Strategic Plan
2013 - 2017

Public Health
Prevent. Promote. Protect.
Idaho Public Health Districts

Idaho Public Health Districts

Fiscal Year 2013 Report

Introduction

Idaho's seven Public Health Districts were established in 1970 under Chapter 4, Title 39, Idaho Code. They were created to insure 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. 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

Performance Measures		2010	2011	Benchmark
1a.	Teenage birth rate * cases per 1000 of total female population, age 15-19	33	28	22 cases
1b.	Number of Chlamydia cases ** cases per 100,000 of population	268	300	83 cases
1c.	Adults with a Body Mass Index (BMI) of greater than or equal to 30***	27%	27%	25%
1d.	Adults who did not eat at least 5 servings of fruits and vegetables daily***	NDA	83%	70%
1e.	Adults who did not participate in leisure time physical activity ***	20%	21%	10%
1f.	Adults recently diagnosed with diabetes ***	8%	9%	8%
1g.	Adults who are currently smokers ***	15.7%	17.2%	15%
1h.	Adult Suicide Rate * cases per 100,000 of adult population	19	18	12 (death rate)

* Source: Vital Statistics
** Data per County Health Rankings/CDC STD 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 (OEFP), 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 2: Minimize, contain, and prevent adverse communicable disease outbreaks and health hazards.

Strategies

- Conduct investigations of reportable diseases.
- Respond to and mitigate communicable disease outbreaks.

Performance Measures		2010	2011	2012	2013	Benchmark
2a.	Total number and rates of communicable diseases reported, with reports for salmonella, pertussis, chlamydia, giardiasis, campylobacter, and tuberculosis broken out separately.	9,647	9,478	8,761	10,258 / 647	NA
	Salmonella	162	165	128	124 / 8	
	Chlamydia	3,977	4,175	4,903	5,355 / 338	
	Giardiasis	240	168	167	154 / 10	
	Campylobacter	306	314	313	263 / 17	
	Pertussis			246	233 / 15	
	Tuberculosis	38	17	15	15 / 1	
2b.	Number of water borne and food borne illnesses investigated.	454 100%	427 100%	383 100%	567	100% Complaints Investigated
	Number of water borne and food borne illness outbreaks.				11	

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

Education is a critical tool used by the public health staff 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, information posted on health districts' web sites, and through social media such as Facebook and Twitter. During FY13, Idaho Public Health Districts worked to bring a new health education resource, the Network of Care, to Idahoans. This web-based tool provides data on over 170 different health indicators as well as a vast library of resources for individuals and families to help them improve their health, with information on prevention, testing, treatment, for hundreds of health conditions in over 50 different languages. Visit the site at http://idaho.networkofcare.org.

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		2010	2011	2012	2013	Benchmark
3a.	Number of women on the WIC program who are reached with breastfeeding education.	NA	NA	NDA*	20,827	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.	470	561	848	1,060	350
3c.	Number of media messages through news releases; print, radio, or television interviews; and newsletters.	1,656	837	717	2,832	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	89	67	93	N/A

* No data available due to State WIC computer program changes

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

The Idaho Public Health Districts mobilize community partners and intentionally coordinate and lead efforts to address and improve community health.

By working with and in our communities, health district staff advocates for the public and helps them to identify, alleviate and act on their community health concerns. Gaining buy-in from key-stakeholders is an important first step. Familiar public health partners include state and local government leaders, business employers, health care providers, area office on aging staff, law enforcement agencies, hunger relief societies, faith-based organizations, educational institutions, economic development councils, mental health care professionals, civic and service clubs, planning and transportation agencies, and the media. Such partnerships generate an understanding of the problem, create viable solutions and provide support to improve community health.

Public Health practitioners' partner with elected officials, school personnel, community citizens, and others on issues related to tobacco, nutrition, physical activity, and more. Building healthy communities requires coordination among agencies, time and perseverance. Through policies and shaping landscapes, small changes with evidence and measureable impacts have been made.

Measuring the number of partnerships that public health engages in helps to demonstrate the wide variety of issues, and the level of expertise of our professionals. Each of the seven health districts actively participate in dynamic collaborations within their jurisdiction and beyond. Being a part of these groups also helps to ensure that viable, sound and sustainable solutions are voiced when 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	2010	2011	2012	2013	Benchmark
4.	Number of health issues impacted by Public Health District partnerships.	NDA	NDA	NDA	139	NA; this measure is situation-dependent and fluctuates from year to year.

NDA – No data available. Performance measure updated for Fiscal Year 2013.

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. Idaho Public Health Districts provide or facilitate research, data, and other resources to help tell the story and to seek other organizations to ally with in strategizing and providing resources to accomplish policy enactment.

Idaho 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		2010	2011	2012	2013	Benchmark
5.	Number of policy advocacy efforts focused on promoting an issue with those who can impact change.	265	194	197	328	NA; this measure is situation-dependant and fluctuates from year to year.

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. The changing number of establishments and inspections across several of the environmental health regulatory programs is reflective of ongoing economic challenges in Idaho. Food establishment and child care inspection numbers were slightly reduced this year compared to the previous four years. However, for the second year in a row, the number of septic permits issued has increased slightly as a result of an improved housing market.

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		2010	2011	2012	2013	Benchmark
6a.	Number of septic permits issues.	2,970	2,028	2,259	2,552	NA; this measure is situation-dependent and fluctuates from year to year.
6b.	Number of food establishment inspections.	10,924	11,154	11,271	10,932	10,000
6c.	Number of public water systems monitored.	1,099	1,096	1,080	1,074	1,100
6d.	Number of child care facility inspections.	2,549	2,151	2,105	1,962	2,500
6e.	Number of solid waste facility inspections.	177	149	149	133	125
6f.	Number of public pool inspections.	N/A	N/A	158	179	110

Goal 7: Access to Preventative 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: 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		2010	2011	2012	2013	Benchmark
7a.	Number of unduplicated women, infants, and children on the WIC program receiving food vouchers, nutrition education, and referrals.	83,153	80,605	***	73,196	73,000
7b.	Number of unduplicated clients receiving reproductive health services through Public Health District clinics.	25,972	23,479	22,306	20,779	30,000
7c.	Number of people tested for HIV through Public Health District clinics.	2,647	4,113	5,264	5,010	5,000
7d.	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.	3,234	3,202	3,033	3,183 / 42	3,000 / NA
7e.	Number of children receiving fluoride mouth rinse services through Public Health District Programs.	29,547	30,480	30,647	29,668	30,000
7f.	Total number of vaccines given.	124,205	109,118	117,026	109,493	150,000
	Adult	41,248	34,154	44,867	37,960	50,000
	Children	82,952	74,964	72,159	71,533	100,000
7g.	Percent of children who are immunized in Public Health District clinics whose immunization status is up-to-date.	63%	76%	76%	78%	90%
7h.	Number of teens, pregnant women, and adults receiving tobacco cessation services through Public Health District programs, and percent quit.				1431	
7i.	Percent of uninsured adults		22%*	NDA	NDA	13%
7j.	Ratio of population to primary care providers.		1713:1**	NDA	NDA	631:1

* Source BRFSS data . ** Source County Health Rankings
*** 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		2010	2011	2012	2013	Benchmark
8.	Number of workforce development trainings.	590	759	758	988	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 and continuously improve organizational practice, processes, programs, and interventions.

Strategies

- Implement quality improvement processes.
- Apply evidence-based criteria to evaluation activities.

Performance Measure		2010	2011	2012	2013	Benchmark
9a.	Number of Quality Improvement initiatives.				126	NA; this measure is situation dependent and fluctuates from year to year.
9b.	Number of changes made based on Quality Improvement findings.				98	NA; this measure is situation dependent and fluctuates from year to year.

Goal 10: Contribute To and Apply the Evidence Base 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 academia, and field testing nationally developed evidence-based practices in local settings, modifying as needed. The public health districts engage in the following steps to aid research activities and improve public health practice that benefits 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 public health practice and research;
- Provide data and expertise to support research; and
- Facilitate efforts to share experience and 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.

The public health districts maintained partnerships with subject matter experts including those from Idaho universities, state and federal agencies, trade associations, health care organizations, and individual community groups. These partnerships spanned dozens of organizations across the public and private sector.

Expert review of public health data facilitated by these many partnerships has led to improved service delivery in each public health district and increased effectiveness in policy implementation at the community level.

Objective 10: Identify and use the best available evidence for making informed public health practice decisions.

Strategies

- Share research findings with community partners and policy makers.
- Access experts to evaluate public health data.

Performance Measure		2010	2011	2012	2013	Benchmark
10a.	Number of partnerships with experts to evaluate public health data.	34	19	37	108	NA; this measure is situation dependant and fluctuates from year to year.

External Factors

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

Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts

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).