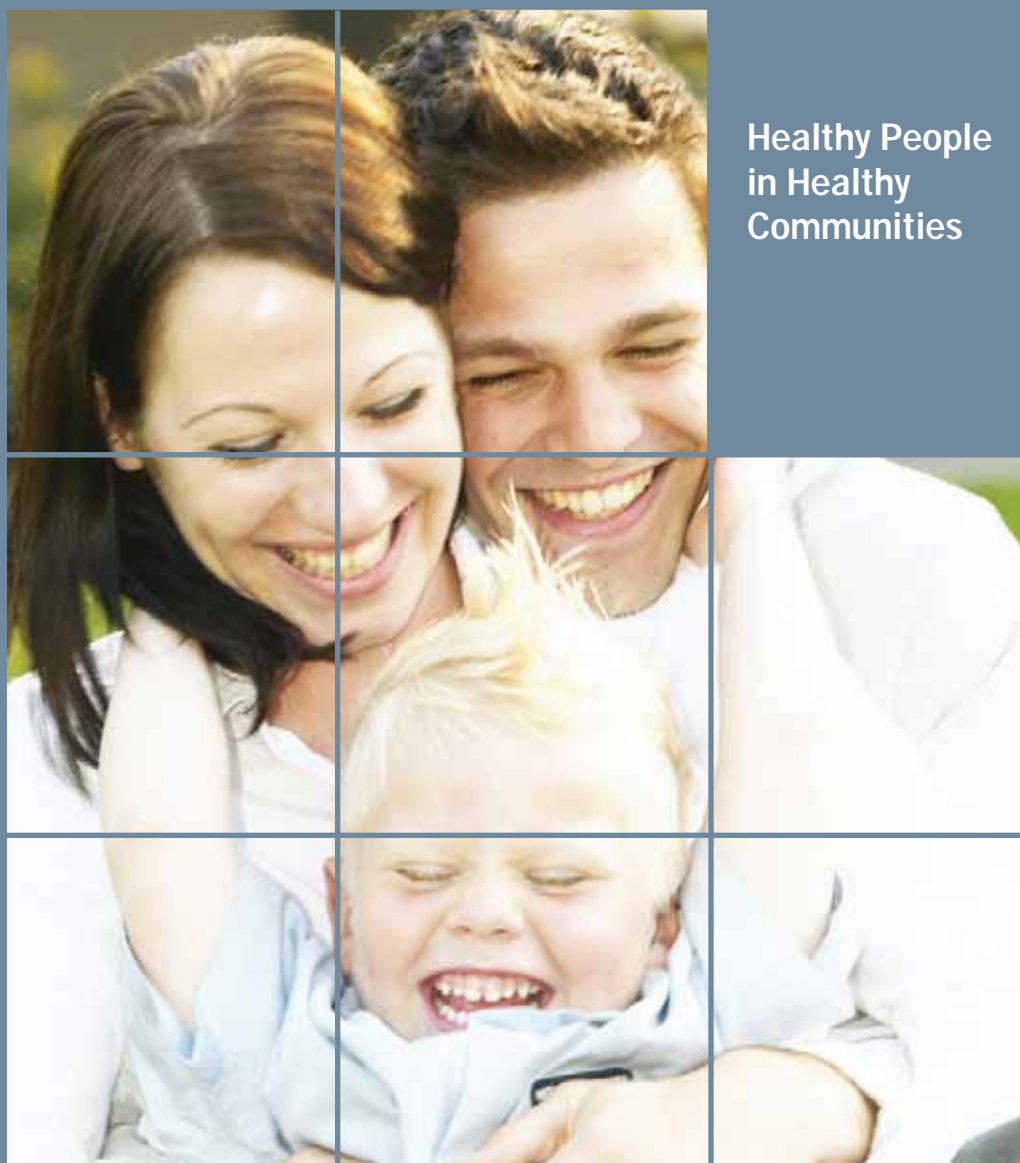


Idaho Public Health Districts

FY 2006 REPORT

Idaho Public Health Districts
Strategic Plan
2006 - 2010



Healthy People
in Healthy
Communities

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IDAHO PUBLIC HEALTH DISTRICTS

Chapter 4, Title 39, Idaho Code is the Public Health Districting Law (1970). The intent of the legislature in creating the seven public health districts was for public health services to be locally controlled and governed. The districts are neither state agencies nor part of any state department; they are recognized much the same as other single purpose districts, and are accountable to their lo-

cal Boards of Health. The Law stipulates that the districts provide the basic health services of public health education, physical health, environmental health, and public health administration, but does not restrict the districts solely to these categories. Therefore, services are based upon local and state need with many being essential services provided throughout Idaho by all seven public health districts.

HIGHLIGHTED MEASURES

- Number of community health profiles
- Number of disease investigations
- Number of preparedness exercises
- Number of health education classes
- Number of Memorandums of Understanding (MOUs) that are current
- Number of policy advocacy efforts
- Number of food establishments & number of food establishments inspected
- Number of Women, Infants, and Children (WIC) clients
- Number of Women's Health Check (WHC) clients
- Number of trainings & number of staff receiving competency-based trainings
- Number of program plan modifications or performance improvements based on evaluation

What is Public Health?

In the past 100 years, length and quality of life have increased tremendously for many people in the United States. In fact, since 1900, the average lifespan of persons in the U.S. has increased by more than 30 years; 25 years of this gain are attributable to advances in public health. According to the Centers for Disease Control and Prevention (CDC), great achievements in public health in the last century include, but are not limited to, vaccination, motor vehicle safety, safer workplaces, control of infectious disease, decline in deaths from coronary heart disease and stroke, safer and healthier foods, healthier moms and babies, family planning, fluoridation of drinking water, and recognition of tobacco use as a health hazard.

Idaho's seven local public health districts have been critical in improving quality of life in the state. The districts derive their authority and responsibility from

the state and local laws that govern them. Accordingly, they exist to assure the common good, and to demonstrate strong leadership in promoting the physical, behavioral, environmental, social, and economic conditions that improve individual health and well-being; prevent illness, disease, injury, and premature death; and eliminate health disparities.

Idaho's local public health districts use the following standards/goals to assess local efforts, measure performance, expand functions, enhance activities, and communicate about the role of local public health to their governing bodies, elected officials, and community. In addition, these standards/goals describe the responsibilities that every person, regardless of where they live, should reasonably expect from their local public health district. The standards/goals provide a framework by which the local public health districts are



accountable to the State of Idaho, the people they serve, and the governing bodies (i.e., local boards of health, county commissioners) to which they report. In meeting the standards/goals, local public health districts employ strategies that are evidence-based and informed by best practices, and they operate according to the highest level of professionalism and ethics to inspire public confidence and trust.

The standards/goals include:

- Monitor health status and understand health issues facing the community.
- Protect people from health problems and health hazards.
- Give people information they need to make healthy choices.
- Engage the community to identify and solve health problems.
- Develop public health policies and plans.
- Enforce public health laws and regulations.
- Ensure people receive health services.

- Maintain a competent public health workforce.
- Evaluate and improve programs and interventions.
- Contribute to and apply the evidence base of public health.

Each of these standards/goals has multiple objectives by which to measure progress. This report details one or two “key measures” that have been identified for each standard/goal. The key measures help to clearly capture Idaho’s local public health districts’ progress toward accomplishing their goal of ensuring that Idaho continues to be a healthy environment for people to grow, work, play, and live.



GOAL ONE

Monitor health status to identify community health problems

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, assessment 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

During FY2006, there were 42 individual assessments completed at the district level. Some examples of the assessments include seat-belt usage, tobacco policies, school wellness policies, oral health, and community nutrition.

Community Health Profiles

Each public health district also 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 information gained through the Community Health Profiles can then 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.

The indicators were divided into three categories: Maternal/Child, Adolescents, and Adults. The indicators that the public health districts chose to monitor through

Obtain data that provide information on the community's health to identify trends and population health risks.

	2006	2007	2008
Number of assessments done at individual District level	42		
Number of community health profiles*	7		

the Community Health Profiles include:

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 have been collected either by the Idaho Bureau of Health Policy and Vital Statistics or through the Idaho Behavioral Risk Factor Surveillance Survey. Baseline data were collected for this year's report. In future years, the public health districts will be able to use this data to identify trends within local populations.

For More Information

Local public health districts have posted the community health profile on their respective websites. To access a particular district's profile, log on to:

Panhandle Health District

www2.state.id.us/phd1

North Central District Health

www.ncdhd.us

Southwest District Health

www.publichealthidaho.com

Central District Health

www.phd4.state.id.us

South Central District Health

www.phd5.idaho.gov

Southeastern District Health

www2.state.id.us/phd6

District Seven Health

www2.state.id.us/phd7

* Key measures are highlighted in blue.



Public Health Preparedness Exercise

The public health districts developed all-hazard public health response plans to ensure that they can provide a coordinated and efficient response in the event of a public health emergency.

The public health districts worked with state and local partners to facilitate a Full-Scale Strategic National Stockpile (SNS) exercise to test their ability to receive, distribute, and mass dispense prophylactic medications to Idaho's citizens.

The exercise was facilitated in all seven public health districts the last week of June, 2006. It proved highly successful with many valuable lessons learned that will serve to strengthen the public health districts' response in future exercises or public health events.

GOAL TWO

Diagnose & investigate identified health problems & health hazards in the community

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 65 diseases/conditions that are required 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 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, biologi-

cal/chemical health threats, and/or other health-related concerns.

Planning for public health emergencies has become a major focus for the public health districts. In 2002, the public health districts received federal funding to ensure that they are capable of accomplishing emergency preparedness, and 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

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.

	2006	2007	2008
Number of investigations	3,596		
Salmonella	144		
Hep A	11		
Chlamydia	3,011		
Giardiasis	163		
Campylobacter	219		
West Nile Virus	19		
TB	29		
Number of valid food complaints investigated	571		
Number of active surveillance efforts for communicable diseases	11		
Number of sanitary surveys	383		
Number of Health Alert Network messages	70		

OBJECTIVE 2B.

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

	2006	2007	2008
Number of plans	7		
Number of exercises	76		

Command System, pandemic influenza, mass vaccination/prophylaxis, and communication.

The public health districts have worked in collaboration with 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.

The priority indicator chosen for Goal Two is: The Number of Investigations. The public health districts selected seven reportable diseases to track and report on for the 2006-2010 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.



GOAL THREE

Inform, educate, & empower people about health issues

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.

The number of educational classes taught in schools during FY 2006 was 1,563. Examples of topics covered in the classes included Family Planning, Oral Health, Peers Encouraging Abstinent Kids (PEAK), Sexually Transmitted Diseases, and Teen Tobacco Prevention. One program, PEAK, is designed to delay the onset of sexual activity by increasing the number of teens who choose abstinence. The primary target group is 10-14 year olds with the secondary target group being 15-19 year olds. Parental involvement is strongly encouraged, as well. The message is sexual abstinence. In short, the PEAK program helps young people to realize that postponing sexual activity is a wise, empowering, and healthy life choice.

In the WIC program, 8,294 classes were offered. Classes included Preparing for Baby, Breastfeeding, Infant Feeding, Fun Foods, Food Safety, Eggs, and Cooking Class. A new class offered to WIC clients this year was "The Happy Baby Class." This class was for moms to attend within the first two weeks of delivery, and covers how to tell if baby is getting enough milk and addresses common problems experienced by newborns.

Environmental Health held 275 classes. 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. 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 handwashing 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.

Finally, 2,242 classes were presented to community groups. Fit and Fall Proof



OBJECTIVE 3A.

Work with individuals, community groups, other agencies and the general public to share information to understand the social, economic, environmental and other issues affecting the public's health

	2006	2007	2008
Number of efforts to communicate trends from the community using community health profile	6		

OBJECTIVE 3B.

Conduct health promotion activities to address public health issues

	2006	2007	2008
Number of health education classes	13,162		
Schools	1,563		
WIC	8,294		
EH	275		
Community	2,242		
Number of community events	355		
Number of media press releases	561		

Injury Prevention classes for seniors, Tobacco Cessation, Blood-Borne Pathogens, Lead Poisoning, and Diabetes are among some of the community-based classes offered through the public health districts.

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 local body of water
- State warns public of contaminated lunch meat products distributed in Idaho
- Flu clinics scheduled throughout Idaho

Give Kids a Smile

A special event sponsored by public health districts in February 2006 was "Give Kids a Smile Day." It was a collaborative project with a wide variety of partners. The event involved multiple dental offices that volunteered their time to provide FREE dental services to children who would normally not have access to dental care due to low income or no dental insurance. The event provided tens of thousands of dollars in much needed free dental care.

- Teams and individuals encouraged to participate in Annual Asthma Walk
- June 27 marks National HIV Testing Day, public health districts offer confidential HIV testing

The importance of public education cannot be over-emphasized. Education is vital in protecting the health and safety of Idaho's citizens.



GOAL FOUR

Mobilize community partnerships to identify & 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.

Number of MOUs that are current

Local public health districts measure activity, progress, and success for this goal by looking at three indicators. The first is the number of Memorandums of Understanding (MOUs) that are in place with other organizations. MOUs are especially critical in the public health districts' Health Preparedness programs. These programs are designed to assess a community's capacity to respond to a public health event, 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 Idaho Bureau of Homeland Security, IDHW, hospitals, Emergency Medical Services (EMS), law enforcement agencies, fire departments, schools, faith communities, Area Agencies on Aging, Medical Reserve Corps, 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. At this point, 356 MOUs are in place with public health district partners statewide.



OBJECTIVE 4A.

Lead and/or participate in partnerships of 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.

	2006	2007	2008
Number of MOUs that are current	356		
Number of advisory groups that District staff participate on	237		
Number of community groups facilitated	59		

Partnerships are critical to many other programs, as well. The second and third indicators chosen to measure this goal verify the scope of 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 public health professionals, as well. Currently, 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 Governor's Council on Adolescent Pregnancy Prevention, the Access to Recovery statewide advisory group, the State Food Task Force, and the Idaho HIV Council on Prevention.

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, 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.

Diabetes

Diabetes is a serious chronic condition that significantly impacts the people who suffer from it. Local public health districts work closely with a variety of partners in attempt to improve the quality of life for people with diabetes. One example is partnerships that address diabetic foot care, as diabetes is a major contributor to foot amputations. Partners include podiatrists, local schools of nursing, hospitals, community health centers, and IDHW.

Collaboration with these partners has helped to provide education and skills for people with diabetes regarding the importance of regular foot exams, as well as how to examine their own feet and warning signs to be aware of related to nerve damage. As a result, thousands of professionals have received training, and thousands of people have learned how to better manage their condition.



GOAL FIVE

Develop policies & plans that support individual & community health efforts

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 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 community health. In addition, 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

OBJECTIVE 5A.

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

	2006	2007	2008
Number of policy advocacy efforts	164		
Number of businesses, organizations, or government entities with policies affecting health issues developed with DHD	7		

OBJECTIVE 5B.

Engage in an internal strategic planning process to develop and adhere to a vision, mission, and guiding principles

	2006	2007	2008
Completion of statewide strategic plan and report date completed	1		

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.

Idaho's public health districts across the state have been instrumental in enacting many policies in cooperation with such entities as private business, schools, government, and fair boards. Some examples are: a policy to provide smoke-free days at County Fairs; assistance given to many school districts throughout the state in writing school wellness policies; implementation of smoke-free policies at bowling centers; assisting schools with enactment of asthma inhaler policies which

enable children to carry their inhalers while at school; and development of a nutrient pathogen policy to assure ground water quality is maintained as properties are being developed.

Working Toward Smoke-free Living

Living in a smoke-free home is a choice everyone should have. Idahoans know the dangers of secondhand smoke and have passed laws that eliminate this deadly toxin from workplaces and restaurants. Now, public health districts are working toward educating apartment complex owners/managers on how to protect their residents from the dangers of secondhand smoke. Enacted policies can be designed to meet the needs of each specific apartment complex. The goal is to educate apartment owners and managers on their rights to become smoke-free and to provide Idaho citizens with the option of living in a smoke-free environment.



GOAL SIX

Enforce laws & regulations that protect health & ensure safety

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. 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; community confidence, a confidence that the water, food, air, child care, 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.

During FY2006, there was an 8% increase in the number of permitted food service establishments over the previous year. All public health districts continued to ensure public safety by achieving a 97% inspection rate.

The number of septic permits issued increased by 5.7% over the previous year due to the growth in the housing market in Idaho. There has also been an increase in the childcare industry, specifically in the Idaho Child-care Program (ICCP). Through a strong collaboration with IDHW and Idaho Stars, all licensed providers are receiving inspections and consumer product safety surveys.

Enforcement/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, and isolation and quarantine.

OBJECTIVE 6A.

Monitor the compliance of regulated organizations, entities, and individuals

	2006	2007	2008
Number of septic permits issued	6,147		
Number of Food establishments and Number of food establishments inspected (Number and percent)	8,185/8,409 97%		
Number of Public Water Systems (PWS) monitored (Number and percent)	1,174/1,174 100%		
Number of child care facilities & Number of child care facilities inspected	3,625/3,800 95%		
Number of solid waste facilities and Number of solid waste facilities inspected (Number and percent)	99/107 93%		
Number of restricted food workers/ daycare providers	28		
Number of Directly Observed Therapy	28		

OBJECTIVE 6B.

Conduct enforcement activities

	2006	2007	2008
Number enforcement actions	51		
Number of referral packages	10		
Number of isolation or quarantine orders	4		

During FY2006, there were four instances involving the isolation of individuals in order to prevent the spread of Tuberculosis (TB).

There was need to restrict 28 food services workers or childcare providers and to place 28 persons on Directly Observed Therapy for TB.

There were a total of 51 enforcement actions (e.g., Notice of Violation for failed septic system, permit revocations, food license suspension, food embargos, re-imposition of sanitary restrictions, etc.) taken and a total of ten referral packages turned over to the Idaho Department of Environmental Quality for

possible litigation, under the rules, for accruing violations in Public Water Systems or solid waste facilities.

Importance of a Child

Choosing child care is one of the most important decisions that parents face as more moms and dads go to work. To help parents with this decision, a grant from Idaho's Generation of the Child Initiative, through the Governor's office, provided education to families about quality child care as well as information about how to select a quality child care facility. Through collaboration with the Snake River Association for the Education of Young Children (SNAEYC), IdahoSTARS, and the public health districts, an informational DVD and brochure was produced to highlight key points in the process of selecting child care. The DVD included three "infomercials" featuring such topics as health and safety; communication with children, parents, and the community; and opportunities for providing stimulating curriculum for children.



GOAL SEVEN

Link people to the needed personal health services & assures the provision of health care when otherwise unavailable

Each public health district collaborates with community members and key leaders to assure that all citizens have access to the personal health services or health care that they may need. In addition, public health districts assure there is access to personal and preventive health services in local communities. Some examples of access provided through the public health districts are: family planning services, WIC services, HIV testing, smoking cessation classes, fluoride rinses, and immunizations. The districts are most concerned with 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.

Barriers that prevent access to the health care system are many. The cost of health insurance can be prohibitive, even for those who work full time. In addition, Idaho is a rural state, and transportation to and from medical care can be an issue. With a growing population of non-English speaking Idahoans, a future challenge will be to provide access to culturally and linguistically appropriate care to those with limited English proficiency. The WIC program was created in 1972 as an amendment to the Child Nutrition Act of 1966. It was given permanent status in 1975. WIC was established during a time of growing public concern about malnutrition among low-income mothers and children. WIC services were designed to deliver early nutrition and health intervention during critical times of growth and development to prevent future medical and developmental problems. Since its inception, the number of participants in the program has expanded to over 8 million in 2005 nationwide. In FY2006, Idaho public health district WIC clinics served 70,546 women, infants, and children. To be eligible for WIC services, women must be 185% or below the federal poverty level, be pregnant or breastfeeding for up to 12 months after delivery, or have had a baby in the past six months. Infants and children can qualify until age five if income and nutritional risk criteria are met.



OBJECTIVE 7A.
Provide personal health services to individuals who encounter barriers to receipt of services

	2006	2007	2008
Number of WIC clients	70,546		
Number of Family Planning clients	30,669		
Number of HIV tests and percent of high and highest risk (Number and percent)	1502/1951 65%		
Smoking cessation percent quit /number served (Number and percent)	532/1,457 36%		
Teens	206/335 61%		
Pregnant Women	51/226 23%		
Adults	275/896 31%		

Poor nutrition during early childhood increases the chance of anemia, adds to health care costs, limits a child’s ability to learn, and will affect that baby for the rest of its life. WIC provides access to a safe, nurturing environment for education, healthcare, and social service referrals, as well as free access to nutritious foods.

WIC in Action

“WIC has made it possible to give my unborn child the nutrition that she needs in a time of my life where a little help is needed. WIC gives me a peace of mind knowing that my son, in his developing years, can go to the refrigerator and have a big glass of milk and eggs without having to worry if there is any to be had. WIC is one of the best programs that a state can offer and I thank the State of Idaho for being there for me, my son, and my unborn daughter. Thank you so much for understanding the needs of a developing family.”

~WIC Client



GOAL SEVEN

Link people to the needed personal health services & assures the provision of health care when otherwise unavailable

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 cancer 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 through Women's Health Check (WHC) to women age 50-64 who are 200% or below the federal poverty level. More than 250 qualified Idaho providers, including public health districts, clinics, tribal health facilities, gynecologists, and family practice doctors, provide access to screening through exams. Public health districts, in conjunction with the state WHC program, provide case management and follow-up for women with abnormal exams. In FY2006, 3,439 eligible women received breast and cervical cancer screening through Idaho's WHC program.



OBJECTIVE 7A. (CONT.)

Provide personal health services to individuals who encounter barriers to receipt of services

	2006	2007	2008
Number of Women's Health Check (WHC) clients served	3,439		
Number of children receiving fluoride mouth rinse services	34,974		
Number of influenza and number of pneumonia vaccines given	50,813		
Adult Influenza	45,379		
Vaccine for Children Influenza	4,094		
Pneumonia	1,340		
Immunization status of children age 24 months who are immunized in health district clinics (Number and percent)	2,278/2,947 77%		
Immunization status of children 19-24 months who are participating in the WIC Program number and percent	2,212/2,874 77%		

Women's Health Check in Action

A woman called the public health district. She had detected a lump and scheduled her own mammogram. She and her husband just moved here from out of state. He was on disability from lung cancer. Not having insurance, she had saved her money for the mammogram. After having her screening mammogram, the radiologist recommended an ultrasound. She did not have enough money for this diagnostic test. She turned to the public health district for help and did qualify for WHC. A public health district nurse practitioner worked her in for an exam and enrolled her in WHC, which would fund further diagnostics. Her results are still pending. She was so thankful for the help she received, as she had nowhere else to turn. She also knows that WHC will enroll her in Medicaid if her results turn out to be malignant.



OBJECTIVE 8A.

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

	2006	2007	2008
(a) Number of trainings/exercises and (b) number of staff receiving competency-based trainings	(a) 296 (b) 3,415		

GOAL EIGHT

Assure 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, focusing on Public Health 101 and Public Health Preparedness curricula, and the number of staff who participated in these trainings based on information in the (LMS) Learning Management System, a web-based program that tracks training and continuing education. Some of those trainings included: Incident Command, Risk Communication, Pandemic Flu, Introduction to the National Incident Management System (NIMS), Public Health 101, Strategic National Stockpile, Threats of Water Contamination, and Introduction to Epidemiology.

The number of classes held ranged from 11 to 75 in each of the public health districts for a statewide total of 293. The number of people attending these classes ranged from 292 to 830 in each district for a statewide total of 3,415. 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.

National Incident Management System (NIMS)

Homeland Security Presidential Directive #5 directs the use of a single consistent approach to prepare for, respond to, and recover from domestic incidents regardless of size, cause, or complexity. Homeland Security Presidential Directive #8 classifies public health as a “first responder” with responsibility to work from an all hazards approach using NIMS. Public health districts in Idaho have embraced NIMS, with a concentrated focus on NIMS introductory training, Incident Command System (ICS) training, and all hazards response planning. Using NIMS as the guide, all seven Idaho public health districts have also re-enforced and/or formed partnerships with other first response agencies to ensure the best possible outcome in a public health emergency.



GOAL NINE

Assess effectiveness, accessibility, & quality of personal & population-based health services

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.

This is the first year Idaho’s public health districts have emphasized and monitored progress in meeting this goal. Public health districts have many programs in common and some that are unique. These programs vary from 33 to 54 among the public health districts. Approximately 50%, on average, of these programs received a formal evaluation this past 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.

OBJECTIVE 9A.

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

	2006	2007	2008
Number of programs and % with evaluation mechanism (Number and percent)	117/233 50%		

Some examples of evaluation this past year include:

- 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- The number of class sites in the state increased from 29 last year to 56 this year; 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.

Fit & Fall Proof Survey Comments

“Since I’ve been exercising, I have gone back to driving my car. I go to church alone and to the doctor’s office. Thanks for letting us exercise.”

“My husband fishes and I was afraid to go with him because I thought I would fall. Since participating in Fit and Fall prevention, I go fishing and am not afraid.”

“This elevates my mood to a higher level and helps me be positive.”



GOAL TEN

Research for new insights & innovative solutions to health problems

Public health practitioners, such as the staff of the Idaho 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 newly promoting this essential public health service internally. This past year, public health districts addressed and monitored the improvements made in current programs as a measure of this goal. These improvements varied among the public health districts between three and 12, for a total of 46 significant program improvements.

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



OBJECTIVE 10A.

Share results of program evaluations to contribute to the evidence base of public health and performance improvement.

	2006	2007	2008
Number of program plans modifications or performance improvements based on evaluation	46		

32% of 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 this past year.

WIC Program Evaluation Comments

“Not that long ago they did like a survey. They give you a sheet about what complaints you may have. How would you like to be attended? You can cancel your appointment or make an appointment or what would you prefer? That was good because they took our opinions.”

As a result of on-going evaluation, WIC is experimenting with same day appointments. In addition, because 48% of WIC clients report using the internet, WIC now provides internet access to program registration and materials but also continues to provide information by mail.











Idaho Public Health Districts 2006