

Strategic Plan

2012 - 2016



Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts

Idaho
Public
Health
Districts

Fiscal Year 2012
Report



Introduction

Idaho's seven Public Health Districts were established in 1970 under Chapter 4, Title 39, Idaho Code. They were created to ensure essential public health services were made available to protect the health of all citizens of the State—no matter how large their county population.

The intent of the legislature in creating the seven public health districts was for public health services to be locally controlled and governed. Each of the public health districts is governed by a local Board of Health appointed by the county commissioners from that district. Each Board of Health defines the public health services to be offered in its district based on the particular needs of the local populations served.

The districts are not state agencies nor part of any state department; they are recognized much the same as other single purpose districts, and are accountable to their local Boards of Health.

The law stipulates that public health districts provide the basic services of public health education, physical health, environmental health and health administration. However, the law does not restrict the districts solely to these categories.

While Idaho Public Health Districts are locally based we share a common vision and mission.

Public Health's Vision

Healthy People in Healthy Communities

Public Health's Mission

- To **PREVENT** disease, disability, and premature death;
- To **PROMOTE** healthy lifestyles; and
- To **PROTECT** the health and quality of the environment.

Public Health's Goals

Although services vary depending on local need, the Idaho Public Health Districts provide the following basic goals or essential services that assure healthy communities.

1. Monitor health status and understand health issues.
2. Protect people from health problems and health hazards.
3. Give people information they need to make healthy choices.
4. Engage the community to identify and solve health problems.
5. Develop public health policies and plans.
6. Enforce public health laws and regulations.
7. Help people receive health services.
8. Maintain a competent public health workforce.
9. Evaluate and improve the quality of programs and interventions.
10. Contribute to and apply the evidence base of public health.



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GOAL 1: Monitor Health Status and Understand Health Issues

Monitoring the health status of communities is an essential service of public health. Periodically assessing the health status of Idaho residents helps the public health districts be more aware of the health of communities and identify health trends. Furthermore, assessment can be used as the basis for setting priorities, developing strategies to address identified health issues, allocating resources, and evaluating the impact of public health's efforts on improving the health and safety of Idahoans.

District Assessments

The public health districts continually conduct a variety of assessments. Some examples include seatbelt usage, tobacco policies, school wellness policies, oral health, and community nutrition. Topics vary from year to year, as some assessments are conducted on a routine basis, while others are conducted only periodically.

Community Health Profiles

Each public health district has developed a Community Health Profile in an effort to establish a baseline for accurate, periodic assessment of communities' progress towards health-related objectives. For the development of Community Health Profiles, the public health districts, working in collaboration with the Idaho Department of Health and Welfare (IDHW), selected 20

indicators that represent the status of the health and safety of Idahoans. From these indicators, public health districts will monitor the health status of residents as well as identify trends and population health risks within each of the individual seven public health districts. The information gained through the Community Health Profiles can then be used as the basis for setting priorities, developing strategies to address identified health issues, allocating resources, and evaluating the impact of public health's efforts on improving the health and safety of Idahoans.

The indicators were divided into three categories: Maternal/Child, Adolescents, and Adults.

The indicators that the public health districts chose to monitor through the Community Health Profiles include:

Maternal/Child

- Percent of unintended pregnancies
- Percent of live births with adequate prenatal care
- Percent of live births with low birth weight
- Percent of live births with tobacco use during pregnancy
- Percent of WIC participation
- Percent prevalence of breastfeeding

Adolescents

- Teen pregnancy rate (ages 15-19)
- Motor vehicle crash death rate (ages 15-19)
- Suicide rate (ages 10-18)

Adults

- Percent without health care coverage
- Percent who do not participate in leisure time physical activity
- Percent of adults who are overweight and/or obese
- Percent diagnosed with diabetes
- Percent who smoke cigarettes
- Percent who binge drink (5+ drinks on one occasion in past 30 days)
- Percent of females without breast cancer screening (age 40+)
- Percent of males without prostate cancer screening (age 40+)
- Percent who did not wear seatbelts
- Suicide rate (ages 65+)
- Percent with no dental visit in the past 12 months

Data on each of these indicators have been collected either by the Idaho Bureau of Health Policy and Vital Statistics or through the Idaho Behavioral Risk Factor Surveillance Survey. The public health districts will be able to use this data to identify trends within local populations.

GOAL 1: Monitor Health Status and Understand Health Issues

The benchmarks in this plan are based on combined numbers for all seven public health districts.

Objective 1: Obtain data that provides information on the community's health to identify trends and population health risk.

Strategies

- Monitor existing data sources.
- Analyze data and trends.
- Promote information through agencies to policy and decision makers and the general public.

Performance Measures		2009	2010	Benchmark
1a.	Teenage birth rate * cases per 1000 of total female population, age 15-19	36	33	22 cases
1b.	Number of Chlamydia cases ** cases per 100,000 of population	252	NDA	83 cases
1c.	Adults with a Body Mass Index (BMI) of greater than or equal to 30***	25.1%	27%	25%
1d.	Adults who did not eat at least 5 servings of fruits and vegetables daily***	75.4%	NDA	70%
1e.	Adults who did not participate in leisure time physical activity ***	21%	20%	10%
1f.	Adults recently diagnosed with diabetes ***	8%	8%	8%
1g.	Adults who are currently smokers ***	16.3%	15.7%	15%
1h.	Adult Suicide Rate * cases per 100,000 of adult population	20	19	11 cases



* Source: Vital Statistics
 ** Source: County Health Rankings
 *** Source: BRFSS Data
 NDA = No Data Available

Goal 2: Protect People from Health Problems and Health Hazards

The seven public health districts are extensively involved in identifying and investigating health problems in their communities. Epidemiology, the study of the incidence, prevalence, spread, prevention, and control of diseases, is core to the foundation of public health. The public health districts investigate and report on over 70 diseases/conditions that are required reportable diseases, according to the Rules and Regulations Governing Idaho Reportable diseases (IDAPA 16.02.10).

The public health districts, working together with the Office of Epidemiology and Food Protection (OEFPP), send disease investigation reports to the Centers for Disease Control and Prevention (CDC) through the National Electronic Disease Surveillance System (NEDSS). This electronic link to the State and the CDC provides for the quick identification of public health concerns including outbreaks, biological/chemical health threats, and/or other health-related concerns.

The public health districts, in collaboration with Idaho Department of Health and Welfare (IDHW), use the Health Alert Network system (HAN). The HAN system is an automated system designed to rapidly deliver time-critical, health-related information via fax or email to designated health partners. This system is used extensively by the public health districts to update, advise, or alert health partners regarding diseases and/or public health threats.

The public health districts selected seven reportable diseases to highlight and track for the 2012-2016 Strategic Plan. They include Salmonella, Pertussis, Chlamydia, Giardiasis, Campylobacter, and Tuberculosis.

These diseases are transmitted in numerous ways:

- food/water
- person to person (e.g., sexual activity, respiratory droplet, fecal-oral)

Due to the ability of these diseases to cause widespread illness, it is vital for the public health districts to prevent, monitor, and control disease spread.

The benchmarks in this plan are based on combined numbers for all seven public health districts.

Objective 2A: Minimize, contain, and prevent adverse health events and conditions resulting from communicable diseases; food, water, and vector borne outbreaks; chronic diseases; environmental health hazards; biological threats; negative social and economic conditions; and public health disasters.

Strategies

- Conduct investigations of reportable diseases.
- Respond to valid complaints from the public about food establishments.

Performance Measures		2009	2010	2011	2012	Benchmark
2a.	Total number of communicable diseases reported, with reports for salmonella, pertussis, chlamydia, giardiasis, campylobacter, and tuberculosis broken out separately.	7,163	9,647	9,478	8,761	N/A
	Salmonella	209	162	165	128	
	Chlamydia	3,903	3,977	4,175	4,903	
	Giardiasis	222	240	168	167	
	Campylobacter	285	306	314	313	
	Pertussis				246	
	Tuberculosis	15	38	17	15	
2b.	Number of valid food complaints.	454 100%	454 100%	427 100%	383 100%	100% Complaints Investigated

Goal 3: Give People Information They Need to Make Healthy Choices

Education is a critical tool used by the public health districts of Idaho as a means of changing individual health behaviors. Educational outreach services provided by the health districts come in a variety of forms including training classes, newsletters, community events, forums, media releases, and information posted on health districts' web sites. Most are focused on very specific areas of public health with the intention of bringing about awareness and broadening the public's understanding of these topics, as well as encouraging them to take recommended action to improve or protect their health. Examples of educational topics include tobacco prevention and cessation, emergency preparedness, safe food handling, disease prevention, risk-reduction strategies, management of chronic diseases, nutrition, and physical activity just to name a few.

Objective 3: Provide targeted, culturally appropriate information to empower individuals to make good health decisions.

Strategies

- Develop relationships with media to convey information of public health significance, correct misinformation about public health issues, and serve as an essential resource.
- Exchange information and data with individuals, community groups, other agencies, and the general public about physical, behavioral, environmental, and other issues effecting the public's health.

Performance Measures		2009	2010	2011	2012	Benchmark
3a.	Number of women on the WIC program who are reached with breastfeeding education.	N/A	N/A	N/A	NDA*	21,000
3b.	Number of community health education events, which are defined as activities that reach more than one individual for the purpose of education, that are sponsored or co-sponsored by the health districts.	658	470	561	848	350
3c.	Number of media messages through news releases; print, radio, or television interviews; and newsletters.	1,566	1,656	837	717	1,050
3d.	Number of health messages (informational, updates, advisories, or alerts) sent to medical providers and other community partners through the Health Alert Network	141	141	89	67	70
3e.	Number of teens, pregnant women, and adults receiving smoking cessation services and percent quit.					
	Number of teens receiving cessation services and percent of teens quit.	838 57%	387 43%	562 52%	556 38%	125 25%
	Number of pregnant women receiving cessation services and percent of pregnant women quit.	275 29%	281 19%	330 31%	313 29%	200 25%
	Number of adults receiving cessation services and percent of adults quit.	1,213 24%	527 36%	746 37%	634 36%	550 25%



* No data available due to State WIC computer program changes

Goal 4: Engage the Community to Identify and Solve Health Problems

Public health issues impact the community as a whole. As a result, it is critical for local public health district personnel to actively lead and/or participate in discussions with administrative and advisory groups, and in partnerships with public and private entities. These entities include state and local government agencies, businesses, medical facilities, schools, faith-based communities, the media, and others. The intent of these discussions is to support and implement strategies that address identified public health challenges.

Local public health districts measure activity, progress, and success for this goal by looking at the number of administrative and advisory groups in which staff actively participate or facilitate. For instance, due to the scope and

nature of the Public Health Preparedness (PHP) programs, community partnerships and memorandums of agreement are critical to ensure that communities are prepared to respond effectively should such an emergency or disaster situation arise. Partners in PHP include county and city governments, the Bureau of Homeland Security, hospitals, emergency medical services, law enforcement agencies, fire departments, schools, faith-based communities, area agencies on aging, media, and businesses.

Measuring the number of advisory groups at a district and state level that public health district staff participate on and/or facilitate helps to demonstrate not only the wide variety of issues addressed by public health, but the level of expertise of our professionals as well. The seven public

health districts have an average of 47 advisory groups each, on which staff participate at either the district, state, or national level. Along with the PHP entities listed above, public health staff work with the State Access to Recovery Advisory Group, State Food Task Force, Idaho HIV Council on Prevention, and the State Drinking Water Advisory Committee, just to name a few. Issues these groups address include (but are not limited to) diabetes, asthma, injury prevention, immunizations, infant/toddler development, Head Start, substance abuse, suicide prevention, breastfeeding, water resource issues, food safety, infection control, and oral health. Being a part of these groups helps to ensure broad community input and involvement is maintained in addressing public health issues.

Objective 4: Develop partnerships to generate support for improved community health status.

Strategies

- Promote the community’s understanding of, and advocacy for, policies and activities that will improve the public’s health.
- Inform the community, governing bodies, and elected officials about public health services that are being provided.

Performance Measures		2009	2010	2011	2012	Benchmark
4a.	Number of local, state, and/or national committees or coalitions that health district staff facilitate and/or participate in to influence public health issues.	883	458	518	327	400

Goal 5: Develop Public Health Policies and Plans

To assure effective public health policy, Idaho’s Public Health Districts contribute to the development and/or modification of public health policy by facilitating community involvement in the process and by engaging in activities that inform the public of the process. To achieve this end, questions such as, “What policies promote health in Idaho?” and “How effective are we in planning and in setting health policies?” must be answered. In addition, public health districts provide or facilitate research, data, and other resources to help tell the story and seek other organizations to ally with in strategizing and providing resources to accomplish policy enactment.



Public health districts work with partners to educate the public, to track progress and results, and to evaluate impacts upon the health of the public.

Furthermore, the public health districts strive to review existing policies periodically and alert policymakers and the public of potential unintended outcomes and consequences. Public health districts also advocate for prevention and protection policies, particularly for policies that affect populations who bear a disproportionate burden of disease and premature death.

Objective 5: Lead and/or participate in policy development efforts to improve public health.

Strategies

- Serve as a primary resource to governing bodies and policymakers to establish and maintain public health policies, practices, and capacity.
- Advocate for policies that improve public health.

Performance Measures		2009	2010	2011	2012	Benchmark
5.	Number of policy advocacy efforts (which may include meetings, written or verbal communications, and/or education) focused on promoting an issue with those who can impact change.	345	265	194	197	350



Goal 6: Enforce Public Health Laws and Regulations

The goal of having a healthy community with clean and safe air, water, food, and surroundings is aimed at minimizing the public’s exposure to environmental hazards in order to prevent disease and injury. Protection from exposure is accomplished through an integrated program of prevention and mitigation strategies. The primary emphasis of public health is to educate individuals and organizations on the meaning, purpose, and benefit of compliance with public health laws, regulations, and ordinances.

Prevention Strategies

All public health districts (using trained and nationally certified staff) ensure public health and safety by 1) carefully reviewing

applications and then issuing permits and licenses as appropriate; 2) conducting inspections as needed and required by statute; and 3) providing educational classes and consultations.

Mitigation Strategies

Corrective actions taken by establishment owners as a result of inspections and consultations are the most common and effective mitigation process. Further enforcement proceedings result from neglect or willful non-compliance of preventative regulatory standards. Examples of enforcement activities may include notices, hearings, statutory civil penalties, embargo, or closure. The most significant, but rarely used, mitigation strategy involves the use of the

issuance of an isolation or quarantine order by the District Board of Health.

Programs included in the regulatory program are: Subsurface Sewage Disposal (septic), Food Safety, Public Water Systems, Child Care, Solid Waste, and Public Swimming Pools. Indicative of the present economic downturn, the number of establishments has declined in some programs over the last few years, i.e., Subsurface Sewage and Child Care; whereas the number of establishments have remained relatively constant in other programs, i.e., Food Safety, Solid Waste, Public Water Systems and Swimming Pools. This is the first year since 2008 that there has been a small increase in the number of septic system permits issued.

Objective 6A: Monitor compliance, educate individuals and operators, and enforce current public health laws, rules, and regulations for all Health District regulated establishments and activities.

Strategies

- Conduct inspections of all Health District regulated activities.
- Utilize events regulated by the Health Districts to educate individuals, managers, and operators on the intent and benefit of public health laws, rules, and regulations.
- Provide education, options, and guidance to the public and licensed operators on how to comply with the current public health laws, rules, and regulations that fall under the Health Districts’ scope of responsibility.

Performance Measures		2009	2010	2011	2012	Benchmark
6a.	Number of septic permits issues.	3,119	2,970	2,028	2,259	4,000
6b.	Number of food establishment inspections.	11,456	10,924	11,154	11,271	10,000
6c.	Number of public water systems monitored.	1,136	1,099	1,096	1,080	1,100
6d.	Number of child care facility inspections.	3,100	2,549	2,151	2,105	3,500
6e.	Number of solid waste facility inspections.	159	177	149	149	125
6f.	Number of public pool inspections.	N/A	N/A	N/A	158	110

Goal 7: Help People Receive Health Services

Because disease shapes our world, we are fortunate to live in a country and a time where many diseases that used to be the norm, have now become the exception. We have vaccines available that prevent diseases such as measles, mumps, rubella, polio, diphtheria, tetanus and many more. The 7 public health districts are active in assuring access to vaccines for children. This is accomplished through administration of the Vaccines For Children program and education of both providers and the community about the overall importance of childhood vaccinations. To meet the Idaho requirements for children entering kindergarten and seventh grade, many of the 7 public health districts offer special back-to-school immunization clinics for kindergarten and school-age children.

Objective 7: Provide personal health services to individuals

Strategies

- Support and implement strategies to increase access to care in partnership with the community.
- Link individuals to available, accessible personal health care providers.

Performance Measures		2009	2010	2011	2012	Benchmark
7a.	Number of unduplicated women, infants, and children on the WIC program receiving food vouchers, nutrition education, and referral.	80,738	83,153	80,605	***	73,000
7b.	Number of unduplicated clients receiving reproductive health services at public health district.	28,518	25,972	23,479	22,306	30,000
7c.	Number of people tested for HIV at public health district clinics.	2,628	2,647	4,113	5,264	5,000
7d.	Number of unduplicated low income, high risk women (targeted at, but not limited to, women ages 50-64 years) receiving screenings for breast and cervical cancer through public health districts' Women's Health Check program.	2,938	3,234	3,202	3,033	3,000
7e.	Number of children receiving fluoride mouth rinse services	34,824	29,547	30,480	30,647	30,000
7f.	Total number of vaccines given.	148,264	124,205	109,118	117,026	150,000
	Adult	51,359	41,248	34,154	44,867	50,000
	Children	96,905	82,952	74,964	72,159	100,000
	H1N1**	N/A	211,078	N/A	N/A	N/A
7g.	Percent of children who are immunized in health district clinics whose immunization status is up-to-date.	46%*	63%	76%	76%	90%

*Decrease attributed to HIB vaccine SHORTAGE. ** Unique to 2010 reporting year; not included in total number of vaccines given.

*** No Data Available due to State WIC computer program changes.

Goal 8: Maintain a Competent Public Health Workforce

To address deficiencies and promote public health staff competencies, continuing education, training, and leadership development activities were promoted. To achieve this end, the public

health districts looked at the number of trainings held.

Public health districts still have work to do to stay current on emerging public health issues, to encourage staff in obtaining degrees and advanced degrees

in public health related fields, to train new employees who have limited public health experience to enable them to perform in emergency situations, and to ensure mastery of core competencies for all public health workers.

Objective 8: Promote public health competencies through continuing education, training, and leadership development activities.

Strategies

- Recruit, train, develop, and retain a diverse staff.
- Provide continuing education, training, and leadership development activities.

Performance Measures		2009	2010	2011	2012	Benchmark
8.	Number of workforce development trainings.	723	590	759	758	300

Goal 9: Evaluate and Improve the Quality of Programs and Interventions

It is not enough to just provide essential public health services in the community—it must be clear they make a difference, are efficient, and meet the needs of Idaho’s citizens. Public health districts conduct

activities internally as individual districts, in collaboration with other districts, with contractors, and with consultants. The components and evaluation models vary among the public health districts, but all measure

one or more of the following: effectiveness of services to improve health outcomes; customer satisfaction; comparison to national standards and best practices; employee satisfaction; and program efficiency.

Objective 9: Evaluate the effectiveness and quality of local public health agency programs.

Strategies

- Implement quality improvement processes.
- Apply evidence-based criteria to evaluation activities.
- Use evaluations to improve performance and community health outcomes.

Performance Measure		2009	2010	2011	2012	Benchmark
9.	Number of health district programs with an evaluation mechanism.	134	105	124	156	100

Goal 10: Contribute To and Apply the Evidence Base of Public Health

Public health practitioners are vital for contributing to and testing the evidence-based science of public health. Public health district staff evaluate and improve programs and services on a routine basis, sharing the results of findings with other public health practitioners and academics, and field testing nationally developed evidence-based practices in local settings, modifying as needed. Finally, public health districts engage in the following steps to aid research activities that benefit the health of Idaho communities:

- Identify appropriate populations, geographic areas, and partners;
- Work with these populations to actively involve the community in all phases of research;
- Provide data and expertise to support research; and
- Facilitate efforts to share research findings with the community, governing bodies, and policy makers.

Public health district staff promote this essential public health service internally. The public health districts address and monitor the improvements made in current programs as a measure of this goal.



There were several examples of improvements that occurred as a result of program evaluations or audits. Through program evaluation, many districts streamlined processes and adjusted staffing models to decrease overhead costs in their Family Planning and Preventive Health clinics. In addition, Quality Improvement (QI) methods were utilized by many districts to address problems in existing programs. The problems ranged from information management to diabetes prevention and control. Through the QI process the districts were able to create a

plan, execute the plan, study the results of the instituted changes, and refine or continue with the changes to ensure the best outcome. Performance improvements were noted in the WIC, Cancer Prevention, Tobacco Use Prevention, and Diabetes programs. Moreover, policies and standard operating procedures were developed or revised throughout the majority of districts. With a national shift towards a model that includes policy, systems, and environmental change to address public health issues, some districts are implementing this approach to address the obesity epidemic and tobacco use. Lastly, preparedness and response plans were reviewed and revised to ensure readiness of public health workers to respond to local emergencies.



Objective 10: Share results of program evaluations to contribute to the evidence base of public health and performance improvement.

Strategies

- Share research findings with community partners and policy makers.
- Implement findings in an effort to improve performance.
- Access experts to evaluate public health data.

Performance Measure		2009	2010	2011	2012	Benchmark
10 a.	Number of program plan modifications or performance improvements based on evaluation.	28	34	19	37	25
10 b.	Number of partnerships with experts to evaluate public health data.	N/A	N/A	N/A	59	10

External Factors

These are factors that are beyond the control of the public health districts and impact ability to fulfill mission and goals.

- Lack of consistent funding from state and local resources, as well as contracts and fees.
- The needs of a growing and aging population.
- Changes to social, economic, and environmental circumstances.
- The growing prevalence of chronic diseases and complex conditions such as heart disease, stroke, cancer, diabetes, respiratory diseases, mental health issues, as well as injury and self-harm.
- Meeting public health demands in the context of declining work force.
- Opportunities and threats presented by globalization, such as bioterrorism and epidemics.



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Idaho Public Health Districts



For More Information

If you would like more detailed information concerning the Idaho Public Health Districts and the services they provide, you may contact any member of the Public Health Districts' Data Collection and Analysis Work Group listed on page two of this report.