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*IDAHO PUBLIC HEALTH DISTRICTS*  
**STRATEGIC PLAN 2018-2022**

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Fiscal Year 2018 Report



**Public Health**  
Prevent. Promote. Protect.

# 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 are 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's 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, all seven 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. Enforce public health laws and regulations.
4. Provide access to preventative health services.
5. Give people information they need to make healthy choices.
6. Engage the community to identify and solve health problems.
7. Develop public health policies and plans.
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.

*For this report, we will cover goals 1-4.*



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# GOAL 1: Monitor Health Status and Understand Health Issues

**M**onitoring 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 assessments, BMIs, and physical activity/ nutrition assessments. 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
- 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 these data to identify trends within local populations.*

*Report is posted on each health district's website.*

# 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		2016	2017	2018	Benchmark
1a.	Teenage pregnancy rate * cases per 1,000 of total female population, age 15-19	27.5	22.5	24.1	22 cases
1b.	Adults with a Body Mass Index (BMI) of greater than or equal to 30**	28.9%	28.6%	27.4%	25%
1c.	Adults who did not eat at least 5 servings of fruits and vegetables daily**	82.8%	82.5%	82.5%	70%
1d.	Adults who did not participate in leisure time physical activity **	18.7%	21.2%	20.2%	10%
1e.	Adults recently diagnosed with diabetes **	7.6%	8.1%	8.9%	7.2%
1f.	Adults diagnosed with high blood pressure			31.2%	26.9%
1g.	Suicide Rate * cases per 100,000 of adult population	19.6	21.9	20.8	10.2 cases
1h.	Intentional harm by firearms rate			14	9.3 cases
1i.	Adults who are currently smokers **	15.9%	13.8%	14.5%	12%

\* Source: Vital Statistics

\*\*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) 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, and/or alert health partners regarding diseases and/or public health threats.

The following diseases have been identified for tracking for the Strategic Plan. They include the total number of cases of Salmonella, Chlamydia, Giardiasis, Shigellosis, STEC E. Coli, Campylobacter, Pertussis, and Tuberculosis. In addition, new cases of HIV/AIDS and Syphilis are tracked and recorded. The Strategic Plan also identifies the number of children and adults with elevated blood lead levels.

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.

<b>Objective 2: Minimize, contain, and prevent adverse communicable disease outbreaks and health hazards.</b>					
<b>Strategies</b>					
<ul style="list-style-type: none"> <li>Conduct investigations of reportable diseases.</li> <li>Respond to and mitigate communicable disease outbreaks.</li> </ul>					
<b>Performance Measures</b>		<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Benchmark</b>
2a.	Total number of communicable diseases (salmonella, chlamydia, giardiasis, campylobacter, pertussis, tuberculosis, shigellosis, E. Coli, news cases of syphilis, and new cases of HIV/AIDS) reported in the state of Idaho.				NA
	Salmonella cases	278	194	192	
	Chlamydia cases	5,833	5,774	6,506	
	Giardiasis cases	160	162	144	
	Campylobacter cases	446	431	476	
	Pertussis cases	87	59	294	
	Tuberculosis	12	16	12	
	Shigellosis			42	
	STEC E. Coli			152	
	Syphilis (new cases only)			220	
	HIV/AIDS (new cases only)			50	
2b.	Number of water borne and food borne illness outbreaks.			5	NA
2c.	Elevated Blood Lead Levels (less than 18 years old) Elevated Blood Lead Levels (greater than 18 years old)			78 68	NA

# GOAL 3: 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

With a workforce of trained and nationally certified staff, public health districts ensure public health and safety by 1) 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 purview are Subsurface Sewage Disposal (septic), Food Safety, Public Water Systems, Child Care, Solid Waste, and Public Swimming Pools. The increased numbers of septic permits issued and public water system monitored are indicative of a stronger economy in Idaho. For the fourth year in a row, more septic permits have been issued as the housing market continues to grow.

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

### Strategies

- Conduct inspections per relevant Idaho statutes, rules, and regulations.
- Utilize inspection processes 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		2015	2016	2017	2018	Benchmark
6a.	Number of septic permits issues.	3,040	3,393	3,793	4,140	4,000; this measure is dependent on market demand
6b.	Number of food establishment inspections.	11,505	12,504	12,146	13,021	10,000
6c.	Number of public water systems monitored.	1,090	1,114	1,123	1,084	1,100
6d.	Number of child care facility inspections.	1,601	1,808	1,515	1,430	1,500
6e.	Number of solid waste facility inspections.	172	183	170	144	125
6f.	Number of public pool inspections.	147	140	172	127	110

# GOAL 4: Access to Preventive Health Services

The national average of people per primary care provider is 810 people to 1 provider. In Idaho the ratio is 1,560:1. The seven public health districts are active in offering access to preventative screening and wellness services to Idahoans of all ages. To promote access, fees for services are often determined by income and family size. Sixteen percent of Idahoans are medically uninsured.

Preventative services include immunizations and dental varnish and sealants. The Vaccines for Children program provides affordable childhood vaccines to infants and school age children. Many health districts also provide adult, travel, and flu vaccines. The Women's Health Check program provides early detection/screening for breast and cervical cancers for low income, high risk women. Public health district services include testing and treatment for sexually transmitted infections and testing and referral for HIV. WIC services promote wellness through healthy food vouchers and nutrition education for pregnant women, breastfeeding women, infants, and children. Other wellness services offer tobacco cessation assistance.

**Objective 7: Promote strategies to improve access to health care services.**

**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		2016	2017	2018	Benchmark
7a.	Number of unduplicated women, infants, and children on the WIC program receiving food vouchers, nutrition education, and referrals.	67,682	64,845	60,056	65,000
7b.	Value of WIC dollars redeemed			19,086,425	
7c.	Number of unduplicated clients receiving reproductive health services through Public Health District clinics.	11,783	9,640	9,981	30,000
7d.	Number of families that received home visits through the home visitation programs, PAT and NFP.	NA	NA	462	600
7e.	Number of unduplicated low income, high risk women receiving screenings for breast and cervical cancer through Public Health District Women's Health Check programs, and number of cancers detected.	3,695 Women Screened 111 Cancers Detected	3,634 Women Screened 50 Cancers Detected	2,671 Women Screened 52 Cancers Detected	3,000
7f.	Number of children receiving dental varnish/ sealant services through Public Health District Programs.	10,697	9,191	8,965	10,000
7g.	Total number of vaccines given.	77,891	68,595	66,282	150,000
	Adult	31,478	26,848	33,171	50,000
	Children	46,413	41,747	33,111	100,000
7h.	Percent of children who are immunized in Public Health District clinics whose immunization status is up-to-date.	68%	72%	75%	90%
7i.	Number of teens, pregnant women, and adults receiving tobacco cessation services through Public Health District programs, and percent quit.	1,736 27%	1,808 28%	2,358 20.6%	2,200 33%
7j.	Percent of uninsured adults.***	23%	16%	13%	13%
7k.	Ratio of population to primary care providers. ***	1,580:1	1,560:1	1560:1	631:1

\*\*\*Data per County Health Rankings/CDC STD statistics

# External Factors

These are factors that are beyond the control of the Public Health Districts and impact our ability to fulfill our mission and goals.

- Evolution of public health due to the Affordable Care Act.
- 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.

# Cybersecurity Plans

The Health Districts are working closely with the Idaho Technology Authority in addressing the Health Districts' financial ability to adopt the National Institute of Standards and Technology (NIST) Cybersecurity Framework and to implement Center for Internet Security (CIS) Controls. We take the privacy and security of our individual networks and patient health information very seriously. We look forward to working with DHR as they develop training materials for all staff.



# For More Information

If you would like more detailed information concerning Idaho's Public Health Districts and the services we provide, you may contact our offices or visit our websites (see contact information on page 2 of this report).