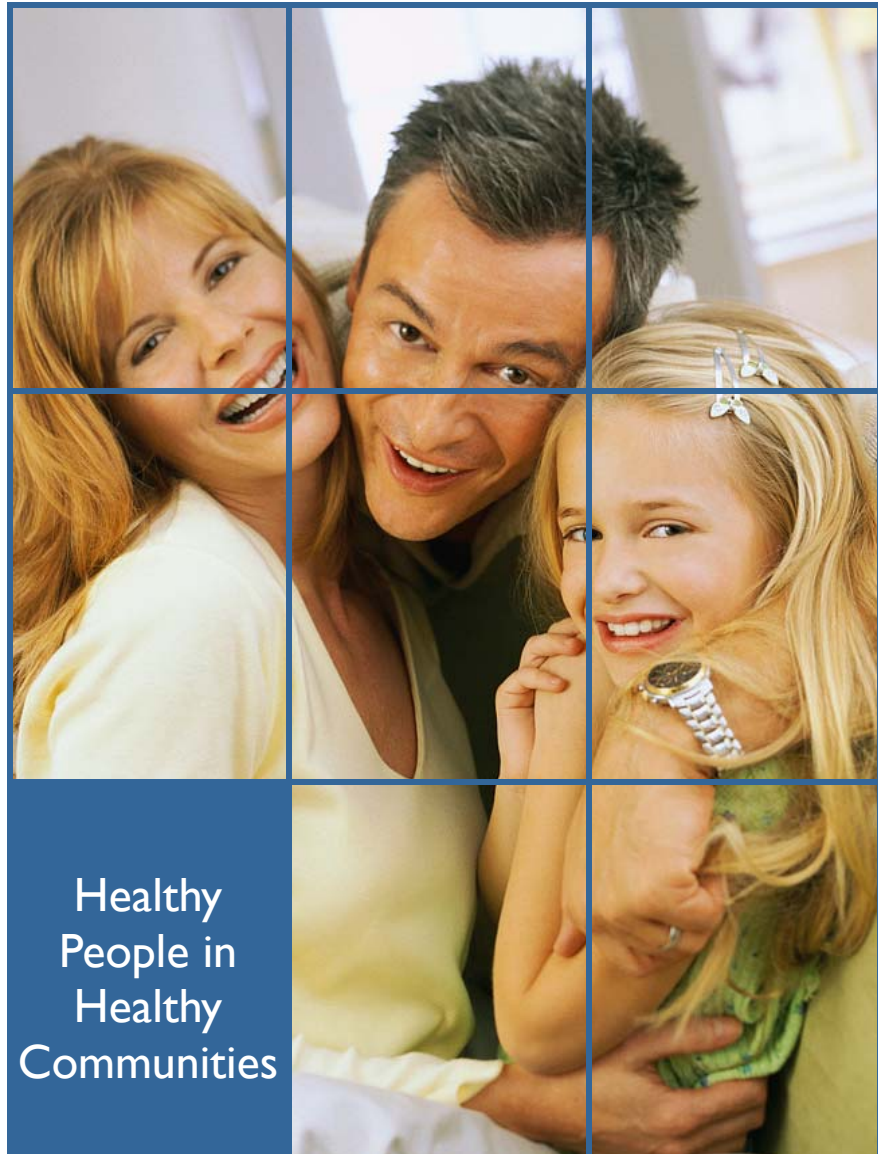


# Strategic Plan 2007 - 2011

## Fiscal Year 2007 Report



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## 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**

**M**onitoring the health status of communities is an essential service of public health. In fact, assessment is one of public health's three core functions. 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, information gathered through assessments and the public health districts' Community Health Profiles 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 seat-belt 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 indicators that the public health districts chose to monitor through the Community Health Profiles were divided into three categories: Maternal/Child, Adolescents, and Adults.

### 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 with no leisure time activity
- Percent of overweight (Body Mass Index >25)
- 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 seat-belts
- Suicide rate (ages 65+)
- Percent with no dental visit in the past 12 months

Data on each of these indicators are collected either by the Idaho Bureau of Health Policy and Vital Statistics or through the Idaho Behavioral Risk Factor Surveillance Survey.



*\*\*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:**

- 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 ongoing Behavior Risk Factor Surveillance System (BRFSS).

Performance Measures		2006	2007	2008	2009	2010	Benchmark
Ia.1	Number of assessments done at the individual District level	42	31				21
Ia.2	Community health data sets (selected indicators that represent the status of the health and safety of Idahoans) collected	N/A	140				120

## Goal 2: Protect People from Health Problems and Health Hazards

The seven public health districts are extensively involved in diagnosing, investigating, and identifying 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 selected seven reportable diseases to highlight and track in its Strategic Plan. They include Salmonella, Hepatitis A, Chlamydia, Giardiasis, Campylobacter, West Nile Virus, and Tuberculosis.

These diseases are transmitted in numerous ways:

- food/water
- person to person (e.g., sexual activity, respiratory droplet, fecal-oral)
- vectors (e.g., mosquitoes, bats, mice)

Most of these diseases have been around for decades. Tuberculosis, long forgotten, has been making a comeback in recent years with the advent of multiple drug resistant

strains. A new emerging disease, West Nile Virus, is making its way across the United States through Idaho. More human cases are being seen as this vector-borne disease becomes part of the ecological landscape.



**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		2006	2007	2008	2009	2010	Benchmark
2a.1	Total number of communicable diseases reported	N/A*	6,988				N/A
	Salmonella	144	169				
	Hepatitis A	11	13				
	Chlamydia	3,011	3,427				
	Giardiasis	163	184				
	Campylobacter	219	232				
	West Nile Virus	19	998				
	Tuberculosis	29	20				
2a.2	Number of valid food complaints investigated and percent investigated	571 N/A	492 100%				100% Complaints 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	70	88				70

*\*This performance measure was changed in FY2007 to include the total number of all communicable diseases reported, not just the select ones identified above.*

Planning for public health emergencies has become a major focus for the public health districts. In 2002, the public health districts began receiving federal funding to ensure that they are capable of accomplishing emergency preparedness/planning activities related to bioterrorism, infectious disease outbreaks, and public health threats and emergencies with a view to facilitation, planning, and implementing priorities.

Public health districts have developed public health response plans to be utilized in an emergency or public health event. These public health

response plans are exercised throughout the year with community partners and updated based upon exercise outcomes. Examples of exercise topics include: Incident Command System, pandemic influenza, mass vaccination/prophylaxis, and communication.

The public health districts have worked in collaboration with Idaho Department of Health and Welfare (IDHW) to implement 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.



**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		2006	2007	2008	2009	2010	Benchmark
2b.1	Number of All-Hazard Plans that are updated annually by public health district staff	7	7				7
2b.2	Number of preparedness exercises facilitated by public health staff	76	114				35
2b.3	Number of preparedness planning efforts with community partners	*	1,063				350

\*This performance measure was added in FY2007.

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

A critical tool in changing individual health behaviors is education. Therefore, a service that public health districts provide is educational outreach. Staff works with individuals, groups, and the general public to share information that affects the public’s health. Types of outreach activities include classes, events, forums, media releases, and trainings. They are held to develop the public’s knowledge in specific areas. Examples of topics covered in classes taught include Family Planning, Oral Health, Sexually Transmitted Diseases, and Teen Tobacco Prevention.



In the WIC program, classes include Preparing for Baby, Breastfeeding, Infant Feeding, Fun Foods, Food Safety, and Cooking Class.

Food establishment workers, swimming pool operators, septic system installers, solid waste operators, and public water system operators are among the recipients of education materials covered by Environmental Health. An example of a program class is the food worker training classes. The classes are held at most public health districts around the state to educate food establishment workers. Proper food handling criteria such as food holding temperatures, cooling techniques, sanitation, and hand washing are taught. Exams are given at the end of the class. Participants that receive a passing score are given a food handling certificate that is valid for five years.

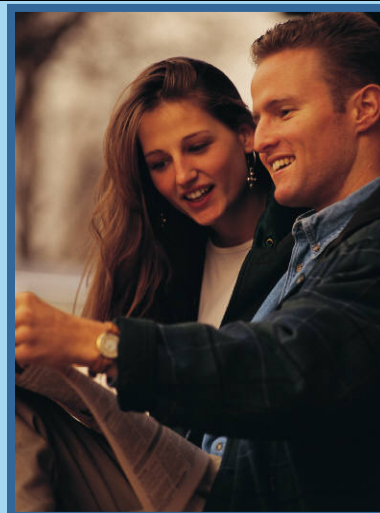
Classes presented to community groups through the public health districts include: Fit and Fall Proof Injury Prevention classes for seniors, Tobacco Cessation, Blood-Borne Pathogens, Lead Poisoning, and Diabetes.

In order to inform the public of specific health issues, a variety of media are used. Newsletters, newspaper, radio, reader boards, and television relay the information to the public at large. Announcements such as clinic schedules, community events, food recalls, and health advisories are released to educate people in the community. Examples of media release topics include: West Nile Virus confirmed in humans, Fish advisory issued for a local body of water, State warns public of contaminated lunch meat products distributed in Idaho, and Flu clinics scheduled throughout Idaho.

## 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		2006	2007	2008	2009	2010	Benchmark
3a.1	Number of health education classes offered by health district staff (some examples: tobacco prevention, breastfeeding, food management, public health preparedness).	13,162	9,327				10,000
	Schools	1,563	1,645				
	WIC	8,294	5,065				
	Environmental Health	275	313				
	Community	2,242	2,304				
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.	355	582				150
3a.3	Number of media messages through news releases; print, radio, or television interviews; and newsletters.	561	1,916				350

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

Public health issues impact the community as a whole. As a result, it is critical for local public health districts to actively lead and/or participate in partnerships with public and private organizations, state and local government agencies, businesses, schools, faith communities, and the media to support and implement strategies that address identified public health problems. Circumstances vary as to whether

the public health district takes the lead on a particular issue, or is an equal or supporting partner.

Local public health districts measure activity, progress, and success for this goal by looking at three indicators. The first is the number of formal agreements, developed with community partners, which are in place. These agreements are especially critical in the public health dis-

tricts' Health Preparedness programs. These programs are designed to assess community capacity to respond to some type of natural disaster, large scale communicable disease outbreak, or bioterrorist event; to develop comprehensive plans to ensure appropriate responses to such events; and to exercise those plans, evaluate them, and make changes accordingly. Due to the scope and nature of the Health

Preparedness programs, community partnerships are critical to ensuring that communities are prepared to respond effectively should such a situation arise. MOUs help to formalize the roles and responsibilities of various community organizations in the response plans. Partners in Health Preparedness include county and city governments, the Bureau of Homeland Security, hospitals, Emergency Medical Services (EMS), law enforcement agencies, fire departments, schools, faith communities, Area Agencies on Aging, media, and businesses. By identifying and formalizing partners' roles in advance of an event, public health districts are helping to ensure that roles will be filled and confusion will be kept to a minimum in the event that some type of public health emergency arises.

Partnerships are critical to many other programs as well. The second and third indicators chosen to measure this goal verify the scope of the work the public health districts do. Measuring the number of advisory



groups at a district and state level that public health district staff participate on helps to demonstrate not only the wide variety of issues addressed by public health, but the level of expertise of our profession-

als as well. Public health districts have an average of 34 advisory groups that staff participates on at either the district or state level. These groups cover a wide range of issues, including the Access to Recovery statewide advisory group, the State Food Task Force, and the Idaho HIV Council on Prevention just to name a few. Public health district staff also facilitates a wide range of local coalitions and advisory groups. Issues these groups address include, but are not limited to, diabetes, asthma, injury prevention, immunizations, infant/toddler development, Head Start, arthritis, substance abuse, suicide prevention, breastfeeding, water resource issues, infection control, and oral health. These groups help to ensure broad community input is involved in addressing public health issues.

**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		2006	2007	2008	2009	2010	Benchmark
4a.1	Number of formal agreements that are in place with community partners.	356	469				280
4a.2	Number of local, state, and/or national committees or coalitions that health district staff participate in to influence public health issues.	237	260				210
4a.3	Number of local, state, and/or national committees or coalitions that health district staff facilitate to influence public health issues.	59	79				50



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 of the process. To achieve this end, questions such as, "What policies promote health in Idaho?" and "How effective are we in planning and in setting health policies?" must be answered. In addition, public health districts provide or facilitate research, data, and other resources to help tell the story and seek other organizations to ally with in strategizing and providing resources to accomplish policy enactment. 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.



Strategic planning is a disciplined effort to produce fundamental decisions and actions that shape and guide what an organization is, what it does, and why. Idaho's public health districts participate in information gathering and exploration of alternatives, with emphasis on future implications of present decisions. The strategic planning process facilitates communications and participation, accommodates divergent interests and values, and fosters orderly

decision-making that leads to successful implementation, and, ultimately, quality improvement. Strategic planning includes the identification of forces and trends in the external environment that might impact the health of individuals, the health of the community, or the effectiveness of the local public health districts. It also includes the assessment of the strengths and weaknesses of the public health districts.

To optimize community resources and encourage complementary action, Idaho's public health districts conduct organizational strategic planning activities by way of a strategic planning committee composed of members from each of the seven districts. This group reviews its organizational planning on an ongoing basis to determine how it can best be aligned with the community health improvement process, focusing specifically on community public health needs and issues, and aligning its goals, objectives, strategies, and resources.

**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		2006	2007	2008	2009	2010	Benchmark
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.	164	204				150

A healthy community requires clean and safe air, water, food, schools, housing, and child care centers. This goal is aimed at minimizing the public’s exposure to hazards in order to prevent disease and injury through an integrated program of prevention and mitigation strategies. Central to these strategies is the multidisciplinary team approach by Community Health, Environmental Health, and Communicable Disease and Prevention. The key is education; to educate individuals and organizations on the meaning, purpose, and benefit of public health laws, regulations, and ordinances and how to comply. There is a tangible benefit to citizens, business owners, and local/county government, as well as community confidence—a confidence that the water, food, air, childcare, housing, and community services provided are safe and in conformance to public health laws and regulations.

### Prevention Strategies

This strategy focuses upon compliance to regulatory standards, through an inspection and permitting program and through investigations of complaints received.

All public health districts continued to ensure public safety by conducting an annual inspection for all licensed food establishments. The target benchmark is to accomplish 8,000 inspections per year.

The number of septic permits issued continues to increase over the previous year due to a strong housing market. Fluctuations do occur as the market adjusts based on employment and growth. The average growth is reflected in approximately 5,000 permits being issued annually.

There has also been an increase in the childcare industry, specifically in the Idaho Childcare Program (ICCP). Through a strong collaboration with IDHW and Idaho Stars, all

providers are receiving inspections and consumer product safety surveys.



### Mitigation Strategies

This strategy results from non-compliance with prevention strategies. This strategy is a last resort when all other avenues of compliance have been exhausted. Examples of enforcement activities may include civil penalties by statute, embargo, closure, isolation, and quarantine. The most significant mitigation strategy involves the issuance of an isolation or quarantine order by the district Board of Health.

## 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		2006	2007	2008	2009	2010	Benchmark
6a.1	Number of septic permits issues.	6,147	5,928				5,000
6a.2	Number of food establishment inspections.	8,409	11,061				8,000
6a.3	Number of public water systems monitored.	1,174	1,148				1,100
6a.4	Number of child care facility inspections.	3,625	3,973				3,500
6a.5	Number of solid waste facility inspections.	107	134				100
6a.6	Number of public health visits with clients receiving directly observed therapy (daily medication monitoring) for active Tuberculosis.	*	802				N/A

\*This performance measure was added in FY2007.

## 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.

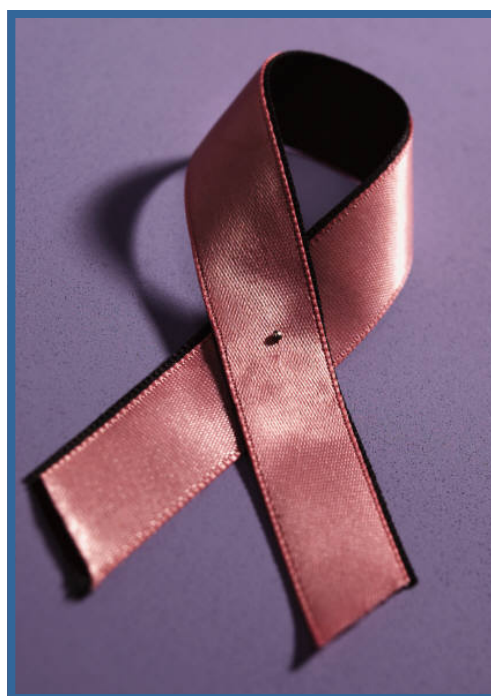
Performance Measures		2006	2007	2008	2009	2010	Benchmark
6b.1	Number of isolation or quarantine orders issued by public health officials.	4	2				N/A

# Goal 7: Help People Receive Health Services

Each of the seven public health districts collaborates with their community members and key leaders to assure that all citizens have access to the personal health services or health care that they may need. The public health districts are most concerned with are the marginalized populations, those without health care insurance and those that are sometimes more vulnerable—the elderly, pregnant women, and children. Access to quality care increases the quality and years of healthy life for all Americans. Access provides a primary means of eliminating health disparities among different ethnic and socioeconomic groups.

Every woman, regardless of income, race, or cultural background is at risk for breast and cervical cancer. Breast cancer is the second leading cause of death among Idaho women. Cervical cancer was once the leading

cause of cancer death in women. This is no longer the case since the Papanicolaou (Pap) test was implemented in the 1940's.



Early detection of breast and cervical cancers through mammography and Pap testing leads to early treatment and increased survival rates. Recognizing the value of screening and early detection, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990. This Act allows Idaho to offer free breast and cervical cancer screening to women age 50-64 who are 200% or below the federal poverty level through the Women's Health Check (WHC) program. Qualified Idaho providers, including public health districts, clinics, tribal health facilities, gynecologists, and family practice doctors, provide **access** to screening through exams. The public health districts, in conjunction with the state WHC program, provide case management and follow-up for women with abnormal exams.



**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		2006	2007	2008	2009	2010	Benchmark
7a.1	Number of unduplicated women, infants, and children on the WIC program receiving food vouchers, nutrition education, and referrals.	70,546	70,625				70,000
7a.2	Number of unduplicated clients receiving reproductive health services at public health district.	30,669	33,453				25,000
7a.3	Number of people tested for HIV at public health district clinics.	1,502	3,001				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.	3,349	2,775				3,000
7a.5	Number of teens, pregnant women, and adults receiving smoking cessation services and percent quit.						
	Number and percent of pregnant women quit.	51 23%	306 25%				250 25%
	Number and percent of teens quit.	206 61%	612 55%				400 25%
	Number and percent of adults quit.	275 31%	1,309 31%				1,100 25%
7a.6	Number of children receiving fluoride mouth rinse services in areas with low levels of fluoride.	34,974	34,145				30,000
7a.7	Total number of vaccines given.*	153,765	150,950				168,800
	Adult	69,793	63,160				70,000
	Children	83,972	87,790				98,800
7a.8	Percent of children who are immunized in health district clinics whose immunization status is up-to-date.	77%	78%				90%

\*Six of seven Health Districts reporting.

The role of public health in any emergency is an extension of the general mission of public health, which is to promote physical and mental health and prevent disease, injury, and disability.

The type of emergency and the response plan for each public health district will determine whether public health agencies are in the lead position, in a collaborative role, or in a supportive role during a particular emergency. In order for the public health districts to fulfill the appropriate role, all public health workers must be competent to carry out their responsibilities.

Competencies do not replace specific job descriptions or the specific emergency plan. If mastered, they can assure that workers will be able to perform in emergency situations. Core competencies for all public health workers in emergency preparedness and bioterrorism readiness are listed below. Each staff member should be able to:

- Describe the public health role in emergency response for a range of natural or man-made emergencies that might arise.
- Describe the chain of command in emergency response.

- Identify and locate the agency emergency response plan.
- Describe his/her functional role(s) and demonstrate those role(s) in regular drills.
- Demonstrate correct use of all communication equipment used for emergency communications.
- Describe communication role(s) in emergency response within the agency, with the media, with the general public, and in personal circumstances.
- Identify limits to personal knowledge, skill, and authority and identify key system resources for referring matters that exceed these limits.
- Recognize unusual events that might indicate the need for action or evaluation and describe the appropriate action.
- Apply creative problem solving and flexible thinking to unusual challenges within functional responsibilities and evaluate effectiveness of all actions taken.

In Goal 8 of this strategic plan, the objective was to address deficiencies in, and promote public health competencies through, continuing education, training, and leadership development activities. To achieve this

end, the public health districts looked at the number of competency-based trainings held. The focus was on Public Health Preparedness curricula, as well as other trainings particular to program management and delivery, based on information in the Learning Management System (LMS), a web-based program that tracks training and continuing education.

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. This will be an ongoing challenge for the public health districts.



## 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 members' 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 Measures		2006	2007	2008	2009	2010	Benchmark
8a.1	Number of workforce development trainings.	296	274				300

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. Programs and interventions may be evaluated by:

- Developing evaluation efforts to assess health outcomes to the extent possible.
- Applying evidence-based criteria to evaluation activities where possible.
- Evaluating the effectiveness and quality of programs and activities and using the information to improve performance and community health outcomes
- Reviewing the effectiveness of public health interventions by other practitioners and agencies for prevention, containment, and/or remediation of problems affecting community health.

Public health districts conduct these activities internally as individual districts, in collaboration with other districts, with contractors, and with consultants. Staff, including program coordinators and managers, receives training, as needed, to assure their competency as evaluators. Outside evaluators are also utilized, where

appropriate, to assure objectivity.

The public health districts have many programs in common and some that are unique. These programs vary among the public health districts. Approximately 50%, on average, of these programs receive a formal evaluation each year. 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.

Some examples of evaluation have included:

- Process evaluation of the Public Health Ready certification.
 

Outcomes: Standards met by all seven public health districts enabling Idaho to become the first state designated as “Public Health Ready.”
- Food Program evaluation toward meeting national Food and Drug Administration (FDA) standards.
 

Outcomes: Met two of the nine standards (Idaho Food Code is consistent with national codes,

established Idaho baseline of standards met).

- Client focus groups for the WIC Nutrition Program.
 

Outcomes: Of the 6,314 parents interviewed, 93% said they were treated fairly and courteously; only 29% said they had enough food to eat in their home before they were on the program versus 59% after getting on the program.
  - Evaluation of the Fit and Fall Proof Program for seniors.
 

Outcomes: Post-class tests revealed an 85% improvement in participant performance.
  - Evaluation of the Tobacco Cessation Program in conjunction with Boise State University.
 

Outcomes: Out of 1,457 clients who received services, 532 quit (37%) using tobacco. This is much higher than the national average of a 10% quit rate. In addition, services were provided in 35 of Idaho’s 44 counties.
- All public health districts participated in these evaluations. Once discovery is made of improvements needed, modification of strategies and processes occurs before evaluation begins again.

## 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		2006	2007	2008	2009	2010	Benchmark
9a.1	Number of health district programs with a formal evaluation mechanism.	117	147				100

Public health practitioners, such as the staff of Idaho’s public health districts, are vital for contributing to and testing the evidence-based science of public health. Therefore, public health districts evaluate and improve programs and services on a routine basis. Further, public health districts share the results of findings with other public health practitioners and academics, and field test nationally developed evidence-based practices in local settings and modify as needed. Finally, public health districts engage in the following steps to aid research activities that benefit the health of Idaho communities:

- Identify appropriate populations, geographic areas, and partners;
- Work with them to actively involve the community in all phases of research;
- Provide data and expertise to support research; and,
- Facilitate their efforts to share research findings with the community, governing bodies, and policy makers.

Public health districts are promoting 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.

For example, as a result of the Food Program FDA evaluation, the state and public health districts are developing community advisory programs. As a result of the Tobacco Cessation evaluation, the public health districts are recruiting more subcontractors to provide services in more sites and have added more flexibility in class frequency. The WIC client survey revealed that respondents felt that providing breast pumps for working mothers was the most effective strategy for increasing breast feeding rates. As a result, the public health districts have significantly increased the number of breast pumps issued.

**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		2006	2007	2008	2009	2010	Benchmark
10	Number of program plan modifications or performance improvements based on evaluation.	46	42				25



## External Factors

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- 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.

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## Idaho's Public Health Districts

## For More Information

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If you would like more detailed information concerning Idaho's public health districts and the services they provide, you may contact any member of the Public Health Districts' Strategic Planning Committee listed on page 2 of this report.