

Central District Health Department

# STRATEGIC PLAN

Fiscal Years 2011 – 2016



Prepared by the Strategic Planning - Quality Improvement Team  
12/31/2010

# CENTRAL DISTRICT HEALTH DEPARTMENT

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## **Vision:**

Healthy People in Healthy Communities

## **Mission:**

To improve the health of our communities by identifying and assuring sustainable solutions to community health issues.

## **Agency and Program Strategic Priorities, Goals, and Objectives:**

The strategic priorities, goals, and objectives will guide Central District Health Department's (CDHDs) work for Fiscal Year (FY) 2011 to 2016. The strategic priorities touch upon the major functions of CDHD by outlining specific goals and objectives. Some of the goals and objectives reach beyond the traditional public health work to further enable CDHD in achieving its overall mission and vision of a healthier population in Health District 4.

This strategic plan is a living document and focuses on goals and objectives for the next five years. It will be updated annually in order to replace met objectives with "next step" objectives. The intent of this approach is to maintain momentum towards achieving our long-term strategic priorities and goals.

## Agency Priorities

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### **Strategic Priority 1: Decrease Tobacco Initiation and Use**

*Decrease tobacco initiation among adolescents and young adults, and decrease tobacco use by 2016.*

**Goal 1.1:** Achieve tobacco-free publicly owned multi-housing complexes in Health District 4.

Objective: 1.1.1. By March 2011, work with three to six publicly owned multi-housing complexes or apartments to enact tobacco-free policies.

*Measure:* 1.1.1.1. Number of newly tobacco-free publicly owned multi-housing complexes.

**Goal 1.2:** Achieve tobacco-free public parks in Health District 4.

Objective: 1.2.1. By March 2011, promote tobacco-free policies in one to three parks.

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*Measure:* 1.2.1.1. Report measures taken to promote tobacco-free Policies to the CDHD management team and Board of Health.

*Objective:* 1.2.2. By July 2013, implement tobacco-free policies in government owned parks and recreation sites.

*Measure:* 1.2.2.1. Report on the implementation of tobacco-free policies to the CDHD management team and Board of Health.

*Objective:* 1.2.3. By July 2015, implement tobacco-free policies in privately owned parks.

*Measure:* 1.2.3.1. Report on the implementation of tobacco-free policies CDHD management team and Board of Health.

## **Goal 1.3:** Achieve tobacco-free post-secondary campuses in Health District 4.

*Objective:* 1.3.1. By June 2014, work with one to three post-secondary schools to implement tobacco-free campuses.

*Measure:* 1.3.1.1. Number of contacts made with schools.

*Measure:* 1.3.1.2. Number of schools that implemented a tobacco-free campus policy.

## **Goal 1.4:** Eliminate tobacco use on school grounds in Meridian Joint School District during all hours and at all events.

*Objective:* 1.4.1. By June 2012, collaborate with Meridian Joint School District Superintendent and trustees to develop and approve a district-wide policy banning tobacco use on school grounds and parking lots.

*Measure:* 1.4.1.1. Met with school officials.

*Measure:* 1.4.1.2. Gained support for policy.

*Measure:* 1.4.1.3. Developed policy.

*Measure:* 1.4.1.4. Implemented policy.

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### **Goal 1.5:** Decrease tobacco initiation and use by increasing tobacco costs.

Objective: 1.5.1. By April 2011, collaborate with community partners to educate legislators and encourage them to support a tobacco tax increase.

*Measure:* 1.5.1.1. Tobacco tax increase passed by legislators.

Objective: 1.5.2. By July 2012, collect and report on the percent change of tobacco sales in Idaho from FY2011 to FY2012.

*Measure:* 1.5.2.1. Conduct a 5-year trend analysis and percent change from FY2011 to FY2012.

### **Goal 1.6:** Decrease tobacco use among clients of pediatric and family practice offices.

Objective: 1.6.1. By July 2011, develop a physician education program that can be used as a tool to assess tobacco use, discuss health risks of tobacco use and exposure, and refer users to 211 and other community resources.

*Measure:* 1.6.1.1. Physician education program developed.

Objective: 1.6.2. By July 2012, implement a physician education program.

*Measure:* 1.6.2.1. Number of physician offices who have adopted the program in their clinic.

Objective: 1.6.3. By December 2012, evaluate the effectiveness of the physician education program and report findings.

*Measure:* 1.6.3.1. Complete evaluation and report findings to CDHD management team and Board of Health.

### **Goal 1.7:** Reduce tobacco use among pregnant women enrolled in the Women, Infants, and Children (WIC) program.

Objective: 1.7.1. By June 2011, enroll 100 women in the "Quit Tobacco" cessation program.

*Measure:* 1.7.1.1. Number of WIC participants enrolled in the program from July 1, 2010 to June 30, 2011.

*Measure:* 1.7.1.2. Number of WIC participants who completed the "Quit

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Tobacco” program.

*Measure:* 1.7.1.3. Number of WIC participants who reduce using tobacco at 3-month post-program.

*Measure:* 1.7.1.4. Number of WIC participants who quit using tobacco at 3-month post-program.

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## Strategic Priority 2: **Decrease Obesity**

*Decrease the prevalence of overweight and obese children and adults in Health District 4 by 2016.*

**Goal 2.1:** By June 2016, reduce the prevalence of obese adults in Health District 4.

Objective: 2.1.1. By June 2011, reduce the percentage of pregnant WIC participants in the “greater than ideal” weight category from 45.6% to 43%.

*Measure:* 2.1.1.1. Analyze and report data from the WIC Nutrition Surveillance Trend Data to the CDHD management team and Board of Health.

Objective: 2.1.2. By June 2011, utilize Activate Treasure Valley nutrition and activity policy guidelines to assist businesses in creating worksite policies.

*Measure:* 2.1.2.1. Number of worksites implementing policies.

**Goal 2.2:** By June 2016, decrease the prevalence of overweight and obese children in Health District 4.

Objective: 2.2.1. By June 2011, accept/endorse communication opportunities to increase awareness about childhood obesity.

*Measure:* 2.2.1.1. Number of accepted/endorsed communication opportunities.

*Measure:* 2.2.1.2. Conduct media campaign to increase awareness that sugar-loaded beverages lead to obesity and health problems.

Objective: 2.2.2. By June 2011, partner with organizations and businesses to increase breastfeeding, access to healthy and affordable food and beverage options.

*Measure:* 2.2.2.1. Number of partner organizations and businesses, as well as the activity that supports the objective.

*Measure:* 2.2.2.2. Number of pediatricians and their staff who are interested in breastfeeding training.

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Objective: 2.2.3. By June 2011, partner with organizations and businesses to incorporate experiential nutrition education opportunities.

*Measure:* 2.2.3.1. Number of partner organizations and businesses, as well as the activity that supports the objective.

Objective: 2.2.4. By June 2012, educate organizations about decreasing screen (i.e., computer and TV) time.

*Measure:* 2.2.4.1. Number of organizations educated.

*Measure:* 2.2.4.2. Average number and total number of screen time hours among WIC children.

Objective: 2.2.5. By June 2011, educate organizations and businesses to increase options for daily physical activity.

*Measure:* 2.2.5.1. Number of organizations educated.

*Measure:* 2.2.5.2. Report options for increased daily physical activity to the CDHD management team and Board of Health.

Objective: 2.2.6. By April 2011, develop a physician education program that can be used as a tool to assess and educate patients and their families for obesity and diabetes.

*Measure:* 2.2.6.1. Physician education program developed.

Objective: 2.2.7. By June 2011, implement a physician education program.

*Measure:* 2.2.7.1. Number of physician offices who have adopted the program in their clinic.

Objective: 2.2.8. By June 2012, evaluate the effectiveness of the physician education program and report findings.

*Measure:* 2.2.8.1. Complete evaluation and report findings to the CDHD management team and Board of Health.

Objective: 2.2.9. By June 2011, conduct a public opinion survey to assess parental intent to eat at fast food restaurants.

*Measure:* 2.2.9.1. Analyze survey results and report findings to the CDHD management team and Board of Health.

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Objective: 2.2.10. By June 2012, reduce the percentage of WIC children at risk of being overweight from 13.5% to 11.5%.

*Measure:* 2.2.10.1. Analyze and report from the WIC Nutrition Surveillance Trend Data to the CDHD management team and Board of Health.

Objective: 2.2.11. By June 2012, reduce the percentage of WIC children who are overweight from 9% to 8%.

*Measure:* 2.2.11.1 Percent of change WIC Nutrition Surveillance Trend Data.

Objective: 2.2.12. By June 2011, increase the percentage of WIC breastfed infants at one month of age from 62.9% to 65.9%.

*Measure:* 2.2.12.1. Analyze and report from the WIC Nutrition Surveillance Trend Data to the CDHD management team and Board of Health.

Objective: 2.2.13. By June 2011, increase the percentage of WIC breastfed infants at six months of age from 32.5% to 35.5%.

*Measure:* 2.2.13.1. Analyze and report from the WIC Nutrition Surveillance Trend Data to the CDHD management team and Board of Health.

Objective: 2.2.14. By June 2016, conduct random sample assessment studies of body mass index (BMI) among elementary school students in Health District 4 no less than bi-annually.

*Measure:* 2.2.14.1. Analyze and report findings to the CDHD management team and Board of Health.

**Goal 2.3:** Positively affect the risk and severity of chronic disease through reduction of adult obesity.

Objective: 2.3.1. By June 2013, collect and report on local chronic disease indicators for adult obesity.

*Measure:* 2.3.1.1. Report surveillance findings to the CDHD management team and Board of Health.

*Measure:* 2.3.1.2. Report chronic conditions (e.g., diabetes, heart disease,

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etc.) on pregnant/postpartum Health District 4 WIC Nutrition Surveillance Trend Data to the CDHD management team and Board of Health.

*Measure:* 2.3.1.3. Report the prevalence of pre-diabetes among clients seeking services at Cardiac Risk Profile clinics to the CDHD management team and Board of Health.

**Goal 2.4:** Support built environment initiatives that address obesity into the next decade.

**Objective:** 2.4.1. By June 2011, develop and sustain collaborative relationships which support Smart Growth.

*Measure:* 2.4.1.1. Number of relationships developed and sustained.

*Measure:* 2.4.1.2. Number of relationships that mutually supported key initiatives to promote health and safety.

*Measure:* 2.4.1.3. Number of relationships that collaboratively applied for funding to promote Smart Growth.

**Objective:** 2.4.2. By June 2012, assess local support for recreational pathway development in selected communities in Health District 4.

*Measure:* 2.4.2.1. Number of contacts with community leaders or organizations promoting recreational development.

## Program Priorities

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### Strategic Priority 1: **Health Improvement**

*Improve the quality of life in the counties of Health District 4 and increase the years of healthy life among residents.*

**Goal 1.1:** Reduce the incidence of unintended pregnancies.

Objective: 1.1.1. By June 2012, increase client participation by 10% in family planning services at CDHD.

*Measure:* 1.1.1.1. Analysis of 2009/2010 and 2010/2011 client visit data will be conducted to evaluate volume and no-show rates.

*Measure:* 1.1.1.2. A survey will be conducted to collect data on the effectiveness of a media campaign to raise awareness of Reproductive Health clinic services.

*Measure:* 1.1.1.3. Survey results will be analyzed and reported to the CDHD management team and Board of Health.

Objective: 1.1.2. By June 2011, increase WIC client awareness of reproductive health services available at CDHD by 40%.

*Measure:* 1.1.2.1. Provided targeted information to WIC clients.

*Measure:* 1.1.2.2. Administer a follow-up survey to WIC clients regarding their awareness of reproductive health services provided at CDHD.

*Measure:* 1.1.2.3. Analyze and report follow-up survey results to the CDHD management team and Board of Health.

Objective: 1.1.3. By June 2012, develop a plan to expand outreach to secondary schools in rural communities.

*Measure:* 1.1.3.1. Plan developed.

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**Goal 1.2:** Reduce the prevalence of Baby Bottle Tooth Decay (BBTD) Risk Behaviors in children age 12 – 23 months.

Objective: 1.2.1. By June 2012, decrease the percentage of WIC children age 12 to 23 months who are at risk for BBTD from 35% to 30%.

*Measure:* 1.2.1.1. Analyze data from the WIC Nutrition Surveillance Trend Data and report findings to the CDHD management team and Board of Health.

**Goal 1.3:** Reduce the number of reported caries in children participating in the WIC program.

Objective: 1.3.1. By June 2011, increase the number of WIC children who receive fluoride varnish from 628 to 650.

*Measure:* 1.3.1.1. Analyze CDHD fluoride varnish data and report findings to the CDHD management team and Board of Health.

**Goal 1.4:** Increase application of dental varnish to children ages 6 months to 6 years receiving healthcare services at Family Medicine Residency of Idaho (FMRI).

Objective: 1.4.1. By June 2011, increase knowledge about oral health prevention, application of dental varnish, and appropriate current procedural terminology (CPT) coding for pediatric patients of FMRI.

*Measure:* 1.4.1.1. Analyze FMRI fluoride varnish data and report findings to the CDHD management team and Board of Health.

**Goal 1.5:** Increase numbers of dentists willing to see children ages 1 to 3 years old.

Objective: 1.5.1. By June 2012, increase the number of dentists serving children ages 1 to 3 by 15% above Boise State University oral health survey numbers collected in 2010.

*Measure:* 1.5.1.1. Analyze and report findings.

**Goal 1.6:** Reduce the prevalence of low hemoglobin in infants and children who participate in the WIC program.

Objective: 1.6.1. Reduce the percentage of low hemoglobin in infants and

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children from 10.8% to 7.8%.

*Measure:* 1.6.1.1. Analyze data from the WIC Nutrition Surveillance Trend Data and report findings to the CDHD management team and Board of Health.

**Goal 1.7:** Support advancement of mental health and substance abuse awareness and services in Health District 4.

*Objective:* 1.7.1. Participate in statewide effort to transform Idaho's behavioral health system, Region 4 Mental Health Advisory Board, and Region 4 Regional Advisory Committee (RAC) for substance abuse meetings.

*Measure:* 1.7.1.1. Number of meetings attended.

*Objective:* 1.7.2. By February 2012, evaluate and report on the current prevention strategies employed in Health District 4 to address underage alcohol use and adult alcohol abuse.

*Measure:* 1.7.2.1. Report findings to the CDHD management team and Board of Health.

**Goal 1.8:** Reduce the incidence of street drug usage among pregnant and breastfeeding women participating in the WIC program.

*Objective:* 1.8.1. By June 2012, collect baseline data on the incidence of street drug usage among pregnant and breastfeeding women.

*Measure:* 1.8.1.1. Report baseline data from the Women's, Infants, and Children Replacement Project (WISPr) report to the CDHD management team and Board of Health.

*Objective:* 1.8.2. By December 2012, develop a plan to reduce the incidence of street drug usage among pregnant and breastfeeding women.

*Measure:* 1.8.2.1. Plan developed.

**Goal 1.9:** Reduce the incidence of alcohol use among pregnant and breastfeeding women participating in the WIC program.

*Objective:* 1.9.1. By June 2012, collect baseline data on the incidence of alcohol use among pregnant and breastfeeding women participating in

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the WIC program.

*Measure:* 1.9.1.1. Report baseline data from the WISPr report to the CDHD management team and Board of Health.

*Objective:* 1.9.2. By December 2012, develop a plan to reduce the incidence of alcohol use among pregnant and breastfeeding women.

*Measure:* 1.9.2.1. Plan developed.

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## Strategic Priority 2: **Health Protection**

*Protect the public's health by minimizing the impact of infectious diseases and environment-related illnesses.*

**Goal 2.1:** Reduce the risk factors and disease burden of preventable infectious diseases.

Objective: 2.1.1. By June 2011, improve immunization rates among WIC clients 0-24 months old from 74% to 79%.

*Measure:* 2.1.1.1. Percent increase from August 2010 to June 2011.

Objective: 2.1.2. By June 2012, increase district immunizations rates from 75% to 80%.

*Measure:* 2.1.2.1. Percent increase from August 2010 to June 2011.

Objective: 2.1.3. By December 2012, increase immunization coverage rates among pediatric patients enrolled in the Birth Cohort Reminder Project.

*Measure:* 2.1.3.1. Percent increase among children from July 2010 to December 2011.

Objective: 2.1.4. By July 2013, decrease errors and invalid address fields in the Idaho Immunization Reminder Information System (IRIS).

*Measure:* 2.1.4.1. Percent decrease in invalid entries.

*Measure:* 2.1.4.2. Percent decrease in bad addresses due to relocation.

Objective: 2.1.5. By December 2012, vaccinate 60% of adolescents attending "BSU Physicals – Immunization campaign" participants who are not current on meningococcal and Tdap immunizations in Ada County.

*Measure:* 2.1.5.1. By February 2011, gain buy-in from partner agency, Ada Medical Society.

*Measure:* 2.1.5.2. Percent of vaccine coverage from date of campaign to October 1, 2012.

Objective: 2.1.6. By March 15, 2011, support IDHW efforts to update and pass new school entry and childcare immunization rules in the

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upcoming legislative session in accordance with current Advisory Committee on Immunization Practices (ACIP) recommendations.

*Measure:* 2.1.6.1. Rules accepted into law in 2011 legislative session.

Objective: 2.1.7. By July 2012, develop a plan to provide Tdap and Hepatitis B vaccines to high risk adults (i.e., shelter populations and drug users).

*Measure:* 2.1.7.1. Plan developed.

Objective: 2.1.8. By December 2016, increase adolescent (11 – 15 years of age) vaccine rates.

*Measure:* 2.1.8.1. Percent increase of reminders successfully delivered to parents/guardians.

*Measure:* 2.1.8.2. Increased capacity to provide vaccinations during school athletic physicals throughout Health District 4.

*Measure:* 2.1.8.3. Number of special clinics held to increase opportunities for vaccination.

Objective: 2.1.9. By June 2011, apply for HIV/AIDS funding that will support the development of a prevention program that targets populations identified as high-risk in the CDHD 2010 HIV/AIDS Report.

*Measure:* 2.1.9.1. Identify funding sources.

*Measure:* 2.1.9.2. Apply for funding.

Objective: 2.1.10. By June 2011, decrease no-show and dropout rates among latent tuberculosis (TB) patients by 25%.

*Measure:* 2.1.10.1. Percent decrease.

Objective: 2.1.11. By December 2011, set evidence-based public health priorities for communicable disease prevention in Health District 4.

*Measure:* 2. 1.11.1. Public health priorities set and approved by CDHD leadership.

Objective: 2.1.12. By June 2012, develop and implement a five-year plan to address public health priorities for communicable disease prevention in Health District 4.

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*Measure:* 2.1.12.1. By March 2012, plan developed.

*Measure:* 2.1.12.2. By June 2012, plan implemented.

Objective: 2.1.13. By June 2016, report outcomes of the five-year plan to prevent communicable diseases in Health District 4.

*Measure:* 2.1.13.1. Report completed and presented to the CDHD management team and Board of Health.

**Goal 2.2:** Protect health and prevent disease through assurance of physical environments that minimize exposure to harmful pathogens and environmental toxins or hazards.

Objective: 2.2.1. By June 2011, renew contract securing CDHD's role as the statewide central contractor for childcare health and safety inspections.

*Measure:* 2.2.1.1. Contract renewed.

Objective: 2.2.2. By June 2011, review sewage disposal program procedures to ensure compliance with the 2010 statewide Sewage Disposal Standard Operating Procedures (SOP) Manual.

*Measure:* 2.2.2.1. Procedures prescribed by the SOP Manual are adopted and implemented.

Objective: 2.2.3. By March 2011, enter into contract with the federal Food and Drug Administration (FDA), through Idaho Department of and Welfare (IDHW), to perform food safety inspections at a minimum of five food processing facilities in Health District 4.

*Measure:* 2.2.3.1. Contract between CDHD and FDA/IDHW signed and implemented.

Objective: 2.2.4. By June 2012, collaborate with community partners associated with Community Planning Association of Southwest Idaho (COMPASS) in reapplying for HUD Sustainable Communities Regional Planning Grant and HUD Community Challenge Grant.

*Measure:* 2.2.4.1. Attend meetings necessary to complete grant applications.

*Measure:* 2.2.4.2. Develop a plan for implementation of public health

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elements of the grants, if awarded.

*Measure:* 2.2.4.3. Participate in all meetings of the State Street Corridor Citizens' Advisory Committee held before July 1, 2012.

*Objective:* 2.2.5. By June 2013, assess community need for CDHD to support or conduct health impact assessments in Health District 4.

*Measure:* 2.2.5.1. Facilitated or participated in a community meeting of key stakeholders.

*Measure:* 2.2.5.2. Provided written recommendations to the key Stakeholders, CDHD management team, and Board of Health.

*Objective:* 2.2.6. By June 2014, assess community need for information and resources related to healthy indoor living conditions (e.g., mold, radon, lead, VOCs, carbon monoxide, etc.)

*Measure:* 2.2.6.1. Coordinated with the Bureau of Community and Environmental Health to assess need.

*Measure:* 2.2.6.2. Assessment completed and reported in writing to CDHD leadership/Board of Health.

### **Goal 2.3:** Expand content, evaluate, and promote Reveal4Real website

*Objective* 2.3.1. By June 2011, increase awareness and knowledge of sexually transmitted infection (STI) incidence.

*Measure:* 2.3.1.1. By December 2010, identify evidence-based website assessment criteria for evaluating the effectiveness of Reveal4Real.

*Measure:* 2.3.1.2. Conduct three separate focus groups to quantitatively study the knowledge gained by viewing the Reveal4Real website.

*Measure:* 2.3.1.3. Analyze quantitative results, summarize, and report findings to the CDHD management team and Board of Health.

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**Goal 2.4:** Mitigate poor public health outcomes following public health-related emergencies

Objective 2.4.1. By May 2011, score a minimum of 80% on the Cities Readiness Initiative, Technical Assistance Review (TAR).

*Measure:* 2.4.1.1. Score of the TAR.

Objective 2.4.2. By June 2011, ensure 85% of District Distribution Center and Point of Dispensing staff are proficient in skills to the level that they can train volunteers in assigned roles.

*Measure:* 2.4.2.1. Percent of staff trained.

Objective 2.4.3. By June 2012, increase outreach efforts with elderly, refugee, and other vulnerable populations.

*Measure:* 2.4.3.1. Number of new partnerships established since July of 2010.

*Measure:* 2.4.3.2. Hold a Special Needs Summit.

*Measure:* 2.4.3.3. Number of partner agency trainings and exercises completed.

Objective 2.4.4. By June 2011, establish a relationship with community pharmacies with the intent to gain support during public health emergencies (e.g., Point-of-dispensing assistance and/or medication delivery).

*Measure:* 2.4.4.1. Number of new pharmacy partnerships developed.

*Measure:* 2.4.4.2. Number of new agreements in place.

*Measure:* 2.4.4.3. Emergency Operations Plan updated to reflect changes.