



Benton-Franklin Health District 2007 Annual Report

2007 EXECUTIVE SUMMARY

2007 Executive Summary

**Annual Report 2007:
Benton-Franklin Counties & City Councils**

EXECUTIVE SUMMARY

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

Benton-Franklin Health District

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Claude Oliver, Benton County
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Sheila Sullivan- City of Richland
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Benton County Small Cities

Larry Walter (Prosser)- Benton
City, Prosser, West Richland
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Gary Walton (Connell)-
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Assessment Coordinator

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INTRODUCTION

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

The 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

METHODOLOGY

The purpose for this assessment is to provide a combined Benton-Franklin Health District report for 2007. The report is divided by demographics, socioeconomics, key health indicators, divisions and programs, financial summary, and full-time equivalent (FTE) distributions. Specific program descriptions and data were gathered from key program staff while additional statistical data was gathered from valid and reliable sources.

Program Descriptions

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

Statistical Data

Data was collected from State Reports specific to programs, Office of Financial Management, U.S. Census Fact Finder, Washington State Department of Health, Benton-Franklin Billing Services program (MAGIC), Behavioral Risk Surveillance Survey 2006 & 2007 (BRFSS), Health Youth Survey (HYS) for Franklin county only, American Diabetes Association, a Survey of the Adult Population, and Benton-Franklin Health District specific data bases. Data reported includes demographics and socio-economics information. In addition key staff chose four local key health indicators to report on. The health indicators will help us measure health outcomes and also answer the question “how is the overall health of our community?”

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

DEMOGRAPHICS

- The Benton-Franklin Counties Population area was estimated at 230,300.
- From 2006 to 2007, Benton County's population increased by 2,300 and Franklin County's population increased by 3,200.
- The average age for Benton County is 36 years of age and for Franklin County is 29 years of age.
- There are slightly more females than males in Benton County. However in Franklin County, males outnumber females.
- In Benton County, 92.2% of the residents are Caucasian, 15% are Hispanic, Blacks make up 1% of the population along with American Indian Alaska Native, Asian Pacific Islander and two or more races make up 3% and 2% of the population respectively.
- In Franklin County, 89.2% of residents are Caucasian, 54% are Hispanic, Blacks make up 2% of the population along with Asian Pacific Islander, American Indian Alaska Native and two or more races make up 1% each of the population.
- In 2006 there were 57,000 households in Benton County. The average household size was 2.8 people. In 2006 there were 20,000 households in Franklin County. The average household size was 3.3 people. The state average 2.53 persons per household.

SOCIOECONOMICS

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

KEY HEALTH INDICATORS **COMMUNICABLE DISEASE**

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

OBESITY/OVERWEIGHT, DIABETES & ASTHMA

- 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 throughout 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.
- 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 had been told by a doctor that they have diabetes and 7% in 2006.
- 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 being 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.

ENVIRONMENTAL HEALTH

- The Benton-Franklin Health District's Environmental Health Specialists conduct routine unannounced inspections of all public food service establishments through both counties.
- 13.96% of all inspections in Benton-Franklin County resulted with a Red Item Violation score of 35+ points compared to 15.07% in 2006.
- Each inspector also provides educational training to the food service operator to improve food safety practices and instill long-term positive behavior change.
- A combination of three or more items will constitute a red item violation of 35+ points. Examples: 1) undercooked hamburger 2) a blocked hand sink 3) improperly cooked beans.
- Continued dedication to this program is requested to provide the time and effort needed to work with the diverse and fluctuating food service operators that provide food to the visitors and residents in our district.

DIVISION I-ADMINISTRATIVE SERVICES

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

DIVISION II- PREVENTATIVE HEALTH SERVICES

- In 2006 Benton County had 2332 birth, and Franklin County had 1545 births.
- In Benton County, 1343 of the total births were paid by Medicaid, and in Franklin County, 1128 of the total births were paid by Medicaid.
- The over all up to date Immunization rate for children in childcare centers in Benton-Franklin Counties was 86.2%.
- Approximately 980 helmets were distributes and 900 parents and children were educated about injury prevention in both Benton-Franklin Counties.
- In Franklin County 73% of families receiving WIC live in poverty. The monthly income for a family of four living in poverty was \$1,613 or less; 73% of WIC families were employed.
- In Benton County 68% of families receiving WIC live in poverty. The monthly income for a family of four living in poverty was \$1,613 or less; 65% of WIC families were employed.
- In Benton County WIC served 6,545 women, infants and children under 5 and 1,816 pregnant, breastfeeding and postpartum women.
- In Franklin County WIC served 7,983 women, infants and children under 5 and 2,247 pregnant, breastfeeding and postpartum women.
- In Benton County WIC contributed \$2,092,117 millions in local grocery stores sales and \$16,940 dollars to farmers.
- In Franklin County WIC contributed \$2,990,360 millions in local grocery stores sales and \$60,202 dollars to farmers.
- The Benton-Franklin Health District is the only local health department in the area that offers school-based vaccination clinics.
- In Benton County there were a total of 28,917 immunizations administered, in Franklin County there were a total of 7,994 immunizations administered; a total of 36,911.
- In 2007 a total of 118 countries were visited by Benton-Franklin County residents and a total of 1,121 clients were served.
- In 2007 a total of 2,150 Medicaid applications were completed for a success rate of 91% in Benton-Franklin Counties.
- In 2007 a total of 1,115 children were enrolled in the ABCD dental program.
- HIV/AIDS clients are at a high risk for non-compliance, language barriers, multiple diagnosis complications, citizenship status, low education level, cultural barriers, socioeconomic status, and dual diagnosis issues. No funding for consultations, education.
- Over 95% of the time the client was seen within 30 days of arrival. Over 90% of the time there is a return for TB skin tests.
- On average the programs had 68 active clients per month for both 2006 and 2007.

DIVISION III-ENVIRONMENTAL HEALTH SERVICES

- 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.
- 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.
- Facilities continue to be inspected for operational compliance on a once a month basis. All permitted facilities have gained compliance with the provisions of WAC 173-350 including having and appropriate financial assurance instrument.
- 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.
- 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.
- All permitted facilities were inspected a minimum of 2 times with re-inspections conducted as needed. 478 facilities were inspected.
- 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.
- All complaints filed regarding environmental concerns have been responded to and resolution achieved in the majority of cases.
- 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.
- Over 300 educational presentations were conducted and attended by over 9,000 people.
- Over 10,000 hands were washed and our trailer appeared 13 times in 2007.
- 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.
- Over 1,200 permanent establishments were permitted, and over 2,800 inspections were conducted.
- Over 700 temporary establishments were permitted, over 400 food worker training classes were provided, and 7,900 food worker cards were issued

DIVIISON IV-PUBLIC HEALTH LABORATORY

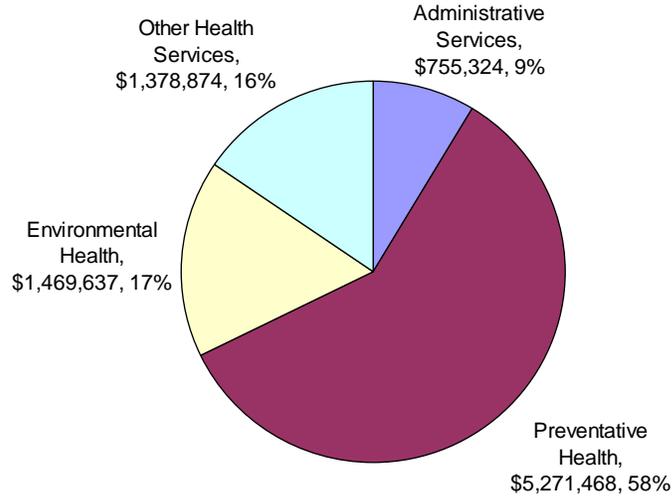
- The lab is a resource for other counties and laboratories. We work extensively with private individuals to resolve water problems and educate them on well and water related issues. We work with many public water systems to help educate new owner /operators on regulatory issues and water sampling procedures and requirements.
- 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.
- 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.
- The laboratory is recognized and respected by the DOE, DOH and local partners.
- In 2007 Benton County had over 2,000 clients and Franklin County had over 700 clients. The Benton-Franklin Health District Laboratory also served over 600 clients from other Counties.

PUBLIC HEALTH EMERGENCY PREPAREDNESS & RESPONSE (PHEPR)

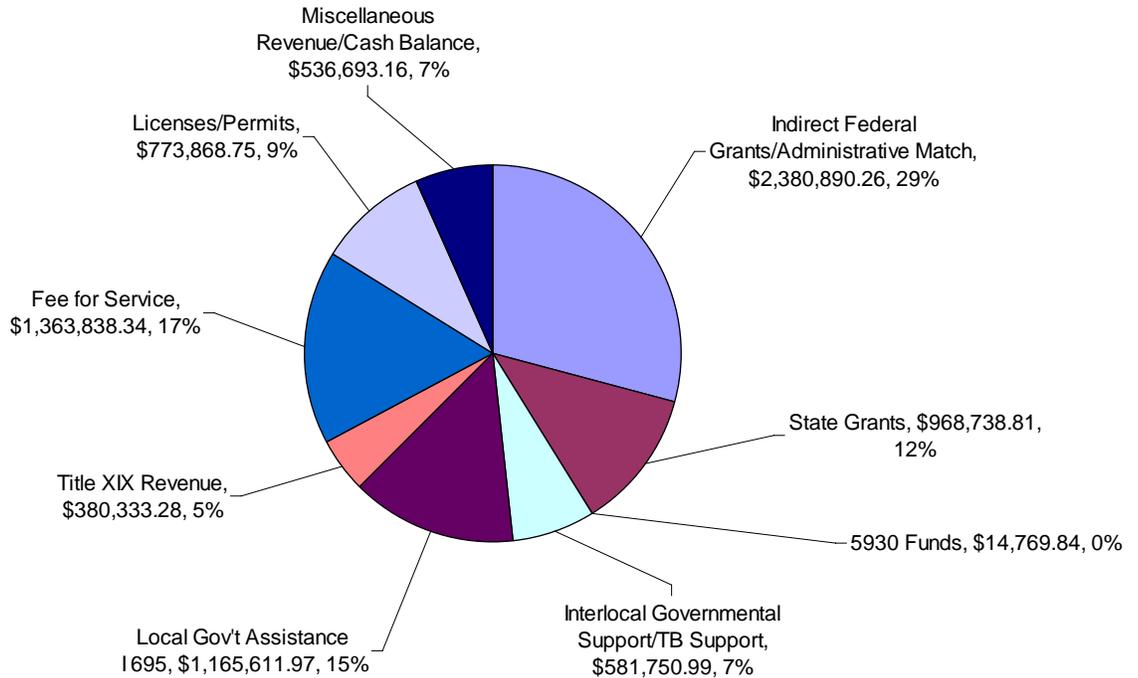
- Region 8 Public Health Emergency Preparedness and Response (PHEPR) serves as a primary resource to local health jurisdictions in planning and preparing for responding to, and recovery from public health emergencies in Benton, Franklin, Klickitat, Walla Walla, and Yakima Counties.
- Planning & Exercises: Evaluator/Observer: flu clinics for BFHD, KCHD, WWCHD, YHD, SRHD, PH-SKC, and WASABE IX (state exercise).
- Epidemiology: Evaluated surveillance component of all LHJ pandemic influenza response plans as part of state-led initiative.
- 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.
- 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.
- 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.

Financial Summary

2007 Public Health Program Expenses

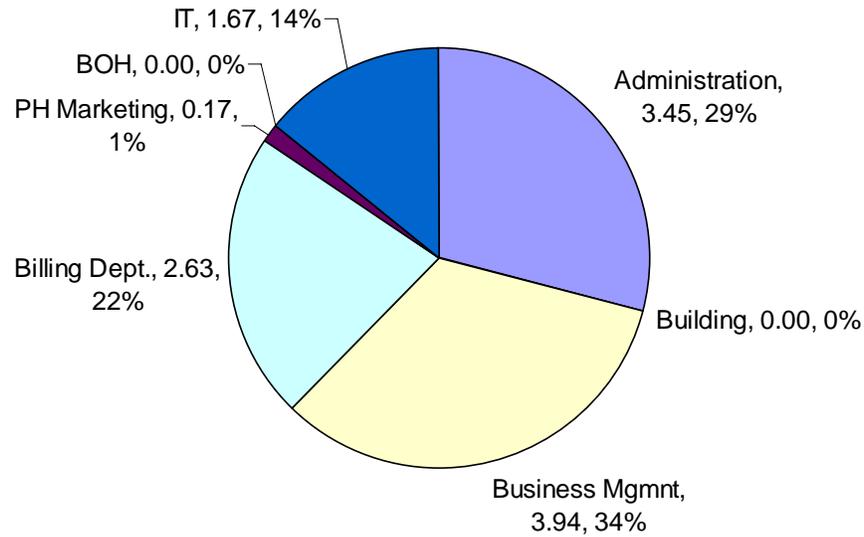


2007 Total Program Revenue Sources

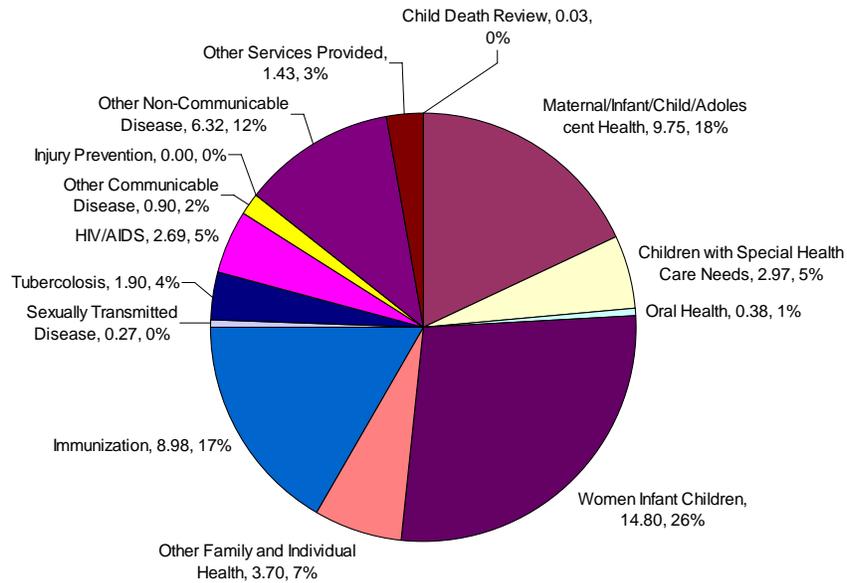


Full Time Equivalent (FTE) Distributions

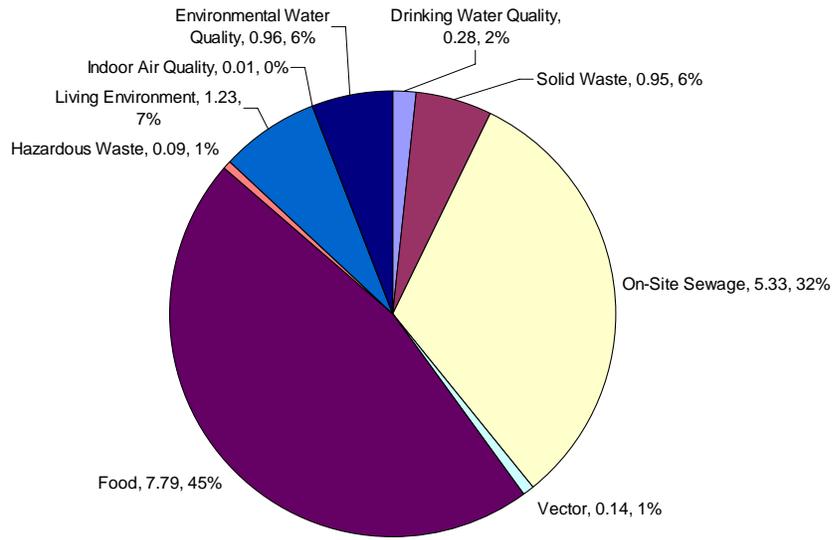
2007 Administration FTE Distribution



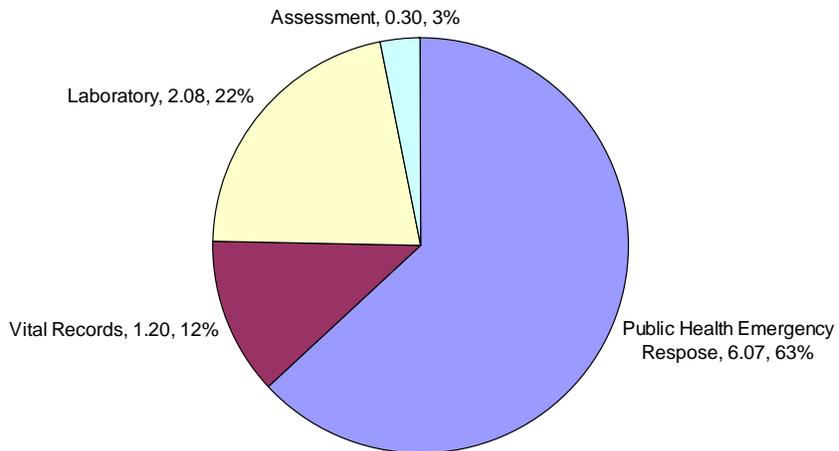
2007 Preventative Health Services FTE Distribution



2007 Environmental Health Services FTE Distribution



2007 Other Health Services FTE Distribution



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