

Benton-Franklin Health District

Through the Years: Celebrating Over 50 Years of Service

Annual
Report
2010



About Benton-Franklin Health District

Vision

When our county residents need important information about health, they will think of Benton-Franklin Health District first. We are public health leaders and innovators; we set the standard. Everyone in the agency will share information and talents across programs and divisions with a common goal to better serve customers. The public will better understand the important work of public health and its positive impact on their lives. We will be an agency at which the best people want to work, and once they are here they will want to stay.



Mission

The mission of the Benton-Franklin Health District is to provide all people in our community the opportunity to live full productive lives by promoting healthy lifestyles, preventing disease and injury, and protecting individuals and their environment through cooperative participation among community, government and the Health District.

Core Values

As an agency we value our employees, partners and the people of our counties. We recognize the importance of cultural competence, trust the public and believe hard work will improve and maintain that relationship. We collaborate effectively with staff, partners and community members working for a safer and healthier Benton and Franklin Counties.

Health Officer Highlight

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Larry Jecha MD, MPH
District Health Officer
1988-1992 & 1997-present

“I am proud of all our employees and their contributions in making our community a healthier place to live. This report not only captures a part of the daily activities, but provides an insight to the importance of our work and the loss of programs under the funding limitations we have been facing in Public Health.”

“It has been an honor and privilege to have served as your Health Officer.”
—Dr. Jecha

State law provides for the selection and appointment of a medically-qualified Health Officer to oversee and direct the public health program of the Local Health Jurisdiction.

With a Masters in Public Health and American College of Preventive Medicine Board Certification in Preventive Medicine, Dr. Larry Jecha is the Health Officer for the Benton-Franklin Health District. Dr. Jecha has been serving BFHD for approximately 18 years collectively and will soon be retiring. We wish him a wonderful, exciting and healthy retirement! —BFHD Staff

A Message to Our Community

On behalf of the Benton-Franklin Health District, we are pleased to present the 2010 Annual Report.

Our mission, vision, and core values are accomplished through implementation of quality evidence-based community health and environmental health services for the benefit of residents and visitors. Benton-Franklin Health District (BFHD) has been serving people in the community for over 50 years and this report illustrates some of the similarities and differences between then and now.

In 1960 the Benton Franklin Health District had a staff of 44 that served 85,000 people. In 2010, we had a staff of 91 serving a population of 248,400. Today, compared to 50 years ago, BFHD provides more extensive services to protect and promote health and quality of life available to all residents of Benton and Franklin Counties.

Report highlights include:

- Successes through increased use of Child Profile by medical providers in Benton and Franklin Counties
- Awareness of the rates and dangers of communicable diseases in our community
- Updates from the Women, Infants and Children Program (WIC)
- Environmental surveillance, water, and food safety
- Solid waste and land use planning
- Effect of program reductions or eliminations

Although BFHD has faced recent budget challenges, preserving the basic safety and health of residents remains a top priority and the staff at BFHD are motivated to continue this important work. Please use this report as a reminder of the essential value that public health services has brought to your community over the years and continues to bring today.

Sincerely,



Larry Jecha MD, MPH
Health Officer/
Administrator



Sandra Owen RN, MPH
Preventive Health Services
Director



Bruce Perkins BS
Environmental Health Services
Director

Meet The 2011 Board of Health



James Beaver
Chairman, BOH
Benton County
Commissioner



Leo Bowman
Benton County
Commissioner



Shon Small
Benton County
Commissioner



Brad Peck
Vice-Chairman, BOH
Franklin County
Commissioner



Robert Koch
Franklin County
Commissioner



Rick Miller
Franklin County
Commissioner

Washington State law establishes that 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 Health District to serve the populations of Benton and Franklin Counties. The Benton-Franklin District Board of Health is a six-member board made up of the County Boards of Commissioners.

The Benton-Franklin District Board of Health usually meets on the third Wednesday of each month at 1:30 P.M. unless otherwise posted on the Health District website. Board meetings are held at the Benton-Franklin Health District office, located at 7102 West Okanogan Place, Kennewick, Washington 99336.

Questions regarding Board meetings or meeting minutes should be addressed to the Board Chairman as follows: Chairman, Board of Health, 7102 W. Okanogan Pl, Kennewick, Washington 99336. For further assistance, send an e-mail to BoardOfHealth@BFHD.wa.gov Board of Health meeting minutes and more information can be found at: www.bfhd.wa.gov/admin/boh.php

Preventive Health: Disease Surveillance & Prevention



THEN & NOW Major changes for the Communicable Disease program over the last several years was the Engrossed Second Substitute House Bill 5930 passed in 2007 by the Washington State Legislature. This created additional funding to enhance public health work in Communicable Disease Surveillance. Communicable Disease staff are able to respond more quickly, investigate more thoroughly, and evaluate the data more effectively to prevent future disease.

Communicable Diseases

Prevention and control of communicable diseases is an essential function of Public Health. District Communicable Disease staff monitor, track and respond to infectious disease reports in the community, investigating quickly to prevent further spread of disease. Health care providers, laboratories, and healthcare facilities are required to report on 60 different illnesses and conditions. These reports are investigated and monitored to identify outbreaks and trends that warrant intervention.

Tuberculosis

Tuberculosis remains an important issue with 7 new active cases in 2010 (a rate of 2.8 per 100,000 which is lower than the national and state rates). Intensive monitored therapy is required to alleviate the disease often requiring our staff to observe regular administration of antibiotics.

In the United States, failure to complete treatment has increased the presence of antibiotic resistant TB. Our CD program is dedicated to ensuring that all infected persons complete the required therapy.

Sexually Transmitted Disease

Many sexually transmitted diseases continue to be reported at frequencies above the state average. BFHD tracks reported sexually transmitted diseases that occur in the community. We continue to educate high risk adult populations to help stop the spread of Gonorrhea, Chlamydia, Syphilis, HIV/AIDS and others. In 2010 there were over 850 cases of Chlamydia reported in the community with a majority of cases occurring among people age 15 -29.

There were approximately 128 communicable disease investigations in 2010 that were not STD related.

Preventive Health: Immunizations

Immunizations & CHILD Profile

Immunizations are important for disease prevention. Recent efforts to increase the tracking of immunizations for children ensure quality care and decrease duplication of services. In January 2010, 40 percent of providers were using the CHILD Profile computer tracking system. In December 2010, providers using the system increased to 56 percent. The CHILD Profile vaccine ordering system in Benton and Franklin Counties served as a pilot to implement the ordering module on the CHILD Profile Immunization Registry System. During this project, 22 Providers assessed vaccination rates and interventions established to increase immunization rates.

Refugee Program

Each year 200–300 refugees arrive in our community from locations around the world. Refugees are individuals that are allowed into the United States (and other welcoming countries) as a result of unsafe conditions in their home country. Our screening clinic is the refugee's first glimpse at the American medical system. Routine screenings are conducted to look for communicable diseases requiring treatment or other urgent healthcare issues needing referrals to medical providers in the community. In 2010, 208 refugees came to Benton and Franklin counties

“DOH recently recognized Karen Queen, employee of BFHD, for her outstanding work during 2010. Benton-Franklin Health District is a high-performing health jurisdiction in regards to immunization service delivery, and I am honored to have worked with you and your staff over the past five years.”

—Gary D. Gant, Washington State Department of Health

International Travel Clinic

People traveling from Benton, Franklin and surrounding counties went to at least 101 different countries in 2010. The Health District had 812 total person contacts in Travel Clinic, including 749 billable as Travel Visit (first consult), 34 follow-up consults (follow up vaccinations needing more than one dose per person), 29 additional contacts (children referred to pediatrician, partner traveling with no shots needed, etc.) This program provides services to residents in Benton, Franklin, Adams, Walla Walla, Yakima and others in Southeastern Washington. There were 5,298 vaccinations administered to travelers supporting BFHD services.

THEN & NOW

1948 The game Candy Land was developed to cheer up children in the Polio Ward.

2010 Candy Land is widely available and popularly played among children and adults and Polio had been eradicated in the United States.



Preventive Health: Child & Family

Children with Special Health Care Needs (CSHCN)

In 2010, our Children with Special Health Care Needs program participated in Epilepsia in Washington. This was a three year grant in collaboration with the Department of Health, ESD 123 and Parent to Parent. The purpose of the grant was to assure a system of care that was accessible, comprehensive, and family centered for children and youth with epilepsy, especially children who live in rural and medically underserved areas of Washington State. Our role

was to identify eligible participants, share newly developed care coordination materials, create and implement a **Seizure Action Plan for each child's needs, and organize a medication list.** The goal was to provide each family with **ONE plan to be used by the family's multiple medical and personal care providers and by their schools.**

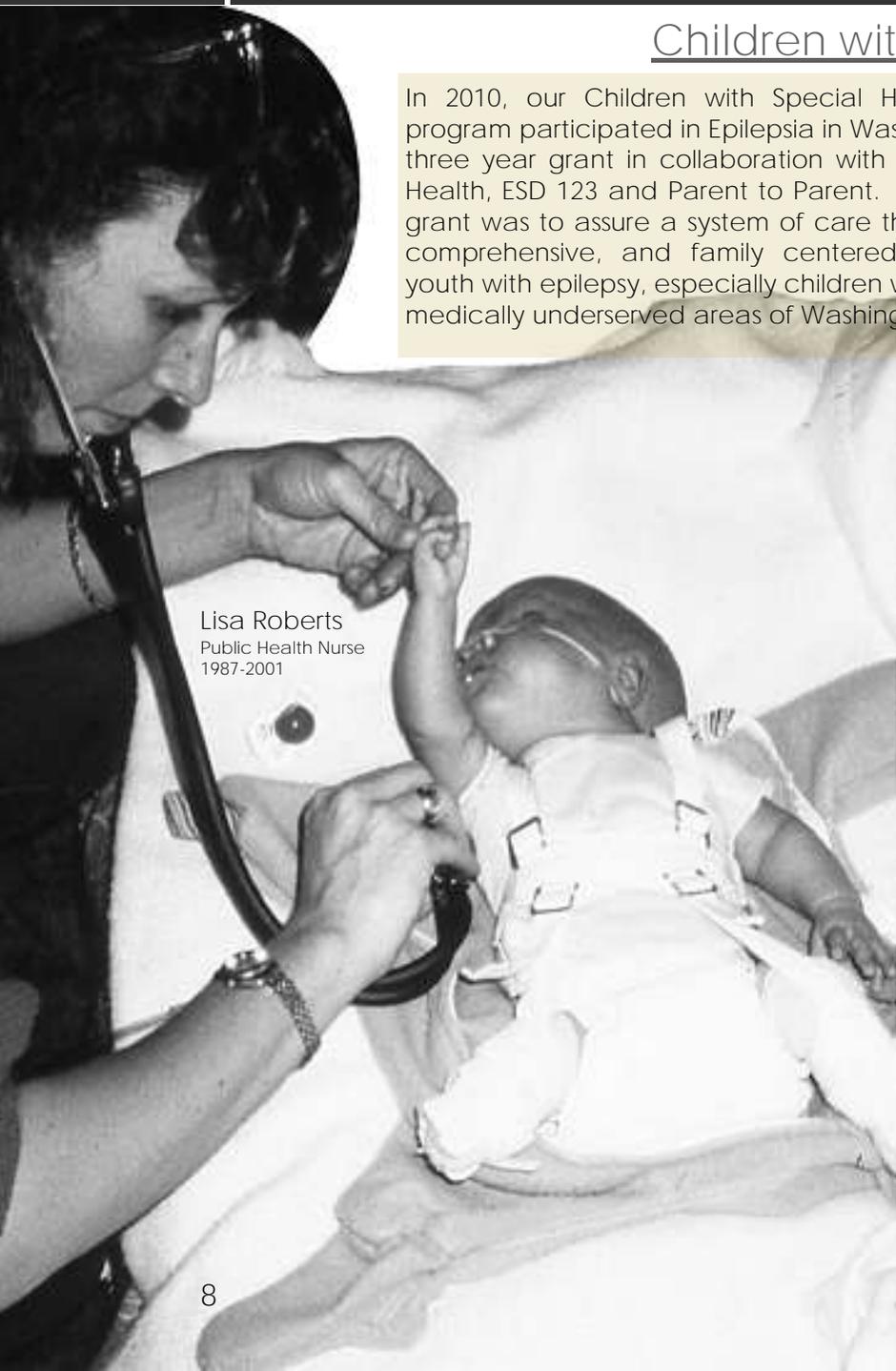
For a historical timeline on the program; go to: <http://www.mchb.hrsa.gov/timeline/>

The continuous role of Benton-Franklin Health District's Children with Special Health Care Needs program is to provide support to families with disabled children. We advocate for, and help clients connect with community resources that can help to address identified needs. We teach families how to coordinate their complex care plan. In 2010, we received 273 new referrals for children ranging from severe prematurity to complex multi-system congenital undiagnosed conditions.

The decreases in coverage for healthcare and therapeutic services as well as the cuts to programs in schools affects this most vulnerable population more than general society. Health District budget cuts have decreased the amount of contact with clients for hands-on assessment and care planning activities. Public Health Nurses currently staff the program and receive support from dietitians knowledgeable of the complex nutritional issues within this population.

Outcomes we strive for :

- Families are aware of regional and local information and resources
- Community resources are utilized efficiently
- Families receive practical and useful support
- A general reduction in ER visits for non-emergencies
- Children with developmental delays receive services early
- A decrease in the incidence and/or severity of health complications
- Family centered care from a Medical Home is the standard for families in Benton and Franklin Counties



Lisa Roberts
Public Health Nurse
1987-2001

Preventive Health: Home Visits

Early Intervention Home Visiting Program

In 2009, Region 2 Children's Administration ceased funding for all Public Health Nurse Intervention partnerships. Due to the elimination of services, families whose risk criteria were determined to be too low to require immediate CPS intervention but would benefit from some intervention to prevent recurring problems were no longer being served. The potential for child abuse and neglect increased as there were no longer community "safety nets" to serve the needs of this unique population.

Although reaching a smaller population than the program described above, this new program was created to support efforts by a Public Health Nurse (PHN) to promote healthy child development and strengthen protective factors known to decrease child abuse and neglect for children. Through validated family assessments, interventions, and linkages provided by the PHN in a one on one home visitation model, we hope to increase parental resilience, social connections, knowledge of parenting and child development, assist families' link to concrete supports, and improve the child's social and emotional development. Contact efforts are made by

phone, letter, or drop-in visit to all referred families. In all, 22 families were contacted. Of those, 10 families (including 15 children) engaged with services, and 5 families who initially agreed did not engage further.

A few families were referred to other programs within BFHD that more closely matched their needs. BFHD staff provided families with coordination of care involving multiple community agencies including: Children's Administration, Children's Developmental Center, Catholic Family Services, Head Start/ Early Head Start, BFHD Maternity Support Services PHNs, Children with Special Health Care Needs PHNs, WIC staff, Safe Babies Safe Moms, Benton Franklin Infant Toddler program, Community Action Committee, local CSO, Three Rivers Wraparound, legal agencies, and local school districts. Parenting education was provided using Triple P, Strengthening Family & Communities, and NCAST materials.



The U.S. Advisory Board on Child Abuse and Neglect concluded that "no other single intervention has the promise of home visitation." A child who can avoid trauma and experience consistent, nurturing care giving in their early years will likely be physically and emotionally healthier, more employable and engaged member of society.

"Several of our Preventive Health Services focus on pregnancy and the first years of life, the very beginnings of life-long health. 50 years ago there were maternal-child health programs which provided first-time parents with public health nursing visits to assess the need for education regarding the best care, feeding and nurturing of children. For those parents who were less than knowledgeable, education and assistance was provided. This preventive, health promotion and protection activity is provided in most industrialized nations in the world but today is no longer available in our counties. Home visiting utilizing evidence-based models has been shown to reduce child abuse and neglect by 50% as well as a 50% reduction in contacts with the juvenile justice system even when provided during the first two years of life. Our future, economically as well as socially depends on healthy outcomes for our chil-

Preventive Health: Services for Children & Families

Childcare Health Program

The Childcare Health Program was initiated by the growing need to support compliance with immunization recommendations in Childcares and Preschools. The goal at the time was to increase the rate of children in childcare up to date with their immunization status. Over the years, the program grew into a comprehensive health and safety consultation and education program for childcares and preschools in our community.

At its peak, the Health District's Childcare Health Team consisted of two public health nurses, a health services assistant, registered dietitian and environmental health specialist. The team provided monthly onsite consultation to ensure that the health and safety needs of all children in participating childcare centers were met. They supported childcare licensing requirements by providing the necessary reeducation and tools to help centers provide safe care and

keep children healthy. The team completed annual immunization reviews for each site as well as provided health screenings for vision, hearing, and oral health because the early identification of health issues affects a child's development and early learning ability.

The Childcare Health Team collaborated with other community agencies to provide quality education and technical support including planning for disasters and/or emergencies in childcare settings. Members of the team were also an integral part of a variety of early learning organizations and groups within the community. Since the decision was made to eliminate Health District funding for the Childcare Health Program, about 1,200 children from one month old to kindergarten entrance are not receiving vision, hearing and dental screenings. Childcare licensors are reporting an increasing number of childcare providers cited for not having immunization record compliance. New childcare centers are not receiving the initial support to develop health and safety plans which has resulted in an increasing number of safety violations.

Safe Babies, Safe Moms

Safe Babies, Safe Moms is another great program within BFHD that assists women and their children to become healthy, safe and self-sufficient through intensive case management and substance abuse intervention programs and services. In 2010, the program completed 880 home visits. For more information, please visit our website (www.bfhd.wa.gov).



Preventive Health: WIC

THEN & NOW In existence in the U.S. since 1974, WIC is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition and stay healthy. Although there are occasional changes to the actual brands and volume of WIC food recommendations, there are always nutritious options for young mothers to choose. The Benton-Franklin Health District WIC program has grown **from 785 clients in the mid 70's to over 7,350 clients in 2010.**

Women, Infants & Children Program (WIC)

The WIC program enjoyed unexpected additional funding in 2010. We started the year with a caseload increase (additional \$19,250), an increase in the base rate per client (additional \$155,750), and then an offer of one time pass through funds (additional \$60,500). After years of penny pinching in WIC, BFHD was able to almost reach full funding.

We were able to replace 30 year old equipment, and update client education and staff training materials. We purchased a component for the health district phone system. We also received funding to begin a breastfeeding peer counselor program. With the preparation and planning done in 2010, the peer counselor program will be implemented in 2011. We are excited about starting a breastfeeding peer counselor program. In 2010 the breastfeeding rate of women on our WIC program was 84.5 percent. We hope to see a significant increase in not only the number of women nursing, but also the number of months they continue to nurse exclusively.

On September 22, 2010 Abbott Nutrition issued a voluntary recall of some types of Similac infant formula. Similac is the Washington State WIC contract brand of formula. The Health District WIC staff worked closely with local retailers, Similac representatives and the State WIC office to locate, take back recalled product, and find substitute products for our clients. Getting the product back from clients was easy, finding formula and getting new product on the store shelves has taken months. This recall affected staff and clients for the rest of the year; in fact there is still one product with limited availability at the start of 2011.

WIC Nutrition Education Promotes Healthy Choices. In 2010, 31,235 total nutrition education sessions were provided to WIC clients and their families.

The WIC program attracts Families to Preventive Health Services at BFHD. In 2010, there were 42,007 new WIC referrals.



Sandra Owen
BFHD Preventive Health
1979-Present

Safe Kids Benton-Franklin Coalition's lead agency is Benton-Franklin Health District. The mission of the Coalition is to reduce the number of unintentional, preventable childhood injuries and resulting deaths that occur in Benton and Franklin Counties. For more information, visit the website: <http://www.bfhd.wa.gov/ph/skc.php>

Environmental Health: Food Safety



“In 1960, BFHD inspectors primarily checked dairies for milk quality and took samples of milk for testing. In 2010, BFHD’s food safety inspectors provide extensive training on food worker behavior and focus on the temperature, source, and handling of each food item in all food establishments.”

-Susan Shelton
Environmental Health
Supervisor

Public Food Safety Program

In 2010, the food safety program staff of six performed 4594 inspections at retail food facilities in Benton and Franklin Counties. This number translates to over 12 inspections conducted at restaurants, schools, bars, taverns, concession stands, grocery stores, and temporary food booths every day of the year.

New this year, we began conducting educational inspections at our food establishments. Unlike our regular, unannounced, inspections, we scheduled these additional inspections to provide focused training in the food establishment with the operation manager and staff. Thanks to this new focus, we had an increase in manager reports of imminent health hazards and other vital communications that helped prevent potential illnesses spread through food during the year.

During 2010, we had hundreds of food products recalled in order to prevent additional illnesses or injuries. The products included several types of frozen dinner entrees (*to prevent Salmonella infection*), frozen fruit (*to prevent typhoid illnesses*), and several cheeses (*for E. coli*). In addition, we responded to the nation’s largest egg recall (*for Salmonella*).

THEN & NOW In 1960, each food worker was required to get a “Washington State Health Card.” Back then, the health card included a chest x ray to show that a food worker did not have tuberculosis. Today, we no longer check each food worker for tuberculosis (TB is not spread from food workers through food). Instead, food workers in Benton and Franklin Counties are required to attend a food safety training class taught by food inspectors and pass a state test in order to be issued a card. BFHD is one of few LHJs that still teaches an inspector-led course.

In 1960 BFHD issued 936 health cards.
In 2010, we issued 9304 food worker cards.

Environmental Health: Zoonotic Programs

Zoonotic Programs: Diseases Spread From Animals

Rabies Surveillance

A large increase in the number of rabies investigations over previous years was experienced in 2010. This can be attributed to improved reporting and awareness of the importance of prompt investigation of every animal bite incident.

BFHD responded to over 450 bite incidents in 2010 with over 350 incidents being resolved by quarantine of the animal or laboratory testing. Over 75 victims were referred to medical providers to be evaluated for treatment.



West Nile Virus

After a decade of West Nile virus education and prevention efforts in our area, our first human cases appeared in 2009 and our environmental surveillance numbers led the state. At the end of the 2009 season, we wondered if we would follow other states with a high number of human infections in 2010.

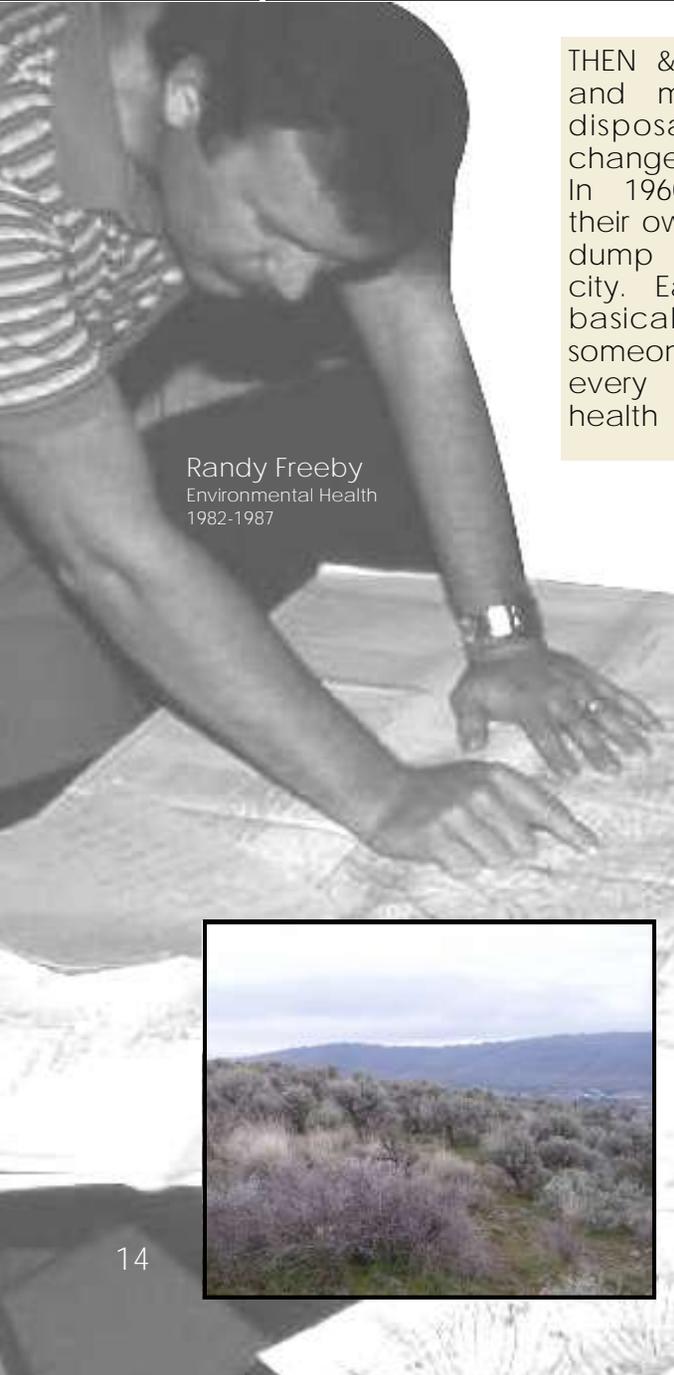
Despite active surveillance, 2010 did not reveal substantial West Nile virus activity in our area. In our district, we had three birds tested for the virus (all negative), three horses tested (all negative), and 670 mosquito pools tested (6 in Benton County positive).

In addition to our community education and regional meetings, we coordinated our area's first mosquito-themed blood drive with a local mosquito control district and created a West Nile Virus Twitter account.



Bruce Perkins
Environmental Health
Services Director
1974--Present

Environmental Health: Land Use, Solid Waste, Sewage



Randy Freeby
Environmental Health
1982-1987

THEN & NOW The face, focus and monitoring of garbage disposal has dramatically changed in the past 50 years. In 1960, people transported their own trash to one of many dump sites surrounding each city. Each of these sites were, basically unmanaged with someone burning the waste every few months. Public health monitored the rodent

population and suggested actions to reduce their numbers periodically.

Today, most of our waste is collected and transported to a Municipal Solid Waste Landfill. In Richland, waste is taken the city's Sanitary Landfill where the waste is compacted and covered daily with dirt, rarely are rodents found at the facility.

In Kennewick and Pasco waste is collected and taken to transfer stations and loaded into larger trucks and transported to regional landfills located in Oregon. In 1960 all trash we generated was taken to the dump, today cans, paper and plastics are routinely recycled into new products thus reusing resources rather than depleting them.

On-Site Sewage

Our focus in the wastewater program is to ensure proper treatment and disposal of wastewater throughout the District. This is done by reviewing all sites proposed for on-site sewage systems, evaluating system designs and verifying construction is performed in a manner meeting both code and the needs of the site. Designs range from simple septic and a gravity drain field to complex systems entailing several layers of treatment prior to discharge into the soil. Over the past

fifty years many things have changed in this program as system construction was reviewed as a courtesy in 1960. Today, permits and inspections are required for all on-site sewage system construction. This is done to ensure that proper design and construction occurs protecting both ground and surface water resources from contamination, and creating systems that match the expected wastewater volume with the system design.

“In 1960 Public Health responded to issues created by poor disposal. In 2010 we stay in front of the issues to prevent problems from occurring.”

-Rick Dawson, Environmental Health Supervisor

Environmental Health: Surveillance

Environmental Surveillance

Smoking in Public Places

When Initiative 901 prohibited smoking in public places in 2005, we had a peak number of complaints in 2006. Last year, we received an all-time low 13 complaints of businesses allowing smoking on the premises or within 25 feet of entrances. We continue to respond to complaints and provide free signage and education to businesses. With the substantial reduction in anti-smoking funding and programs around the state at the end of 2010, we are concerned that public smoking may increase in upcoming years.

Swimming Pools

In 2010 the full impact of the Virginia Graeme Baker Pool and Spa Safety Act was felt at many of the 170+ public and semi-public swimming pools permitted and inspected by BFHD. Many of our facilities were constructed years ago and did not have anti-entrapment features necessary under the act, leading to a large number of pool modifications and removal of several facilities.

Solid Waste

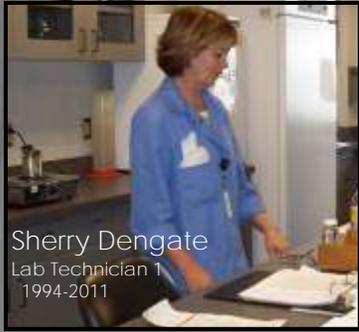
In June of 2010 the Benton County Moderate Risk Waste Facility had a fire that completely destroyed the facility. This facility was constructed in 1994 to provide a permanent location for the residents of Benton County to bring hazardous materials used at their homes such as solvents, pesticides and caustic cleaners thus keeping these hazards out of landfills. This service was offered free to Benton County residents under a grant from the Department of Ecology and contributions from local governments. On average, this facility was responsible for processing

over 300,000 pounds of material annually. The loss of this facility will impact citizens by increasing the cost and ability to properly manage these wastes. Based on our current economic times it may take a significant amount of time before a new facility is constructed increasing the time they are stored in the home or leading to improper disposal. *In 2010*, we permitted 19 facilities to manage our waste ranging from landfills to facilities collecting household hazardous waste. BFHD routinely inspects and monitors the activities at these facilities to ensure the waste is managed properly.

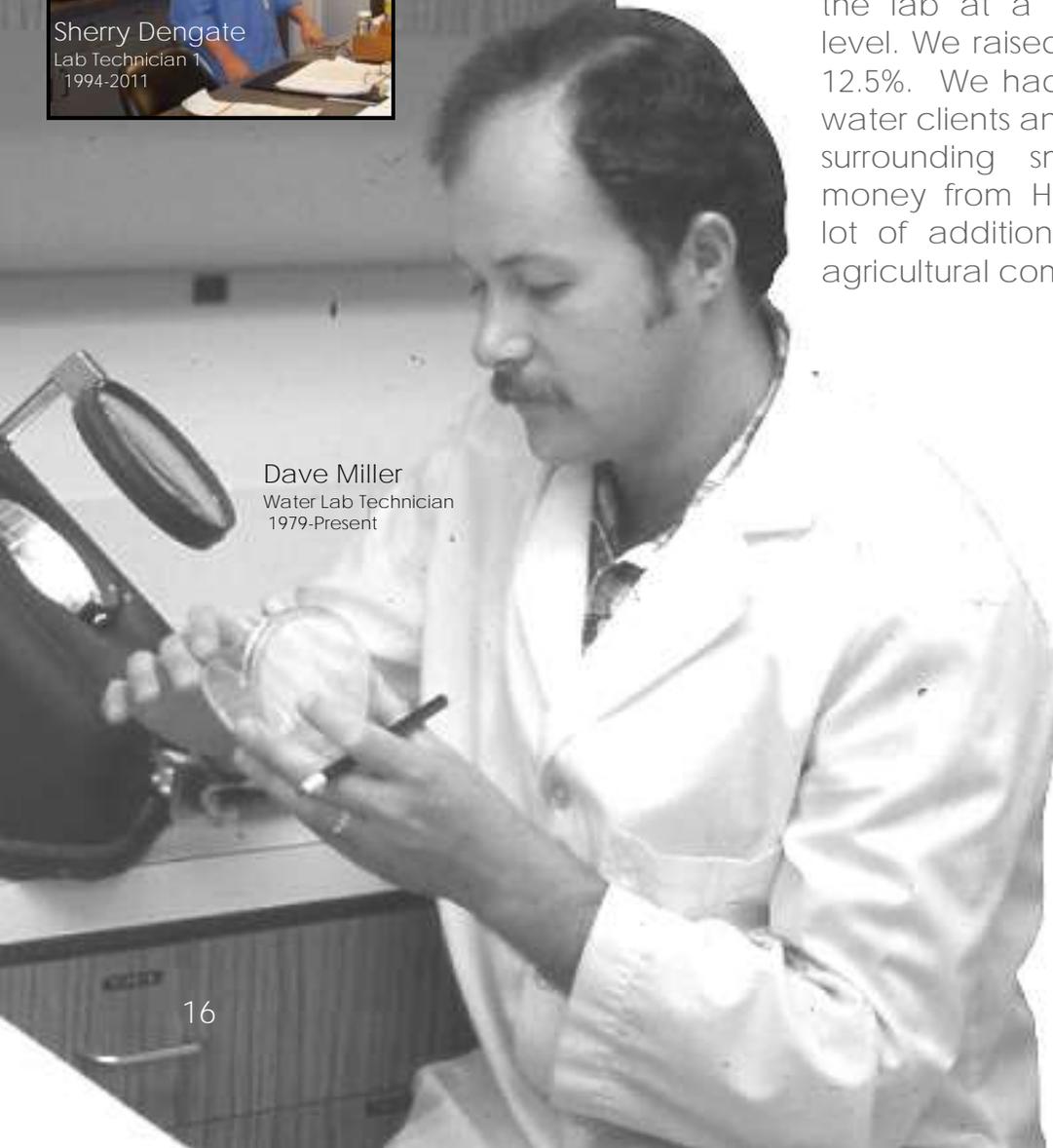


Mike Scheichler
Environmental Health Specialist
1970-1978

Laboratory Services



Sherry Dengate
Lab Technician 1
1994-2011



Dave Miller
Water Lab Technician
1979-Present

Laboratory Testing

The year was challenging because of difficult budgets. The lab staff was reduced due to budget cuts in 2009. Our challenge was to operate the lab at a 100% fee supported level. We raised fees an average of 12.5%. We had several new wastewater clients and special projects for surrounding small cities. Stimulus money from Hanford generated a lot of additional business and the agricultural community increased

our sample load with the need to provide Good Agricultural Practices (GAP) samples for their irrigation sources.

We finished the year with a small surplus. We look forward to 2011 as another challenging year and believe that we will exceed our 2010 level as we have multiple project requests early in the year.

THEN & NOW "In 1979, when I started working for BFHD, the lab was located in Richland and we processed an annual volume of approximately 2400 bacteriological samples per year and clinical specimens in support of our STD clinics of about 500 cultures and gram stains per year.

Since that time we have expanded laboratory services several times. We began running nitrates and fluorides in 1982. We began a wastewater program in 1993 and expanded the program in 1995. We now run 20 different tests on wastewater to meet the needs of a variety of clients from the small cities to the wine and food processing industry and many other specialty projects. We currently receive samples from six partner laboratories in the region and provide a vital resource for nearly 900 public water systems, 75 wastewater generators and approximately 2500 private homeowners annually."

-Dave Miller, Laboratory Services

Public Health Emergency Preparedness & Response

Region 8 Public Health Preparedness and Response

Region 8 Public Health Preparedness and Response was developed in response to September 11th and associated events in 2001 and is entirely funded through grants received by the Washington Department of Health (DOH) from the Centers for Disease Control and Prevention (CDC) and the Office of the Assistant Secretary for Preparedness and Response. Region 8 serves as a primary resource to local health jurisdictions and health-care systems when planning and preparing for, responding to, and recovering from public health emergencies in Benton, Franklin, Klickitat, Walla Walla, Yakima Counties.



In 2010, Region 8 assisted with planning and implementation of flu clinics for BFHD, and other LHJs in the region. We coordinated with DOH to implement the 2010 flu prevention campaign and placed bus ads in Benton, Franklin and Yakima Counties. We developed and distributed an Epidemiological Surveillance Notifiable Condition Resource Book for use by the local health jurisdictions (LHJs) to educate staff and community partners on the diseases reportable by law to the LHJ.

As part of preparedness efforts, Region 8 coordinates a regional health-care coalition. In 2010, the coalition expanded to include Columbia Basin Health Association and the Connell Family Dental Clinic, the first dental clinic to be included. Region 8 provided Incident Command Systems training for Benton-Franklin Health District (BFHD), Kennewick General Hospital, Tri-Cities Community Health and others to help them better manage public health emergencies and meet national requirements. We provided Risk Communications training for Healthcare Coalition partners to assist attendees with developing messages and identifying effective methods of distribution. Attendees included: public health, hospitals and community health centers, schools,

Advance Med Hanford, AREVA, PNNL and Washington Department of Ecology. We also assisted in development of H1N1 After-Action Reports for the local health jurisdictions (LHJs) to help identify promising practices and lessons learned as a result of their response to H1N1.

We coordinated training for the LHJs on the State Mutual Aid Agreement and Operation Plan. The Emergency Preparedness and Response team was able to purchase two trailers and supplies for a 25 bed Alternative Care Facility that can be utilized by the healthcare facilities within the Region. During 2010, staff developed and implemented six different exercises for the Healthcare Coalition including medical surge, mass fatalities and communications.

Region 8 assisted in the planning and implementation of Airport Exercises for Walla Walla and Franklin Counties and coordinated with regional emergency managers to explore cost effective options for creating badges for staff, volunteers and tracking equipment.

THEN & NOW “Much work has occurred over the past 10 years to help ensure our region is prepared and can effectively respond to public health emergencies including building and maintaining a Regional Healthcare Coalition that includes public health, **hospitals, community health centers, EMS & Trauma Councils, emergency management, fire, laboratories and the Yakama Nation.**”

—Robin Albrandt, Regional Emergency Response Coordinator, Region 8 Public Health

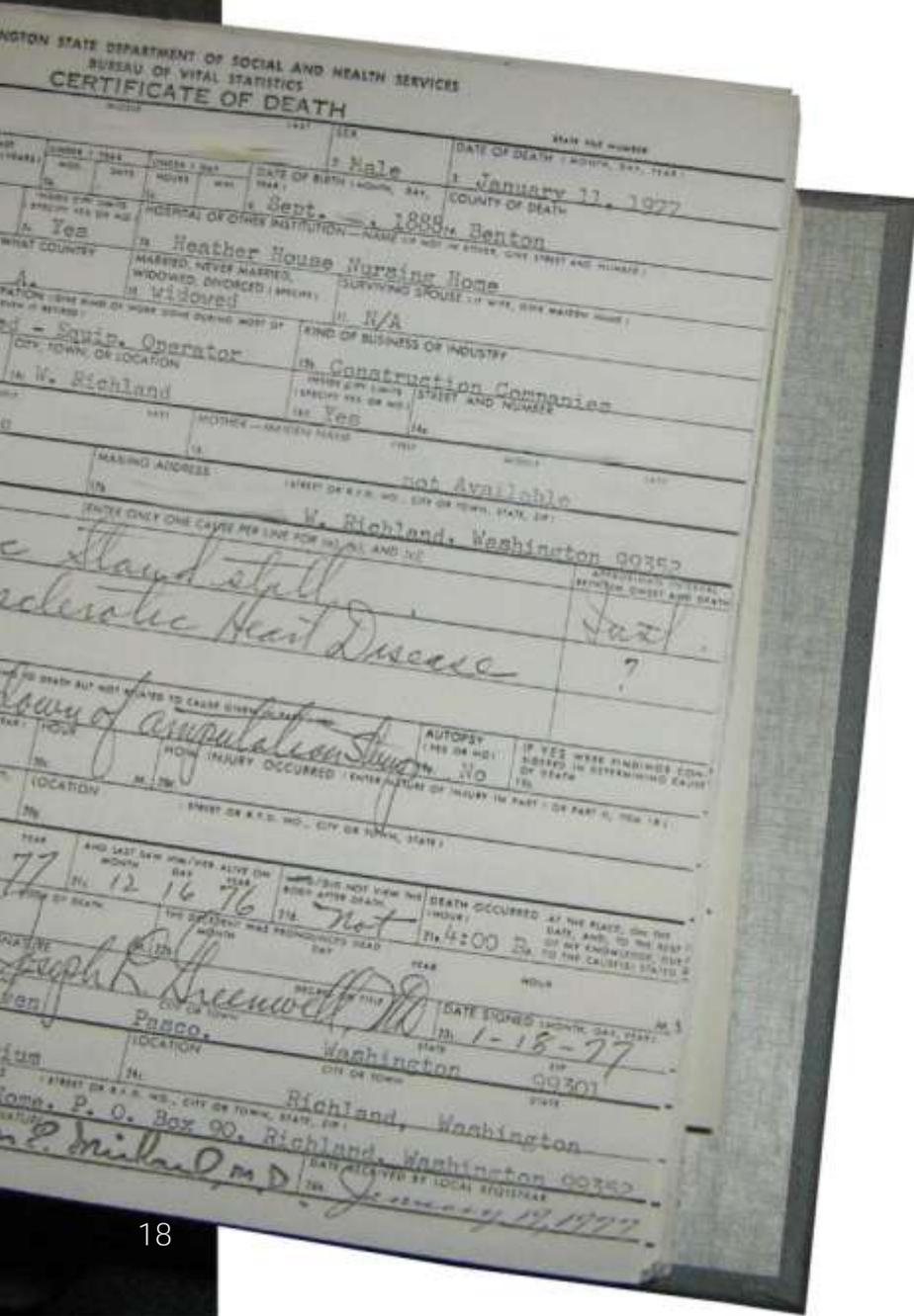
Region 8



Vital Records

Vital Records: Births & Deaths in Benton & Franklin Counties Combined

Vital Records Requested	2007	2008	2009	2010
# of Birth Records	10,215	9,407	9,906	10,146
# of Death Records	1,986	2,207	2,128	1,635

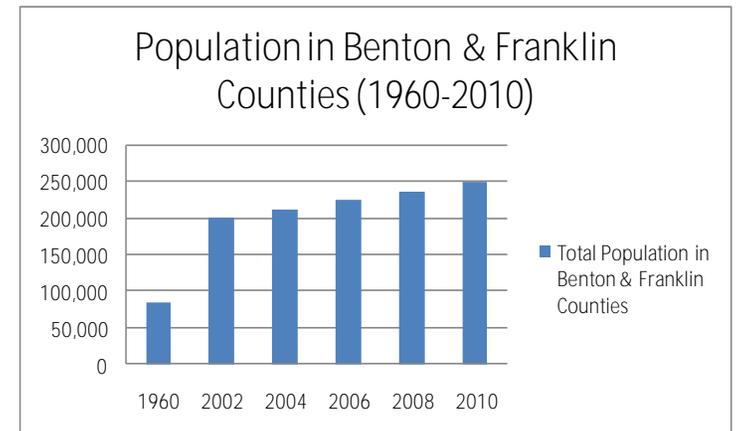


Through the Years
 Cost of Fuel at BFHD
 1960 - \$400
 2010 - \$13,350

Retirement, Medical Insurance, Taxes & Hospitalization BFHD cost
 1960 - \$ 47,000
 2010 - \$1.131 Million

Vaccines, Medicines & Lab Supplies at BFHD
 1960 - \$2500
 Medicines only
 2010 - \$ 395,700

In 1960, the U.S. Census estimated the population at 85,412 people and the 2010 estimate was approximately 248,400. We expect this population growth to continue.



The population estimates are developed as accurately as possible from standard and tested methods. The population figures represent the resident population of an area as defined by the federal Census Bureau in 2010 (<http://data.wa.gov/Demographics/Washington-Cities/551k-jnga>).

Then & Now

1960

(Benton & Franklin Counties)

Births: 1,987

Deaths: 379

Total Population Estimate: 85,400 people.
(1960 Census)

LEADING CAUSES OF DEATH*

(Washington State)

1. Heart Disease
2. Cancer
3. Vascular lesions CNS
4. Accidents
5. Diseases of Early Infancy

2010*

(Benton & Franklin Counties)

Births: 4,747

Deaths: 1,635

Total Population Estimate: 248,400 people.
(2010 Census)

LEADING CAUSES OF DEATH*

(Washington State)

1. Malignant Neoplasm (cancer)
2. Diseases of the Heart
3. Alzheimer's Disease
4. Chronic Lower Respiratory Disease
5. Accidents (unintentional injury)

THEN

Gallon of gas: \$0.25

Average income per year: \$5,315

Fast food hamburger: 20 cents

Ground Beef: \$0.45 per pound

First class stamp: 4 cents

NOW

Gallon of gas: \$2.73

Average income per year: \$39,856

Fast food hamburger: 89 cents

Ground beef: \$3.78 per pound

First class stamp: 44 cents

*2009 is most current data available at DOH vital statistics website at the time this report compiled.

*Causes of mortality were calculated differently starting in 1999 therefore, cause-of-death data beginning in 1999 are not directly comparable to prior years.

Data on cost of gas, average income, hamburgers, beef and stamps from:

<http://www.thepeoplehistory.com/1960s.html>

Susana Martinez
Vital Records
Clerk-Typist/Receptionist II
1993 -Present

Trended Data 2007-2010

Preventive Health Services

Clients Served	2007	2008	2009	2010
Children with Special Health Care Needs (CSHCN)	449	504	417	438
Early Intervention Project (EIP)	52	54	28	Data Pending
Alternative Response Services (ARS) Early Family Support Services as of 2008 (EFSS)	64	53	40	Data pending
Passport (foster care) includes scheduled and interim updates	145	223	224	Data Pending
First Steps: Maternity Support Services (MSS) Program guidelines changed from state & decrease in # of employees in 2010	1,672	1,647	1,717	1,086
First Steps: Infant Case Management (ICM) Program guidelines changed from state & decrease in # of employees in 2010	104	84	112	81
Local Capacity HV Program (LCDF)— <i>NEW program in 2010</i>				22
Women, Infants & Childhood Nutrition Program (WIC)	10,623	11,119	11,999	12,443
Child Care Health: immunization records reviewed	2,804	2,343	1,220	Program Funding Reduction
Immunizations (General)	36,380	37,582	35,733	32,334
Influenza (BFHD)	8,597	7,545	5,135	3,799
International Travel Clinic	852	786	721	812
Assessed for Medicaid Eligibility	1,300	1,650	2,015	Program Funding Reduction
TB skin tests	3,577	3,764	2,797	3,076
HIV/AIDS Cases: Benton	83	84	89	Data Pending
Franklin	53	58	60	Data Pending
*Chlamydia Cases Benton	374	514	569	Data Pending
Franklin	287	262	310	Data Pending
New Refugees	85	119	232	208
Safe Babies Safe Moms (active clients per month)	70	69	69	60
BFHD WIC Dollars to Grocery Stores	\$3,898,106	\$4,489,444	\$4,854,736	\$4,478,853
BFHD WIC Dollars to Farmers	\$26,564	\$33,390	\$36,930	\$34,910
Safe Kids (people at events reached)	~24,114	~29,625	~27,675	~27,400

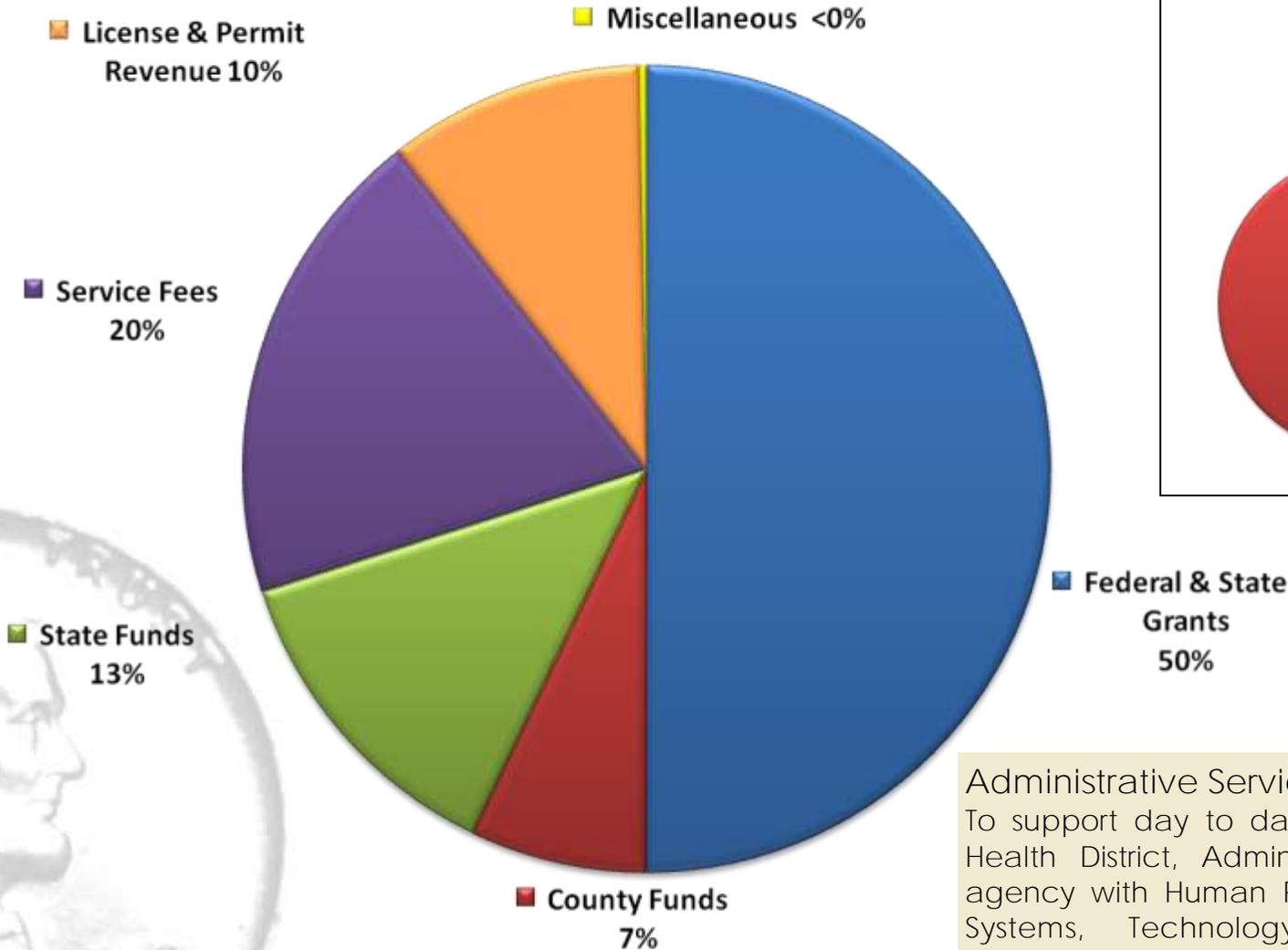
Environmental Health Service
Laboratory Testing

Clients Served	2007	2008	2009	2010
On Site Sewage Permits	444	373	355	385
Onsite Sewage System Inspections	582	553	534	574
Onsite Sewage Permit Applications	564	443	447	479
Onsite Sewage System Evaluations	155	138	127	138
Plat Reviews	243	93	79	74
Solid Waste Facilities Inspected	347	215	209	228
Water Supply Reviews/Inspections	58	100	86	34
Zoonotic Disease/Rabies Investigations	345	379	384	456
Zoonotic Disease/Dead Bird Reports	146	145	127	76
Pools Inspected	478	608	300	346
Site Hazard Assessments	7	5	4	5
Living Environment	36	27	14	13
EH Education Presentation Attendees	9,000	9,700+	~2,000	Program Funding Reduction
Permanent Food Establishments Permitted	1,257	1,228	1,271	1,291
Permanent Food Establishments Inspections Conducted	2,810	2,817	3,021	3,085
Food borne Illness and Facility Complaints Received	272	230	242	265
Temporary Food Establishments Permitted	734	899	999	1,107
Temporary Food Establishments Inspections Conducted	319	1,003	1,029	1,083
Food Worker Training Classes Offered	341	340	305	295
Food Workers Trained (Cards Issued)	7,900	9,048	8,893	9304

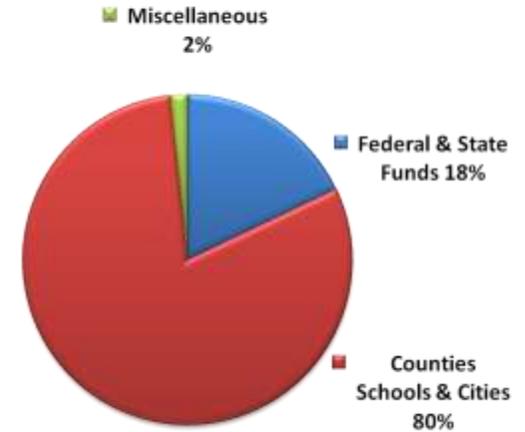
Clients Served	2007	2008	2009	2010
Total Visits	3,375	3,247	3,285	2,227
Drinking Water:				
Bacteriological/Coliforms	7,710	6,960	6,981	6,620
Nitrates	895	675	654	614
Fluorides	107	78	71	61
Waste Water:				
Biological Oxygen Demand (BOD)	418	530	595	621
Solids	632	619	555	678
Nitrogen (various forms)	438	327	313	236

Administration & Finance

2010 Revenue \$ 8.986 Million



1960 Estimated Revenue Budget \$ 183, 656



Administrative Services:
To support day to day operations at Benton-Franklin Health District, Administrative Services provides the agency with Human Resources, Finance, Information Systems, Technology and Community Health Assessment., Client services offered through the Billing Department include clerical support of front desk clerks at the main entrance as well as for the WIC Program, Vital Records and Environmental Health.

Contacts & Resources



Two Counties...One Community



Like a Family...

Tree planting ceremony in loving memory of Maria Gomez, a BFHD staff member who worked at BFHD for over 20 years and lost a battle with breast cancer in early 2011.

Benton Franklin Health District Important Contacts:

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Prosser, WA 99350
Phone Number: (509) 786-1633
Fax Number: (509) 786-1643



Resources:

Washington State Department of Health: www.doh.wa.gov
Center for Health Statistics, Centers for Disease Control and Prevention: www.cdc.gov/nchs

Benton County Website: www.co.benton.wa.us
Franklin County Website: www.co.franklin.wa.us

Report Content & Photography:

This report was composed by Rebecca Sutherland, Susan Shelton, Rick Dawson, Becky Mellinger, Heather Hill, Carla Prock, Annie Goodwin, Shelley Little, Dave Miller, Robin Albrandt, Bonnie Hall, Lisa Wight and others contributed their time and effort to the compilation and editing process.

Photos for this project were taken by Lamees Arbogast and JoDee Peyton. Board of Health Photos by Cody Lewis. Archived photos provided by Susan Shelton, Dave Miller, Sandy Owen, Shelley Little, and Robin Albrandt. (Two photos (family on front cover & photo on page 9) from Microsoft clip art)
Thank you for the excellent teamwork everyone! With special thanks to Region 8 for helping with the printing of this report.



Always Working for a Safer and Healthier Benton and Franklin Counties



For more
information
Visit BFHD.WA.GOV
Or call 509.460.4200