

Central District Board of Health Meeting | Agenda

707 N. Armstrong Pl, Boise, ID 83704

Friday, February 27, 2026 | 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 and must sign in before the meeting starts.

A = Board Action Required	I = Information Item
8:30 I Call board meeting to order and roll call	Dr. Greg Ferch, Chair
8:32 A Call for changes to the agenda; vote to approve agenda	Dr. Greg Ferch, Chair
8:34 A Discuss and vote on December 19, 2025, Board of Health minutes	Dr. Greg Ferch, Chair
8:35 I Public Comment. Limited to three (3) minutes. Additional time at the discretion of the chair	Dr. Greg Ferch, Chair
8:45 I Provide and review FY-2026 Financial Report	Laurel Gearhart, Staff
9:00 A Discuss and vote on the FY-2026 Budget Revision and Reserve Fund Designation	Laurel Gearhart, Staff
9:40 A Emergency and Non-Emergency Succession Planning Policy	Russ Duke, District Director
9:50 I Childhood immunization rates in our district and our plan to improve vaccine education and access	Dr. Jaime Butler-Dawson, Beth Bolen, Staff
10:15 I Community & Environmental Health Division Update	Curtis Loveless, Staff
10:25 I Executive Council Legislative Update	Betty Ann Nettleton
10:40 I Director's Report	Russ Duke, District Director
10:50 I Public Health News Open Discussion	Dr. Greg Ferch, Chair
11:05 I Adjournment	Dr. Greg Ferch, Chair

Next Meeting: Friday, March 20, 2026, 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/>

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
208-634-7194

CENTRAL DISTRICT HEALTH BOARD OF HEALTH REGULAR MEETING | MINUTES
707 N. Armstrong Place, Boise, ID 83704 | Syringa Conference Room
Friday, December 19, 2025, 8:30 a.m.

View meetings live at youtube.com/channel/UC4LJ1BM5Jv3zczecnYkXarw/

Call board meeting to order and roll call – Dr. Greg Ferch, Chair

Dr. Greg Ferch, 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: Dr. Jane Young, Ada County; Betty Ann Nettleton, Elmore County; Dr. Greg Ferch, Ada County; Comr. Crystal Rodgers, Elmore County; Comr. Katlin Caldwell, Valley County; Comr. Clay Tucker, Boise County; Dr. Ryan Cole, Ada County;

Guests and Staff in attendance were Russ Duke, District Director; Cory Kennedy, Recorder; Laurel Gearhart, Support Services Division Administrator; Curtis Loveless, Community & Environmental Health Division Administrator; Beth Bolen, Family & Clinic Services Division Administrator; Stephanie Borders, Communications & Marketing Manager; Heather Allan, Project Coordinator; Natasha Ferney, Environmental Health Facilities Program Manager 2; Brent Copes, Environmental Health Lands Program Manager 2; Becca Jenkins, Health Policy and Promotion Program Manager 2;

Call for changes to agenda; vote to approve of agenda – Dr. Greg Ferch, Chair

Chair Greg Ferch called for any changes to the agenda as presented; no changes were brought up, and the agenda was approved.

Discuss and vote on October 17, 2025, Board of Health minutes – Dr. Greg Ferch, Chair

Chair Greg Ferch called for any changes to the October 17, 2025, Board of Health minutes; no changes were brought up, and the October 17, 2025, Board of Health minutes were approved.

Public Comment – Dr. Greg Ferch, Chair

No public comments were brought before the Board.

Provide and review FY-2026 financial report – Laurel Gearhart, Staff

Laurel provided an overview of the current FY-2026 Budget to Actual report. We are approximately 41.67% through FY-2026. The FY-2026 Cash Balance Statement reflected a total cash balance of \$11,074,896, comprised of \$7,555,550 in total reserve fund designations, \$4,294,749 in total restricted funds, and (\$775,403) in cash balance undesignated/unrestricted. Laurel also shared progress photos of recently completed projects at all three of the Central District Health offices.

Ada & Boise County

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Strategic Plan Review – Laurel Gearhart, Staff

Laurel presented the Central District Health 2026-2028 Strategic Plan. Her presentation included an overview of the Strategic Plan and a timeline for completing the goals outlined in it. The Board expressed its appreciation for the new plan.

Swimming Pool Health and Safety Proposal – Curtis Loveless and Natasha Ferney, Staff

Curtis and Natasha presented a history of the swimming pool inspection process at Central District Health and their plan to support pool operators going forward.

Update on the Communities for Youth (C4Y) initiative in Boise – Heather Allan, Staff

Heather presented information on the Communities for Youth (C4Y) initiative in Boise.

Solid Waste Legislation – Russ Duke, District Director

Russ shared updates on solid waste legislation and the Executive Council's plan for the upcoming legislative session.

Letter to legislators serving Public Health District 4 on funding for home visiting and clarifying Idaho Code 39-3801 is still current – Russ Duke, District Director

Russ shared a letter with the Board to send to Legislators serving Public Health District 4 on funding for home visiting and clarifying Idaho Code 39-3801 is still current.

Motion: Betty Ann Nettleton motioned to approve the letter to legislators serving Public Health District 4 on funding for home visiting and clarifying Idaho Code 3801 is still current, seconded by Dr. Ryan Cole; the motion was put to a vote and was carried unanimously.

Update on Family & Clinic Services Programs – Beth Bolen, Staff

Beth shared updates on various programs within the Family & Clinic Services Division. The Board expressed its appreciation for the work Beth's programs have done.

Review CDH audit frequency schedule and vote to approve the FY-2023 and FY-2024 audit report – Laurel Gearhart, Staff

Motion: Comr. Katlin Caldwell motioned to accept the FY-2023 and FY-2024 audit report and to move to a yearly audit schedule, seconded by Betty Ann Nettleton; the motion was put to a vote and was carried unanimously.

Discuss including a standing agenda item for future board meetings to allow time for an open discussion on topics of public health interest, such as those in recent news stories – Dr. Greg Ferch, Chair

The Board discussed adding a standing agenda item to future board meetings to allow time for open discussion of public health issues, including those highlighted in recent news stories. The Board supported adding a standing agenda item to future board meetings.

Discuss and vote on the CY-2026 regular business meeting schedule of the Board – Dr. Greg Ferch, Chair

The Board reviewed the CY-2026 regular business meeting schedule of the Board. The May budget meeting will be held at the Boise office rather than in Boise County.

Motion: Comr. Crystal Rodgers motioned to approve the CY-2026 regular business meeting schedule of the Board with the May 8, 2026, meeting held at the Boise office, rather than in Boise County, and moving the February 20, 2026, meeting to February 27, 2026. Seconded by Betty Ann Nettleton; the motion was put to a vote and was carried unanimously.

Adjournment – Dr. Greg Ferch, Chair

The next Board of Health meeting will be on Friday, February 27, 2026, starting at 8:30 a.m. at our Boise Office. The board adjourned at 10:50 A.M.

Attest:

Dr. Greg Ferch
Board Chair

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

Date approved: _____

FY-2026 Budget to Actual Report
July 2025 - January 2026
Fiscal Year % Elapsed 58.33%

REVENUES:	FEES			CONTRACTS			OTHER			TOTAL REVENUE		% to Budget	
	Budget	Actual	%	Budget	Actual	%	Budget	Actual	%	Budget	Actual		
Administration	0	0	0%	98,300	283,822	289%	0	0	0%	98,300	283,822	289%	
Support Services	0	0	0%	31,000	0	0%	47,900	58,062	121%	78,900	58,062	74%	
Community & Environmental Health	1,443,000	970,025	67%	3,015,800	1,625,396	54%	1,044,100	686,825	66%	5,502,900	3,282,245	60%	
Family & Clinic Services	765,000	497,295	65%	2,510,600	1,223,780	49%	437,800	0	0%	3,713,400	1,721,075	46%	
DISTRICT TOTAL	2,208,000	1,467,320	66%	5,655,700	3,132,998	55%	1,529,800	744,887	49%	9,393,500	5,345,205	57%	
										* County Contributions	5,677,200	5,295,111	93%
										Interest Revenue	475,600	280,373	59%
										Restrict/Reserve	402,000	0	0%
										REVENUE:	15,948,300	10,920,688	68%
										TOTAL FUNDING:	15,948,300	10,920,688	68%

EXPENDITURES:	PERSONNEL			OPERATING			CAPITAL			TRUSTEE & BENEFITS			TOTAL EXPENDITURES		% to Budget
	Budget	Actual	%	Budget	Actual	%	Budget	Actual	%	Budget	Actual	%	Budget	Actual	
Administration	523,000	346,166	66%	129,900	82,608	64%	0	0	0%	5,500	0	0%	658,400	428,774	65%
Support Services	1,923,500	1,199,324	62%	710,600	800,881	113%	25,000	169,531	678%	0	0	0%	2,659,100	2,169,736	82%
Community & Environmental Health	4,523,300	2,624,493	58%	824,700	381,591	46%	0	11,084	0%	1,395,100	421,747	30%	6,743,100	3,438,915	51%
Family & Clinic Services	5,248,600	2,999,153	57%	639,100	418,907	66%	0	0	0%	0	15,673	0%	5,887,700	3,433,732	58%
DISTRICT TOTAL	12,218,400	7,169,135	59%	2,304,300	1,683,987	73%	25,000	180,615	722%	1,400,600	437,420	31%	15,948,300	9,471,157	59%

*\$3,352,069.99 received in February 2026

FY-2026 Revenue & Expenditure Report
July 2025 - January 2026
Fiscal Year % Elapsed 58.33%

NOTES

REVENUES:

<u>Fees:</u>	FY 24	July - January FY 25	FY 26
Community & Environmental Health			
DISTRICT TOTAL	270,165	273,146	309,341
Land Programs - Other	47,695	57,880	72,631
Food Programs <i>(updated)</i>	556,427	452,634	541,441
Child Care Licensing	17,380	17,450	30,925
Other (incl. Vital Stat's)	12,676	3,276	15,687
Subtotal:	904,343	804,386	970,025
Family & Clinic Services			
Central Care	62,128	64,677	111,690
Immunizations	49,654	39,381	45,021
Reproductive Health	83,593	57,998	42,275
Child Dental Clinic	23,241	13,272	16,414
Home Visitation	58,278	92,044	281,895
Other	854	1,112	-
Subtotal:	277,748	268,484	497,295
TOTAL FEES:	1,182,091	1,072,870	1,467,320

Contracts:

Administration	-	173,717	283,822
Support Services	-	1,586	-
Community & Environmental Health	3,384,653	2,102,241	1,625,396
Family & Clinic Services	1,422,141	1,741,620	1,223,780
TOTAL CONTRACTS:	4,806,794	4,019,163	3,132,998

REVENUES	Budget Total	Budget to Date	Actual to Date	% Over / -Under
Fees	2,208,000	1,288,000	1,467,320	13.9%
Contracts	5,655,700	3,299,158	3,132,998	-5.0%

EXPENDITURES:

Personnel Costs:

Completed payperiods:	16/26	61.5%
Current spending:		58.7%

Budget Total	Budget to Date	Actual to Date	-Under / Over	% -Under / Over
	12,218,400	7,519,015	7,169,135	-349,880
				-4.7%

Operating Costs:

Budget Total	Budget to Date	Actual to Date	-Under / Over	% -Under / Over
	2,304,300	1,344,175	1,683,987	339,812
				25.3%

Trustee and Benefit Costs:

Budget Total	Budget to Date	Actual to Date	-Under / Over	% -Under / Over
	1,400,600	817,017	437,420	-379,597
				-46.5%

Capital Outlay:

Budget Total	Budget to Date	Actual to Date	-Under / Over	% -Under / Over
	25,000	14,583	180,615	166,031
				1138.5%

FY-2026 Cash Balance Statement

For Month Ending: January 2026

Cash Balances

Fund #	Name	Location	Beginning Balance	Change	Ending Balance
N/A	Cash on Hand	CDH	2,510	-	2,510
29000	Operating	State Treasurer - General	273,489	3,166,110	3,439,600 *
62500	LGIP - Operating	State Treasurer - LGIP	10,162,034	(2,013,627)	8,148,407
DISTRIC	LGIP - Capital	State Treasurer - LGIP	1,000,000	-	1,000,000

Total Cash Balances at Month End

\$ 12,590,517

Reserve Fund Designations

Special Projects/Carryover Designation	Expenditure to		
	Approved Request	Date	Balance
Capital Improvement-Office Expansion	\$ 307,000	\$ -	\$ 307,000
IT Equipment Support	\$ 113,000	\$ 29,142	\$ 83,858
Marketing	\$ 95,000	\$ 5,851	\$ 89,149
Program Support	\$ 278,000	\$ 133,039	\$ 144,961
CDH Staff	\$ 670,500	\$ 80,242	\$ 590,258
Training and Development	\$ 25,000	\$ 15,244	\$ 9,756
Vehicles	\$ 100,000	\$ 85,645	\$ 14,355
Retention Incentives	\$ 150,000	\$ 264,680	\$ -
Capital Improve-Continue (McCall Facility & Armstrong Bathroom)	\$ 345,000	\$ 30,689	\$ 314,311
Accela-Continuation (EHS System)	\$ 140,000	\$ 5,212	\$ 134,788
	\$ 2,223,500	\$ 649,744	1,688,436

Personnel Reserve Fund 27th Pay Period

496,300

Operational Reserve Funds

\$3,987,100 designated (3-month cash flow target = \$3,987,100)

3,987,100

Capital Reserve Fund for Building/Capital

1,000,000

Total Reserve Fund Designations

\$ 7,171,835

Total Restricted Funds

\$ 3,924,805

Cash Balance Undesignated/Unrestricted

\$ 1,493,876

* Includes County funds received of \$3,352,069.99 in February

**Central District Health
FY-2026 Budget Revision
(for the period July 1, 2025 - June 30, 2026)**

Board Proposal 02/27/26

	Original Budget	Revised Budget	Difference	% Change
Expenditures				
Personnel	12,218,400	12,425,700	207,300	1.7%
Operating Costs	2,304,300	2,596,800	292,500	12.7%
Capital Outlay	25,000	156,100	131,100	524.4%
Trustee and Benefits	1,400,600	1,341,000	(59,600)	-4.3%
	<u>15,948,300</u>	<u>16,519,600</u>	<u>571,300</u>	
Revenue				
County Funds	5,677,200	5,677,200	-	0.0%
Contracts	5,655,700	5,853,775	198,075	3.5%
Fees	2,208,000	2,391,025	183,025	8.3%
Other	1,529,800	1,526,500	(3,300)	-0.2%
Interest Revenue	475,600	480,600	5,000	1.1%
Reserve Funds	402,000	590,500	188,500	0.0%
	<u>15,948,300</u>	<u>16,519,600</u>	<u>571,300</u>	

**Central District Health
FY-2026 Budget Revision
(for the period July 1, 2025 - June 30, 2026)**

ORIGINAL BUDGET	Revenues	15,948,300	Expenditures	15,948,300
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Changes:

Changes:

	Fees	Contracts	Other	Increase (Decrease) in revenue	Personnel	Operating	Capital	Trustee & Benefits	Increase (Decrease) in expend	
Administration/Board/PIO	0	0	0	0	0	5,500	0	(5,500)	0	
Support Services	0	82,600	0	82,600	56,400	85,000	120,000	0	261,400	
Community & Env. Health	(32,475)	(32,125)	18,100	(46,500)	(6,200)	155,300	11,100	(54,100)	106,100	
Family & Clinic Services	215,500	147,600	(21,400)	341,700	157,100	46,700	0	0	203,800	
Subtotal changes:	183,025	198,075	(3,300)	377,800	207,300	292,500	131,100	(59,600)	571,300	
				County Contributions 0						
				Interest Earning Change 5,000						
				Restrict Cash Advance 0						
				Reserve Funding Change 188,500						
				Total Changes 571,300						
					Total Changes 571,300					
REVISED BUDGET	Revenues				16,519,600	Expenditures				16,519,600

EMERGENCY AND NON-EMERGENCY SUCCESSION PLANNING

DEFINITION (S)

Acting District Director – A Division Administrator of our agency that is appointed by the District Director or the Board of Health to stand in for the District Director with all authority and power to ensure operations continue of the health district.

Short-term – A temporary absence in which it is expected that the District Director will return to his/her position once the events precipitating the absence are resolved. A short-term absence is three (3) months or less.

Long-term: A long-term absence is one that is expected to last more than three (3) months.

Permanent unplanned absence: A permanent absence is one in which it is determined that the District Director will not be returning to the position.

POLICY

Central District Health (CDH) succession plan for emergency and non-emergency outlines recommended courses of action for a short-term, long-term, or permanent vacancy in the District Director position, allowing for continuity and ensuring the continuous coverage of executive duties critical to the ongoing operations of CDH and its services to clients for the agency directed by the District Director and/or the Board of Health. Either the District Director or the Board of Health will appoint an Acting District Director.

Unplanned Absence Succession Plan: Short-term, Long-term, and Permanent

In order to ensure the continuous coverage of executive duties critical to the ongoing operations of CDH and its services to clients, the Board of Health has adopted the CDH Continuity of Operations Plan (COOP). The COOP is reviewed and updated as needed by the Public Health Preparedness Section, Division Administrators, and District Director. It is expected that this plan will ensure continuity in the ongoing operation of CDH.

Succession plan in event of a temporary, unplanned absence – short-term:

Steps for appointing an Acting District Director:

- **Who May Appoint the Acting District Director**: For a short-term absence, the Board will authorize implementation of the COOP, which defines positions by name and title. The defined positions will assume the role of the District Director to three levels. As soon as is feasible, the Chair of the Board shall meet with the Acting District Director to affirm the procedures prescribed in the COOP.
- **Authority and Restrictions of the Acting District Director**: The person appointed as Acting District Director shall have the full authority for decision-making and independent action as the District Director.

- Supervision of Acting District Director: As with the District Director, the Board will have responsibility for monitoring and supporting the work of the Acting District Director.

Succession plan in event of a temporary, unplanned absence – long-term:

- Implementation of Long-Term Appointment of Acting District Director: The procedures and conditions to be followed shall be the same as for a short-term absence. In addition, the Board in consultation with the Acting District Director will give immediate consideration to temporarily backfilling the Division Administrator position left vacant by the Acting District Director. This is in recognition of the fact that, for a term of more than three (3) months, it may not be reasonable to expect the Acting District Director to carry the duties of both positions.

Succession plan in event of a permanent unplanned absence:

- Implementation of Permanent District Director: The procedures and conditions shall be the same as for a long-term temporary absence with one addition; the Board shall appoint a Transition and Search Committee to plan and carry out hiring a permanent District Director.

General Succession Plan

To strengthen CDH's current and future workforce, this plan describes the methods used to develop the skills, knowledge, and talent needed for leadership continuity. It focuses on recognizing today what tomorrow's organizational leadership should resemble.

CDH strives to hire individuals for professional and management-level positions who exhibit a passion for public health and are a strong fit for the culture of CDH.

CDH includes professional development goals in employee performance plans. This ensures training opportunities are considered for each staff member, and they are built into the employees' performance plans for the following year. Employee performance objectives are expected to be in alignment with the agency's strategic plan.

Review of the Succession Planning Policy

The CDH Succession Planning Policy will be reviewed at the meeting in which the board elections are held with updates made in the interim if Division Administrators change.

Confirmation of Agreement

The order of succession is based on longevity to the agency in the Division Administrator position. The current order is Laurel Gearhart, Support Services Division Administrator, then Curtis Loveless, Community & Environmental Health Division Administrator, then Beth Bolen, Family & Clinic Services Division Administrator.

The signature of each Division Administrator acknowledges their commitment to taking on the role of Acting District Director as deemed by the current District Director and/or Board of Health Chair.

Laurel Gearhart, SS Division Administrator

Date

Curtis Loveless, CEH Division Administrator

Date

Beth Bolen, FCS Division Administrator

Date

Contact: District Director

Original: 12-12-2014

Reviewed/Revised: 02-10-2017;02-17-2023;02-21-2025;02-27-2026;

Procedure(s): None

Appendix(ices): None

Form(s): None

Emergency and Non-Emergency Succession Planning approved:

Greg Ferch, Board Chair

Date

Russell A. Duke, District Director

Date

HAPPY.
HEALTHY.
CDH.



District 4 Vaccination Coverage: Trends, Risks, and Next Steps

1



School-Aged Vaccination Coverage for Idaho and District 4



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

2

Childhood Vaccines: Data Monitored

- Schools submit Immunization Report to IDHW every November
 - Aggregate record counts for K, 1st, 7th & 12th grade students

- Vaccines Reported
 - Kindergarten
 - MMR (Measles, Mumps, Rubella)
 - DTaP (Diphtheria, Tetanus, Pertussis)
 - Polio
 - Hepatitis B & A
 - Varicella

 - 7th and 12th grades
 - Tdap Booster (Tetanus, Diphtheria, Pertussis)
 - Meningococcal

- Vaccination Coverage
 - Proportion vaccinated among all school-age eligible children (by grade)

3



Idaho vs U.S. Vaccination Overview

Key Message: *Idaho currently has lowest vaccination rate and highest exemption rate in U.S.*

4

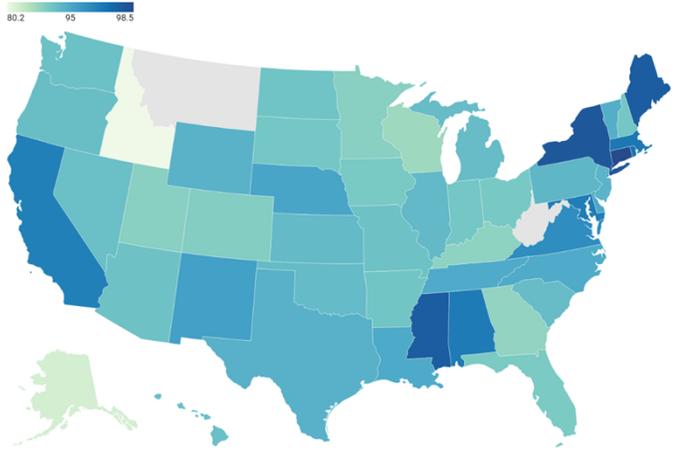
Kindergarten Vaccination & Exemption Rates, 2024-25

Vaccine Rate	U.S.	Idaho
MMR	92.5%	78.5%
DTaP	92.1%	78.3%
Polio	92.5%	78.9%
Hepatitis B	94.0%	84.0%

Exemption Rate	U.S.	Idaho
All	3.6%	15.4%
Non-medical	3.4%	15.1%

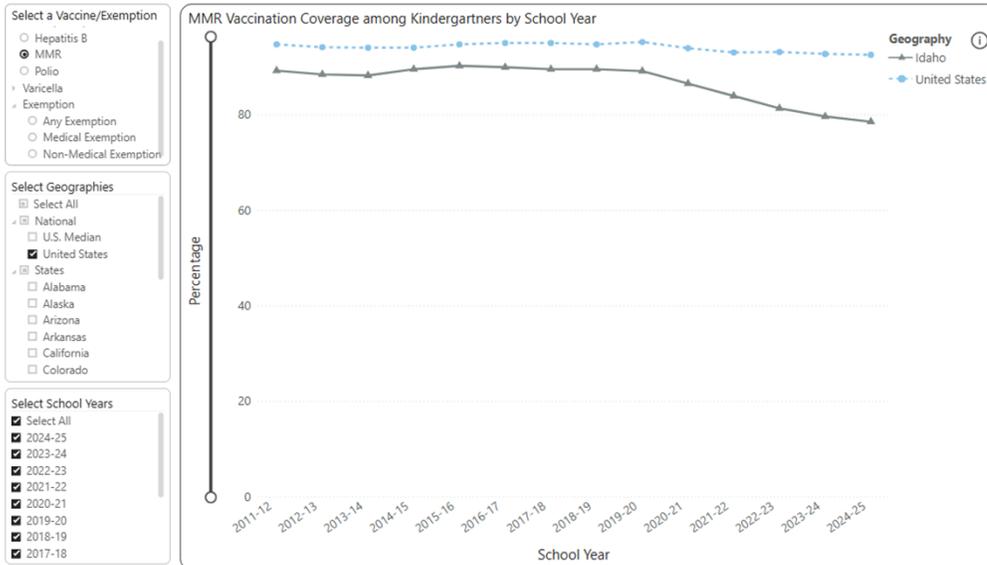
Kindergarten vaccination rates 2024-25

Vaccination rates for children entering public kindergarten in the 2024-25 school year, the latest available, show more states failing to reach the 95% threshold considered adequate for "herd immunity" to protect unvaccinated people from diseases like measles. States allowing more exemptions for nonmedical reasons are seeing the biggest drops since 2018-19, before the pandemic.



5

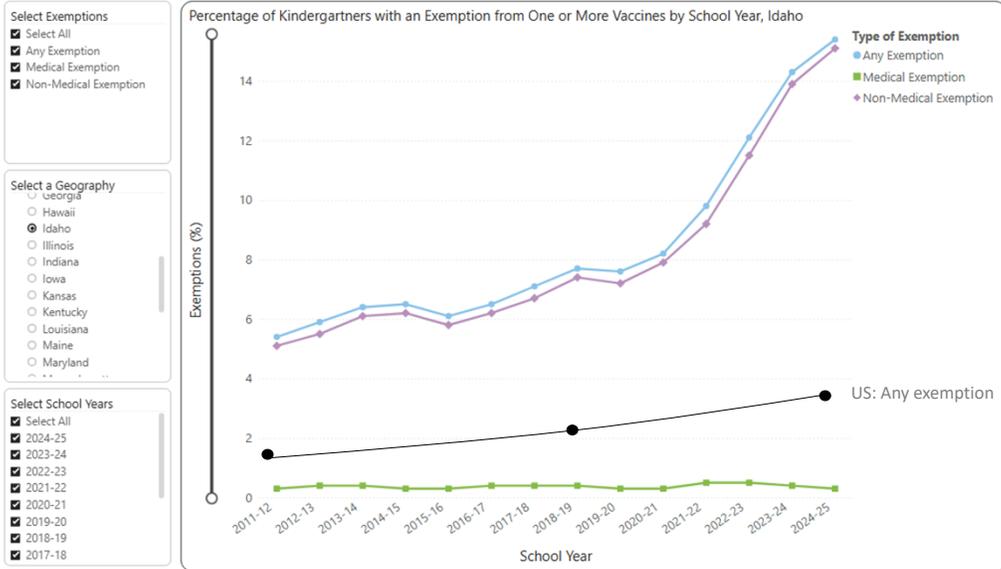
Idaho vs U.S. MMR Coverage, 2011-2024



<https://www.cdc.gov/schoolvaxview/data/index.html>

6

Idaho vs U.S. Exemption Trends, 2011-2024



7

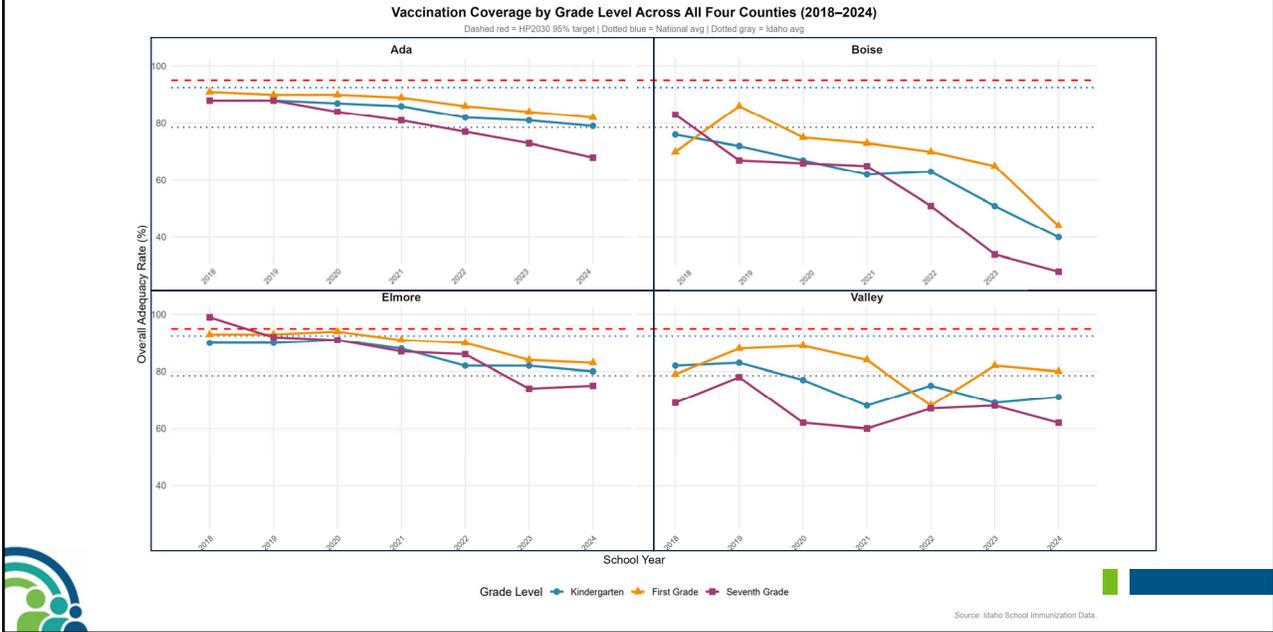


District 4 County-Level Vaccination Overview

Key Message: Coverage has declined from 2018 to 2024 in all 4 counties. Non-medical exemptions seem to be driving the decline.

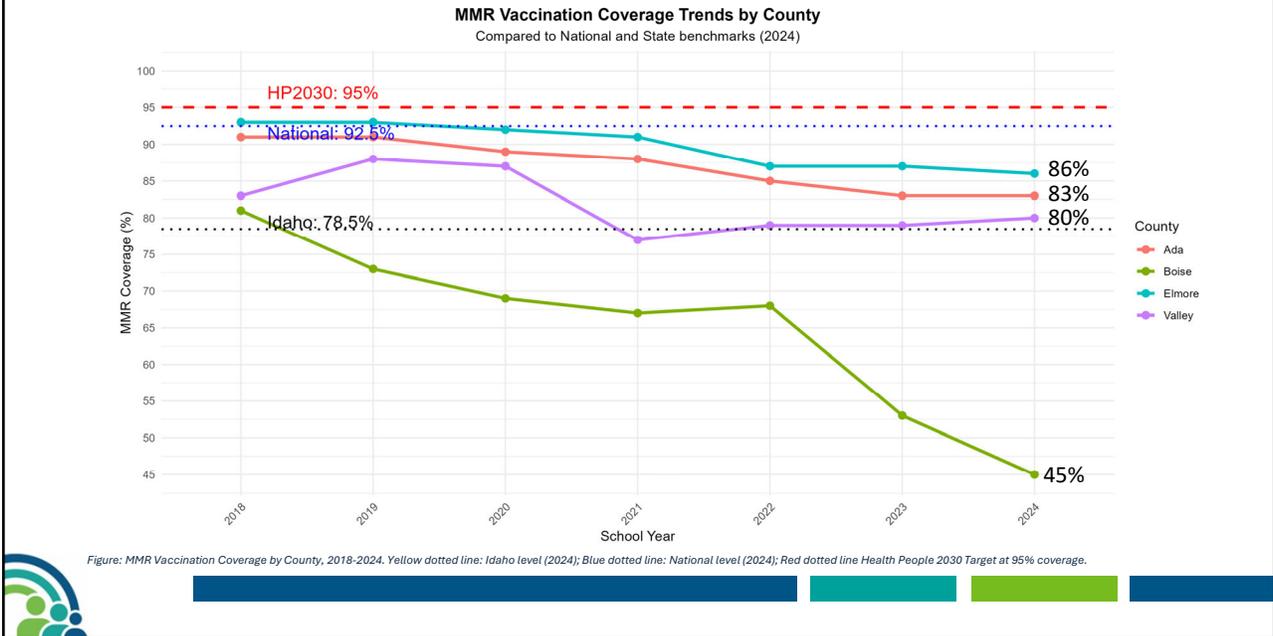
8

Coverage declined in all grades from 2018 to 2024



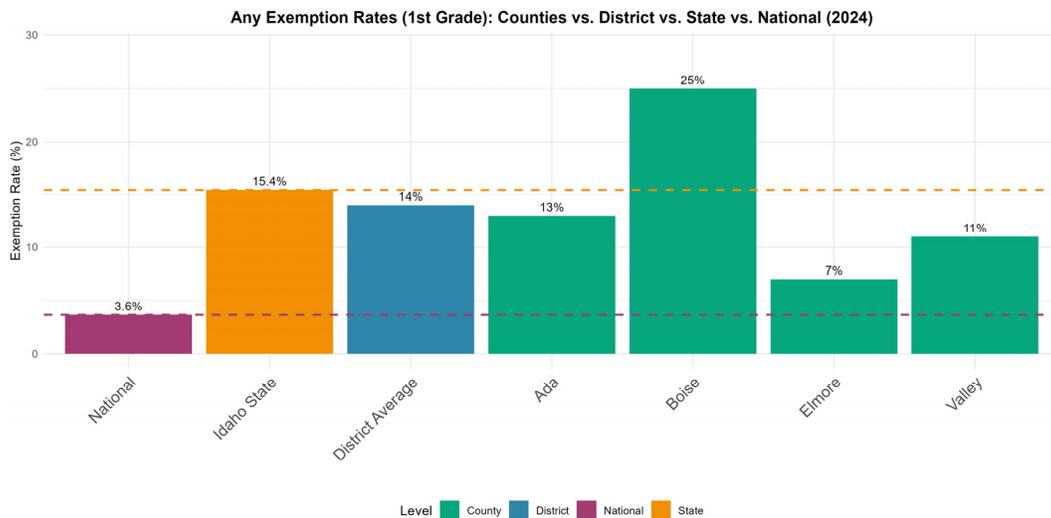
9

County kindergarten MMR coverage trends



10

2024 county exemption rates from 7% - 25%



11



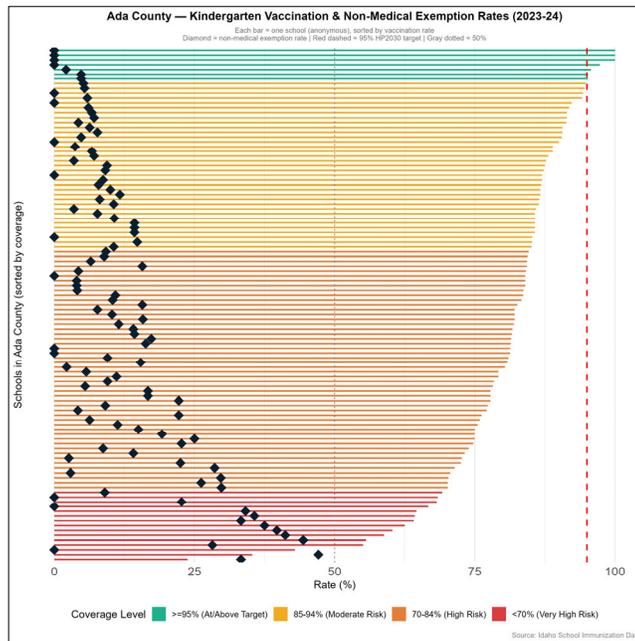
District 4 School-Level Vaccination Overview

Key Message: Low vaccination and high exemptions cluster in the same schools, giving CDH a roadmap for targeted interventions.

12

Schools with lowest coverage = Highest exemption rates

107 schools
 Each bar = one school
 ◆ Exemption Rate

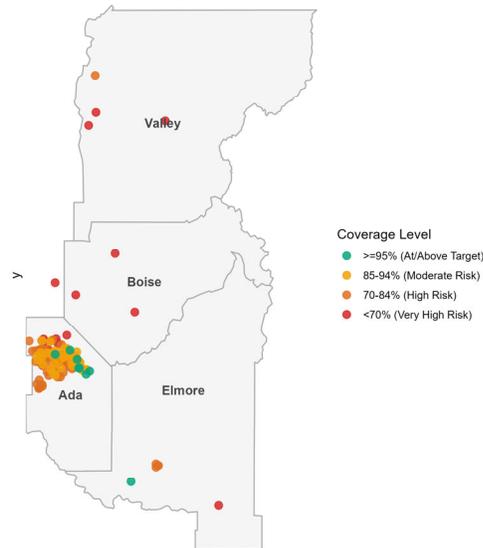


13

Outbreaks concentrate in "pockets" of under-immunized individuals (schools or communities)

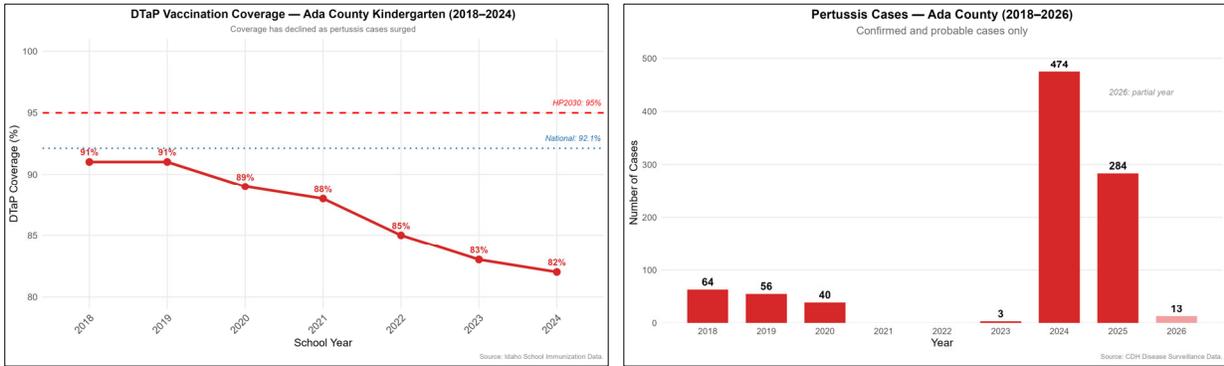
Kindergarten Overall Vaccination Coverage by School (2023-24)

Each dot is one school | Dot size = enrollment | No school names shown
 HP2030 target: 95%



14

DTaP coverage in Ada has declined, pertussis cases have surged



District 4 has been in a continuous pertussis outbreak since January 2024



15



Key Takeaways

- Idaho has lowest vaccination coverage
- District 4 vaccination rates are decreasing
- Coverage varies widely by county
- Increasing non-medical exemptions are increasing
- Under-immunized pockets at risk for disease outbreaks

Need for Public Health Action!

16

**HAPPY.
HEALTHY.
CDH.**

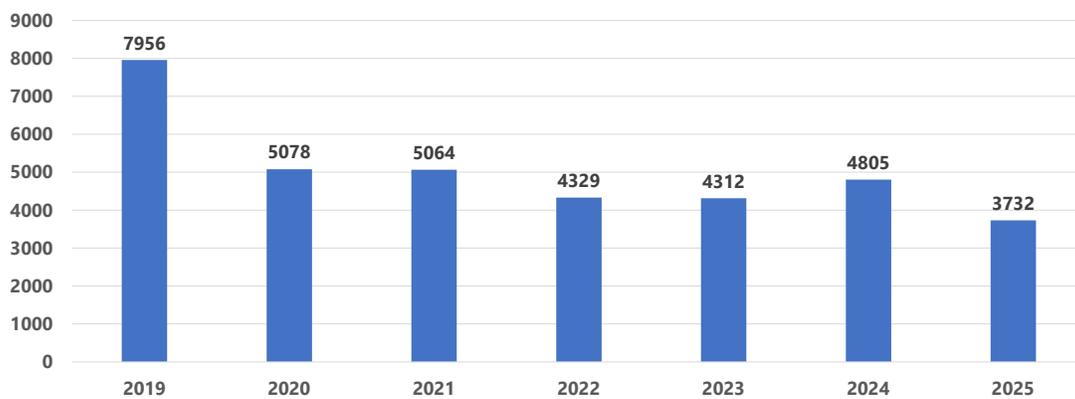


Family & Clinic Services: Immunization Services

17

Central District Health's Role

Total Immunizations Calendar Years 2019-2025



18



2026-2028 Strategic Plan Goal:

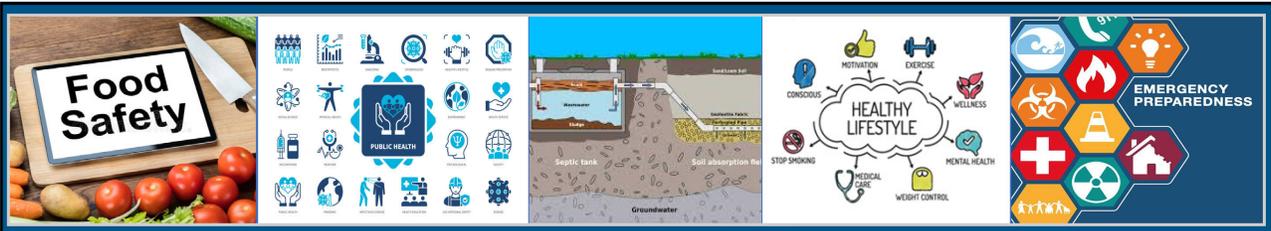
Develop and implement a childhood immunization strategy to expand CDH's influence on immunization rates throughout District 4.

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

19



20



Community & Environmental Health

Curtis Loveless, CEH Division Administrator

February 27, 2026

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

1

Environmental Health



➤ Food Safety

- 4561 Food Establishments
- 4856 Inspections



➤ Child Care Safety

- 382 Child Care Establishments
- 434 Inspections



➤ Land Development

- 508 septic permits issued
- 155 subdivisions approved
- 5805 buildable lots approved
- 21 private drinking water systems

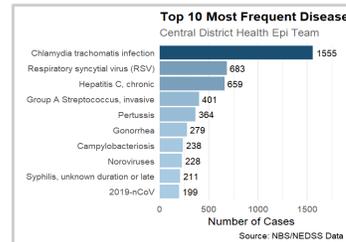
2

Public Health Preparedness



- Statewide Preparedness Conference
 - 7 Health Districts
 - 3 Health Care Coalitions
 - Local Tribes
 - State Public Health

Communicable Disease Control



- 6000 cases investigated
- 61 outbreaks declared

3

Health Policy and Promotion

- Health Screenings
 - 62 events
 - 305 participants
- Cooking Matters
 - 8 Events
 - 121 participants
- Health Education
 - Nutrition coordinator
 - Suicide prevention coordinator
- Fit & Fall Proof
 - 34 locations
 - 4575 participants
- VCORP
 - \$400K/yr HRSA grant for 3 years
 - Develop behavioral health career pathways for Valley County youth



4

Questions? Talk To Curtis



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