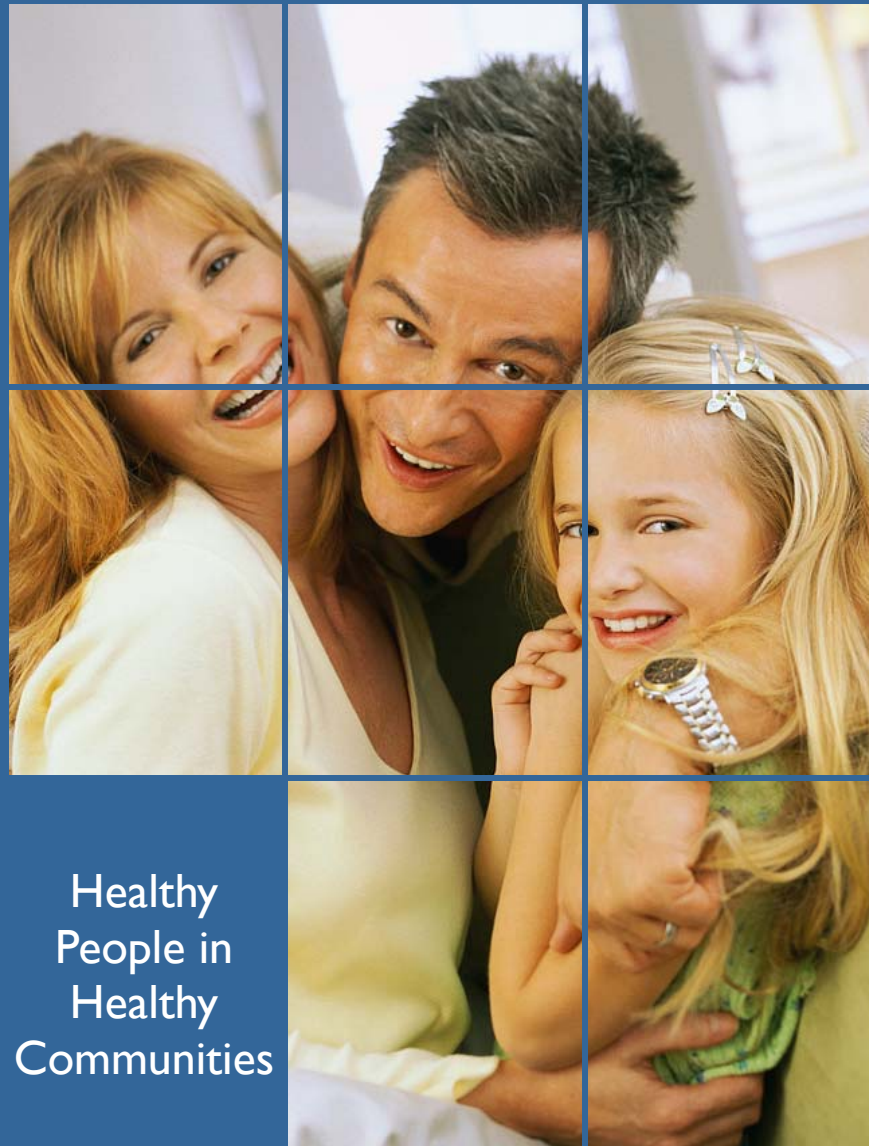


Strategic Plan 2008 - 2012

Idaho Public Health Districts



Healthy
People in
Healthy
Communities

Strategic Planning Committee

Richard Horne, Chairman
Eastern Idaho Public Health District
www.idaho.gov/phd7

Carol Moehrle, Vice Chairman
North Central District Health
www.ncdhd.us

Carol Julius
Southwest District Health
www.southwestdistricthealth.org

Rene LeBlanc
South Central District Health
www.phd5.idaho.gov

Maggie Mann
Southeastern District Health Department
www.sdhdidaho.org

Geri Rackow
Eastern Idaho Public Health District
www.idaho.gov/phd7

Sonja Schriever
North Central District Health
www.ncdhd.us

Cindy Trail
Central District Health Department
www.cdhd.org

Lora Whalen
Panhandle Health District
www2.state.id.us/phd1

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** health 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 health 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.



Public Health
Prevent. Promote. Protect.

Idaho’s Public Health Districts

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

Goal 1: Monitor Health Status and Understand Health Issues

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

Strategies

- Develop relationships with local providers and others in the community who have information on reportable diseases, and other conditions of public health interest and facilitate exchange.
- Conduct or contribute expertise to periodic community health assessments.
- Integrate data with health assessments and data collection efforts conducted by others in the public health systems such as the on going Behavior Risk Factor Surveillance System (BRFSS).

Performance Measures

- 1a.1 Number of assessments done at the individual district level.
Benchmark: 21
- 1a.2 Community health data sets (selected indicators that represent the status of the health and safety of Idahoans) collected.
Benchmark: 120



Goal 2: Protect People from Health Problems and Health Hazards

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

- Investigate health problems and environmental health hazards.
- Prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food-water-and vector-borne outbreaks; and chronic diseases.
- Coordinate with other agencies that investigate and respond to health problems or environmental health hazards.



Performance Measures

- 2a.1 Total number of communicable diseases reported, with reports for Salmonella, Hepatitis A, Chlamydia, Giardiasis, campylobacter, West Nile Virus, and Tuberculosis broken out separately.
Benchmark: No benchmark has been set for this measure. Public health staff investigate communicable disease reports; however, the number of disease reports each year is variable.
- 2a.2 Number of valid food complaints investigated.
Benchmark: 100% of valid food complaints will be investigated
- 2a.3 Number of health messages (informational, updates, advisories, or alerts) sent to medical providers and other community partners through the Health Alert Network.
Benchmark: 70

Objective 2b: Coordinate and facilitate public health emergency response activities with state, federal, city/county, and local agencies in a manner consistent with the community's best public health interest.

Strategies

- Lead public health emergency planning, exercises and response activities in the community in accordance with the National Incident Management System, and coordinate with other local, state, and federal agencies.
- Participate in planning efforts, exercises, and response activities for public health and all-hazard emergencies in the community that have public health implications, within the context of state and regional plans and in a manner consistent with the communities best public health interest.
- Maintain policies and technology required for urgent communication and electronic data exchange.

Performance Measures

- 2b.1 Number of All-Hazard Plans that are updated annually by health district staff.
Benchmark: 7
- 2b.2 Number of preparedness exercises facilitated by public health staff.
Benchmark: 35
- 2b.3 Number of preparedness planning efforts with community partners.
Benchmark: 350

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

Objective 3: Conduct health promotion activities to address public health issues.

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.
- Provide targeted, culturally appropriate information to help individuals understand what decisions they can make to be healthy.
- Provide health promotion programs to address identified health problems.

Performance Measures

- 3a.1 Number of health education classes offered by health district staff (some examples: tobacco prevention, breastfeeding, food management, public health preparedness).
Benchmark: 10,000
- 3a.2 Number of community 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.
Benchmark: 150
- 3a.3 Number of media messages through news releases; print, radio, or television interviews; and newsletters.
Benchmark: 350



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

Objective 4: Lead and/or participate in partnerships with public and private organizations, state and local government agencies, businesses, schools, and the media to support and implement prevention strategies that address identified public health problems.



Strategies:

- Promote the community's understanding of, and advocacy for, policies and activities that will improve the public's health.
- Support, implement and evaluate strategies that address public health goals in partnership with public and private organizations.
- Develop partnerships to generate interest in and support for improved community health status, including new and emerging public health issues.
- Inform the community, governing bodies, and elected officials about public health services that are being provided.

Performance Measures

- 4a.1 Number of formal agreements that are in place with community partners.
Benchmark: 280
- 4a.2 Number of local, state, and/or national committees or coalitions that health district staff participate in to influence public health issues.
Benchmark: 210
- 4a.3 Number of local, state, and/or national committees or coalitions that health district staff facilitate to influence public health issues.
Benchmark: 50

Goal 5: Develop Public Health Policies and Plans

Objective 5: Lead and/or participate in policy development efforts to improve physical, social, and environmental conditions in the community as they affect public health.

Strategies:

- Serve as a primary resource to governing bodies and policymakers to establish and maintain public health policies, practices and capacity based on current science and best practices.
- Advocate for policies that lessen and improve physical, behavioral, environmental and other public health conditions that affect the public's health.
- Engage in public health district strategic planning to develop a vision, mission and guiding principles that reflect the community's public health needs, and to prioritize services and programs.

Performance Measures:

- 5a.1 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.
Benchmark: 150

Goal 6: Enforce Public Health Laws and Regulations

Objective 6A: Monitor the compliance of regulated organizations, entities, and individuals.

Strategies:

- Educate individuals and organizations on the meaning, purpose, and benefit of public health laws, regulations, and ordinances and how to comply.
- Review existing laws and regulations and work with governing bodies and policymakers to update them as needed.

Performance Measures:

- 6a.1 Number of septic permits issues.
Benchmark: 5,000 (this measure is dependent on market demand)
- 6a.2 Number of food establishment inspections.
Benchmark: 8,000
- 6a.3 Number of public water systems monitored.
Benchmark: 1,100
- 6a.4 Number of child care facility inspections.
Benchmark: 3,500
- 6a.5 Number of solid waste facility inspections.
Benchmark: 100
- 6a.6 Number of public health visits with clients receiving directly observed therapy (daily medication monitoring) for active Tuberculosis.
Benchmark: N/A



Objective 6B: Conduct enforcement activities.

Strategies:

- Coordinate notification of violations among other governmental agencies that enforce laws and regulations that protect the public's health.
- Ensure all public health laws and rules are being followed.

Performance Measure:

- 6b.1 Number of isolation or quarantine orders issued by public health officials.
Benchmark: Not applicable

Goal 7: Help People Receive Health Services

Objective 7: Provide personal health services to individuals who encounter barriers to receipt of services.

Strategies:

- Support and implement strategies to increase access to care and establish systems of personal health services, including preventive and health promotion services, in partnership with the community.
- Link individuals to available, accessible personal health care providers.

Performance Measures:

7a.1 Number of unduplicated women, infants, and children on the WIC program receiving food vouchers, nutrition education, and referrals.
Benchmark: 70,000

7a.2 Number of unduplicated clients receiving reproductive health services at public health district clinics.
Benchmark: 25,000

7a.3 Number of people tested for HIV at public health district clinics.
Benchmark: 1,500

7a.4 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.
Benchmark: 3,000

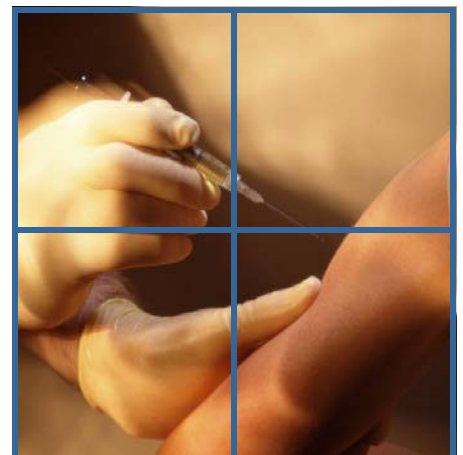
7a.5 Number of teens, pregnant women, and adults receiving smoking cessation services and percent quit.

<u>Benchmark:</u>	<u># Receiving Services</u>	<u>Percent Quit</u>
Teens	400	25%
Pregnant Women	250	25%
Adults	1,100	25%

7a.6 Number of children receiving fluoride mouth rinse services in areas with low levels of fluoride.
Benchmark: 30,000

7a.7 Number of influenza and pneumonia vaccines given.
Benchmark: 50,000

7a.8 Percent of children who are immunized in health district clinics whose immunization status is up-to-date.
Benchmark: 90%



Goal 8: Maintain a Competent Public Health Workforce

Objective 8: Address deficiencies in and promote public health competencies through continuing education, training, and leadership development activities.

Strategies:

- Recruit, train, develop, and retain a diverse staff.
- Evaluate staff member' competencies and address deficiencies through continuing education, training, and leadership development activities.
- Provide the public health workforce with adequate resources to do their jobs.

Performance Measure:

8a.1 Number of workforce development trainings.
Benchmark: 300

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

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

Strategies:

- Develop evaluation efforts to assess health outcomes to the extent possible.
- Apply evidence-based criteria to evaluation activities where possible.
- Use information gathered through evaluations to improve performance and community health outcomes.
- Provide expertise to other practitioners and agencies providing public health interventions.

Performance Measure:

9a.1 Number of health district programs with a formal evaluation mechanism.
Benchmark: 100

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

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.

Performance Measure:

10a.1 Number of program plan modifications or performance improvements based on evaluation.
Benchmark: 25

External Factors

- Lack of consistent funding from state and local resources, as well as contracts.
- 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, such as nursing shortages, and retiring baby boomers.
- Opportunities and threats presented by globalization, such as bioterrorism and pandemic flu.



Public Health

Prevent. Promote. Protect.

Idaho's 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 download a copy of "[Idaho Public Health Districts' Strategic Plan: 2006-2010](#)" that is available on each health district's website or contact any member of the Strategic Planning Committee (see contact information on page 2 of this report).