

Central District Board of Health Meeting | Agenda
707 N. Armstrong Pl, Boise, ID 83704
Friday, December 20, 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. People 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 of agenda	Comr. Elt Hasbrouck, Chair
8:34	A Discuss and vote on October 18, 2024, Board of Health minutes	Comr. Elt Hasbrouck, Chair
8:36	I Introduction of Family & Clinic Services Division Administrator	Russ Duke, District Director Beth Bolen, Staff
8:45	I Provide and review FY-2025 financial report	Laurel Gearhart, Staff
9:00	A Employee Allowance Guidelines	Laurel Gearhart, Staff
9:20	A Central District Health Compensation Philosophy and Guidelines	Russ Duke, District Director
9:45	I Share information on CDH's Nurse-Family Partnership Program	Lisa Watson, Hilary Chitwood, Brenda Alvarez, Staff
10:10	A Discuss and vote on the CY-2025 regular business meeting schedule of the board	Russ Duke, District Director
10:20	I Discuss the Department of Health and Welfare's plan to eliminate the section of Idaho Administrative Code that provides regulatory oversight for public swimming pools in Idaho.	Curtis Loveless, Staff
10:35	I Updates from the Idaho Association of Local Boards of Health Annual Meeting	Comr. Elt Hasbrouck, Comr. Crystal Rodgers, Dr. Greg Ferch
10:50	I Discuss and obtain feedback on the SWOT analysis completed at the Annual Association of Local Boards of Health meeting in October	Russ Duke, District Director
11:00	I Director's Report to include resolutions and position statements from the IALBH annual meeting	Russ Duke, District Director
11:20	I Public Comment. Limited to three (3) minutes. Additional time at the discretion of the chair.	Comr. Elt Hasbrouck, Chair
11:30	I Adjournment	Comr. Elt Hasbrouck, Chair

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

Note: The board will take a break as needed.

Next Meeting: TBD During Meeting



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
707 N. Armstrong Place, Boise, ID 83704 | Syringa Conference Room
Friday, October 18, 2024, 8:30 a.m.

View meetings live 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 8:30 A.M. The board members were identified by roll call: Betty Ann Nettleton, Elmore County; Dr. Jane Young, Ada County; Dr. Greg Ferch, Ada County; Commissioner Clay Tucker, Boise County.

Guests and staff in attendance were Russ Duke, District Director; Cory Kennedy, Recorder; Laurel McMahan, Support Services Division Administrator; Curtis Loveless, Community & Environmental Health Division Administrator; Courtney Kelly, Project Coordinator; Ed Castro, IT Software Engineer III; Maria Ortega, Communications Manager.

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

Chair Elt Hasbrouck called for a motion to approve the October 18, 2024, agenda.

Motion: Betty Ann Nettleton motioned to approve the October 18, 2024, agenda, seconded by Dr. Jane Young. The motion was put to a vote and was carried unanimously.

Discuss and vote on August 16, 2024, Board of Health minutes – Comr. Elt Hasbrouck, Chair

Chair Elt Hasbrouck called for a motion to approve the August 16, 2024, minutes as presented.

Motion: Betty Ann Nettleton motioned to approve the August 16, 2024, minutes as presented, seconded by Dr. Jane Young. The motion was put to a vote and was carried unanimously.

Provide and review FY-2025 financial report – Laurel McMahan, Staff

Laurel provided an overview of the current FY-2025 Budget to Actual report. We are approximately 25% through FY-2025. The FY-2025 Cash Balance Statement reflected a total cash balance of \$11,890,300 comprised of \$6,684,264 in total reserve fund designations, \$4,552,573 in total restricted funds, and \$653,463 in cash balance undesignated/unrestricted.

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Provide and discuss plan to evaluate CDH mobile clinic – Laurel McMahan, Staff

Laurel discussed the next steps for a CDH mobile clinic, which included a plan to comprehensively analyze the district's needs for a mobile clinic vehicle. Once the district's needs are outlined, a more in-depth plan will be established. This in-depth plan will be presented to the Board at the May 2025 board meeting. Members of the board indicated an interest in completing the analysis sooner.

Review resolutions submitted by Health District after the August 16 Board Meeting – Russ Duke, District Director

Russ Duke presented four drafts of resolutions submitted by Health District 3 that will be discussed and voted on at the Idaho Association of District Boards of Health Business Meeting in Idaho Falls on October 24.

Get Healthy Idaho Elmore County community emergency medical services – Curtis Loveless & Courtney Kelly, Staff

Curtis Loveless introduced Courtney Kelly, who provided a brief overview of Community Health Emergency Medical Services (CHEMS) and how those services have impacted Elmore County. The board expressed their support and appreciation for the CHEMS program's work.

CDH Performance Dashboard – Laurel McMahan & Ed Castro, Staff

Russ Duke introduced Laurel McMahan and Ed Castro, who provided background on the need for a way to track the district's performance on its strategic goals. Laurel presented slides with an overview of the district's strategic plans and gave the board a live demonstration of the CDH Strategic Plan Dashboard.

Director's Report – Russ Duke, District Director

Russ Duke reviewed the agenda for the Idaho Association of District Boards of Health meeting in Idaho Falls on October 23 and 24. At the December 20, 2024, board meeting, Russ will present the 2025 CDH BOH Meeting schedule for the board's approval.

Vote to enter Executive Session under Idaho Code 74-206(1)(b) to consider evaluation – Comr. Elt Hasbrouck, Chair

Motion: Chair Elt Hasbrouck motioned to enter executive session under Idaho Code 74-206(1)(b) "To consider the evaluation, dismissal or disciplining of, or to hear complaints or charges brought against, a public officer, employee, staff member or individual agent, or public-school student." Seconded by Betty Ann Nettleton. By roll call: Dr. Greg Ferch, Ada County, aye; Dr. Jane Young, Ada County, aye; Commissioner Clay Tucket, Boise County, aye; Betty Ann Nettleton, Elmore County, aye; Commissioner Elt Hasbrouck, Valley County, aye; Motion carried with unanimous approval.

The board entered Executive Session at 10:40 A.M.

The board resumed the regular business meeting at 12:00 P.M.

Motion: Dr. Jane Young motioned to approve a salary increase to Russ Duke’s base salary by 5.6% and a 3% PERSI 401(k) employer contribution bonus payment based on Russ Duke’s base salary after the 5.6% increase. The base salary increase is effective October 18, 2024, seconded by Betty Ann Nettleton. No further discussion. By roll call: Dr. Greg Ferch, Ada County, aye; Dr. Jane Young, Ada County, aye; Commissioner Clay Tucker, Boise County, aye; Betty Ann Nettleton, Elmore County, aye; Commissioner Elt Hasbrouck, Valley County, aye; Motion carried with unanimous approval.

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, December 20, 2024, starting at 8:30 A.M. at the Boise office. The board adjourned at 12:06 P.M.

Attest:

Commissioner Elting Hasbrouck
Board Chair

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

Date approved: _____

FY 2025 Budget to Actual Report

July 2024 - November 2024

Fiscal Year % Elapsed 41.67%

REVENUES:	FEES			CONTRACTS			OTHER			TOTAL REVENUE		% to Budget
	Budget	Actual	%	Budget	Actual	%	Budget	Actual	%	Budget	Actual	
Administration	0	0	0%	90,600	129,194	143%	0	-5,845	0%	90,600	123,349	136%
Support Services	0	0	0%	59,300	1,586	3%	35,600	-14,153	-40%	94,900	-12,567	-13%
Community & Environmental Health	1,456,300	642,350	44%	5,139,700	1,551,297	30%	713,800	734,322	103%	7,309,800	2,927,969	40%
Family & Clinic Services	504,200	211,560	42%	3,411,300	1,256,039	37%	19,200	6,299	33%	3,934,700	1,473,898	37%
DISTRICT TOTAL	1,960,500	853,910	44%	8,700,900	2,938,115	34%	768,600	720,623	94%	11,430,000	4,512,648	39%
							County Contributions			5,511,800	2,181,300	40%
							Interest Revenue			637,500	207,609	33%
							Restrict/Reserve			474,400	0	0%
							REVENUE:			18,053,700	6,901,557	38%
							TOTAL FUNDING:			18,053,700	6,901,557	38%

EXPENDITURES:	PERSONNEL			OPERATING			CAPITAL			TRUSTEE & BENEFITS			TOTAL EXPENDITURES		% to Budget
	Budget	Actual	%	Budget	Actual	%	Budget	Actual	%	Budget	Actual	%	Budget	Actual	
Administration	572,400	255,821	45%	186,900	67,537	36%	0	0	0%	5,500	0	0%	764,800	323,358	42%
Support Services	1,773,700	749,953	42%	670,600	524,379	78%	464,000	77,300	17%	0	0	0%	2,908,300	1,351,631	46%
Community & Environmental Health	4,825,200	1,839,644	38%	3,046,000	1,155,957	38%	0	0	0%	728,400	347,134	48%	8,599,600	3,342,735	39%
Family & Clinic Services	4,992,800	1,760,570	35%	788,200	397,005	50%	0	0	0%	0	81,609	0%	5,781,000	2,239,183	39%
DISTRICT TOTAL	12,164,100	4,605,987	38%	4,691,700	2,144,878	46%	464,000	77,300	17%	733,900	428,743	58%	18,053,700	7,256,907	40%

FY 2025 REVENUE & EXPENDITURE REPORT

July 2024 - November 2024

Fiscal Year % Elapsed **41.67%**

NOTES

REVENUES:

Fees:

	July - November		
	FY 23	FY 24	FY 25
Community and Environmental Health			
Sewage Disposal	278,550	211,694	237,973
Land Programs - Other	50,168	42,839	53,824
Food Programs <i>(updated)</i>	379,533	350,916	329,205
Child Care Licensing	20,480	15,955	16,350
Other (incl. Vital Stat's)	6,678	4,907	4,998
Subtotal:	735,409	626,311	642,350
Family and Clinic Services			
Central Care	42,621	47,836	52,802
Immunizations	55,557	26,462	29,118
Reproductive Health	64,062	61,578	48,066
Child Dental Clinic	15,232	16,720	11,928
Home Visitation	31,975	29,764	68,533
Other	634	-	1,112
Subtotal:	210,082	182,360	211,560
TOTAL FEES:	945,491	808,671	853,910

Contracts:

Administration	-	-	129,194
Support Services	-	-	1,586
Community and Environmental Health	2,275,154	2,494,555	1,551,297
Family and Clinic Services	1,105,379	1,263,964	1,256,039
TOTAL CONTRACTS:	3,380,533	3,758,518	2,938,115

REVENUES

	Budget Total	Budget to Date	Actual to Date	% Over / -Under
Fees	1,960,500	816,875	853,910	4.5%
Contracts	8,700,900	3,625,375	2,938,115	-19.0%

EXPENDITURES:

Personnel Costs:

Completed payperiods:	11/26	42.3%
Current spending:		37.9%

Budget Total	Budget to Date	Actual to Date	-Under / Over	% -Under / Over
12,164,100	5,146,350	4,605,987	-540,363	-10.5%

Operating Costs:

Budget Total	Budget to Date	Actual to Date	-Under / Over	% -Under / Over
4,691,700	1,954,875	2,144,878	190,003	9.7%

Trustee and Benefit Costs:

Budget Total	Budget to Date	Actual to Date	-Under / Over	% -Under / Over
733,900	305,792	428,743	122,951	40.2%

Capital Outlay:

Budget Total	Budget to Date	Actual to Date	-Under / Over	% -Under / Over
464,000	193,333	77,300	-116,033	-60.0%

FY25 Cash Balance Statement

For Month Ending: November 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	3,960	(1,450)	2,510
29000	Operating	State Treasurer - General	1,449,041	(768,737)	680,304
49900	Millennium Fund	State Treasurer - General	-	-	0
62500	LGIP - Operating	State Treasurer - LGIP	8,688,405	(42,391)	8,646,014
62500	LGIP - Capital	State Treasurer - LGIP	1,000,000	-	1,000,000

Total Cash Balances at Month End **\$ 10,328,828**

Reserve Fund Designations

<u>Special Projects/Carryover Designation</u>	<u>Expenditure to</u>		<u>Balance</u>
	<u>Approved Request</u>	<u>Date</u>	
Environmental Health Systems Upgrades	\$ 296,864	\$ 174	\$ 296,690
Employee Retention	\$ 139,000	\$ -	\$ 139,000
CDH Staffing Needs	\$ 299,100	\$ -	\$ 299,100
Armstrong Bathroom Remodel	\$ 100,000	\$ -	\$ 100,000
McCall Office Refresh	\$ 50,000	\$ -	\$ 50,000
	\$ -	\$ -	\$ -
	<u>\$ 884,964</u>	<u>\$ 174</u>	<u>\$ 884,790</u>

Personnel Reserve Fund 27th Pay Period 279,300

Operational Reserve Funds
 \$4,520,000 designated (3-month cash flow target = \$4,520,000) 4,520,000

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

Total Reserve Fund Designations **\$ 6,684,090**

Total Restricted Funds **\$ 4,176,520**

Cash Balance Undesignated/Unrestricted **\$ (531,781)**

**EMPLOYEE PERFORMANCE RECOGNITION AND INCENTIVE
ALLOWANCE GUIDELINE**
as approved by the Board of Health 12/13/13

Current recognitions/incentives*	Annual Ind. Allowance	Annual Total Estimate
Wellness Incentive Program	\$100-\$200	6,400
Caught in the Act	\$15/mo., 1 employee	180
Flu shot	\$10 gift card	1,000
Employee appreciation	\$30	3,000
Employee service longevity		
5, 10, 15, 20 years	Mug	Nominal
25, 30, 35, 40 years	Mug, framed certificate, gift card (\$5/year)	
Board longevity	Varies	Nominal
All staff meetings and lunches	\$12,000/mtg.	12,000
CDHD apparel	Varies	2,000
Employee recognition awards:	Up to \$150 each	300
Distinguished Service		
Customer Service		
Leadership in Health, Safety, and Wellness		
		<u>\$ 24,880.00 +</u>

Resignation/Retirement Addition as of 12/13/13	Gift Allowance	Recognition Event Allowance
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Employee resignations and retirements (based on credited State service)

10 - <20 years	-	Refreshments (up to \$75)
20 - 24 years	\$100	Refreshments (up to \$200)
25 - 29 years	\$125	Refreshments (up to \$250)
30 - 34 years	\$150	Refreshments (up to \$300)
35 - 39 years	\$175	Refreshments (up to \$350)
40+ years	\$200	Refreshments (up to \$400)

**All allowances are subject to Director and Board of Health discretion/approval and budgetary constraints.*

ADDITIONAL NOTE: Employee FUNd recognizes other employee life events of significance (illness, family birth/death, etc.).

Employee Performance Recognition and Incentive Allowance Guidelines

Current Recognition/Incentives	Annual Ind. Allowance	Annual Total Estimate
Wellness Incentive Program	\$50	\$1,200
Caught in the Act	1 candy bar or protein bar/employee	\$200
Employee Service Longevity	Mug, Framed Certificate, or Plaque	\$200
All Staff Meeting	\$12,000 per meeting	\$12,000
CDH Apparel	Varies	\$9,000
Employee Recognition Awards: Excellence, Positive Impact, Partnership, Innovation, Credibility, and Humanity	\$50/employee	\$300
Flowers for significant life events	\$50/event	\$500
Annual Total Estimate		\$23,400

Resignation/Retirement	Gift Allowance	Recognition Event Refreshment Allowance
10 – <20 years	\$50	Up to \$200
20 – 24 years	\$100	Up to \$200
25 – 29 years	\$125	Up to \$200
30 – 34 years	\$150	Up to \$200
35+ years	\$175	Up to \$200

**All allowances are subject to Director and Board of Health discretion/approval and budgetary constraints.*

Elt Hasbrouck, Board Chair

Date

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COMPENSATION PHILOSOPHY AND GUIDELINES

POLICY

Administrative guidelines are designed to maintain the competitiveness, appropriateness, integrity and consistency in the application of the salary plan. These guidelines address the method of revising the pay structure and managing employee movement through the range to maintain a structure that is internally equitable and externally competitive.

1. **Pay Philosophy** - Under these guidelines Central District Health (CDH) employees will be compensated fairly, without regard to race, color, religion, sex (including pregnancy, sexual orientation, and gender identity), national origin, age, disability, genetic information, or any other protected factor and in accordance with applicable laws and regulations. The policy is subject to the budgetary considerations as approved by the Board of Health. It is the goal of this compensation policy to promote a system of internal equity and external competitiveness to attract and retain qualified applicants and employees. Whenever possible, our wages will mirror the market considering the total compensation package.
2. **Responsibilities** - CDH's District Director with approval from the Board of Health has overall responsibility for implementing and administering this policy. The District Director, Division Administrators, and Human Resources are responsible for maintaining the integrity of the pay system. Division Administrators are responsible for ensuring job descriptions in their respective divisions are correct. Human Resources needs to be notified of major changes to a job's primary function, duties, and qualification requirements.
3. **Classification of Jobs** - Jobs are classified and assigned to pay grade levels based on the State of Idaho's job classification system. The job analysis focuses solely on the job duties and excludes any review of an employee's personal qualifications or performance.
4. **Salary Pay Range Assignment for New or Reclassified Positions** - New positions may be added at CDH during the annual budget process with approval. They may also be added with the acquisition of new grant funds during the fiscal year or when the budget allows, and a business need is demonstrated. Positions will be classified based on the state's position classifications and descriptions. For newly created positions, once the position is properly classified and approved, it will be posted. Requests for positions that have changed significantly in duties and minimum qualifications, including a pay change, may be submitted throughout the year (see #10, Reclassification below)

5. **Achievement of Certifications** - When an employee obtains a certificate that qualifies the employee for the next pay level up (completion of underfill), the pay increase will be effective at the beginning of the pay period following the receipt of the official results of the certification. (*Example: Environmental Health Specialist*) Achievements of degrees, licenses, or certificates for roles that do not have underfill requirements within the job classification and where the achievement is not a requirement for the role will not result in reclassification, promotion, or an increase in pay. (*Example: Achievement of master's degree for a Program Manager*)
6. **Rates of Pay** - Rates of pay for each pay grade are set at levels comparable to those prevailing in the labor market, as reflected in wage and salary surveys, primarily based on the State of Idaho's compensation system. When the State of Idaho changes its pay schedule, CDH will adopt the new schedule at the next closest annually scheduled pay rate increase, assuming it is budgetarily feasible. No CDH employees will be paid below the minimums established in the State of Idaho's pay schedule. CDH will use the minimum established rate as the minimum starting wage for employees and may pay more depending on agency need and the experience or education of the applicant.
7. **Pay Raises** - Pay adjustments are typically awarded at the start of each fiscal year to appear the first pay period in July, budgetary considerations permitting. When the budget permits and as approved by the Board of Health, CDH may implement pay increases early, as soon as the new budget has been approved by the County Budget Committee.
8. **Pay Rate Approval Procedure for New Hires, Promotions, Demotions, and other significant changes in duties** – To approve any rates above the minimum pay schedule rate, the hiring manager must work with their Division Administrator (include any levels of management between hiring manager and Division Administrator) and may work with Human Resources to develop offers/rates. Human Resources will present the offer or rate to the District Director for approval. The following guidelines apply in rate establishment, a promotion is achieved, an approved reclassification that includes an upward pay grade change, or any time a significant change in duties is deemed to warrant an increase in pay:
 - a. **Internal Equity** – The hiring manager, division administrator, and human resources will consider what other employees in comparable positions within the agency are currently paid.
 - b. **Position Value** – The hiring manager, division administrator, and human resources will consider what value the position brings to the agency using the state's pay scale as a starting point.
 - c. **Experience and Education** – The hiring manager, division administrator, and human resources will consider internal experience (even in a lower grade related position), external experience, and education to establish an equitable starting pay rate.

- 9. Transfer** - A transfer occurs when an employee moves from one job to another job in the same pay grade. In this case, there is typically no salary increase or decrease because the two jobs are valued at the same level and have similar internal worth to the organization.
- 10. Job Reclassification Process** - Typically, a reclassification occurs when the duties and responsibilities assigned to a position have changed substantially in degree of difficulty, level of accountability and/or qualification requirements to warrant a change in the job's pay grade assignment and alignment within the internal organizational structure. A reclassification may be upward, downward, or lateral. An employee occupying a position that has been reclassified downward through no fault of their own will typically maintain their current salary in the new range. An employee whose position is reclassified to a higher level or grade may receive a salary adjustment based on similar criteria as that used for promotional purposes, depending on internal equity and employee position in the new salary range in relation to the market. Incumbents must meet the minimum qualifications for the new position when a position is reclassified upwards. The reclassification process at CDH is initiated with the completion of a Position Description Questionnaire (PDQ). PDQs are reviewed at least quarterly or more frequently, if necessary, by the PDQ committee (which is comprised of the Executive Leadership Team and Human Resources).
- 11. Temporary Acting Assignments, Temporary Merit Increases, and Assignment of Supervisory Duties** – Temporary acting assignments, temporary merit increases, and the new assignment of supervisory duties will all result in a 5% increase in pay.
- a. **Temporary Acting** – Occurs when employees who are covering the duties of a coworker with the same or higher pay grade. The acting responsibilities must last for a period of at least 30 days to be eligible for a temporary increase.
 - b. **Temporary Merit** – Occurs when an employee is asked to assume additional duties significantly beyond the normal scope of their duties. These assignments must also last at least 30 days to be eligible for the increase. If temporary assignments become permanent, the same rate of increase will be used as a permanent change.
 - c. **Assignment of Supervisory Duties** – Employees who have direct reports added to their duties when they did not previously supervise will receive a 5% increase in pay.

Contact: *District Director*

Original: *12-20-24*

Reviewed/Revised:

Compensation Philosophy and Guidelines approved:

Elt Hasbrouck, Board Chair

Date

Central District Health Board of Health

Regular Meeting Schedule for Calendar Year 2025

For the calendar year 2025, unless otherwise noted, the Board of Health (BOH) meetings will be held in the Central District Health (CDH) Syringa Room at 707 N. Armstrong Place, Boise, ID 83704.

DATE	TIME	LOCATION	AGENDA
January	No Meeting		
February 21	8:30 a.m. – 12:30 p.m.	Boise	General Board Meeting
March 28	8:30 a.m. – 12:30 p.m.	Boise	General Board Meeting
April 18	8:30 a.m. – 12:30 p.m.	Boise	General Board Meeting
May 9	10:00 a.m – 2:30 p.m.	Boise	General Board Meeting
June	No Meeting		
July	No Meeting		
August 15	8:30 a.m. – 12:30 p.m.	Boise	General Board Meeting
September	No Meeting		
October 17	8:30 a.m. – 12:30 p.m.	Boise	General Board Meeting
November	No Meeting		
December 19	8:30 a.m. – 12:30 p.m.	Boise	General Board Meeting

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Swimming Pool Inspections

Curtis Loveless, MPH
12/20/2024

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

1

Importance of Inspections

Inspections assess whether an aquatic facility's operation and maintenance meet the standards set in the jurisdiction's public health code. During inspections, environmental health specialists can serve as illness-and-injury-prevention advisors to pool operators.



2

Inspection Basics: 43 Items to Inspect

- Health and Safety
 - Lifeguards, emergency equipment, access, signs and markers
- Water Quality
 - Concentration of disinfectant, test kits, PH, alkalinity
- Operations
 - Record keeping, cleaning, ventilation, dressing rooms, bathrooms
- Mechanical
 - Chemicals, circulation system, filters, waste disposal
- Construction
 - Slope of floor, side walls, decks, ladders, steps, drains,



3

Recreational Water Risks

Top 5 recreational Water outbreaks in the US, 1971-2020

- Cryptosporidium - GI infection
 - Pseudomonas - Skin infection, itchy rash
 - Legionella - Respiratory Infection
 - Shigella - GI infection
 - Norovirus - GI infection
- The goal is to prevent illness and injury when using recreational water.



4

History of Pool Inspections

- Central District Health **HISTORICALLY** inspected 150-200 pools annually
 - Type A- Municipal/public pools
 - Type B- Semi public pools such as hotels, HOA, gyms, etc.
- Late 90s and early 2000s
 - Idaho Legislature makes changes to pool regulations
- Central District Health **CURRENTLY** inspects 36 pools annually
 - Type A Pools
 - Pools that volunteer to be inspected



5

The Future of Pool Inspections

- IDAPA 16.02.14 Construction and Operation of Swimming Pools
 - Zero-Based Regulation Review
 - 2025 for rulemaking
 - 2026 legislative review
- Idaho Department of Health and Welfare may opt not to renew these regulations leaving the entire recreational water industry unregulated.
- Public Health Risk- the spread of communicable disease, increase in illness, and injury due to the use of recreational water.



6

Recommendation

In the absence of state regulations, CDH recommends...

- Public Health Districts work with local jurisdictions to create, implement, and enforce common sense regulations.
- Implement a risk-based approach that identifies the facilities with the greatest risks.
- Identify and investigate recreational water outbreaks
- Adopt and promote the Model Aquatic Health Code



7



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Strengths

1. IADBH is an organization that facilitates collaboration, networking, and the exchange of information and best practice.
2. IADBH is a statewide organization with participation from all public health districts.
3. IADBH is strongest when public health districts are united.

Weaknesses

1. Participation IADBH among the public health district board members is limited and waning.
2. IADBH is not politically strong, not commonly known, and does not have influence.
3. Public health district members do not always understand what IADBH is and what IADBH does.

Opportunities

1. Change the timing and location of the annual meeting to improve member participation and build awareness of the purposes of IADBH (by holding the annual meeting in Boise during the legislative session).
2. IADBH may provide training and education to its members on best practices.
3. Organize in a way that provides statewide direction and representation to IADBH members.

Threats

1. Public health districts fracturing and breaking away from IADBH over disagreement/misalignment on core public health issues.
2. Loss of local independence.
3. Mixed messaging to decision makers if there is disagreement among public health districts on public health districts.