Strategic Plan
2009 - 2013

Idaho Public Health Districts

Fiscal Year 2009 Report

Healthy People in Healthy Communities

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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 ensure essential public health services were 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 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, the Idaho 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.

Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts

Goal 1: Monitor Health Status and Understand Health Issues

Monitoring 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 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 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 seatbelts
- 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.

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:

- 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	Benchmark
1a.	Number of assessments done at the individual District level	42	31	45	62	30
1b.	Community health data sets (selected indicators that represent the status of the health and safety of Idahoans) collected	N/A	140	140	140	140

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 (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 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. West Nile Virus has emerged more recently, and is now considered endemic in Idaho. More human cases are being seen as this vector-borne disease becomes part of the ecological landscape.

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		2006	2007	2008	2009	Benchmark
2a.1	Total number of communicable diseases reported	N/A*	6,988	7,196	7,163	
	Salmonella	144	169	169	209	
	Hepatitis A	11	13	21	10	
	Chlamydia	3,011	3,427	3,813	3,903	N/A
	Giardiasis	163	184	218	222	
	Campylobacter	219	232	254	285	
	West Nile Virus	19	998	140	47	
	Tuberculosis	29	20	10	15	
2a.2	Number of valid food complaints investigated and percent investigated	571 N/A	492 100%	585 100%	454 100%	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	103	141	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.

Goal 2: Protect People from Health Problems and Health Hazards

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	Benchmark
2b.1	Number of All-Hazard Plans that are updated annually by public health district staff	7	7	7	7	7
2b.2	Number of preparedness exercises facilitated by public health staff	76	114	138	108	35
2b.3	Number of preparedness planning efforts with community partners	N/A*	1,063	699	462	500

**This performance measure was added in FY2007.*

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

Education is a critical tool used by the public health districts of Idaho 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, and information posted on district web sites. Most are focused on very specific areas of public health with the intention of bringing about awareness and broadening the public's understanding of these topics. Examples include:

- Health Preparedness: Pandemic Influenza Planning, Strategic National Stockpile, and Emergency Preparedness.
- Communicable Disease: Novel H1N1 Influenza Virus, West Nile Virus, and Sexually Transmitted Diseases.
- Nutrition/WIC program: Breastfeeding, infant and child nutrition during pregnancy.
- Environmental Health: Food Handler's Certification, Certified Pool Operators, Onsite Wastewater System Installers classes, and Daycare operator instruction.
- Community/Health Education: Fit and Fall proof exercise class for seniors, tobacco cessation, oral health, and diabetes educational programs.

The training classes/programs are held at health district offices as well as community-based locations throughout the state. Exams are given in classes for those requiring certification in their areas of employment, such as the Food Safety class for food handlers.

In order to inform the public in a timely manner of imminent health issues and services provided, a variety of media are used such as newspapers, radio, television, reader boards, and district web sites. Examples of types of information and services provided in these forms of media are: prevention messages and health advisories for communicable diseases (such as Novel H1N1 influenza or West Nile Virus, for example); promotion of healthy lifestyles; schedules for clinics and classes; community public health events; and food recalls (such as ground beef or peanut butter) just to name a few. For the year 2009, there were 1,566 news releases via radio and television, newspaper articles, and web site updates. These announcements were released to give warning to, and to educate the general public of each of these issues so people can respond appropriately.

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		2006	2007	2008	2009	Benchmark
3a.	Number of health education classes offered by health district staff (some examples: tobacco prevention, breastfeeding, food management, public health preparedness).	13,162	9,327	7,202	7,502	7,000
	Schools	1,563	1,645	1,361	1,375	
	WIC	8,294	5,065	4,738	3,826	
	Environmental Health	275	313	213	219	
	Community	2,242	2,304	890	2,082	
3b.	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	499	658	350
3c.	Number of media messages through news releases; print, radio, or television interviews; and newsletters.	561	1,916	1,638	1,566	1,050

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 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 provide the means to exercise those plans, evaluate them, and make changes accordingly. Due to the scope and nature of the Health Pre-

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

paredness programs, community partnerships are critical to ensuring that communities are prepared to respond effectively should such a situation arise. Memorandums of Understanding 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 professionals as well. Public health districts have an average of over 100 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 facilitate 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, 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	Benchmark
4a.	Number of formal agreements that are in place with community partners.	356	469	585	457	470
4b.	Number of local, state, and/or national committees or coalitions that health district staff participate in to influence public health issues.	237	260	325	791	300
4c.	Number of local, state, and/or national committees or coalitions that health district staff facilitate to influence public health issues.	59	79	77	92	50

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. 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 communication 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 public health 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	Benchmark
5.	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	360	345	350

Goal 6: Enforce Public Health Laws and Regulations

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 environmental hazards in order to prevent disease and injury . Protection from exposure is accomplished 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. Our emphasis is to educate individuals and organizations on the meaning, purpose, and benefit of public health laws, regulations, and ordinances and how to comply. The tangible benefit to citizens, business owners, and local/county government is the confidence that the water, food, air, childcare, housing, and community services provided are safe and in conformance with public health laws and regulations.

Prevention Strategies

All public health districts continue to ensure public safety by issuing permits and licenses, conducting inspections as is needed and required by statute. The target benchmark is to accomplish 8,000 inspections per year. However, over 11,000 inspections have been completed in each of the last three years. This gradual increase in the number of food inspections is an indication of the growth in the food industry in Idaho.

This is in contrast to the land programs which show a sharp decrease in development and construction activities over the last two year due to falling housing market and the economic downturn.

There has also been a decrease noted in the number of childcare inspections during 2008, mainly due to a tightening of the CPR/First Aid requirements and background checks now required 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

Enforcement proceedings result from non-compliance with preventative regulatory standards. This strategy is a last resort when all other avenues of obtaining compliance have been exhausted. Examples of enforcement activities may include hearings, statutory civil penalties, embargo, or closure. The most significant, but rarely used, 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	Benchmark
6a.1	Number of septic permits issues.	6,147	5,928	4,208	3,119	4,000
6a.2	Number of food establishment inspections.	8,409	11,061	11,307	11,456	10,000
6a.3	Number of public water systems monitored.	1,174	1,148	1,140	1,136	1,100
6a.4	Number of child care facility inspections.	3,625	3,973	3,015	3,100	3,500
6a.5	Number of solid waste facility inspections.	107	134	127	159	125
6a.6	Number of public health visits with clients receiving directly observed therapy (daily medication monitoring) for active Tuberculosis.	N/A*	802	298	991	N/A

**This performance measure was added in FY2007.*

Goal 6: Enforce Public Health Laws and Regulations

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.

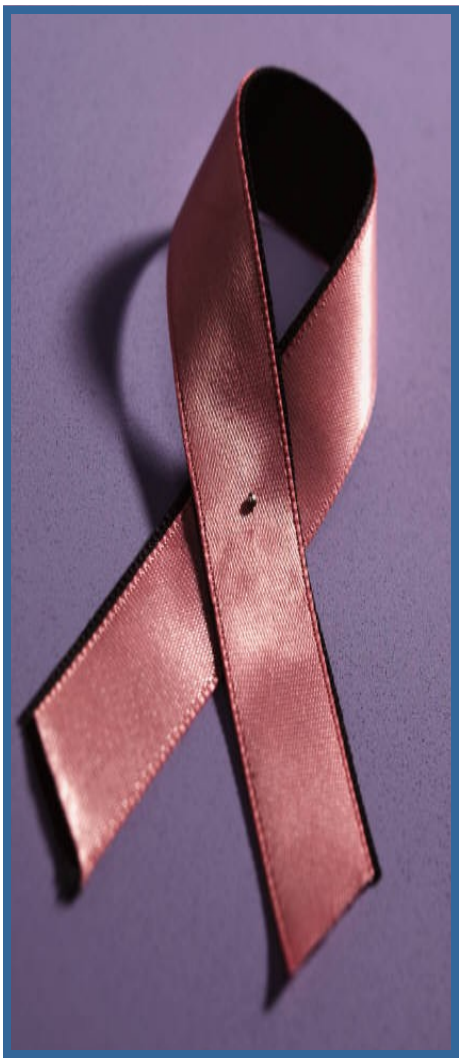
Performance Measures		2006	2007	2008	2009	Benchmark
6b.	Number of isolation or quarantine orders issued by public health officials.	4	2	2	2	N/A

Goal 7: Help People Receive Health Services

Many of our citizens in Idaho have limited access to a coordinated system of clinical care. Each of Idaho's seven Health Districts collaborates with community leaders and officials in their counties to identify gaps and work towards assuring that all citizens have access to the personal health services or health care that they need. The public that has the most difficulty with health care access are the marginalized populations, those without health care insurance and those that are sometimes more vulnerable such as 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.

Idaho's Women, Infants and Children (WIC) program is a Federal assistance program for healthcare and nutrition of low-income pregnant women, breastfeeding women and infants and children under the age of five. This special supplemental nutrition program for women, infants and children was created by a bill introduced in 1972 by Senator Hubert Humphrey of Minnesota and established by Congress in September 1972. The goal of the program is to decrease the risk of poor birth outcomes and to improve the health of participants during critical times of growth and development.

The economic downturn has increased the number of eligible Idahoans seeking WIC services. In FY09 WIC clinics served an additional 10,113 WIC clients as compared to FY07 and the trend continues to increase. The seven Public Health Districts are working diligently to serve our WIC clients, providing nutritional guidance and referrals to community resources.



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		2006	2007	2008	2009	Benchmark
7a.	Number of unduplicated women, infants, and children on the WIC program receiving food vouchers, nutrition education, and referrals.	70,546	70,625	74,615	80,738	80,000
7b.	Number of unduplicated clients receiving reproductive health services at public health district.	30,669	33,453	30,073	28,518	30,000
7c.	Number of people tested for HIV at public health district clinics.	1,502	3,001	2,492	2,628	2,300
7d.	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	3,115	2,938	3,000
7e.	Number of teens, pregnant women, and adults receiving smoking cessation services and percent quit.					
	Number and percent of pregnant women quit.	51 23%	76 25%	75 29%	275 29%	125 25%
	Number and percent of teens quit.	206 61%	334 55%	335 54%	838 57%	200 25%
	Number and percent of adults quit.	275 31%	400 31%	334 29%	1,213 24%	550 25%
7f.	Number of children receiving fluoride mouth rinse services in areas with low levels of fluoride.	34,974	34,145	35,765	34,824	30,000
7g.	Total number of vaccines given.	173,385	171,702	171,420	148,264	150,000
	Adult	77,249	71,920	57,134	51,359	50,000
	Children	96,136	99,782	114,286	96,905	100,000
7h.	Percent of children who are immunized in health district clinics whose immunization status is up-to-date.	77%	78%	78%	46%*	90%

**Decrease attributed to HIB vaccine shortage.*

Goal 8: Maintain a Competent Public Health Workforce

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	Benchmark
8.	Number of workforce development trainings.	296	274	529	723	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. 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."

- Evaluation of Idaho Child Care Program (ICCP)

  Outcomes: As a result of this statewide audit, changes were made in coding and documentation.

- Client survey for the WIC Nutrition Program.

  Outcomes: Overall, 82.1% answered they were always treated fairly and courteously. Approximately 98.6% indicated they had received nutritional information with 72.6% responding that the information was always useful for them and their family. Approximately 8.6% reported running out of food and not having enough money to buy more daily or at least once per week.

- Evaluation of the Fit and Fall Proof Program for seniors.

  Outcomes: Post-class tests revealed an improvement in participant performance.

- Evaluation of Public Health Preparedness Plans.

  Outcomes: A variety of exercises are conducted to test the health districts' plans. As a result, deficiencies and areas for improvement are identified and addressed. Changes are then implemented to improve the public health preparedness plans. This is an ongoing process to ensure the plans are as effective as possible.

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	Benchmark
9.	Number of health district programs with a formal evaluation mechanism.	117	147	129	134	100

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

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.

There were several examples of improvements that occurred as a result of program evaluations or audits. For example, as a result of WIC program evaluations, some districts added after hour clinics, corrected certification time frame compliance issues, and began same day appointments. As a result of Idaho ChildCare Program audits, one district implemented comprehensive quality assurance steps to remedy billing issues and another modified reporting of immunization records. Results of ongoing program evaluations and audits are used as a basis to implement findings in an effort to improve program performance.

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	Benchmark
10.	Number of program plan modifications or performance improvements based on evaluation.	46	42	34	28	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 retiring baby boomers, and economic downturn.
- Opportunities and threats presented by globalization, such as bioterrorism and pandemic flu.

Public Health

Prevent. Promote. Protect.

Idaho Public Health Districts

For More Information

If you would like more detailed information concerning the Idaho 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.