Sheets (JAS), placed on SNS listserv.

Developed/Adapted JAS for public health emergency response and SNS.

Developed Surveillance and Control of Notifiable Conditions Manual for use by all LHJs in this region and across the state (as requested).

Developed outbreak investigation and management procedures, available to all LHJs within the region (modification for each LHJ upon request).

Updated/Adapted Health Care Provider reference manual for communicable disease. Some changes need to occur and/or the format may need to change per LHJ.

Provide PHIMS data access and review assistance.

Informatics:

Satellite broadcast recording and copies produced for LHJs, healthcare partners and WA DOH. We are also technical support for BFHD staff and guests that are utilizing the system.

Member of PHIMS user group and PUG subcommittee. Information brought back to LHJs.

SmartPHw User Group Lead; assistance to users to update profiles, view transcripts, and technical assistance with user questions. Training plan support is also available. We can help your supervisors create training plans for their staff.

Broadcast Fax and Blastfax; materials development, database queries, and/or distribution of faxes.

Databases managed and maintained: Provider, Region 8, and Childcare.

Assist with digital certificate renewal assistance/troubleshooting.

WebEOC: create and modify pages for public health, hospitals, and CHC's. Training for these will also be available.

Salamander Technologies: used to track volunteers over a 3-day flu vaccination clinic in Walla Walla County; created ID badges for Region 8 staff and Klickitat County Health Department; and currently assisting Regions 2 & 3 with questions (one has purchased and the other is almost completed purchase). We are also working with the software manufacturer to update the current version and create a scanning system for vaccine tracking. Hope to work with state to share data with Child Profile (in the process).

Training & Communication:

ICS/NIMS Trainings: ICS 100, 200, and 700 classes have been taught throughout the region to LHJs, hospitals, CHCs, MRC, and emergency preparedness partners.

The creation of a PIO Kit and trainings around the kit and other risk communication strategies.

Hygiene Kit creation and distribution: in total there will be almost 60,000 kits distributed to LHJs, hospitals, CHCs, pharmacies, laboratories, emergency management, schools, public works, etc.

Personal Preparedness Kits (Line Green bags): updated and education provided to LHJs and the Region 8 Healthcare Coalition. This was year two of this project.

Materials developed and/or updated: Benton Franklin Health District Community Guide, Provider Notebooks, Bi-Monthly Newsletter, and Staff Disaster Preparedness Handbook.

Speaker/Facilitator for “What’s New in Medicine 2008, Influenza and Bird Flu”.

Public/Partner presentations: Pandemic Influenza (community groups, churches, emergency preparedness partners, LEPCs, daycares, childcares, schools), Personal Disaster Preparedness (Farmworkers Clinic AmeriCorps, United Way, community groups, healthcare partners, etc.), Open and Closed PODs for Healthcare, Risk Communications (various topics), and various other topics.

Healthcare Systems:

Region 8 Healthcare Systems Planning and Region 8 Healthcare Coalition: create agendas and facilitate meetings, staffed subcommittees and produced materials for the Region 8 Healthcare Preparedness Plan, create and coordinate healthcare injects (during Region 8 exercise) to meet their accreditation requirements, create and update the Regional Spreadsheet for allocation of monies, complete and submit monthly reimbursement forms for partners through WSHA, help with NIMS compliance activities, and setup and hold monthly and quarterly meetings.

Community Coordination:

Attend and participate in the following groups/organizations:

EMS/Trauma Council- local and regional,	Emergency Response Committee – local health,
WNv planning,	Infectious Disease – local community,
LEPC,	Homeland Security Region 8
ISSUES mtg (Hanford Planning),	REP Program,
MRC – state and national,	Yakima County healthcare Preparedness,
OR HPP (meeting with state of OR),	Injury Prevention/Safe Kids
WA Rural Health Association,	WSPHA,
APHA,	NEHA,
SOPHE,	NPHIC
PHIP Workforce Development,	PHIP Steering Committee,
WSALPHO Board of Directors	ESD meetings/conferences

Types of Clients:

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

2007 Demographics:

Total number of county residents served:

Benton County:	159,463
Franklin County:	66,570
Klickitat County:	20,335
Walla Walla County:	57,721
Yakima County:	<u>233,105</u>
	537,194

Deliverables 2007 Region:

- Maintain up to date contact roster which includes a contact position/title, current phone number, and email address for LHJs and sentinel labs in the Region.
- Provide leadership in assessment of 24/7 emergency response system, call back protocol and AAR template development.
- At LHJ request, provide surge capacity during increase in communicable disease cases/outbreaks and other public health emergencies.
- Design, disseminate and complete annual evaluation of the DOH surveillance system.
- Regional Epidemiology coordinators will assist DOH in developing standardized outbreak data collection templates and examining feasibility of use by outbreak management system software options.
- Review and update Regional Public Health Emergency Response Plan. Plan to include, at a minimum: SNS, enhanced epi response, disease investigation protocols, risk communication, hospital pharmaceutical planning, emergency mental health plan, and joint information center.
- Conduct a region-wide, health-focused tabletop or more comprehensive exercise of the Regional Public Health Emergency Response Plan which shall include all LHJs in the region. This exercise will test the ability within the region to support one another through the implementation of memorandums of understanding/memorandums of agreement (MOUs/MOAs) or other mutual assistance agreements.
- Provide leadership, technical assistance and facilitation for regional coordination of public health emergency preparedness and response, including development of regional resource-sharing agreement.
- Provider leadership and technical assistance for SNS planning and reporting. Facilitate HRSA pharmaceutical cache planning and coordination with the SNS.
- Provide technical assistance and facilitation for the Coalition Leadership for coordinated regional preparedness and response for: Planning with health system partners; development of a Regional Coalition of healthcare partners, engage LHJs in Regional coalition development and activities.
- Provide leadership and technical support in development, identification and distribution of educational resources, and SmartPHw implementation.
- Provide risk communication and related resources and training to local public health, hospitals and other partners on risk communication, as needed.
- Provide assistance as needed in development, training and implementation of PHIMS, PHRED, SECURES, and other outbreak or surveillance systems.
- Demonstrate the capability to open and sustain one Alternate Care Facility (ACF) within each Public Health Region, utilizing Regional Coalitions. Each regional coalition will:

Identify a list of potential alternate care facility locations within the region and obtain a written agreement with at least one location; develop an Alternate Care Facility plan identifying specific sites, staffing resources, security and patient movement strategies; incorporate their ACF Plan into future exercise(s) to further determine viability and training needs; Establish redundant communications capability in order to facilitate requests for assistance including, but not limited to, SNS resources.

- Develop the capability to receive and support a Federal Medical Stations (FMS) in 50-bed increments. Each regional coalition will: Identify a list of potential FMS locations within the region and obtain a written agreement with at least one location; Expand Alternate Care Facility plan to include the identification of specific sites, staffing resources infrastructure requirement, security and patient movement strategies to receive and operate an ACF with FMS resources in heated and air conditioned facilities with the following space requirements: {* 50-bed package requires 19,600 square feet, * 100-bed package requires 26,000 square feet, * 250-bed package requires 40,000 square feet}; Establish redundant communications capability in order to facilitate requests for assistance including, but not limited to SNS resources.

Deliverables 2007 Local:

- Integrate All-Hazards approach into routine LHJ Laboratory notification protocol.
- Establish clearly defined protocols regarding laboratory communication, specimen submission and other events of urgent public health significance.
- Review LHM communicable disease procedures manual annually, including disease investigation protocols for all categories of disease, and update as necessary.
- Participate in electronic Notifiable disease reporting, laboratory and hospital reporting, and maintain digital certificates for all Public Health Information Management System/Public Health Reporting of Electronic Data (PHIMS/PHRED) users.
- Evaluate surveillance system for reporting notifiable conditions.
- Test the LHM 24/7 Response System two times/year using template provided by DOH.
- Update local pandemic flu assessment tool.
- Update local Emergency Response Plan, including, at a minimum: Pandemic flu, strategic national stockpile (SNS), enhanced epi response, disease investigation protocols, risk communication, hospital pharmaceutical planning, emergency mental health plan, and joint information center.
- Conduct a tabletop or more comprehensive exercise of a portion of the LHM Pandemic Influenza Response Plan. The exercise is to be conducted solely within the jurisdiction of the LHM and should involve local response partners such as emergency management, public safety and fire, EMS, hospitals, school officials, and other community partners as appropriate. OR: LHMs may conduct a Point of Dispensing (POD) exercise (including a flu clinic if POD procedures are followed) to fulfill this requirement.
- Participate in region –wide tabletop exercise.
- Participate in SNS planning, including progress reporting. Coordinate with Health Resources and Services Administration (HRSA) cache pharmaceutical planning.
- Participate in Regional Healthcare Coalition planning, preparedness and response activities, Coordinate with local healthcare partners, as appropriate.
- Continue to develop volunteer Health Personnel Management Program and enroll volunteers. Link with statewide registry.

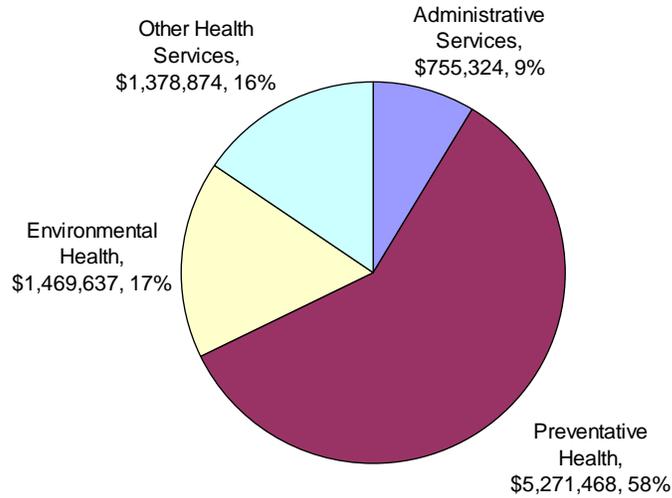
- Adhere to federal National Incident Management System (NIMS) compliance guidelines.
- Implement SmartPHw.
- Coordinate and assure consistency of risk communication strategies and resources related to emerging public health threats and essential preparedness initiatives including the SNS. Coordinate with Regional Emergency Communications Liaisons to accomplish this work.
- Develop and maintain general public health emergency hotline and/or call center capacity.
- Maintain and participate in a standard, unifies statewide emergency communication system (e.g. SECURES) or other contact methods.
- Maintain local data stewards.
- Maintain satellites phone contracts and use in exercises and as backup communications capacity.

Partnerships:

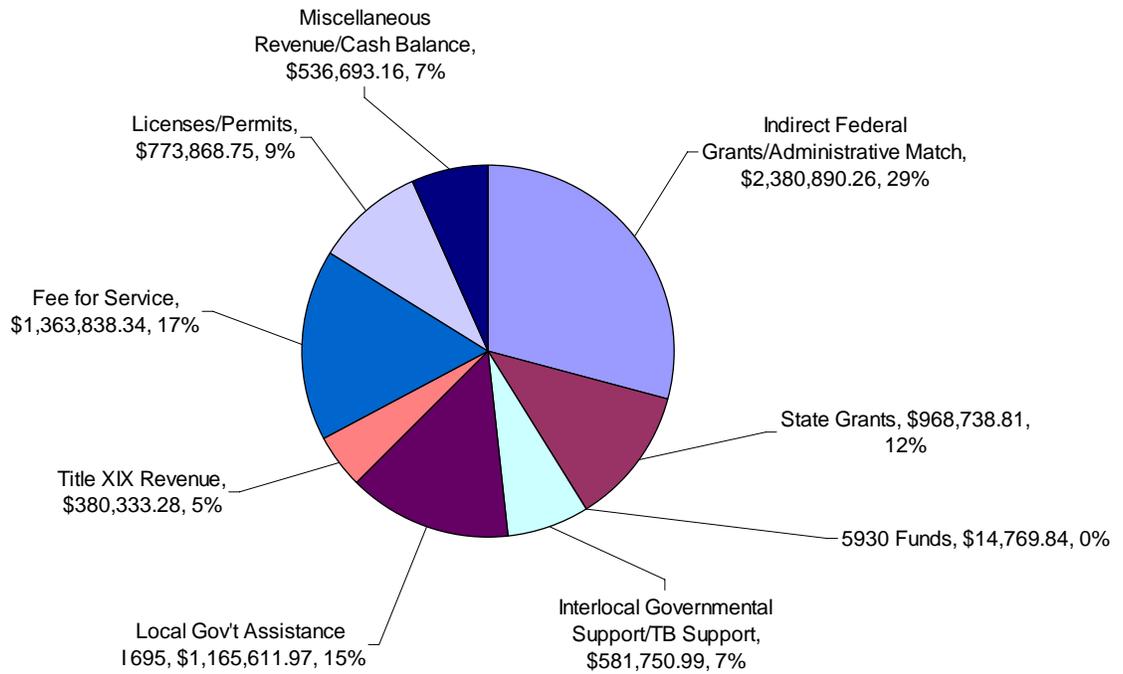
- AdvanceMed Hanford
- Benton County Emergency Management
- Benton-Franklin Red Cross
- CHC LaClinica
- Franklin County Emergency Management
- Kadlec Medical Center
- Kennewick General Hospital
- Klickitat County Emergency Management
- Klickitat County Health Department
- Klickitat Valley Hospital
- Lourdes Medical Center
- Prosser Memorial Hospital
- Region 8 EMS/Trauma Counsel
- Skyline Hospital
- St. Mary Medical Center
- Sunnyside Community Hospital
- Toppenish Community Hospital
- Tri-Cities Lab
- Walla Walla County Emergency Management
- Walla Walla County Health Department
- Walla Walla General Hospital
- Yakama Nation Emergency Management
- Yakama Tribal Health
- Yakima Health District
- Yakima Neighborhood Health Services
- Yakima Regional Medical & Heart Center
- Yakima Valley Farm Workers Clinic
- Yakima Valley Memorial Hospital
- Yakima Valley Office of Emergency Management

Financial Summary

2007 Public Health Program Expenses

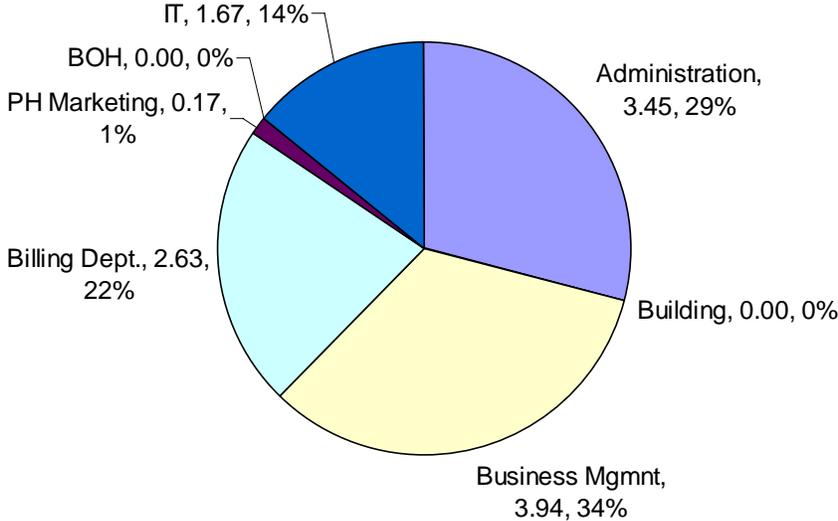


2007 Total Program Revenue Sources

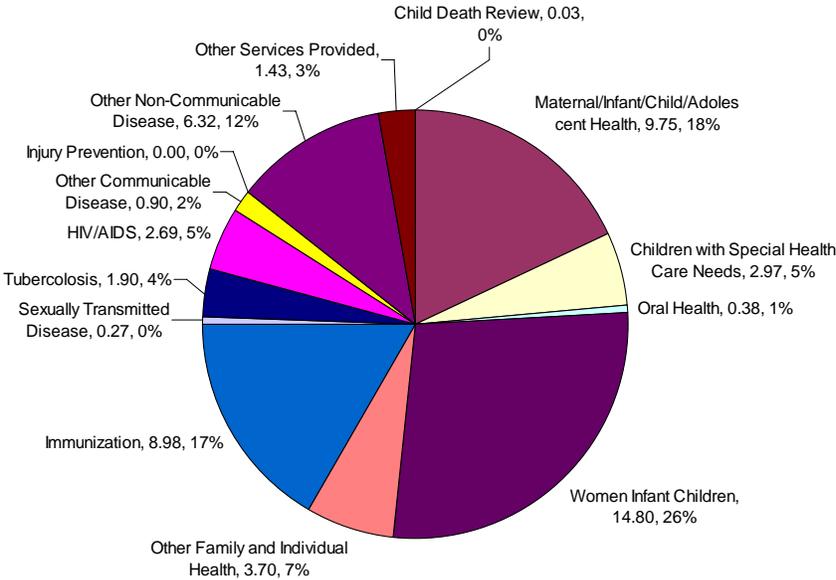


Full Time Equivalent (FTE) Distributions

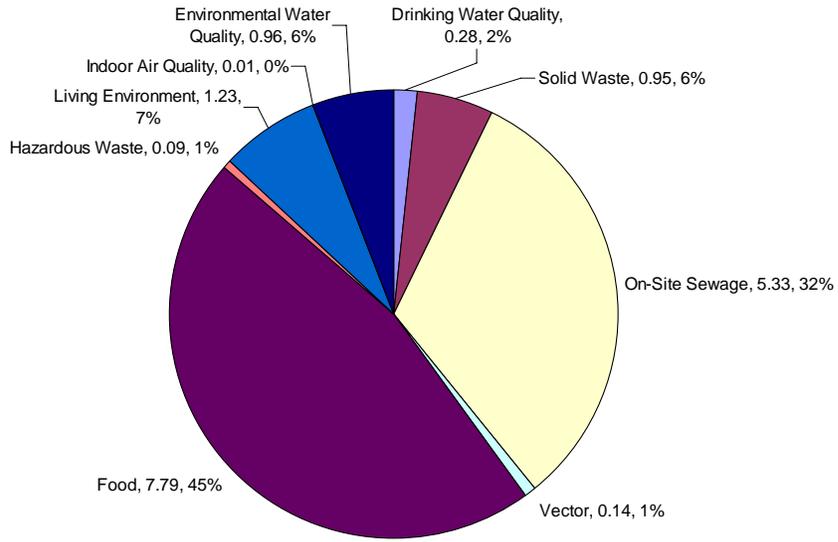
2007 Administration FTE Distribution



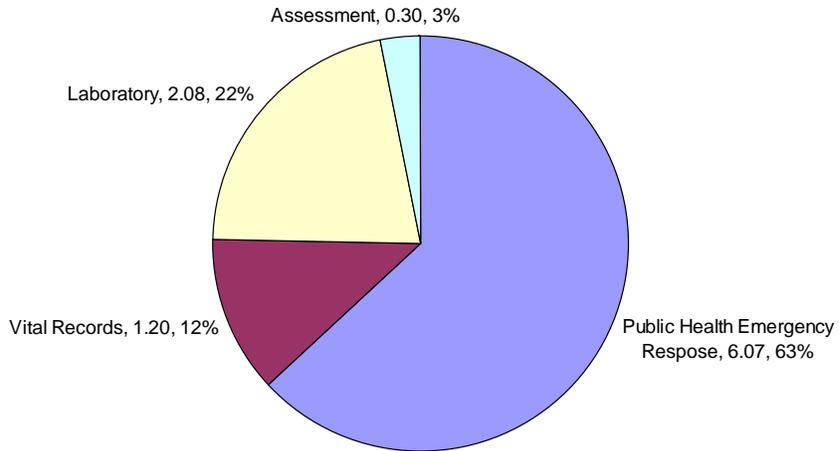
2007 Preventative Health Services FTE Distribution



2007 Environmental Health Services FTE Distribution



2007 Other Health Services FTE Distribution



Community Health Centers:

412 W. Clark Street Pasco, WA 99301 547-9737	471 Williams Blvd. Richland, WA 99354 943-2614	800 W. Canal Kennewick, WA 99336 586-1525	310 7 th Ave. E Prosser, WA 99350 786-1633
	7102 W. Okanogan Place Kennewick, WA 99336 460-4200	7102 W. Okanogan Pl Kennewick, WA 99336 460-4200	7102 W. Okanogan Pl. Kennewick, WA 99336 460-4200

Administrative Services:

471 Williams Blvd.
Richland, WA 99354
943-2614

7102 W. Okanogan
Place
Kennewick, WA 99336
460-4200

Environmental Health:

800 W. Canal
Richland, WA 99354
582-7761

7102 W. Okanogan
Place
Kennewick, WA 99336
460-4200

Emergency Preparedness:

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

7102 W. Okanogan
Place
Kennewick, WA
99336
460-4200

Safe Babies Safe Moms:

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

7102 W. Okanogan
Place
Kennewick, WA
99336
460-4200

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

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