



Board of Health Meeting

Tuesday, December 19, 2023, 10:00 a.m.
13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the December 19, 2023 Board of Health meeting can be submitted [here](#) 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, December 18, 2023. The meeting will be available through live streaming on [the SWDH You Tube channel](#).

Agenda

A = Board Action Required

G =Guidance

I = Information item

10:00	A	Call the Meeting to Order	Chairman Kelly Aberasturi
10:02		Pledge of Allegiance	
10:03		Roll Call	Chairman Kelly Aberasturi
10:05	A	Request for Additional Agenda items; Approval of Agenda	Chairman Kelly Aberasturi
10:07		In-Person Public Comment	
10:15	I	Open Discussion	SWDH Board Members
10:20	A	Approval of Minutes – November 28, 2023 Approval of Minutes – December 13, 2023	Chairman Kelly Aberasturi
10:25	I	Introduction of New Employees	Division Administrators
10:35	I	November 2023 Expenditure and Revenue Report	Troy Cunningham
11:00	I	Washington County Community Health Action Team	Halle McDermott
11:20	I	Mpox Status Report	Andy Nutting
11:30		Break	
11:45	I	Board of Health Workplan Development Discussion	Nikki Zogg
12:30	I	Director’s Report WICHC Regional Health Implementation Plan Unveiling Event - January 11, 2024 Meeting with State Treasurer’s Office	
1:00		Adjourn	

NEXT MEETING: Tuesday, January 24, 10:00 a.m. (Winter hours in effect)

Healthier Together

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



BOARD OF HEALTH MEETING MINUTES
Thursday, November 28, 2023

BOARD MEMBERS:

Jennifer Riebe, Commissioner, Payette County – present
Lyndon Haines, Commissioner, Washington County – present
Zach Brooks, Commissioner, Canyon County – present
Kelly Aberasturi, Commissioner, Owyhee County – present
Viki Purdy, Commissioner, Adams County – present
Sam Summers, MD, Physician Representative – present
Bill Butticci, Commissioner, Gem County – present

STAFF MEMBERS:

In person: Nikki Zogg, Katrina Williams, Colt Dickman, Beth Kriete, Cas Adams, Charlene Cariou, Vito Kelso, Mitch Kiester, Tyler Thompson, Troy Cunningham, Monique Evancic, Michelle Schildhauer

Via Zoom: Jeff Renn

GUESTS: No guests attended the meeting.

CALL THE MEETING TO ORDER

Chairman Kelly Aberasturi called the meeting to order at 9:00 a.m.

PLEDGE OF ALLEGIANCE

Meeting attendees participated in the pledge of allegiance.

ROLL CALL

Chairman Aberasturi – present; Dr. Summers – present; Commissioner Purdy – present; Vice Chairman Haines – present; Commissioner Brooks – present; Commissioner Riebe – present; Commissioner Butticci - present.

REQUEST FOR ADDITIONAL AGENDA ITEMS

Chairman Kelly Aberasturi asked for additional agenda items. Board members had no additional agenda items or changes to the agenda.

IN-PERSON PUBLIC COMMENT

No public comment given.

OPEN DISCUSSION

Board members had no topics for open discussion.

APPROVAL OF MEETING MINUTES – OCTOBER 24, 2023

Board members reviewed meeting minutes from the meeting held October 24, 2023.

MOTION: Dr. Summers made a motion to approve the October 24, 2023, Board of Health meeting minutes as presented. Commissioner Riebe seconded the motion. All in favor; motion passes.

APPROVAL OF SPECIAL MEETING MINUTES – NOVEMBER 17, 2023

Board members reviewed meeting minutes from the Special Board of Health Meeting held November 17, 2023.

MOTION: Commissioner Riebe made a motion to approve the November 17, 2023, Special Board of Health meeting minutes as presented. Dr. Summers seconded the motion. All in favor; motion passes.

INTRODUCTION OF NEW EMPLOYEES

Division administrators introduced new staff.

OCTOBER 2023 EXPENDITURE AND REVENUE REPORT

Troy Cunningham, General Support Financial Manager, provided a brief update on the availability of expenditure and revenue data. Troy explained that reports pulled from Luma are not reconciling with the actual expenditures and revenues. Contract revenue remains low. The bulk of that revenue comes from Idaho Department of Health and Welfare (IDHW).

In response to Board of Health member questions from last month regarding accessing cash reserves, Troy explained that accessing cash reserves while working to remedy Luma reporting challenges and contract revenue collection is not yet significant but is beginning to be a trend. Troy pointed out that the Pre-Prosecution Diversion (PPD) funds and some other grant funds received are reported as Restricted Funds and as those activities are completed, those funds are drawn down. The cash drop is in part due to that dip.

Chairman Aberasturi asked Troy to ensure that Board members are notified when we get to the point of expending \$500,000 of the reserve funds. Troy will reach out to Nikki if that point is reached.

Personnel and Operating expenditures remain on target.

SUMMARY OF DISCUSSION WITH STATE CONTROLLER'S OFFICE

Nikki Zogg and Troy Cunningham met with members of the State Controller's Office to discuss Luma challenges and inquire about navigating away from Luma. The State Controller and Deputy State Controller are supportive of the health district's desire to move platforms and willing to assist with the transition. By statute, health districts are required to hold their funds in the state treasury. The next step is for Nikki and Troy to meet with the State Treasurer.

Board members asked about transitioning to a new platform and whether challenges on the State's end will continue to be encountered. Nikki explained that SWDH would have the opportunity to build the program with the vendor selected. The Treasurer has to allow the ERP to connect to our agency's funds being held.

Nikki will reach out to schedule a meeting with the State Treasurer and will keep the Board members informed.

SOUTHWEST DISTRICT HEALTH POLICY POSITION STATEMENTS

Nikki Zogg, SWDH District Director, presented policy position statements around priority areas as determined by CHNA results with housing, behavioral health and behavioral health care access being

primary priorities. These statements were presented at the Board of Health meeting held last month in October and Board members asked for additional time to review the policy statements.

Nikki asked Board members for feedback and guidance. She indicated that these would be available for staff as they navigate conversations with elected officials.

No feedback was provided and Board members support using the policy position statements as a tool for staff.

PROPOSED 2024 BOARD OF HEALTH MEETING DATES

Nikki shared a proposed 2024 Board of Health meeting dates calendar for Board member review. Nikki noted that occasionally scheduling conflicts arise and when that happens, Board members will have the opportunity to amend the meeting calendar.

MOTION: Commissioner Haines made a motion to approve the proposed 2024 Board of Health Meeting Calendar as presented. Commissioner Riebe seconded the motion. All in favor; motion passes.

TOBACCO AND VAPE USE PREVENTION

Hailee Tilton, SWDH Program Manager for the Risk Reduction Team under the Environmental and Community Health Services Division, shared information on tobacco and vape use prevention efforts across Region 3. Prevention efforts include working with schools with Catch My Breath curriculum, providing resources, referring individuals to the Quit Line, and using inflatable brains and lungs as visual aids for educating students and families. Increasing positive health outcomes by decreasing addiction is the goal of these efforts.

Commissioner Aberasturi asked what percentage of youth are now vaping rather than using traditional tobacco. Hailee responded that smoking rates among youth are very low at about 3% and about 17.9% use e-cigarette options.

COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN DISCUSSION

Alexis Pickering, Western Idaho Community Health Collaborative (WICHC) Strategist, discussed the implementation plan for the Community Health Needs Assessment (CHNA) recently completed. Alexis provided a recap of WICHC, discussed what constitutes an implementation plan, what to expect, and what is innovative about this particular plan. Aligning health systems, public health districts, healthcare, and social service sector partners is a challenge without an entity managing that convening and aligning.

An implementation plan is a three-year plan and explains what will be done to address the needs identified within the community. Collaborating on a shared plan will allow coordination with other partners to reduce duplication, address gaps, and make a bigger impact.

Charlene Cariou, SWDH Program Manager, shared information about SWDH's role in the implementation plan. One focus point she shared is defining mobile health and how to coordinate a regional mobile health strategy to ensure the best reach. The work will come from the SWDH clinical service staff, behavioral health staff, and community health staff.

Alexis shared that the Community Health Action Teams' (CHATs) capacity and infrastructure allows information gathering and implementation plan project execution and SWDH's ability to fund these CHATs makes a difference in supporting these vital community groups.

Moving forward with the implementation plan, Alexis will work with WICHC members including SWDH to secure funding to support some of the strategies identified, to engage SWDH team members in workgroups that align with priorities, and identify funding with existing budgets to continue funding the CHAT groups. In addition, workgroups for the priorities will be convened to identify timelines and develop more specific indicators.

QUARTERLY WESTERN IDAHO COMMUNITY CRISIS CENTER LEASE RENEWAL

Cas Adams, Southwest District Health Project Manager, provided the updated lease renewal for property at 524 Cleveland Boulevard, Caldwell, Idaho, currently being used for the Western Idaho Community Crisis Center (WIDCCC). Cas pointed out that the renewal requests a 3% increase each year. Nikki added that SWDH legal counsel has reviewed the lease and has no concerns. Cas clarified that the initial lease was for a 5-year term. However, due to required renovations, the occupancy began in January of 2019.

Board members asked if lease negotiations took place to request reduced rent, or an early exit clause. Cas explained that in early November the former building owner reached out and there were some negotiations for the next lease. Following those conversations, the previous owner sold the building. Negotiations have now transitioned to the new property management company.

Board members asked if SWDH utilizes its own representative in completing comparative market analysis. Nikki explained that SWDH has used an agency in the past to complete market analyses. Board members asked Nikki to initiate a comparative market analysis to evaluate whether this rental rate aligns with market rate.

Cas is pursuing alternative grants to assist with WIDCCC funding. She reported that she did receive approval from the early diversion federal grant to allocate approximately \$37,000 of the grant funding to WIDCCC. She is waiting to hear back from St. Luke's and has submitted a small grant request to Intermountain Health. In addition, Intermountain Health has requested to meet to discuss a larger grant.

Board members requested SWDH pursue a comparison rental analysis to ensure we are paying market rate. Board members also asked staff to ask for a shorter lease term. Board members also asked for clarification of early lease termination if funding for WIDCCC does not continue.

Cas will work to initiate a market assessment and if needed a Special Board meeting can be arranged. Cas will also gather information to clarify penalties for early lease termination.

DIRECTOR'S REPORT

Winter Board of Health Meeting Hours

Board of Health meeting hours will shift to a 10:00 a.m. start beginning in December to allow extra travel time for Board members.

Idaho Association of District Board of Health (IADBH) Annual Meeting Location and Timing

District Directors have been asked to reach out to their boards to ask about preferred meeting locations and times for the annual IADBH meetings. Historically, the meetings rotate location and host district and usually include a business meeting and education. The question is whether the Board's preference is to still host the meetings in their districts or to hold the meetings in a more convenient location. Board members were also asked their preference around timing. Historically, the meeting has been held around June when schedules tend to be busier, graduations happen, and school lets out. This timing conflicts with the annual Idaho Association of Counties (IAC) meeting.

Board members discussed if rather than doing late spring/early summer meetings, fall might be a more appropriate annual meeting time as we prepare for the legislative session. Board members also provided input that separate meetings may be most convenient but, location is most convenient to dovetail with an IAC meeting and board members agree Boise is always most convenient and accommodations and lodging are much more available.

EXECUTIVE SESSION

At 11:03 a.m., Chairman Aberasturi made a motion to go into Executive Session pursuant to Idaho Code 74-206(a). Commissioner Haines seconded the motion. Roll call was taken. All in favor.

At 11:20 a.m. Board members came out of Executive Session. No action was taken as a result of the executive session.

There being no further business, the meeting adjourned at 11:21 a.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Kelly Aberasturi
Chairman

Date: December 19 , 2023



**BOARD OF HEALTH SPECIAL MEETING MINUTES
Wednesday, December 13, 2023**

BOARD MEMBERS:

Jennifer Riebe, Commissioner, Payette County – present via Microsoft Teams
Lyndon Haines, Commissioner, Washington County – present
Zach Brooks, Commissioner, Canyon County – not present
Kelly Aberasturi, Commissioner, Owyhee County – present
Viki Purdy, Commissioner, Adams County – not present
Sam Summers, MD, Physician Representative – present
Bill Butticci, Commissioner, Gem County – present via Microsoft Teams

STAFF MEMBERS:

In person: Nikki Zogg, Cas Adams, Katrina Williams

GUESTS: None

CALL THE MEETING TO ORDER

Chairman Kelly Aberasturi called the meeting to order at 2:36 p.m.

WESTERN IDAHO COMMUNITY CRISIS CENTER (WIDCCC) LEASE APPROVAL

Board members discussed the WIDCCC lease renewal. The property manager is amenable to including an early termination clause. Mike Kane, SWDH legal counsel, has provided suggested wording. Board members also discussed fair market rental values and agree the current rate is fair. Cas mentioned she did some research and is confident the starting lease rate is competitive and consistent with fair market rates.

MOTION: Commissioner Haines made a motion to authorize Chairman of the Board of Health, Kelly Aberasturi, to sign the 5-year lease renewal for the property at 524 Cleveland Blvd in Caldwell, Idaho with the addition of the early termination clause. Commissioner Riebe seconded the motion. All in favor; motion passes.

There being no further business, the meeting adjourned at 2:49 p.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Kelly Aberasturi
Chairman

Date: December 19, 2023



SOUTHWEST DISTRICT HEALTH

REVENUES & EXPENDITURE REPORT FOR FY2024

Through **Nov-23**

Cash Basis

Target **41.7%**

Fund Balances		
	FY Beginning	Ending
General Operating Fund	\$ 362,480	\$ 415,192
Millennium Fund	\$ -	\$ 48,291
LGIP Operating	\$ 6,621,873	\$ 5,818,751
LGIP Vehicle Replacement	\$ 102,536	\$ 105,172
LGIP Capital	\$ 1,299,174	\$ 1,299,174
Total	\$ 8,386,064	\$ 7,686,580

} As of Dec 12, 2023

Income Statement Information			
	YTD		Month
Net Revenue:	\$ 4,253,885		\$ 1,495,920
Expenditures:	\$ (4,249,773)		\$ (825,714)
Net Income:	\$ 4,112		\$ 670,207

Revenue								
	Admin	Clinic Services	Env & Community Health	General Support	Total	YTD	Total Budget	Percent Budget to Actual
County Contributions	\$ 289,568	\$ -	\$ -	\$ -	\$ 289,568	\$ 1,218,943	\$ 3,031,875	40%
Fees	\$ 712	\$ 27,494	\$ 131,953	\$ -	\$ 160,159	\$ 536,958	\$ 1,553,787	35%
Contract Revenue	\$ 60,421	\$ 489,135	\$ 470,976	\$ -	\$ 1,020,532	\$ 2,279,089	\$ 6,580,992	35%
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,100	0%
Interest	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 150,000	0%
Other	\$ -	\$ -	\$ 25,661	\$ -	\$ 25,661	\$ 218,897	\$ 124,049	176%
Monthly Revenue	\$ 350,701	\$ 516,629	\$ 628,590	\$ -	\$ 1,495,920	\$ 4,253,885	\$ 11,452,803	37%
Year-to-Date Revenue	\$ 1,317,646	\$ 928,024	\$ 2,008,194	\$ 22	\$ 4,253,885	DIRECT BUDGET		

Expenditures								
	Admin	Clinic Services	Env & Community Health	General Support	Total	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 41,174	\$ 240,306	\$ 274,136	\$ 97,976	\$ 653,592	\$ 3,558,059	\$ 9,415,704	38%
Operating	\$ 4,183	\$ 52,434	\$ 55,318	\$ 60,187	\$ 172,122	\$ 652,748	\$ 1,784,160	37%
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 130,000	0%
Trustee & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 38,966	\$ 122,938	32%
Monthly Expenditures	\$ 45,357	\$ 292,740	\$ 329,454	\$ 158,163	\$ 825,714	\$ 4,249,773	\$ 11,452,803	37%
Year-to-Date Expenditures	\$ 276,915	\$ 1,384,310	\$ 1,633,956	\$ 778,432	\$ 4,073,613	DIRECT BUDGET		



SOUTHWEST DISTRICT HEALTH - ADULT CRISIS CENTER ACTIVITY

Nov-23

REVENUES & EXPENDITURE REPORT FOR FY2024

Cash Basis

Target **41.7%**

Adult Crisis Center Activity

Income Statement Information

	YTD	Month
Net Revenue: \$	249,854	\$ -
Expenditures: \$	(452,480)	\$ (242,753)
Net Income: \$	(202,626)	(242,753)

Revenue				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Contract Revenue	\$ -	\$ 249,854	\$ 935,000	27%
Monthly Revenue	\$ -	\$ 249,854	\$ 935,000	27%
DIRECT BUDGET				

Expenditures				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 1,449	\$ 14,064	\$ 36,963	38%
Operating	\$ 241,304	\$ 438,415	\$ 898,037	49%
Capital Outlay	\$ -	\$ -	\$ -	0%
Trustee & Benefits	\$ -	\$ -	\$ -	0%
Monthly Expenditures	\$ 242,753	\$ 452,480	\$ 935,000	48%
DIRECT BUDGET				



SOUTHWEST DISTRICT HEALTH - YOUTH CRISIS CENTER ACTIVITY

Nov-23

REVENUES & EXPENDITURE REPORT FOR FY2024

Cash Basis

Target **41.7%**

Youth Crisis Center Activity

Income Statement Information

	YTD	Month
Net Revenue: \$	448,515	-
Expenditures: \$	(324,005)	(45,333)
Net Income: \$	124,510	(45,333)

Revenue				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
City/County Funds	\$ -	\$ -	\$ 639,237	0%
SWDH OPIOID Settlement	\$ 25,661	\$ -	\$ 124,656	0%
BOH Committed Reserve	\$ -	\$ -	\$ 3,326,325	0%
Contract Revenue	\$ -	\$ 448,515	\$ 300,959	149%
Monthly Revenue	\$ -	\$ 448,515	\$ 4,391,177	10%
DIRECT BUDGET				

Expenditures				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 17,395	\$ 92,237	\$ 257,040	36%
Operating	\$ 27,938	\$ 40,305	\$ 3,097,601	1%
Capital Outlay	\$ -	\$ -	\$ -	0%
Trustee & Benefits	\$ -	\$ 191,462	\$ 1,036,536	18%
Monthly Expenditures	\$ 45,333	\$ 324,005	\$ 4,391,177	7%
DIRECT BUDGET				



HEALTH ALLIANCE FOR WASHINGTON COUNTY (HAWC)

Washington County Community Health Action Team

Halle McDermott, Health Education Specialist, Sr.

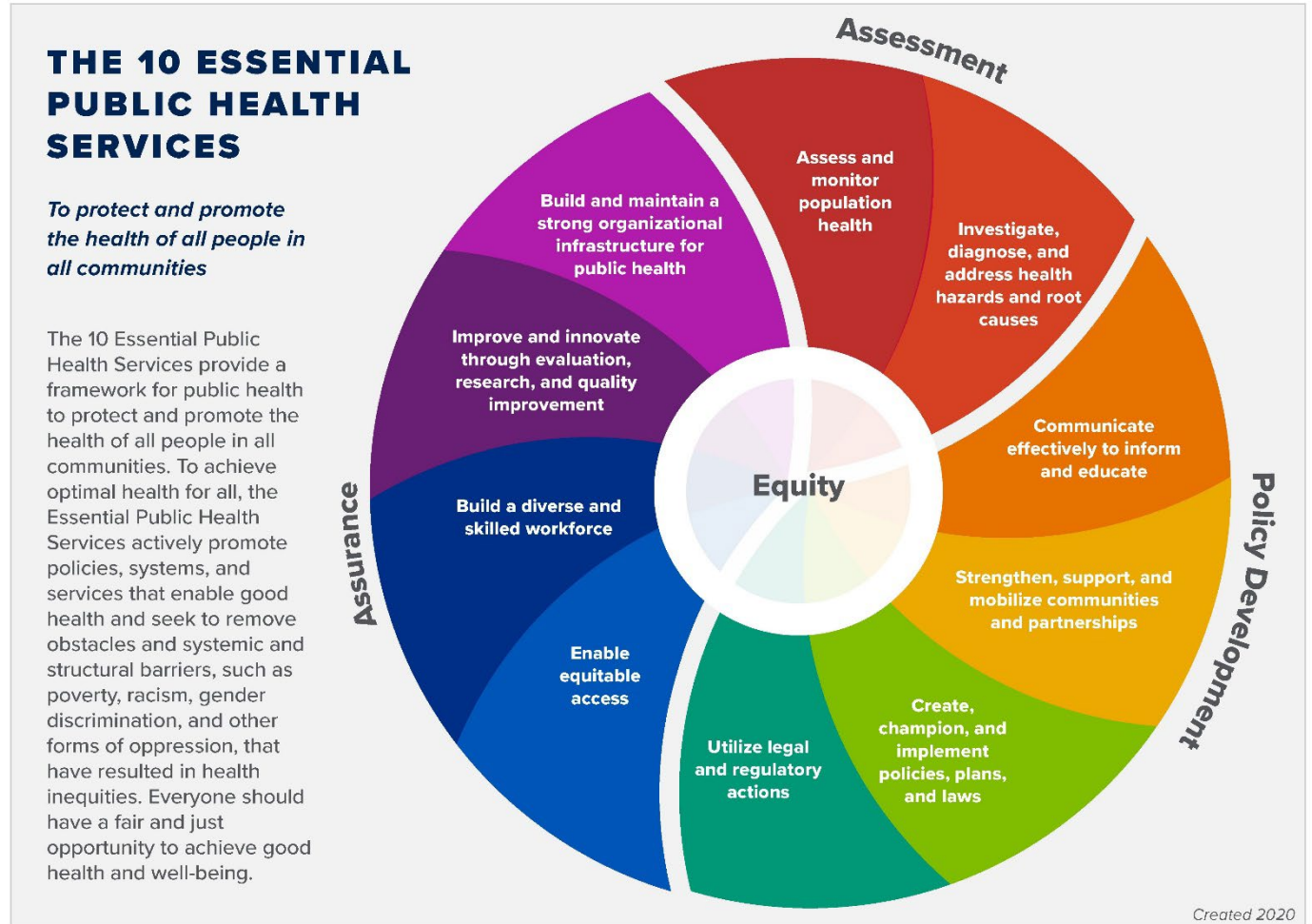
December 19th, 2023

What is a CHAT?

- Geographically based health coalition – one in each county
- Meet routinely to identify health needs and opportunities
- Community-led health conversations
- Identify action to improve identified health needs
- Members include community members, elected officials, healthcare, schools, any organization interested in the health of a community

Why CHATs?

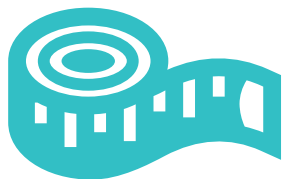
- Assess and monitor local health needs
- Understand root causes of health
- Mobilize communities and partnerships
- Champion plans, policies, and laws
- Enable equitable access
- Innovate to improve health
- Build community infrastructure for health



How does SWDH support CHATs?



Common
Agenda



Shared
Measurement



Mutually
Reinforcing
Activities



Continuous
Communication



Backbone
Organization

Collective Impact Model

Health Alliance for Washington County (Washington County CHAT)

HAWC Member Organizations

- St. Luke's
- Weiser Memorial Hospital
- Angel Wings Network
- Department of Health and Welfare
- St. Alphonsus
- Love INC
- Boys and Girls Club
- Intermountain Hospital
- Idaho Outreach Medicine
- Idaho Resiliency Project
- Sources of Strength
- Community Members

CHAT Priority Areas

Improving Youth Mental Health

Current State: Limited or non-existent (in some areas) resources/providers for mental health services in general; high suicide rates when compared to the national rates

Future State: Reducing the number of poor mental health days and suicide attempts for youth in Washington County.



Healthy Food Access

Current State: Limited access to food pantries with fresh food options or limited access to grocery stores

Future State: Community has an easily accessible and affordable option(s) for healthy food in Washington County.



Aging Adults

Current State: Health care resources are difficult to access, or people don't know about available resources

Future State: Older Adults are accessing health resources in Washington County more frequently and with confidence. This will result in better health outcomes for seniors in Washington County.

Current CHAT Projects

- Officially changing name from Washington County Health Action Team (WACHAT) to Health Alliance of Washington County (HAWC)
- Solidifying Action Plan for 2024
 - Youth Mental Health: Partnering with the Sources of Strength Program Coordinator to get more Washington County schools access to its resources
 - Older Adults: Continuously sharing resources with vital community entities and contacts to reach Washington County residents

Recent CHAT Successes

- New members join recently from various organizations/affiliations.
- Finalized and focused each priority area to identify clear goals to work toward.
- Plan an initiative to get youth access to mental health related services in schools with the Sources of Strength program

Program Funding/Support

Funding Source	District Funds (5% for all CHATs)	COVID-19 Vaccine Equity, Engagement, and Education Subgrant (10% for all CHATs)
Funding Recipient	Southwest District Health	SWDH via Idaho Department of Health and Welfare
Funding Requestor	Southwest District Health	IDHW
Funding Duration	Ongoing	Through 6/30/2024
<u>Foundational Public Health Services/Capabilities</u>	Assessment & Surveillance, Community Partnership Development, Policy Development & Support, Communications	
<u>Essential Public Health Services</u>	Public Health Services 1, 3, 4, 5, 7, 9, and 10	

Now What? Join the CHAT!

- HAWC generally meets on the third Thursday of every month for one hour
- If you have interest in joining HAWC, you can contact me at halle.mcdermott@phd3.idaho.gov

Questions about HAWC? (Washington County CHAT)

Halle McDermott

Halle.mcdermott@phd3.idaho.gov





Update on Mpox (formerly Monkeypox)

Andy N.
Epidemiologist

Overview of Epidemiology Responsibilities

- Conduct disease investigation per Idaho Administrative Procedure Act 16.02.10
- Provide guidance and education to decrease disease spread
 - Diseases that cause disability and premature death
- Use data to inform Public Health decisions to protect the health of the public

Mpox in our area

- First cases in Idaho identified in Health District 4
 - In early November 2023, mpox spread among a group of people
- As of December 6, 2023, Health District 4 had 8 cases
- First confirmed mpox case in Health District 3 on November 20, 2023

Mpox cases in Southwest District Health's region

- As of December 11, 2023
 - 3 confirmed cases
 - Common characteristics of this outbreak
 - Age range 20-45
 - Unvaccinated against mpox
 - Use of online dating/messaging applications to meet partners
 - At least one anonymous sex partner in 21 days since symptom onset
 - No drug use
 - No travel during suspected exposure period

What is mpox?

- Mpox is a rare disease caused by the mpox virus
 - First human case of mpox was recorded in 1970
 - Mpox was first introduced in the U.S. in 2003
 - This virus usually affects rodents, such as rats or mice, or nonhuman primates, such as monkeys
 - Usually occurs in Central and West Africa
 - Part of the same family of viruses as variola virus, the virus that causes smallpox

What are the clinical manifestations of mpox?

- People with mpox often get a rash that may be located on hands, feet, chest, face, or mouth or near the genitals
- Signs and symptoms usually show up around 3 - 17 days after being exposed
 - Fever
 - Chills
 - Swollen lymph nodes
 - Exhaustion
 - Muscle aches and backache
 - Headache
 - Respiratory symptoms (e.g., sore throat, nasal congestion, or cough)
- One may feel all or only a few of the symptoms listed
- Exposed individuals should watch for symptoms of mpox for 21 days from the date of last exposure

Why are we talking about this now?

- Mpox has been identified by the Idaho Department of Health and Welfare as a disease of public health concern
- In addition, scientists and researchers are interested in understanding the disease better
 - Given the increase in cases across the world, it highlights the need for more information
 - More data on the disease itself
 - Still not determined whether genetic mutation of the virus is what caused the outbreak
 - More data on disease transmission
 - More data on disease presentation
 - Better disease data to help identify mpox

How can disease spread through the population be prevented?

- Vaccine
 - JYNNEOS vaccine is approved for helping in the prevention of mpox
 - Two doses 28 days apart
 - No vaccine is 100% effective, and infections after vaccination are possible, but they may be milder and less likely to result in hospitalization
- Avoid skin-to-skin contact with people who have a rash that looks like mpox
- Because disease spread in the U.S. has been primarily through sexual contact,
 - Practice safe sex by talking to your partner about whether they have any symptoms related to mpox, reduce number of sex partners, avoid kissing, etc.
- Wash hands frequently, before eating, touching your face, and using the restroom

What is SWDH doing now?

- Conduct disease interviews to gather contact information of those exposed
 - Call those exposed and, if willing, offer education about mpox and how to minimize risk of it spreading to others, testing, and treatment, if indicated
- Health Alert Network
 - Remind doctors and providers that mpox is still present and to be mindful to consider the possibility of mpox when running tests
- Planning media campaign / use SWDH social media
 - Provide information to the public that Southwest District Health has the vaccine for mpox available to those who wish to be vaccinated

What are the next steps?

- Epidemiologists and Disease Intervention Specialists will continue to interview people who test positive
 - Provide education on helping prevent spread
 - Provide partner notification services
- You can expect to see more media surrounding mpox from SWDH
 - Letting people know we can test for mpox
 - Letting people know we have the vaccine available
 - Letting people know we have experts to provide information on how to prevent mpox from spreading
 - Letting medical providers know that we have experts available to help

SWDH Board of Health Annual Workplan – 2024 (DRAFT)

Discussion and input questions for board members.

What do you want to learn more about in 2024 (e.g., specific program/services, emerging trends or threats, issues that connect to the work and responsibilities of county departments, etc.)?

Do you have an interest in receiving updates on work that is being accomplished in your respective county?

Do you have an interest in receiving updates on collaborative work between organizations and across geographic boundaries (i.e., multi-county or multi-district efforts)?

Do you have an interest in addressing policies that hinder public health district work (e.g., vague laws, issues of delegated authority, challenges with who has ownership of compliance/enforcement when violations take place, etc.)?

Do you have an interest in establishing funding priorities (administrative and/or operational) with SWDH leadership?

What kind of data are most useful or of interest to you (e.g., financial, performance, environmental, behavioral (e.g., physical activity, substance use, risky behavior), reportable diseases, diseases (acute or chronic) disproportionately or above expected incidence/prevalence impacting the populations health, etc.)?

This document is used as a template or guide. Presentations may be added to a board agenda when the board specifically asks for it, when the district needs input, feedback, or direction from the board, when there is a sense of urgency or a threat to the public’s health that the board should be informed about, or when there is a new program or service being explored or added.

Month	Recurring activities, deadlines, schedules, events	Standing agenda items	Special presentations
January	Annual financial audit review and acceptance of audit report	<ul style="list-style-type: none"> • Public comment • Open discussion • Board minutes (A) • Monthly budget report (I) • Annual audit review and acceptance of audit report (A) • 5-year Facilities and IT Infrastructure Plan (I) • Quarterly funding source update (I) • Annual Press Coverage Roundup (I) • Executive Council Report (I) • Director’s Report (I) <ul style="list-style-type: none"> ○ Legislative update 	•
February		<ul style="list-style-type: none"> • Public comment • Open discussion • Board minutes (A) • Monthly budget report (I) • Fee schedule approval (A) • Employee Retention and Compensation Assessment (I) • Strategic Plan Mid-Year Report (I) • Executive Council Report (I) • Director’s report (I) <ul style="list-style-type: none"> ○ Millennium Fund update ○ Legislative update ○ Resolutions/policy change (D3/IADBH) 	•
March	Work session	<ul style="list-style-type: none"> • Budget 	•
March		<ul style="list-style-type: none"> • Public comment • Open discussion • Board minutes (A) • Monthly budget report (I) • Fiscal Year 20XX Change in Employee Compensation Plan (A) • 20XX Pay Schedule (A) • Fiscal Year 20XX County Contributions (A) 	•

		<ul style="list-style-type: none"> • IADBH draft resolution presentations (A) • Executive Council Report (I) • Director’s report (I) <ul style="list-style-type: none"> ○ Legislative Update ○ Millennium Fund update 	
April		<ul style="list-style-type: none"> • Public comment • Open discussion • Board minutes (A) • Monthly budget report (I) • Quarterly funding source update (I) • Fiscal Year 20XX Budget Proposal (A) • Communications Report (I) • Director’s Report (I) <ul style="list-style-type: none"> ○ Budget Committee proxy Forms ○ Board of Health Term Expirations ○ Summer IADBH Meeting Proxy Forms 	
May	Fiscal year XX budget hearing	<ul style="list-style-type: none"> • Public comment • Open discussion • Board minutes (A) • Monthly budget report (I) • Quarterly performance management report (I) • Director’s report (I) <ul style="list-style-type: none"> ○ Budget committee proxy forms ○ Board of Health Term Expirations ○ Summer IADBH Meeting Proxy Forms 	•
June	<ul style="list-style-type: none"> • Fiscal year end • Announcement of BOCC confirmation of term renewals • Bylaw review (biannual – even years) • Annual IADBH Conference 	<ul style="list-style-type: none"> • Public comment • Open discussion • Board minutes (A) • Monthly budget report (I) • Board bylaw review/approval (A) • Board elections (A) • Director’s report (I) 	•
July		<ul style="list-style-type: none"> • Public comment • Open discussion • Board minutes (A) 	•

		<ul style="list-style-type: none"> • Monthly budget report (I) • Director’s report (I) 	
August		<ul style="list-style-type: none"> • Public comment • Open discussion • Board minutes (A) • Monthly budget report (I) • Commit carryover funding (A) • Strategic Plan Mid-Year Report (I) • Director’s report (I) 	•
September	Workshop	<ul style="list-style-type: none"> • District Data for Informing Decision Makers 	•
September		<ul style="list-style-type: none"> • Public comment • Open discussion • Board minutes (A) • Monthly budget report (I) • Quarterly funding source update (I) • Communications Report (I) • Director’s report (I) 	•
October		<ul style="list-style-type: none"> • Public comment • Open discussion • Board minutes (A) • Monthly budget report (I) • Quarterly strategic plan report (I) • Director’s report (I) 	
November	<ul style="list-style-type: none"> • Public Health Symposium for Elected Officials Event 	<ul style="list-style-type: none"> • Public comment • Open discussion • Board minutes (A) • Monthly budget report (I) • Director’s report (I) 	
December	<ul style="list-style-type: none"> • Workshop 	<ul style="list-style-type: none"> • ICS Training for Elected Officials 	
December	<ul style="list-style-type: none"> • Finalize annual board workplan for next calendar year 	<ul style="list-style-type: none"> • Public comment • Open discussion • Board minutes (A) • Monthly budget report (I) • Communications Report (I) • Director’s report (I) 	•