

Central District Board of Health Meeting | Agenda AMD 1
707 N. Armstrong Pl, Boise, ID 83704
Friday, August 16, 2024 | 8:30 a.m.

The meeting will also be live on YouTube (see below) and available on our website for later viewing. Public comment will be accepted as noted on the agenda. Persons wishing to speak will have a maximum of three (3) minutes.

A = Board Action Required	I = Information Item
8:30 I	Call board meeting to order and roll call Comr. Elt Hasbrouck, Chair
8:32 A	Call for changes to agenda; vote to approve agenda Comr. Elt Hasbrouck, Chair
8:34 A	Discuss and vote on May 10, 2024 Board of Health minutes Comr. Elt Hasbrouck, Chair
8:35 A	Vote to enter Executive Session under Idaho Code 74-206(1)(f) to discuss pending litigation. Comr. Elt Hasbrouck, Chair
	74-206(1)(f) "To communicate with legal counsel for the public agency to discuss the legal ramifications of and legal options for pending litigation, or controversies not yet being litigated but imminently likely to be litigated."
A	Discuss and vote on any actions, if needed, to be taken after returning to regular session.
9:15 I	Provide status report on measles in the United States Victoria O'Dell, Staff
9:45 I	Discuss a retention incentive plan for Central District Health (CDH) employees to be included in the Cash Carryover Designations Russ Duke, District Director
9:55 I	Provide and review fiscal year 2024 yearend financial reports Laurel McMahan, Staff
10:15 A	Discuss and vote on cash carryover designations Laurel McMahan, Staff
10:30 I	Provide and review fiscal year 2025 financial report Laurel McMahan, Staff
10:40 I	Provide information on childcare and CDH's role Curtis Loveless, Staff Natasha Ferney, Staff
11:10 A	Discuss and vote on CDH participation in PRIDE 2024 Laurel McMahan, Staff
11:25 A	Discuss and vote on employer's portion of Social Security Laurel McMahan, Staff
11:40 A	Review and vote on resolutions Russ Duke, District Director
11:55 I	Director's Report Russ Duke, District Director
	<ul style="list-style-type: none"> Upcoming director's performance review

Ada & Boise County

707 N. Armstrong Pl. Boise, ID 83704
208-375-5211

Elmore County

520 E. 8th N. Mountain Home, ID 83647
208-587-4407

Valley County

703 1st St. McCall, ID 83638
208-614-7194

- | | | | |
|-------|--|---|----------------------------|
| 12:00 | | Public Comment. Limited to three (3) minutes. Additional time at the discretion of the chair. | Comr. Elt Hasbrouck, Chair |
| | | Adjournment | Comr. Elt Hasbrouck, Chair |

Note: The board will take a break as needed.

Next Meeting: Friday, October 18, 2024 at 8:30 a.m.



Public Comments and Viewing

Submit Written Comments: If your comments are in response to an agenda item for a specific meeting date, please note that comments must be received 24-hours in advance of the applicable meeting to allow for routing and board member review. All messages will be shared with the Board and included in public record. Email: boh@cdh.idaho.gov; or Mail to: CDH Board of Health, Attn: Russ Duke, 707 N. Armstrong Place, Boise, ID 83704. **View meetings live at:** <https://www.youtube.com/channel/UC4LJ1BM5Jv3zczecnYkXarw/>

CENTRAL DISTRICT HEALTH BOARD OF HEALTH REGULAR MEETING | MINUTES - DRAFT
Valley County Office, 703 1st Street, McCall, ID 83638
Friday, May 10, 2024 | Immediately Following Budget Committee Meeting at 10:00 a.m.

View meeting at youtube.com/channel/UC4LJ1BM5Jv3zczecnYkXarw/

Call board meeting to order and roll call – Comr. Elt Hasbrouck, Chair

Commissioner Elt Hasbrouck, Board Chair, called the Central District Health (CDH) Board of Health meeting to order at 10:08 a.m. The Board of Health members were identified by roll call: Commissioner Elt Hasbrouck, Chair; Dr. Jane Young; Dr. Ryan Cole; Dr. Greg Ferch; Commissioner Clay Tucker, V-Chair; Betty Ann Nettleton, RN (Ret), Trustee; and Commissioner Crystal Rodgers.

Guests and staff in attendance were Jackie McCleve and Rachel Grove, Idaho State Controller's Office; Russ Duke, District Director; Donna Mahan, Recorder; Laurel McMahan; Curtis Loveless; and Stephanie Myers.

Call for changes to agenda; vote to approve of agenda – Comr. Elt Hasbrouck, Chair

Chair Elt Hasbrouck called for changes to the agenda. Russ asked that the 11:10 a.m. agenda item, "Discuss and vote on purchasing a medical van unit," be removed from today's discussion based on learning that the St. Luke's motor home was no longer an option and considering our staff's immediate need for a utility van rather than a medical van. Russ expressed our preference not to pursue the medical van using the approved carryover funds. Instead, we will utilize our existing budget to procure a utility van to transport the necessary equipment.

Motion: Dr. Greg Ferch motioned to approve amending the agenda as stated, seconded by Betty Ann Nettleton. No further discussion, motion carried unanimously.

Discuss and vote on April 19 & April 25, 2024 Board of Health minutes – Comr. Elt Hasbrouck, Chair

Chair Elt Hasbrouck asked for approval of the April 19 and April 25 minutes as presented.

Motion: Commissioner Clay Tucker motioned to approve the April 19 and April 25 board minutes as presented, seconded by Dr. Ryan Cole. No further discussion, motion carried unanimously.

Review and discuss FY-2024 financial report – Laurel McMahan, Staff

The FY-2024 Budget to Actual for April 2024 report reflected that we are 83% through this budget fiscal year. Total revenues are 90% of the budget. Fees are 81%, contracts are 67%, and county contributions are 97%. Total expenditures are at 79%. Personnel costs are 77%, and operating costs are 83%. Capital costs are 146%, and trustee and benefits costs are 83%. The FY-2024 Cash Balance Statement and Reserve Report at the end of April reflected a total cash balance of \$9,999,396. The total reserve fund designations are \$5,918,284, with a restricted fund amount of \$4,351,776, leaving an undesignated/unrestricted balance of (\$270,664).

Discuss and vote on employer's portion of Social Security – Russ Duke, District Director

At the board's request, a survey was conducted among the staff to determine their preference if CDH no longer participates in Social Security. Out of the 78 responses received, 34 employees preferred directing the funds to their

Ada & Boise County

707 N. Armstrong Pl. Boise, ID 83704
208-375-5211

Elmore County

520 E. 8th N. Mountain Home, ID 83647
208-587-4407

Valley County

703 1st St. McCall, ID 83638
208-614-7194

salary, while 44 opted for allocation to a retirement plan. Following deliberation, the board decided to allocate CDH's share to an employee retirement account, specifically noting PERSI Choice. In the upcoming August board meeting, the staff will present guidance to assist the board in finalizing the investment plan.

Motion: Dr. Greg Ferch motioned to consider the PERSI Choice retirement option in lieu of contributing to Social Security in a matching format with details to be determined, seconded by Dr. Jane Young. No further discussion, motion carried unanimously.

Review and vote on CDH Fee Policy – Laurel McMahan, Staff

Laurel reviewed the proposed clarification of the CDH Fee Policy to ensure greater consistency. The fees will be revisited annually at the May Board of Health meeting, the conversion factor for Family and Clinic Services fees will be assessed in the odd calendar years with the possibility of adjustments, and the top forty most frequently performed Family & Clinic Services will also undergo review.

Motion: Betty Ann Nettleton motioned to approve the CDH Fee policy as presented. Dr. Jane Young seconded. No further discussion, motion carried unanimously.

Review and vote on FY-2025 fees – Laurel McMahan, Staff

After reviewing and discussing questions by the board for the FY-2025 fees, the board moved to approve the fees as presented.

Motion: Dr. Jane Young motioned to approve the FY-2025 fees as presented, seconded by Commissioner Crystal Rodgers. No further discussion, motion carried unanimously.

Director's Report – Russ Duke, District Director

Idaho Association of District Boards (IADBH)

Russ emphasized the significance of participating in IADBH, scheduled for October 23 and 24 in Idaho Falls, and requested suggestions for resolutions in advance of the conference. Further details will be provided.

Municipal Landfill

Public Health Districts (PHD) have regulatory oversight to ensure that landfills operate according to the approved plans. The PHDs are taking measures to clarify the authority and responsibility for enforcing regulations on landfill operations by inviting Jess Byrne, director of DEQ, to their October meeting to gain insight into the enforcement of landfills from their perspective. This step is important for both the health districts and DEQ to understand who has the actual authority to ensure landfill operations comply with the law.

Bird Flu

As an awareness, a few dairy cow herds have tested positive for bird flu in Idaho, but at this time it is very rarely transmissible to humans.

SB 1329

Senate Bill 1329, which requires consent for minors receiving virtually any form of healthcare, including preventive healthcare and mental health services, will go into effect on July 1, 2024. The health districts have been working closely with our legal counsel to obtain guidance for ensuring compliance with this law.

Public Comment – *Comr. Elt Hasbrouck, Chair*

No public comments were brought before the board.

Adjournment – *Comr. Elt Hasbrouck, Chair*

The next Board of Health meeting will be on Friday, August 16, 2024, starting at 8:30 a.m. at the Boise office. The board adjourned at 11:36 a.m.

Attest:

Commissioner Elting Hasbrouck
Board Chair

Russell A. Duke, District Director
Secretary to the Board of Health

Date approved: _____



Measles in the United States

Victoria O'Dell
August 16, 2024

EXCELLENCE | POSITIVE IMPACT | PARTNERSHIP | INNOVATION | CREDIBILITY | HUMANITY

1

Agenda

- Measles and what it is
- Current United States cases
- Dispelling misconceptions
- Protecting the community
- Public health action



2

2

Disease Basics

- Viral illness
- Vaccine preventable
- Spread through infectious droplets or by airborne spread
- 9 out of every 10 susceptible people exposed develops disease
- Virus can remain infectious in the air for up to 2 hours after an infected individual leaves the area

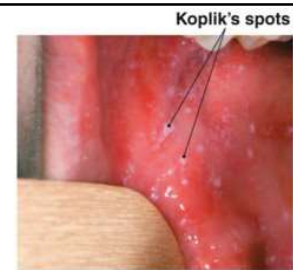


3

3

Symptoms

- Fever up to 105°F
- Malaise
- Cough
- Coryza (inflammation of mucous membranes in the nose)
- Koplik's spots
- Maculopapular rash

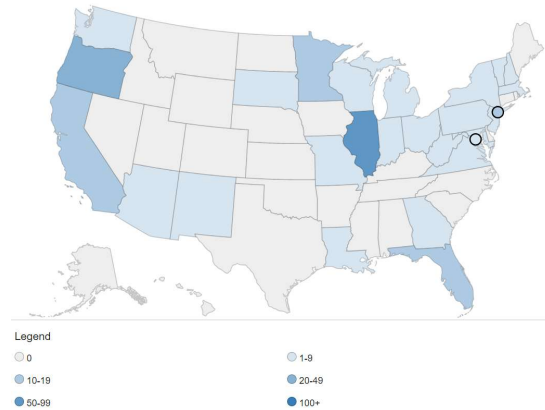


4

4

Measles Cases in the United States

- CDC is updating their page about the 2024 cases weekly
- 203 cases of measles have been reported in 2024 (8/1/24)



5

5

Misconceptions We Have Heard

- Myth: Central District Health will issue lockdowns.
 - Fact: Lockdown orders are issued by the governor and Central District Health is not involved in this process.
- Myth: Central District Health will close the schools.
 - Fact: We *cannot* close schools. Per Idaho Statue 33-212, this can only be done by the governor or the school board.
- Myth: Central District Health will call the police if I have measles or was exposed to measles.
 - Fact: We provide recommendations for quarantine and isolation based on IDAPA code. Orders of Isolation do exist but are rarely used. They must be signed off by the District Director and a judge.



6

6

Protecting Our Community's Health

- We encourage everyone to talk with their health care provider about their vaccine status.
- When traveling outside of the United States, everyone should talk with their doctor or a travel clinic about ways to stay healthy.
- If someone is having symptoms, we encourage them to seek medical care but call ahead to avoid additional exposures.



7

7

Public Health Action

- Communicating with someone with measles
 - Trying to determine how they were exposed
 - Offering guidance to decrease spread
 - Eliciting contacts and helping notify contacts
 - Answering questions
- Communicating with people exposed to measles
 - Informing them, confidentially, about their exposure
 - Offering guidance to decrease spread
 - Answering questions and providing education on signs and symptoms
 - Discussing prophylaxis options



8

8

FY 2024 Budget to Actual Report July 2023 - June 2024

Fiscal Year % Elapsed 100.00%

REVENUES:	FEES			CONTRACTS			OTHER			TOTAL REVENUE		% to Budget	
	Budget	Actual	%	Budget	Actual	%	Budget	Actual	%	Budget	Actual		
Administration	0	500	0%	0	330,538	0%	0	0	0%	0	331,038	0%	
Support Services	0	1,259	0%	0	13,276	0%	18,400	64,348	350%	18,400	78,883	429%	
Community and Environmental Health	1,326,000	1,325,219	100%	6,272,100	5,301,738	85%	50,000	1,859,758	3720%	7,648,100	8,486,715	111%	
Family and Clinic Services	638,500	544,249	85%	3,763,800	3,180,507	85%	50,400	28,400	56%	4,452,700	3,753,157	84%	
DISTRICT TOTAL	1,964,500	1,871,227	95%	10,035,900	8,826,058	88%	118,800	1,952,507	1644%	12,119,200	12,649,792	104%	
										County Contributions	5,351,401	5,176,059	97%
										Interest Revenue	130,400	545,171	418%
										REVENUE:	17,601,001	18,371,022	104%
										TOTAL FUNDING:	17,601,001	18,371,022	104%

EXPENDITURES:	PERSONNEL			OPERATING			CAPITAL			TRUSTEE & BENEFITS			TOTAL EXPENDITURES		% to Budget
	Budget	Actual	%	Budget	Actual	%	Budget	Actual	%	Budget	Actual	%	Budget	Actual	
Administration	575,200	595,631	104%	146,900	180,564	123%	0	0	0%	0	5,500	0%	722,100	781,695	108%
Support Services	1,640,500	1,779,328	108%	711,800	1,292,515	182%	19,800	46,080	233%	0	0	0%	2,372,100	3,117,922	131%
Community and Environmental Health	5,253,000	4,578,033	87%	2,588,900	2,247,923	87%	0	0	0%	727,400	830,863	114%	8,569,300	7,656,818	89%
Family and Clinic Services	5,120,700	4,542,181	89%	970,000	672,926	69%	33,200	34,792	105%	0	26,242	0%	6,123,900	5,276,140	86%
DISTRICT TOTAL	12,589,400	11,495,173	91%	4,417,600	4,393,927	99%	53,000	80,872	153%	727,400	862,604	119%	17,787,400	16,832,576	95%

FY 2024 REVENUE & EXPENDITURE REPORT

July 2023 - June 2024

Fiscal Year % Elapsed

100.00%



NOTES

REVENUES:

	<u>July - June</u>		
	FY 22	FY 23	FY 24
<u>Fees:</u>			
Community and Environmental Health			
Sewage Disposal	652,575	591,875	521,315
Land Programs - Other	110,569	76,015	68,744
Food Programs <i>(updated)</i>	553,908	693,126	654,728
Child Care Licensing	35,895	51,020	34,305
Other (incl. Vital Stat's)	57,832	57,009	50,821
Subtotal:	1,410,779	1,469,045	1,329,913
<u>Family and Clinic Services</u>			
Central Care	111,206	99,792	123,174
Immunizations	82,416	87,968	82,486
Reproductive Health	175,522	144,901	150,640
Child Dental Clinic	42,504	51,468	50,600
Home Visitation	97,037	134,774	136,315
Other	18,805	8,511	1,200
Subtotal:	527,489	527,414	544,416
TOTAL FEES:	1,938,268	1,996,459	1,874,329

Contracts:

Community and Environmental Health	4,981,825	6,519,230	5,301,738
Family and Clinic Services	2,490,958	3,824,539	3,180,507
TOTAL CONTRACTS:	7,472,784	10,343,769	8,482,245

REVENUES

	Budget Total	Budget to Date	Actual to Date	% Over (Under)
Fees	1,964,500	1,964,500	1,874,329	-4.6%
Contracts	10,035,900	10,035,900	8,482,245	-15.5%

EXPENDITURES:

Personnel Costs:

Completed payperiods: 26/26 100.0%
 Current spending: 91.3%

Budget Total	Budget to Date	Actual to Date	Under (Over)	% Under (Over)
12,589,400	12,589,400	11,495,173	1,094,227	8.7%

Operating Costs:

Budget Total	Budget to Date	Actual to Date	Under (Over)	% Under (Over)
4,417,600	4,417,600	4,393,927	23,673	0.5%

Trustee and Benefit Costs:

Budget Total	Budget to Date	Actual to Date	Under (Over)	% Under (Over)
727,400	727,400	862,604	(135,204)	-18.6%

Capital Outlay:

Budget Total	Budget to Date	Actual to Date	Under (Over)	% Under (Over)
53,000	53,000	80,872	(27,872)	-52.6%



FY24 Cash Balance Statement

For Month Ending: June 2024

Cash Balances

Fund #	Name	Location	Beginning Balance	Change	Ending Balance
N/A	Cash on Hand	CDH	1,060	1,450	2,510
29000	Operating	State Treasurer - General	652,029	797,283	1,449,312
49900	Millennium Fund	State Treasurer - General	-	-	0
62500	LGIP - Operating	State Treasurer - LGIP	8,305,234	383,171	8,688,405
62500	LGIP - Capital	State Treasurer - LGIP	1,000,000	-	1,000,000

Total Cash Balances at Month End \$ **11,140,228**

Reserve Fund Designations

Special Projects/Carryover Designation	Expenditure to		Balance
	Approved Request	Date	
Environmental Health system upgrades	\$ 150,000	\$ 3,136	\$ 146,864
Employee Retention	\$ 117,000	\$ 117,000	\$ -
Van Purchase	\$ 100,000	\$ -	\$ 100,000
	\$ -	\$ -	\$ -
	\$ 367,000	\$ 120,136	\$ 246,864

Personnel Reserve Fund 27th Pay Period 290,500

Operational Reserve Funds
\$4,381,500 designated (3-month cash flow target = \$4,381,500) 4,381,500

Capital Reserve Fund for Building/Capital 1,000,000

Total Reserve Fund Designations \$ **5,918,863**

Total Restricted Funds \$ **4,354,066**

Cash Balance Undesignated/Unrestricted \$ **867,298**

FY-2025 CARRYOVER AND RESERVE FUND PROPOSAL

TOTAL CASH BALANCE -- 06/30/24		\$ 11,140,228
LESS: Cash on hand		2,510
LESS: Restricted/Committed Cash		
Millennium Fund Core Activities	4,303	
Citizens Review Panel	1,271	
Vaping	170	
Opioid Settlement	2,874,607	
SBIRT Ada Co ARPA	49,304	
SFAP Ada Co ARPA	824,550	
PAT Ada Co ARPA	10,321	
NFPHV Ada Co ARPA	69,418	
State Home Visitation	135,678	
WICHC	110,866	
FY2024 Encumbrances	273,579	
		4,354,066
TOTAL AVAILABLE CASH BALANCE -- 06/30/24		\$ 6,783,652

PROPOSED SPECIAL PROJECTS/CARRYOVER DESIGNATIONS

Environmental Health System Upgrades	296,864	
Employee Retention	139,000	
CDH Staffing Needs	299,100	
Armstrong Bathroom Remodel	100,000	
McCall Office Refresh	50,000	
Conference Room Furniture Upgrade	80,000	
Total Special Projects/Carryover Designations		964,964

PROPOSED FY-25 RESERVE FUND DESIGNATIONS

Personnel Reserve Fund (27th Pay Period)	279,300	*
Operational Reserve Fund	4,520,000	**
Capital Reserve Fund	1,000,000	***
Total Reserve Fund Designations		5,799,300

UNDESIGNATED AVAILABLE CASH BALANCE		\$ 19,388.08
--	--	---------------------

* *Personnel Reserve Fund is the designation for 27th pay period which occurs every 11 years. The next 27th pay period will occur in FY2028. Each year we add 1/11 of a current pay period cost which adds up to \$235,500 through FY 2024. For the current fiscal year we will be adding \$43,800 to the balance.*

** *Operational Reserve Fund: Estimate FY 2025 three-month cash flow target is approximately \$4.52 million. Additional \$138500 will need to be added to bring amount to estimate*

*** *Capital Reserve Fund: Proposed designation of \$1,000,000 for future capital needs.*

FY 2025 Budget to Actual Report July 2024 - July 2024

Fiscal Year % Elapsed 8.33%

REVENUES:	FEES			CONTRACTS			OTHER			TOTAL REVENUE		% to Budget
	Budget	Actual	%	Budget	Actual	%	Budget	Actual	%	Budget	Actual	
Administration	0	0	0%	90,600	28,179	31%	0	0	0%	90,600	28,179	31%
Support Services	0	0	0%	59,300	0	0%	35,600	2,107	6%	94,900	2,107	2%
Community and Environmental Health	1,456,300	87,655	6%	5,139,700	720,826	14%	713,800	0	0%	7,309,800	808,481	11%
Family and Clinic Services	504,200	63,729	13%	3,411,300	460,136	13%	19,200	1,323	7%	3,934,700	525,188	13%
DISTRICT TOTAL	1,960,500	151,384	8%	8,700,900	1,209,141	14%	768,600	3,430	0%	11,430,000	1,363,955	12%
							County Contributions			5,511,800	58,779	1%
							Interest Revenue			637,500	41,500	7%
							Restrict/Reserve			474,400	0	0%
							REVENUE:			18,053,700	1,464,234	8%
							TOTAL FUNDING:			18,053,700	1,464,234	8%

EXPENDITURES:	PERSONNEL			OPERATING			CAPITAL			TRUSTEE & BENEFITS			TOTAL EXPENDITURES		% to Budget
	Budget	Actual	%	Budget	Actual	%	Budget	Actual	%	Budget	Actual	%	Budget	Actual	
Administration	572,400	47,297	8%	186,900	358	0%	0	0	0%	5,500	0	0%	764,800	47,655	6%
Support Services	1,773,700	140,583	8%	670,600	121,992	18%	464,000	3,173	1%	0	0	0%	2,908,300	265,748	9%
Community and Environmental Health	4,825,200	359,153	7%	3,046,000	331,183	11%	0	0	0%	728,400	12,360	2%	8,599,600	702,697	8%
Family and Clinic Services	4,992,800	330,396	7%	788,200	41,527	5%	0	0	0%	0	7,977	0%	5,781,000	379,900	7%
DISTRICT TOTAL	12,164,100	877,430	7%	4,691,700	495,059	11%	464,000	3,173	1%	733,900	20,338	3%	18,053,700	1,396,000	8%

FY 2025 REVENUE & EXPENDITURE REPORT

July 2024 - July 2024

Fiscal Year % Elapsed **8.33%**

NOTES

REVENUES:

Fees:

	FY 23	July - July FY 24	FY 25
Community and Environmental Health			
Sewage Disposal	67,470	-	61,491
Land Programs - Other	6,207	-	6,268
Food Programs <i>(updated)</i>	40,992	-	16,152
Child Care Licensing	4,035	-	4,250
Other (incl. Vital Stat's)	1,268	-	(506)
Subtotal:	119,972	-	87,655
Family and Clinic Services			
Central Care	11,090	-	18,353
Immunizations	6,794	-	8,570
Reproductive Health	13,850	-	13,626
Child Dental Clinic	201	-	1,784
Home Visitation	4,244	-	20,260
Other	396	-	1,135
Subtotal:	36,576	-	63,729
TOTAL FEES:	156,548	-	151,384

Contracts:

Administration	-	-	28,179
Support Services	-	-	-
Community and Environmental Health	4,981,825	6,519,230	720,826
Family and Clinic Services	2,490,958	3,824,539	460,136
TOTAL CONTRACTS:	7,472,784	10,343,769	1,209,141

REVENUES

	Budget Total	Budget to Date	Actual to Date	% Over / -Under
Fees	1,960,500	163,375	151,384	-7.3%
Contracts	8,700,900	725,075	1,209,141	66.8%

EXPENDITURES:

Personnel Costs:

Completed payperiods:	2/26	7.7%
Current spending:		7.2%

Budget Total	Budget to Date	Actual to Date	Over / -Under	% Over / -Under
12,164,100	935,700	877,430	-58,270	-6.2%

Operating Costs:

Budget Total	Budget to Date	Actual to Date	Over / -Under	% Over / -Under
4,691,700	390,975	495,059	104,084	26.6%

Trustee and Benefit Costs:

Budget Total	Budget to Date	Actual to Date	Over / -Under	% Over / -Under
733,900	61,158	20,338	-40,821	-66.7%

Capital Outlay:

Budget Total	Budget to Date	Actual to Date	Over / -Under	% Over / -Under
464,000	38,667	3,173	-35,493	-91.8%

FY25 Cash Balance Statement

For Month Ending: July 2025

Cash Balances

<u>Fund #</u>	<u>Name</u>	<u>Location</u>	<u>Beginning Balance</u>	<u>Change</u>	<u>Ending Balance</u>
N/A	Cash on Hand	CDH	2,510	-	2,510
29000	Operating	State Treasurer - General	1,446,531	(209,861)	1,236,670
49900	Millennium Fund	State Treasurer - General	-	-	0
62500	LGIP - Operating	State Treasurer - LGIP	8,688,405	(208,501)	8,479,905
62500	LGIP - Capital	State Treasurer - LGIP	1,000,000	-	1,000,000

Total Cash Balances at Month End \$ 10,719,085

Reserve Fund Designations

<u>Special Projects/Carryover Designation</u>	<u>Expenditure to</u>		<u>Balance</u>
	<u>Approved Request</u>	<u>Date</u>	
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -

Personnel Reserve Fund 27th Pay Period 235,500

Operational Reserve Funds
\$4,381,500 designated (3-month cash flow target = \$4,381,500) 4,381,500

Capital Reserve Fund for Building/Capital 1,000,000

Total Reserve Fund Designations \$ 5,617,000

Total Restricted Funds \$ 4,574,230

Cash Balance Undesignated/Unrestricted \$ 527,855

Idaho Association of District Boards of Health

Resolutions for Renewal or Archiving

October 23-24, 2024

- **17-01 Resolution Supporting Prevention of Excessive Alcohol Use**
- **17-02 Resolution Concerning the Prevention of Opioid Drug Overdose Through Prescriber Education**
- **17-04 Resolution to Support a Tobacco Tax Increase in the State of Idaho**
- **22-02 Resolution to Remove the Food Establishment License Fee in Idaho Code**

Ada & Boise County

707 N. Armstrong Pl. Boise, ID
83704
208-375-5211

Elmore County

520 E. 8th N. Mountain Home, ID
83647
208-587-4407

Valley County

703 1st St. McCall, ID
83638
208-614-7194

17-01 Resolution Supporting Prevention of Excessive Alcohol Use

WHEREAS, excessive alcohol use includes binge drinking (five or more drinks during a single occasion for men and four or more drinks in a single occasion for women), underage drinking and drinking while pregnant¹; and

WHEREAS, recognizing that children who consume alcohol before age 15 are four times more likely to develop alcohol dependence at some point in their lives versus children who abstain from alcohol until they are 21²; and

WHEREAS, recognizing that alcohol use is the third-leading preventable cause of death in the United States, with an estimated 88,000 deaths annually related to alcohol³; and

WHEREAS, recognizing that reports of being harassed in public, harassed at a party, physically hurt, scolded, frightened, and kept awake due to others' alcohol use is more frequent in youth than other age groups³; and

WHEREAS, alcohol is more likely to be a factor in violence where the attacker and victim know each other (such as domestic violence). Among victims of domestic violence, alcohol is involved in 55% of reported cases and alcohol was a factor in 65% of spousal violence⁴; and

WHEREAS, recognizing the Idaho Youth Risk Behavior Surveillance Survey found that in 2019, 27% of high school students had at least one drink of alcohol during the 30 days prior to the survey⁵; and

WHEREAS, recognizing that in 2019, 15.9% of Idaho students engaged in binge drinking (defined as having five or more drinks in a row) during the 30 days prior to completing the survey⁵; and

WHEREAS, excessive drinking results in 437 deaths and 12,311 years of potential life lost each year in Idaho⁶.

WHEREAS, the beer tax in Idaho was last changed in 1961 and is ranked 38th out of 50 states^{7,8} and,

WHEREAS, the wine tax in Idaho began in 1971 and has not been changed since then and is ranked 36th out of 50 states^{7,8}.

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health support the best practice recommendations to decrease excessive alcohol use by raising state excise taxes on alcohol; restricting access to alcohol through increased compliance checks and responsible beverage service programs; and increasing community mobilization efforts to assess problems and resources needed to combat underage drinking.

Section: Other Community Health Issues

Adopted by the Idaho Association of District Boards of Health: June 9, 2017

Replaced 15-01; Updated June 17, 2021

Resolutions 17-01 (continued)

- 1 Preventing Excessive Alcohol Use. Centers of Disease Control and Prevention. [Preventing Excessive Alcohol Use | CDC](#). Accessed on May 12, 2021
- 2 Alcohol. National Institute of Drug Abuse. [What is Alcohol? Facts & Effects of Drinking | NIDA for Teens \(drugabuse.gov\)](#) Accessed on May 12, 2021
- 3 Addressing Alcohol- Related Harms: A Population Level Response. American Public Health Association Policy Statement, November 5, 2019.
- 4 Alcohol Drugs and Crime. National Council on Alcoholism and Drug Dependence Inc. [Alcohol, Drugs and Crime \(ncadd.org\)](#). Accessed on May 12, 2021
- 5 Centers for Disease Control and Prevention. 2019 Youth Risk Behavior Survey. Available at: www.cdc.gov/yrbs. Accessed on May 11, 2021.
- 6 Centers for Disease Control and Prevention. Prevention Status Reports 2013: Excessive Alcohol Use—Idaho. Atlanta, GA: US Department of Health and Human Services; 2014.
- 7 <https://tax.idaho.gov/i-1021.cfm>. Accessed on May 11, 2021
- 8 <http://www.tax-rates.org/idaho/excise-tax>. Accessed on May 11, 2021

17-02 Resolution Concerning the Prevention of Opioid Drug Overdose Through Prescriber Education

WHEREAS, sales of prescription opioids in the U.S. nearly quadrupled from 1999 to 2014¹; and

WHEREAS, in 2019, healthcare providers wrote 153 million prescriptions for painkillers, enough for 75% of American adults to have a bottle of pills²; and

WHEREAS, during 2019, drug overdoses accounted for 70,630 U.S. deaths, of those, 70% involved an opioid³; and

WHEREAS, overall, more Americans die every year from drug overdoses than they do in motor vehicle crashes⁴, making nonprescription use of opiates now the second most common cause of substance abuse disorder in the U.S.⁶; and

WHEREAS, as a result, prescription drug abuse prevention is a top priority for the Centers for Disease Control and Prevention; and

WHEREAS, per 100 people, Idaho healthcare providers prescribed 53.4 painkiller prescriptions in 2019⁴; and

WHEREAS, Idaho ranked 27th in the nation in 2019 for nonmedical use of prescription pain relievers among persons aged 12 years and older⁵; and over 14% of high school students reported taking prescriptions not prescribed by a doctor⁵; and

WHEREAS, in 2019, an Idahoan died every 33 hours from drugs, more than tripling the drug-induced death rate since 2000⁵; and

WHEREAS, Idaho Public Health Districts are responsible to promote and protect the health of Idaho citizens; and

WHEREAS, Idaho Public Health Districts provide services to individuals and families who are affected by prescription drug abuse;

THEREFORE BE IT RESOLVED that Idaho Public Health Districts seek opportunities to collaborate with stakeholders such as the Office of Drug Policy, Idaho Department of Health and Welfare, and institutions of higher education, as well as other pertinent community organizations, to prevent the misuse and abuse of prescription drugs. The Idaho Public Health Districts will provide prescriber education on the opioid epidemic and encourage active use of Idaho's Prescription Monitoring Program (PMP).

Section: Other Community Health Issues

Adopted by the Idaho Association of District Boards of Health: June 9, 2017

Updated June 17, 2021; Replaced 13-02

Resolution 17-02 (continued)

Centers for Disease Control and Prevention. [Increases in Drug and Opioid-Involved Overdose Deaths -- United States, 2010-2015](#). MMWR 2016; 65(50-51);1445–1452.

Centers for Disease Control and Prevention: [2019 U.S. Opioid Dispensing Rate Maps](#) (2020)

Centers for Disease Control and Prevention: [Drug Overdose Deaths](#) (2021)

NHTSA: [2019 Fatality Data Show Continued Annual Decline in Traffic Deaths](#) (2020)

Idaho Office of Drug Policy: [Substance Misuse Prevention Needs Assessment](#) (2019)

Idaho Division of Public Health: [Idaho Opioid Data Dashboard](#) (2020)

17-04 Resolution to Support a Tobacco Tax Increase in the State of Idaho

WHEREAS, cigarette smoking remains the leading cause of preventable disease and death in the United States and in Idaho. Annually 1,800 Idahoans die from smoking-attributable deaths (1,2); and

WHEREAS, 400 Idaho youth under 18 will become new smokers each year and 30,000 Idaho youth that are alive today will die from smoking (2,3); and

WHEREAS, Idaho's cigarette tax ranks 46th in the nation (57 cents/pack), is lower than all of the surrounding states, and is substantially lower than the average cigarette tax per pack at \$1.91 per pack (4); and

WHEREAS, Idaho spends 508 million in smoking-attributable medical costs and 433.9 million in smoking-attributable lost productivity costs annually (2,3); and

WHEREAS, numerous economic studies in peer-reviewed journals have documented that cigarette tax or price increases reduce both adult and youth smoking (5), and

WHEREAS, every state that has significantly raised its cigarette tax has enjoyed substantial increases to state cigarette tax revenues despite significant declines in smoking rates and taxed pack sales (6), and

WHEREAS, state funding levels for comprehensive tobacco prevention and control programs are sorely inadequate to support effective and sustained tobacco control efforts while satisfying only 30.5% of the CDC recommended spending level (7):

THEREFORE, BE IT RESOLVED, that the Idaho Association of Boards of Health supports increasing the tobacco tax to enhance comprehensive tobacco prevention and control efforts to reduce youth and adult tobacco use rates.

Section: Tobacco

Adopted by the Idaho Association of District Boards of Health: June 2007

Revised June 2010; Revised June 2011; Revised June 9, 2017; Updated June 17, 2021

Updated from Resolution 11-00, 10-02, and 07-01

1 Centers for Disease Control and Prevention. *Diseases and Death*. March 23, 2020. Accessed on May 14, 2021.

Campaign for Tobacco Free Kids. *Toll of Tobacco in the United States*. April 16, 2021. www.tobaccofreekids.org. Accessed on May 14, 2021.

2 Campaign for Tobacco Free Kids. *Key State-Specific Tobacco Related Data and Rankings*. April 19, 2021. www.tobaccofreekids.org. Accessed on May 14, 2021.

3 Campaign for Tobacco Free Kids. *State Cigarette Excise Tax Rates and Rankings*. March 15, 2021. www.tobaccofreekids.org. Accessed on May 14, 2021.

4 Campaign for Tobacco Free Kids. *Raising Cigarette Taxes Reduces Smoking, Especially Among Kids*. March 15, 2021. www.tobaccofreekids.org. Accessed on May 14, 2021.

5 Campaign for Tobacco Free Kids. *Tobacco Tax Increases are a Reliable Source of Substantial New State Revenue*. April 20, 2021. www.tobaccofreekids.org. Accessed May 14, 2021.

6 American Lung Association. *State of Tobacco Control 2021*. Accessed on May 14, 2021.

22-02 Resolution to Remove the Food Establishment License Fee in Idaho Code

WHEREAS, protecting the public from the hazards of food borne illness and disease is a primary function of Idaho's Public Health Districts; and

WHEREAS, the Centers for Disease Control and Prevention estimates that one in six Americans, or 48 million people, get sick from foodborne illnesses every year. Approximately 229,000 of these are hospitalized and 3,000 die¹; and

WHEREAS, foodborne illness poses a \$77.7 billion economic burden in the United States annually², and

WHEREAS, it is well recognized that foodborne outbreaks can be devastating to a food establishment business; and

WHEREAS, the Public Health Districts are committed to providing an appropriate balance between code enforcement and education; and

WHEREAS, the food protection system in Idaho presently meets state standards, but fails to meet the national standards for inspection frequency for establishments deemed to be high risk for foodborne illness; and

WHEREAS, the Public Health Districts are required by the Idaho Food Code to perform at least one food safety inspection per year for each licensed food establishment; and

WHEREAS, general state appropriation funding is no longer provided to the Public Health Districts to subsidize food establishment inspection fees for private businesses, placing the full burden on the county tax payers;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports removing food establishment license fees in Idaho Code and allowing the local boards of health to establish a fee based on the actual cost to deliver the food safety inspection program.

Section: Environmental Health

Adopted by the Idaho Association of District Boards of Health: June 9, 2016

Readopted June 9, 2017; Revised June 9, 2022

¹Centers for Disease Control and Prevention. "Estimates of Foodborne Illness in the United States," page last updated November 5, 2018, accessed March 10, 2022, <http://www.cdc.gov/foodborneburden/>.

²Bottemiller, H. "Annual Foodborne Illnesses Cost \$77 Billion, Study Finds, Food Safety News," (January 3, 2012), accessed March 10, 2022. <http://www.foodsafetynews.com/2012/01/foodborne-illness-costs-77-billion-annually-study-finds/#.Vum0BNrKcN>

Idaho Association of District Boards of Health

New Resolutions

October 23-24, 2024

- **New Resolution: Submitted by PHD7: Support to Clarify Roles Pertaining to Solid Disposal in Idaho**
- **Potential New Resolution: To be determined by PHD4 to submit: Resolution to Increase WIC Participation in Idaho**

Ada & Boise County

707 N. Armstrong Pl. Boise, ID
83704
208-375-5211

Elmore County

520 E. 8th N. Mountain Home, ID
83647
208-587-4407

Valley County

703 1st St. McCall, ID
83638
208-614-7194



Idaho Association of District Boards of Health

Resolution Proposal Cover Sheet

To be complete and included with an IADBH Resolution Proposal.

Resolution Title: Support to Clarify Roles Pertaining to Solid Waste Disposal in Idaho

Sponsor:

Statues Affected: Idaho Code 39-7406 (c)

Proposal Purpose

Background Information: To remove Public Health Districts from Idaho Code or clarify responsibilities of DEQ and Local Public Health Districts on the regulations of Sites

Desired Action: Remove PHD from Idaho Code

Arguments and Entities in Support: Idaho Solid Waste Association (ISWA)

Argument and Entities Against: [Click or tap here to enter text.](#)

Fiscal Impact: Limited Savings to each Health District from unfunded mandate that does not have a fee attached to program as well as reduced the threat of potential legal liability.

Support to Clarify Roles Pertaining to Solid Waste Disposal in Idaho

WHEREAS, the accumulation of poorly disposed solid waste poses significant environmental hazards, including potential contamination of soil, water, and air; and

WHEREAS, improper disposal of solid waste can lead to public health risks, attracting pests, and cause disease; and

WHEREAS, Idaho is known for opportunities in recreation and business growth due to its beauty; and

WHEREAS, Total annual municipal solid waste (MSW) generation in the U.S. has increased by 93% since 1980 to 2018¹; and

WHEREAS, Idaho Code 31-4402 grants authority to county commissioners to acquire, establish, maintain, and operate solid waste disposal systems; and

WHEREAS, complexity of different waste streams and EPA requirements require increased expertise; and

WHEREAS, current state code on solid waste management are outdated, unclear, and inadequate in describing responsibilities of stakeholders; and

WHEREAS, potential conflict of interest as counties are being regulated by a subsidiary (PHD); and

WHEREAS, solid waste operators are uncertain of what entity to contact for education, resources, and next on-site inspection; and

WHEREAS, PHD's would not have the adequate resources to responsibly provide adjudication and counties would not be able to provide the necessary funding in a prolonged legal situation; and

WHEREAS, it is in the best interest of the state to protect its natural resources, promote public health, and enhance the quality of life for its residents through effective waste management practices;

THEREFORE, BE IT RESOLVED, IADBH desires to update Idaho Code to provide clear guidelines, reduce ambiguity of roles, reduce red tape, and provide expertise to serve public and solid waste; and

THEREFORE, BE IT FURTHER RESOLVED, remove "health district" from section IC 39-7406 (c) and replace with DEQ to provide increased clarity and reduce complexity for solid waste operators in Idaho.

¹U.S. Environmental Protection Agency (EPA) (2020) Advancing Sustainable Materials Management: 2018 Fact Sheet.

RESOLUTION TO INCREASE WIC PARTICIPATION IN IDAHO

WHEREAS, WIC saves lives and improves the health of nutritionally at-risk women, infants and children.

WHEREAS, The results of studies conducted by FNS and other non-government entities prove that WIC is one of the nation's most successful and cost-effective nutrition intervention programs.

WHEREAS, Research has shown that the WIC program has been playing an important role in improving birth outcomes and containing health care costs. A series of reports published by USDA based on linked 1988 WIC and Medicaid data on over 100,000 births found that every dollar spent on prenatal WIC participation for low-income Medicaid women in 5 states resulted in:

- longer pregnancies;
- fewer premature births;
- lower incidence of moderately low and very low birth weight infants;
- fewer infant deaths;
- a greater likelihood of receiving prenatal care; and
- savings in health care costs from \$1.77 to \$3.13 within the first 60 days after birth.

WHEREAS, WIC reduces fetal deaths and infant mortality.

WHEREAS, WIC reduces low birthweight rates and increases the duration of pregnancy.

WHEREAS, WIC improves the growth of nutritionally at-risk infants and children.

WHEREAS, WIC decreases the incidence of iron deficiency anemia in children.

WHEREAS, WIC improves the dietary intake of pregnant and postpartum women and improves weight gain in pregnant women.

WHEREAS, WIC participation significantly improves childhood immunization rates.

WHEREAS, Pregnant women participating in WIC receive prenatal care earlier.

WHEREAS, Children enrolled in WIC are more likely to have a regular source of medical care and have more up to date immunizations.

WHEREAS, WIC helps get children ready to start school: children who receive WIC benefits demonstrate improved intellectual development.

WHEREAS, WIC significantly improves children's diets.

WHEREAS, according to the United States Department of Agriculture's most recent state level assessment shows that only 44.2% of WIC eligible families participate in WIC. According to this report, Idaho WIC participation is one of the lowest in the country ranking 38th.¹

Resolution 24-PHD4 (continued)

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports having the Department of Health and Welfare create a database that cross references Medicaid enrollment with WIC enrollment and share contact information for WIC eligible individuals who are not participating with the public health districts.

THEREFORE BE IT FURTHER RESOLVED that the Idaho Association of District Boards of Health supports having every Medicaid applicant who is pregnant, postpartum, or is a child under age 5 be routinely and automatically referred to WIC.

¹ *U.S. Department of Agriculture.* (2023, May 23). Retrieved from About WIC: How WIC Helps: <https://www.fns.usda.gov/wic/about-wic-how-wic-helps>