

Idaho Public Health Districts

Strategic Plan

2018 - 2022



Public Health

Prevent. Promote. Protect.

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 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

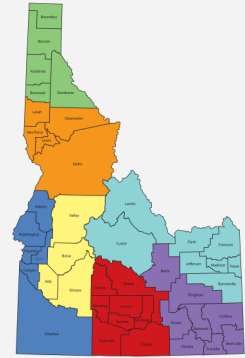
PUBLIC HEALTH'S MISSION

- 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 share the following basic goals to assure healthy communities.

1. Monitor health status and understand health issues.
2. Protect people from health problems and health hazards.
3. Engage the community to identify and solve health problems.
4. Enforce public health laws and regulations.
5. Ensure access to preventive health services.



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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 pregnancy rate.

Benchmark: 22.0 Cases Per 1,000 of total female population age 15-19

1b. Adults with a Body Mass Index (BMI) of greater than 30.

Benchmark: 25% of adult population

1c. Adults who do not eat at least 5 servings of fruits and vegetables daily.

Benchmark: 70% of adult population

1d. Adults who did not participate in leisure-time activities.

Benchmark: 10% of adult population

1e. Adults diagnosed with diabetes.

Benchmark: 7.2% of adult population

1f. Suicide rate.

Benchmark: 10.2 Cases Per 100,000 of total population

1g. Intentional harm by firearms rate.

Benchmark: 9.3 cases per 100,000 of total population

1h. Adults diagnosed with high blood pressure rate.

Benchmark: 26.9% 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 rate of communicable diseases reported, with reports for salmonella, shigellosis, pertussis, chlamydia, syphilis, HIV/AIDS, STEC Ecoli, 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 of water-borne and food-borne illnesses investigated and number of water-borne and food-borne illness outbreaks.

Benchmark: No benchmark has been set for this measure.

2c. Number of FTE who provide disease investigation follow-up.

Benchmark: No benchmark has been set for this measure.

2d. Number of persons with elevated blood lead levels.

Benchmark: No benchmark has been set for this measure.



GOAL 3: Engage the Community to Identify and Address Health Problems

Objective 3: 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:

3a. Number of overall population health assessments (CHA/CHIP) within 3-5 years in conjunction with local hospitals and partners.

Benchmark: 7



GOAL 4: Enforce Public Health Laws and Regulations

Objective 4: 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:

4a. Number of septic permits issued, number of system repair permits issued, and number of FTE providing septic assistance.

Benchmark: 4,000 (This measure is dependent on market demand.)

4b. Number of licensed food permits issued, unduplicated; number of FTE devoted to food safety, protection, and control; and number of food establishments per FTE.

Benchmark: 10,000; 291 food establishments per FTE

4c. Number of public water systems monitored and per

Benchmark: 1,100

4d. Number of child care facility inspections.

Benchmark: 1,500

4e. Number of solid waste facility inspections.

Benchmark: 125

4f. Number of public pool inspections.

Benchmark: 110



GOAL 5: Ensure Access to Preventive Health Services

Objective 5: 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:

- 5a.** Number of unduplicated women, infants, and children on the WIC program receiving food vouchers, nutrition education, and referrals; value of WIC food dollars redeemed; and number of FTE in WIC.
Benchmark: 65,000
- 5b.** Number of unduplicated clients receiving reproductive health services through Public Health clinics, and number of FTE in reproductive health clinics.
Benchmark: 30,000
- 5c.** Number of unduplicated low income, high risk women receiving screenings for breast and cervical cancer through Public Health District Women's Health Check (WHC) programs, number of FTEs in WHC, and number of cancers detected.
Benchmark: 3,000 women receiving screenings
NA for the number of cancers detected
- 5d.** Number of children receiving dental varnish/sealant services through Public Health District programs, and number of FTE and contract hours in dental programs.
Benchmark: 10,000
- 5e.** Number of vaccines given through Public Health District clinics, and number of FTE providing immunizations.
Benchmark:
Adults: 50,000
Children: 100,000
- 5f.** Percent of children age 24 months who are immunized in Public Health District clinics whose immunization status is up-to-date, and number of VFC providers.
Benchmark: 90%
- 5g.** Number of teens, pregnant women, and adults receiving tobacco cessation services through Public Health District programs, and percent quit.
Benchmark:
- | | <u>Receiving Services</u> | <u>Percent Quit</u> |
|----------------|---------------------------|---------------------|
| Teens | 1,000 | 50% |
| Pregnant Women | 500 | 25% |
| Adults | 500 | 25% |
- 5h.** Percent of uninsured adults.
Benchmark: 13%
- 5i.** Ratio of population to primary care providers.
Benchmark: 1,463:1
- 5j.** Average monthly caseload of home visits provided by Parents as Teachers/Nurse Family Partnership (PAT/NFP), and number of FTE in PAT/NFP programs.
Benchmark: 59

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.

We are working within the financial constraints of the funding provided to local public health, and are working toward compliance with the CIS Controls by June 30, 2018.



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).