Strategic Plan
2014 - 2018

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

Idaho Public Health Districts

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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***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:

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

Performance Measures:

1a. Teenage birth rate.
Benchmark: 22 Cases Per 1,000 of Total Female Population

1b. Number of chlamydia cases.
Benchmark: 83 Cases Per 100,000 of Population

1c. Adults with a Body Mass Index (BMI) of greater than 30.
Benchmark: 25% of Adult Population

1d. Adults who do not eat at least 5 servings of fruits and vegetables daily.
Benchmark: 70% of Adult Population

1e. Adults who did not participate in leisure-time activities.
Benchmark: 10% of Adult Population

1f. Adults recently diagnosed with diabetes.
Benchmark: 8% of Adult Population

1g. Adults who are currently smokers.
Benchmark: 15% of Adult Population

1h. Adult suicide rate.
Benchmark: 11 Cases Per 100,000 of Adult Population

GOAL 2: Protect People from Health Problems and Health Hazards

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:

2a. Total number and rates of communicable diseases reported, with reports for salmonella, pertussis, chlamydia, giardiasis, campylobacter, 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.

2b. Number and rate of water-borne and food-borne illness outbreaks.

Benchmark: No benchmark has been set for this measure.

GOAL 3: GIVE PEOPLE INFORMATION THEY NEED TO MAKE HEALTHY CHOICES

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:

3a. Number of women on the WIC program who are reached with breastfeeding education.

Benchmark: 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.

Benchmark: 350

3c. Number of media messages through news releases; print, radio, or television interviews; and newsletters.

Benchmark: 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.

Benchmark: NA; this measure is situation-dependent and fluctuates from year to year.

GOAL 4: ENGAGE THE COMMUNITY TO IDENTIFY AND ADDRESS HEALTH PROBLEMS

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:

4a. Number of health issues impacted by Public Health District partnerships.
Benchmark: NA; this measure is situation-dependent and fluctuates from year to year.

4b. Number of community health assessments completed.
Benchmark: 44 in five years

GOAL 5: DEVELOP PUBLIC HEALTH POLICIES AND PLANS

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:

5. Number of policy advocacy efforts focused on promoting an issue with those who can impact change.
Benchmark: NA; this measure situation-dependent and fluctuates from year to year.

GOAL 6: Enforce Public Health Laws and Regulations

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:

6a. Number of septic permits issued.
Benchmark: 4,000 (this measure is dependent on market demand)

6b. Number of food establishment inspections.
Benchmark: 10,000

6c. Number of public water systems monitored and percent non-compliant.
Benchmark: 1,100

6d. Number of child care facility inspections.
Benchmark: 2,500

6e. Number of solid waste facility inspections.
Benchmark: 125

6f. Number of public pool inspections.
Benchmark: 110

GOAL 7: ACCESS TO PREVENTIVE HEALTH SERVICES

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 accessible personal health care providers.

Performance Measures:

7a. Number of unduplicated women, infants, and children on the WIC program receiving food vouchers, nutrition education, and referrals.
Benchmark: 73,000

7b. Number of unduplicated clients receiving reproductive health services through Public Health District clinics.
Benchmark: 30,000

7c. Number of people tested for HIV through Public Health District clinics.
Benchmark: 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.
Benchmark: 3,000 women receiving screenings
NA for the number of cancers detected

7e. Number of children receiving dental varnish/sealant services through Public Health District programs.
Benchmark: 10,000

7f. Number of vaccines given through Public Health District clinics.
Benchmark:
Adults: 50,000
Children: 100,000

7g. Percent of children who are immunized in Public Health District clinics whose immunization status is up-to-date.
Benchmark: 90%

7h. Number of teens, pregnant women, and adults receiving tobacco cessation services through Public Health District programs, and percent quit.
Benchmark:

	Receiving Services	Percent Quit
Teens	125	25%
Pregnant Women	200	25%
Adults	550	25%

7i. Percent of uninsured adults.
Benchmark: 13%

7j. Ratio of population to primary care providers.
Benchmark: 631:1

GOAL 8: MAINTAIN A COMPETENT PUBLIC HEALTH WORKFORCE

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 Measure:

8. Number of workforce development trainings.
Benchmark: 300

GOAL 9: QUALITY IMPROVEMENT

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:

9a. Number of Quality Improvement initiatives.
Benchmark: NA; this measure is situation dependent, and fluctuates from year to year.

9b. Number of changes made based on Quality Improvement findings.
Benchmark: NA; this measure is situation dependent, and fluctuates from year to year.

GOAL 10: CONTRIBUTE TO AND APPLY THE EVIDENCE BASE OF PUBLIC HEALTH

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:

10a. Number of partnerships with experts to evaluate public health data.
Benchmark: NA; this measure is situation dependent 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.

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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).