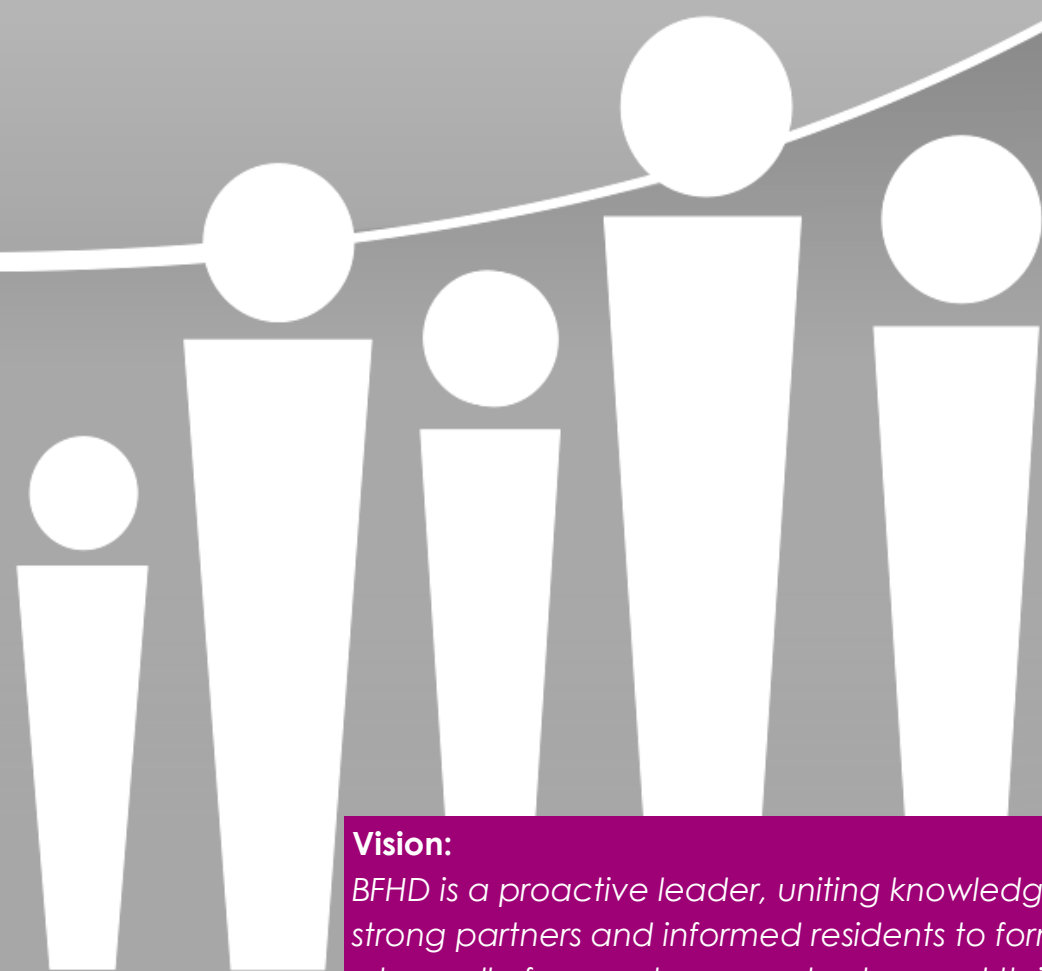


Benton-Franklin Health District

Annual Report 2014



Vision:

BFHD is a proactive leader, uniting knowledgeable staff and proven practice with strong partners and informed residents to form a resilient, healthy community where all of us can learn, work, play, and thrive to our greatest potential.

From the Administrator

Mission:

BFHD provides all people in our community the opportunity to live full productive lives by **promoting** healthy lifestyles, **preventing** disease, reducing injury and **protecting** our environment.



The Benton-Franklin Health District (BFHD) had another productive and successful year. Noteworthy steps forward included strategic planning, fiscal planning, accreditation, and partnership developments.

In 2014, several milestones were completed thanks to diligent planning and hard work by BFHD staff. One of these milestones included the rollout of a strategic plan integrating the vision, mission, and value statements into BFHD's organizational culture. BFHD, both past and present, is committed to **promoting** healthy lifestyles, **preventing** disease, reducing injury, and **protecting** our environment for the people in Benton and Franklin counties.

The Health District implemented a new financial management system as part of the strategic plan and continued financial transparency by better aligning the District's finances with long term organizational goals. The new financial management system provides the tools and resources to improve BFHD's already sound financial management practices. The ability to monitor trends and identify opportunities for the future will allow us to continue to thrive and provide services to our community for years to come.

Additionally, the Health District submitted an application to the Public Health Accreditation Board (PHAB) to become a nationally accredited public health district. BFHD is excited to continue to the next phase of the accreditation process, working directly with PHAB staff and their resources to ensure that we continue to operate and function at a nationally accepted level of practice for public health.

From the land we live in, to the water we drink, to the social and economic outreach programs we offer, BFHD strives to cultivate and nurture new partnerships each year. This past year the District began working with Pacific Northwest National Laboratory (PNNL), the National Institutes of Health (NIH), and the Conservation District on various community health projects. By leveraging our resources and expertise BFHD continues improving our service to the community beyond the usual and customary expectations of public health.

Thank you to all BFHD staff, partners, providers, Board of Health members, and our community for your continued support and collaboration. When we all come together to work toward a common goal such as public health, we improve the overall quality of life in our community.



Jason Zaccaria, M.H.A.
District Administrator

Team

Amy Person
Health Officer

Bonnie Hall
Contracts and Billing
Services Manager

Cody Lewis
Information Systems and
Security Manager

Janae Parent
Administrative Analyst and
Executive Assistant

Jeff Jones
Finance and Business
Services Sr. Manager

Lisa Wight
Human Resources and
Performance Management
Sr. Manager

Nick Boukas
Operations Director

Billing Staff
Lamees Arbogast
Anna Manzo

Vital Records Staff
Pam Aiello
Susana Martinez

Vital Records In 2014, the Vital Records department saw a moderate increase in the number of birth and death certificates from 2013, however the most noteworthy change was a significant increase in traffic and phone inquiries to amend birth certificates related to the

recent immigration and healthcare law changes. Many clients who had not previously included a father's name on the birth certificate now are adding them. This is a time consuming process involving multiple visits to submit Affidavits of Corrections and Paternity Acknowledgements, and then reissue the birth certificates. To increase staffing availability to clients, the Vital Records office was relocated to the second floor and a second service window was added.

Vital Records Requested	2012	2013	2014
# Birth Certificates	9567	8763	8848
# Death Certificates	7403	7784	8008
Total	16970	16547	16856

From the Health Officer

2014 was a year of challenges for BFHD; it tested our ability to face emerging and returning infectious diseases and to begin to address the growing impact of health disparities on our overall health and well-being. Health is being increasingly defined, not by genetic code, but by zip code. While recognizing the importance of local socioeconomic, cultural, and environmental factors on our health, we need to remember that diseases don't respect geographic boundaries; what happens in southern California or West Africa can affect us locally as well.

Infectious agents like Ebola virus and Coccidioidomycosis, a soil fungus, were reminders that infectious diseases do not respect geographic boundaries. Coccidioidomycosis, also called Valley Fever, had previously been thought to be isolated to the southwestern United States. However, the identification of the infection in persons with no history of travel outside of eastern Washington, in combination with advances in genomics which enabled identification of the fungus in soil in eastern Washington, have opened the door to redefining where the fungus lives and how that distribution has changed over time. Measles, which had been declared "eliminated" in the United States in the year 2000, has seen resurgence as a result of imported cases and dropping vaccination rates. BFHD continues protect the community from infectious diseases by providing immunizations for adults and children, conducting surveillance for communicable diseases, and providing accurate information to parents, providers, and the community as a whole.

In 2014, BFHD continued to collaborate with community partners to address the issues of obesity and health access identified in the Community Health Improvement Plan. We are working to achieve health equity in the community and to give everyone in Benton and Franklin counties the tools and opportunities they need to live healthy productive lives. Frequently the barriers to achieving health equity are challenges that extend beyond the realm of medical care and preventative health, but involve the physical, socioeconomic, and cultural environment in which we live, work, learn, and play. Health should play a role in all policies and the more we are able to develop policies that promote healthy behaviors

and healthy outcomes, the more sustainable those outcomes will be. Developing and sustaining partnerships with a diverse and broad range of sectors such as education, business, local government, law enforcement, social services, community organizations, and hospitals also increases the collective impact and ability to achieve the changes needed to improve our community's health.



Amy Person, M.D.
Health Officer

Programs and Services offered:

Preventive Health Programs/Services

Access to Baby and Childhood Dentistry

Child and Family Health:

- Adverse Childhood Experiences
- Universal Development Screening

Children with Special Health Care Needs

Chronic Disease Self-Management

Communicable Disease Reporting and Surveillance

Early Childhood Consultation

Enlace

First Steps

Health Benefits Exchange Enrollment

HIV Case Management

Injury Prevention:

- Child Death Review
- Safe Kids Benton-Franklin

Immunization Clinic

Breastfeeding Peer Counseling

Refugee Health

Vaccines for Children

Nurse-Family Partnership

Safe Babies, Safe Moms

Travel Clinic

Tuberculosis Control and Management

Oral Health

Women, Infant, & Children (WIC)

Environmental Health Programs/Services

Drinking Water

Emergency Preparedness

Food Safety and Illness Investigation

Food Worker Card Education

Hazardous Waste

Indoor Air

Insect and Animal Borne Illnesses

Land Use

On-Site Sewage

School Health and Safety

Smoking in Public Places

Solid Waste

Waste Water

Water

Water Recreation

Other Services

Vital Records

Value:

EXCELLENCE: We deliver the highest quality services incorporating community assessment data and evidence-based practices to produce the best possible health outcomes.

From the Operations Director

As the population of our counties continue to grow, so too does the need for services that public health provides. 2014 saw growth in the population, businesses, and services that translated into an increase in numbers in our applications, inspections, and clinical services.

Here at Benton-Franklin Health District, we strive to meet the core functions of any health district: Prevent, Promote, and Protect. Our staff play a key role in the these three essential tasks and often carry them out without the community realizing the hard work that goes on behind the scenes to keep our residents and visitors safe and healthy.

In 2014, we undertook a number of process improvement initiatives. Some of these items may not be readily apparent to you as a consumer other than to appear more efficient. As work continues to progress in these areas, we hope to improve our services so whether you are calling us, or visiting us in person or virtually through our website, you will be able to get the service you need in the most effective manner. An example of this is the move to a paperless system in our Environmental Health division. This allows staff members to see trends based on any number of variables as well as respond to inquiries more quickly and easily.



We strive to meet the core functions of any health district:

Prevent, Promote, and Protect.

2014 also gave us the opportunity to grow some of our prevention and education services. Based on the Community Health Improvement Plan, we based one of our Strategic Goals on addressing chronic disease and diabetes issues in the community. To that end, we now have training programs available to the community that will allow participants to learn more about self-management of their condition. Centered on an evidence-based curriculum, the program teaches individuals how to deal with their conditions including chronic illness and diabetes. This program was funded by a grant using money from the tobacco settlement through the State of Washington. Additionally, we are now bringing WIC services to Benton City as we identified an area that was being underserved for women and children.

Finally, while Benton and Franklin counties did not see travelers who were quarantined due to Ebola exposure, the Health District worked with our partners in Emergency Preparedness, local hospitals, and emergency services as the lead county in the Region 8 Healthcare Coalition. It was important that we ensured the most accurate and up-to-date information available was shared with these community partners to ensure their safety as well as the community's.

As we look forward to 2015, many of these projects will continue to take form and our efforts should provide you as our customer a better experience.

Nick Boukas, M.P.A.
Operations Director

Team

Annie Goodwin

Nutrition Services Supervisor

Carla Prock

Field Services Supervisor

Dave Miller

Lab Services Supervisor

Heather Hill

Clinic Services Supervisor

James (Rick) Dawson

*Land Use, Sewage, Water
Supervisor*

Kathleen Clary-Cooke

*Community Outreach - Public
Health Educator*

Marie Hutson

*Nurse-Family Partnership
Supervisor*

Raynell Flannery

Clerical Support Lead

Richard Edwards

*Regional Emergency
Response Coordinator*

Shelley Little

*Safe Babies, Safe Moms
Supervisor*

Susan Shelton

Food Safety Supervisor

Clerical Staff

Diana DeRoos

Kara Stevens

Lori Trevino

Pam Aiello

Veronica Lopez

Value:

EFFECTIVENESS: We maximize resources to provide proactive and relevant services that improve our community's health.

Finance and Business Services

2014 proved to be a successful year for the Health District. Overall, funding remained stable which allowed the District to maintain staffing levels and services without having to draw upon cash reserves.

Highlights

- The Health District's operating expenditures for 2014 were approximately **\$8.7 million**.
- This equates to per capita spending for the bi-county area of **\$32**, which is slightly above average in comparison to other eastern Washington Local Health Jurisdictions.
- Approximately **73%** of the District's expenditures were to cover personnel costs.
- The Health District **employed 82.2** full-time equivalents in 2014.
- The Health District received **\$8.77 million in revenues** in 2014.
- The primary sources of revenue were state and federal grants at **45%**, local & state assistance at **25%**, and revenue generated from licenses, permits, and fees for services at **30%**.

Team

Sr. Manager

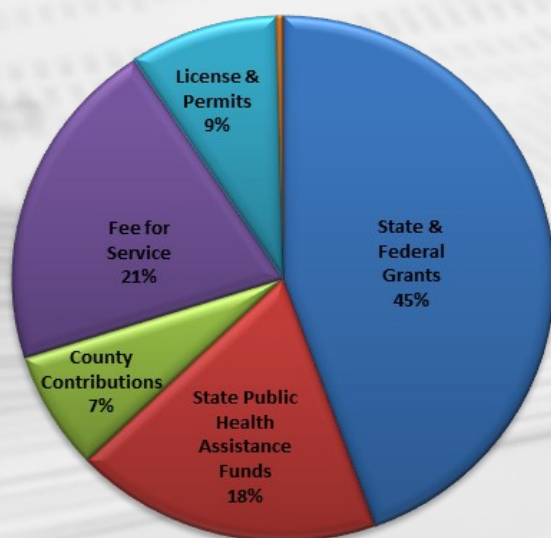
Jeff Jones

Staff

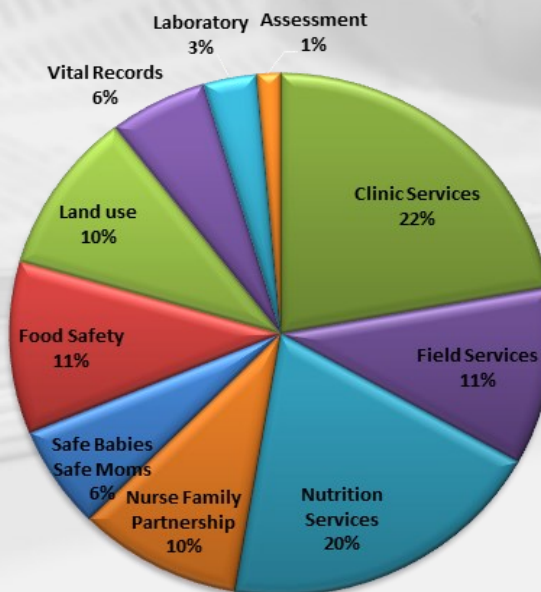
Jared Strait

Kyle Phillips

2014 Revenue



2014 Expenditures



New Financial Management Software

The Health District began its implementation of the newly purchased financial management software, *New World Systems®*. Due to the breadth and depth of the system capabilities, the implementation is occurring in two phases.



In September 2014, the first phase of the implementation for the Financial Management module was kicked off and is expected to go live in January of 2015. The financial management module will provide the Health District with system functionalities to streamline internal processes and capture accurate data. Additionally, the system will provide a wealth of accurate and effective reporting capabilities enabling the District to review past and present trends as well as budgeting for the future.

Phase two of the implementation will include the Human Resources (HR) module. It is expected to kick off in February 2015 with an anticipated go-live in June 2015. The HR module will provide the Health District with its first ever HR management system providing capabilities for workforce administration, payroll processing, benefits management, and electronic timekeeping.

Value:

INTEGRITY AND ACCOUNTABILITY: We make informed decisions to earn the trust of those we serve and strive to do what's right.

Performance Management

National Public Health Accreditation

Benton-Franklin Health District officially applied for **National Public Health Accreditation** - A *Quality Improvement* process-in 2014. Prerequisites for the application included a recent Community Health Assessment, Health Improvement Plan, and agency Strategic Plan.

An accreditation team comprised of BFHD Supervisors and Managers assembled and the agency began working on documentation necessary to meet over **90 nationally established standards and measures**. This quality improvement process will assure a degree of transparency and accountability to the community served by BFHD.

ACCREDITATION IN PROGRESS

BFHD will submit all compiled documentation to the Public Health Accreditation Board (PHAB) in September 2015. A team from PHAB will arrive to conduct an onsite review in 2016, followed by final determination regarding BFHD's accreditation status.

Team

Sr. Manager

Lisa Wight

Staff

Angela Chavez
Rebecca Sutherland

Community Health Needs Assessment and Community Health Improvement Plan

In 2014, elements of the **2013-2017 Community Health Improvement Plan (CHIP)** were continuously and collaboratively implemented by the Benton-Franklin Health District, the Benton-Franklin Community Health Alliance, local hospitals, and other key community health partners.

While progress was made on many tactics and objectives, there is still work to be done to ensure health equity and build sustainability across the population residing in Benton and Franklin Counties around promoting healthy weight and increasing access to healthcare. Components of the CHIP have been woven into the BFHD Strategic Plan and Quality Improvement Plan to foster collective impact for improved health outcomes. The CHIP process evaluation will occur through a progress review early in 2015 and will inform next steps. Discussion has begun among process leaders to identify direction and timeline for the next community wide Community Health Needs Assessment.

For more information on the 2012 Community Health Needs Assessment or Health Improvement Plan, please go to www.bfhd.wa.gov home page.

Public Health Assessment

In 2014, the need for accessible and current information and data was magnified. Due to the quickly growing population, the **Socioeconomic and Demographic Report** was updated to reflect the most recent data available through the U.S. Census, Washington Department of Health, and the Office of Financial Management regarding population changes, cultural diversity, economic factors, and health status.

A mini-assessment was also conducted regarding injury and violence data in the bi-county region. Work began on an assessment of Maternal and Child Health, which is anticipated to be completed in 2015. The Assessment Coordinator was selected as the health sector chair for a community dashboard website project led by Eastern Washington University Institute for Public Policy and Economic Analysis. A health focus group comprised of many representatives from across the community was held on September 23rd to determine and select health indicators to be included.

This site is expected to go live in early 2015.

Click here to see a copy of the
**Socioeconomic and
Demographic Report (2014)**

or visit us at:

www.bfhd.wa.gov/admin/assessment

Value:

DIVERSITY: We feel a stronger community is based on engaging all cultures, attitudes, and beliefs.

Child and Family Health Services

THE RETURN OF FIRST STEPS

When BFHD had to discontinue our First Steps program in 2012, community partners at Child Protective Services, local hospitals, area schools, and mental health supporters lamented the loss of services to our high risk families. In 2014, BFHD brought back a modified version of this community program.

First Steps is a combination of Maternity Support Services and Infant Case Management programs. Maternity Support Services (MSS) are designed to provide enhanced preventive health and education services and brief interventions to eligible pregnant women as early in a pregnancy as possible based on individual risks and needs. MSS includes an assessment, education, and, in some cases, intervention and counseling. A team of community health specialists including a nurse, a dietitian, and behavioral health specialist provide the services.

Infant Case Management (ICM) is designed to improve the welfare of infants by providing their parents with information and assistance in order to access needed medical, social, educational, and other services through the infant's first year of life so the baby and family can thrive. Families meeting criteria for ICM will be offered services that focus on referrals and linkage to community resources and client advocacy.

Program Goals include:

- ⌘ **Increasing** early access and on-going use of prenatal and newborn care;
- ⌘ **Decreasing** maternal morbidity and mortality;
- ⌘ **Decreasing** low birth-weight babies;
- ⌘ **Decreasing** premature births;
- ⌘ **Decreasing** infant morbidity and mortality;
- ⌘ **Decreasing** health disparities;
- ⌘ **Reducing** the number of unintended pregnancies;
- ⌘ **Reducing** the number of repeat pregnancies within two years of delivery;
- ⌘ **Increasing** initiation and duration of breastfeeding; and
- ⌘ **Reducing** tobacco use during pregnancy and pediatric exposure to secondhand smoke.

Team

Supervisor
Carla Prock

Staff

Barbara Johnson
Julie Chacon
Karen Weidert
Kellisa Reed
Lisa Gonzalez
Misty Benson
Nancy Tarara
Robin Henle
Sarah Pedersen
Vanessa McCollum

Engaging Latino Communities for Education (ENLACE)

Weaving support through community partnerships for strong and healthy families

In 2011, the highest rates of teen pregnancy and births in Washington occurred in Adams, Franklin, Grant, and Yakima counties. There were 997 births to 15-19 year olds in the 4-county region. In 2014, Benton-Franklin Health District facilitated a series of community meetings in collaboration with the Teen Parent Advisory Board in Benton and Franklin Counties.

"We can't confuse progress with victory. Even though teen pregnancy rates are dropping nationally, Franklin county has one of the highest rates in the state, and the Health District remains committed to addressing this issue."

**-Carla Prock RN,
Field Services Supervisor**

The primary purpose of the meetings was to identify and provide start up for an evidenced-based program to target service gaps for this population. The result of this process was the implementation of The Girls Circle and The Boys Council programs at various locations in Franklin County. In cooperation with our partners at Domestic Violence Services of Benton and Franklin Counties and the Boys & Girls Club of Benton and Franklin Counties, the youth that participate

receive education to promote resilience and healthy relationships that will reduce their likelihood of participating in risky behaviors that may result in teen pregnancy.

Teen Birth Rate (Per 1000):	2009	2010	2011	2012	2013
Franklin County	76.21	62.75	72.09	57.59	50.85
Benton County	40.22	37.46	31.91	30.43	31.10
Washington State	30.13	26.68	21.94	22.90	20.16

Data provided by **Centers for Disease Control and Prevention, Birth Data 2013** and **Washington State Department of Health, 1997-2013 Pregnancy Table 18.**

UNIVERSAL DEVELOPMENTAL SCREENING

All children benefit from Universal Developmental Screening (UDS). It is a key strategy to support development, help decrease the kindergarten preparation gap, and achieve optimal childhood outcomes. In addition to identifying children with developmental needs, a UDS provides teachable moments for families with developing children by **increasing parental awareness of developmental expectations and developmental milestone achievements.**

In 2014, BFHD, along with our partners in the early learning and medical sectors of the community, focused on improving awareness of the need and opportunities for UDS. One successful partnership was a Great Minds Training to educate medical providers regarding the importance of using a standardized developmental screening tool, how to receive reimbursement and implement office procedures, and linking children and families with local resources and referrals systems. **Within six months of the initial training, our local Birth-3 resource reported an increase of referrals by 20%.**

Clinic and Communicable Disease Services

Foreign Arrival: Ebola

2014 saw the largest Ebola epidemic in history affecting several West African countries. Ebola virus was first discovered in 1976 and outbreaks have appeared sporadically in Africa ever since. Ebola infections outside of the affected African countries were extremely rare, but the fear was global. The Tri-Cities community, though thousands of miles away from the epicenter, was not immune to the fear.

The need to provide accurate education, guidance, and leadership to healthcare providers, emergency medical providers, the news media, and the general public was imperative. Communicable Disease (CD) staff, Public Health Emergency Preparedness Response (PHEPR) staff and the Health Officer responded to calls, updated information for providers, and attended Ebola preparedness meetings at many facilities. Though no individuals in the Tri-Cities required follow-up monitoring during 2014, systems were developed and are in place should the need arise.

Team

Supervisor

Heather Hill

Staff

Cindy Ralston

Dana Biro

Jennifer Franco

Karen Queen

Kathleen King

Kristie Myhrum

Leslie Rivera

Myra Weihermiller

Susy So

Measles

In the decade before the measles vaccine was developed **in 1963 an estimated 400 – 500 people died** in the United States each year from the disease. In 1978 the CDC set a goal to eliminate measles in the United States by 1982, that goal was not met until the year 2000. However, due to a variety of reasons, including unvaccinated people, and exposures during travel, measles has returned. In 2014, the United States experienced 23 measles outbreaks. Though no cases of measles were reported in either Benton or Franklin counties, CD staff and the Health Officer were frequently called by school officials, healthcare providers, and worried parents for guidance. It is important to remaining vigilant and responsive because one case of measles in our community could result in a significant outbreak and possible deaths.

Sexually Transmitted Infections Update

Gonorrhea and Syphilis have also made a comeback in the last few years. In 2013, 161 cases of gonorrhea and 4 cases of syphilis were reported in Benton and Franklin Counties. In 2014, 283 cases of gonorrhea and 36 cases of syphilis were reported. Chlamydia cases continue to increase in both counties. CD staff have been encouraging medical providers to do appropriate testing, implement Expedited Partner Therapy, and refer for partner notification services.

Chlamydia rates per 100,000	2010	2011	2012	2013	2014
Benton County	333.9	335.0	331.7	366.4	347.5
Franklin County	342.9	370.2	386.7	487.0	480.4
State	318.3	343.3	360.8	360.8	376.7
Gonorrhea rates per 100,000	2010	2011	2012	2013	2014
Benton County	9.1	16.9	27.2	48.0	81.5
Franklin County	24.3	22.4	29.1	86.1	113.2
State	42.6	40.3	48.1	63.8	88.1

Data provided by [Washington State Department of Health, Sexually Transmitted Disease County Profiles](#).

Carbapenem-resistant Enterobacteriaceae (CRE) Spotlight



CRE are a family of germs that are difficult to treat because they have high levels of resistance to antibiotics. Healthy people usually do not get CRE infections. CRE is typically seen in hospitals, nursing homes, and other healthcare settings. Some CRE bacteria have become resistant to most available antibiotics. **Infections with these germs are very difficult to treat, and can contribute to death in up to 50% of patients.** This organism has been making headlines, especially in California where endoscopes were implicated in the transmission.

During 2014, Benton-Franklin Health District received reports of the first two CRE cases to be identified in our community. An extensive investigation was conducted by staff where specimens were collected for testing at the Washington State laboratory in Shoreline. This investigation led to findings that both cases were related to exposures within long-term care facilities that were connected to cases on the west side of the state. CRE continues to be a newly-emerging infection that warrants vigilance and coordination of efforts by community providers, healthcare facilities, and public health.

Communicable Disease Statistics:

Disease Cases:	2010	2011	2012	2013	2014
Botulism—Infant	0	0	0	1	0
Campylobacter	60	52	42	62	42
Chlamydia	882	961	898	1016	1171
Cryptosporidiosis	2	1	1	2	3
Cyclosporiasis	0	0	0	0	1
Giardia	6	4	8	12	11
Gonorrhea	38	52	67	164	283
Haemophilus Influenzae	0	0	0	0	1
Hepatitis A, Acute	0	0	1	0	1
Herpes	43	64	57	72	92
HIV	10	10	8	7	n/a
Influenza Death	0	2	2	0	1
Legionellosis	3	3	3	4	4
Listeria	1	1	0	1	0
Malaria	0	1	0	0	3
Meningococcal Disease	0	4	0	1	0
Mumps	0	0	0	0	0
Pertussis	7	11	130	12	13
Rare Disease of PH Significance*	2	2	2	12	7
Salmonella	38	22	36	42	32
Shiga toxin-producing E. coli	4	8	3	15	17
Shigellosis	1	10	11	4	3
Suspected Rabies Exposure	0	4	0	9	8
Syphilis	14	18	13	17	36
Tuberculosis	10	5	3	5	0
Vibrosis	2	0	1	4	4
West Nile	0	0	1	0	10
Yersiniosis	0	1	1	3	2

*Rare disease of public health significance are cases of Coccidioidomycosis and multi-drug resistant organisms.

Data provided by **Public Health Issue Management Systems (PHIMS)**, and the **Washington State Department of Health, Annual Communicable Disease Report**.

Nutrition and Wellness Services

PREVENT- Women, Infants, and Children (WIC)

The WIC Program is the premier public health nutrition program. WIC has improved the nutrition status and health of at-risk women and children and prevented the future development of Nutrition-related health problems for 40 years.

The primary nutrition goals of the WIC program are to **improve dietary intake and feeding practices, improve birth outcomes, increase breastfeeding rates, and prevent obesity** in the WIC population. These are accomplished by using individualized nutrition assessments to plan appropriate nutrition education needs, providing participant-centered education, and making referrals to other health and social service providers as needed.

In 2014, BFHD expanded our services to Benton City, establishing a clinic at the Prosser Memorial Hospital (PMH) Family Medicine Clinic. BFHD also served as a community nutrition rotation site for Central Washington University Dietetic Interns and Obstetrics/Pediatric rotation for Washington State University nursing students.

Staff use *Power of Influence* principles to provide positive, participant-centered services. In 2014, staff focused on improving the clinic environment. Staff updated the waiting room and clinic rooms with an underwater theme. Kids of all ages have enjoyed the new atmosphere!

Women, Infant, and Children Stats:	2010	2011	2012	2013	2014
Total Women, Infant, and Children served for both Benton and Franklin Counties	12,443	12,750	12,287	12,251	11,519
Total Women, Infant, and Children dollars to grocery stores for both Benton and Franklin Counties	\$4.4 million	\$4.4 million	\$4.8 million	\$4.9 million	\$4.5 million
Total Women, Infant, and Children dollars to farmers	\$34,910	\$34,406	\$20,630	\$18,212	\$25,292

Data provided by [Washington State Department of Health, WIC Annual Summary Data](#).



Team

Supervisor

Annie Goodwin

Staff

Amy Lindholm
Betty Contreras
Carmen Garibaldi
Cindy Bishop
Gloria Cervantes
Jeanette Filan
Jessica Garcia
Jolene Chacon
Kathleen Clary-Cooke
Kathy Story
Laili Abd Latif
Lauren Spilles
Miriam Chaviano
Rachel Ramirez
Rosie Tobias
Sheila Schweiger
Valerie Shaw
Vanessa McCollum
Xenia Garcia-Saldana

PROMOTE- Oral Health

The Health District was involved in bringing the first Medical-Dental Health Summit to the Tri-Cities. This summit brought together health professionals, hospitals, health educators, administrators, and policymakers to hear the latest research and practical solutions to enable physicians and dentists to work together to deliver better healthcare to patients and the community.

With Benton and Franklin counties having some of the highest rampant decay rates in preschoolers, the Health District implemented programs to address this problem. The Fluoride Varnish Program serves the children in Head Start and Early Childhood and Assistance Program (ECEAP), which is over **700** children per year. Classroom dental screenings, fluoride varnish applications, education, and referrals are provided up to three times per school year at each site. Parent Oral Health presentations are also done throughout the school year as well promotion of as regular dental messages through agency newsletters and flyers.

The Health District now employs dental hygienists to perform dental screenings, fluoride varnish application, education and referral to a dental home.

PROTECT- Injury Prevention

A 2014, an Injury and Violence report for Benton and Franklin Counties was published. This document outlined Injury as the leading cause of death among people age 1-44 in the counties breaking down the top causes.

The Safe Kids Benton-Franklin Coalition, of which the Health District is the lead agency, expanded its programs and reach into the community. **Child passenger safety programs, Life Jacket loan boards, and Helmet programs all saw increased growth.** The Health District also brought the community together to hold Child Death Reviews of adolescent suicides and death by firearms.



Growth

The Nurse-Family Partnership (NFP) nurses partnered with **117** at-risk moms and their families living in Franklin County. This evidence-based program serves low income women who are pregnant with their first child. By starting with them early in their pregnancies nurses help them achieve healthy pregnancies, improve their children's health and development, and become more economically self-sufficient. At the end of 2014, **49** infants and **23** toddlers, along with **45** children not yet born, were given the chance for their families to change their lives and thereby create a better, safer, and stronger community not just for today, but for generations to come. The Franklin County NFP program is funded through the Maternal Infant Early Child Home Visitation federal grant which is administered by Thriveby5 in Washington State.



Team

Supervisor

Marie Hutson

Staff

Danielle Koelzer

Jennifer Wall

Liz Ellis

Marjorie Lindholm

Marta Blunt

Susy Bockman-Thomas

Positive Changes

NFP nurses established trusted relationships with these families during 996 home visits. One of the many benefits to this relationship is that **46%** of these children will have their fathers involved, meaning they will learn better, have higher self-esteem, and show fewer signs of depression than children without fathers. Because nurse retention is so important to this work, 2 nurses were allowed to job share instead of one leaving to be a full-time mom. The Health District filled the remaining position in May.

New Directions

Because of the potential for keeping families who engage with NFP out of the criminal justice system, the Law and Justice Subcommittee for Benton County proposed supporting NFP through the crime prevention tax which voters approved in August 2014. Up to **50** families living in Benton County will have the opportunity to be a part of this life changing program.

Opportunities Taken

Four nurses and their supervisor completed training and obtained proficiency in Dyadic Assessment of Naturalistic Caregiver-child Experiences (DANCE), a tool to assess parent child interaction with interventions to improve where there are challenges. This training was paid for by a grant from the JBP Foundation. In July 2014, the Health District was given the opportunity to have a Masters of Social Work intern work with the NFP program for one year as part of her requirements to obtain her degree.

Safe Babies, Safe Moms

Safe Babies, Safe Moms is a case management program that serves women who are pregnant and/or parenting children under three years old. Case management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's health and human service needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.

This was an exciting year with the establishment of a partnership with University of Washington to store and share data about program markers. All three of the Safe Babies, Safe Moms sites are participating in statewide data collection & analysis. The information has only six months worth of data, but more is necessary to make inferences. There were **110 participants** in the program, where **60%** of the women were enrolled prenatally, which allows for the most amount of time to work with the family and improve the outcomes of self-sufficiency, decrease substance use, and maintenance of reliable birth control.

Of these clients, the average education level is 11th grade and most the women are ethnically white, **40%** of the women had been abstinent from drugs and alcohol for greater than 12 months, and **95 %** of the children had their immunizations up-to-date. Substance-using pregnant women continues to be a state priority and one that BFHD is dedicated to serving.

Team

Supervisor

Shelley Little

Social Workers

Amanda McLean

Elizabeth Espindola

Melissa Roberts

Food Safety

The Food Safety program is responsible for promoting and protecting the health, safety, and well-being of the public by reducing the spread of disease through food in our area. The program accomplish this by providing educational trainings and routine, unannounced inspections of all public food service establishments throughout the Health District. In addition to routine inspections and community education, activities included responding to complaints from the public, investigating suspect foodborne illness outbreaks, providing food safety education to each new food worker, reviewing school facilities for safety, and reviewing plans of new or remodeled food service establishments.

Foodborne Illness and
Facility Complaints,

down **12%**

Team

Supervisor

Susan Shelton

Staff

Britt Wilkins
Erin Hockaday
Jessica Davis
Judy Kitchen
Justin Gerber
Pamela Blake
Pamela Williams

The number of restaurants and other food facilities continues to grow as the population in the community grows. Last year, the Food Safety program issued 1,370 permanent food establishment licenses, and reviewed and **approved plans for 95 more establishments**. Several new food facilities broke ground in the high growth areas of Queensgate, Southridge, and Road 68 and also saw more food establishments bloom in Prosser, Benton City, Connell, and Kahlotus. In addition, more wineries have uncorked in the area and schools have been built in new spaces or remodeled into larger schools.

While the number of residents and dining opportunities in the district continues to grow, staffing levels have remained relatively consistent. A half-time food inspector was hired to the program in 2014. In order to help meet the needs of restaurants and the community, BFHD staff implemented increased use of online technology for food worker training. BFHD continues to offer in-person food worker training, as well as online training opportunities.

In 2014, the food safety program staff of six performed **over 4000** inspections at retail food facilities in Benton and Franklin Counties. This number averages to over 12 inspections conducted at restaurants, schools, mobile food trucks, bars, taverns, concession stands, grocery stores, and temporary food booths every single day of the year. In addition to unannounced inspections and investigations, the food safety program staff schedule educational visits with food service operators to help answer their questions and train on best practices.

33% more food
establishment permits
issued in 2014 as
compared to 2004.

A large percentage of staff education and inspection time is dedicated to temporary community events with food vendors that often require considerable training due to limited experience or equipment. **Over 1000** temporary food service booths were permitted in 2014. Creation Fest occurred for the first time this year, in addition to other large community events that see thousands of visitors such as the Pasco Flea Market, Water Follies, Art in the Park, and the Benton-Franklin Fair. Additional training opportunities are continually sought for novice food workers and volunteers that operate at community events to help ensure a fun community event isn't remembered for a foodborne illness.

Future growth and improvement will include computerized field inspections and expanded online education for restaurateurs, temporary food vendors, and community members. In addition, food safety staff looks forward to helping community food establishments and schools meet healthy meal option requirements and working toward increasing diner awareness by posting food service scores on restaurant doors.

Food Safety Program Stats:	2010	2011	2012	2013	2014
Permanent Food Establishment Permits Issued	1291	1338	1224	1355	1409
Temporary Food Establishments Permits Issues	1107	1072	987	969	1036
Permanent Food Establishment Inspections Conducted	3085	3629	2536	2978	3138
Foodborne Illness and Facility Complaints Received	265	278	295	304	266
Food Worker Cards Issued In Person	9304	9835	9594	8276	2400
Food Works Cards Issued Online	-	-	-	1441	7716

Land Use, Sewage, and Water

One of the cornerstones of public health is the provision of potable water. In keeping with BFHD's mission, a number of activities are carried out to ensure the safety of community drinking water, recreation, and irrigation.

In 2014, that was evident on many fronts for the community, including:

- ⌘ A major water line break in a small community water system resulted in a loss of domestic water for approximately **100 homes**. Health District staff worked with the system owner to notify their users of the issues, sources of drinking water, and the expected duration of the outage. That was followed by providing the testing necessary to ensure the water was potable when service was restored.
- ⌘ The State Board of Health implemented a major revision to the rules governing the smallest public water systems which eliminated the ability to treat water quality problems. The District, in cooperation with the Homebuilders Association, Association of Realtors, and County Building officials, worked to develop a local rule to address treatment of several regional contaminants. This cooperation created an avenue for the approval of systems while still ensuring the delivery of potable water.
- ⌘ In 2014, the Health District received **424** separate requests to install, alter, or replace onsite sewage systems in the District. These requests resulted in over **400** permits to construct systems, each meeting standards intended to protect groundwater. This included the permitting of over **90** systems providing some measure of enhanced wastewater treatment prior to being discharged into the soil.
- ⌘ The solid waste program continued to work with the Department of Ecology to monitor waste disposal and reuse sites to ensure that groundwater is protected. This included the review of sampling data from known contaminated sites in order to evaluate the risks posed to human health and the environment, providing a basis to prioritize cleanup activities.
- ⌘ In 2014, the Health District actively monitored, educated, and regulated the operation of over **180** pool facilities. The focus areas at these facilities are water quality, facility management, and safety. Safety comes not only in the water but in the facility by looking at access control, equipment, and even lifeguarding. BFHD worked with operators to provide the resources and skills to protect our community from disease and injury.

Team

Supervisor

Rick (James) Dawson

Staff

Chris Plager
Deana Chiodo
Diana Padilla
Jim Coleman
JoDee Peyton
Shawn Brown



Land Use, Sewage, and Water Statistics:	2010	2011	2012	2013	2014
On-Site Sewage Permits	385	363	375	349	404
On-Site Sewage System Inspections	574	650	589	536	575
On-Site Sewage Permit Applications	479	457	434	434	519
On-Site Sewage System Evaluations	138	117	134	133	111
Plat Reviews	74	59	50	48	51
Solid Waste Facilities Inspected	228	203	182	172	186
Water Supply Reviews/Inspections	34	44	50	37	52
Zoonotic Diseases/Rabies Investigations	456	381	416	456	490
Zoonotic Disease/Dead Bird Reports	65	9	33	42	34
Pools Inspected	346	332	388	369	338
Site Hazard Assessments	5	3	5	3	4



Program staff, along with partnering agencies, and operators continue to successfully work together to see that water has a safe foundation in our community.



Lab Services

The laboratory is an integral part of the Health District. In 2014, the laboratory ran more coliform bacteria and nitrate samples than any other year in its history, analyzing over **8,000 coliforms and 1,050 nitrate & nitrite samples**. The laboratory provides testing to assist all public water systems in Benton, Franklin, and surrounding counties to help meet their compliance requirements and, more importantly, to ensure that the communities they serve have safe, reliable drinking water. The same service is also provided to our citizens on private wells.

Team
Supervisor
Dave Miller

Staff
Jayme Jacobson

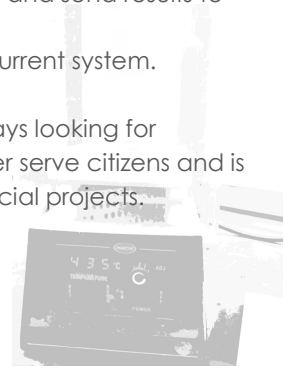
When private wells are contaminated, education is provided on how to disinfect and eliminate the contamination. Lab staff work closely with our Environmental Health staff when a more hands-on approach with the homeowner is required.

Over the past year, work has been reorganized to accommodate changes with sample hold times. Nitrate and nitrite testing is run twice a week reducing turnaround times for customers. A new computer program was implemented with the goal of storing and reporting results electronically. The lab has the improved ability to retrieve data, and send results to clients and the Department of Health in electronic formats reducing paper

Water Lab Statistics:	2011	2012	2013	2014
Bacterial/Coliforms	7406	7495	7662	8030
Nitrogen Analysis	379	417	362	1136
Solids	717	925	261	185
BODs	678	1052	509	508
Fluorides	71	82	65	88

consumed with our current system.

The laboratory is always looking for opportunities to better serve citizens and is willing to take on special projects.



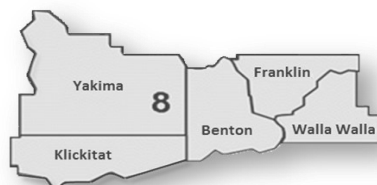
Emergency Preparedness

Region 8



Region 8 Public Health Emergency Preparedness Response (PHEPR), in cooperation with Healthcare Coalition Partners, plans and prepares for response to and recovery from

public health emergencies that impact the citizens in Benton, Franklin, Klickitat, Walla Walla, and Yakima Counties.



A public health emergency may be the result of a terrorist act, naturally-occurring disease, accident, hazardous material incident, weather conditions, extended power outage, contaminated food or water, or pandemic influenza. Because each of these emergencies are varied in their cause, BFHD takes an "all hazards" approach to public health preparedness, building a comprehensive response system which allows us to quickly respond to any emergency.

To prepare for emergencies, emergency preparedness staff planned with partners, trained to plans, and exercised plans to determine both strengths and gaps. In 2014, Region 8 PHEPR developed two successful regional exercises that sent virtual surges of patients to hospitals within the five counties. In the second exercise, the hospitals, local health jurisdictions, emergency management, and other healthcare partners quickly and efficiently processed and treated the surge of patients with participation from **172** participants representing **25** agencies.

Team
Supervisor
Richard Edwards
Staff
Melissa Lantz

Future activities for Region 8 PHEPR and our Healthcare Coalition include:

- ⌘ Development of situational awareness templates in order to quickly assess any event to determine what resources may be required.
- ⌘ Improve and expand communication systems and programs to ensure reliable and redundant means of communication are available between our healthcare partners.
- ⌘ Expand our Healthcare Coalition to include all organizations that provide healthcare in any fashion including non-traditional partners such as pharmacies and manufacturers.
- ⌘ Increase the number and types of agreements with partners and business to ensure resources are pre-identified and quickly available if needed in an event.
- ⌘ Survey the training needs of our partners and increase the amount of preparedness training for our partners.
- ⌘ Develop volunteer recruitment and management with our partners to ensure a volunteer workforce is available to help in times of large-scale incidents.

Special Thanks

Board of Health

The Board of Health (BOH) is comprised of six board members, three each from Benton and Franklin counties. All six positions are currently filled by the County Commissioners. Board members work with the District Administrator on overall strategic direction and are responsible for the financial health of the District. Additionally, they are charged with the protection of the community's health by reviewing and enacting local rules and regulations, as needed.

The Health District staff would like to extend our gratitude and appreciation for the work and support that the Board of Health put forward during 2014 for the betterment of public health in our community.

Benton County

Commissioner James Beaver
Commissioner Jerome Delvin
Commissioner Shon Small

Franklin County

Commissioner Brad Peck
Commissioner Rick Miller
Commissioner Robert Koch

Community Partners and Coalitions

The Benton-Franklin Health District works with many partners throughout the community and the state. The Health District would like to extend a special thank you to all those who have helped us form a resilient and healthy community. Some of these partners include:

Benton-Franklin Community Health Alliance

Benton-Franklin Early Learning Alliance

Benton-Franklin Head Start

Benton-Franklin Infant Toddler Program

Benton-Franklin Traffic Safety Task Force

Benton and Franklin Conservation Districts

Benton and Franklin Counties Medical Society

Benton and Franklin County Emergency Managements

Benton and Franklin County Emergency Services

Benton and Franklin Department of Human Services

Benton and Franklin Mosquito Control Districts

Benton and Franklin Planning Departments

Boys and Girls Club of Benton and Franklin Counties

Child Care Aware of Eastern WA

Department of Early Learning-Pasco Office

Educational Service District 123

Benton and Franklin County Solid Waste Advisory Committees

Domestic Violence Services of Benton and Franklin Counties

Human Services Coalition

Kadlec Foundation

Kadlec Regional Medical Center

Kennewick School District

Lourdes Medical Center

Oral Health Coalition

Pasco Discovery Coalition

Pasco School District

PMH Medical Center

Prosser Community Involvement Action Coalition

Richland School District

Safe Kids Benton-Franklin

Tri-City Animal Control

Tri-Cities Diabetes Coalition

Trios Health

United Way of Benton & Franklin Counties

Value:

COMMUNICATION AND COLLABORATION: We share information and talents to best serve our community.



Contact Us:

Main - Kennewick Office:

7102 West Okanogan Place
Kennewick, WA 99336

Main: 509.460.4200

Toll Free: 800.814.4323

Fax: 509.460.4515

Pasco Office:

412 West Clark Street
Pasco, WA 99301

Main: 509.547.9737

Fax: 509.546.2990

Website:

<https://www.bfhd.wa.gov>

Social Media:

 @BFHD

 pinterest.com/bfhealth

 youtube.com/bfhealth

Total square miles
served:

2,942.47



Total
population served:

274,295