



Board of Health Meeting

Tuesday, August 25, 2020, 9:00 a.m.
13307 Miami Lane, Caldwell, ID 83607

The meeting will be available for live streaming at [the SWDH You Tube page](#)

Public comments specific to an agenda item for the August 25, 2020, meeting can be submitted at <https://www.surveymonkey.com/r/BOHpubliccomment08252020>. The period to submit public comments will close at 9:00 a.m. on Monday, August 24, 2020.

Agenda – amended*

A = Board Action Required	G =Guidance	I = Information item
9:00 A	Call the Meeting to Order	Chairman Elliott
9:02	Pledge of Allegiance	
9:03	Roll Call	Chairman Elliott
9:04 A	Request for Additional Agenda items; Approval of agenda	Chairman Elliott
9:05 I	Public Comments	
9:45 I	Introduction of New Employees	SWDH Staff
9:50 A	Approve July 28, 2020 Board of Health Meeting Minutes	Chairman Elliott
9:53 A	Approve August 11, 2020 Special Board of Health Meeting Minutes	Chairman Elliott
9:55 I	July 2020 Expenditure and Revenue Report	Troy Cunningham
10:00 I	COVID-19 Funding	Troy Cunningham
10:10 A	Review, Update and Approval of Board of Health Bylaws	Nikki Zogg
10:15	Break	
10:25 A	SWDH Succession Policy	Nikki Zogg
10:35 I	COVID-19 Situation Update	Doug Doney, Jaime Aanensen
10:50 I	Executive Council, Multi Agency Coordination Call Updates	Comissioner Tom Dale Chairman Bryan Elliott
11:00 I	Hospital COVID-19 Data and Trends	Travis Leach President, Saint Alphonsus Medical Center, Nampa
11:30 A	SWDH COVID-19 Health Alert Level Update	Nikki Zogg, Rachel Pollreis
11:45 I	Director's Report	Nikki Zogg
	- Special Legislative Session Update	
	- Letters received from business owners, family care physicians	

*Agenda was amended 8/24/2020 to include the approval of July 28, 2020 Board of Health meeting minutes.

Next meeting: **Tuesday, September 22nd, 2020 at 9:00 a.m.**

Healthier Together

13307 Miami Lane • Caldwell, ID 83607 • (208) 455-5300 • FAX (208) 454-7722

#	RESPONSES	DATE
1	Canyon County needs teachers, staff and public school employee's to use mitigation tools so schools can slow spread of virus and mandate masks in schools & social distancing.	8/23/2020 11:56 PM
2	As a public school employee in Canyon County, to give the best chance to keep the doors open for school, SWDH BOH for Canyon County needs to require face coverings in public schools.	8/23/2020 11:52 PM
3	Our school district is using the 7 day rolling average for the daily incident rate for the zip code that covers approx. 60% of our students and 30% of our staff. This number shows we are in yellow. When I look at the map, few zip codes in Canyon County are in the red so why is Canyon County considered red? Is this a good metric to use? Does covid recognize zip code boundaries, even school district boundaries, or county lines for that matter? I hear in a report from CDH that many covid patients from the SWDH area were sent to their hospitals, thus giving an inaccurate picture of the seriousness of covid in our district.	8/23/2020 10:33 PM
4	Dear health board, I'm asking you to establish a mask mandate to help reduce the spread of covid-19 in our district. Its a matter of respect to the citizens that want to see this virus eliminated as quickly as possible so some form of normalcy can occur. what could it hurt to try this for a month and see if it helps. How many more senseless and avoidable deaths must occur under your jurisdiction ? sincerely, tom snow, caldwell	8/23/2020 9:03 PM
5	Dear SWDH Board, Please consider a mask mandate. People could wear a mask to care for the health of our community even if we might think it is uncomfortable or unhelpful. What do we have to lose? Sincerely, Mandie Snow	8/23/2020 8:53 PM
6	Is there anything that the board is willing do to help this situation? There is a photo of an Indian Creek Plaza event featuring Corbin Maxey (wildlife enthusiast) with people, shoulder to shoulder in packed rows on his Facebook page. It is also on the Caldwell Police Department's page. There is absolutely no social distancing or face masks. Check it out for yourselves. This gives the impression that Caldwell willingly has and promotes large non-socially distant events during our "red" COVID phase. This brings people from areas around to Caldwell and can spread COVID back to their communities. I know Destination Caldwell promised to provide safety measures so the Plaza could remain open. There are more events to come. This is not in the best interest of our community's or county's health or the health of those in surrounding areas. I don't attend any of these events and take responsibility to protect those around me to the best of my ability. Can you please address this issue for the sake of our community, county and surrounding areas? The Plaza needs help.	8/22/2020 2:09 PM
7	I am an educator in Middleton who resides on the Ada County/Canyon County border. As a result, I am affected by the decisions made by both the Central District Health and the Southwest District Health departments. I write today PLEADING with you to follow the CDC guidelines and the recommendations of the scientific experts as you make decisions on behalf of not only the residents of Canyon County, but those of us who work there. Because you continue to choose not to mandate masks, the thousands of children and staff members returning to school will be impacted. Science has PROVEN it, yet you seem to refuse to believe it. I hear board members suggest that government influence is reduced by "unenforceable" mandates; however, should you mandate mask usage in SWDH counties, the schools and the teachers CAN enforce it (as can business owners, etc.). Short of a mandate by SWDH, school boards (including mine) are reluctant to go against your guidance . . . which puts ALL students and staff at heightened risk of contracting Covid-19. The responsibility to mandate masks is on your shoulders. You must do this in order to protect the thousands of citizens in the district who live and/or work there. Additionally, I usually do all my shopping in Canyon County, but will not patronize businesses who do not mandate masks until this crisis is over. My safety, and that of thousands of Idahoans is important enough to choose to do business with those who think the Science does not lie, and that we have a common responsibility to keep all Idahoans safe.	8/22/2020 12:01 PM
8	No matter what garbage comes out of your mouth's we will not comply. Stop the insanity. Look at the ACTUAL facts.	8/21/2020 12:32 PM
9	I beg of you to reduce restrictions and do not encourage or support a mask mandate. Keep Idaho Free! The survival rate of Covid19 is 99.7% and may even be higher if we take out the with and probable. The virus has been over blown. The well are the majority and we need to stop punishing those who are well. This has gone to far and our liberties need to be restored. Thank you for all you do and for your transparency and honesty. You have proven with your	8/21/2020 11:52 AM

honest and clear communication lately that you are trying to avoid unnecessary and inappropriate pressures from the State and that is most appreciated.

10	With the increase in numbers in Canyon County, I believe that the health district must put a mask ordinance in place, for schools, place of businesses, and when outside when 6ft cannot be maintained. My child has Asthma and I am terrified sending him back to school without a mask mandate. My child will be wearing a mask, but due to his Asthma he may not be able to wear it all the time. Ada county put a mask mandate in place and the numbers in that county have been reduced. This district health puts out information on the importance of wearing a mask, yet there is no action from this health district. As a parent, a member of this community and as a health professional I urge the health district put a mask ordinance in place and keep canyon county in stage red. Thank you Jessica
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8/21/2020 11:30 AM

BYLAWS
SOUTHWEST DISTRICT HEALTH
BOARD OF HEALTH
~~Amended January 24,~~
~~2017~~August 25, 2020

ARTICLE 1

- 1.1.1 The name of this organization shall be the Board of Health (BOH) of the Southwest District Health (SWDH).
- 1.1.2 The environmental protection and physical health responsibility of the BOH shall be to the southwest region of the State of Idaho, specifically that territory which includes the following counties: Adams, Canyon, Gem, Owyhee, Payette, and Washington.
- 1.1.3 The headquarters of the BOH shall be located in the most populous county in the district at a location selected by the Board.

ARTICLE 2

- 2.1 The BOH is organized pursuant to Title 39, Chapter 4, Sections 39-408 to 39-426 of the Idaho Code and shall have environmental protection and physical health authority within the designated area of these bylaws, after July 1, 1971.
- 2.2 The BOH shall adopt and implement, where applicable, Sections 39-408 through 39-426, Title 39, Chapter 4 of the Idaho Code as well as the articles specified in these bylaws.

ARTICLE 3

The general purpose of the BOH will be to organize a district department of health and to oversee the administration of the department, determining and adopting policies that are harmonious with the practice of public health. SWDH shall provide the basic health services of public health education, physical health, environmental health, and public health administration and all other aspects of public health that may be delegated by the State Board of Health.

ARTICLE 4

- 4.1 The BOH shall consist of seven (7) members to be appointed by the boards of county commissioners within the district acting jointly. All provisions of Section 39-411 of the Idaho Code relative to the composition, qualifications, appointments and terms of appointment shall be observed in the selection of members to the ~~District Board~~BOH.
- 4.2 The county commissioners shall be informed at least one month prior to the expiration of the term of a BOH member. Terms of appointment shall begin on July 1 and expire June 30 in the last year of the term.

~~5.6 Under conditions of bad weather or disasters, the BOH Chairman or his designee may secure action approval by a telephone poll of all available members. The action of the majority of those polled shall be the action of the BOH.~~

ARTICLE 6

Roberts Rules of Order (revised) shall be the governing authority for the order of business and conduct of all meetings of the BOH when not in conflict with the bylaws.

ARTICLE 7

- 7.1 BOH members shall acknowledge and understand that SWDH is a governmental organization and that in order to maintain its federal and state tax exemption, it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.
- 7.2 BOH members shall not use positions to promote any personal or professional business relationships, contracts, or financial gain.
- 7.3 BOH members shall promptly disclose the existence of an actual or possible conflict of interest including any potential financial interest and all material facts to the BOH or the SWDH Director.
- 7.4 BOH members shall promptly notify the BOH or the SWDH Director should any interest become potentially detrimental to SWDH.
- 7.5 BOH members shall not have not been convicted of a felony or criminal offense related to the delivery of health care.
- 7.6 BOH members shall acknowledge that each member of the BOH has a fiduciary duty to SWDH, and as part of that duty each member is to maintain absolute confidentiality as to all non-public information to which access is available by reason of BOH membership. BOH members shall disclose and discuss such information only with appropriate officers, employees, agents, and advisors of SWDH and only for valid SWDH purposes or as otherwise required by law.
- 7.7 BOH members shall serve on the BOH as active participants and shall contribute ideas, perspectives, and feedback.
- 7.8 BOH members shall strive to conduct themselves in an ethical manner at all times and shall consult with SWDH leadership regarding any concerns, grievances, or issues that must be resolved.

These bylaws may be amended at any regular meeting of the BOH by a two-thirds vote of the members present provided that a written copy of the proposed amendments shall be presented at the previous meeting of the Board to each member or mailed to those not in attendance at

Commented [ZN4]: This statement may need clarification to apply to other situations that may be relevant such as Special or Emergency meetings.

Commented [ZN5]: Mike recommended deletion as it conflicts with Open Meeting laws.

Commented [ZN6]:

Regarding 7.6, I understand the concern. On the one hand it is very general. On the other, there are so many things in government that is confidential it would be hard to list them all. In your case, the issues range from discussions involving potential litigation, HIPAA, personnel discipline, evaluations, salary discussions, attorney advice, contract negotiation etc. I think it would be better to leave it generic, realizing it would be hard to enforce. The Board already follows the spirit of the section, and probably that is all that can be expected.



BOARD OF HEALTH MEETING MINUTES

Tuesday, July 28, 2020

BOARD MEMBERS:

Georgia Hanigan, Commissioner, Payette County - present
Nate Marvin, Commissioner, Washington County - (in attendance via videoconference)
Tom Dale, Commissioner, Canyon County – absent; excused
Kelly Aberasturi, Commissioner, Owyhee County - present
Viki Purdy, Commissioner, Adams County – (in attendance via videoconference)
Sam Summers, MD, Physician Representative – present (pending BOCC confirmation)
Bryan Elliott, Commissioner, Gem County - present

STAFF MEMBERS:

Nikki Zogg, Jaime Aanensen, Doug Doney, Katrina Williams, Troy Cunningham, Clay Roscoe, Ashley Anderson, Ricky Bowman

GUESTS: Approximately 5 members of the public attending in person; approximately 40 viewing live stream to SWDH You Tube page; several videoconference attendees presenting information for the Board of Health meeting

Chairman Elliott called the meeting to order at 9:09 a.m.

APPROVAL OF AGENDA

Chairman Elliott noted that approval of agenda was not listed on the agenda but asked for a motion to approve the agenda.

MOTION: Commissioner Hanigan moved to approve the agenda as presented. Commissioner Aberasturi seconded the motion. All in favor; motion carries.

INTRODUCTION OF NEW EMPLOYEES

Carol Julius asked to introduce two new employees at next month's meeting due to scheduling conflicts for them.

APPROVE JUNE 11, 2020 BOARD OF HEALTH MEETING MINUTES

MOTION TO APPROVE: Commissioner Kelly Aberasturi moved to approve the minutes as presented. Commissioner Hanigan seconded the motion. All in favor; motion carries.

APPROVE JULY 7, 2020 SPECIAL BOARD OF HEALTH MEETING MINUTES

MOTION TO APPROVE: Commissioner Kelly Aberasturi moved to approve the minutes as presented. Commissioner Elliott seconded the motion. All in favor; motion carries.

APPROVE JULY 23, 2020 SPECIAL BOARD OF HEALTH MEETING MINUTES

Nikki noted that there is one proposed change to the minutes for July 23, 2020. On page 2 in the minutes the word "minimum" should be removed. It should just read one person. Commissioner Kelly Aberasturi moved to approve the minutes with the edits being the removal of the word "minimum" from the second page under motion as per request of Nikki Zogg. Commissioner Hanigan seconded the motion. All in favor; motion carries.

REQUEST TO AMEND JANUARY 2020 MINUTES

Nikki Zogg presented a request to correct a clerical error and amend the January 2020 Board of Health meeting minutes to reflect the addition of a West Nile Virus Surveillance guidance item. When additional agenda items were requested a guidance agenda item was added to discuss West Nile Virus Surveillance. This addition was not captured in the minutes under Approval of Agenda/Request for Additional Agenda Items but the discussion and guidance issued was captured later in the meeting minutes. Nikki asked for a motion to amend the minutes to reflect the addition of a West Nile Virus Surveillance guidance item in the January 2020 minutes.

MOTION: Commissioner Hanigan made a motion to amend the January 2020 Board of Health minutes to include addition of a guidance item for West Nile Virus Surveillance under the Approval of Agenda portion of the meeting minutes. Commissioner Marvin seconded the motion. All in favor; motion carries.

JUNE 2020 EXPENDITURE AND REVENUE REPORT

Troy Cunningham, Southwest District Health Financial Manager, presented the June 2020 Expenditure and Revenue Report. He explained that reimbursement for COVID-19 related personnel expenditures will return the cash position to a neutral level. The strategies we have been using outside of COVID-19 to remain cash neutral were effective.

Despite additional COVID-19 expenditures in May and June the agency still remained within the spending authority given by the Board. Troy clarified that no reimbursement for COVID-19 expenses has been received yet. CARES funding and FEMA cannot be the funding source of last resort so we can start leaning on those funds as soon as they are set up.

Troy's counterparts and other counties who have billed for reimbursement report that they have received a fairly quick turnaround in reimbursement receipt from CARES funding.

COVID-19 FEDERAL SUBGRANT AWARDS

Troy provided an update on the federal subgrant awards. Once these were executed then some of the pre-award costs could be billed to those subgrants.

Troy confirmed that billing to the CARES funding will not decrease the state appropriation.

AUDIT SERVICES PROVIDER SELECTION

Troy provided a summary of the Board's recent decision to seek audit services from an outside provider. All seven health districts in Idaho are governed by their own Board of Health. All health districts receive state and federal funding and one of the requirements is to participate and become involved in the single audit through the State of Idaho. This is typically done through the Legislative Services Office (LSO). Due to concerns with cost and timeliness, Nikki and Troy sought and received authority from the Legislative Council to use an outside auditor.

Troy recommend the Board engage with Zwygart John and Associates as our single audit provider. Gem County and City of Emmett both use Zwygart John and Associates and have been very pleased with their prompt response and their level of government entity experience.

MOTION: Commissioner Hanigan made a motion to award the contract to Zwgart John and Associates for the annual audit in the amount of \$10,000 per year. Commissioner Marvin seconded the motion. All in favor; motion carries.

APPOINTMENT OF BOARD PHYSICIAN REPRESENTATIVE

Dr. Sam Summers' term as the physician representative on the Board of Health has expired. Chairman Elliott thanked him for serving and asked for reappointment of Dr. Sam Summers who agreed to another term as our board physician.

MOTION: Commissioner Aberasturi made a motion to reappoint Dr. Sam Summers as board physician representative. Commissioner Hanigan seconded the motion. All in favor; motion carries.

REVIEW, UPDATE, AND APPROVAL OF BOARD OF HEALTH BYLAWS

Nikki Zogg, SWDH Director, presented the Board of Health Bylaws for their periodic review and re-approval. Nikki clarified that at today's meeting there will be no action on the Bylaws and reviewed several proposed changes.

Board members asked that legal Counsel review the proposed changes.

Commissioner Purdy asked if Article 7 – 7.6 indicates there is information that should be withheld from the public and said that it does not clarify personnel information but does say confidentiality as to all non-public information. Nikki explained that this references executive sessions held for reasons allowed within statute. Also, the health district handles medical information and information within the Environmental and Community Health Services division that is confidential or protected by other law.

Action item: Nikki will ask legal counsel to review the proposed changes to the Southwest District Board of Health Bylaws and present them for approval at the regularly scheduled August Board of Health meeting on August 25, 2020.

SWDH LINE OF SUCCESSION POLICY

Nikki Zogg presented a line of succession policy for input. Most of the SWDH executive policies are managed internally. Nikki shared that she received some comments regarding the policy as posted in the Board of Health packet regarding the language of "ordering" and the input that she received should be taken into consideration regarding the use of the word "order". Technically, we do not issue an order to have someone trespass. The District Director does have the authority to trespass an individual from the property.

Based on that information the trespass should be done in the presence of a police officer if at all possible and should be recorded if at all possible. The statement should be something similar to: "I am [name] and have the authority to trespass you from the premises. I am requesting you to leave."

The line of succession policy has not yet been run through legal counsel. Board members clarified that there needs to be disruptive or destructive behavior noted prior to trespassing a person from the premises. Nikki agreed and suggested adding some clarifying language to be added.

Board members directed Nikki to work with legal counsel to make edits to the proposed policy.

Action item: Nikki will ask legal counsel to review the proposed changes to the line of succession policy and present the policy for approval at the regularly scheduled August Board of Health meeting on August 25, 2020.

COVID-19 EMERGENCY OPERATIONS CENTER UPDATE

Southwest District Health staff provided an update on the COVID-19 event response. Ricky Bowman, Program Manager, reported that SWDH has seen about 4,000 cases with 140 hospitalizations. He also clarified that contact tracing staff do not request social security number information.

Dr. Summers asked about communication and collaboration efforts with Oregon. Ricky explained that there is communication with the Paiute Tribe and Oregon Health Authority. Also, SWDH staff are working closely with Malheur County Health Department on an almost daily basis.

Dr. Clay Roscoe updated the board members on two ongoing efforts at the health district to increase testing accessibility. Idaho continues to face the challenge of limited testing capacity for COVID-19. He explained that SWDH hopes to play a role with increasing testing capacity within vulnerable populations using the Abbott ID NOW PCR testing machine. This small toaster-sized machine can be set up with relatively minimal amount of technical assistance to perform a low volume of testing. The machine processes about three tests per hour and provides results in approximately 15 minutes. The machine has a higher false negative rate than similar tests performed in an in-laboratory format. He clarified that an individual who is symptomatic and receives an Abbott negative test will receive a recommendation to test again through another platform. The Abbott machine will be focused on testing COVID-symptomatic first responders including emergency medical staff as well as individuals working at correctional facilities, long term care facilities, fire and police departments, and sheriff offices who all face heavy daily challenges from ongoing daily exposure.

Dr. Roscoe also shared that we are in active collaborative conversations with the Boise Veteran's Administration Center specifically in their infectious disease laboratory division. A molecular biologist there has developed and stood up a high-volume rapid through put PCR test and is interested in developing and implementing a pilot program in District 3 to use that platform.

OVERVIEW OF WRITTEN PUBLIC COMMENT

Nikki Zogg presented an overview of the public comment provided. Two educators advocated for mandatory face coverings in Canyon County particularly relating to the start of the school year coming upon us. The overarching themes from the other 15 comments included individuals' rights to choose, not mandating face coverings, concern for lack of details regarding action items on the agenda, and the request to hold public hearings. Other information from Dr. Viki Wooll also provided a written presentation to Board members as public comment.

Nikki asked for Commissioner Elliott's input to help make the agenda as transparent as we can and ensure appropriate wording.

Board members discussed posting the Survey Monkey public comment compilation to the website. Katrina will post the public comment compiled from the Survey Monkey link and make it available on the website for future meetings after a disclaimer is added noting that no redactions will be made so those submitting public comment can choose to limit their disclosure of identifying information.

Board members also discussed including a public comment period again on the agenda and working to accommodate members of the public who wish to speak in person with appropriate time limits and a set amount of time allowed on the agenda for that public comment.

COVID-19 HEALTH ALERT LEVELS PUBLIC ADVISORY SYSTEM

Nikki Zogg presented the Southwest District Health COVID-19 Health Alert Level system and criteria for movement within the level system. She explained the qualitative, quantitative, and syndromic surveillance data used to assess criteria changes among levels. A data analyst will also work to identify the rate per 10,000 within a census tract so people can see more closely where there are hot spots across the region. Nikki explained that data coming from the hospitals including emergency room utilization, hospitalizations, personal protective equipment (PPE) supplies is all fairly timely and is updated approximately every 24 – 48 hours. In addition, SWDH is working closely with long term care facilities and evaluating case clusters.

Commissioner Aberasturi asked how we can ensure the information we get is accurate. Nikki will arrange for presentation of information on how data are collected at the next Board meeting scheduled for August

25, 2020. Several board members expressed that Centers for Disease Control and Prevention (CDC) reporting requirements have given the commissioners cause for concern. Commissioner Purdy questioned credibility of the information being received from hospitals. Nikki asked if board members support using this system preliminarily until the next meeting or if they prefer not to.

Board members also asked about health alert levels and the correlation to the rate of cases. Nikki again explained both qualitative and quantitative data are included in the health alert level determination.

Commissioner Hanigan understands the concerns about the small counties and safe guarding individuals' privacy, but schools, groups, and other organizations look to the health department to make recommendations and they need to work with the best information they have available.

Board members agree that the data can be helpful in assessing the risk of events. A standing agenda item will be added to ensure review of the health alert level system on a monthly basis and make adjustments as information becomes available.

MOTION: Commissioner Aberasturi made a motion to approve the Southwest District Health COVID-19 Health Alert Level System and the criteria for determining health alert levels document with the condition that it be reviewed and if necessary changed at a minimum of monthly by the Board of Health. Commissioner Hanigan seconded the motion. Commissioner Purdy voted nay; motion carries.

INCIDENT MANAGEMENT SUPPORT TEAM FOR THE SIX-COUNTY REGION

As the COVID-19 event response continues to unfold and is not expected to wind down within the near future, county emergency managers and SWDH will need enhanced support. Nikki spoke to the challenges of continue daily operations outside of COVID-19 such as daycare, septic inspections, and clinic services. Our top leadership staff are needed to focus on some of those tasks. High Focus LLC has been assisting Southwest District Health since mid-March with training and incident management. Incident management teams are primarily organized to assist or work in the jurisdiction where the capacities have been extended or are compromised. The teams operate with delegation of authority, decision making ability, spending ability, etc. to make best decisions to terminate that incident.

Nikki added that this be added as an action item due to the expense. Other counties interested in participating will contribute as well to the expense. The district is currently covering the cost of High Focus and the CARES Act funding/FEMA funding would support the continued or enhanced support of High Focus. The management team's focus would be helping Southwest District Health set and complete objectives.

Board members discussed the tasks to complete, the communication needs, and the objectives development and management. Nikki explained that the management team would act as relief to incident commanders so Jaime and Doug can carry out the Division Administrator roles within the agency

Nikki explained that she feels very comfortable setting the direction and priorities for the agency. High Focus is very aligned with the work our agency does and provides technical expertise on how the work is accomplished and not what that work is.

Board members suggested supporting the relief team for two weeks to give respite to our workers here and then see where we are at and then readdress it.

MOTION: Commissioner Aberasturi made a motion to allow the district to go into agreement to develop an incident command team for a two-week period of time for respite purposes then work on the other issues out there and then reevaluate in two weeks. Commissioner Hanigan seconded the motion. Commissioner Purdy voted nay; motion passed.

FREQUENCY OF BOARD OF HEALTH MEETINGS

Nikki asked for board member input on increasing the frequency of Board of Health meetings such as every other week or twice monthly meetings. Board members do not support scheduling meetings just to have meetings. Board members prefer to schedule special meetings as the need arises.

MOTION: Chairman Elliott made a motion that meetings continue on a standard monthly frequency with special Board of Health meetings scheduled as the need arises. Commissioner Marvin seconded the motion. All in favor; motion passes.

FURTHER QUESTIONS

Board members discussed other education efforts in addition to recommendations for social distancing, masking, and gathering size limitations that could be made to help promote good lifestyles including nutrition and vitamins to help people better fight off diseases.

Dr. Roscoe had an opportunity to review the public comments and one recurring theme for individuals is shared concern about masking, that masks do not work and that science continues to show they do not work to protect others. Dr. Roscoe explained that healthy living in general is important and we can do a better job of that as a health district.

DIRECTOR'S REPORT

Nikki's director report items will be moved to the next meeting.

There being no further input or questions, the meeting adjourned at 1:03 p.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Bryan Elliott
Chairman

Date



SPECIAL BOARD OF HEALTH MEETING MINUTES
Thursday, August 11, 2020

BOARD MEMBERS:

Georgia Hanigan, Commissioner, Payette County
Nate Marvin, Commissioner, Washington County (in attendance via videoconference)
Tom Dale, Commissioner, Canyon County - present
Kelly Aberasturi, Commissioner, Owyhee County - present
Viki Purdy, Commissioner, Adams County – present (in attendance via videoconference)
Sam Summers, MD, Physician Representative – present (pending confirmation)
Bryan Elliott, Commissioner, Gem County - present

STAFF MEMBERS:

In person: Nikki Zogg, Katrina Williams
Via videoconference: Jaime Aanensen, Doug Doney, Troy Cunningham, Clay Roscoe, Ashley Anderson, Ricky Bowman, Mike Kane (legal counsel), Jordan Seward, Stephen Fitzner

PUBLIC COMMENT

Board members heard public comment from those in attendance wishing to speak.

CALL TO ORDER

Chairman Elliott called the meeting to order at 9:46 a.m.

DISCUSSION

Opening remarks

Nikki Zogg, Southwest District Health Director, provided opening remarks and background information. She explained that prior to COVID-19 staff allocated their time to jobs in their individual programs or specific areas. During the COVID-19 response staff have been pulled in other directions to respond. During this meeting, staff will provide insight into where they are currently working, what the next few months may bring, and the impact the response has on the rest of Southwest District Health's business.

Chairman Elliott summarized a phone call with two members of Governor Little's COVID-19 task force. The task force members suggested SWDH consider limits on social gatherings and require seating in bars.

COVID-19 Situation Update (Epidemiologic Picture)

Nikki Zogg provided several high level observations as to what is happening with the data for the region Southwest District Health serves. She reported that new daily cases appear to be stabilizing. Case numbers have bounced a bit partly due to batch sending of lab results which causes some fluctuation in daily case rates. Businesses are also doing some mass testing which impacts the daily case rate.

Long term care facilities throughout the region have been impacted by COVID-19 cases. To help better understand these cases within long term care facilities, some facilities' ventilation systems are being reviewed by an industrial hygienist. The environmental samples take about ten days to come back. Based on those observations, interviewing some of the staff, and reviewing infection control practices it appears they may be opportunities for improvement to provide a safer environment for staff and residents.

Nikki also anticipates the industrial hygienist visiting several facilities that are doing well in protecting staff and residents against COVID-19 to help determine best practices.

Rachel Pollreis, SWDH data analyst, provided a brief description of the SWDH COVID-19 dashboard. Chairman Elliott asked if number of cases recovered is available on the website. All cases over 30 days old not resulted in death are considered recovered. Rachel will add the number of cases recovered to the SWDH website.

Nikki explained that SWDH is receiving a lot of media about disparities in Hispanic communities being affected. Clusters linked to workplaces and large social gatherings are impacting our communities' Hispanic population heavily.

Board members discussed Vitamin D, Zinc and hydroxychloroquine. Commissioner Purdy asked if the SWDH Board of Health can make a motion to push use of hydroxychloroquine forward as a treatment and allow doctors to prescribe it as needed. Dr. Roscoe and Dr. Summers referenced the most current published research and do not support the use of hydroxychloroquine to treat COVID-19 disease. Dr. Roscoe will prepare information summaries regarding Vitamin D, Zinc, and hydroxychloroquine.

White House Profile & SWDH Health Alert Levels

The updates included in the White House Profile categorize certain counties or cities into red or yellow zones. This might create confusion within the Southwest District Health COVID-19 Health Alert Level risk assessment categorization system. There is also some confusion with aligning the School Framework for risk assessment with the Southwest District Health COVID-19 Health Alert Level system. Board members discussed whether it might be more consistent to use a three level system rather than four. Nikki explained that the Center for Disease Control and Prevention (CDC) has been using three levels of community transmission. A lot of municipalities and others are also using four alert levels. Board members discussed school decisions and the fact that schools are independent political bodies that choose to be open or closed and which system to use. The role of SWDH has been helping schools identify which category of transmission they each are in and providing subject matter experts to review plans and answer questions.

Overview of Southwest District Health Response to COVID-19

Southwest District Health continues to function under Incident Command Structure to manage the COVID-19 event response and also continue daily operations for the agency.

Public Information Officer (PIO)

Currently, SWDH has approximately 1.5 FTE staff hours dedicated to the PIO Team. The PIO team is responsible for creating and enabling communication, developing accurate statements to release to the public or press, collaborate with external and internal partners to develop public service announcement messaging in both English and Spanish. Other tasks include attending and facilitating daily and weekly meetings, research, media monitoring, developing and vetting press releases, project planning and development, coordination of internal and external partner needs.

Liaisons

Staff are working in liaison roles with schools, shelters, jails, long term care facilities, and event coordinators to promote safe practices and allow for optimal wellness in their communities. The communities within the six-county region of Southwest District Health are expecting guidance, recommendations, expertise, and best practices. The liaison team has been successfully coordinating connections to resources.

Operations

Operations Team reports directly to the incident commanders who get information from the agency administrator on what is happening, the current or anticipated needs, and objectives for the next operational period.

Logistics

The Logistics team works alongside Idaho Department of Emergency Management to distribute PPE. In addition to PPE distribution, community assistance is also a logistics duty. The team also works alongside SWDH epidemiologists to determine who receives COVID-19 test kits.

Currently, approximately 71 employees are supporting the COVID response. Of these 71 employees, 26 roles are filled with new temporary staff members; 45 roles are supported by SWDH employees already in place at the beginning of the pandemic response.

Future priorities for logistics include helping and assisting for vaccine distribution and facilitation.

Finance

Troy Cunningham, SWDH Financial Manager, gave a brief overview of the responsibilities of the finance section for the SWDH COVID-19 response. One challenge is juggling COVID-19 financial duties with day-to-day operations needed to keep SWDH running. Troy hired a temp yesterday who will assist in some of those functions that Troy's team cannot get to so they have resources available to assist Troy in the COVID-19 response activities.

Troy explained that based on the funding we have in hand we can sustain operations through the end of the fiscal year before we would need to dip into districts investment funds.

Anticipated Impact of COVID-19 in coming months

Nikki Zogg provided information about the anticipated impact of COVID-19 in the coming months. She explained that the district is discussing how to move forward with the needed SWDH activities and work functions while still trying to meet existing needs of our communities during this unprecedented time.

Board members discussed how to balance pandemic response with other duties, programs and services of the agency and continue providing the work we were before providing COVID-19.

Board members agree that there remains no consideration for a shutdown of businesses in the future. The economy is important to people's mental health as well as their physical health and board members do not desire to shut down business and implement an additional quarantine.

Business Impacts and Financial Considerations

Doug Doney explained that the General Support Services Division includes 17-18 people supporting about 120 people staff now including human resources, accounting, financial, information technology, and facilities management support. Early on in the pandemic response our agency underwent a big push to move staff to work remotely. General Support Services staff is working to provide the same level of support to the entire agency including new temporary staff.

The most important thing is understanding of the fact that COVID-19 will not go away any time soon and many SWDH staff will be carrying out two different jobs for foreseeable future.

Carol Julius explained that Clinic Services revenue declined with the decrease in services offered and is now coming back up. She shared a success of less no-show appointments for WIC and diabetes consultations due to the implementation of telehealth visits.

Jaime Aanensen shared that the demand for Environmental and Community Health Services is continuing to grow and revenues remain steady. Some of her division's staff have been pulled into response roles and are working really hard to juggle demands from their day-to-day jobs with their additional COVID-19 responsibilities. Jaime expects to need to increase staffing to meet the demand as well as provide the needed support efforts for COVID-19.

High Focus Results and Benefits

Nikki presented information on support provided by High Focus to assist county emergency managers and health district staff in their response.

When this event first started High Focus was brought on board to provide support as a technical advisor. High focus is paying specific attention to county emergency manager requests and functioning as a conduit to SWDH.

Commissioner Elliott suggested that today is a good demonstration as to people taking the ball and running, as far as staff, longer than what was anticipated and probably with information that might not be of high benefit to us as board members. He asked staff to consider focusing on what does their response effort mean to the people and what does it really mean in the outcome and how does it affect our decision making? He also wants to know what is being accomplished.

There being no further business, the meeting adjourned at 12:35 p.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Bryan Elliott
Chairman

Dated: August 25, 2020

DRAFT

**SOUTHWEST DISTRICT HEALTH
BUDGET REPORT FOR JULY 2020 (FY21)**

Target 8.3%

This month

Fund Balances		Year-to-Date Cash Position		CHANGE
	Beginning Total: Jul 31			
General Operating Fund	\$ 66,114	\$ 141,313		
Millennium Fund	\$ -	\$ 127,364		
LGIP Operating	\$ 2,630,723	\$ 3,144,591		
LGIP Vehicle Replacement	\$ 99,207	\$ 99,297		
LGIP Capital	\$ 1,299,174	\$ 1,299,174		
Total	\$ 4,095,218	\$ 4,811,739		

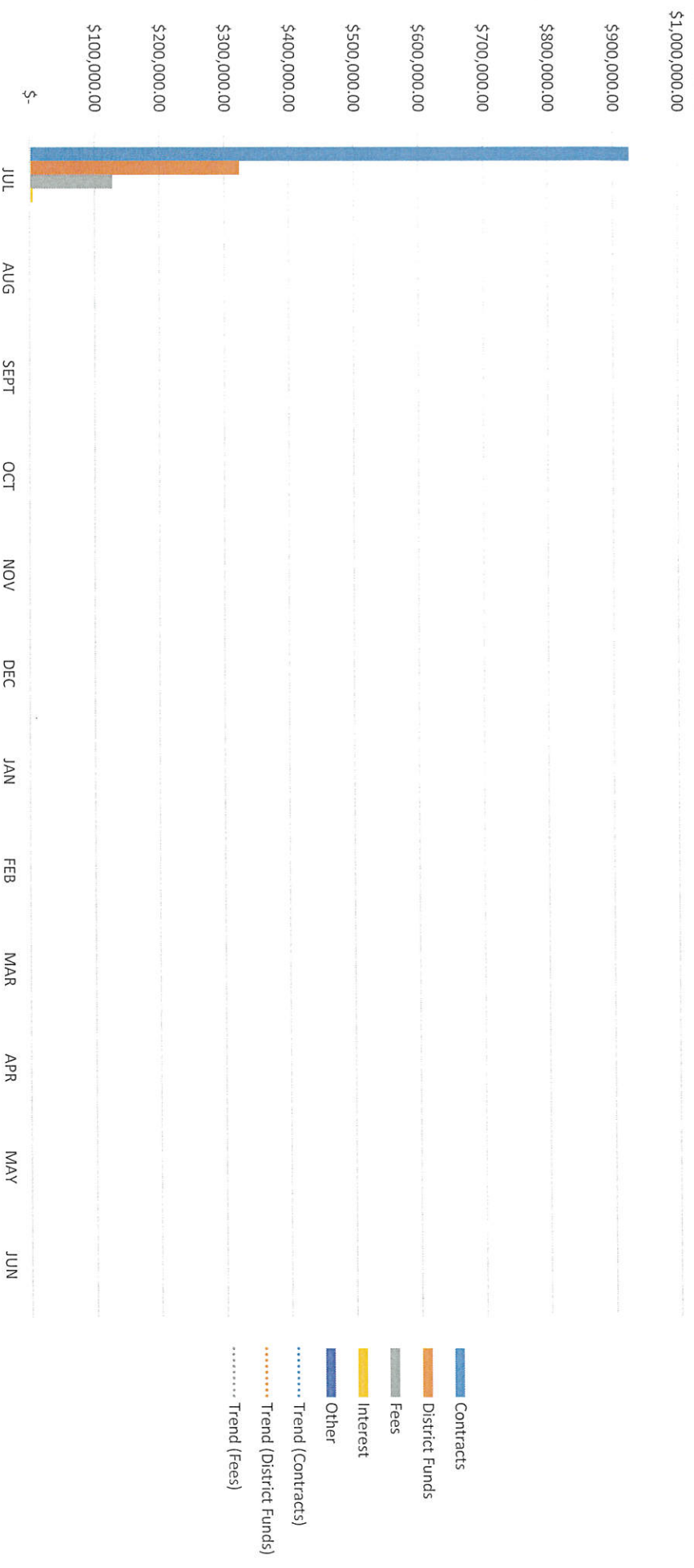
Carry Over:		Revenues:	\$ 1,449,303	
		Behavioral Health Board	\$ -	
		Parents As Teacher	\$ (70,027)	
Net Revenue:			\$ 1,379,276	
Expenditures:			\$ (731,638)	
Net Cash Position:			\$ 647,638	

Revenue											
	Board of Health	Admin	Clinic Services	Env & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Direct Budget	Total Budget
Fees	\$ -	\$ -	\$ 13,971	\$ 113,291	\$ -	\$ 220	\$ -	\$ 127,482	\$ 127,482	\$ 1,499,542	\$ 1,715,979
Contracts	\$ -	\$ -	\$ 175,865	\$ 635,666	\$ -	\$ -	\$ 113,399	\$ 924,930	\$ 924,930	\$ 5,070,051	\$ 5,801,838
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 17,477	\$ 20,000
Interest	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,958	\$ 3,958	\$ 69,910	\$ 80,000
District Funds	\$ 1,097	\$ 16,038	\$ 136,356	\$ 52,648	\$ 72,349	\$ 44,210	\$ -	\$ 322,699	\$ 322,699	\$ 3,817,978	\$ 4,369,047
Carry-Over Funds	\$ -	\$ -	\$ 70,027	\$ -	\$ -	\$ -	\$ -	\$ 70,027	\$ 70,027	\$ 61,195	\$ 70,027
Other/Committed Funds	\$ -	\$ -	\$ 48	\$ 160	\$ -	\$ -	\$ -	\$ 208	\$ 208	\$ 24,369	\$ 27,886
Monthly Revenue	\$ 1,097	\$ 16,038	\$ 396,266	\$ 801,766	\$ 72,349	\$ 44,430	\$ 113,399	\$ 1,449,303	\$ 1,449,303	\$ 10,560,522	\$ 12,084,777
Year-to-Date Revenue	\$ 1,097	\$ 16,038	\$ 396,266	\$ 801,766	\$ 72,349	\$ 44,430	\$ 113,399	\$ 1,449,303	\$ 1,449,303	\$ 10,560,522	\$ 12,084,777
Direct Budget	\$ 15,043	\$ 299,905	\$ 3,878,817	\$ 3,036,833	\$ 1,219,147	\$ 602,422	\$ 1,508,355	\$ 10,560,522	\$ 10,560,522	\$ 12,084,777	\$ 12,084,777
Budget	\$ 15,043	\$ 299,905	\$ 4,724,791	\$ 3,682,696	\$ 1,238,534	\$ 602,422	\$ 1,521,386	\$ 12,084,777	\$ 12,084,777	\$ 12,084,777	\$ 12,084,777
	7.3%	5.3%	10.2%	26.4%	5.9%	7.4%	7.5%	13.7%			

Expenditures											
Personnel	\$ -	\$ 13,644	\$ 167,259	\$ 289,131	\$ 68,859	\$ 7,488	\$ 2,126	\$ 548,507	\$ 548,507	\$ 5,920,623	\$ 6,775,177
Operating	\$ 276	\$ 696	\$ 42,811	\$ 70,767	\$ 1,676	\$ 30,604	\$ 16,105	\$ 162,935	\$ 162,935	\$ 4,478,408	\$ 5,124,800
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,195	\$ -	\$ 20,195	\$ 20,195	\$ 161,491	\$ 184,800
Monthly Expenditures	\$ 276	\$ 14,340	\$ 210,070	\$ 359,899	\$ 70,535	\$ 58,287	\$ 18,231	\$ 731,638	\$ 731,638	\$ 10,560,522	\$ 12,084,777
Year-to-Date Expenditures	\$ 276	\$ 14,340	\$ 210,070	\$ 359,899	\$ 70,535	\$ 58,287	\$ 18,231	\$ 731,638	\$ 731,638	\$ 10,560,522	\$ 12,084,777
Direct Budget	\$ 15,043	\$ 299,905	\$ 3,878,817	\$ 3,036,833	\$ 1,219,147	\$ 602,422	\$ 1,508,355	\$ 10,560,522	\$ 10,560,522	\$ 12,084,777	\$ 12,084,777
Budget	\$ 15,043	\$ 299,905	\$ 4,724,791	\$ 3,682,696	\$ 1,238,534	\$ 602,422	\$ 1,521,386	\$ 12,084,777	\$ 12,084,777	\$ 12,084,777	\$ 12,084,777
	1.8%	4.8%	4.4%	9.8%	5.7%	9.7%	1.2%	6.1%			

Total Direct budget is \$10,560,522 + \$1,524,255 indirects= \$12,084,777

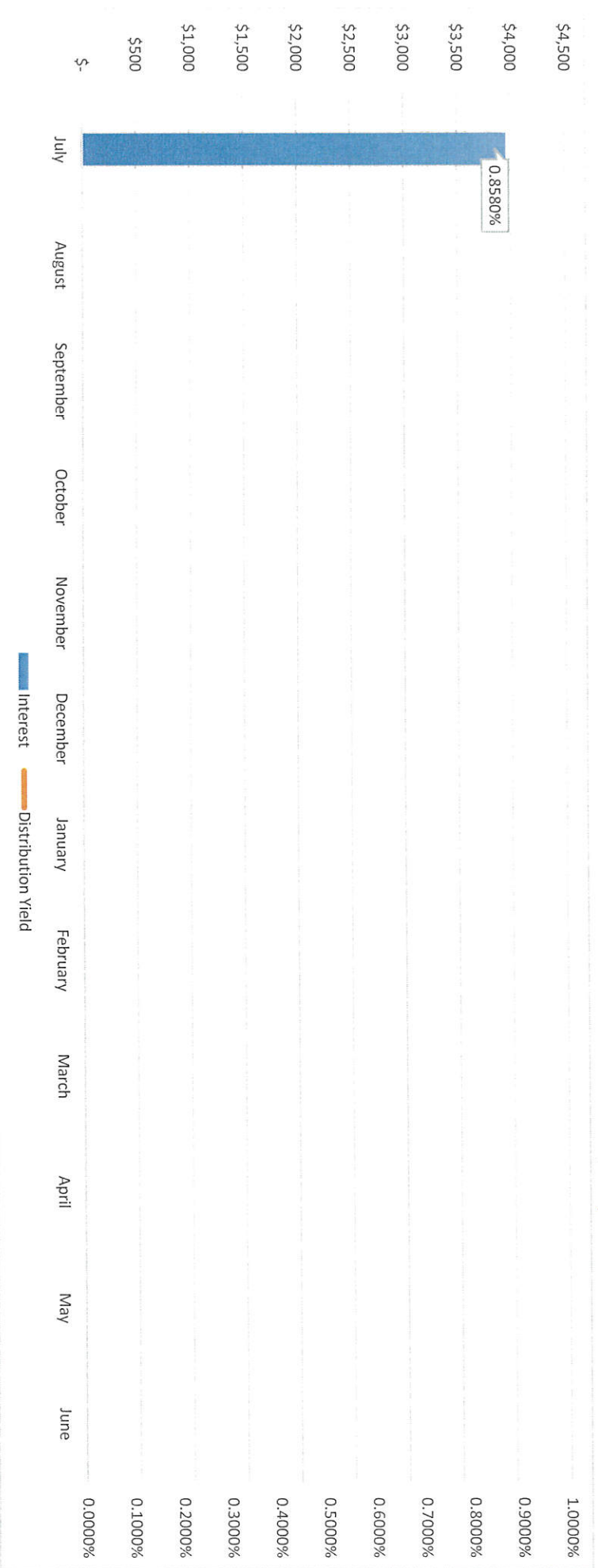
YTD REVENUES



YTD EXPENDITURES



YTD INVESTMENT YIELD TRENDS



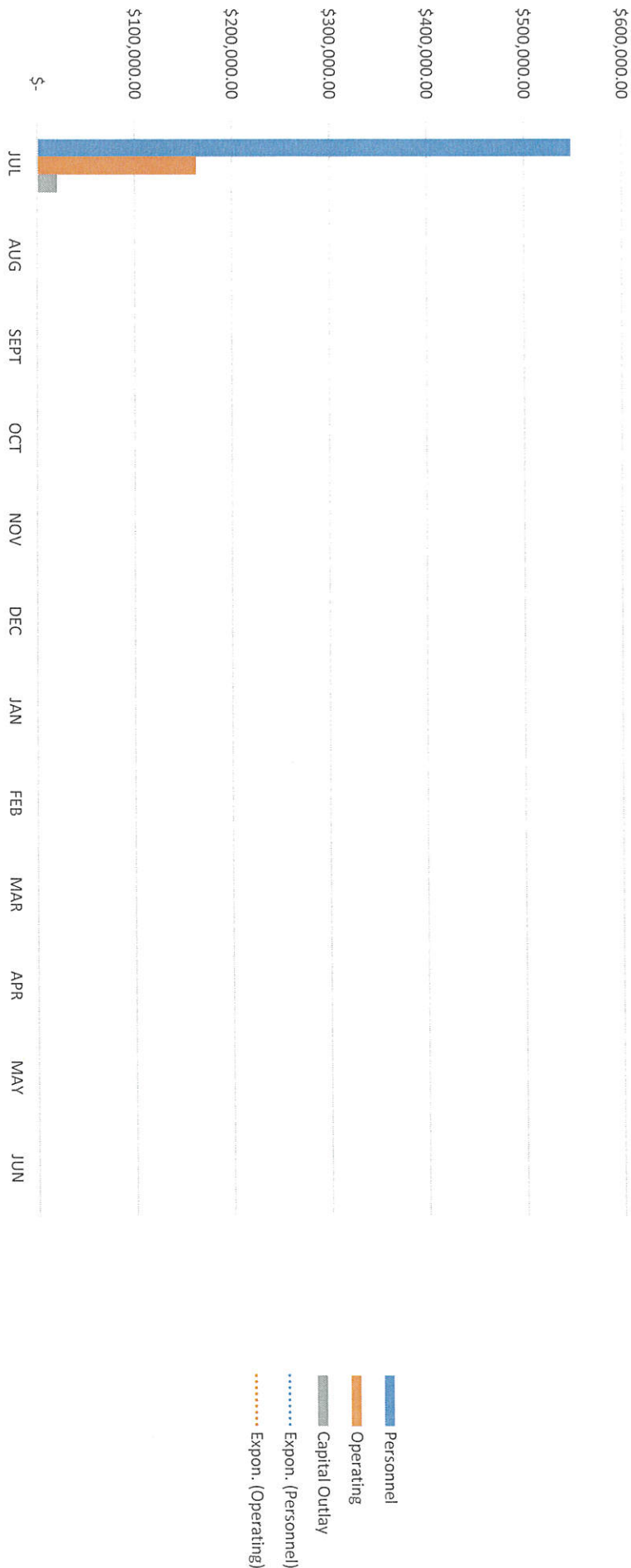
Target 8.3%

Revenues:	\$ 1,449,303	
Health Board	\$ -	
Teacher	\$ (70,027)	
Net Revenue:	\$ 1,379,276	\$ 1,379,276
Expenditures:	\$ (731,638)	\$ (731,638)
Net cash Position:	\$ 647,638	\$ 647,638

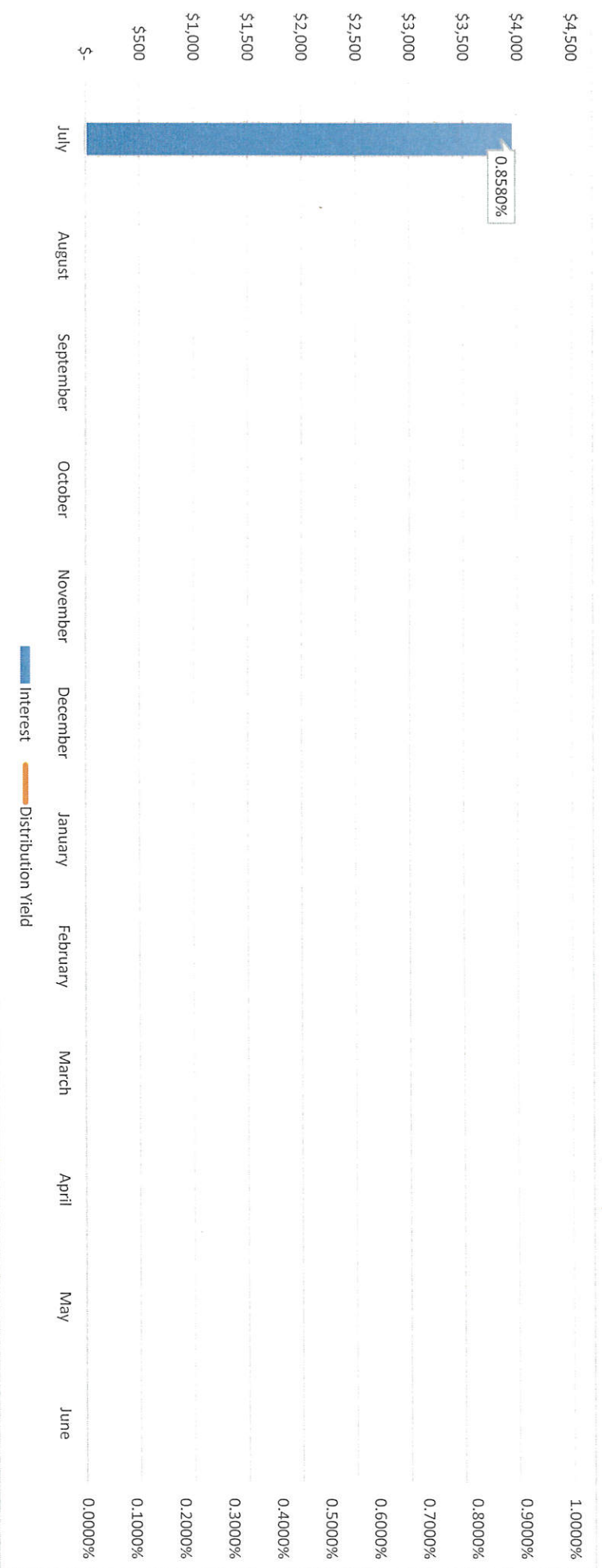
YTD REVENUES



YTD EXPENDITURES



YTD INVESTMENT YIELD TRENDS



BYLAWS
SOUTHWEST DISTRICT HEALTH
BOARD OF HEALTH
Amended ~~January 24,~~
2017 August 25, 2020

ARTICLE 1

- 1.1.1 The name of this organization shall be the Board of Health (BOH) of the Southwest District Health (SWDH).
- 1.1.2 The environmental protection and physical health responsibility of the BOH shall be to the southwest region of the State of Idaho, specifically that territory which includes the following counties: Adams, Canyon, Gem, Owyhee, Payette, and Washington.
- 1.1.3 The headquarters of the BOH shall be located in the most populous county in the district at a location selected by the Board.

ARTICLE 2

- 2.1 The BOH is organized pursuant to Title 39, Chapter 4, Sections 39-408 to 39-426 of the Idaho Code and shall have environmental protection and physical health authority within the designated area of these bylaws, after July 1, 1971.
- 2.2 The BOH shall adopt and implement, where applicable, Sections 39-408 through 39-426, Title 39, Chapter 4 of the Idaho Code as well as the articles specified in these by-laws.

ARTICLE 3

The general purpose of the BOH will be to organize a district department of health and to oversee the administration of the department, determining and adopting policies that are harmonious with the practice of public health. SWDH shall provide the basic health services of public health education, physical health, environmental health, and public health administration and all other aspects of public health that may be delegated by the State Board of Health.

ARTICLE 4

- 4.1 The BOH shall consist of seven (7) members to be appointed by the boards of county commissioners within the district acting jointly. All provisions of Section 39-411 of the Idaho Code relative to the composition, qualifications, appointments and terms of appointment shall be observed in the selection of members to the ~~District Board~~BOH.
- 4.2 The county commissioners shall be informed at least one month prior to the expiration of the term of a BOH member. Terms of appointment shall begin on July 1 and expire June 30 in the last year of the term.

4.3 The Chairman and Vice-Chairman of the BOH shall be elected by a majority vote of the members and serve a term of one year beginning July 1 and ending twelve months later on June 30. The Chairman shall preside over and conduct all meetings and act as the legal representative of all ~~District Board-BOH~~ transactions. In the absence of the Chairman, the Vice-Chairman shall preside. In the absence of the Chairman and Vice-Chairman, the Trustee shall preside. In the absence of Chairman, Vice-Chairman and Trustee, the longest standing board member shall preside. The Chairman and Vice-Chairman and Trustee shall perform such other duties as may be prescribed by the BOH.

4.4 The BOH shall select and appoint a director of the district health department. The Director shall serve as the chief administrative officer to the department and shall be the secretary to the BOH.

~~4.5 The District Director and the division directors of SWDH shall be non-voting ex-officio members of the District Board.~~

Commented [ZN1]: I am not sure why this is in here and I don't think staff should be members of the board

~~4.6 By majority vote of all members of the BOH, additional non-voting ex-officio members may be appointed. These members shall serve only at the pleasure of the District Board; their term of appointment can be terminated by the majority vote of all members of the District Board.~~

Commented [ZN2]: Same as above.

~~4.7~~ 4.5 A BOH member can be removed by majority vote of all County Commissioners in the District, EXCEPT: A Board member may resign by a written letter of resignation to the Chair of the County Commissioners of their resident county; copies to the Chair of the BOH and the Secretary of the Board.

~~4.8~~ 4.6 Any member of the BOH who shall be absent from three consecutive meetings for reasons not deemed reasonable by the Board will be construed as a resignation from the BOH. The Secretary of Board shall notify the County Commissioners and request a replacement be nominated.

ARTICLE 5

5.1 The BOH shall meet at least once every three months on the fourth Tuesday of the month. Meetings will be held at SWDH, 13307 Miami Lane, Caldwell, Idaho unless notification is given by the Chairman to each member of the BOH of the change in time or place.

5.2 Additional meetings may be called by the Chairman or by a majority of the members of the Board ~~upon 72 hours notice.~~

5.3 Public announcement of time and place shall be given by posting the annual notice of meeting dates in a public place and on the SWDH website.

5.4 Four members shall be necessary to constitute a quorum and the action of the majority of the members present shall be the action of the BOH.

~~5.5 The July meeting of the BOH shall be designated the Annual Meeting of the Board.~~

Commented [ZN3]: I don't think this is statement is needed.

~~5.6 Under conditions of bad weather or disasters, the BOH Chairman or his designee may secure action approval by a telephone poll of all available members. The action of the majority of those polled shall be the action of the BOH.~~

Commented [ZN4]: This statement may need clarification to apply to other situations that may be relevant such as Special or Emergency meetings.

Commented [ZN5]: Mike recommended deletion as it conflicts with Open Meeting laws.

ARTICLE 6

Roberts Rules of Order (revised) shall be the governing authority for the order of business and conduct of all meetings of the BOH when not in conflict with the bylaws.

ARTICLE 7

- 7.1 BOH members shall acknowledge and understand that SWDH is a governmental organization and that in order to maintain its federal and state tax exemption, it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.
- 7.2 BOH members shall not use positions to promote any personal or professional business relationships, contracts, or financial gain.
- 7.3 BOH members shall promptly disclose the existence of an actual or possible conflict of interest including any potential financial interest and all material facts to the BOH or the SWDH Director.
- 7.4 BOH members shall promptly notify the BOH or the SWDH Director should any interest become potentially detrimental to SWDH.
- 7.5 BOH members shall not have not been convicted of a felony or criminal offense related to the delivery of health care.
- 7.6 BOH members shall acknowledge that each member of the BOH has a fiduciary duty to SWDH, and as part of that duty each member is to maintain absolute confidentiality as to all non-public information to which access is available by reason of BOH membership. BOH members shall disclose and discuss such information only with appropriate officers, employees, agents, and advisors of SWDH and only for valid SWDH purposes or as otherwise required by law.
- 7.7 BOH members shall serve on the BOH as active participants and shall contribute ideas, perspectives, and feedback.
- 7.8 BOH members shall strive to conduct themselves in an ethical manner at all times and shall consult with SWDH leadership regarding any concerns, grievances, or issues that must be resolved.

These bylaws may be amended at any regular meeting of the BOH by a two-thirds vote of the members present provided that a written copy of the proposed amendments shall be presented at the previous meeting of the Board to each member or mailed to those not in attendance at

Commented [ZN6]:
Regarding 7.6, I understand the concern. On the one hand it is very general. On the other, there are so many things in government that is confidential it would be hard to list them all. In your case, the issues range from discussions involving potential litigation, HIPAA, personnel discipline, evaluations, salary discussions, attorney advice, contract negotiation etc. I think it would be better to leave it generic, realizing it would be hard to enforce. The Board already follows the spirit of the section, and probably that is all that can be expected.

the meeting and that adoption of amendments be stated in the agenda of the meeting at which the proposed amendments will be voted upon.

Adopted: 09/12/1972

Amended: 12/09/1980, 01/24/2017

EXECUTIVE POLICY AND PROCEDURES



Policy No: Policy 1-070
Title: Line of Succession

Objective: To outline lines of succession for key positions of Southwest District Health (SWDH) and to ensure immediate continuity during temporary unavailability (e.g., a medical or family emergency) or after an unexpected vacancy.

Policy Statement: Positions essential to the leadership and operations of SWDH include the director, division administrators, and finance manager.

Procedures: Lines of succession are temporary and are established by the Board of Health. The line of succession for each essential position is defined as follows:

Director

- General Support Division Administrator, then
- Division Administrator with most seniority (i.e., time with SWDH), then
- Division Administrator with least seniority, then
- Finance Manager

A person acting as Director serves as the administrative officer of the Board of Health and has the delegated authority to approve purchases, sign binding contracts and non-binding agreements, hear appeals, fill vacancies, address disciplinary matters up to administrative leave with or without pay, issue legal orders, and trespass persons from SWDH premises. Acceptable reasons to trespass an individual(s) from SWDH premises include:

- Deliberate repeated disruption of the business of the District
- Deliberate entry into area posted with signs designating District property as private
- Deliberate refusal to comply with procedures designed to assure public health and safety

Trespass should be done in the presence of a police officer if at all possible. It should be recorded, if possible. The statement should be something like the following:

"I am [title] and have the authority to trespass you from the premises. I am requesting you to leave the building, sidewalks, and parking area of Southwest District Health immediately and not return for a period of one year."

General Support Division Administrator

- Finance Manager, then
- IT Manager, then
- Project Manager, then
- Human Resources Manager, then
- Facilities Manager

Clinic Services Division Administrator

- Program Manager 2, then
- Office Services Supervisor, then
- Registered Nurse, Senior

Environmental and Community Health Division Administrator

- Environmental Health Program Manager 2, then
- Public Health Preparedness and Response/Epidemiology Program Manager 2, then
- Community Health Program Manager 2, then
- Environmental Health Supervisor

Finance Manager

- General Support Division Administrator, then
- Financial Specialist

Origination Date: August 25, 2020



2019 Novel Coronavirus [COVID-19]

phd3.idaho.gov/coronavirus

COVID-19 Health Alert Levels:

Interim Criteria for Determining Health Alert Levels and Movement between Health Alert Levels

GOAL

Southwest District Health (SWDH) aims to:

Mitigate the rapid spread of COVID-19 disease and related morbidity and mortality by:

- Reducing or maintaining the the basic reproduction number of the virus (R_0) to well below 1.0. The R_0 is the expected number of cases directly generated by one case in a population susceptible to infection.
- Preventing first responders, healthcare workers, and healthcare systems from being overwhelmed by surges.
- Maintaining personal protective equipment (PPE) supplies for our region.

DETERMINING HEALTH ALERT LEVELS

QUANTITATIVE DATA

Syndromic

- Emergency room utilization by individuals with COVID-like illness
- Number of persons under monitoring (these are people who have been exposed to COVID-19, but to date have not developed symptoms)

Epidemiologic

- Confirmed and probable new daily cases per 10,000 population (seven-day rolling average)
- Number of ~~long-term care-congregate care~~ facilities with COVID-19 cases currently under investigation, monitoring, or testing
- Preliminary case fatality ratio attributed to COVID-19 and mortality rate of individuals infected with COVID-19
- Percent of new COVID-19 cases traced to a known source

This document was updated 08/25/2020 this document contains interim criteria for determining health levels guidance using available to-date information and is subject to change per emerging guidance.

- Average follow up time for new COVID-19 investigations
- Percent of individuals diagnosed with COVID-19 ~~who that~~ were symptomatic

Healthcare

- Hospitalization rate of individuals with COVID-19
- Positive Test Ratio (number of positive tests / number of tests administered)
- Number of healthcare workers sick with COVID-19; number of workers not working due to illness and quarantine

QUALITATIVE DATA

Healthcare: Concerns raised by organizations (e.g., long-term care facilities, hospitals, or first responders) regarding COVID-19 observations and trends, ability or capacity to respond, and/or ability to secure necessary PPE or other medical resources.

Local Elected Officials: Concerns raised by town, city, or county elected officials on behalf of their constituents regarding impacts to health, safety, well-being and community vitality.

Epidemiologic: Descriptive data on incidence of new cases, cluster outbreaks, and levels of community transmission within defined geographic areas (e.g., city, sub-region, county).

Educators: Close contacts, cases and cluster outbreaks associated with schools and/or school-related-activities.

GEOGRAPHIC BOUNDARIES

Health Alert Levels will be established for each county. The current rate per 10,000 population will also be established using zip code or census tract data. Southwest District Health includes:

- Adams County
- Canyon County
- Gem County
- Owyhee County
- Payette County
- Washington County

COVID-19 HEALTH ALERT LEVELS

COVID-19 Health Alert Levels are intended to be an education tool to inform the public of activities that increase risk for exposure to disease and to communicate what the risk for exposure is in the local community (i.e., hot spots) across the six-county region. Criteria for assigning a health alert level to a specific geographic area (e.g., zip code, census tract or county) are described on pages 4-5.

COVID-19 HEALTH ALERT LEVEL	COVID-19 HEALTH ALERT LEVEL	COVID-19 HEALTH ALERT LEVEL	COVID-19 HEALTH ALERT LEVEL
RED	ORANGE	YELLOW	GRAY
HIGH RISK OF EXPOSURE	MEDIUM RISK OF EXPOSURE	LOW RISK OF EXPOSURE	ROUTINE RISK OF EXPOSURE

COVID-19 METRICS TO INFORM SWDH HEALTH ALERT LEVELS

Indicator	Gray	Yellow	Orange	Red
Number of new cases (confirmed and probable): Newly daily cases per 10,000 population*	<1 daily new cases per 10,000 pop. OR Number of new cases occur sporadically (>14 days apart)	1 – 2.5 daily new cases per 10,000 pop. OR Number of new cases occur sporadically.	2.5 – 5 daily new cases per 10,000 pop. OR Number of new cases occur < 14 days apart	> 5 daily new cases per 10,000 pop. OR Number of new cases occur < 7 days apart.
Hospitalization Rate of individuals with COVID-19*	<5% of individuals with COVID-19 are hospitalized	<10% of individuals with COVID-19 are hospitalized	10-15% of individuals with COVID-19 are hospitalized	>15% of individuals with COVID-19 are hospitalized
Emergency department (ED) utilization by individuals with COVID-like illness	No reported ED utilization data from the population, OR sporadic visits (>14 days apart), AND visits are imported or associated with an exposure within a household	Low-volume visits (day(s) between visits or <5 visits/day), OR visits are imported or associated with an exposure within a household or shared living space	Elevated ED visits (daily visits or <10 visits/day)	Elevated ED visits (daily visits or >10 visits/day)
Preliminary case fatality ratio attributed to COVID-19 and mortality rate of individuals infected with COVID-19*	<0.5% of COVID-19 cases result in death.	>0.5% of COVID-19 cases result in death.	>1% of COVID-19 cases result in death.	>2% of COVID-19 cases result in death.
Number of congregate care facilities with COVID-19 cases currently under investigation, monitoring, or testing. (<i>Congregate Care Facilities include LTCFs, correctional institutions, foster homes, treatment facilities</i>).	No long-term care facilities have cases under investigation, monitoring, or testing OR A case is imported, but no additional cases are reported within the facility following 14 days since last exposure	No long-term care facilities have cases under investigation, monitoring, or testing OR A case is imported, but no additional cases are reported within the facility following 14 days since last exposure	One or more long-term care facilities have a case(s) under investigation, monitoring, or testing OR Disease transmission is occurring within a facility but contained to one area/unit/hall	One or more long-term care facilities have a case(s) under investigation, monitoring, or testing OR Uncontained disease transmission is occurring within a facility
Number of healthcare workers sick with COVID-19*	No reported cases in healthcare workers, OR confirmed imported case in a healthcare worker, OR healthcare worker was exposed to a household member that imported the disease	< 1 reported case/day in healthcare workers	< 2 reported cases/day in healthcare workers	> 2 reported cases/day in healthcare workers, OR consideration being given to implement Crisis Standards of care due to healthcare worker shortage

This document was updated 08/25/2020 this document contains interim criteria for determining health levels guidance using available to-date information and is subject to change per emerging guidance.

Indicator	Gray	Yellow	Orange	Red
Percent of new COVID-19 cases traced to a known source*	90% of cases traced to a known source	<85% of cases traced to a known source	<75% of cases traced to a known source	<70% of cases traced to a known source
Average follow up time for new COVID-19 investigations	<8 hours (within the same business day)	<8 hours (within the same business day)	24 hours (on average)	>24 hours (on average)
Percent of individuals diagnosed with COVID-19 that were symptomatic	80%	>80%	>85%	>90%
Positive test ratio (number of positive tests / number of tests administered)*	<5%	5-8%	8-10%	>10%
Healthcare industry input*	No concerns raised by a healthcare industry (e.g., long-term care facilities, hospitals, or first responders) regarding their observations, ability or capacity to respond, or ability to secure necessary PPE or other medical resources.	Minor concerns raised by a healthcare industry (e.g., long-term care facilities, hospitals, or first responders) regarding their observations, ability or capacity to respond, or ability to secure necessary PPE or other medical resources.	Elevated concern by a healthcare industry (e.g., long-term care facilities, hospitals, or first responders) regarding their observations, ability or capacity to respond, or ability to secure necessary PPE or other medical resources	Healthcare industry (e.g., long-term care facilities, hospitals, or first responders) are enacting Crisis Standards of Care (or) are unable to respond or secure necessary PPE or other medical resources
Local elected official input	No concerns raised by town, city, or county elected officials on behalf of their constituents regarding impacts to health, safety, well-being, and community vitality.	Minor concerns raised by town, city, or county elected officials on behalf of their constituents regarding impacts to health, safety, well-being, and community vitality	Elevated concerns raised by town, city, or county elected officials on behalf of their constituents regarding impacts to health, safety, well-being, and community vitality.	Extreme concerns raised by town, city, or county elected officials on behalf of their constituents regarding impacts to health, safety, well-being, and community vitality.
Epidemiologists' input*	descriptive data indicate limited risk of importing COVID-19 to a specific geographic area or sporadic cases are identified with no clusters reported.	descriptive data indicate sporadic imported cases, occasional close contact transmission, and/or single or isolated cluster outbreaks. Citizens are actively taking precautions to mitigate the spread of COVID-19	Descriptive data indicate sporadic community spread, occurring at lesser rates. Some cluster outbreaks occur in workplace or in essential social settings (grocery stores, within households, etc.).	Descriptive data indicate sustained community spread and/or widespread outbreaks. Large social events resulting in cluster outbreaks are reported.
Educator's Input	No schools have cases under investigation or monitoring	No schools have cases under investigation or monitoring OR a case is imported, but no additional cases are reported within the facility following 14 days since last exposure.	One or more schools have a case(s) under investigation or monitoring OR recommended safety measure and PPE are not being utilized	One or more schools have a case(s) under investigation or monitoring OR one or more schools has uncontained COVID-19 transmission.

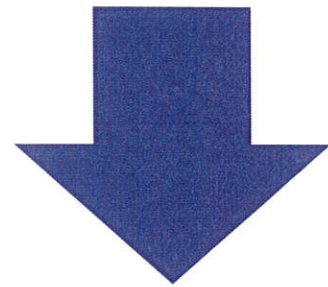
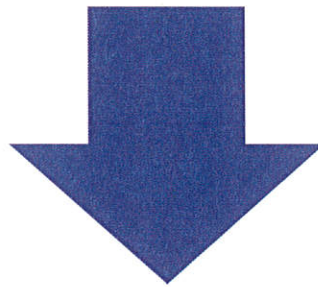
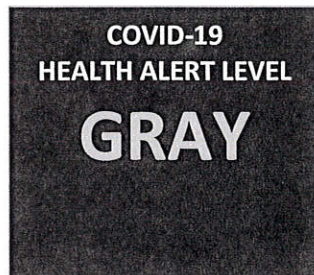
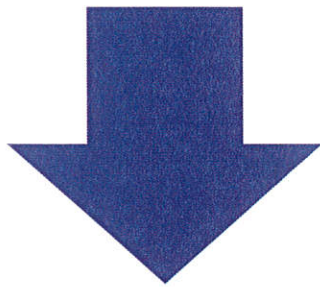
* Indicates a primary metric used to determine a health alert level. Other secondary metrics are taken into consideration when assigning a health alert level.

This document was updated 08/25/2020 this document contains interim criteria for determining health levels guidance using available to-date information and is subject to change per emerging guidance.

CROSSWALK FOR SCHOOLS

[Idaho Back to School Framework](#) has identified three categories for determining transmission risk (table below). To assist schools located in the six-county region, Southwest District Health has cross-walked the *Idaho Back to School Framework* with the COVID-19 Health Alert Level advisory system.

"Identify Level of Transmission Risk"			
	Category 1: No Community Transmission	Category 2: Minimal to Moderate Community Transmission	Category 3: Substantial Community Transmission
Definitions	Evidence of isolated cases, case investigations underway, no evidence of exposure in large communal setting, e.g., healthcare facility, school, mass gathering.	Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings, with potential for rapid increase in suspected cases.	Large-scale community transmission, healthcare staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings, etc.
Level of Operations	School buildings open with physical distancing and sanitation.	School buildings open but option of limited/staggered use of school buildings with physical distancing and sanitation.	Targeted, short-term, or extended building closure.



MOVEMENT BETWEEN HEALTH ALERT LEVELS

The *Movement Between Health Alert Levels* is used in conjunction with *Determining Health Alert Levels*. Southwest District Health will use these data points to establish Health Alert Levels, determine when to move from one Health Alert Level to another, and provide information, guidance, and recommendations to the residents and businesses of the six-county region.

CRITERIA FOR MOVING BETWEEN LEVELS

Epidemiology:

- New confirmed case trend: using calculated new daily cases per 10,000 population (seven-day rolling average); + trend direction and rate (stratified by census tract and county)
- Estimated death trend: New daily deaths per 10,000 population *100 (assuming benchmark 1-1.5% case fatality rate) (seven-day rolling average); + trend direction and rate (stratified by census tract and county)
- New daily hospitalizations per 10,000 population (seven-day rolling average); + trend direction and rate (stratified by census tract and county)

Response Capacity:

- Testing, tracing, and monitoring (TTM)
- Use of other non-pharmaceutical interventions (e.g., social/physical distancing, face covers)
- Therapeutic capacity (e.g., hospital beds, ICU beds, ventilators, healthcare workforce)
- Protection capacity (capacity to identify and meet the needs of vulnerable populations (e.g., homeless, elderly, first responders))
- Disease surveillance capacity (e.g., funding and staffing for epidemiologists, contract tracers, and health monitors)

TIMELINE FOR MEASUREMENTS

Data will be posted to the SWDH Tableau Dashboard each Monday through Friday, by 5pm (MST).

Health Alert Level assessments will be made on Wednesdays based on the prior two weeks' data (assessing 7-day averages of quantitative data points), starting on a Sunday and ending on a Saturday. At least two full weeks will be spent in a Health Alert Level before determinations to move to a lower less severe level (e.g., from High to Medium).

DETERMINATIONS TO MOVE TO A HIGHER ALERT LEVEL MAY BE MADE AT ANY TIME IF ANY OF THE CRITERIA BELOW ARE MET:

- Crisis standards of care are implemented
- Senior leadership at a local hospital indicates that further increases in cases in the community will overwhelm local hospital capacity
- Epidemiologic evidence of a new or emerging significant risk to the public's health

These COVID levels (see table below) provide a roadmap that helps decision-makers and community members know where they are and what mitigation strategies may be appropriate based on their community's level of disease spread. The gray level aligns with the CDC's low incidence plateau threshold. The levels communicate the intensity of effort needed for control of COVID at varying levels of community spread. In addition to paying attention to the levels, decision-makers should pay close attention to direction of trend and rate of change. While jurisdictions may plateau in yellow, in the orange level viral spread tends to have more velocity.

COVID Health Alert Level	Corresponding Community Mitigation Strategies
Red (High) >5 daily new cases per 10,000 people*	At the red level, communities have reached a tipping point for uncontrolled spread. Southwest District Health <i>may</i> institute: <ul style="list-style-type: none"> • education, information, and messages, AND/OR • recommendations for use of face coverings, AND/OR • recommendations for 1 person per 64 square feet of space at events, AND/OR • recommendations for remote work when available, AND/OR • recommendations to vulnerable populations to limit participation in high-risk for exposure activities like some team sports or activities requiring close contact (e.g., football, basketball, dancing, choir), attending events where physical distancing cannot be maintained (e.g., general admission concerts and other public entertainment events), family or social gatherings that bring people together from different households, AND/OR • recommendations limited visitation to long term care and correctional facilities.
Orange (Medium) 2.5-5 daily new cases per 10,000 people*	At orange levels, community spread has accelerated. Southwest District Health <i>may</i> institute: <ul style="list-style-type: none"> • education, information, and messages, AND/OR • recommendations for 1 person per 64 square feet of space at events, AND/OR • recommendations for use of face coverings, AND/OR • recommendations to vulnerable populations to limit participation in high-risk for exposure activities like some team sports or activities requiring close contact (e.g., football, basketball, dancing, choir), attending events where physical distancing cannot be maintained (e.g., general admission concerts and other public entertainment events), family or social gatherings that bring people together from different households.
Yellow (Low) 1-2.5 daily new cases per 10,000 people*	At yellow levels, there may be sporadic imported cases, uptick in close contact transmission, or isolated cluster outbreaks. Southwest District Health <i>may</i> institute: <ul style="list-style-type: none"> • education, information, and messages • recommendations for 1 person per 64 square feet of space at events, AND/OR • recommendations for use of face coverings.
Gray (Routine) <1 daily new cases per 10,000 people*	At the gray level, communities are on track for containment so long as they maintain routine levels of viral testing (i.e., this is not a reference to antibody testing) and contact tracing, sufficient to control spikes and outbreaks. Viral testing should be used both for symptomatic and asymptomatic individuals, with the latter needed to detect cases flowing from exposure, and to routinely screen for infections in congregate settings and other critical context scenarios (e.g., elective surgery, hospital admission without symptoms suggestive of COVID-19, etc.), or as requirements of disease surveillance programs.

* The 7-day daily average incidence of new case range will be used along with other data thresholds to make decisions when considering moving between health alert levels and will not be used as a single indicator/cutoff/trigger to move to a higher or lower level.

REFERENCES

An Approach for Monitoring and Evaluating Community Mitigation Strategies for COVID-19. CDC. June 20, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/php/monitoring-evaluating-community-mitigation-strategies.html>

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