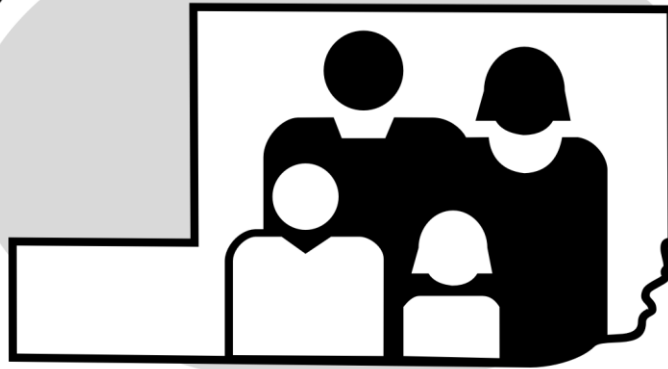


Adams County Health Department



2011 Annual Report

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Adams County Board of Health



Rudy Plager



Jeffrey W. Stevens



Roger L. Hartwig

Health Officer:

Timothy Moody, M.D.

Presented May, 2012

Our Mission:

To improve, promote and protect the public's health

Our Vision:

Our residents will have optimum personal health and enjoy living and working in a healthy environment

Our Values:

Working together as a team to provide excellence in service, collaboration, diversity, accountability and respect to the people we serve

POWERS AND DUTIES OF LOCAL BOARD OF HEALTH

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 and shall:

- (1) Enforce through the local health officer or the administrative officer appointed under RCW [70.05.040](#), if any, the public health statutes of the state and rules promulgated by the state board of health and the secretary of health;
- (2) Supervise the maintenance of all health and sanitary measures for the protection of the public health within its jurisdiction;
- (3) Enact such local rules and regulations as are necessary in order to preserve, promote and improve the public health and provide for the enforcement thereof;
- (4) Provide for the control and prevention of any dangerous, contagious or infectious disease within the jurisdiction of the local health department;
- (5) Provide for the prevention, control and abatement of nuisances detrimental to the public health;
- (6) Make such reports to the state board of health through the local health officer or the administrative officer as the state board of health may require; and
- (7) Establish fee schedules for issuing or renewing licenses or permits or for such other services as are authorized by the law and the rules of the state board of health: PROVIDED, that such fees for services shall not exceed the actual cost of providing any such services

Excerpt from RCW 70.05.060

Through collaborative efforts with our community, the Health Department strives to improve health in Adams County through the following activities:

- Monitoring the health status of residents to identify community health trends
- Identifying and investigating health issues and health hazards in the community
- Informing, educating, and empowering people about health issues and trends
- Mobilizing community partners to identify and solve health problems
- Developing policies and plans that support individual and community health efforts
- Enforcing laws and plans that support individual and community health efforts
- Linking people to needed personal health and medical services
- Assuring a competent public health work force
- Planning and preparing for response to community emergencies
- Evaluating, assessing and reassessing our methods to bring them into line with best practices

REVENUE BY FUND SOURCE

Local Health Jurisdictions State Average Funding %	2006	2007	2008	2009	2010
Federal Funds	30%	35%	34%	37%	39%
State	20%	21%	22%	21%	20%
Local Taxes	32%	23%	23%	25%	21%
Fees	18%	18%	17%	17%	18%
Misc		3%	4%		2%
Total	100%	100%	100%	100%	100%

Adams County Funding %	2006	2007	2008	2009	2010
Federal funds	42%	36%	31%	38%	51%
State	25%	29%	36%	34%	29%
Local Taxes	22%	23%	22%	16%	8%
Fees	11%	12%	11%	12%	12%
Total	100%	100%	100%	100%	100%

Data from "Revenue Summary – Funding of Local Health Jurisdictions", 2007, 2008, 2009, 2010, 2011, Washington State Department of Health of Health

COMMUNICABLE DISEASE/OUTBREAK & INVESTIGATION

Responding to communicable disease reports is a public health activity that all health department nurses and environmental health staff are involved and trained in. Support staff and leadership are called on when there are multiple or complicated reports that require extensive investigation and follow up action. The WAC defines the required time frame for communicable disease reporting for laboratories, health care providers, hospitals, veterinarians and the LHJ. It is the LHJ responsibility to assure those time frames are met.

Once an individual CD report comes in depending on the nature of the report, the following type of activities occur: determining location of source case; securing laboratory confirmation of CD; entering the report information into the state CD reporting system (PHIMS). Next comes the detailed investigation process which includes; phone call to the CD source, completion of CD investigation reporting forms, investigation of source case and contacts, education to source case on behavior related to CD, and other follow up to assure appropriate treatment was received. When multiple cases occur (outbreaks) these steps are required for each individual. It is not uncommon for staff to travel out into the field to investigate illness cases, animal bites and human exposure to communicable diseases.

In addition to specific case response activities and outbreak control the health department does a number of other things to assure optimum communication for communicable disease and response.

- It is the Health Departments role to receive and disseminate information on communicable disease in Adams County. Washington State operates an alert system that funnels CD information to health departments. Health alerts are reviewed by the Health Officer and staff for appropriateness to our county, local action needed and then disseminated. In 2011, there were 12 health alerts sent to Adams County providers. Our list of providers includes; clinics, hospitals, schools, pharmacies, labs, veterinarians, long term care facilities and childcare. The email contact lists and other methods of communicating with them are updated regularly.

- The Health Department is required to maintain 24/7 availability to the public in the event of a public health emergency. The Adams County Sheriff's office has the ability to reach HD staff 24/7 via contact sheet provided and updated regularly.
- It is the Health Departments role to educate, advise and monitor healthcare providers ability to recognize, report and respond to CD. The HD provides and maintains CD manuals at each healthcare provider's office. HD staff annually provide training to local health care providers on CD.
- We also send letters to schools, fire, police, sheriff, cities, childcares, veterinarians, hospitals, clinics and long term care facilities to inform them of the process to contact the health department in an emergency. In 2011 the Notifiable Conditions Posters were sent to 13 agencies on 2 occasions. There were 58 letters sent to all of our county partners with the contact information for the health department.

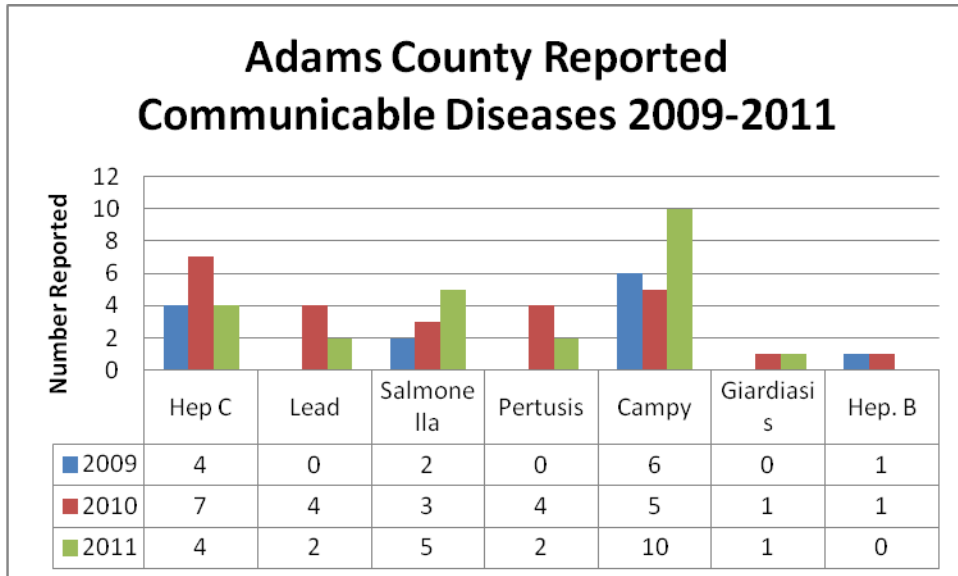
Adams County Report of Public Health Indicator Communicable Disease

Category	Definition	County Rank 04-06	County Rank 07-08	County Rank 09-10	Change 09-10
Reported Chlamydia Infections	Rate of reported/100,00 in women age 15-24	17 (1994/100,000)	19 (2159/100,000)	20 (2559/100,000)	Similar to state <i>State -2510</i>
Treated Chlamydia infections	% of reported that rec'd treatment in women age 15-24	32 (77%)	28 (93%)	31 (94%)	Similar to state <i>State – 98%</i>
Influenza Vaccination (65+)	% of adults 18+ who report a flu shot in last 12 mo	31 (28%)	23 (30%)	21 (37%)	Similar to state <i>State – 41%</i>
Reported childhood vaccination	% of children 19-35 mo w complete record in CP 4-3-1-3-3-1-4	No results	1 (71%)	3 (73%)	Above state, one of three counties with over 70% <i>State -50%</i>

Communicable Disease Table 2009-2011

Condition	2009	2010	2011
Tuberculosis	11(latent)	5 (latent and active)	12 (treated for Latent TB)
STD	78	68	57
Hepatitis C	4	6	10
Salmonella	2	4	10
Campylobacter	6	5	10
Hepatitis B	1	1	
Norovirus			
Lyme Disease	1		
Shigella			
Hantavirus	1		
Influenza	12		
Arboviral	1		
Meningococcal		1	
Pertussis		4	2
Q Fever		1	
Giardiasis		1	1
Lead		3	2
Animal Exposure	20	15	17

From 2009 to 2011, public health investigations were conducted on the following reportable conditions:



Observations: There were 121 CD reports in 2011, including animal bites. Communicable disease control is one of the primary responsibilities of a public health department. Most importantly to control disease spread but also to meet the time requirements for communicable disease response set in WAC.

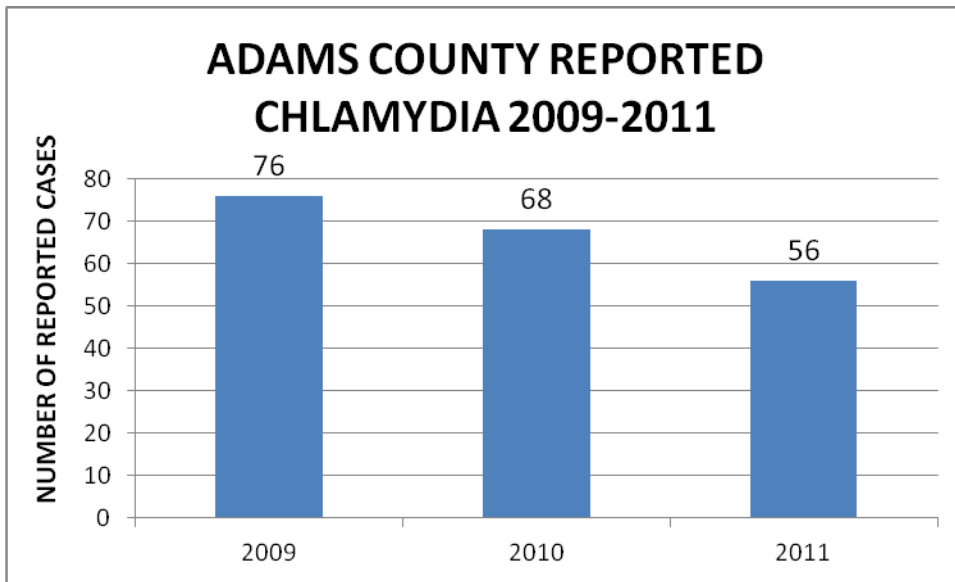
SEXUALLY TRANSMITTED DISEASE **PREVENTION/EDUCATION**

In 2011, the Expedited Partner Therapy program from the University of Washington ended their 3 year program. Fortunately the Department of Health will be continuing this program of treating the sex partners of persons with sexually transmitted diseases (STD) without intervening medical evaluation or prevention counseling. The usual implementation of partner treatment is through patient-delivery, although other methods may be employed.

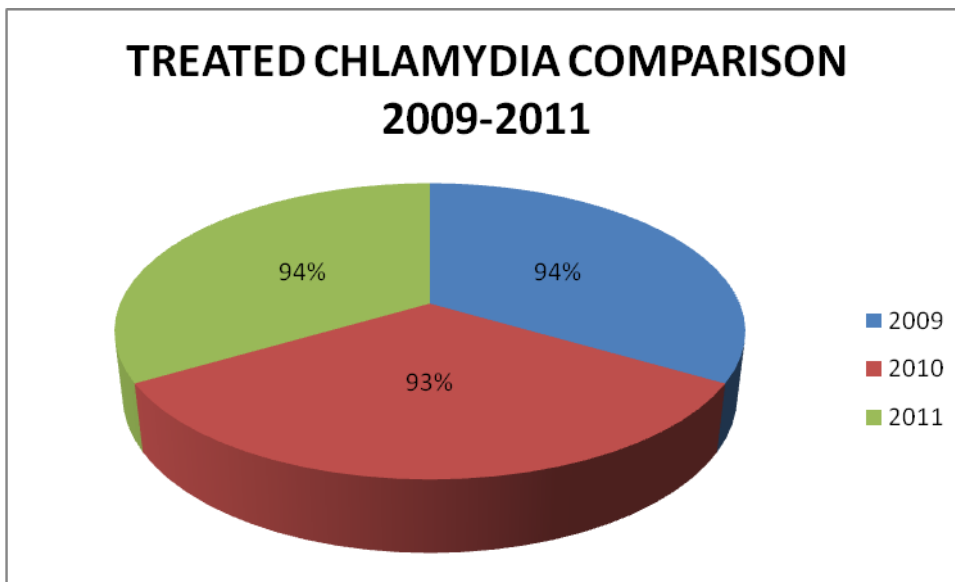
Due to the elimination of the HIV/AIDS program in 2010, services have decreased. The following services are still provided:

- Education to participants of outpatient substance abuse program at Community Counseling.
- Provide testing for HIV on a sliding fee schedule.
- Bloodborne pathogen training when requested (no slide cost).
- Provided testing for Hepatitis C at jail and health department clinic sites.
- Twinrix vaccination (Hepatitis A and B vaccine) given to high risk clients and chronic hepatitis C infected individuals and their partners.

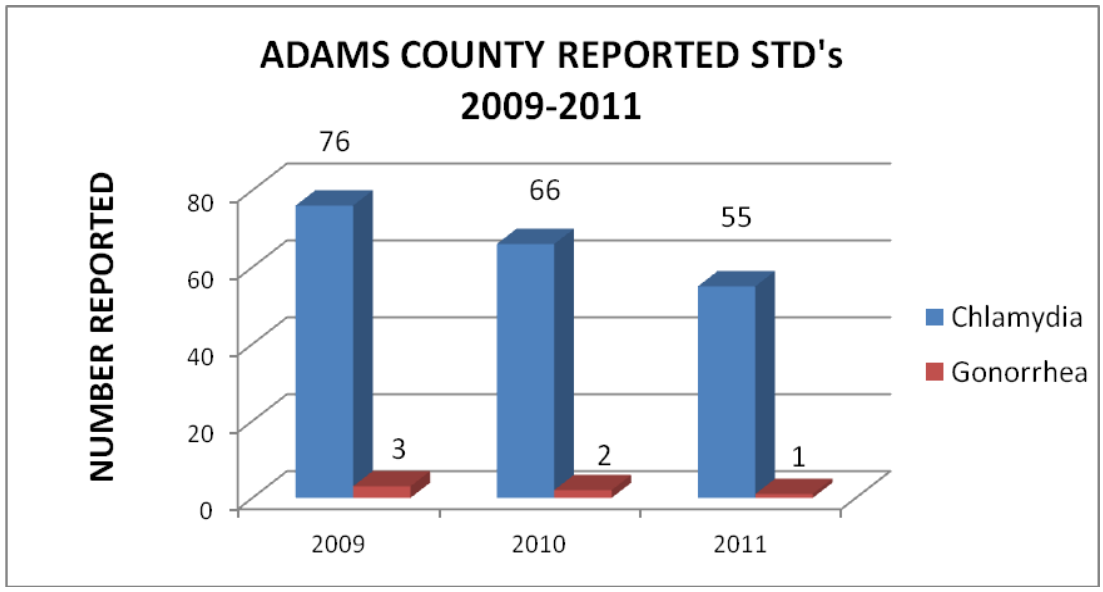
Chlamydia



Observation: Chlamydia rates are trending downward. The EPT program and a close relationship with providers in reporting STD's can be credited for improvement.



Observation: The treated Chlamydia infections are also improving also related to the EPT program. 2011 numbers are also at 94%.



Observation: Since Chlamydia accounts for the majority of STD's we will look for a continued downward trend with the continuation of the partner treatment program through the state.

Monitoring New and Emerging Diseases

Not only does public health monitor and control communicable diseases that affect human populations, the public health system also monitors our community and animal populations and prepares for potential threats that could impact the health of our community.

Vaccine/Immunization Oversight and Management

A primary role of the health department is to **order, manage, monitor** and educate health care providers as they vaccinate children in their clinics. Health department staff ordered and directed 16,645 doses of vaccine in 2011. This includes the following activities:

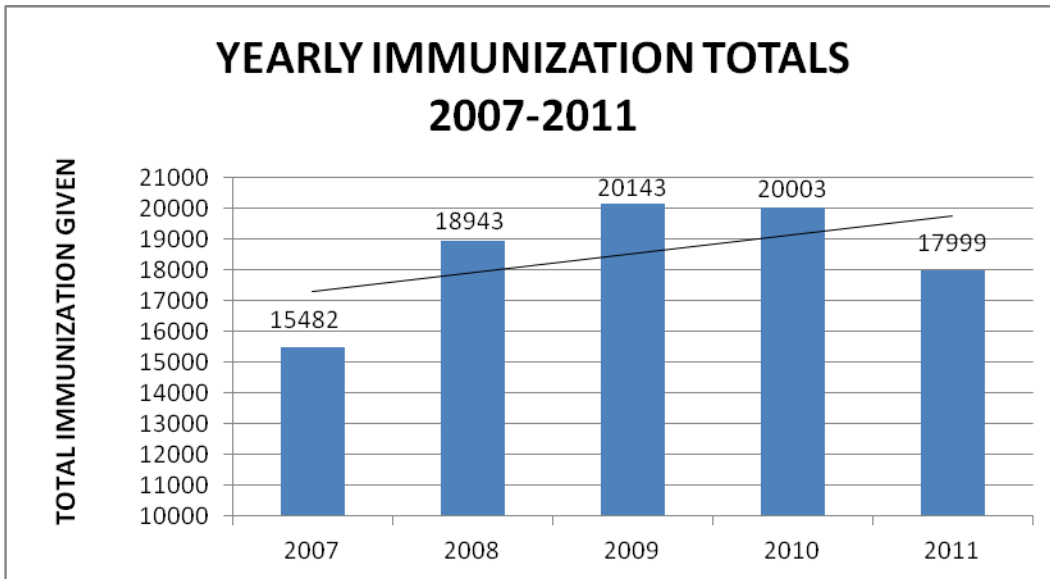
- **Ordering:** Utilize and facilitate use of the immunization information system to place and approve provider vaccine orders, including: accuracy of shipping information, ordering frequency, timing of ordering, quantity and type of vaccine ordered. In addition, direct ordering of vaccine for the health department, oversight of amounts ordered by provider clinics and ensuring adherence to the state assigned ordering schedule. Assist providers with the annual vaccine selection process.
- **Managing:** Determine if adequate vaccine balances are maintained, reconciliation of recorded vaccine usage, end-of-month vaccine balances and monthly state reports, enrollment of new providers into VFC program, management of vaccine inventory for the health department and assistance to provider clinics, review of inventory for provider clinics on a monthly basis, and report all vaccine returns and incidents to DOH. Facilitate provider signed agreements to use state supplied vaccine on an annual basis. Follow up is required on any reports of Hepatitis B positive moms and infants in our county, this includes case management and tracking to assure the proper vaccination regimen for mom and infant.
- **Monitoring:** Ensuring vaccine quality is maintained at all sites, vaccine cold chain is practiced, access to vaccine is maximized, and providers are in compliance with state guidelines for ordering. The vaccine storage temperature at each provider site is monitored monthly by review of temperature log. Vaccine temperature of health department vaccine is visually checked and recorded twice daily, once weekly the vaccine temperature log is printed and compared to the continuous vaccine monitoring system. Organizing and scheduling the required provider site visits as below:
 - Site visits are required on 50% of sites each year. A site visit takes about 2 hours on-site and considerable preparation time to assure the most current information is shared with the provider.

- The refrigerator and freezer temperatures are checked, the expiration dates of all vaccine are checked and a lengthy questionnaire is completed during the site visit. The questions on the site visit questionnaire cover assuring that the proper information is completed on each vaccination record, the correctly dated VIS form is given and all federal vaccine rules are followed. An assessment or AFIX visit is also required annually to assess vaccine coverage rates in at least one provider practice. The completed reports of the above site visits are then sent to the state DOH immunization program on an annual basis.
- **Educating:** Teaching providers and immunization staff to ensure correct injection technique is used; including correct vaccine is given at the correct time, correct amount is given, proper route and needle length is used, missed opportunities are avoided. Questions are answered regarding vaccine orders, storage and administration and follow-up with corrective action for any vaccine incident. Education is a component of all communication and technical assistance, which includes consultation and education to providers about vaccine quality assurance, accountability, program participation and vaccine management.

In addition immunizations are offered at on-site clinics in both the Ritzville and Othello offices. Immunizations are also offered at off-site locations throughout the county, as requested, or as the need arises, for example; the annual flu shot clinics at certain school locations. Giving vaccinations in clinic settings provides a place for those clients that do not yet have a medical home, or those for whom the health department location on or off site is more convenient or accessible. The ability to continue to offer vaccinations through health department clinics strengthens nursing knowledge, skills and ability to understand the vaccine schedule and changes. This enables nurses to provide the ongoing expertise needed to assist our outside providers. The health department provided 712 child and adult vaccinations in 2011.

The graph below shows the number of all vaccinations given in Adams County from 2007 to 2011.

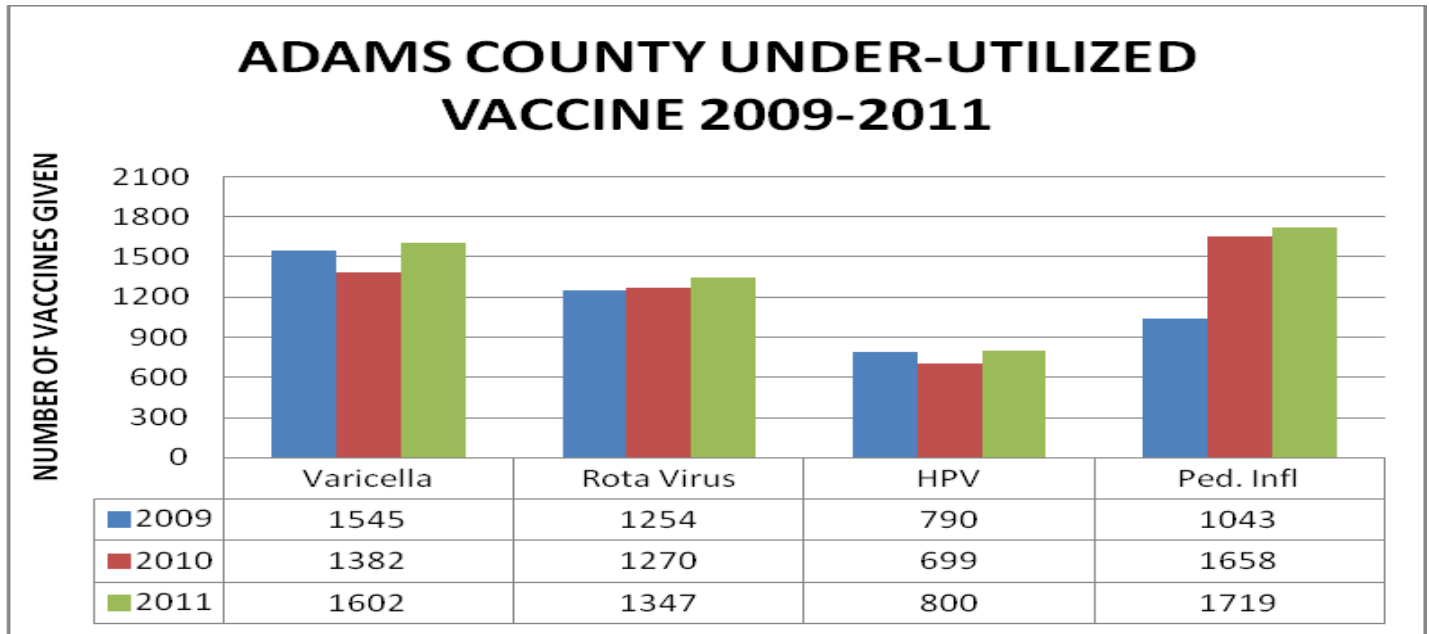
Adams County ranks number three in counties in Washington State's "Public Health Indicator" data report, with an immunization coverage rate of 73% for "Reported Childhood Vaccinations". We are one of 3 counties having an immunization coverage rate over 70%.



Observation: Although there were fewer vaccinations given in 2011 the trend is upward. Some of the decrease is most likely related to the number of H1N1 vaccinations given in 2010. Adams County's immunization coverage rate is one of our strengths.

Another immunization activity the health department is charged with, and supports with 5930 Blue Ribbon Funds, is increasing the rates of underutilized vaccines. These vaccines are identified as: Varicella, Rotavirus, Human Papilloma Virus (HPV) and Pediatric Influenza.

The following graph shows under-utilized vaccine numbers for the past three years.



Observations: All underutilized vaccine numbers improved this year from 2010 numbers county wide. Pediatric Influenza increased 4%, Rotavirus increased 6%, HPV increased 13% and Varicella increased 14%.

EMERGENCY PREPAREDNESS AND RESPONSE

The Adams County Health Department continues to expand our preparedness to respond to natural or man-made events that impact the health of our communities. This effort has focused on increasing our capacity through community partners and volunteers, planning activities and exercising and training. These activities have been conducted locally with community partners as well as regionally and statewide to enhance our ability to respond to major events.

Emergency Preparedness and Response Activities:

- Updated the Health Department Mass Prophylaxis Plan.
- Conducted 1 mass clinic at the Othello Schools; in October with seasonal flu, vaccinating 252.
- Held an Alternate Care Facility exercise at Othello Nazarene Church in partnership with Othello Community Hospital, American Red Cross and CBHA.

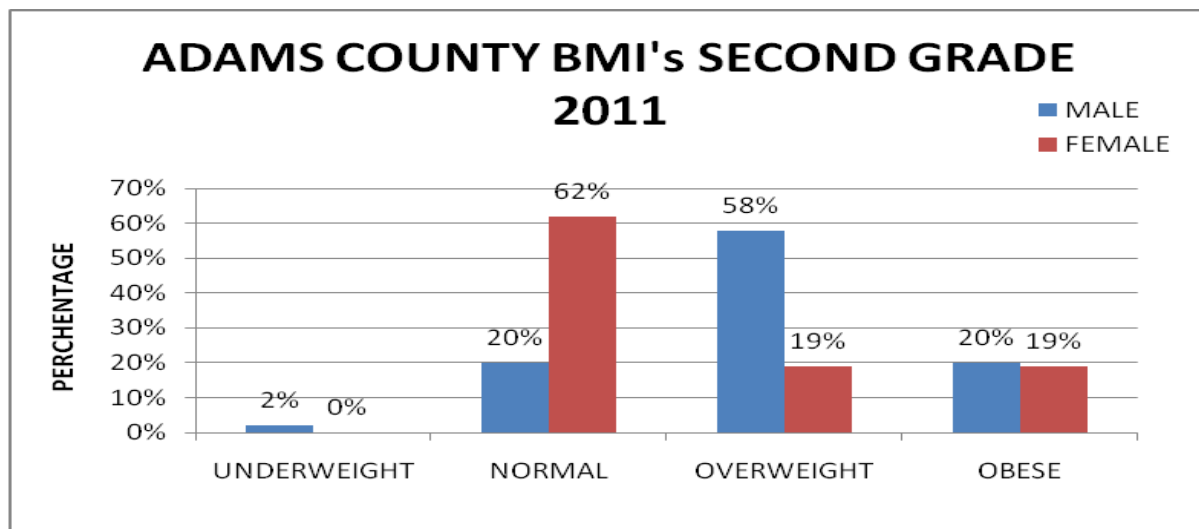
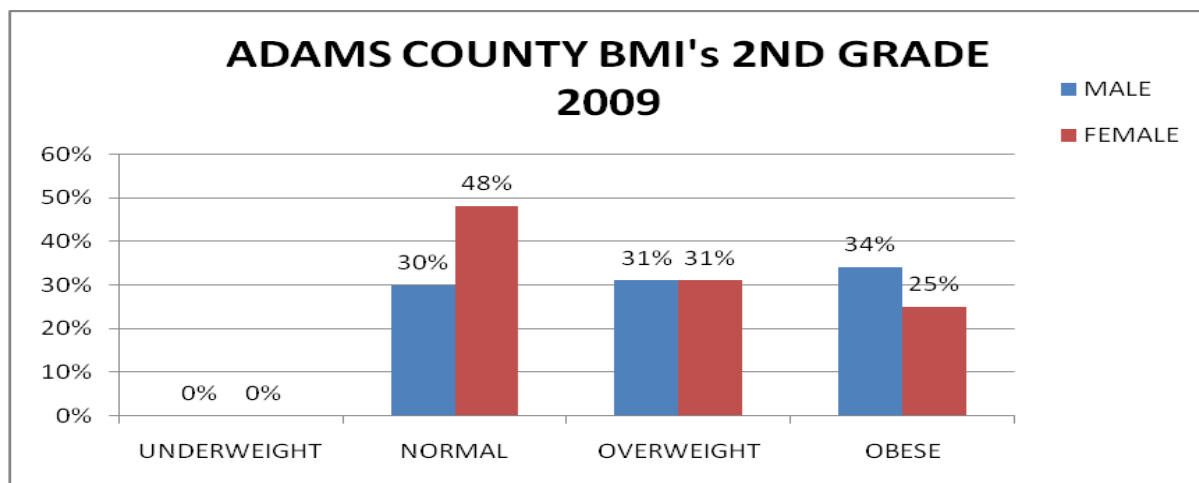
Federal and state monies have been identified to assist local health departments in planning activities.

ASSESSMENT

Through assessment we are able to improve use of data as we evaluate the health of our population. This position continues to enable us to comply with timeliness in communicable disease reporting, improve STD reporting and response, to problem solve health data reported on Adams County and determine our primary health concerns which based on the public health indicators are: Obesity, diabetes, teen birth rate and adults access to medical and dental care.

Addressing Obesity and Diabetes

The Assessment Coordinator was able to develop a project looking at obesity concerns in the lower grades in the schools in Adams County. The assessment coordinator worked with school nurses, weighing children, calculating BMI's in the schools in each community.



Observations: The graphs illustrate that 2nd grade male overweight numbers increased in the 2 year period shown above, although the obesity numbers decreased. When the two categories are combined the overweight/obese male in 2nd grade increased from 2009. The female overweight/obese rate has decreased by a significant 32%.

ACCESS TO CARE

The Adams County Health Department began in 2009 to review information regarding access to care for residents. It is the intent of the health department to continue a process of data gathering, assessment and planning to enable residents to have access to adequate health care.

Adams County Report of Public Health Indicator: Access to Care

Category	Definition	County Rank 04-06	County Rank 07-08	County Rank 09-10	Change 09-10
Adults with unmet medical need	% adults 18+ who report needing to see a Dr. within past yr but unable due to cost	31 (18.2%)	36 (22%)	14 (14%)	Similar to state State – 13%
Adults with personal healthcare provider	% adults 18+ report having a Dr. or PCP	36 (69.7%)	32 (73%)	36 (66%)	Last State – 78%
Adult dental care	% adults 18+ report seeing a dental provider within past yr	19 (66.8%)	34 (58%)	26 (64%)	Similar to state State – 72%
Adult preventive cancer screening – breast	% women 50+ who report mammogram within past 2 yrs	18 (78.7%)	21 (79%)	9 (80%)	Similar to state State – 78%
Adult preventive cancer screening – cervical	% women 21+ who report pap smear within past 3 yrs	9 (78.7%)	31 (72%)	16 (76%)	Similar to state State – 76%
Adult preventive cancer screening- colorectal	% adults 50+ report blood stool (1 yr); sigmoid (5 yr) colonoscopy (10 yr)	32 (53%)	32 (66%)	31 (62%)	Similar to state State – 72%
Adults with health insurance	% adults 18-64 report having health ins.	36 (64%) (last)	36(61%) (last)	30 (70%)	Worse than state State – 82%
Children with health insurance	% children 0-17 who have health ins.	Not available	25 (92%)	2 (98%)	Similar to state State – 95%

The following graph shows the number of children eligible for dental care through Medicaid and those who are receiving:

	Medicaid Eligible 0-5	Medicaid Users 0-5	Medicaid % Users 0-5
Adams County 2007	2269	1045	46.1 %
Adams County 2008	2365	1122	47.4 %
Adams County 2009	2538	1317	51.9%
Adams County 2010	2742	1498	54.6%

Observations: The utilization rate for the oral health benefit for children 0-5 has continued to increase over the last 3 years. We are encouraged by this increase. We feel our efforts to educate parents about the importance of oral health care for their children, the initiation of the ABCD program and increased access to dental services has played a role.

ABCD Dental Program

2011 marks the second year of our ABCD grant from the Washington Dental Service Foundation. Our enrollment goal of children into the dental program for 2011 was 250. We enrolled 616 children ages 0 through 5 years of age. These children were enrolled through our programs at the Health Department and through the CBHA WIC program.

The Health Department has been marketing the program through posters, brochures, local theater spots, newborn education packets to families of newborns at the Othello Hospital, through staff awareness at the Health Department and presentations to other community partners in the county.

In May of 2011, our Health Department received training from the University of Washington to implement the ABCDE program. This program provides education, oral exam and fluoride application to eligible children 0 through the age of 5. Most of the children who participated in this program came from our WIC, Immunizations and Children with Special Health Care Needs Programs. We are hoping to assist with the training of local doctors in the eastern part of the county, which would provide additional opportunities to assist families in providing their children with optimum oral health care.

We received our third year grant award in December 2011. We will continue to enroll children and assist families with making dental appointments.

In 2012, we will be partnering with Othello Family Dental to produce 3 DVD's on oral health care. These DVD's will be in three languages; English, Spanish and Mixteco. The topics will be oral health in pregnancy, oral health care for infants and the importance of fluoride varnish application.

ENVIRONMENTAL HEALTH PROGRAMS

The public’s health depends on some basic fundamentals: clean water, safe schools, adequate waste disposal, safe restaurants and wholesome food. To prevent disease and promote health, Environmental Health staff educates and inform customers and clients about healthy environmental health practices, utilizing state and local laws and regulations to safeguard the health of our people. Each year we conduct hundreds of inspections and consultations to individuals and businesses throughout Adams County.

Adams County Report of Public Health indicator: Environmental Health

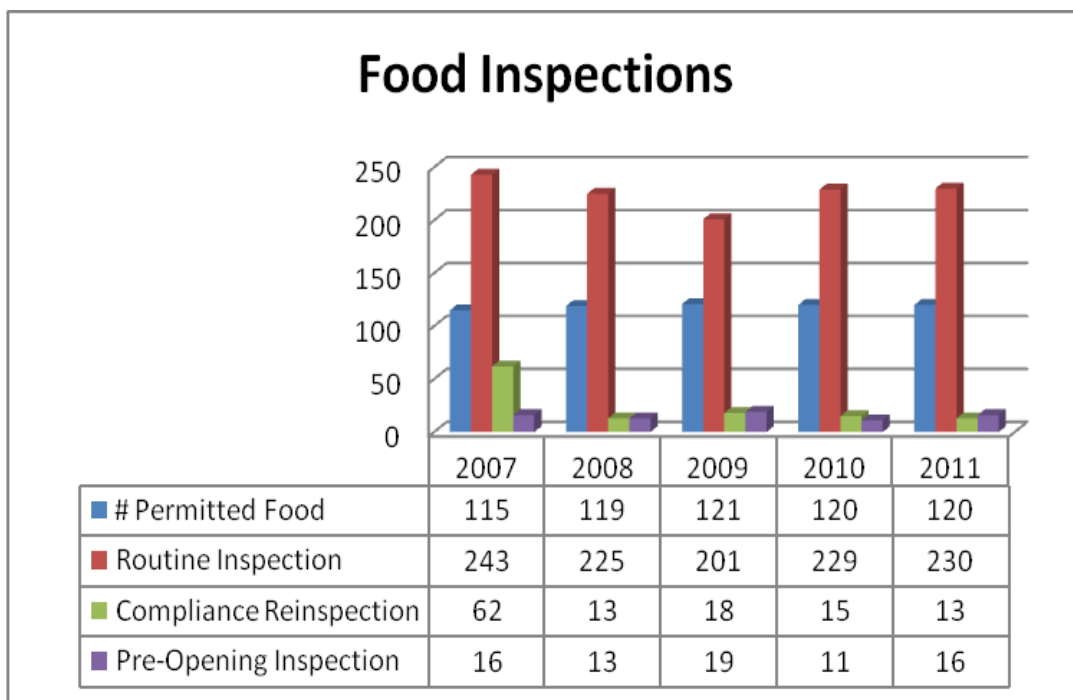
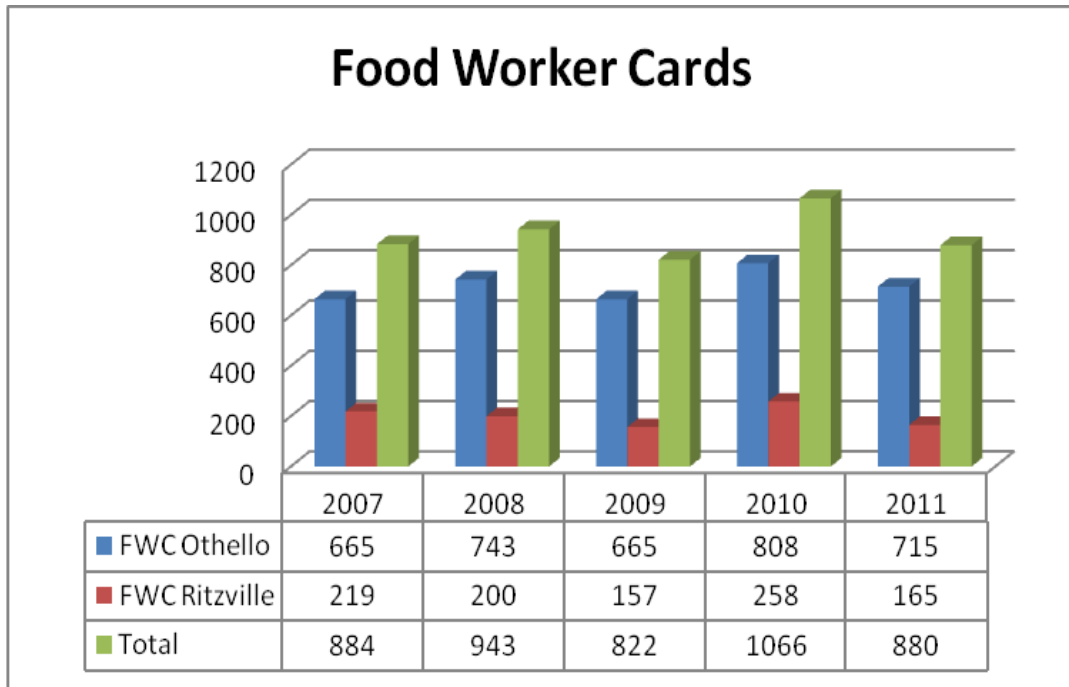
Category	Definition	County Rank 04-06	County Rank 07-08	County Rank 09-10	Change 09-10
Food Service Safety	% of permanent food establish w < 36 critical violation pts	NA	15 (96%)	4 (99%)	Better than state <i>State – 95%</i>
Onsite sewage system corrections	% of Id’d OSS failures with corrective action initiated w in 2 weeks	NA	1 (100%)	Data suppressed due to low numbers	
Air pollution particulate matter	% of days meeting DOE 24 hr avg healthy air goal	Not available	1 (100%)	10 (100%)	No state data

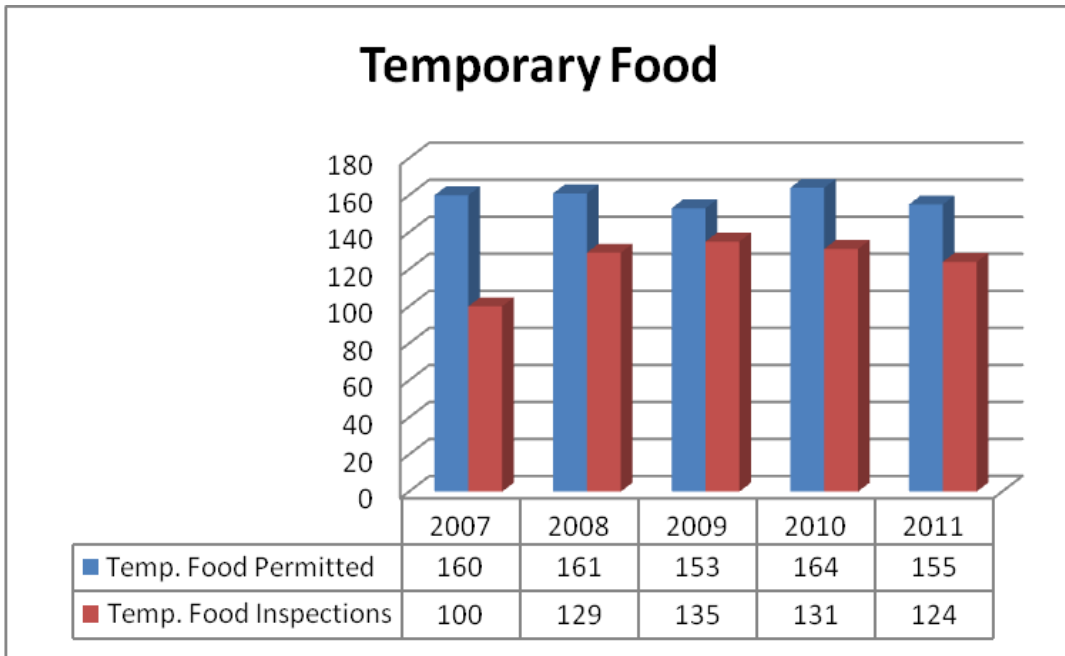
Food Protection-WAC 246-215 & 246-217

The goal of the food protection program is to prevent illness caused by the consumption of contaminated food. This is accomplished by:

- Providing guidance, training, technical assistance and inspections to retail food establishments on retail food safety issues.
- Working with other local, state and federal agencies to prevent or investigate cases of foodborne illness.
- Offering consumers information to help educate them on how to safely handle and prepare foods.

Food Program Activities



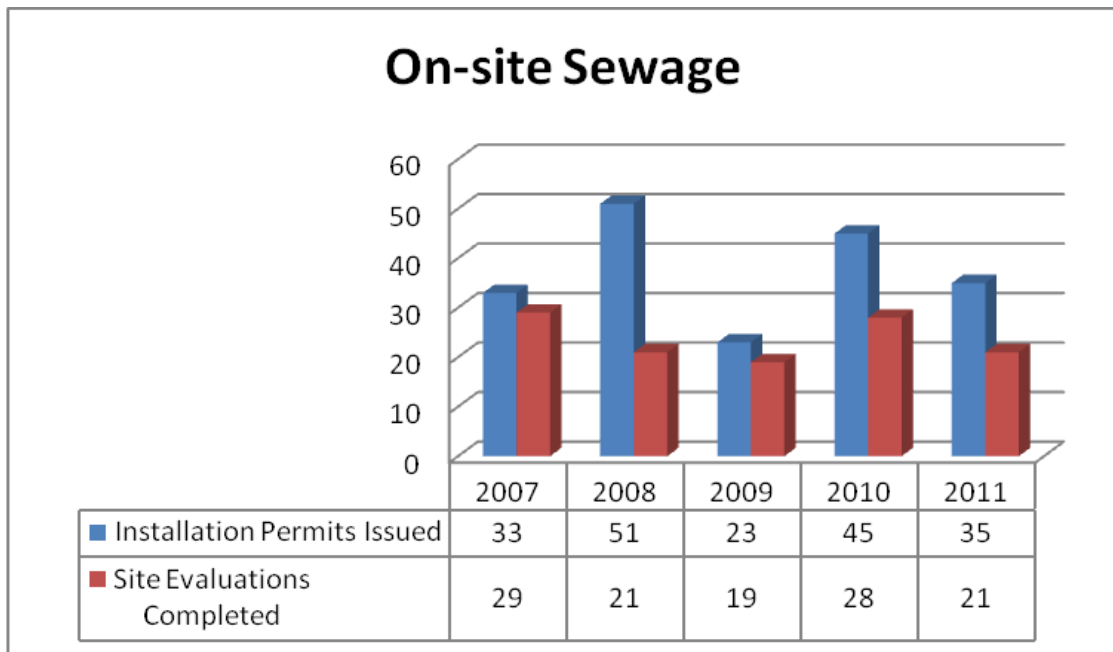


Observations: There are two main trends to focus on in the food program. Overall, the reinspection rate of food establishment is low. This can be attributed to the increased awareness our establishment owners and operators have gained. It also shows the increasing knowledge and experience the staff has and their ability to educate the owners and operators on safely running their establishments. The other major trend is the stability in Food Worker Cards being issued. Although we are offering fewer classes than in the past, our county residents prefer to obtain cards from ACHD because of our convenience and professionalism.

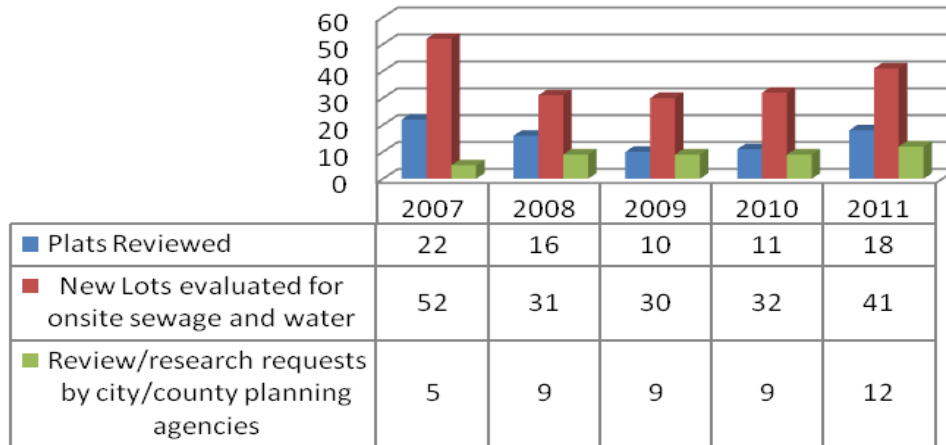
Onsite Sewage Disposal/Land Development WAC 246-272A & 246-272C

The staff in this program review parcels for sewage disposal capabilities and review/approve septic system plans. Many sewage systems and septic tanks installations are inspected each year, since faulty tanks and systems may result in the leakage of raw sewage into the ground and surface water systems. We educate installers and septage haulers, investigate complaints about sewage system failures, and conduct surveys of areas with high rates of failing sewage systems. All throughout Adams County, staff evaluates land development projects to assure adequate water supply and sewage disposal systems.

Onsite/Land Development Program Activities



Land Development

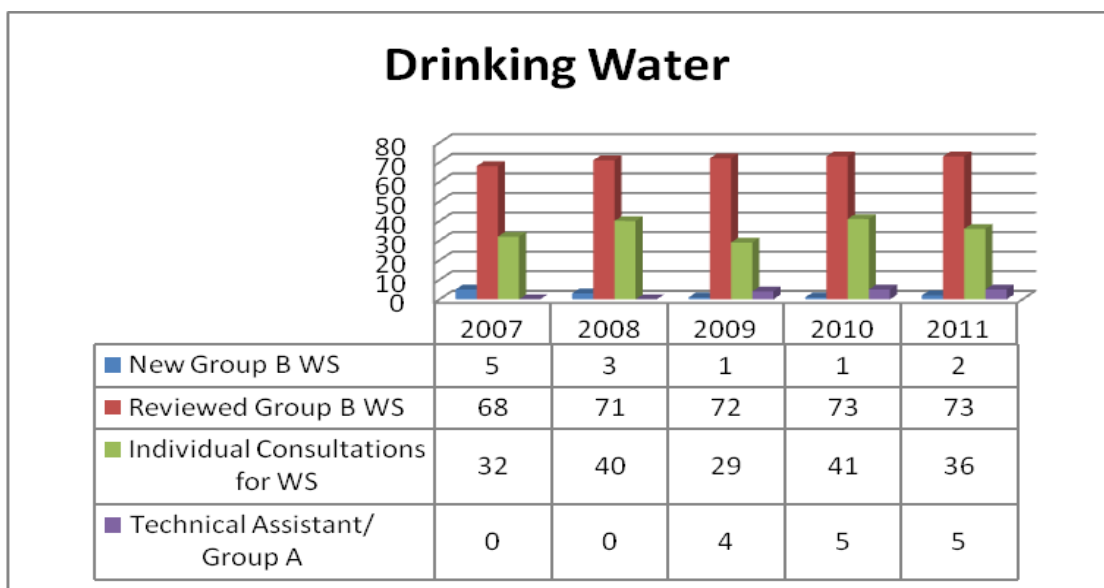
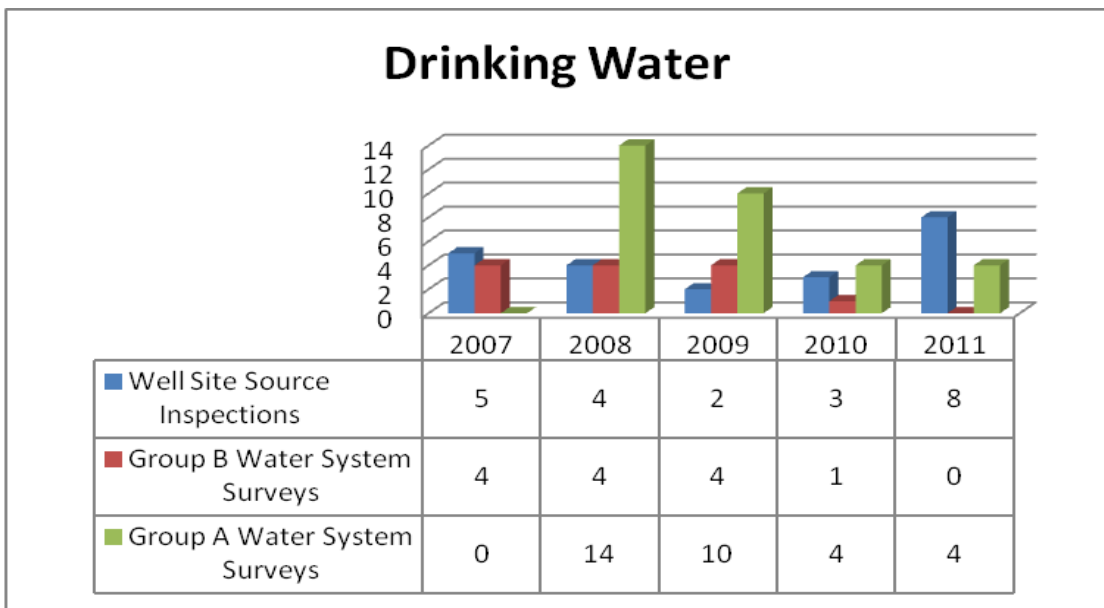


Observations: The land use program is obviously impacted by the greater economic situation that's occurring both locally and nationally. Sewage permits and site evaluations are market dependant and may be subject to additional volatility. As the economy improves, the public demand for these services will increase.

Drinking Water-WAC 246-290 & 246-291

Numerous small public water systems provide water to people living all throughout Adams County. EH staff works with these smaller systems on proper well site locations, planning, and system installation. They also provide needed educational information and consultations to these water systems.

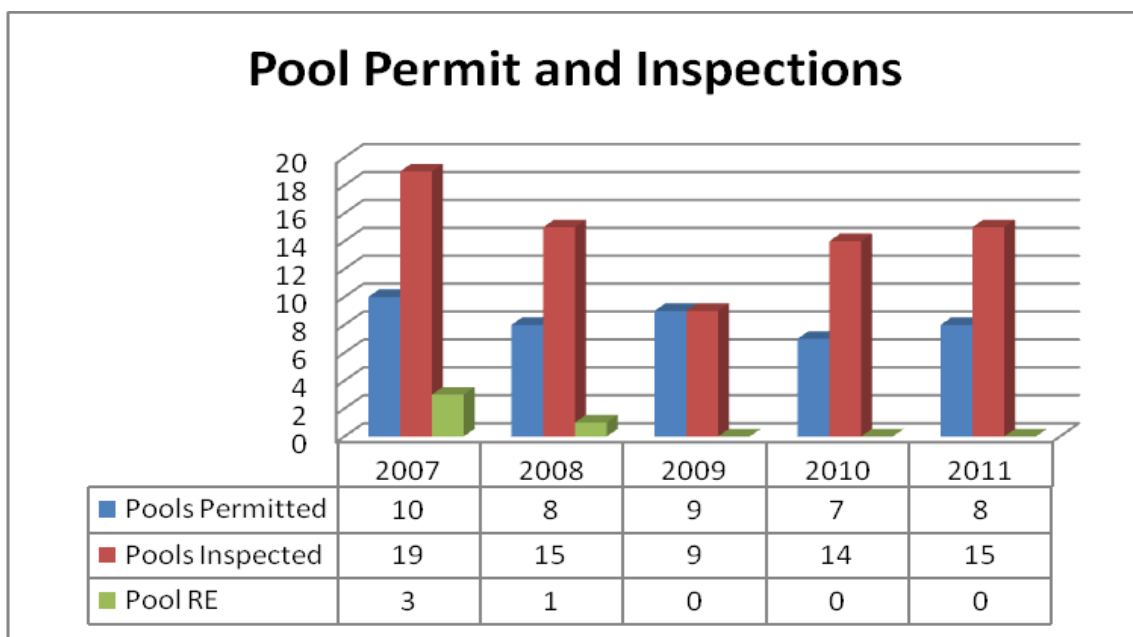
Water Program Activities



Living Environment WAC 246-203 & 246-260 & 246-262

The Living Environment program focuses on activities to ensure physical safety and social wellbeing. The program primarily focuses on working with public swimming pools throughout Adams County to assure water quality and safety at each facility. Health Department inspectors monitor water quality and safety issues at the facility to prevent illness and injury.

Living Environment Activities

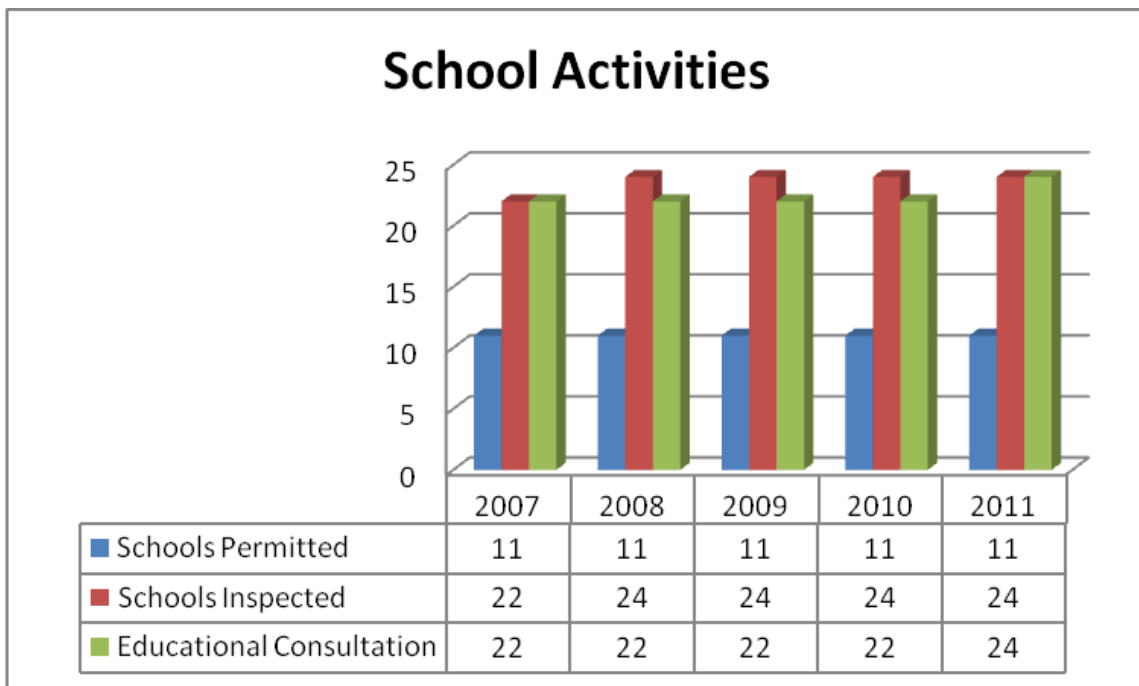


Observations: In 2009, the pool regulations changed regarding single main drains and barriers. Since then, the number of pools permitted and inspected has remained consistent with the pools that were or came into compliance with the new regulations. One routine pool inspection is required by law; however we strive to visit each pool twice within the season. Throughout the year, we are in constant communication with the operators and provide them educational information throughout the season.

School Inspections WAC 246-366

Staff conducts school kitchen inspections for all public schools in Adams County. There are 11 permitted school kitchens that are inspected at least twice in a school year. School kitchen inspections focus on temperature control, cooling, bare hand contact with ready-to-eat foods, hand washing, avoiding cross contamination and making sure the correct food is used with highly susceptible populations. Educational consultations are any interaction, via phone, email or onsite visit that involves school food safety. Most of the time schools have inquiries and request consultations.

School Inspection Program Activities

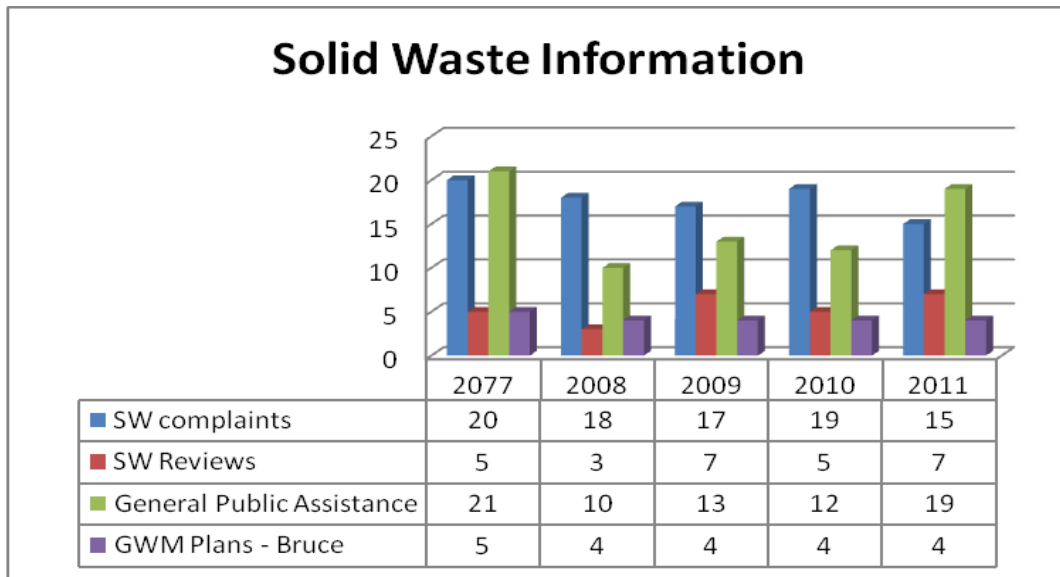
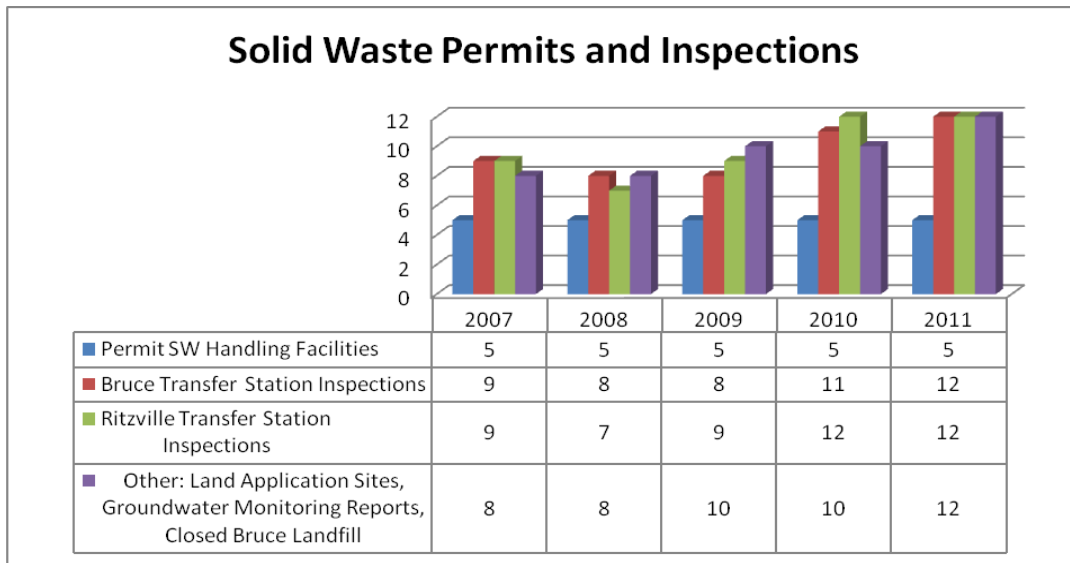


Observations: Our school inspection trends are very consistent because the regulations dictate how often we must inspect school facilities. WAC 246-366A is currently waiting to be adopted by the Washington State Board of Health and it will greatly change how often school facilities are required to be inspected. One observation is that the amount of time we spend in this program will increase in the near future.

Solid Waste- WAC 173-350 & 173-351

Staff review plans for waste handling facilities, and monitor and inspect solid waste treatment sites, transfer stations, and disposal sites to ensure that state and local solid waste codes are being followed. ACHD spends a great deal of time investigating unlawful dumping complaints.

Solid Waste Program Activities

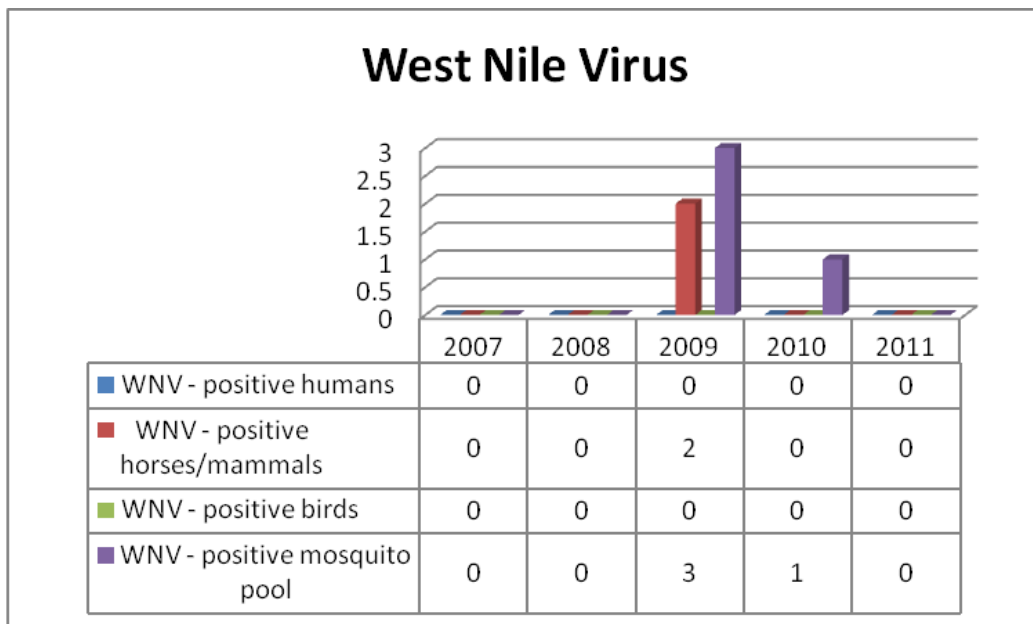


Observations: The overriding trend in the solid waste program is the consistency of the data because of contract requirements made through the Coordinated Prevention Grant with the Department of Ecology. Complaint numbers have always held at a consistent level. Even though the number of complaints seems low, the amount of time involved to correct the solid waste violations makes this a very busy program. Solid waste complaints will most likely increase in the future and because of their often complex nature, we may have difficulty responding to them with our current EH staffing levels. The biggest concern with this program is how ACHD will operate in the future with the potential loss in CPG funding.

Vector- WAC 246-100

The Adams County Health Department staff field calls and citizen concerns regarding disease causing vectors that are present in Adams County. Such vectors include mosquitoes that are both nuisance and those that transmit West Nile Virus, rodents that can transmit Hantavirus, animal bites that can transmit rabies and other emerging vectors.

Vector Program Activities



PREVENTION AND HEALTH PROMOTION

Adams County Report of Public Health Indicator: Prevention and Health Promotion

Category	Definition	County Rank 04-06	County Rank 07-08	County Rank 09-10	Change 09-10
Years of healthy life expectancy	Additional yrs a 20 yr old is expected to live in good, very good or excellent health	30 (46 y)	29 (47 y)	35 (43y)	Last in counties
Adults cigarette smoking	% of adults age 18/+ who have smoked 100 cigs/life and still smoking	4 (13%)	3 (12%)	3 (11%)	Better than state <i>State – 15%</i>
Adult Physical Activity	% adults 18/+ who report moderate physical activity 30 min/d 5x/wk or vigorous 20”/d 3x/wk	19 (64%)	1 2 (64%)	17 (63%)	Similar to state <i>State – 62%</i>
Adults overweight/obese	% adults 18/+ who have BMI 30kg/m2 or more	36 (32%)	34 (37%)	35 (39%)	Worse than state rate, bottom of counties <i>State – 26%</i>
Adult fruit/vegetable consumption	% adults 18/+ who report eating Fruit & Veg. 5x/+ per day	35 (17%)	34 (19%)	9 (26%)	Similar to state <i>State – 25%</i>
Adult binge drinking	% adults 18/+ who report binge drinking (5/d men; 4/d women) on one occasion in last 30 days	4 (11%)	2 (12%)	2 (10%)	Better than state <i>State – 16%</i>
Adults with diabetes	% of adults 18/+ who have ever been told by a Dr that they have diabetes	35 (10%)	34 (12%)	33(11%)	Worse than state, bottom of counties <i>State – 7%</i>
Adult poor mental health	% of adults 18/+ who report 14/+ d of poor mental health in last month	2(7%)	11 (9%)	5 (8%)	Similar to state <i>State – 10%</i>
Hospitalization for falls in older adults (new category)	Rate of hospitalization for falls for adults age 65/+	28 (2062/100,000)	28 (2118/100,000)	33 (2471/100,000)	Last in counties <i>State (1798/100,000)</i>

HEALTHY COMMUNITIES PROJECT

In 2011 Healthy Communities staff continued to concentrate on policy, environmental and system change in the Othello community. They continued to work on their Action Plan and with the extended funding in 2011 they continued to support the identified Othello School District projects.

- Supported and helped the OSD food service manager apply for a fresh fruit and vegetable grant
- Did assessment on McFarland Middle School physical activity and food service
- Continued to be involved in the School Improvement Teams
- Applied for a Mobilizing Action Toward Community Health (MATCH) grant that would focus on career readiness

ACHD Healthy Communities staff partnered with Simplot to begin “worksites wellness” with participation in Simplot’s 2011 quarterly meetings as well as their first health fair. The emphasis was on diabetes, tobacco prevention and nutritional foods for families. ACHD staff provided expertise on healthy living at McCain’s Health Fair as well.

The Healthy Communities work continues to support the Community Garden and the Othello Food Bank. Through this continued effort and leadership, monthly meetings are being held and are focused on improving the health of the community. Community stakeholders have stepped forward to help formalize the group and in November of 2011, the new name of Othello Healthy Community Coalition was finalized. With a new name completed, the Coalition has now begun the process of becoming a 501c3 volunteer organization. In 2001 the coalition developed a mission and vision statement, enacted a set of bylaws and elected officers.

TOBACCO PREVENTION AND CONTROL PROGRAM

Accomplishments:

- Adams County continues to demonstrate the lowest 5 year average rate of tobacco sales to minors of all counties.
- Adams County also has one of the lowest adult tobacco use rates among adults. Current Smoking Rate of adults is cited at 11 % (2011 County Profile of Tobacco Use by WA DOH) compared to 15% statewide. Adult Smokeless Tobacco Use is also reported at slightly lower than the state average (2.9% compared to 3.1%).
- Only about 2% of pregnant women in Adams County smoke, compared to over 10% statewide.

Efforts to prevent early initiation of tobacco use and to decrease the number of persons who use tobacco in Adams County include:

- Facilitation of county wide participation in the 2010 Healthy Youth Survey.
- Completion of mandated SYNAR Tobacco Retailer Compliance Checks annually.
- Tobacco Retailer Education including on-site visits, mailings, and the inclusion of tobacco sales education as part of all Food Handler's Card trainings.

A large portion of TPCP (Tobacco Prevention and Control Program) funding was redirected to the Healthy Communities Program in late 2009. The Healthy Communities Action Plan that was developed in 2010 addresses policy and environmental changes intended to decrease tobacco use and exposure to secondhand smoke as well as promoting tobacco free living to children and youth.

Child Care

In 2011, Adams County was chosen to participate in a pilot project aimed at quality improvement for select child care centers. Site assessment followed by consultation and training is planned with re-assessment to determine impact to follow. Ongoing funding support and activities in this program are currently not known. First Aid Classes, which are mandatory for child care providers, continued to be offered in 2011. The following graph shows numbers trained in first aid over the last 3 years.

	2009	2010	2011
First Aid Class Participants	33	73	71
Bloodborne Pathogens Training	6	9*	2
Site Visits	6	5	1
Site Phone Consultation	3	11	1

*Funding for program reduced in 2010, acceptable target interventions changed by the state and program ended for lower (HIV/AIDS) prevalence counties as of July 1, 2010.

Jail Health

The health department provides a public health nurse to contact the jail weekly regarding inmate concerns and visit as requested. In addition to the weekly contacts the jail staff may contact the “jail nurse” when there are questions or concerns about inmates health or medications in the jail. In 2011 there were 120 inmates seen in the jail setting. Inmates that were scheduled to see the nurse during sick call were evaluated for possible referral to a medical provider, recommendations for over the counter medications and treatments for various ailments were given and follow-up with inmate’s medical providers regarding chronic conditions.

Adams County 2011 Public Health Indicator report for Maternal and Child Health

Category	Definition	County Rank 04-06	County Rank 07-08	County Rank 09-10	Change 09-10
1 st trimester prenatal care	% of women giving birth who rec'd prenatal care beginning in 1 st trimester	30 (75%)	11(79%)	33 (72%)	Similar to state State – 77%
Maternal cigarette smoking	% of women giving birth who smoked at any time during pregnancy	1 (3%)	1(2%)	1(2%)	Better than state State – 10%
Teen birth rate	Pregnancy rate per 100,000 women age 15-17	30 (last) (59/100,000)	28 (last) (65/100,000)	No new data	
Low birth weight	% of live born single births with BW < 2500 gm (5.5 pounds)	26 (of 33) (5%)	26 (of 31) (6%)	13 (5%)	Similar to state State -5%
Teen physical activity	% of 10 th graders who report physical activity 60 min/d, 5/+ day/wk	8 (of 33) (53%)	8 (of 33) (54%)	18 (56%)	Better than state State – 51%
Teen cigarette smoking	% of 10 th graders who report smoking cig in last 30 days	2 (7.6%)	1 (8%)	3 (10%)	Better than state State – 13%
Teens overweight	% 10 th graders in top 15% BMI by reported ht/wt per CDC growth guidelines	30 (40%)	28 (34%)	29 (36%)	Last in state ranking State – 24%
Teen alcohol use	% 10 th graders who report alcohol consumption in last 30 days	4 (25%)	2 (28%)	22 (32%)	Worse than state State – 28%
Childhood unintentional injury hospitalizations	Rate of hosp/100,000 for unintentional injury age 0-17	21 (243/100,000)	15 (211/100,000)	24 (246/100,000)	Similar to state State – 198/100,000
Teen sad or hopeless (this category was not reported in previously)	% of 10 th graders who report feeling sad or hopeless almost everyday for 2 wks or more in a row, during the past 12 months	3	21	19	Similar to state State – 30%

MATERNAL/CHILD HEALTH PROGRAMS

The Maternal Child Health program assists pregnant women, new mothers, and their babies with receiving the services they need to assure a healthier lifestyle. It also helps ensure that they receive the screenings and services that are required.

ACHD served families and children under the Maternal/Child Health Block Grant in the following programs: Immunizations, Children with Special Health Care Needs and WIC programs.

The MCH block grant helps serve high-risk populations that may not be covered by Medicaid and include teens, uninsured and underinsured mothers, mothers-to-be and fathers. All genders and ages receive STD & birth control counseling and referral upon request. Even though the tobacco program funding ended in 2011, the MCH program requires tobacco use education and cessation information for pregnant parents as part of WIC in 2011. Adams County Health Indicator data shows that for 2011 Adams County had a 2% maternal smoking rate, the lowest in the state.

First Steps (MSS)

The focus of the MSS program is to provide services to the highest risk clients. Risk clients are defined as those clients with language barrier, less than 16 years of age, race, initiation of prenatal care, nutrition concerns and certain medical conditions. These risk factors include hypertension, diabetes, age, previous low birth weight infant, smoking, drug and alcohol use, mental health issues and partner violence.

Clients with no identified risk receive basic service to assess need and provide information. The following graph shows the number of clients and visits made for the last four years.

	2008	2009	2010	2011
MSS Clients	29	17	16	10
ICM Clients	7	1	1	2
Number of Visits	271	97	73	21

Observations: Funding has continued to decrease in this program and restrictions on who can get this service and how much time is allowed per client visit continue to impact our program numbers.

CHILDREN WITH SPECIAL HEALTHCARE NEEDS

The Children with Special Healthcare (CSHCN) needs program identifies, screens, and makes referrals for the most vulnerable of the population. Care coordination services are provided through nurse visits to families of children with special needs in either the home or clinic. Special needs referrals can be for developmental delay, such as speech, motor or cognitive delay or for a specific diagnosis, such as Down syndrome, Cerebral Palsy or infant prematurity.

Examples of the types of service referrals and activities that may occur are for: medical specialists, therapists, nutrition services, supplies, transportation, school services, family diagnosis and intervention information.

Goals of care coordination are to:

- link families with needed services
- assist families to better advocate for their child
- increase the likelihood that children with special health care needs will have improved outcomes:
 - in their health
 - development
 - quality of life

Women, Infants, and Children (WIC)

WIC is the supplemental nutrition program for Women, Infants, and Children and it is an integral part of Washington's public health system. The WIC program is designed to reach families most in need of preventive health services. WIC strives to improve the health of mothers and babies with the goals of:

- Reducing premature births
- Lowering infant mortality
- Preventing childhood anemia
- Improving cognitive development
- Increasing breastfeeding rates

In 2011, 83% of all infants born in Adams County were served by WIC compared to 50% statewide. WIC programs at Adams County Health Department and Columbia Basin Health Association reached 4,220 clients with 2,967 being infants and children under 5 and 1,253 being pregnant, breast feeding, and postpartum women. Promoting breastfeeding continues to be a major focus for WIC in 2011 and will continue in 2012. Increasing the duration for breast feeding is a goal for our agency.

Overall, WIC provided \$1,725,467 from regular WIC foods and \$19,234 from Farmer's Markets in assistance to clients. Most of these dollars contributed to the local economy. WIC staff provided 13,259 nutrition education sessions and 18,104 referrals to preventive health services including the First Steps program, Children with Special Healthcare Needs, Immunizations, ABCD program as well as other community and family health programs.

Comparison of WIC stats for 2010 and 2011

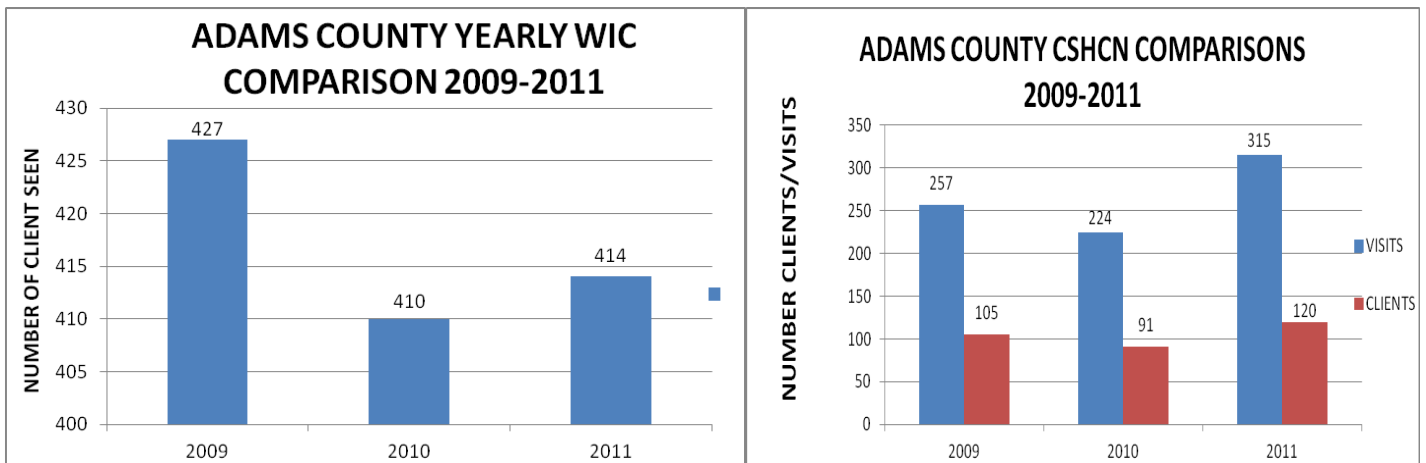
Category	2010	2011	% change
Infants served Adams	83%	81%	-2%
Infants served WA state	50%	50%	
# Clients in Adams Co.	4,227	4,220	<1%
# Infants and children <5	2,975	2,967	<1%
# Clients Pregnant, BF, Post Partum	1,255	1,253	<1%
WIC \$ spent (2010 does not include farmer's market amount)	\$1,738,716	\$1,725,467	<1%
# Ed. sessions	14,606	13,259	-9%
# Referrals	20,457	18,104	-12%

*Data source: WA State DOH "WIC Data by County".

Observation: There has been steady increase in WIC clients served over the past years. In 2011, the rate of clients served remained almost the same with a slight decrease. Farmer’s Market food dollars redeemed increased by 2%. WIC continues to provide families with nutrition guidance, facilitate referrals for families to other important services that can assist with children’s growth and development/overall health and assist with providing nutritious foods for the family. WIC continues to provide a positive economic boost for local food retailers.

WIC & CSHCN Comparison Graphs

The following graph shows the client and visit numbers for Children with Special Health Care Needs (CSHCN) and WIC for 2009 – 2011.



Observation: WIC client numbers have decreased slightly at the Health Department but total county numbers have increased. CSHCN visits have increased considerably this last year due to an increase in referrals for developmental evaluations for 0-3 children. CSHCN client numbers vary based on number of referrals received each year.

Looking Ahead

The Adams County Health Department has been monitoring local health indicators and using them as a tool to direct staff and resources in order to improve, promote, and protect the health of Adams County residents.

Washington's Public Health Improvement Plan requires local measurement of health status or determinants of health. Together, the indicators included in the Local Public Health Indicators database provide a snapshot of health status, health behavior, and public health system performance at the local level. Local public health agencies can use these data to help evaluate their work and decide where to invest limited public health resources to improve community health. The 2011 county health ranking data is included here as another resource to look at the health status of Adams County residents.

The indicators and health ranking data reveal how health status or determinants of health compare across Washington health jurisdictions and with state and national averages. They help identify specific local health issues that might need improvement. They can provide health policy makers throughout the state with some of the information they need to develop effective programs and to gauge system progress in meeting specific health outcomes.

Web links for Data Sources for Adams County

Adams County Health Department Website:

http://www.co.adams.wa.us/departments/temp_helth.asp

Public Health Indicators, Adams County Data:

<https://fortress.wa.gov/doh/lphi/LPHI/Indicator.mvc/JurisdictionIndicatorList?jurisdictionId=41>

County Health Rankings, Adams County Data:

<http://www.countyhealthrankings.org/washington/adams>

US Census Bureau Adams County Data:

<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

DSHS Adams County Data:

<http://communityhealth.hhs.gov/Demographics.aspx?GeogCD=53001&PeerStrat=42&state=Washington&county=Adams>