



Board of Health Meeting

Tuesday, March 15, 2022, 10:00 a.m.
13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the March 15, 2022 Board of Health meeting can be submitted at <https://www.surveymonkey.com/r/BoH03152022> or by mail to: SWDH Board of Health, Attn: Administration Office, 13307 Miami Lane, Caldwell, ID, 83607. The period to submit public comments will close at 10:00 a.m. on Monday, March 14, 2022.

***Meeting Format:** In-person attendance at the meeting will be limited. Anyone unable to attend the meeting in-person is invited to view the meeting on their own device through live streaming available on [the SWDH You Tube channel](#). Recorded meetings are available at: <https://phd3.idaho.gov/board-of-health-meeting-videos/>.

Agenda

<u>A = Board Action Required</u>	<u>G =Guidance</u>	<u>I = Information item</u>
10:00 A	Call the Meeting to Order	Vice-Chairman Kelly Aberasturi
10:02	Pledge of Allegiance	
10:04	Roll Call	Vice-Chairman Kelly Aberasturi
10:07 A	Request for Additional Agenda items; Approval of Agenda	Vice-Chairman Kelly Aberasturi
10:10 A	Approval of Minutes – February 24, 2022	Vice-Chairman Kelly Aberasturi
10:15	In-Person Public Comment	
10:30 I	Open Discussion	Board Members
10:40 A	Reducing the Risk Curriculum	Charlene Cariou
11:10 I	Introduction of New Employees	Division Administrators
11:20	Break	
11:35 I	February 2022 Expenditure and Revenue Report	Troy Cunningham
11:45 I	Quarterly Contracts Update	Troy Cunningham
11:50 I	PIO Update	Ashley Anderson
12:00 G	State Association of Local Boards of Health Guidance	Nikki Zogg
12:10 G	Youth Reception Centers	Nikki Zogg
12:20 A	Idaho Association of District Boards of Health (IADBH) Draft Resolutions <ul style="list-style-type: none">• 988 Suicide Hotline and Suicide Prevention Sustainability• Food Establishment Fees• Youth Vaping Prevention• Age of legal access and use of Kratom (<i>Mitragyna speciosa</i>)	Nikki Zogg
12:45 I	Director's Report <ul style="list-style-type: none">• Annual Director's Evaluation and Compensation Discussion• Legislative Update• Behavioral Health Board Update	Nikki Zogg
1:00	Adjourn	

NEXT MEETING: Tuesday, April 26, 2022 – 9 a.m. *

*NOTE: Return to standard 9 a.m. meeting start time

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BOARD OF HEALTH MEETING MINUTES
Thursday, February 24, 2022

BOARD MEMBERS:

Georgia Hanigan, Commissioner, Payette County – present via Zoom
Lyndon Haines, Commissioner, Washington County – present via Zoom
Keri Smith, Commissioner, Canyon County – present
Kelly Aberasturi, Commissioner, Owyhee County – present
Viki Purdy, Commissioner, Adams County – present
Sam Summers, MD, Physician Representative – present
Bryan Elliott, Commissioner, Gem County – present

STAFF MEMBERS:

In person: Nikki Zogg, Katrina Williams, Ricky Bowman, Charlene Cariou, Josh Campbell, Colt Dickman

Via Zoom: Troy Cunningham, Ashley Anderson, Doug Doney, Chuck Washington

GUESTS: Two members of the public attended the meeting.

CALL THE MEETING TO ORDER

Vice Chairman Kelly Aberasturi called the meeting to order at 10:04 a.m. Chairman Elliott arrived at approximately 10:10 a.m. and assumed meeting moderation duties.

PLEDGE OF ALLEGIANCE

Meeting attendees participated in the pledge of allegiance.

ROLL CALL

Commissioner Aberasturi – present; Dr. Summers – present; Chairman Elliott – present; Commissioner Hanigan – present via Zoom; Commissioner Purdy – present; Commissioner Haines – present via Zoom; Commissioner Smith – present.

REQUEST FOR ADDITIONAL AGENDA ITEMS; APPROVAL OF AGENDA

MOTION: Dr. Summers made a motion to accept the agenda as presented. Commissioner Smith seconded the motion. All in favor; motion carries.

APPROVAL OF MINUTES – JANUARY 25, 2022

MOTION: Dr. Summers made a motion to approve the January 25, 2022 Board of Health meeting minutes as presented. Commissioner Smith seconded the motion. All in favor; motion passes.

IN-PERSON PUBLIC COMMENT

Members of the public attended the meeting and provided in-person public comment.

OPEN DISCUSSION

Board members discussed meeting recording links now available on the SWDH website. Nikki followed-up on a question from the board members last month about the federal COVID-19 vaccine mandate for healthcare workers and its applicability to SWDH employees. Per the opinion provided by Southwest District Health's legal counsel, the mandate does not apply to district employees. Commissioner Purdy circled back to July 2020 when demonstrators attended a Board of Health meeting and created disruption leading to the arrest of one demonstrator. She asked questions about who owns the SWDH building. Nikki explained that the property is owned by the district and regardless of who owns the building, the trespass policy passed by the Board of Health applies.

PREVENTING ADOLESCENT PREGNANCY IN SW IDAHO: REDUCING THE RISK CURRICULUM

Charlene Cariou, SWDH Program Manager, presented information on the Reducing the Risk curriculum offered to schools. The curriculum includes 16 lessons and emphasizes abstinence as the best method to prevent pregnancy and avoid sexually transmitted infections (STIs). Charlene explained that district staff work with the schools to ensure the curriculum is made available to parents and that permission slips are available as determined by the school. Schools have the option to adopt an opt-in or opt-out process for consent to participate in the educational sessions.

Board members discussed concerns about ensuring curriculum is shared with parents in advance. Board members also discussed taking the consent decision out of the hands of the schools and requiring that opt-in be the only option. Board members also communicated the importance of ensuring parents are aware that role playing intended to improve communication skills will be used. The curriculum is designed to help students become more comfortable with using refusal skills and includes education and preparation before students begin communication role play exercises.

Chairman Elliott heard further questions from members of the public attending the meeting. Questions about whether SWDH staff are responsible to ensure parents are aware of the curriculum when its being taught in a school with at risk students were raised. Charlene clarified that schools are responsible for the parental consent process and making the curriculum available for parental review. Members of the public also asked about how the schools become aware of the curriculum. Charlene shared that SWDH has long-standing, existing partnerships with some schools and SWDH staff reaches out to other schools to inquire about interest in the curriculum.

Chairman Elliott requested a follow up presentation further detailing plans for presentation of this curriculum. Board members agree that their preference is that the curriculum be made available by opt-in only. The board members also expressed the importance of ensuring easy access to the curriculum for parents. Nikki asked for the opportunity to take feedback and input from board members and members of the public and develop responses. This information will be brought back to the Board as an action item and Board members can discuss the direction that this curriculum education should go.

Commissioner Purdy asked if Common Core curriculum can be completely taken out of schools and if Reducing the Risk Curriculum is connected to Common Core. Nikki explained that Reducing the Risk is not related to Common Core. It is her understanding that schools can provide direction on which Reducing the Risk topics they want included or excluded, but there may be some threshold to ensure fidelity of the evidence-based program. If too many changes are made and fidelity is lost, it would be most appropriate to identify another evidence-based curriculum. Reducing the Risk funding is provided through a subgrant from Idaho Department of Health and Welfare (IDHW) and IDHW would have to

approve alternative curriculum. This topic has been tabled and carried over to the next Board of Health meeting.

MOTION: No action was taken on this item.

INTRODUCTION OF NEW EMPLOYEES

No new staff were introduced.

JANUARY 2022 EXPENDITURE AND REVENUE REPORT

Troy Cunningham, SWDH Financial Manager, presented the January 2022 Expenditure and Revenue Report. Fees and contracts revenue are up slightly and Troy explained he expects this to level out as the fiscal year progresses. Personnel expenses are right on target at 56%. Operating expenses are low, but Troy expects them to pick up as the current fiscal year progresses. Capital outlay is low due to projects in progress. Troy provided some comparisons between Fiscal Years 2021 and 2022.

FISCAL YEAR 2022 BUDGET REVISION – STATE APPROPRIATION

Last month at the Board of Health meeting, board members approved a fiscal year 2022 Budget Revision. Troy presented a revised budget revision to correct the general state aid revenue. The state appropriation had changed slightly from estimates when the fiscal year 2022 budget was initially set, and it did not get updated when the budget revision was approved by the board in January. The total requested revised amount represents a \$19,500 increase in revenue under the category, state appropriation.

MOTION: Dr. Summers made a motion to reapprove the budget revision with the increase of \$19,500 in the revenue stream. Commissioner Aberasturi seconded the motion. All in favor; motion passes.

REQUEST FOR PROPOSAL PROCESS FOR FINANCIAL STATEMENT PROVIDER

Troy and his staff have been working to complete the Request for Proposal (RFP) process to secure a vendor to prepare the SWDH financial statements per the Board's request. Troy explained that the SWDH purchasing policy states that no competitive bid process is required for expenses less than \$9,999. Over that amount, three vendor competitive bids are required. Anything \$100,000 or more requires completion of the RFP process.

The estimated cost for preparing financial statements is about \$2,000 per year. The finance team has attempted to pursue the RFP process outlined in policy. Troy explained that the RFP process is requiring significant staff time and requested authorization to secure a vendor without using the RFP process due to the minimal cost of the services requested. Commissioner Smith suggested that going the local route meets the intention of the policy. If local providers are surveyed and provided a copy of the RFP she feels that is sufficient.

MOTION: Commissioner Smith made a motion to approve a local RFP process to secure a vendor to provide the financial statements for the agency. Dr. Summers seconded the motion. All in favor; motion passes.

CLINIC SERVICES UPDATE

Josh Campbell, Clinic Services Division Administrator, provided an update on Clinic Services. The team has conducted an assessment amongst Clinics Services staff to identify staff's purposes for working at SWDH.

Commissioner Purdy commented that SWDH should never be competing against private business and asked about the Clinic Division's plans for growth. Josh responded that the needs assessment should be able to help expand services to complement those available in our region rather than compete against them. Chairman Elliott also pointed out that government agencies should stay where they are and that growth is a word that bothers him in government.

PUBLIC HEALTH EMERGENCY PREPAREDNESS INFORMATION SHARING

Ricky Bowman, Public Health Emergency Preparedness and Response (PHEPER) Program Manager, provided information regarding emergency response capabilities specifically pertaining to risk communication. The PHEPER staff works closely with the county's emergency managers and is available to answer questions as needed.

Board members appreciated this information and thanked Ricky for his team's efforts to support the local county emergency managers throughout the pandemic response.

SUB-SURFACE SEWAGE FEE UPDATE

Colt Dickman, Environmental and Community Health Services Division Administrator, provided follow up information regarding septic fees discussed last month. Over the past year, Colt explained that the division has dealt with quite a few expired permits. Colt explained some of the background with the establishment of the fees and provided three options for the board to consider that would help landowners complete the process within the allotted time.

The three options included Option A - leaving the fee and process as is, Option B – leaving the fee as is, but extending the permit expiration period to 18 or 24 months, and Option C – leaving the fee and permit expiration date as is, but adding a reapplication fee of \$425 if the permit expires.

As of recently, five of the seven health districts have indicated they would be amenable to working with Department of Environmental Quality (DEQ) to extend the septic permit length to 24 months. Board members asked if there is a refund process. Colt explained there is not currently a refund process. Board members are concerned about supply shortages, contractor shortages, and other factors impacting the completion of homes. Colt explained that this has been factored into the discussion of increasing the permit validity from 12 to 24 months.

Commissioner Haines agreed with Commissioner Purdy and suggested adopting option B right now as it provides flexibility. Board members discussed how implementation of a moratorium would affect the septic fee expiration date. Board members also discussed approving a conditional 24-month septic permit and ensuring DEQ and other districts are in support of the extended permit.

Nikki asked for clarification from Colt that DEQ had approved a 24-month period but that the question going to DEQ was more to update the Standard Operating Procedure (SOP). Colt clarified that currently, District 5 already has a 24-month permit.

Board members thanked Mitch and Colt for their work on this. Chairman Elliott asked for the updated solid waste inspection process. This topic will be provided at the March board meeting.

MOTION: Commissioner Smith made a motion to approve Option B with the change of 24 month permit with completion date at 36 months. Commissioner Purdy seconded the motion. All in favor; motion passes.

EXECUTIVE COUNCIL UPDATE

Commissioner Hanigan and Nikki Zogg provided an update on the recent Executive Council meeting. There was discussion regarding the Millennium Fund and whether we will receive it.

DIRECTOR'S REPORT

Millennium Fund Update

In his recommendation to the Legislature, Governor Little cut 100% of the public health district funding across all of the districts, which would impact our district in the amount of about \$130,000 and eliminate much of the work around tobacco use prevention. This funding is needed, particularly with the uptick in vaping use among our region's youth. Information was provided to the legislators on the Millennium Fund Committee and they are recommending that the full funding we received prior be reinstated and for the provision to provide additional funding to pilot a project around youth tobacco use, more specifically vaping. That proposal is set to go to the Joint Finance Appropriation Committee (JFAC) next month. Nikki has reached out to the JFAC members representing our district to let them know we appreciate their work and we support that recommendation out of the Millennium Fund Committee.

House Bill 316 Update

The Memorandum of Understanding (MOU) that will need to be in place with the State Controller's Office (SCO) has been signed by all the districts but is stalled due to some of the language around the PERSI benefit and concerns about the factual accuracy of the language pertaining to sick leave. Currently, district employees have the option to use a portion of their sick leave upon retirement to pay for health insurance and other forms of insurance. The other big outstanding piece of the transition is risk management. If state risk management does not allow us to use their services, we are looking at costs two to three times what we currently pay. Mike Kane, on behalf of health districts, has had conversations with legislators and has received indication of support that health districts still have access to state risk management. Much of the risk the health districts assume is work that is completed in partnership with the Departments of Health and Welfare and Environmental Quality.

Legislative Update

Nikki provided a legislative update on several topics that may have significant impact on the public health districts. House Bill 604 would prohibit the district from requiring new staff provide proof of vaccination or negative lab result when beginning employment at SWDH. Currently, the agency provides proof of current vaccination and results of a TB skin test. If the bill becomes law, SWDH would need to change its policy. Nikki expressed concern about protecting our staff and the customers we serve.

House Bill 631 is another bill that may impact public health districts. The bill would prohibit the district from mandating the use of a face covering to slow the spread of an infectious disease. One impact of this bill would be the ability of SWDH to protect staff and clients in our tuberculosis clinic where we assess, treat, and care for persons with active disease.

Nikki talked to Mike Kane, SWDH legal counsel, and he will visit with the individuals sponsoring those bills to convey the concerns and ask for clarification of the intent.

There being no further business the meeting adjourned at 1:12 p.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Bryan Elliott
Chairman

Date: March 16, 2022

DRAFT



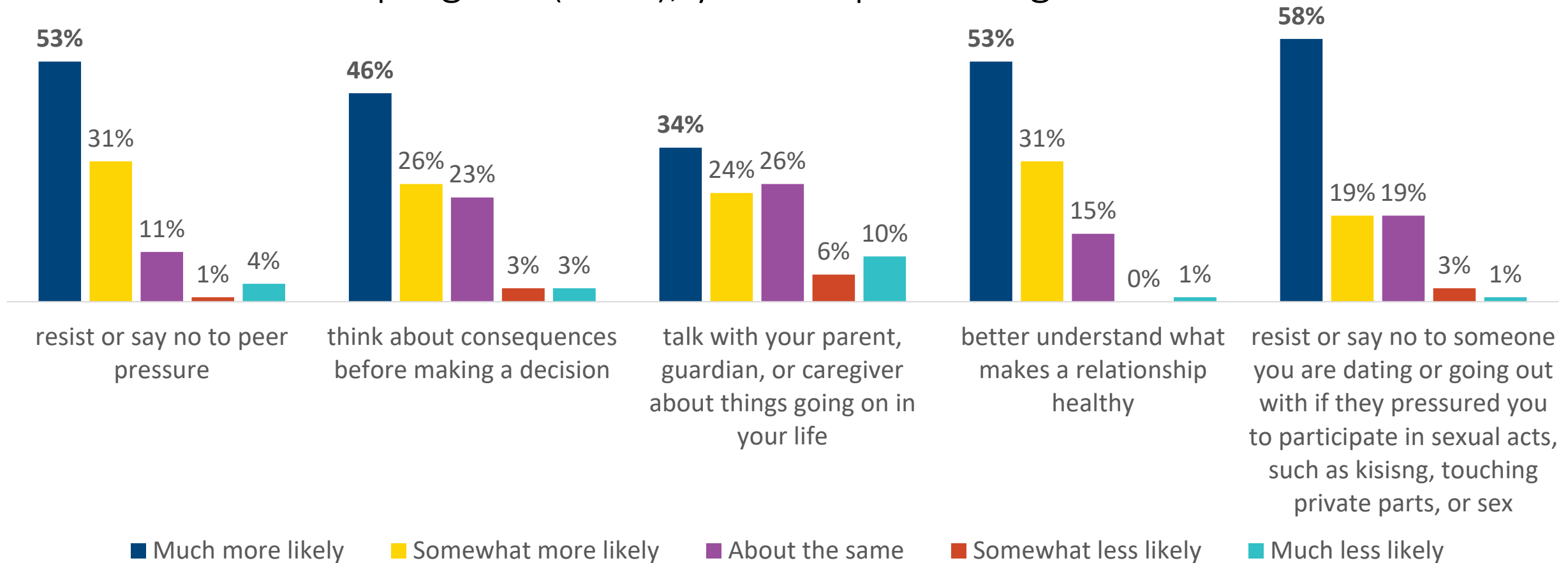
Reducing the Risk Curriculum: Questions, Answers, and Revised Processes

Charlene Cariou, Community Health Program Manager

Question follow-up from February

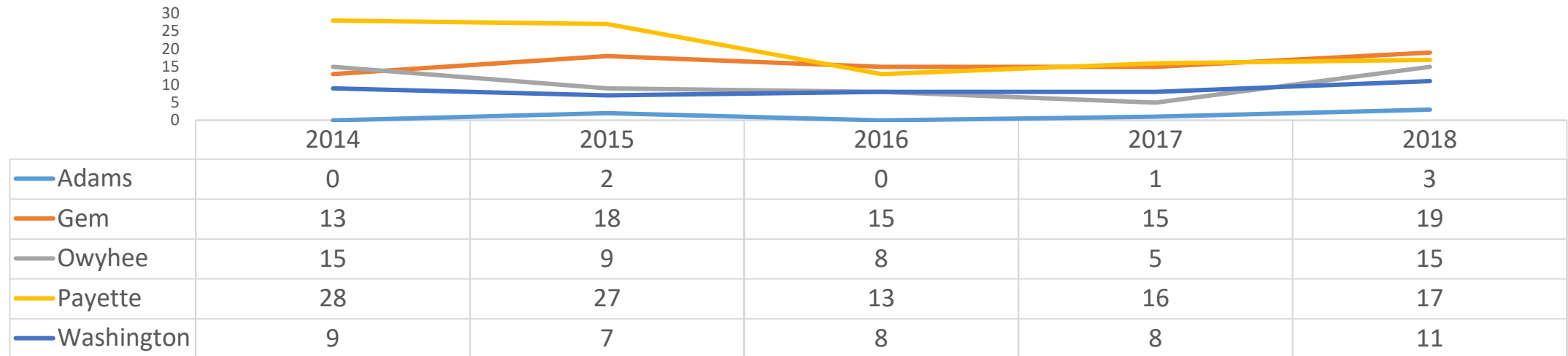
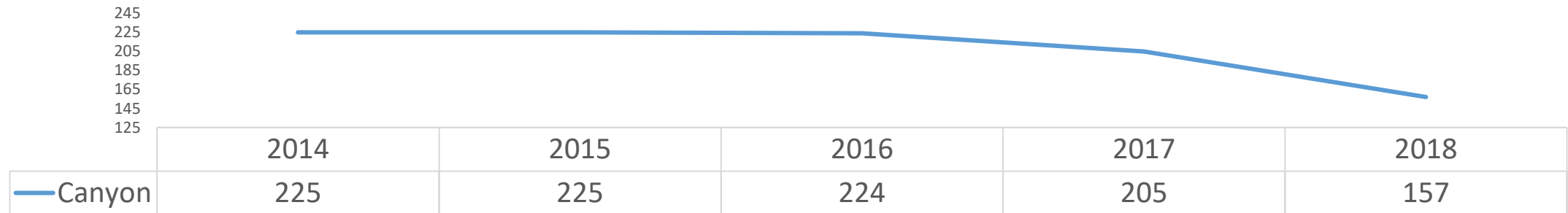
What do the responses besides "much more likely" look like for data presented?

As a result of this program (FY21), youth report being...



What are the adolescent pregnancy rates by county?

Number of births by county, mothers aged 15-19 (2014-2018)



Source: Idaho Vital Statistics- Natality 2014-2018, Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics. Publication date varies by <https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=8225&dbid=0&repo=PUBLIC-DOCUMENTS>

What adaptations can be made to the curriculum?

- **Class size**

- Ideal class size is between 10-30 youth
- If there are fewer than 10 learners in the class at a time, then some of the activities may not be effective (e.g., the STD handshake activity, group discussions or role-play activities).
- If there are too many students (i.e., more than 30), it may be very difficult to control the learners' behavior during some participatory activities (e.g., role playing).

Source: Reducing the Risk Adaptation Guidelines https://www.etr.org/ebi/assets/File/Adaptations/RTR_Adaptation_Guidelines_041017.pdf

What adaptations can be made to the curriculum?

- **Removing lessons from the curriculum:**
 - RTR is structured in 16 classes. Research studies of other curricula demonstrate that deleting activities or classes can reduce their effectiveness.
 - Omitting one or more of the classes would dilute the program's ability to address one or more of these factors, and, therefore, reduce its overall effectiveness.
- **Removing lessons is not allowable, program would no longer maintain fidelity.**

Source: Reducing the Risk Adaptation Guidelines https://www.etr.org/ebi/assets/File/Adaptations/RTR_Adaptation_Guidelines_041017.pdf

What adaptations can be made to the curriculum?

- **Routine – and allowable - adaptations that SWDH makes:**
 - Updating any statistics or facts
 - Updating/adapting myths held by young people
 - Tailoring content for various learning types (ex. Language, visual materials)
 - Adding more debriefing or processing questions (ex. Engagement activities)
 - Customizing role plays (ex. Changing names, settings)

Source: Reducing the Risk Adaptation Guidelines https://www.etr.org/ebi/assets/File/Adaptations/RTR_Adaptation_Guidelines_041017.pdf

How does the entry/exit survey data get utilized?

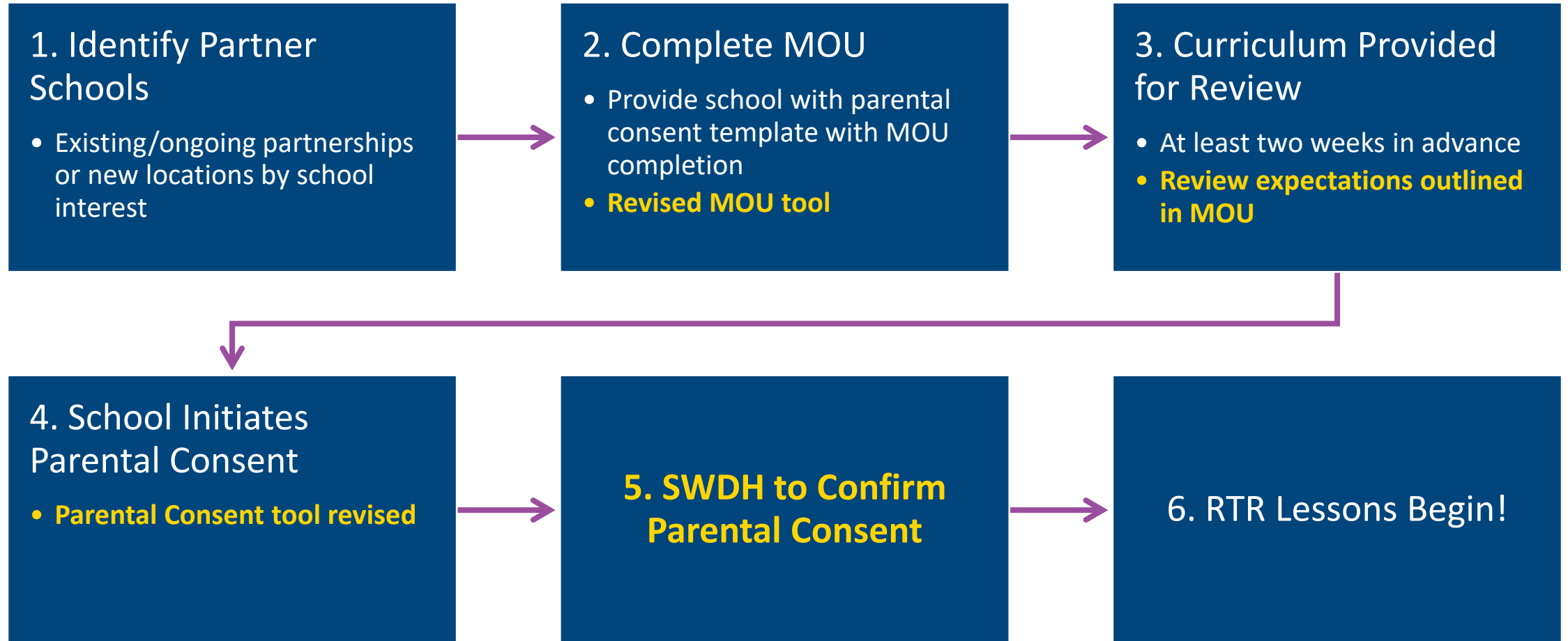
- The RTR entry/exit surveys are used to measure the progress of the Personal Responsibility Education Program (PREP) funded programming. The results allow for the Family Youth Services Bureau (FYSB) within the Office of the Administration from Children and Families to measure and demonstrate progress and meaningful program outcomes at the federal level.
- The data is collected and shared at an aggregate level and not on an individual level. All surveys are anonymous and voluntary. SWDH reports the data as individual cohorts begin and end. IDHW reports the statewide aggregate data twice a year during a winter and summer reporting period. The data is shared on a secure and confidential reporting site managed by FYSB.

Why do we use Lee & Lee or Person 1 & Person 2?

- This language is utilized because peer pressure isn't one sided. Through generalized language, the students have the opportunity to apply scenarios to potential real-life experiences. We know that females pressure females, females pressure males, and vice versa.
- Broad language is used so that students can apply the language to their own situations.
- The curriculum does not discuss transgender individuals.

Proposed Changes to Current Processes

RTR Implementation Process



Memorandum of Understanding

- **DRAFT MOU included in the Board Packet**
- Increased description of the program, including link to online information.
- Clearly outlined expectations from partner schools and SWDH
- Fillable template to allow for school input in development of MOU
 - When classes are expected to start
 - How curriculum will be made available for parental review
 - Select opt-in vs. opt-out approach for obtaining parental consent
 - Mode of delivery for condom demonstration (ex. Text-only PowerPoint or in-class demonstration using wooden model)
 - Primary contact information for classroom teacher

Parental Consent

- **DRAFT Parental Consent Forms included in the Board Packet**
- Increased description of the program, including link to online information.
- Description of how, where, when parents can review curriculum
- Notification of upcoming Parent/Student homework assignment
- For opt-in parental consent:
 - Date forms will need to be returned by
- For opt-out parental consent:
 - Notification that student will participate in a different learning activity during this class session

Out vs. In - Options for Schools to Consider

Opt-In Consent

When a parent / guardian is notified of the human sexuality curriculum and has to **actively enroll** their student in the curriculum.

- **Pro:**
 - Promotes parental involvement
- **Con:**
 - Excludes children who lose their permission slip.
 - Excludes children whose parents/guardians could not/would not sign a permission slip

Opt-Out Consent

When a parent / guardian is notified of the human sexuality curriculum and has the **choice to remove** their child from the curriculum. But if the parent does not act, the child remains in the class.

- **Pro:**
 - Promotes parental involvement
 - Includes children who could not return a form due to parental/guardian negligence or the loss of paperwork.
- **Con:**
 - Includes children in a curriculum that the parent/guardian might have objected to had they been aware of the curriculum being presented

Source: [Choosing and Maintaining Effective Programs for Sex Education in Schools: Opt-in & Opt-out Forms](#), The University of Texas Health Science Center at Houston

Summary

- Based on public comment, review of current processes, and Board discussion, SWDH has:
 - Clarified school and district roles and responsibilities in the Memorandum of Understand
 - *Revised DRAFT MOU provided for Board review*
 - Documented verification process for obtaining parental consent. SWDH staff to confirm with schools that parental consent has been obtained prior to initiating classes
 - *Expectation of SWDH verification outlined in DRAFT MOU provided for board review*
 - Clarified curriculum components in parental notification letters
 - *Revised DRAFT parental consent letters provided for Board review*

Next steps – Use Revised Process & Get to Work!





Questions?

Charlene.Cariou@phd3.Idaho.gov

Template Notification Letter – Opt-in

(On District or School Letterhead)

[Insert Date]

Dear Family,

Your son or daughter will be involved in a program called *Reducing the Risk: Building Skill to Prevent Pregnancy, STIs & HIV*. The purpose of the *Reducing the Risk* program is to provide medically accurate information and evidence-based activities to increase understanding of healthy communication and relationships and decrease adolescent pregnancy and the transmission of sexually transmitted infections. The *Reducing the Risk* program is delivered through two components, the curriculum – 16 lessons occurring 2-3 times per week – and a Youth-Adult Partnership (YAP) group occurring six times throughout the program. The goals of the YAP group are to develop trusted relationships between youth and adults, develop youth leadership skills, practice decision-making and commitment, and implement student-led projects and activities.

The *Reducing the Risk* program is evidence based and medically accurate and may cover the following subject areas and National Health Education Standards (NHES):

- How to say no to sex – NHES communication skills
- Abstinence planning – NHES goal setting
- Correct condom use – NHES skill
- Birth control methods – NHES core concept/knowledge
- How to avoid sexually transmitted infections (STIs) – NHES core concept
- Where to get tested for STIs – NHES accessing information/resources
- Where to obtain birth control and condoms – NHES accessing information/resource

More information on the *Reducing the Risk* curriculum is available at: <https://www.etr.org/ebi/programs/reducing-the-risk/>

The *Reducing the Risk* program includes a homework activity for parents and teens to help them talk about preventing HIV, other STIs and pregnancy. We hope you will do this assignment with your student, and share your knowledge and values. This homework is voluntary, and students will not share their parents' responses in class.

As part of this program, your student will be asked to complete an entry and exit survey. These surveys are voluntary and anonymous. The purpose of the surveys is to assess the impact of the program on participants' knowledge and behavior as a result of participating in the program. Results from the surveys help improve the program, and your student has the option to opt out of completing the survey at any time.

You are welcome to preview the *Reducing the Risk* program materials, the curriculum will be available from [insert dates] at the [insert location]. Please contact (teacher name) & [email address here] at the school with any questions you may have about the program.

If you DO want your student to participate in the *Reducing the Risk* program, you must complete the permission slip at the end of this letter and return it to school by [INSERT Date]. If you do not return this form, we will arrange a different learning activity for your student.

Sincerely,

[INSERT TEACHER INFORMATION]

I, _____ DO want my son/daughter
(parent/guardian name)

_____, to participate in the Reducing the Risk program.
(student name)

I understand that he/she will be given another appropriate learning activity during this time.

Signature: _____ Date: _____

Note: This form will need to be returned if you DO want your student to participate in these classes.

Template Notification Letter – Opt-Out

(On District or School Letterhead)

[Insert Date]

Dear Family,

Your son or daughter will be involved in a program called *Reducing the Risk: Building Skill to Prevent Pregnancy, STIs & HIV*. The purpose of the *Reducing the Risk* program is to provide medically accurate information and evidence-based activities to increase understanding of healthy communication and relationships and decrease adolescent pregnancy and the transmission of sexually transmitted infections. The *Reducing the Risk* program is delivered through two components, the curriculum – 16 lessons occurring 2-3 times per week – and a Youth-Adult Partnership (YAP) group occurring six times throughout the program. The goals of the YAP group are to develop trusted relationships between youth and adults, develop youth leadership skills, practice decision-making and commitment, and implement student-led projects and activities.

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More information on the *Reducing the Risk* curriculum is available at: <https://www.etr.org/ebi/programs/reducing-the-risk/>

The *Reducing the Risk* program includes a homework activity for parents and teens to help them talk about preventing HIV, other STIs and pregnancy. We hope you will do this assignment with your student, and share your knowledge and values. This homework is voluntary, and students will not share their parents' responses in class.

As part of this program, your student will be asked to complete an entry and exit survey. These surveys are voluntary and anonymous. The purpose of the surveys is to assess the impact of the program on participants' knowledge and behavior as a result of participating in the program. Results from the surveys help improve the program, and your student has the option to opt out of completing the survey at any time.

You are welcome to preview the *Reducing the Risk* program materials, the curriculum will be available from [insert dates] at the [insert location]. Please contact (teacher name) & [email address here] at the school with any questions you may have about the program.

If you DO NOT want your son or daughter to participate in the *Reducing the Risk* program, you must complete the permission slip at the end of this letter and return it to school by [INSERT Date], so that we can arrange a different learning activity for your student.

Sincerely,

[INSERT TEACHER INFORMATION]

I, _____ **DO NOT** want my son/daughter
(parent/guardian name)

_____, to participate in the Reducing the Risk program.
(student name)

I understand that he/she will be given another appropriate learning activity during this time.

Signature: _____ Date: _____

Note: Return this form only if you DO NOT want your student to participate in the lessons.

DRAFT

Memorandum of Understanding – Reducing the Risk

(on SWDH agreement letterhead)

This Memorandum of Understanding outlines the roles and responsibilities between [insert school] and Southwest District Health (SWDH) for facilitation of the Reducing the Risk curriculum during the [insert years] academic year.

Program Goals

The purpose of the Reducing the Risk (RTR) curriculum is to provide medically accurate information and evidence-based activities to increase understanding of healthy communication and relationships and decrease adolescent pregnancy and the transmission of sexually transmitted infections. The RTR program is delivered through two components, the RTR curriculum – 16 lessons occurring 2-3 times per week – and a Youth-Adult Partnership (YAP) group occurring six times throughout the RTR cohort.

The RTR curriculum is evidence based and medically accurate and may cover the following subject areas and National Health Education Standards (NHES):

- How to say no to sex – NHES communication skills
- Abstinence planning – NHES goal setting
- Correct condom use – NHES skill
- Birth control methods – NHES core concept/knowledge
- How to avoid sexually transmitted infections (STIs) – NHES core concept
- Where to get tested for STIs – NHES accessing information/resources
- Where to obtain birth control and condoms – NHES accessing information/resource

More information on the RTR curriculum is available here: <https://www.etr.org/ebi/programs/reducing-the-risk/>

The YAP group will meet six times during the RTR cohort implementation. The goals of the YAP group are to develop trusted relationships between youth and adults, develop youth leadership skills, practice decision-making and commitment, and implement student-led projects and activities.

Duties

[Insert School] agrees to the following:

- RTR and YAP implementation among [insert number] classes of [insert grade level] students.
- School staff will remain in the classroom during RTR implementation to assist with classroom management.
- RTR facilitation is expected to begin [insert semester or dates if known].
- Curriculum will be available for parental review at least two weeks prior to facilitation initiation.
- Parents will provide [select opt-in or opt-out] consent prior to class initiation.
 - Template to be provided by SWDH, Appendix A (applicable consent letter to be attached).

- Condom demonstration will be conducted in class [select one: using instructor hands as demonstration or a wooden demonstrator model OR via text-only PowerPoint presentation] in RTR Lesson 8.
- Primary point of contact for [insert school] will be:
 - Name
 - Email
 - Phone Number

SWDH agrees to perform the following:

- Provide [insert school] with a hard copy of the RTR curriculum for parent review at least two weeks prior to implementation.
- Confirm parental consent received via [opt-in or opt-out] for all students prior to initiating the course lessons.
- Facilitate RTR lessons and YAP programming to [insert number of classes] during the [insert years] academic year. SWDH staff will work with classroom instructors to make any adaptations or adjustments to curriculum to ensure student engagement and comfort (not sure if that's the best word).
- Facilitate entry and exit surveys at the beginning and end of each implementation cohort.
- Primary point of contact for SWDH will be:
 - Staff Name
 - Email
 - Phone number

Timeline

RTR and YAP will be implemented during the [insert years] academic year. [Insert school] anticipates that facilitation will occur in the [insert semester – or start date, if known].

Process for parental review and consent

The RTR curriculum will be made available for parental review prior to starting the classes.

The curriculum will be made available for review [insert how parents can review curriculum, ex. available in administration, parent meeting, available in classroom, access online through ETR website] at least two weeks prior to RTR initiation.

[Insert school] will utilize an [select opt-in or opt-out] process for receiving parental consent prior to SWDH facilitating the curriculum. SWDH staff will confirm receipt of consent prior to initiating the curriculum.

Revision/Revocation of Understanding

This Memorandum of Understanding can be modified or revoked with thirty days' written notice by either party.

Signature

Nikole Zogg
Director, Southwest District Health

Name, Title

Date

Date

DRAFT



SOUTHWEST DISTRICT HEALTH

BUDGET REPORT FOR FY2022

Cash Basis

Feb-22

Target **66.7%**

Fund Balances			
	FY Beginning	Month Ending	Change
General Operating Fund	\$ 65,977	\$ 159,424	\$ 93,448
Millennium Fund	\$ -	\$ 77,947	\$ 77,947
LGIP Operating	\$ 3,187,262	\$ 4,470,976	\$ 1,283,714
LGIP Vehicle Replacement	\$ 99,692	\$ 99,766	\$ 73
LGIP Capital	\$ 1,299,174	\$ 1,299,174	\$ -
LGIP Facility Improvements	\$ -	\$ -	\$ -
LGIP 27th Pay Period	\$ -	\$ -	\$ -
Total	\$ 4,652,106	\$ 6,107,287	\$ 1,455,182

*Will move \$138,000 from LGIP Operating

*Will move \$180,814 from LGIP Operating

State GF, CFAC, Committed

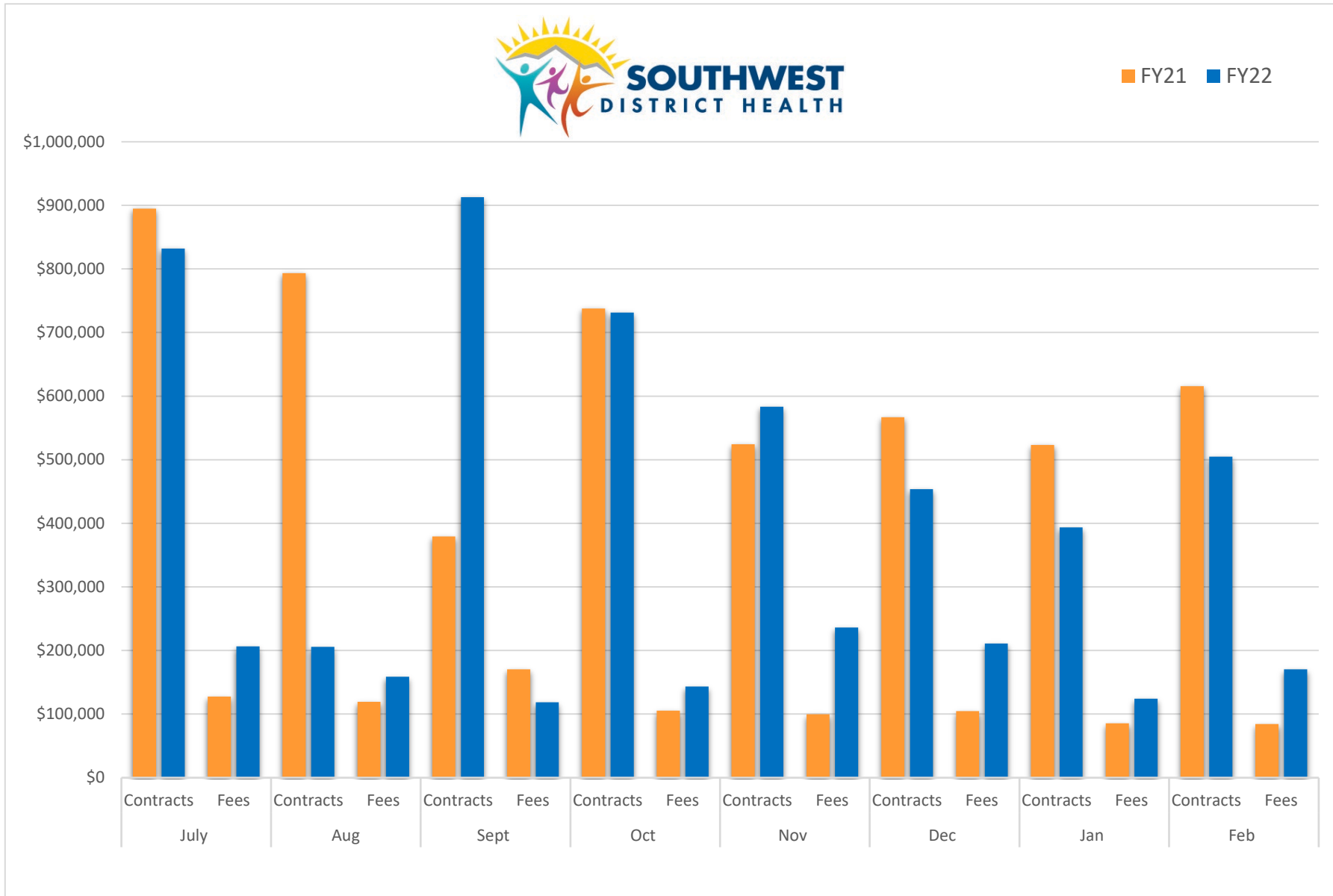
Income Statement Information			
		YTD	This month
(Less CFAC Funds) Net Revenue:	\$ 6,538,690	\$ 876,097	
Expenditures:	\$ (6,517,191)	\$ (688,397)	
Net Income:	\$ 21,499	\$ 187,700	

Revenue											
	Board of Health	Admin	Clinic Services	Env & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Total Budget	Percent Budget to Actual
State GF Appropriations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,005,300	\$ 1,005,300	100%
County Contributions	\$ -	\$ 116,825	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 116,825	\$ 934,598	\$ 1,892,992	49%
Fees	\$ -	\$ -	\$ 18,944	\$ 151,191	\$ -	\$ 230	\$ -	\$ 170,365	\$ 1,369,208	\$ 1,789,138	77%
Contracts	\$ -	\$ -	\$ 143,564	\$ 284,964	\$ -	\$ -	\$ 76,442	\$ 504,971	\$ 4,617,889	\$ 6,678,142	69%
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,000	0%
Interest	\$ -	\$ 687	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 687	\$ 4,474	\$ 6,780	66%
Other	\$ -	\$ -	\$ 83,250	\$ -	\$ -	\$ -	\$ -	\$ 83,250	\$ 100,835	\$ 337,833	30%
Monthly Revenue	\$ -	\$ 117,512	\$ 245,759	\$ 436,155	\$ -	\$ 230	\$ 76,442	\$ 876,097	\$ 7,027,004	\$ 11,730,185	59.9%
Year-to-Date Revenue	\$ -	\$ 1,427,385	\$ 1,723,095	\$ 3,316,255	\$ 7,706	\$ 2,389	\$ 550,174	\$ 7,027,004	REVISED DIRECT		
Budget	\$ -	\$ 2,659,939	\$ 2,661,838	\$ 5,379,032	\$ 22,968	\$ 4,713	\$ 1,001,695	\$ 11,730,185			
		53.7%	64.7%	61.7%	33.5%	50.7%	54.9%	59.9%			

Expenditures											
	Board of Health	Admin	Clinic Services	Env & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 628	\$ 19,124	\$ 194,475	\$ 271,100	\$ 81,257	\$ 10,245	\$ 3,759	\$ 580,589	\$ 4,998,878	\$ 7,931,388	63%
Operating	\$ 150	\$ 6,104	\$ 37,010	\$ 25,861	\$ 6,329	\$ 31,030	\$ 99	\$ 106,583	\$ 1,502,517	\$ 2,681,386	56%
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,226	\$ 359,209	0%
Trustee & Benefits	\$ -	\$ -	\$ -	\$ 1,226	\$ -	\$ -	\$ -	\$ 1,226	\$ -	\$ 62,500	0%
Monthly Expenditures	\$ 778	\$ 25,228	\$ 231,485	\$ 298,187	\$ 87,586	\$ 41,275	\$ 3,858	\$ 688,397	\$ 6,502,621	\$ 11,034,483	58.9%
Year-to-Date Expenditures	\$ 7,967	\$ 195,614	\$ 2,116,079	\$ 2,662,682	\$ 773,784	\$ 284,158	\$ 462,336	\$ 6,502,620	REVISED DIRECT		
Budget	\$ 11,488	\$ 393,405	\$ 3,495,444	\$ 4,336,867	\$ 1,262,098	\$ 698,100	\$ 837,081	\$ 11,034,483			
	69.4%	49.7%	60.5%	61.4%	61.3%	40.7%	55.2%	58.9%			

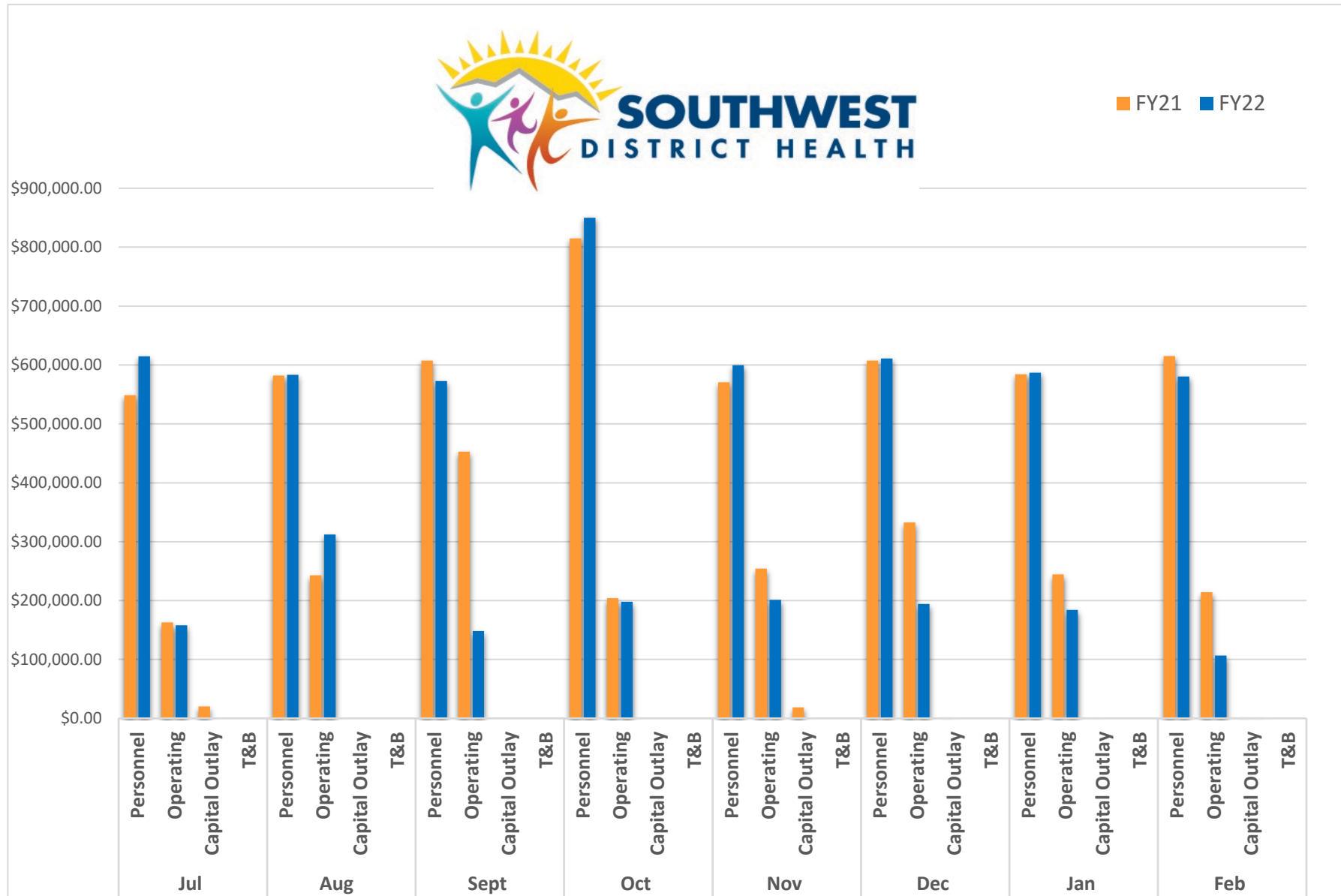
YTD REVENUES with Prior Year Comparison

Feb-22



YTD EXPENDITURES with Prior Year Comparison

Feb-22

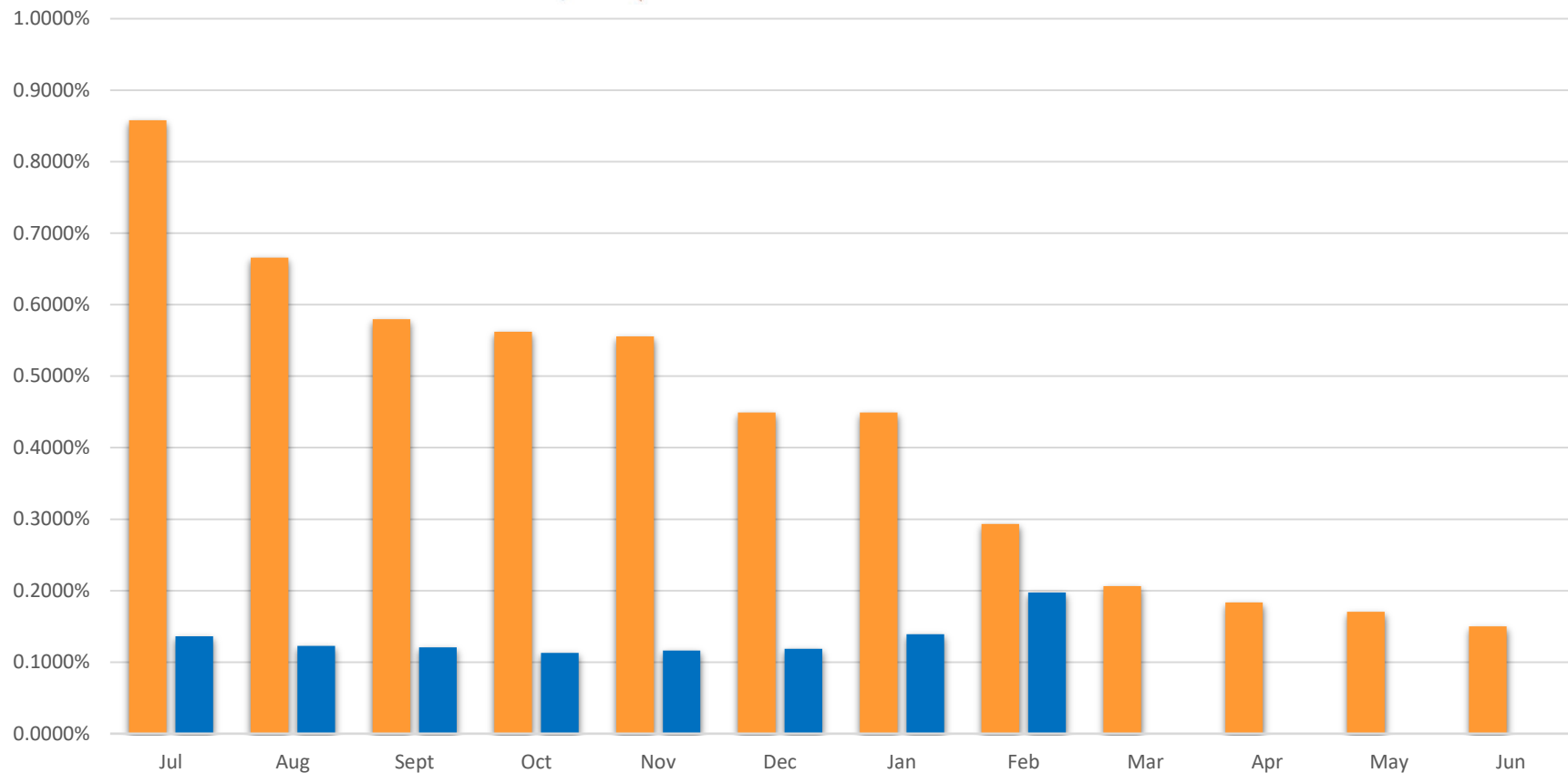


YTD Investment Yield with Prior Year Comparison

Feb-22



FY21 FY22





Southwest District Health
Summary of Restricted and Committed Funds - FY 2022

Restricted Funds - Third party restricted by contract, grant, or donation terms

Committed Funds - Committed by the Board of Health for a specific purpose

Fund Balances as of last prior month reported

	Restricted Funds	Committed Funds
Behavioral Health Board	\$ 6,508.31	
Parents as Teachers	\$ 92,780.99	
Citizen's Review Panel	\$ 24,079.35	
Kresge Grant	\$ -	
COVID Incentive grant*	\$ 25,735.98	
Crisis Center (CFAC)	\$ 28,571.00	
Personnel Updates		\$ -
Weiser Project		\$ 1,000.00
Clinic Medical Supplies/Equipment		\$ 1,614.14
EH Employee Training		\$ 5,000.00
EH A/V Equipment		\$ 2,380.00
EH Vehicle		\$ 33,790.00
EH Security		\$ 7,500.00
County Collaborations		\$ 70,000.00
Mobile Clinic/Events Unit		\$ 130,000.00
Employee Development & Engagement		\$ 20,000.00
EKG Machine		\$ 1,000.00
27th Pay Period <i>Will move to LGIP as approved</i>		\$ 180,814.00
Facility Improvements <i>Will move to LGIP as approved</i>		\$ 138,000.00
	\$ 177,675.63	\$ 591,098.14

*Not program funds and must be spent by Mar 1, 2022



Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE
STD/HIV Prevention Activities	\$73,637	This subgrant provides access to clinical services, HIV testing, partner services, linkage to care, PrEP/PEP, and STD Testing.	Federal Pass-through Sub-grant
Women's Health Check	\$31,510	This subgrant will provide cancer prevention awareness through client reminders, provider referrals, small media, and collaboration with other community and non-profit organizations.	Federal Pass-through Sub-grant
State Supplied Immunizations and High Risk Seasonal Flu Vaccine	\$60,955	This subgrant will conduct activities (marketing, promotion, education, etc.) in direct support of increasing immunization rates in Idaho, and conduct other activities with a focus on high risk adult populations for influenza.	Federal/State Mix Pass-through Sub-grant
Immunizations	\$12,200	This subgrant will provide site visits to immunization centers to assess their general knowledge, provide technical assistance, and education.	Federal Pass-through Sub-grant
Blue Cross--Healthcare and Community Partnership Grant *New	\$83,250	The Blue Cross grant will fund SWDH to continue providing a nurse at the Marsing School Hub . The grant also funds an assessment to be done by BSU to learn how partnerships like this may be duplicated for other rural school districts in need.	Private Foundation Grant
Nurse Family Partnership	\$515,000	This subgrant provides for the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), nurse supervision and training.	Federal Pass-through Sub-grant
NFP MIECHV ARPA *New	\$50,070	This subgrant provides for the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), nurse supervision and training.	Federal Pass-through Sub-grant
Parents as Teachers	\$205,000	State funded home visiting program to improve outcomes and reduce justice involvement for low-income and high-risk families.	State Appropriation
Citizen's Review Panel	\$19,500	State funded program to support the oversight of DHW's foster care program and improve outcomes of children entering the foster care system.	State Appropriation
Oral Health	\$38,600	This subgrant provides dental screenings to school based clinics and parent education.	Federal Pass-through Sub-grant



Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE
State Actions to Improve Oral Health	\$18,750	This subgrant will plan and coordinate School-Based/Linked Dental Sealant Clinics to children and adolescents in elementary and middle schools to improve oral health.	Federal Pass-through Sub-grant
Women, Infants, and Children (WIC)	\$1,151,521	This subgrant will provide general administration, clients services, breastfeeding promotion, nutrition education, and breastfeeding peer counseling to the WIC program.	Federal Pass-through Sub-grant
FDA Program Standards Mentorship - NEHA *New	\$9,113	This NEHA grant works to address the 9 Voluntary National Retail Food Regulatory Program Standards. Our goal is to strengthen our retail food safety program and develop and maintain a program that promotes risk-factor interventions and focuses on areas that have the greatest impact on retail food safety.	Direct Federal grant
FDA Program Standards - NEHA *New	\$4,986	This NEHA grant works to address the 9 Voluntary National Retail Food Regulatory Program Standards. Our goal is to strengthen our retail food safety program and develop and maintain a program that promotes risk-factor interventions and focuses on areas that have the greatest impact on retail food safety.	Direct Federal grant
Public Water Systems Contract	\$114,453	This subgrant provides funding for the oversight, inspection, and related activities to ensure that public drinking water systems comply with applicable state and federal regulations.	Federal Pass-through Sub-grant
RIBHNN - Rural Integrated Behavioral Health Hub Network * HRSA	\$199,999	This grant will provide funding to replicate and implement the Regional Hub for Integrated Behavioral Health in additional Health Districts across Idaho. Grant ended and working on No Cost Extension to be completed early 2023. Approximate remaining = \$0	Direct Federal Grant
Regional Behavioral Health Board	\$200,000	This subgrant will provide administrative services and support of the Regional Behavioral Health Board (\$50,000 per year).	Federal/State Mix Pass-through Sub-grant
Regional Behavioral Health Board	\$50,000	This subgrant is a one time subgrant to provide transportation surrounding opioid treatment.	Federal/State Mix Pass-through Sub-grant
Suicide Prevention	\$70,000	This subgrant will organize and coordinate a Districtwide Collective of individuals, businesses, community members, and survivors, whose purpose is to develop a plan with strategies consistent with the Idaho State Suicide Prevention Plan to reduce deaths by suicide.	Federal Pass-through Sub-grant
Drug Overdose Prevention Program	\$110,000	This subgrant will advance opioid prevention work through public and prescriber education, local capacity building, public safety partnerships, and the social determinants of health.	Federal Pass-through Sub-grant



Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE
Diabetes, Heart Disease, Stroke	\$52,957	This subgrant will provide community-based diabetes/hypertension prevention and management education.	Federal Pass-through Sub-grant
Child Care Health/Safety Program and Child Care Complaints	\$550,000	This subgrant will provide guidance to outline the respective roles of the public health districts in implementing the Child Care Health and Safety Program throughout Idaho and help ensure that all children in child care settings are in a health and safe environment while receiving care.	Federal Pass-through Sub-grant
Disease Reporting	\$65,791	This subgrant will provide epidemiologic investigation and reporting on all reported cases of disease.	Federal Pass-through Sub-grant
HIV Surveillance	\$9,164	This subgrant will provide activities to detect, securely investigate, and complete documented cases of reported HIV infection.	Federal Pass-through Sub-grant
TB Elimination	\$95,110	This subgrant will allow for directly observed therapy, contact investigations, RVCT reporting, EDN reporting, and attendance at tuberculosis-specific training.	Federal/State Mix Pass-through Sub-grant
Perinatal Hep B	\$7,050	This subgrant will provide Perinatal Hepatitis B surveillance and case management.	Federal Pass-through Sub-grant
NEDSS - National Electronic Disease Surveillance System	\$65,408	This subgrant will provide vaccine preventable disease surveillance and disease investigation data entry.	Federal Pass-through Sub-grant
Adolescent Pregnancy Prevention - PREP and TANF	\$55,952	This subgrant will conduct activities that support implementation of Reducing the Risk curriculum and Youth-Adult Partnership groups to aid in adolescent pregnancy prevention.	Federal Pass-through Sub-grant
Wise Guys	\$20,969	This subgrant will provide activities to support implementation of Wise Guys curriculum/training and statutory rape presentations.	Federal Pass-through Sub-grant
Sexual Risk Avoidance Education	\$17,074	This subgrant will provide activities that support implementation of the State Sexual Risk Avoidance Education curriculum to Idaho students ages ten to fourteen (10-14) at schools, community sites, youth centers, sports leagues, faith groups, and juvenile justice centers.	Federal Pass-through Sub-grant



Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE
Physical Activity & Nutrition	\$75,900	This subgrant will provide programmatic activities to the public. This includes but is not limited to the following: Fit and Fall Proof fall prevention training and coordination; age friendly park assessments; childhood obesity prevention; child and family health.	Federal/State Mix Pass-through Sub-grant
Cancer Prevention Activities	\$22,000	This subgrant will implement evidence-based strategies to increase cancer screening and prevention (sun safety training, HPV vaccination reminders, breast and cervical cancer screening).	Federal Pass-through Sub-grant
Tobacco Prevention Resource Program Activities	\$81,500	This subgrant will provide activities to: prevent tobacco use among youth and young adults, eliminate secondhand smoke, promote quitting among youths and adults, and identify and eliminate tobacco related disparities among population groups.	Federal Pass-through Sub-grant
Millennium Fund	\$129,500	State appropriated funds to prevent tobacco use among youth and young adults, eliminate secondhand smoke, promote quitting among youths and adults, and identify and eliminate tobacco related disparities among population groups.	State Appropriation
Cuidate	\$24,142	This subgrant will provide support to the Adolescent Pregnancy Prevention program by providing Cuidate Curriculum, implementation, and education.	Federal Pass-through Sub-grant
Partnership for Success	\$215,271	This subgrant will provide activities for the Be the Parents campaign (parent learning sessions, youth leadership activities), and Youth Mental Health (training, screening, referrals).	Federal Pass-through Sub-grant
Crisis Center	\$1,260,833	This subgrant allows for the Behavioral Health Community Crisis Center to deliver crisis intervention and services to the Region 3 community. \$5,043,332 total	State GF DHW Pass-through
Crisis Center - CFAC Funding	\$28,571	This subgrant allows for the Behavioral Health Community Crisis Center to deliver crisis intervention and services to the Region 3 community specifically targeted to COVID-19 barriers.	Federal Pass-through Sub-grant
Preparedness - Preparedness Assessment, Cities Readiness Initiative	\$645,813	This subgrant will provide support to Public Health Emergency Preparedness in the following areas: community preparedness and recovery, incident management and emergency operations coordination, emergency public information and warning management, medical countermeasures dispensing and administration, mass care, fatality management, and public health surveillance and epidemiologic investigation.	Federal Pass-through Sub-grant



Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE
ELC Cares Enhancing Support COVID-19	\$3,238,721	This subgrant will support the rapid establishment and monitoring of key activities related to responding to COVID-19 in the areas of epidemiology, laboratory, and informatics.	Federal Pass-through Sub-grant
Kresge Foundation COVID-19 Phase 2	\$50,000	Aims to decrease barriers to education, testing, and vaccine resources among the Hispanic/Latinx community.	Direct Private Foundation Grant
Vaccinations Subgrant- COVID-19	\$587,602	This subgrant supports a range of COVID-19 vaccination activities. Through 6/30/2024	Federal Pass-through Sub-grant
Vaccinations DHW - COVID-19 Immunizations	\$95,170	This grant is to support increased COVID-19 vaccination capacity, safe storage and handling of COVID-19 vaccines, ensure equitable distribution and administration, and improve timely reporting into the Immunization Reminder Information System (IRIS).	Federal Pass-through Sub-grant



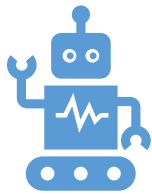
Public Information Update

Ashley Anderson
Public Information Officer

HEALTHIER TOGETHER

SWDH.ORG

Digital Transformation: Now and Looking Ahead



The adoption of digital technology by an organization.



Common goals for its implementation are to improve efficiency, value or innovation.



Snapshot



Regular website updates and new webpages launched on swdh.org.



Social media presence and media campaigns active.



Collaborative internal and external partnerships to inform messages and mechanisms of delivery to communities.



Amplifying partners' messages to reach a wider audience.

Example of Current & Recent Media Campaigns

Syphilis & HIV Awareness and Testing

- Digital Media (English, Spanish)
- Service Area: Adams, Canyon, Gem, Owyhee, Payette, Washington
- Purpose: Increase awareness of increasing syphilis and HIV cases in the region. Promote overall testing and free testing services available at SWDH.

December 2021 | January-February 2022



Digital Media Campaign Analytics Snapshot

Campaign: Syphilis & HIV Awareness and Testing
Report Date Range: February 1 - February 28, 2022



Display Impressions



Clicks



CTR



Total Conversions



Click-Through's



View-Through's



Grindr



Snapchat

Example of Current & Recent Media Campaigns

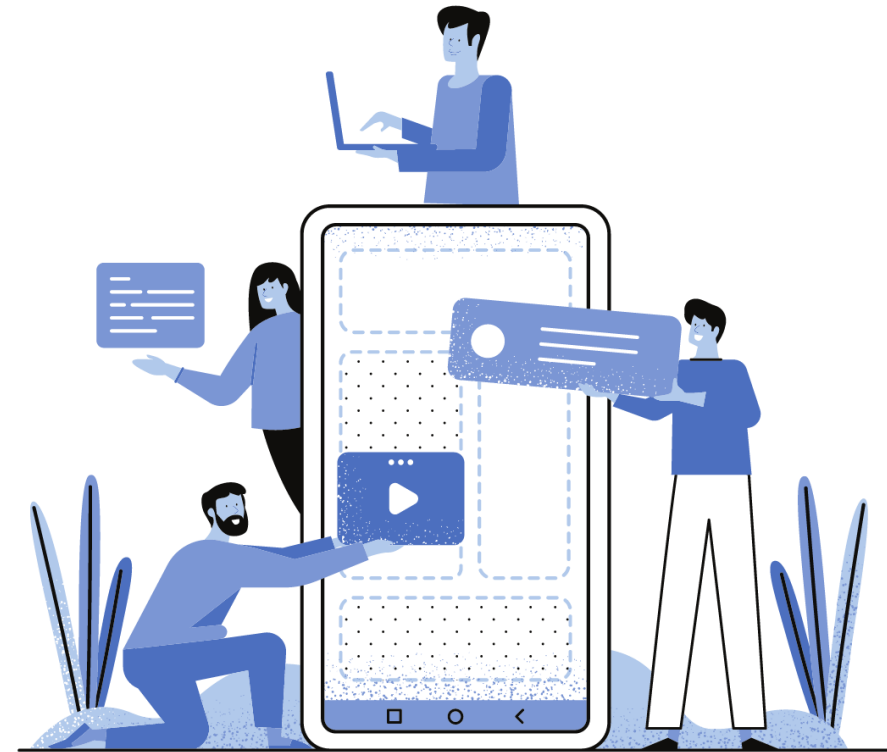
February-April 2022

COVID-19 Testing and Vaccination

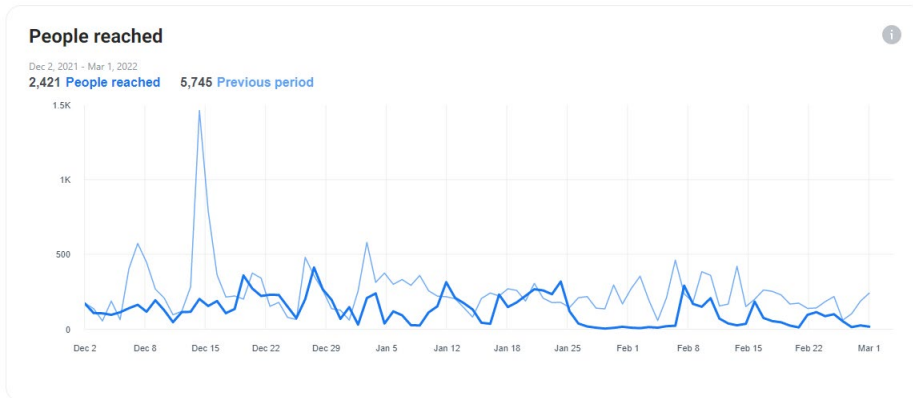
- Print Media (English, Spanish)
- Service Area: Payette, Washington, Owyhee Counties
- Purpose: Provide information about availability, eligibility, and contact methods to learn more about how to access free COVID-19-related services. This includes the easy-to-use online vaccine locator tool [vaccines.gov](https://www.vaccines.gov).

Webpage Additions to swdh.org

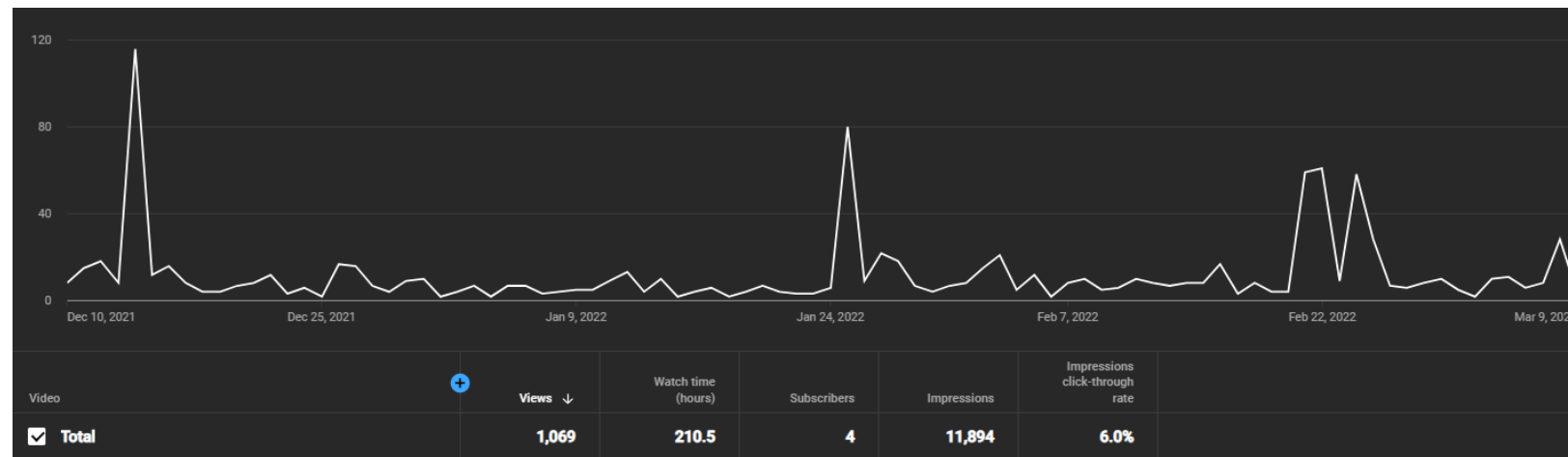
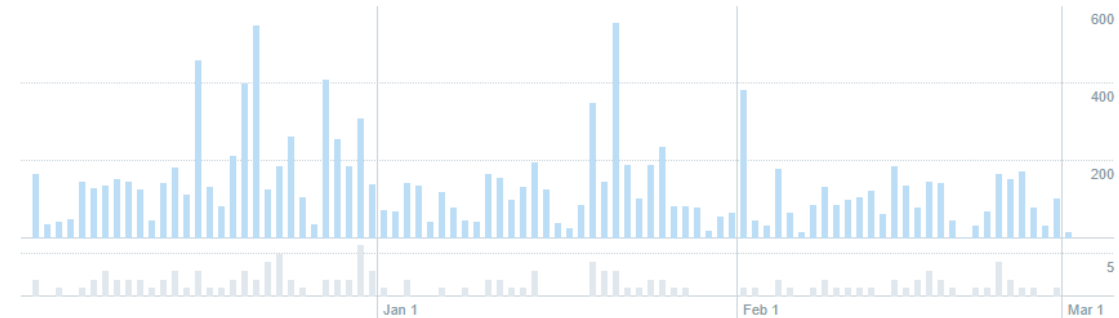
- Human Resources (Join Our Team)
phd3.idaho.gov/human-resources/
- Board of Health Meeting Videos
phd3.idaho.gov/board-of-health-meeting-videos/
- Youth Substance Use Prevention (Partnerships for Success)
phd3.idaho.gov/healthy-living/youth-substance-use-prevention/
- Suicide Prevention
phd3.idaho.gov/healthy-living/suicide-prevention/



Quarter Overview: Social Media Analytics



Your Tweets earned **12.4K impressions** over this 90 day period



Social Media Analytics Sources:
Facebook, Twitter, YouTube (March 2022)

Questions?



Digital
Transformation

Media
Campaigns

Access to
Initiatives

Thank you.

Follow, like and subscribe!

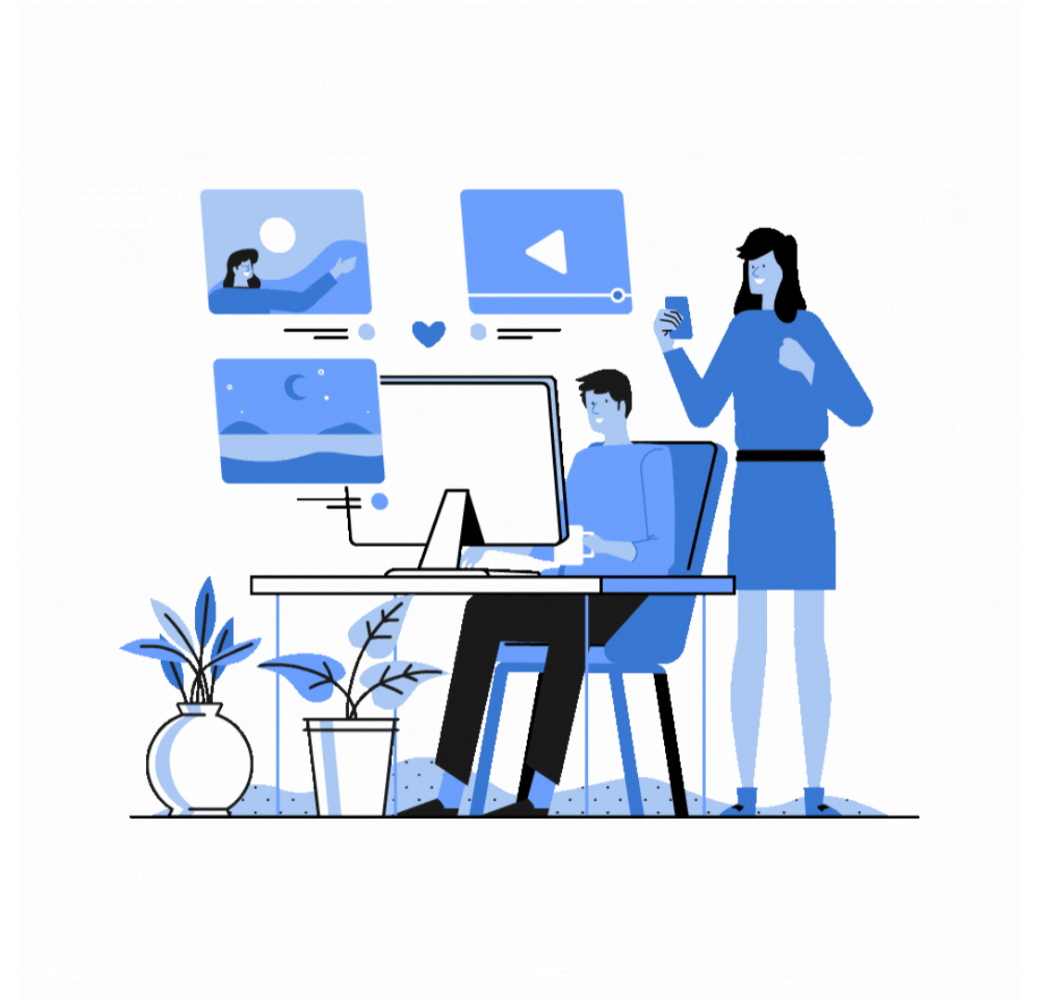
[Facebook.com/southwestdistricthealth](https://www.facebook.com/southwestdistricthealth)

[Twitter.com/SWDHIDAHO](https://twitter.com/SWDHIDAHO)

[Instagram.com/swdhidaho](https://www.instagram.com/swdhidaho)

[Youtube.com/southwestdistricthealth](https://www.youtube.com/southwestdistricthealth)

[Rumble.com/user/SouthwestDistrictHealth](https://www.rumble.com/user/SouthwestDistrictHealth)



Injury Prevention

Resolution to Support Awareness, Education and Prevention of Suicide

RESOLUTION TO SUPPORT INNOVATIVE FUNDING STREAMS TO SUPPORT AWARENESS, EDUCATION AND PREVENTION OF SUICIDE

WHEREAS suicide is the 12th leading cause of death in the US¹; and

WHEREAS, in 2020, 45,979 Americans died by suicide and an estimated 1,150,000 attempted suicide¹; and

WHEREAS, in 2019, suicide and self-injury cost the US \$782 million²; and

WHEREAS, in 2020, per 100,000, Idaho ranks 5th in the nation for deaths by suicide¹; and

WHEREAS, in 2021, the Idaho Suicide Prevention Hotline received over 16,000 contacts³; and

WHEREAS, in 2020, The National Suicide Prevention Hotline Designation Act was signed into law, creating 988 as the national dialing code⁴; and

WHEREAS, Idaho Department of Health and Welfare has been building Idaho's crisis continuum of care for over two years with the Division of Behavioral Health taking the lead on 988 implementation⁴; and

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

WHEREAS, funding for Idaho Public Health District suicide prevention efforts are not enough to meet the regional prevention needs; and

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health supports sustainable funding streams (e.g., telecommunication fees, general state fund appropriations, or other funding sources) to maintain and strengthen the crisis continuum of care, implementation of the 988 Suicide Hotline, and other suicide prevention resources and services in all 44 counties.

¹ Suicide Awareness Voices of Education: U.S.A. Suicide: 2020 Official Final Data (2020)

² Centers for Disease Control and Prevention: Number of Injuries and Associated Costs (2019)

³ Idaho Suicide Prevention 2021 Annual Report (2021)

⁴ Idaho Department of Health and Welfare: 988 National Behavioral Health Crisis Line (2021)

¹ Suicide Awareness Voices of Education: U.S.A. Suicide: 2020 Official Final Data (2020)

² Centers for Disease Control and Prevention: Number of Injuries and Associated Costs (2019)

³ Idaho Suicide Prevention 2021 Annual Report (2021)

⁴ Idaho Department of Health and Welfare: 988 National Behavioral Health Crisis Line (2021)

**RESOLUTION TO REMOVE THE FOOD ESTABLISHMENT
LICENSE FEE IN IDAHO CODE**

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

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

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

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

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

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

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

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

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

Adopted by the Idaho Association of District Boards of Health

June 9, 2016; readopted June 9, 2017

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

²Bottemiller, H. "Annual Foodborne Illnesses Cost \$77 Billion, Study Finds, Food Safety News," (January 3, 2012), accessed March 10, 2022. <http://www.foodsafetynews.com/2012/01/foodborne-illness-costs-77-billion-annually-study-finds/#.Vum0BNlrKcN>

RESOLUTION TO SUPPORT VAPING PREVENTION IN SCHOOLS

WHEREAS, e-cigarettes and youth vaping remain a public health crisis. In 2020 more than 3.6 million U.S. youth used e-cigarettes in the past 30 days. One in five high school students and almost 1 in 10 middle school students who use e-cigarettes are using them every day.¹

WHEREAS, according to the 2019 Idaho Youth Risk Behavior Survey almost half (48%) of high school students have used an e-cigarette at least once and 21.5% of Idaho students used e-cigarettes on one or more of the past 30 days. Academic achievement was significantly associated with percentage of students who use e-cigarettes. 35% of students who mostly had grades of D's and F's used e-cigarettes and 41% of students who mostly had grades of C's, compared to 12% of students using e-cigarettes who had grades of mostly A's.²

WHEREAS, nicotine is highly addictive and youth use of e-cigarettes can harm adolescent brain development, cause respiratory problems, decrease impulse control, and lead to mental health illnesses such as depression, anxiety, and substance use disorder. Most e-cigarettes contain nicotine and can contain other harmful toxins.^{1,3}

WHEREAS, youth are vulnerable to using e-cigarettes because of the appeal of flavors, social influencers, peer pressure, misinformed marketing, and misperception of the actual harm of e-cigarettes. Youth are constantly being exposed to both messaging around the flavors and positive aspects of e-cigarettes, both from social media and official advertising from the tobacco industry itself.³

WHEREAS, the CDC recommends the State of Idaho annually spend \$15.6 million on tobacco prevention and in fiscal year 2022 Idaho spent \$3.6 million, just 23.4% of the CDC recommended spending. While the estimated annual amount spent on tobacco marketing in Idaho by the tobacco industry is \$45.6 million.⁴

WHEREAS, a 2005 study concluded that if every state had spent the minimum amount recommended by the CDC for tobacco prevention, youth smoking rates nationally would have been between 3 and 14

¹ Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. (2021, August 20). *Talking to Youth and Young Adults to Prevent E-cigarette Use*. Centers for Disease Control and Prevention. Retrieved March 9, 2022, from <https://www.cdc.gov/tobacco/features/back-to-school/index.html>

² Idaho State Department of Education. (2020). *2019 Idaho Youth Risk Behavior Survey: A HEALTHY LOOK AT IDAHO YOUTH*. <https://sde.idaho.gov/student-engagement/school-health/files/youth/Youth-Risk-Behavior-Survey-Results-2019.pdf>

³ Liu, J., Gaiha, S. M., & Halpern-Felsher, B. (2020). A Breath of Knowledge: Overview of Current Adolescent E-cigarette Prevention and Cessation Programs. *Current addiction reports*, 7(4), 520–532. <https://doi.org/10.1007/s40429-020-00345-5>

⁴ Campaign for Tobacco-Free Kids. (2022, January 13). *Broken Promises to Our Children*. Retrieved March 9, 2022, from <https://www.tobaccofreekids.org/what-we-do/us/statereport>

percent lower during the study period, from 1991 to 2000. Further, if every state funded tobacco prevention at CDC minimum levels, states would prevent nearly two million kids alive today from becoming smokers, save more than 600,000 of them from premature, smoking-caused deaths, and save \$23.4 billion in long-term, smoking-related health care costs.⁵

WHEREAS, in 2006 Florida voters approved increasing their funds in statewide tobacco prevention and cessation by implementing and funding the statewide program Tobacco Free Florida in 2007. From 2006 to 2020 high school smoking rates declined by 85% from 15.5% to 2.3%. Middle school smoking rates declined from 6.6% in 2006 to 1.1% in 2020.⁵

WHEREAS, out of youth and young adults aged 15-24 who use e-cigarettes, 63% of those who use JUUL did not know that the product always contains nicotine. 44% of youth believe their peers approve of nicotine vaping and around 80% of youth do not perceive the use of e-cigarettes as being harmful.^{6,7,8}

WHEREAS, given the high rates of use and known health consequences of using e-cigarettes, it is critical now more than ever that youth are educated about e-cigarettes so that they can make informed decisions regarding their health, and that efforts to prevent and reduce adolescent use of e-cigarettes are developed, implemented, disseminated, and evaluated.³

WHEREAS, effective components of such school-based tobacco prevention programs include interactive curricula, activities around refusal skills, and content addressing targeted marketing and health effects, which if applied collectively in prevention curriculum may lead to decreases in youth intentions to use and actual use.³

WHEREAS, research shows that the CATCH My Breath curriculum resulted in reductions in nicotine vaping use (both lifetime and within the past 30 days), increases in nicotine vaping knowledge, increases in positive perceptions of a vape-free lifestyle, and reductions in overall tobacco use. CATCH My Breath is an evidence-based, school-based program developed to prevent nicotine vaping and tobacco use among students in 5th through 12th grade.⁷

⁵ The Campaign for Tobacco Free Kids. (n.d.). *Comprehensive Tobacco Prevention and Cessation Programs Effectively Reduce Tobacco Use* [Fact Sheet]. <https://www.tobaccofreekids.org/assets/factsheets/0045.pdf>

⁶ Truth Initiative. (2019, March 15). *JUUL e-cigarettes gain popularity among youth, but awareness of nicotine presence remains low* [Press release]. <https://truthinitiative.org/press/press-release/juul-e-cigarettes-gain-popularity-among-youth-awareness-nicotine-presence>

⁷ Substance Abuse and Mental Health Services Administration (SAMHSA): Reducing Vaping Among Youth and Young Adults. SAMHSA Publication No. PEP20-06-01-003. Rockville, MD: National Mental Health and Substance Use Policy Laboratory, Substance Abuse and Mental Health Services Administration, 2020.

⁸ Johnston, L. D., Miech, R. A., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Patrick, M. E. (2022). Monitoring the Future national survey results on drug use 1975-2021: Overview, key findings on adolescent drug use. Ann Arbor: Institute for Social Research, University of Michigan.

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health supports continued funding to prevent vaping among youth and young adults.

¹ Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. (2021, August 20). Talking to Youth and Young Adults to Prevent E-cigarette Use. Centers for Disease Control and Prevention. Retrieved March 9, 2022, from <https://www.cdc.gov/tobacco/features/back-to-school/index.html>

² Idaho State Department of Education. (2020). 2019 Idaho Youth Risk Behavior Survey: A HEALTHY LOOK AT IDAHO YOUTH. <https://sde.idaho.gov/student-engagement/school-health/files/youth/Youth-Risk-Behavior-Survey-Results-2019.pdf>

³ Liu, J., Gaiha, S. M., & Halpern-Felsher, B. (2020). A Breath of Knowledge: Overview of Current Adolescent E-cigarette Prevention and Cessation Programs. *Current addiction reports*, 7(4), 520–532. <https://doi.org/10.1007/s40429-020-00345-5>

⁴ Campaign for Tobacco-Free Kids. (2022, January 13). Broken Promises to Our Children. Retrieved March 9, 2022, from <https://www.tobaccofreekids.org/what-we-do/us/statereport>

⁵ The Campaign for Tobacco Free Kids. (n.d.). Comprehensive Tobacco Prevention and Cessation Programs Effectively Reduce Tobacco Use [Fact Sheet]. <https://www.tobaccofreekids.org/assets/factsheets/0045.pdf>

⁶ Truth Initiative. (2019, March 15). JUUL e-cigarettes gain popularity among youth, but awareness of nicotine presence remains low [Press release]. <https://truthinitiative.org/press/press-release/juul-e-cigarettes-gain-popularity-among-youth-awareness-nicotine-presence>

⁷ Substance Abuse and Mental Health Services Administration (SAMHSA): Reducing Vaping Among Youth and Young Adults. SAMHSA Publication No. PEP20-06-01-003. Rockville, MD: National Mental Health and Substance Use Policy Laboratory, Substance Abuse and Mental Health Services Administration, 2020.

⁸ Johnston, L. D., Miech, R. A., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Patrick, M. E. (2022). Monitoring the Future national survey results on drug use 1975-2021: Overview, key findings on adolescent drug use. Ann Arbor: Institute for Social Research, University of Michigan.

Resolution to support raising the minimum age of legal access and use of *Mitragyna speciosa* (Kratom) products in Idaho to age 21.

WHEREAS, the Idaho Association of District Boards of Health is committed to the health and welfare of its citizens; and

WHEREAS, the Idaho Association of District Boards of Health strongly supports the success and positive future of the State's youth; and

WHEREAS, the sale, distribution, and possession of Kratom under the age of 21 becomes prohibited in Idaho; and

WHEREAS, the U.S. Food and Drug Administration is warning consumers not to use *Mitragyna speciosa*, commonly known as kratom, a plant which grows naturally in Thailand, Malaysia, Indonesia, and Papua New Guinea. The FDA is concerned that kratom, which affects the same opioid brain receptors as morphine, appears to have properties that expose users to the risks of addiction, abuse, and dependence¹, and

WHEREAS, the leaves of kratom are consumed either by chewing, or by drying and smoking, putting into capsules, tablets or extract, or by boiling into a tea¹, and

WHEREAS, at low doses, kratom produces stimulant effects with users reporting increased alertness, physical energy, and talkativeness. At high doses, users experience sedative effects. Side effects include nausea, itching, sweating, dry mouth, constipation, increased urination, tachycardia, vomiting, drowsiness, and loss of appetite². Users of kratom have also experienced anorexia, weight loss, insomnia, hepatotoxicity, seizure, and hallucinations.¹ Kratom can lead to addiction³, and

WHEREAS, estimates from the American Kratom Association suggest 3 to 5 million individuals in the U.S. may be using Kratom. According to the DEA, several cases of psychosis resulting from use of Kratom have been reported, where individuals addicted to kratom exhibited psychotic symptoms, including hallucinations, delusion, and confusion², and

WHEREAS, the FDA has issued reports about deaths associated with kratom¹, and in 2019 a CDC report found that kratom was detected in 152 overdose deaths between July 2016-December 2017. Kratom was identified as the cause of death in 91 of the 152 kratom-positive deaths but was the only identified substance in just seven of these cases. Data suggests that kratom use is associated with a complex population of polydrug users and especially with opioid use disorder, and that a deeper investigation into the toxicity of kratom is needed, especially focusing on drug–herb interactions.² Though supporters

¹ Association of Food and Drug Officials Board (AFDO). (2018, June 4). *2018 Resolution 1: Kratom*. Association of Food and Drug Officials. Retrieved March 9, 2022, from <https://www.afdo.org/resolutions/2018-resolution-1-kratom/>

² Kratom in Idaho Fact Sheet. (2020). Idaho Office of Drug Policy. https://odp.idaho.gov/wp-content/uploads/sites/114/2020/12/Kratom-in-Idaho_Fact-Sheet.pdf

³ Kratom Drug Fact Sheet. (2020). Drug Enforcement Agency. https://www.dea.gov/sites/default/files/2020-06/Kratom-2020_0.pdf

of keeping the drug legal for research purposes note that the death certificates often mention the possible involvement of other drugs¹, and

WHEREAS, the FDA is actively evaluating all available scientific information to better understand kratom's safety profile, including the use of kratom combined with other drugs¹, and

WHEREAS, while FDA evaluates the available safety information about the effects of kratom, the agency encourages health care professionals and consumers to report any adverse reactions to the FDA's MedWatch program¹, and

WHEREAS, there are currently no FDA-approved uses for kratom, and the DEA has labeled kratom as a Drug and Chemical of Concern², and

WHEREAS, kratom is now considered a Schedule 1 drug in Alabama, (the same classification as heroin and ecstasy), and Wisconsin, Vermont, Tennessee, Indiana, Rhode Island and Arkansas¹, D.C.; Alton, IL; Jerseyville, IL; San Diego, CA; Sarasota, FL; and Union County, MS² have also banned the botanical supplement with additional states considering the same course¹. Internationally, kratom is illegal in Australia, Denmark, Finland, Ireland, Latvia, Lithuania, Malaysia, Myanmar, Poland, Romania, Sweden and Thailand², and

WHEREAS, in Idaho it is currently legal to buy and sell kratom. It can be purchased in smoke shops, boutique botanical stores, and online vendors. Nationwide, the number of kratom exposures reported to Poison Control Centers (PCCs) increased 52-fold between 2011-2017. Data from PCCs found that Idaho had the highest kratom exposure rate in the U.S², and

THEREFORE, BE IT RESOLVED, that Idaho Association of District Boards of Health supports raising the minimum age of legal access and use of kratom products in Idaho to 21 years of age. District public health staff will actively engage in local and statewide efforts to support this public health policy.

¹ Association of Food and Drug Officials Board (AFDO). (2018, June 4). *2018 Resolution 1: Kratom*. Association of Food and Drug Officials. Retrieved March 9, 2022, from <https://www.afdo.org/resolutions/2018-resolution-1-kratom/>

¹ Kratom in Idaho Fact Sheet. (2020). Idaho Office of Drug Policy. https://odp.idaho.gov/wp-content/uploads/sites/114/2020/12/Kratom-in-Idaho_Fact-Sheet.pdf

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[Office of the Commissioner](#). (2019, September 11). *FDA and Kratom*. U.S. Food and Drug Administration. Retrieved March 9, 2022, from <https://www.fda.gov/news-events/public-health-focus/fda-and-kratom>