Board of Health Meeting
Tuesday, July 28, 2026
13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the July 28, 2026 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, July 27, 2026. The meeting will be available through live streaming on the SWDH You Tube channel.

Agenda

A = Board Action Required **G =Guidance** **I = Information item**

9:00	A	Call Meeting to Order	Chairman Kelly Aberasturi
9:01		Pledge of Allegiance	
9:03		Roll Call	Chairman Kelly Aberasturi
9:05	A	Call for changes to agenda; vote to approve agenda	Chairman Kelly Aberasturi
9:07		In-person public comment	
9:10	I	Introduction of new employees	Division Administrators
9:15	I	Approval of June 23, 2026 Board of Health meeting minutes	Chairman Aberasturi
9:25	I	June 2026 Monthly Expenditure and Revenue Report	Don Lee
9:35	G	Contract Services and Grant Applications	Don Lee
9:40	I	Public Health and Safety Team Presentation	Melanie Chroninger
10:05	I	Infectious Diseases Update	Lekshmi Rita Venugopal
10:30		Break	
10:45	G	SWDH Policy Priorities	Nikki Zogg
11:05	G	IAB Resolutions and Position Statements Drafts	Nikki Zogg
11:25	I	Director's Report • Director approved agreements, contracts, and subgrants • Violation referred to prosecutor's office • Legal counsel update	
11:30	I	Future agenda items	
11:40		Executive Session pursuant to Idaho Code 74-206(b)	
11:55	A	Action taken pursuant to Executive Session relating to director performance and compensation	
12:00	I	Adjourn	

NEXT MEETING: Tuesday, August 25, 2026, 2026 – 9:00 a.m.

BOARD OF HEALTH MEETING MINUTES
Tuesday, June 23, 2026

BOARD MEMBERS:
Jennifer Riebe, Commissioner, Payette County – present
Jim Harberd, Commissioner, Washington County – present
Zach Brooks, Commissioner, Canyon County – present
Kelly Aberasturi, Commissioner, Owyhee County – present
Viki Purdy, Commissioner, Adams County – present
John Tribble, MD, Physician Representative – not present
Kirk Wille, Commissioner, Gem County – present

STAFF MEMBERS:
In person: Nikki Zogg, Katrina Harshman, Beth Kriete, Ben Shatto, Michele Hanrahan

Virtual: Colton Osborne

GUESTS: Mike Kane

CALL THE MEETING TO ORDER
Chairman Kelly Aberasturi called the meeting to order at 9:01 a.m.

ROLL CALL
Chairman Aberasturi – present; Dr. John Tribble – not present; Commissioner Purdy – present; Commissioner Harberd – present; Vice Chairman Brooks – present; Commissioner Riebe –present; Commissioner Wille – present

REQUEST FOR ADDITIONAL AGENDA ITEMS AND APPROVAL OF AGENDA
Chairman Kelly Aberasturi asked for additional agenda items. Board members had no additional agenda items or changes to the agenda.

MOTION: Commissioner Riebe made a motion to approve the agenda as presented. Commissioner Harberd seconded the motion. All in favor; motion passes.

PUBLIC COMMENT
No public comment was provided in person, and no public comments were submitted through the online submission mechanism.

INTRODUCTION OF NEW EMPLOYEES
New employees were introduced.

APPROVAL OF MAY 19, 2026 BOARD OF HEALTH MEETING MINUTES
Board members reviewed meeting minutes from the May 19, 2026 Board of Health meeting.

MOTION: Commissioner Riebe made a motion to approve the May 19, 2026 minutes as presented. Commissioner Wille seconded. All in favor; motion carries.

MAY 2026 MONTHLY EXPENDITURE AND REVENUE REPORT
Michele Hanrahan shared the May 2026 monthly expenditure and revenue report. As of the end of May, SWDH is 91.7% of the way through the fiscal year. The finance team is working to prepare for fiscal year end.

CONTRACT SERVICES AND GRANT APPLICATIONS
Michele reported that no new contract services or grant applications are currently in process.

BOARD OF COUNTY COMMISSIONER CONFIRMATION OF TERM RENEWALS
Commissioner Purdy's term renewal confirmation ballots have been distributed to the Boards of County Commissioners across our district. The Washington County ballot is pending receipt.

SEPTEMBER 2026 BOARD OF HEALTH MEETING DATE REVISION
The September Board of Health meeting scheduled for Tuesday, September 22, 2026 conflicts with the Idaho Association of Counties (IAC) Annual Meeting scheduled for September 21 – 23, 2026. Board members discussed rescheduling the Board of Health meeting to either September 15 or September 29.

MOTION: Commissioner Brooks made a motion to revise the annual meeting calendar to reschedule the September Board of Health meeting from September 22, 2026 to September 29, 2026. Commissioner Wille seconded the motion. All in favor; motion carries.

EMERGENCY MEDICAL SERVICES (EMS) HIGH UTILIZERS IN DISTRICT 3
Jathan Nalls, Branch Chief, Idaho Bureau of Emergency Medical Services, and Bozena Morawski, Epidemiologist, Idaho Hospital Association, presented data on non-emergency high utilizers (calling 911 3 or more time in 3 months or 6 or more time in 6 months) of EMS within the region Southwest District Health (SWDH) serves. The primary drivers for the non-emergency high utilizers of EMS include pain, weakness, administrative/non-clinical (primary lift assist), respiratory issues, injury and trauma, and behavioral or psychiatric needs.

Jathan explained that the typical Community Health Emergency Medical Services (CHEMS) model that has been in place for the last 20+ years is not financially sustainable to go to its peak due to the impact on revenue when 911 caller volume decreases. When EMS responds and assists the caller without transporting, no revenue is generated. Incorporating physician-backed mobile health may be beneficial since it is a source of revenue when tied directly to CHEMS.

Dispatchers trained as emergency medical dispatchers (EMDs) must be managed by a physician but are trained to triage calls better and identify when EMS services are required.

The health district may have an option to contact the high utilizers regarding care coordinating but due to HIPAA requirements may need consent first.

ABATEMENT OF NUISANCE

Mike Kane, SWDH Legal Counsel, shared information on abatement of nuisance statutes and options available to SWDH. He explained that when defining nuisances, statutes are vague with generalities and recommended that SWDH seek injunctive relief from the courts to address nuisances including improper septic systems. An injunction is simply a way to go to a court and ask the court to tell people to stop doing something.

Mike suggested county prosecutors and law enforcement can be good allies with getting compliance when they are willing to assist and encouraged the health district to work with those agencies.

IDAHO ASSOCIATION OF DISTRICT BOARDS OF HEALTH (IABDBH) RESOLUTIONS AND POSITIONS STATEMENTS INPUT

Nikki shared topics that are under consideration for resolutions or position statements for the upcoming legislative session.
Topics include:

- Food Fees
- Kratom
- Abatement of rodents
- 988 mobile crisis reimbursement
- Cell phone ban in schools
- Septic material dump locations

DIRECTOR'S REPORT

Director approved agreements, contracts, and subgrants

Summary pages for grants, contracts, agreements, and subgrants are included in the meeting packet.

Rural Health Transformation Grant Update

Southwest District Health staff have been reviewing opportunities available through the Rural Health Transformation Grant and are available to be a resource. Diane Demaris, SWDH grant writer, will be writing grants on behalf of SWDH.

Nikki anticipates that jail or EMS staff may want to apply and she can send links to BoH members when grant funding opportunities go live.

Infectious disease threats and surveillance activities

Nikki provided an update on infectious diseases being monitored and said that the Ebola outbreak is continuing to grow with cases now occurring in Uganda that are all connected to people exposed in Democratic Congo. Nikki also provided brief updates on the reemergence of New World Screwworm in the U.S. as well as the H1N1 influenza outbreak in Idaho dairies across the district and state, and SWDH's role in preventing and monitoring transmission to humans.

Legal counsel update

Mike Kane, SWDH legal counsel, will retire in October. Districts 3 and 4 have interviewed candidates for legal representation and will make a selection soon.

Adjournment
There being no further business, the meeting adjourned at 11:41 a.m.

Respectfully submitted:

Nikole Zogg
Secretary to the Board

Approved as written:

Kelly Aberasturi
Chairman

Date: July 28, 2026

SOUTHWEST DISTRICT HEALTH

REVENUES & EXPENDITURE REPORT FOR FY2026

Modified Accrual Basis

June-26

Target **100.00%**

Fund Balances	FY Beginning	June 2026 Ending
General Operating Fund	$1,355,402	$1,647,008
LGIP Operating	$5,650,546	$5,938,205
LGIP Vehicle Replacement	$113,809	$118,520
LGIP Capital	$1,299,174	$1,299,174
Total	**$8,418,931**	**$9,002,908**

Income Statement Information	YTD	Month
Net Revenue:	**$15,167,664**	**$1,402,121**
Expenditures:	($15,127,182)	($1,197,850)
Net Income:	**$40,482**	**$204,272**

Revenue

	County Conributions	Fees	Subgrant/Grant/ Contract Revenue	Sale of Assets	Interest	Other	Monthly Total	YTD	Total Budget	Percent Budget to Actual
Administration & BoH	-$460,185.04		-$17,809.19		-$23,564.29		-$501,558.52	-$4,107,067.40	$4,181,624.48	98.22%
District Operations Div							$0.00	-$4,035.12	$0.00	
FCS										
Medical Clinic		-$20,580.04					-$20,580.04	-$223,417.86	$184,000.00	121.42%
Immunizations		-$7,481.90					-$7,481.90	-$175,634.22	$163,612.00	107.35%
HIV/STI/DIS Prevention							$0.00	-$69,607.39	$118,750.00	58.62%
Women's Health Check		-$128.44	-$1,102.89				-$1,231.33	-$14,304.56	$22,560.00	63.41%
Oral Health		-$1,238.55					-$1,238.55	-$77,262.39	$70,784.60	109.15%
Nurse Family Partnership		-$13,926.96				-$18,000.00	-$31,926.96	-$451,212.91	$593,351.59	76.04%
Parents as Teachers		-$37,458.72				-$18,000.00	-$55,458.72	-$559,064.22	$491,970.41	113.64%
Behavioral Health Admin		-$5,894.75					-$5,894.75	-$72,570.29	$89,305.50	81.26%
WIC			-$92,177.51				-$92,177.51	-$1,158,610.83	$1,338,109.00	86.59%
Adult Crisis Center						-$125,000.00	-$125,000.00	-$1,500,000.00	$1,847,098.00	81.21%
Youth Crisis Center						-$125,000.00	-$125,000.00	-$1,500,000.00	$1,648,488.66	90.99%
YouthROC							$0.00	-$245,325.64	$602,960.64	40.69%
Pre-Prosecution Diversion			-$13,818.67				-$13,818.67	-$400,476.95	$379,514.57	105.52%
Other FCS			-$31,333.03				-$31,333.03	-$410,294.03	$512,459.20	80.06%
ECHS										
Fit & Fall Proof			-$6,610.81				-$6,610.81	-$92,654.53	$99,589.96	93.04%
Prescription Drug Overdose			-$8,810.20				-$8,810.20	-$126,138.60	$112,174.31	112.45%
Suicide Prevention							$0.00	-$49,083.24	$45,000.00	109.07%
Millennium-Tobacco							$0.00	-$350,565.79	$377,473.21	92.87%
Partnership for Success/SAMSHA			-$85,608.45				-$85,608.45	-$648,803.73	$570,542.34	113.72%
Food Programs		-$23,651.00	-$30,000.00				-$53,651.00	-$364,484.00	$346,499.92	105.19%
Child Care Inspections		-$1,875.00	-$10,957.46				-$12,832.46	-$153,197.31	$142,284.00	107.67%
Land Programs		-$123,848.00	-$12,641.89				-$136,489.89	-$1,330,631.46	$1,181,780.00	112.60%
Epi Investigations			-$8,967.25				-$8,967.25	-$249,717.59	$226,381.00	110.31%
Public Health Preparedness			-$26,276.19				-$26,276.19	-$358,334.16	$554,339.00	64.64%
WICHC							$0.00	-$50,000.00	$50,000.00	100.00%
Other ECHS			-$28,485.85			-$21,689.38	-$50,175.23	-$425,169.40	$415,987.68	102.21%
Monthly Revenue	**-$460,185.04**	**-$236,083.36**	**-$374,599.39**	**$0.00**	**-$23,564.29**	**-$307,689.38**	**-$1,402,121.46**			
						Year-to-Date Revenue	**-$15,167,663.62**	**$16,366,640.07**	**92.67%**	

SOUTHWEST DISTRICT HEALTH

REVENUES & EXPENDITURE REPORT FOR FY2026

Modified Accrual Basis

June-26

Target **100.00%**

EXPENDITURES

	Personnel	Operating	Capital	T/B	Monthly Total	YTD	Total Budget	Percent Budget to Actual
Administration & BoH	$63,920.78	$4,455.38	$2,553.05		$70,929.21	$990,877.43	$838,217	118.21%
District Operations Div (and blanks-unidentified programs)	$124,239.15	$55,506.01			$179,745.16	$2,143,175.44	$2,619,144	81.83%
FCS								
Medical Clinic	$44,254.87	$17,973.47			$62,228.34	$680,751.39	$787,895	86.40%
Immunizations	$9,457.43	$7,994.72			$17,452.15	$282,645.20	$309,814	91.23%
HIV/STI/DIS Prevention	$5,277.10	$1,221.19			$6,498.29	$112,981.37	$112,190	100.71%
Women's Health Check	$16.80	$305.69			$322.49	$7,474.62	$21,006	35.58%
Oral Health	$8,419.18	$2,159.88			$10,579.06	$104,756.45	$128,345	81.62%
Nurse Family Partnership	$39,817.17	$1,922.53			$41,739.70	$563,854.87	$599,162	94.11%
Parents as Teachers	$33,888.05	$1,455.80			$35,343.85	$470,642.01	$467,053	100.77%
Behavioral Health Admin	$8,132.34	$182.34			$8,314.68	$95,738.82	$106,259	90.10%
WIC	$94,632.97	$5,981.97			$100,614.94	$1,358,111.29	$1,538,331	88.28%
Adult Crisis Center	$1,168.89	$246,576.47		-$116,000.00	$131,745.36	$1,689,430.33	$1,838,647	91.88%
Youth Crisis Center		$133,110.00			$133,110.00	$1,632,667.70	$1,653,803	98.72%
YouthROC	$5,155.25	$124.50		$56,427.27	$61,707.02	$543,556.12	$572,939	94.87%
Pre-Prosecution Diversion	$11,998.40	$29,890.84			$41,889.24	$234,638.92	$306,759	76.49%
Other FCS	$8,687.43	$1,178.26			$9,865.69	$379,592.84	$460,862	82.37%
ECHS								
Fit & Fall Proof	$3,061.34	$85.78			$3,147.12	$81,646.96	$79,347	102.90%
Prescription Drug Overdose	$7,078.96	$1,284.01			$8,362.97	$86,954.05	$88,659	98.08%
Suicide Prevention	$3,873.33	$427.38			$4,300.71	$69,097.30	$90,637	76.24%
Millennium-Tobacco	$18,856.72	$2,133.65			$20,990.37	$282,235.89	$293,082	96.30%
Partnership for Success	$15,930.22	$370.97		$8,777.65	$25,078.84	$381,590.38	$360,562	105.83%
Food Programs	$50,487.80	$5,939.89			$56,427.69	$693,817.87	$670,190	103.53%
Child Care Inspections	$10,993.24	$513.96			$11,507.20	$102,273.63	$166,169	61.55%
Land Programs	$58,402.16	$2,016.52	$3,281.65		$63,700.33	$887,759.29	$961,388	92.34%
Epi Investigations	$16,055.80	$424.61			$16,480.41	$249,416.01	$245,852	101.45%
Public Health Preparedness	$26,405.82	$530.73			$26,936.55	$407,056.25	$467,040	87.16%
WICHC	$3,403.32	$365.17			$3,768.49	$121,639.07	$106,439	114.28%
Other ECHS	$37,086.49	$7,977.47			$45,063.96	$472,800.05	$476,851	99.15%
Monthly Expenditures	**$710,701.01**	**$532,109.19**	**$5,834.70**	**-$50,795.08**	**$1,197,849.82**			
				Year-to-Date Expenditures		**$15,127,181.55**	**$16,366,640.07**	**92.43%**

As of: *June 30, 2026*

Summary of Restricted and Committed Funds - FY 2026

Restricted Funds - Cash on hand from third party restricted by contract, grant, or donation terms

Note: Restricted fund balances carry from year to year until expended or grant ends

Committed Funds - Cash on hand committed by the Board of Health for a specific purpose

	Restricted Funds	Committed Funds
Fund 290000, 290001, 290002		
Citizen's Review Panel	$15,029	
OPIOID Settlement	$1,418,436	
Alzheimer Assoc - HBI	$38,825	
Parents As Teachers	$35,500	
Nurse Family Partnership	$35,500	
Tobacco Cessation - MF	$43,551	
Social Services Block Grant (SSBG)	$62,528	
SSBG -Ongoing & MHBG-Addtl (BC3687-01)	$53	
Mental Health Block Grant (MHBG)	$0	
Youth Crisis-Other-City Contributions	$6,601	
IDJC - YROC	$56,964	
IDJC - Crisis Center	$0	
IDJC - Magellen & Donations	$1,686	
Adult Crisis	$157,668	
MRC	$5,747	
WICHC	$48,809	
School Health - Blue Cross	$0	
County Offset FY27 and FY28		$300,000
Replacement of Expiring Lease Vehicles		$136,191
Employee Development & Engagement		$42,563
County Collaborations		$70,000
Sale of Land		$284,684
27th Pay Period		$337,600
Facility Improvements		$1,160,267
	$1,926,899	$2,331,305

Total Restricted/Committed: $4,258,204

Total Operating Cash(as of end of prior month)	$7,585,213
3 months(Expenses/12 - Contract Revenue /12) *3	$ (2,813,465)
Restricted/Committed	$ (4,258,204)
Cash requiring additional commitment	$ 513,544

SOUTHWEST DISTRICT HEALTH

CONTRACT SERVICES AND GRANT APPLICATIONS

Updated 7/22/2026

Due Date	Program Applying	Grant	Funder	Amount Req.	Duration	Purpose	Status
7/27/2026	Environmental and Community Education Services	**Mental Health Awareness Training Grant**	SAMHSA: Substance Abuse Mental Health Services Adminstration	$200,000 per year	36 months	Focus on training EMS and other community personnel; indirect is limited to 8%; no match required	Charlene and Kaydin will be working with me on the application. The plan for the funding is to increase availability and number of people trained on QPR, Crisis Continuum of Care, and Mental Health First Aid across all six counties

Public Health and Safety Team (PHAST)

A Collaborative Approach to Preventing Overdose Deaths in Canyon County

Melanie Chroninger, MPH

Senior Health Education Specialist

Drug Overdose Prevention Program

Southwest District Health

Overview

Today's Presentation

- Purpose of PHAST
- PHAST framework and goals
- PHAST partners
- Accomplishments and successes
- What's next for Canyon County
- Public safety perspective

Why PHAST?

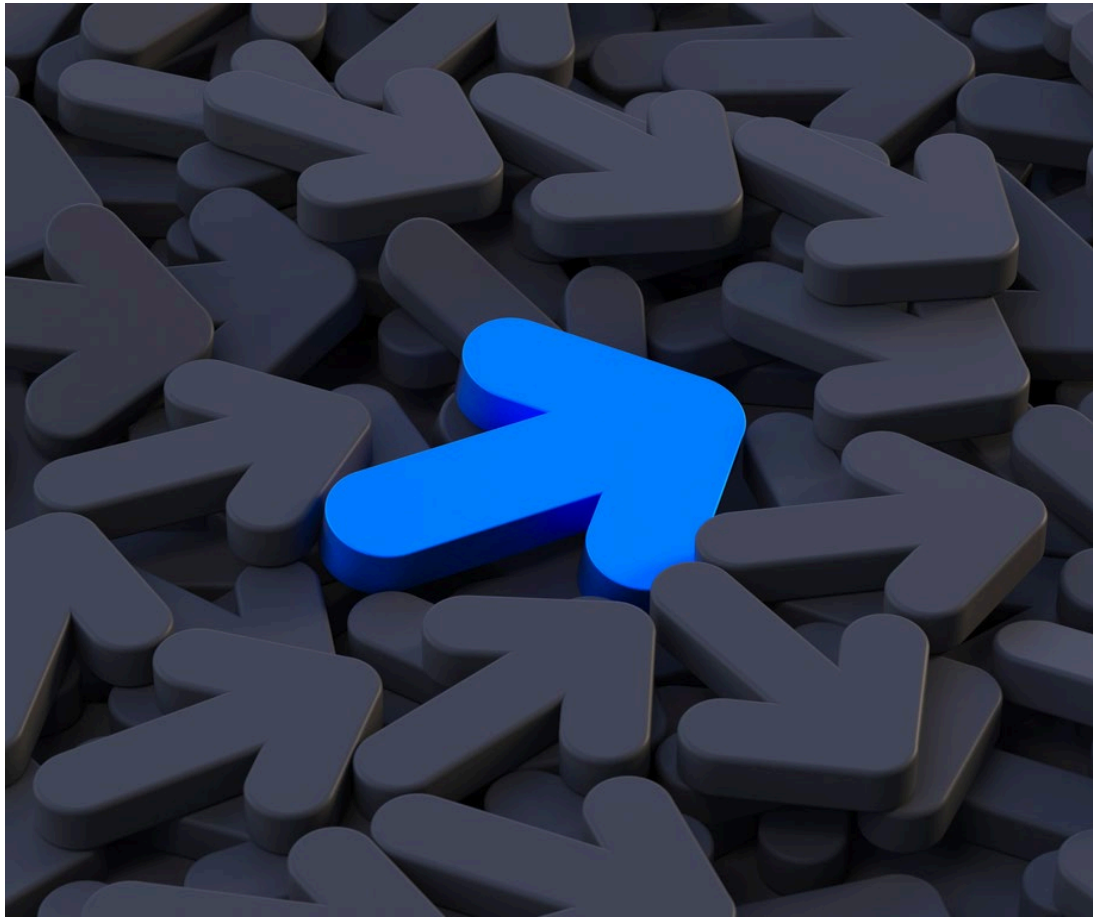
The Public Health Significance

- The overdose crisis impacts multiple systems:
  - Public health
  - Healthcare
  - Public Safety
  - Treatment and recovery services
  - Community organizations

No single agency can solve the problem alone.

PHAST provides a structured approach for these sectors to work together to reduce overdose deaths and improve community health and safety.

PHAST Framework



The Four Guiding Principles:

⭐ North Star
- Reduce overdose deaths

🤝 Substance Use Disorder is a Treatable Disease
- Reduces stigma
- Encourages recovery-oriented approaches

📊 Data-Informed Decisions
- Use multi-sector data to guide response efforts

📈 Continuous Improvement
- Measure results and adapt strategies

PHAST Goals – SOS Framework

Shared Understanding

What do we know about the overdose crisis?

Optimized Capacity

How can we better coordinate resources and services?

Shared Accountability

How do we measure progress and improve outcomes together?

PHAST helps move partners from information sharing to coordinated action.

Canyon County PHAST

Successes & Accomplishments

Breaking Down Silos

- Established regular cross-sector collaboration
- Brought together partners who don't traditionally work together
- Increased participation and engagement

Strengthening Data Sharing

- Developed a PHAST Data Inventory process
- Collects key overdose-related information from partner agencies
- Created a streamlined online reporting form
- Reduces barriers to participation and improves reporting consistency

Advancing Prevention Efforts

- Each PHAST meeting highlights an innovative program, service, or community resource
- Presentations strengthen connections among treatment, recovery, public health, public safety, and criminal justice partners

Major Milestone

- Planning Idaho's first Overdose Fatality Review (OFR)

Next for Canyon County PHAST

- Launch and sustain Overdose Fatality Review
- Strengthen data-sharing practices
- Continue strengthening and diversifying partner engagement
- Use findings to guide prevention strategies
- Continue identifying service gaps and opportunities

Public Safety Perspective

Lt. Bradley Childers

Nampa Police Department

PHAST Co-Lead

Public Health & Public Safety: Better Together

Key Takeaways

- PHAST brings public health, public safety, healthcare, and community partners together around a shared goal.
- PHAST improves communication, coordination, and understanding.
- Data-sharing initiatives are helping build a more complete picture of overdose prevention needs.
- Idaho's first local Overdose Fatality Review is an important next step.
- Collaboration strengthens our ability to save lives and improve community health and safety.

If your community is experiencing overdoses and you are interested in this model we are happy to assist

Funding Source

- Funding Source: Centers for Disease Control and Prevention Overdose Data to Action
- Funding Requester: Idaho Department of Health and Welfare
- Funding Recipient: Southwest District Health
- Funding Duration: 12 Month Subgrant – September to August

SOUTHWEST DISTRICT HEALTH

Situational Update

New World Screwworm | Avian Influenza (H5N1) | Cyclosporiasis

July 2026

What Is New World Screwworm?

A serious pest that affects livestock, pets, and wildlife — and, less commonly, people and birds. **The fly larvae feed on the living tissue of warm-blooded animals.**

Serious, often deadly damage

Maggots tear at tissue with sharp mouth hooks. As more hatch and feed, the wound grows larger and deeper, making infestations serious and frequently fatal.

At a glance

FLY SIZE

About the size of a common housefly, or slightly larger.

FEEDS ON

Living tissue of warm-blooded animals.

AFFECTS

Livestock, pets, wildlife; less often people and birds.

No detections in Idaho at this time.
Surveillance is active and ongoing.

Current Situation: New World Screwworm

Since June 3, 2026

41

(33 inactive)

Texas cases
in cattle, sheep & goats

1

New Mexico case
in a domestic dog

0

Human cases
detected in the U.S.

A previously eradicated pest has returned

NWS was eliminated from the United States roughly 60 years ago. Cases remain geographically limited today, but re-emergence warrants active surveillance and rapid reporting.

NWS: Eradication & Resurgence

ERADICATED IN 1966

In 1935, screwworms resulted in 180,000 livestock deaths in under half the counties in Texas

The U.S. eliminated NWS using the **sterile insect technique** (SIT).

1. **Sterilize**
   Male flies sterilized with radiation.
2. **Release**
   Millions released where NWS is active.
3. **Collapse**
   Females mate once — sterile mates yield nonviable offspring; the population crashes.

Panama-United States Commission for the Eradication and Prevention of the Screwworm has produced sterile flies since the 1990s to hold a barrier at Panama's Darién Gap.

THE BARRIER BREACHED

2023	Incursions detected north of the SIT-fly zone.
Since 2023	Spread up to Mexico, via transport of infested animals.
2026	Confirmed in the U.S.

Reported in Central America & Mexico

185,000+	**2,263**
animal cases	**human cases**

NWS: Federal Response

FEDERAL

FDA emergency use authorizations

Rx

In April, FDA authorized two more animal drugs to treat and prevent NWS in livestock, captive animals, and birds.

Southern ports closed to livestock for almost a year

USDA Announces Phased Reopening of Southern Ports for Livestock Trade beginning August 24, 2026

"Protecting the United States from NWS and pushing this pest out of Mexico and back to the Darien Gap is a top priority at USDA and has the full attention of the Trump Administration," said U.S. Secretary of Agriculture Brooke L. Rollins. "The closure of the Southern ports of entry for the last year has been a tough but necessary action to control the spread of NWS in Mexico and protect the American livestock industry. Thanks to the work across the federal government as well as state, local, and industry partners, it is now safe to reopen the Douglas, Arizona, port in 30 days to resume the hundreds year old movement of cattle."

NWS: Idaho Response

FEDERAL

Rx

FDA emergency use authorizations

In April, FDA authorized two more animal drugs to treat and prevent NWS in livestock, captive animals, and birds.

Southern ports closed to livestock for almost a year

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IDAHO

ISDA administrative order

Restricts entry of warm-blooded animals from NWS states: For all warm-blooded animals including but not limited to all livestock (e.g., cattle, horses, goats, poultry) and all companion animals (e.g., dogs, cats, rabbits, birds) moving from a designated NWS-infested zone, a Certificate of Veterinary Inspection (CVI) issued within five days prior to movement into Idaho and a copy of the movement permit from the state-of-origin that authorizes the animals to leave the infested zone are required.

Owners and Vets report suspected animal cases to ISDA. NWS is a mandatory reportable disease to ISDA.

ISDA is specifically urging pet owners to avoid traveling with their companion animals in states where NWS has been identified.

NWS: SWDH Response

- Health Alert Network (HAN) notification issued to providers
- Report suspected human cases; follow safe larvae removal and disposal

Failure to kill and properly dispose of all larvae or eggs could result in the new introduction and spread of NWS in the local environment.

- Place all larvae and eggs in a leakproof container and fully submerge them in 70% ethanol (preferred). Isopropanol ≥70% is an acceptable alternative.
- Place leakproof container in a zip-top plastic bag, seal it, and dispose in the trash.
- Do not throw any live maggots in the trash or outside as this could result in NWS spreading in your area.

New World Screwworm: Takeaways

1. Re-emergence of a previously eradicated pest is a significant concern.

2. Current cases are limited geographically but require vigilance.

3. Early detection and proper disposal are critical to preventing spread.

4. Coordination across agencies is essential to the response.

Public health • **Veterinary services** • **Agriculture partners**

What Is Avian Influenza (H5N1)?

HIGHLY PATHOGENIC AVIAN INFLUENZA

Avian influenza (“bird flu”) is a disease caused by **influenza A viruses** — highly contagious, with a history of infecting birds, wildlife, and people.

First identified in the U.S. in 1924

The H5N1 subtype

First detected in 1996 in Guangdong Province, China, and spread globally by migratory birds. It is now widespread in wild birds and drives U.S. outbreaks in poultry and dairy cattle.

Why it matters

H5N1 does not spread easily between people — but its ability to mutate, reassort, and infect new mammal species means the potential for human-to-human transmission exists.

How we got here

1996	H5N1 emerges in Guangdong, China
2014	First U.S. wild-bird HPAI (Washington)
2021–22	Europe outbreak; panzootic hits the U.S.
Mar 2024	First-ever U.S. dairy-cow detection

! **200+ mammals** infected in the U.S. since 2022; human cases since 2024, mostly farm workers.

Current Situation: HPAI A(H5N1)

Current situation in Idaho | Animal outbreak active and expanding

49

active quarantine orders affecting dairy premises statewide by ISDA

14

of those quarantines are within the SWDH jurisdiction

0

No human cases reported in Idaho to date

Risk to the general public remains low.

Human Health Risk & Clinical Awareness

Clinical awareness

Clinicians should maintain heightened awareness for HPAI A(H5N1) in patients with compatible respiratory or conjunctival symptoms **and a relevant exposure history.**

Highest-risk exposures

- **Dairy workers**
- **Poultry workers**
- **Contact with infected or potentially infected animals**

Human health risk

71 **U.S. human infections**

since spring 2024, including **2 deaths**, linked to poultry or dairy-cattle exposures.

General-public risk remains low

No human cases have been reported in Idaho to date. Occupational exposure is the primary driver of individual risk.

SWDH Response

Health Alert Network (HAN) notification issued

Reinforcing clinical recognition and providing testing and reporting guidance to healthcare providers.

Education & outreach – Farm workers

- Informational and educational materials distributed to dairy farms
- Materials placed where dairy workers gather — markets, fairs, and community events
- Focused on recognizing symptoms and reducing occupational exposure

Education & outreach – General public

- Informational posters for community to stay healthy around farm animals

Education & outreach – Coroners and medical examiners

- Engagement with coroners and medical examiners
- Awareness in the unlikely event of a suspected human case

DO YOU WORK AROUND CATTLE, POULTRY, HOGS OR WILD BIRDS?

You can get Bird Flu from these animals in Idaho.

Here is how to protect yourself or get treatment if you feel sick.

Monitor yourself for flu-like symptoms such as red eyes, vomiting and diarrhea.

If you feel sick, stay away from others and tell your supervisor and coworkers.

Go to a medical clinic right away to get treated. Tell the doctor that you work with cattle, hogs, poultry, or wild birds.

¿TRABAJAS CON VACAS, AVES, CERDOS O AVES SALVAJES?

En Idaho se puede contraer la Gripe Aviar de estos animales.

Aquí tienes cómo protegerte o recibir tratamiento si te enfermas.

Vigila si tienes síntomas similares a la gripe como ojos rojos, vómitos y diarrea.

Si te sientes mal, mantente alejado de los demás y cuéntaselo a tu supervisor y compañeros.

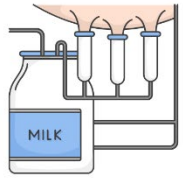
Ve a una clínica médica para que te traten de inmediato. Dile al médico que trabajas con ganado, cerdos, aves de corral o aves salvajes.

HOW TO PROTECT YOURSELF

Wear protective gear.

Wash your hands often and don't touch your face.

Disinfect equipment.



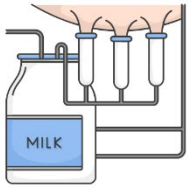
Call Southwest District Health with any questions at 208-455-5442. Hablamos Español.

CÓMO PROTEGERSE

Lleva equipo de protección.

Lávate las manos con frecuencia y no te toques la cara.

Desinfectar el equipo.



Llama a Southwest District Health para cualquier pregunta al 208-455-5442. Hablamos Español.

Avian Influenza: Takeaways

1. The animal outbreak is active and expanding within Idaho.
2. No human cases have occurred, but vigilance remains essential.
3. Continued spread in cattle raises occupational exposure and spillover risk.
4. Interagency coordination.

   ISDA • DHW • Health systems

What Is Cyclosporiasis?

CYCLOSPORIASIS

A diarrheal illness caused by the parasite ***Cyclospora***.

Symptoms

Watery diarrhea, loss of appetite, weight loss, fatigue, and fever.

Seasonality & source

- Seasonal — mainly May through August
- Past outbreaks linked to imported fresh produce (raspberries, basil, lettuce, cilantro)
- Spread through food and water contaminated with human feces.

U.S. situation since May 1, 2026 (CDC)

4173
confirmed U.S. cases

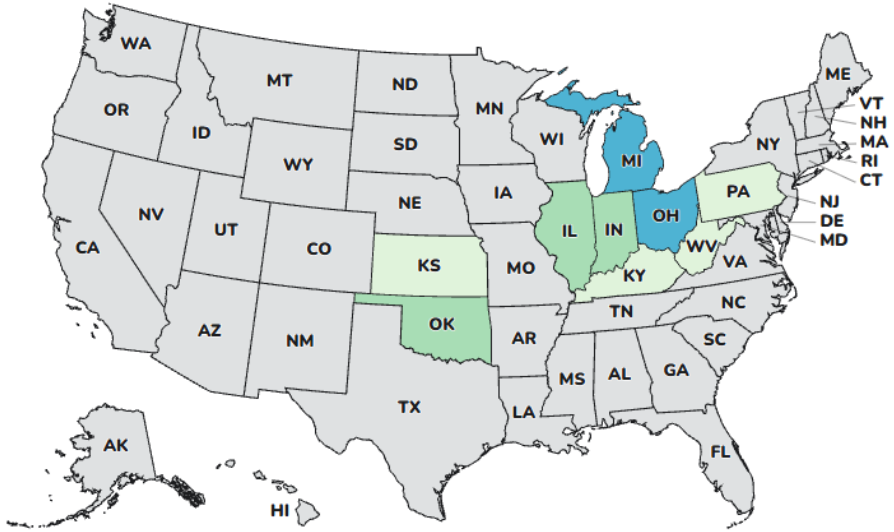
308
hospitalizations

0
deaths

41
States with Cases

FDA's traceback investigation ongoing for
- 1 multistate outbreak
- 5 state level outbreaks

Multistate outbreak - Cyclosporiasis



1,947

confirmed U.S. cases

98

hospitalizations

0

deaths

9

States with Cases

FDA's traceback investigation identified convergence on a single supplier, **Taylor Farms de Mexico**, that provided **shredded iceberg lettuce** used by Taco Bell locations where sick people ate before becoming ill.

- **Taylor Farms de Mexico announced that they are voluntarily removing all iceberg lettuce sourced from central Mexico from the U.S. market.**
- **Product was not distributed in Idaho**

Cyclosporiasis: Idaho Status & Takeaways

DHW remains in contact with laboratories, infectious disease physicians, and public health partners in neighboring states.

8 cases in Idaho – Travel related

1 case reported in SWDH– Travel related

No Idaho acquired cases

Key takeaways for the Board

1. Outbreak linked to iceberg lettuce
2. No outbreak related cases in Idaho
3. Implicated product was not distributed in Idaho

SWDH Response

Health Alert Network (HAN) notification issued

Reinforcing clinical recognition and providing testing and reporting guidance to healthcare providers.

Social media and newsletter outreach

KNOW

Cyclospora is a microscopic parasite picked up from food or water contaminated with feces. It does NOT spread person to person. Symptoms usually begin about a week after exposure.

RISK FACTORS

- Contaminated fresh produce: snow peas, bagged lettuce and salads, raspberries, basil, cilantro, green onions
- Travel to tropical or subtropical regions
- Contaminated recreational water — lakes, rivers, pools, splash pads

SYMPTOMS

- Frequent watery diarrhea
- Loss of appetite, weight loss
- Cramping, increased gas
- Fatigue

PREVENT

- Wash hands with soap and water before and after handling fresh produce.
- Wash fruits and vegetables under running water before consuming.
- Scrub firm produce, like melons or cucumbers, with a clean produce brush.
- Discard damaged or bruised areas before preparing or eating produce.

- Cook produce linked to outbreaks like leafy greens, basil, cilantro, green onions, raspberries, and snow peas.
- Avoid cross-contamination by keeping washed produce away from raw meat, poultry, and seafood.
- Refrigerate prepped and cooked fruits and vegetables within 2 hours at 40°F (4°C) or below.

ACT

Cyclosporiasis is treatable. If you feel sick:

1. **Contact your healthcare provider**
   It's typically treated with antibiotics.
2. **Rest and stay hydrated**
   Important if you are experiencing diarrhea.
3. **Seek care promptly if it worsens**
   If you can't keep fluids down or show signs of dehydration.
4. **Do not swim in pools**
   You can spread the illness if you swim while you have diarrhea.

CALL US AT 208-455-5442
to report an illness or ask questions.

LEARN MORE AT
cdc.gov/cyclosporiasis/prevention

Thank you!

2027 Priorities of the Board of Health – Southwest District Health

Southwest District Health works to promote the health and wellness of those who live, work, learn, and play in Southwest Idaho. Public health is most effective when communities understand the issues affecting health and when families, schools, healthcare providers, community organizations, local governments, and other partners work together toward practical solutions.

This document identifies priority areas that can help improve health and wellbeing across Adams, Canyon, Gem, Owyhee, Payette, and Washington counties. These priorities are informed by the 2026 Greater Treasure Valley Community Health Needs Assessment, which identified behavioral health, housing, and access to care as the region's top prioritized health needs. The assessment also identified food access, childcare, chronic disease, maternal and child health, and tobacco and nicotine use as significant health concerns affecting the broader region.

The priorities are also informed by national public health guidance, including the U.S. Surgeon General's focus on harms of screen use, social media and youth mental health, parental mental health and wellbeing, social connection, and other emerging health issues. Together, these sources point to a common theme: many of today's most pressing health challenges are shaped by the conditions of daily life, including family routines, schools, housing, transportation, food access, healthcare availability, technology use, social connection, and community environments.

The purpose of this document is to outline key public health priorities in a format that is clear, locally grounded, prevention-focused, and action-oriented. Each priority area includes:

- **Why This Matters:** a brief explanation of the issue and its connection to health.
- **Key Takeaway:** the central message for community understanding and action.
- **Calls to Action:** practical steps that different groups can take to improve health outcomes.

These priorities are not intended to replace the work of any one organization or sector. Rather, they are intended to support shared understanding, guide education and communication, inform policy and advocacy conversations, and encourage coordinated action. No single agency, family, school, healthcare provider, or local government can address these issues alone. Progress depends on shared responsibility and practical partnerships.

Southwest District Health's role is to serve as a trusted source of information, a convener of partners, a provider of public health services, and a voice for prevention. By using local

data, evidence-informed strategies, and community partnerships, Southwest District Health can help residents and decision-makers understand risks, identify opportunities, and take action to support healthier children, stronger families, safer neighborhoods, and more resilient communities.

The priority areas included in this document are:

1. **Nutrition and Healthy Eating**
2. **Physical Activity and Healthy Communities**
3. **Youth Technology Use and Health**
4. **Social Connection**
5. **Access to Care**
6. **Kratom and Emerging Substance Risks**
7. **Rodent-Borne Disease Prevention**
8. **Housing**

Together, these priorities reflect both long-standing public health responsibilities and emerging issues that require timely attention. They also recognize that health begins well before someone enters a clinic or hospital. Health is shaped in homes, schools, workplaces, neighborhoods, farms, parks, faith communities, businesses, and local policies. By focusing on prevention and shared action, Southwest Idaho can strengthen the conditions that help people live healthy, productive, and connected lives.

Contents

Nutrition and Healthy Eating

Why This Matters

Good nutrition supports healthy growth and development, school readiness, healthy aging, and long-term prevention of chronic disease. Healthy eating patterns established early in life can reduce the risk of obesity, diabetes, heart disease, some cancers, and other costly health conditions over time. Healthy People 2030 identifies food security, fruit and vegetable intake, whole grain intake, added sugar reduction, and childhood obesity prevention as national priorities related to nutrition and health. (U.S. Department of Health and Human Services, 2026)

In Southwest Idaho, nutrition is also connected to household budgets, transportation, food availability, cooking skills, school meals, and family routines. The 2026 Community Health Needs Assessment identified food access as a significant regional health need, and survey respondents ages 18–39 were most likely to report accessing food pantries and not having enough money for food. District 3 also experiences higher rates of diabetes and heart disease mortality than state averages, making nutrition education and practical food access strategies important prevention tools. (Western Idaho Community Health Collaborative, 2026)

Nutrition education can be especially effective when it is practical, skill-based, and family-centered. Programs that teach meal planning, budgeting, cooking, food safety, and preparation of affordable healthy meals can help families make healthier choices regardless of income, geography, or household structure. This includes approaches similar to Cooking Matters, home economics-style education, community food demonstrations, senior nutrition programs, school-based food education, and partnerships with food pantries, grocers, healthcare providers, and community organizations.

Key Takeaway

Improving nutrition and healthy eating in Southwest Idaho requires more than telling people what to eat. Families need the knowledge, skills, time, access, and community conditions that make healthy choices realistic. Progress depends on practical nutrition education, affordable healthy food access, school and senior nutrition supports, and clear connections between nutrition, chronic disease prevention, family wellbeing, and long-term healthcare costs.

Calls to Action

Parents and caregivers:
Model healthy eating habits at home by preparing meals together, offering fruits and vegetables regularly, limiting sugary drinks, and creating predictable family meal routines when possible. Encourage children to learn basic food skills, including grocery planning, reading food labels, preparing simple meals, and understanding portion sizes.

Schools and youth-serving organizations:
Expand age-appropriate nutrition and food preparation education, including cooking, budgeting, food safety, gardening, and hands-on meal preparation. Consider opportunities to incorporate practical food literacy into health, science, agriculture, family and consumer sciences, after-school programs, and community school models. Support school meal participation and create healthy food environments that reinforce learning.

Healthcare providers and health systems:
Screen for food insecurity and connect patients to local resources such as food assistance, nutrition education, and community-based supports. Incorporate nutrition and lifestyle counseling into prevention and chronic disease management when appropriate. Support "food as medicine" strategies where they are evidence-informed, sustainable, and connected to patient needs.

Community organizations:
Strengthen programs that help families build practical food skills and access affordable healthy foods, including food pantry partnerships, Cooking Matters-style education, community gardens, senior nutrition programs, produce incentive programs, meal delivery, and family support programs. Provide plain-language education that emphasizes affordable, realistic options such as fresh, frozen, canned, and dried fruits and vegetables. Use trusted messengers who can reach parents, older adults, and rural communities.

Food retailers, food service providers, and employers:
Offer and promote affordable healthy options, especially for children and families. Consider healthy options at checkout stands, produce incentives, nutrition information, workplace wellness efforts, and partnerships with community organizations to promote practical healthy eating.

Local governments and policymakers:
Support policies and partnerships that improve access to healthy foods, especially in communities with limited grocery access or transportation barriers (The White House: President Donald J. Trump, 2025). Consider approaches such as mobile grocery models, farmers market access, community gardens, senior meal supports, food recovery partnerships, and development policies that make it easier for healthy food retailers to serve growing communities. Also consider policies that focus on soil health and stewardship of the land.

Southwest District Health:
Serve as a convener, educator, and technical assistance partner. SWDH can help align local nutrition efforts with CHNA findings, promote evidence-informed education, support schools and community partners, connect residents to resources, and communicate the relationship between nutrition, chronic disease prevention, school readiness, senior health, and long-term healthcare costs. SWDH will continue to provide nutrition support including counseling, infant formula, and breastfeeding consultation to families eligible for the Supplemental Nutrition Program for Women, Infants, and Children.

Physical Activity and Healthy Communities

Why This Matters

Regular physical activity supports healthy growth and development, improves mental health, strengthens bones and muscles, reduces the risk of chronic disease, and helps people maintain independence as they age. Healthy People 2030 identifies physical activity as a national prevention priority, including increasing the proportion of adults who meet aerobic and muscle-strengthening guidelines, increasing physical activity among children and adolescents, increasing youth sports participation, and increasing daily school physical education. (U.S. Department of Health and Human Services, 2026)

In Southwest Idaho, physical activity is closely connected to the places where people live, learn, work, and gather. Safe parks, sidewalks, trails, recreation facilities, school programs, after-school activities, transportation options, and community design all influence whether children, families, and older adults can be active as part of daily life. In rural communities, distance, transportation, weather, facility availability, and cost can make regular activity more difficult, especially for youth, older adults, and families with limited time or resources.

Physical activity is also an important strategy for preventing and managing chronic disease. The 2026 Community Health Needs Assessment identified chronic disease as a significant regional health need, with District 3 experiencing higher rates of diabetes, coronary heart disease, cancer mortality, and heart disease mortality compared with state averages. (Western Idaho Community Health Collaborative, 2026) Physical activity can also support youth mental health, sleep, attention, and social connection, making it especially important in a region where mental health was ranked as the top health concern by community survey respondents.

Schools are a key setting for building lifelong habits. Year-round, grade-appropriate physical education can help students develop movement skills, confidence, fitness, teamwork, and discipline. Physical activity during the school day can also support learning readiness and reduce sedentary time. Community-wide strategies, including safe routes to school, youth sports, recreation programs, senior fitness, walking groups, and active transportation, can help make movement a normal and accessible part of daily life.

Key Takeaway

Physical activity is not only an individual choice. It is shaped by schools, neighborhoods, community design, transportation, recreation opportunities, family routines, and local policies. Southwest Idaho can support better health by making physical activity easier, safer, and more routine for children, families, working adults, and older adults.

Calls to Action

Parents and caregivers:
Encourage children and adolescents to be active every day through outdoor play, sports, chores, walking, biking, recreation programs, and family activities. Limit long periods of sedentary time when possible and model active habits at home. Help children find activities they enjoy so physical activity feels rewarding, social, and sustainable.

Schools and youth-serving organizations:
Support year-round, grade-appropriate physical education for all students. Provide regular opportunities for movement during the school day, including recess, classroom activity breaks, physical education, intramural activities, and after-school programs. Encourage participation in sports, outdoor recreation, arts, agriculture, career and technical education,

and other hands-on activities that reduce sedentary time and promote skill development. (The White House: President Donald J. Trump, 2025)

Healthcare providers and health systems:
Discuss physical activity as part of routine prevention and chronic disease management. When appropriate, use exercise prescriptions, referral to community programs, or brief counseling to help patients identify realistic ways to increase movement. Consider physical activity as a tool for supporting mental health, healthy aging, diabetes prevention, heart health, and recovery from illness or injury.

Community organizations:
Create low-cost and accessible opportunities for physical activity, including walking groups, youth recreation, older adult fitness, family events, outdoor programs, sports leagues, adaptive activities, and volunteer-led programs. Partner with schools, libraries, senior centers, parks and recreation departments, healthcare organizations, and faith-based groups to reach children, families, and older adults.

Employers:
Promote workplace wellness through walking meetings, activity challenges, flexible breaks, safe stair access, wellness benefits, and policies that support movement throughout the day. Encourage employees and their families to use local recreation opportunities, preventive care, and community wellness resources.

Parks, planning agencies, local governments, and policymakers:
Support community design that makes physical activity safe and practical. This may include parks, sidewalks, trails, lighting, safe routes to school, recreation facilities, shared-use agreements, transportation planning, and policies that support active living in both urban and rural communities. Consider how growth, housing, school siting, and transportation decisions affect daily opportunities for movement.

Southwest District Health:
Serve as a convener, educator, and technical assistance partner. SWDH can help connect physical activity to chronic disease prevention, youth mental health, healthy aging, school readiness, and community design. SWDH can also support schools, local governments, healthcare providers, and community partners with data, education, communications, grant support, and alignment with CHNA findings and Healthy People 2030 objectives. Continue to provide and expand as resources allow, Fit and Fall Proof classes.

Youth Technology Use and Health

Why This Matters

Technology is now part of daily life for children, families, schools, and communities. When used well, technology can support learning, communication, creativity, and access to helpful resources. However, excessive or poorly supervised technology use can interfere with sleep, physical activity, learning, attention, mental health, family connection, and in-person social development. The U.S. Surgeon General identifies harms of screen use, social media, youth mental health, parental mental health and wellbeing, and social connection as current national public health priorities. (U.S. Surgeon General, 2026) (U.S. Surgeon General, 2026)

Youth mental health is also a top local concern. The 2026 Community Health Needs Assessment (CHNA) found that mental health was ranked as the number one health issue by community survey respondents, with increasing self-reported poor mental health in the region and concerns about access to services for children and adolescents. (Western Idaho Community Health Collaborative, 2026) The CHNA also described long wait times, provider shortages, stigma, and rural transportation barriers that can make it difficult for families to access behavioral health support when concerns arise.

Reducing unhealthy screen use is not only a mental health strategy. It is also connected to school success, sleep quality, physical activity, family relationships, and social connection. A prevention-focused approach can help families, schools, healthcare providers, and community partners create healthier expectations around technology while preserving its benefits for learning and communication.

Key Takeaway

Youth technology use is a shared responsibility. Parents cannot address this issue alone, and schools cannot address it alone. Southwest Idaho can better support children and adolescents by helping families set healthy boundaries, encouraging schools to reduce classroom distractions, expanding screen-free activities, promoting social connection, and supporting policies that protect youth while preserving the benefits of technology.

Calls to Action

Parents and caregivers:
Create a family media plan that sets expectations for when, where, and how technology is used. Establish screen-free times and places, such as bedrooms, meals, family activities, and the hour before bedtime. Delay access to smartphones and social media when appropriate, use parental controls, monitor content and contacts, and talk regularly with children about online safety, cyberbullying, privacy, and responsible technology use. Model healthy behavior by setting adult screen boundaries as well. (U.S. Surgeon General, 2026)

Children and adolescents:
Build healthy technology habits by protecting sleep, taking breaks from screens, spending time outdoors, participating in sports or clubs, and making time for in-person friendships. Ask for help from a trusted adult if online interactions become stressful, unsafe, harmful, or difficult to manage.

Schools:
Reduce classroom distractions by considering bell-to-bell cell phone restrictions or other policies that limit non-instructional device use during the school day. Teach digital

citizenship, online safety, media literacy, and responsible use of artificial intelligence. Create more opportunities for physical activity, arts, clubs, career and technical education, mentoring, and peer connection so students have meaningful alternatives to screens.

Teachers and school staff:
Use technology in ways that support learning while preserving attention, discussion, hands-on learning, physical movement, and student engagement. Coordinate with parents and school leaders so expectations are clear, consistent, and developmentally appropriate.

Healthcare providers:
Include questions about sleep, screen time, social media use, physical activity, and online stressors during well-child and adolescent visits when appropriate. Help families identify warning signs of distress, connect youth to behavioral health supports, and reinforce the importance of sleep, movement, and supportive relationships.

Community organizations:
Support screen-free and pro-connection activities for children, adolescents, and families. This may include recreation programs, mentoring, youth leadership opportunities, arts and music programs, outdoor activities, parent education, after-school programs, faith-based youth groups, library programs, and volunteer opportunities. Share clear, practical messages about healthy screen use, social connection, sleep, and youth mental health.

Employers:
Recognize that parents and caregivers need support to manage youth technology challenges. Offer family-friendly workplace practices where possible, promote employee assistance and mental health benefits, and share credible resources on youth mental health, screen use, and family wellbeing.

Local governments and policymakers:
Support safe and affordable alternatives to screen time, including parks, libraries, recreation centers, after-school programs, youth sports, arts, and community events. Consider policies that support school cell phone restrictions, age-appropriate online safety standards, stronger privacy protections for children and adolescents, and improved access to youth mental health services.

Southwest District Health:
Serve as a trusted source of education and coordination. SWDH can help translate Surgeon General guidance into local messages, support parents and schools with practical tools, promote screen-free and pro-connection activities, and align youth technology use efforts with broader strategies for youth mental health, physical activity, healthy sleep, and social connection.

Social Connection

Why This Matters

Social connection is a basic human need and an important driver of health. Supportive relationships with family, friends, neighbors, coworkers, classmates, faith communities, and other trusted groups can protect mental health, reduce stress, improve resilience, and help people navigate challenges. The U.S. Surgeon General has identified loneliness and social isolation as significant threats to individual and community health, while emphasizing that social connection can contribute to healthier, more resilient, and more prosperous communities. (U.S. Surgeon General, 2023)

Social connection is especially important for children, adolescents, parents, caregivers, and older adults. For youth, connection to trusted adults, family, peers, schools, and community activities can support healthy development and reduce risk factors associated with poor mental health and substance use. For older adults, social connection can support independence, cognitive health, mobility, nutrition, safety, and quality of life. For parents and caregivers, connection can reduce stress and help families access support before challenges become crises.

The 2026 Community Health Needs Assessment identified behavioral health as the top regional priority, with mental health ranked as the number one health issue by community survey respondents. (Western Idaho Community Health Collaborative, 2026) The CHNA also described increasing self-reported poor mental health, concerns about youth mental health, long wait times for services, provider shortages, stigma, and transportation barriers that can limit access to care. These findings reinforce the importance of prevention strategies that strengthen relationships, reduce isolation, and build supportive community environments.

Social connection can be strengthened through everyday community structures: schools, libraries, parks, senior centers, recreation programs, workplaces, faith communities, volunteer opportunities, neighborhood activities, mentoring, peer support, community schools, and family resource centers. These efforts are not a substitute for healthcare or behavioral health treatment, but they can reduce stress, increase belonging, and help people seek help earlier.

Key Takeaway

Social connection is a protective factor for health and wellbeing. Southwest Idaho can reduce isolation and strengthen resilience by creating more opportunities for children, families, older adults, and neighbors to build trusted relationships, participate in community life, and access support when they need it.

Calls to Action

Individuals, families, and caregivers:
Make time for regular connection with family, friends, neighbors, and trusted community members. Encourage children and adolescents to participate in screen-free activities, clubs, sports, service projects, faith or community groups, and in-person friendships. Check in on older adults, new parents, caregivers, and people going through major life changes. Reach out for help when stress, loneliness, grief, or mental health concerns become difficult to manage.

Schools and youth-serving organizations:
Create school environments where students feel known, safe, and connected to trusted adults. Support mentoring, clubs, athletics, arts, career and technical education, peer leadership, service learning, and other activities that help students build identity and belonging. Consider strategies that reduce social isolation, prevent bullying, support healthy technology boundaries, and connect families to school and community resources.

Healthcare providers and health systems:
Recognize loneliness and social isolation as health-related concerns. Ask patients about social support, caregiving stress, transportation, grief, and community participation when appropriate. Refer patients and caregivers to local resources such as support groups, senior services, behavioral health supports, family resource centers, transportation programs, and community organizations.

Community organizations:
Build accessible opportunities for people to connect across age groups and life stages. This may include mentoring programs, senior meals, volunteer opportunities, parent groups, youth activities, recovery supports, grief supports, caregiver programs, faith-based outreach, recreation programs, library events, and neighborhood gatherings. Reduce barriers such as cost, transportation, scheduling, and lack of awareness.

Employers:
Support workplace cultures that value connection, belonging, and employee wellbeing. Encourage peer support, flexible scheduling where possible, employee assistance programs, family-friendly practices, and mental health resources. Recognize that social isolation, caregiving stress, and family challenges can affect employee health, productivity, and retention.

Local governments and policymakers:
Support community spaces and programs that bring people together, including parks, libraries, recreation centers, senior centers, community schools, public events, transportation services, and safe neighborhoods. Consider how land use, housing, transportation, broadband, and public facilities affect social connection, especially for youth, older adults, and rural residents.

Southwest District Health:
Serve as a trusted convener and communicator. SWDH can help elevate social connection as a prevention strategy, align local partners around youth wellbeing and older adult health, share data from the CHNA, promote resources, and support community-level strategies that reduce isolation, strengthen family resilience, and connect residents to help before needs become urgent.

Access to Care

Why This Matters

Access to healthcare is essential for preventing disease, managing chronic conditions, supporting healthy pregnancies and child development, addressing mental health needs, and helping people stay healthy enough to work, learn, care for family, and participate in community life. When care is delayed or unavailable, health conditions can worsen, costs can rise, and families may rely on emergency services for needs that could have been addressed earlier in primary care, dental care, behavioral health, or specialty care.

The 2026 Community Health Needs Assessment (CHNA) identified Access to Care as one of the top three regional health priorities, along with behavioral health and housing. Community members described barriers such as cost, lack of insurance, long wait times, difficulty finding providers, transportation challenges, and limited access to dental, mental health, specialty, pediatric, and obstetric care. (Western Idaho Community Health Collaborative, 2026)

These challenges are especially important in Health District 3, where provider availability is lower than state and national averages across several categories. The CHNA reported that Health District 3 had 43.6 primary care providers per 100,000 residents, compared with 74.1 in Idaho and 90.8 nationally. District 3 also had lower rates of dentists, pediatric physicians, specialist physicians, and obstetrics and gynecology physicians than state and national averages. (Western Idaho Community Health Collaborative, 2026)

Transportation is another major barrier. The CHNA reported that District 3 had a transportation burden score of 65.0, compared with 50.0 nationally and 26.0 in District 4. (Western Idaho Community Health Collaborative, 2026) Transportation burden can make it difficult for residents to attend routine appointments, access specialty care outside their county, fill prescriptions, participate in preventive screenings, or follow up after hospitalization.

Access to care also includes helping people understand where to go for help. The CHNA noted that only about 18.5% to 19.3% of survey respondents believed people know where to access resources. (Western Idaho Community Health Collaborative, 2026) Community resource navigation tools such as findhelpidaho.org, mobile health services, telehealth, community health workers, school-based services, and transportation partnerships can help close gaps when services are geographically distant, unaffordable, or difficult to navigate.

Key Takeaway

Improving access to care requires more than increasing the number of healthcare appointments. Southwest Idaho needs coordinated strategies that address cost, transportation, provider shortages, insurance coverage, resource navigation, rural access, mobile and telehealth services, and timely connection to preventive, dental, behavioral health, specialty, and primary care.

Calls to Action

Individuals and families:

Establish a regular source of primary care when possible, use preventive screenings and immunizations recommended for age and health status, and seek care early before conditions become urgent. Use trusted resources such as healthcare providers, 211, findhelpidaho.org, schools, libraries, and community organizations to locate medical, dental, behavioral health, transportation, food, housing, and insurance assistance resources.

Healthcare providers and health systems:
Improve timely access to primary care, dental care, behavioral health, specialty care, pediatrics, obstetrics, and preventive screenings. Expand care models that reduce barriers, including mobile clinics, school-based services, telehealth, community health workers, care coordination, extended hours, transportation partnerships, and referral navigation. Screen for social needs such as transportation, food, housing, insurance, and medication affordability, and connect patients to community resources.

Schools and youth-serving organizations:
Help connect children and families to preventive care, behavioral health supports, immunizations, dental care, sports physicals, and resource navigation. Support partnerships with mobile health providers, school nurses, behavioral health providers, community schools, and family resource centers so children can access care earlier and miss less instructional time.

Community organizations:
Help residents navigate available resources and reduce barriers to care. This may include transportation assistance, insurance enrollment support, appointment scheduling help, interpretation or translation support, health education, mobile service partnerships, caregiver support, and referrals to free or reduced-cost services. Keep program information updated in resource directories so residents and providers can find accurate help quickly.

Employers:
Support access to care through family-friendly scheduling, health benefits education, employee assistance programs, preventive care promotion, and policies that allow workers to attend medical, dental, behavioral health, and caregiving appointments. Employers can also partner with healthcare and community organizations to provide wellness education, screenings, vaccination clinics, or resource navigation for employees and families.

Insurers and payers:
Reduce barriers that prevent people from using preventive and routine care. Support adequate provider networks, telehealth, behavioral health access, care coordination, transportation supports, community health worker services, and clear communication about covered benefits. Consider payment models that support prevention, chronic disease management, and care delivered in community-based settings.

Local governments and policymakers:
Support policies and investments that expand access to care in rural and growing communities. This may include transportation options, broadband access for telehealth, mobile health infrastructure, healthcare workforce development, dental and behavioral health access, school-based health partnerships, resource navigation systems, and support for safety-net providers. Consider how land use, transportation, housing, and economic development decisions affect residents' ability to reach healthcare services.

Southwest District Health:
Serve as a convener, educator, data partner, and connector. SWDH can help align local access-to-care strategies with CHNA findings, support prevention and health education, promote resource navigation tools, strengthen partnerships among healthcare systems and community organizations, support mobile and school-based service coordination, and communicate local barriers such as transportation, provider shortages, insurance gaps, and

rural access needs. SWDH can also help elevate practical solutions that improve timely access to care and reduce preventable health burdens.

Kratom and Emerging Substance Risks

Why This Matters

Kratom and kratom-derived products are emerging substance risks that require education, surveillance, and practical prevention strategies. Kratom refers to products made from the leaves of *Mitragyna speciosa*, a tree native to Southeast Asia. Its primary active compounds include mitragynine and 7-hydroxymitragynine, also known as 7-OH, which can produce stimulant effects at lower doses and opioid-like effects at higher doses.

Kratom products are readily available online and in retail settings such as gas stations and smoke shops, including in Idaho. The Idaho State Epidemiological Outcomes Workgroup (SEOW) reported that kratom is not currently regulated in Idaho, and prior efforts to regulate labeling or ban sales to minors were unsuccessful. (Idaho State Epidemiological Outcomes Workgroup, 2024) The Legislative Analysis and Public Policy Association's 2026 state law summary also identifies Idaho among the states without comprehensive kratom regulation as of its January 2026 review. (Legislative Analysis and Public Policy Association, 2026)

Public health concerns are increasing because kratom products vary widely in formulation, potency, processing, labeling, and purity. The Idaho SEOW brief notes concerns about quality and purity, including prior FDA investigations involving products contaminated with heavy metals and harmful bacteria such as Salmonella. (Idaho State Epidemiological Outcomes Workgroup, 2024) (Schwensohn, et al., 2022) The Association of Food and Drug Officials also highlighted safety concerns related to kratom's opioid receptor activity, risks of addiction, abuse, and dependence, and the 2018 multistate Salmonella outbreak linked to contaminated kratom products. (Association of Food and Drug Officials Board (AFDO), 2018)

More concentrated kratom derivatives, especially products containing 7-OH, are a particular concern. America's Poison Centers reported serious health effects associated with kratom and 7-OH products, including nausea, vomiting, agitation, confusion, rapid heart rate, high blood pressure, trouble breathing, sleepiness or loss of consciousness, seizures, dependence, and withdrawal syndromes. (Devitt, 2026) Poison Centers reported 3,803 kratom or kratom-derivative exposure cases in 2025 and 3,190 reports from January 1 through June 30, 2026, which was on pace for a 67.8% increase from 2025 to 2026. (Devitt, 2026)

Federal action is also evolving. On July 1, 2026, the Drug Enforcement Administration (DEA) filed its intent to temporarily place 7-OH above a specified threshold and three related substances into Schedule I of the Controlled Substances Act after the Department of Health and Human Services confirmed that synthetic 7-OH and related substances have no accepted medical use and a high potential for abuse. (Drug Enforcement Administration, 2026) The DEA stated that the action targets highly concentrated, synthetic 7-OH products and does not apply to botanical kratom products containing naturally occurring 7-OH below the specified threshold.

Key Takeaway

Kratom and kratom-derived products are widely available, inconsistently regulated, and increasingly associated with serious health concerns. Southwest Idaho can reduce risk by educating consumers and parents, improving healthcare screening and reporting, monitoring emerging products, supporting youth prevention strategies, and encouraging practical policies that address age restrictions, labeling, potency, contamination, and synthetic derivatives.

Calls to Action

Consumers:
Understand that kratom products are not FDA-approved to treat any medical condition and may carry risks, especially when products are concentrated, highly processed, combined with other substances, or used frequently. Seek medical guidance before using products marketed for pain, energy, mood, sleep, or opioid withdrawal. Call Poison Control at 1-800-222-1222 or seek emergency care if serious symptoms occur, including trouble breathing, confusion, loss of consciousness, seizures, severe agitation, chest pain, or symptoms of overdose. (Devitt, 2026)

Parents and caregivers:
Be aware that kratom and 7-OH products may be sold in forms that appear familiar or low-risk, such as capsules, gummies, powders, drinks, and extracts. Talk with adolescents about the risks of unregulated or poorly labeled substances, especially products sold in convenience stores, smoke shops, or online. Store all supplements, medications, herbal products, and substances out of sight and reach of children and teens.

Schools and youth-serving organizations:
Include kratom and emerging substances in age-appropriate substance use prevention education. Help students understand that “natural,” “herbal,” or “legal” does not always mean safe. Incorporate messages about product marketing, unknown potency, contamination risk, dependence, withdrawal, and the dangers of mixing substances. Connect students and families to behavioral health, substance use prevention, and crisis resources when concerns arise.

Healthcare Providers:
Ask about kratom, 7-OH, synthetic kratom derivatives, supplements, and other non-prescribed substances when evaluating substance use, unexplained symptoms, overdose-like presentations, withdrawal, pain management, behavioral health concerns, or medication interactions. (University Hospitals, 2026) Report adverse events to Poison Control and appropriate surveillance systems. Consider adding kratom-related questions to intake, emergency department, behavioral health, and substance use screening workflows, especially because standard toxicology screens may not routinely identify kratom exposure.

Community organizations:
Share practical, non-alarmist education about kratom and emerging substances with parents, older youth, young adults, and adults who may use these products for pain, energy, mood, or self-managed withdrawal. Partner with schools, recovery organizations, healthcare providers, libraries, faith communities, and family resource centers to distribute credible information and connect people to support. Include Poison Control information in outreach materials.

Retailers:
Consider voluntary safeguards even where state regulation is limited. These may include restricting sales to adults, avoiding marketing that appeals to youth, separating kratom products from energy drinks or candy-like products, providing clear warnings, refusing to sell products with unclear labeling or unusually high potency, and training staff to understand basic safety concerns. Retailers can also display Poison Control information and substance use support resources.

Policymakers: Idaho policymakers should establish regulations for kratom and kratom-

derived products as there are currently no restrictions on sale and purchase making it available to children and adults alike. Consider policies that reduce risk while supporting clear enforcement and public understanding. Options may include age restrictions, labeling requirements, restrictions on youth-oriented packaging, potency limits, testing requirements for contaminants, consumer warnings, adverse event reporting, and specific regulation of synthetic or highly concentrated 7-OH products. Policy approaches should account for evolving federal action, including the DEA's 2026 notice of intent to temporarily schedule specified 7-OH and related substances.

Southwest District Health:
Serve as a trusted source of education, surveillance, and partner coordination. SWDH can monitor emerging trends, share timely guidance with healthcare providers and community partners, support schools and parents with prevention messaging, promote Poison Control resources, and help local leaders understand the public health implications of kratom, 7-OH, and other emerging substances. SWDH can also help align kratom education with broader behavioral health, youth prevention, overdose prevention, and substance use response efforts across Adams, Canyon, Gem, Owyhee, Payette, and Washington counties.

Rodent-Borne Disease Prevention

Why This Matters

Rodent-borne disease prevention is a practical environmental health issue that protects homes, neighborhoods, businesses, food systems, and community wellbeing. Idaho Department of Health and Welfare (DHW) reported that rat sightings in the Treasure Valley have increased in recent years and identified two common rat species in Idaho: the non-native Norway rat and roof rat.

Rats can create health and safety risks through droppings, urine, saliva, bites, scratches, fleas, and contamination of food or water. Idaho DHW identifies potential health concerns associated with rats, including plague, leptospirosis, flea-borne typhus, salmonellosis, hemorrhagic fever with renal syndrome, rat-bite fever, allergic reactions, and fires caused by rats chewing electrical wires.

Rodent prevention is most effective when it focuses on reducing food, water, shelter, and entry points before infestations become established. Idaho DHW recommends keeping garbage in sealed containers, avoiding outdoor pet food and birdseed, cleaning up fallen fruit, trimming vegetation away from structures, sealing gaps and openings, covering larger vents and plumbing pipes with wire mesh, and using appropriate traps or professional pest control when evidence of rats is present.

History reinforces the importance of early, coordinated prevention. Research on flea-borne typhus in the United States describes how rodent proliferation, poor environmental sanitation, overcrowded or deteriorated housing, and limited access to rodenticides and insecticides contributed to major outbreaks in the early twentieth century. The same research also describes how coordinated public health interventions, including sanitation, rodent control, insecticides, and environmental remediation, helped dramatically reduce flea-borne typhus cases by the mid-1950s.

Emerging local tools may support earlier detection and more targeted prevention. Treasure Valley Pied Piper is a civic science project that collects anonymous rat sighting reports, shifts exact coordinates for privacy, and displays generalized activity zones to help residents, cities, and response partners understand reported activity patterns. Policy discussions are also evolving in Idaho. Senate Bill S1271 was considered in 2026 to declare rats a public health nuisance, add Norway and roof rats to existing agricultural pest and invasive species lists, and direct statewide mapping, coordination, and abatement planning.

Key Takeaway

Rodent prevention is most effective when communities act early and consistently. Southwest Idaho can reduce health, housing, food safety, and property risks by improving public awareness, reducing attractants, strengthening reporting and surveillance, supporting coordinated local response, and clarifying roles among residents, property owners, local governments, pest control professionals, agriculture, and public health. Eliminating the presence of rats in our communities protects citizens from preventable communicable diseases (Anstead, 2021). Improving outcomes requires shared responsibility across sectors and coordinated community action.

Calls to Action

Residents:

Reduce attractants and nesting areas by keeping garbage sealed, removing fallen fruit and food waste, avoiding outdoor pet food, limiting birdseed accumulation, and reducing clutter

or debris around homes and yards. Report rat sightings or signs of rodent activity through appropriate local reporting channels or civic science tools when available.

Property owners and landlords:
Prevent rodent entry by sealing gaps around doors, windows, vents, crawlspaces, foundations, and rooflines. Trim trees and vegetation away from buildings, maintain clean waste storage areas, repair structural damage, and respond quickly to tenant reports of rodent activity. Use licensed pest control professionals when infestations are suspected or when traps, exclusion, or baiting require technical expertise.

Businesses and food service establishments:
Maintain strong sanitation practices, secure trash and food waste, monitor loading docks and storage areas, inspect for droppings or gnaw marks, and work with pest management professionals when needed. Food service, grocery, agriculture, and warehouse settings should treat rodent prevention as both a public health and business continuity concern.

Pest control professionals:
Support integrated pest management approaches that combine inspection, exclusion, sanitation, monitoring, trapping, and targeted treatment. Share general trend information with local partners when appropriate while protecting customer privacy. Coordinate with property owners, businesses, local governments, and public health when broader neighborhood or corridor-level activity is suspected.

Community organizations:
Help share practical prevention messages with residents, older adults, renters, neighborhood groups, schools, and community centers. Support cleanup days, neighborhood education, translated materials where useful, and connections to resources for residents who may need help addressing property conditions or waste management barriers.

Local governments and policymakers:
Support coordinated rodent prevention through public education, clear reporting pathways, code enforcement where appropriate, waste management practices, nuisance abatement tools, mapping, and collaboration with public health districts, agriculture, irrigation districts, and private pest control professionals. Consider policies that clarify authority, funding, data collection, and response roles before infestations become widespread or costly. Local governments can also implement Rat Control Zones and/or land management practices that deter rats from traveling into their cities (Alberta, 2026).

Southwest District Health:
Serve as a trusted source of guidance, education, surveillance support, and partner coordination. SWDH can help communicate health risks, promote prevention practices, support consistent public messaging, coordinate with local governments and state agencies, encourage reporting and data-informed response, and connect rodent prevention to housing quality, food safety, communicable disease prevention, and environmental health.

Housing

Why This Matters

Housing is one of the most important foundations for health. Safe, stable, and affordable housing supports physical health, mental health, child development, school success, employment, aging in place, and family stability. When housing is unaffordable, overcrowded, unsafe, or unstable, families may delay healthcare, experience chronic stress, move frequently, live farther from services, or struggle to afford food, transportation, medications, and utilities.

The 2026 Community Health Needs Assessment identified housing as one of the top three regional priorities, second only to behavioral health. Community members described housing as one of the most pressing challenges facing the area, including difficulty finding safe and affordable housing, long waitlists, limited rental options, and the need for more permanent and supportive housing.

The CHNA found that 80% of community survey respondents disagreed or strongly disagreed with the statement, “There are affordable places for everyone to live in my community.” Housing insecurity, defined in the CHNA as adults not being able to pay their mortgage, rent, or utility bill in the past 12 months, was higher in Health District 3 at 12.71% than in Health District 4 at 10.77%.

Housing affordability affects both urban and rural communities in the Southwest District Health region. The CHNA reported that households below the ALICE threshold are present across the region, including 47.66% in Adams County, 46.87% in Canyon County, 42.53% in Gem County, 55.20% in Owyhee County, 46.99% in Payette County, and 60.50% in Washington County. These figures show that housing and household affordability pressures are not limited to one county or one type of community.

Housing also affects healthcare access and costs. Families spending too much on housing may be less able to afford routine care, prescriptions, transportation, nutritious food, and preventive services. They also are at greater risk for communicable diseases such as tuberculosis (TB). (Lee, 2022) The CHNA also found that District 3 has a high transportation burden and lower availability of primary care, dental, pediatric, specialty, and OB/GYN providers, which means housing location and affordability can compound access-to-care barriers.

Key Takeaway

Housing is health infrastructure. Improving housing stability in Southwest Idaho requires coordinated action across local government, healthcare, employers, developers, housing providers, community organizations, and public health. Practical strategies should support affordability, safe housing conditions, aging in place, workforce stability, homelessness prevention, utility stability, transportation access, and supportive services for residents with complex needs.

Calls to Action

Individuals and families:

Seek help early when rent, mortgage, utility, or housing conditions become difficult to manage. Use trusted resources such as 211, findhelpidaho.org, housing providers, community organizations, senior centers, schools, healthcare providers, and local assistance programs to identify available supports. Know tenant and property maintenance responsibilities and report unsafe housing conditions through appropriate channels when

needed.

Housing providers, landlords, and property managers:
Maintain safe and healthy housing conditions, respond promptly to maintenance concerns, support pest prevention, and connect tenants to rental, utility, food, transportation, or health resources when households show signs of instability. Consider partnerships with community organizations, healthcare systems, and local governments to support residents who may need resource navigation or supportive services.

Healthcare providers and health systems:
Screen for housing instability, utility insecurity, homelessness risk, and unsafe housing conditions when appropriate. Connect patients to housing supports, legal resources, utility assistance, care coordination, transportation, and community-based services. Support housing-related investments, referral systems, and partnerships that reduce preventable emergency department use, improve chronic disease management, and help older adults and people with complex needs remain safely housed.

Employers:
Recognize housing affordability as a workforce issue. Support employees through wages, benefits education, employee assistance programs, flexible scheduling, transportation options, and information about housing and utility resources. Large employers may consider partnerships that support workforce housing, transportation, childcare, and community development strategies that improve recruitment and retention.

Community organizations:
Provide or coordinate housing navigation, emergency rental assistance, utility support, shelter connections, senior services, home repair assistance, food and transportation support, and case management. Partner with schools, healthcare providers, faith communities, veteran organizations, senior centers, and local governments to identify residents at risk of housing instability earlier.

Developers, planners, and local governments:
Support a range of housing options that meet the needs of families, workers, older adults, and people with disabilities. Consider zoning, permitting, infrastructure, transportation, and land use strategies that allow communities to grow while preserving access to schools, healthcare, jobs, groceries, parks, and community services. Include housing quality, environmental health, pest prevention, and utility stability in local planning conversations.

Local governments and policymakers:
Support policies and funding strategies that reduce homelessness, prevent evictions, preserve existing affordable housing, expand attainable housing supply, and support permanent supportive housing where appropriate. Consider regional collaboration, public-private partnerships, housing trust funds, infrastructure support, land use tools, and data systems that help communities understand housing needs and target investments.

Southwest District Health:
Serve as a convener, educator, data partner, and health voice in housing conversations. SWDH can help communicate the connection between housing and health, share CHNA findings, support cross-sector partnerships, elevate prevention strategies, and connect housing stability to access to care, chronic disease prevention, behavioral health, environmental health, youth wellbeing, older adult health, and economic stability across Adams, Canyon, Gem, Owyhee, Payette, and Washington counties.

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Resolution XX-XX

RESOLUTION TO SUPPORT REDUCED ACCESS TO *MITRAGYNA SPECIOSA* (KRATOM) IN IDAHO

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 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 brain receptors as morphine, appears to have properties that expose users to the risks of addiction, abuse, and dependence[1] 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 tea[1], 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. Common side effects attributed to kratom use include nausea, weight loss, fatigue, dry mouth, constipation, trouble sleeping, increased urination, and hyperpigmentation of the cheeks with heavy usage reportedly linked to mild withdrawal symptoms[2]. Users of kratom have also experienced anorexia, weight loss, insomnia, hepatotoxicity, seizure, and hallucinations[1]; and

WHEREAS, estimates from the National Survey on Drug and Health reported that people as young as 12-years of age were using kratom and that approximately 1.9 million people reported using kratom in the past year. According to the DEA, there have been a few cases of kratom-related substance disorder where individuals express cravings for kratom, and experience withdrawal symptoms upon stopping kratom usage[2]; and

WHEREAS, the FDA has issued reports about deaths associated with kratom[1], with kratom-related deaths almost always co-occurring with other opioid use. 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]. A total of 14,449 kratom-related poison center reports were made during the past 11 years. Poison centers have seen a 1,200% increase in kratom exposure reports, with 3,434 reports made in 2025 compared to 258 reports made in 2015[3]. Though supporters of keeping the drug legal for research purposes note that the death certificates often mention the possible involvement of other drugs[1], and

WHEREAS, the FDA is actively evaluating all available scientific information to better understand the safety profile of kratom, including the use of kratom combined with other drugs[1], 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 program[1], and

WHEREAS, there are currently no FDA-approved uses for kratom, and the DEA has labeled kratom as a Drug and Chemical of Concern[2], 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 Arkansas, with additional states and jurisdictions considering the ban of the botanical supplement[1]. The DEA filed notices of intent to temporarily regulate potency and move 7-OH related substances, including kratom, to a Schedule 1 substance to protect public safety[4]. Internationally, kratom is illegal in at least 20 other countries including Australia, Denmark, Finland, Latvia, Lithuania, Malaysia, Myanmar, Poland, Romania, Sweden and Thailand[5], and

WHEREAS, in Idaho it is currently legal to buy and sell kratom, with some exceptions where bans of sale have been implemented at the city level. 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; "In Idaho, between 2021 and 2023, there were 64 kratom related poison control calls in the state. In that same time, kratom was listed as a contributing factor in the death of 47 Idahoans"[2], and

THEREFORE, BE IT RESOLVED, that the Idaho Association of District Boards of Health support a total ban on the sale of kratom products in Idaho.

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

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[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. (2024). Idaho Office of Drug Policy. https://odp.idaho.gov/wp-content/uploads/2025/03/SEOW-Special-Topic-Brief-Kratom.pdf

[3] Towers, E. B., Thomas, Y. T., Holstege, C. P., & Farah, R. (2026, March). Increases in Kratom-Related Reports to Poison Centers — National Poison Data System, United States, 2015–2025. *MMWR Morb Mortal Wkly Rep, 75*, 139-145. doi:http://dx.doi.org/10.15585/mmwr.mm7511a1

[4] Drug Enforcement Administration. (2026, July 1). *DEA to Temporarily Schedule 7-OH and Related Substances to Protect Public Safety* [Press Release]. https://www.dea.gov/press-releases/2026/07/01/dea-temporarily-schedule-7-oh-and-related-substances-protect-public.

[5] Sprout Health Group. (n.d.). *Is kratom legal? Kratom legality by state*. https://www.sprouthealthgroup.com/substances/is-kratom-legal-by-state/

Southwest District Health

Originator	Parties
Southwest District Health	Advocates Against Family Violence

Document Type

Subgrant	☑ Amendment

Summary

Name/Title:	AAFV Programming
Description (long title):	AAFV Towards No Drugs programming
FAIN#:	H79SP083777
Funding Source:	Federal
SWDH Project Code:	41127
Original Effective Date:	10/29/2025
Current Expiration Date:	07/05/2026
Total [Funding Amount or Cost of Service]:	7000
Allowable Indirect Rate:	10%
Match Required:	NO
Match Amount:	0
FTE Supported:	N/A
District Funds Budgeted in Current FY:	$9753.22
Restrictions:	None
Target Population:	Youth age 10-19

If this is an amendment, briefly describe the change.

We are extending the date of the agreement to August 1, 2026 to allow the partner to shift their timeline to meet agreement deliverables. The shift in timeline is due to unforeseen circumstances. Because of the change in timeline, another reporting period has been added, to ensure reports are submitted for the additional timeline.

Contacts

Contact Name (Internal & External)	**Contact [Agency, Organization, Contractor, Vendor, Partner]**	**Contact Email or Phone Number**
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Tricia Lofton	AAFV, subgrant point of contact	tricia@aafvhope.org

Created July 17, 2025

Applicable Law and/or Agreement

Idaho Statutes or Rules (select up to 3)	39-409, IC	N/A	N/A
Agreement	N/A		

Public Impact

Scope of Work Summary (3-5 bullets)	AAFV will implement Towards No Drugs (TND) program, to help prevent youth use of alcohol and marijuana through increasing protective factors to avoid substance use. Staff will offer the TND program with two youth populations (1) Incarcerated youth, and (2) community-based youth Staff will implement the program with multiple cohorts 2x a week over 6 week periods (as the program is designed)
Summary Public Impact (3-5 bullets)	Anticipate reaching approximately 20-45 youth over a 9- month period These programs will teach youth life skills and other protective factors to reduce the risk of substance use.
Summary of Evidence-based (3-5 bullets)	-Towards No Drugs is an evidence-based program used to prevent and reduce youth substance use, prevent and reduce violence, and other related problematic behaviors. his program is designed to help build protective factors that teach youth to increase self-control, decision making skills, and internal motivation factors related to drug and alcohol us - This program is designed to build protective factors that teach youth to increase self-control, decision making skills, and internal motivational factors related to drug and alcohol use.

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date	06/25/2026	06/25/2026	06/25/2026	06/25/2026		06/25/2026
Initials	TW	Charlene Cariou	BS	MH		NZ

** The necessity of legal review will be determined by the Financial Officer, Division Administrator, or Director.*

Southwest District Health

Originator	Parties
Central District Health	Southwest District Health

Document Type

Subgrant	☐	Amendment

Summary

Name/Title:	Child Care and Development Block Grant
Description (long title):	Child Care and Development Block Grant
FAIN#:	826000952BU
Funding Source:	Federal
SWDH Project Code:	95343045
Original Effective Date:	07/01/2026
Current Expiration Date:	06/30/2027
Total [Funding Amount or Cost of Service]:	139845
Allowable Indirect Rate:	33.84%
Match Required:	NO
Match Amount:	0
FTE Supported:	1.74
District Funds Budgeted in Current FY:	86626
Restrictions:	NO
Target Population:	Children in licensed child cares
If this is an amendment, briefly describe the change.	

Contacts

Contact Name (Internal & External)	**Contact [Agency, Organization, Contractor, Vendor, Partner]**	**Contact Email or Phone Number**
Jeff Buckingham	Southwest District Health	jeff.buckingham@swdh.id.gov
Betsy Kober	Central District Health	bkober@cdh.idaho.gov

Created July 17, 2025

Applicable Law and/or Agreement

Idaho Statutes or Rules (select up to 3)	IDAPA 16.06.03	IDAPA 16.06.12	N/A
Agreement	N/A		

Public Impact

Scope of Work Summary (3-5 bullets)	- Conduct health and safety inspections in all licensed child care facilities in district 3 - Conduct complaint investigations at child care facilities
Summary Public Impact (3-5 bullets)	- Children are able to learn and play in safe environments - Provides parents with the piece of mind that the child care facility they are dropping their children off at is free of health and safety hazards
Summary of Evidence-based (3-5 bullets)	- Licensed child care centers are generally considered to be safe because they are required to meet state licensing regulations. As part of their licensing requirements, SWDH inspects child care centers and includes an assessment of the health and safety of the facility to look for hazardous conditions or practices that may harm children. https://www.cdc.gov/early-care/safety/index.html

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date		06/25/2026	06/25/2026	06/26/2026		06/26/2026
Initials		JB JB	BS	MH		NZ

** The necessity of legal review will be determined by the Financial Officer, Division Administrator, or Director.*

Southwest District Health

Originator	Parties
IDHW	IDHW & SWDH

Document Type

Subgrant	☑ Amendment

Summary

Name/Title:	WIC & Breastfeeding Peer Counseling Services
Description (long title):	HC5992 WIC & Breastfeeding Peer Counseling Services
FAIN#:	257IDID1W5003, 247IDID1W5003, 267IDID7W1003
Funding Source:	State
SWDH Project Code:	33010, 33020, 33030, 33040, 33050
Original Effective Date:	10/01/2024
Current Expiration Date:	09/30/2027
Total [Funding Amount or Cost of Service]:	$ 4,019,802.00
Allowable Indirect Rate:	33.84%
Match Required:	NO
Match Amount:	$ 0.00
FTE Supported:	21
District Funds Budgeted in Current FY:	$ 143,801.25
Restrictions:	NA
Target Population:	Current and future WIC and breastfeeding clients
If this is an amendment, briefly describe the change.	
Add funds, revise scope of work and cost/billing procedures, and extend term.	

Contacts

Contact Name (Internal & External)	**Contact [Agency, Organization, Contractor, Vendor, Partner]**	**Contact Email or Phone Number**
Kathy Puckett	IDHW	kathy.pucket@dhw.idaho.gov
Alyson Nielsen	SWDH	alyson.nielsen@swdh.id.gov

Created July 17, 2025

Applicable Law and/or Agreement

Idaho Statutes or Rules (select up to 3)	74-106, IC	N/A	N/A
Agreement	MOU with IDHW		

Public Impact

Scope of Work Summary (3-5 bullets)	1. Improve maternal, infant, and early childhood nutrition and health outcomes by providing nutrition education, breastfeeding support, supplemental foods, and referrals to health and social services. 2. Ensure compliance with federal and state WIC regulations, program integrity standards, and quality assurance protocols 3. Conduct eligibility assessments, including income screening, nutrition risk assessment, and required anthropometric/biochemical measurements.
Summary Public Impact (3-5 bullets)	1. Generates return on investment through dollars spent at local grocery stores, positively supporting local economies. 2. WIC participation improves birth outcomes, child growth, nutrition, cognitive development, and healthcare access. 3. Produces significant healthcare savings through reduction of low birth-weight and pre-term infants
Summary of Evidence-based (3-5 bullets)	1. Reduction of food insecurity 2. Improved maternal and infant health 3. Provides significant healthcare cost savings 4. Enhanced diet quality and child development 5. Increased breastfeeding success

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date			06/18/2026	06/18/2026		06/18/2026
Initials			EAK EAK	MH		NZ

** The necessity of legal review will be determined by the Financial Officer, Division Administrator, or Director.*

Southwest District Health

Originator	Parties
Idaho Office of Drug Policy (ODP)	SWDH

Document Type

Grant	☐	Amendment

Summary

Name/Title:	SFY2027 SUPP Grant
Description (long title):	SFY2027 Substance Use Primary Prevention (SUPP) Grant
FAIN#:	available upon request from ODP
Funding Source:	Federal
SWDH Project Code:	no project code assigned yet
Original Effective Date:	07/01/2026
Current Expiration Date:	06/30/2027
Total [Funding Amount or Cost of Service]:	19566.91
Allowable Indirect Rate:	10%
Match Required:	NO
Match Amount:	0
FTE Supported:	.15
District Funds Budgeted in Current FY:	0
Restrictions:	N/A
Target Population:	Parents/caregivers with children between the ages of 9-14.
If this is an amendment, briefly describe the change.	

Contacts

Contact Name (Internal & External)	**Contact [Agency, Organization, Contractor, Vendor, Partner]**	**Contact Email or Phone Number**
Jessie Dexter	Idaho Office of Drug Policy	jessie.dexter@odp.idaho.gov
Hailee Ketchum	SWDH	hailee.ketchum@swdh.id.gov

Applicable Law and/or Agreement

Idaho Statutes or Rules (select up to 3)	39-409, IC	N/A	N/A
Agreement	N/A		

Public Impact

Scope of Work Summary (3-5 bullets)	• SWDH will implement 5 Guiding Good Choices (GGC) cohorts targeting parents and caregivers of youth ages 10-14 across the 6 counties SWDH serves. • SWDH will support one community partner with facilitator training and licensing for GGC to build long-term local capacity. • SWDH will collect participant surveys at the end of the final session and 30-day and 60-day post program online follow up surveys to evaluate skill retention/family meeting implementation.
Summary Public Impact (3-5 bullets)	• GGC is a research-based, family-focused prevention program designed to equip parents and caregivers with skills and strategies to reduce the risk of substance use, delinquency, and other problem behaviors. • The program emphasizes strengthening family bonds, improving communication, and fostering healthy decision making among youth. • Program goals include promoting positive family interactions and reducing risk factors
Summary of Evidence-based (3-5 bullets)	• GGC is recognized by SAMSHA and other national registries as an effective prevention program. • Studies show significant reductions in youth substance use and improvements in family functioning among participants.

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date	07/14/2026	07/14/2026	07/14/2026	07/16/2026		07/16/2026
Initials	HA	Charlene Cariou	BS	MH		NZ

** The necessity of legal review will be determined by the Financial Officer, Division Administrator, or Director.*

Southwest District Health

Originator	Parties
IDHW	SWDH

Document Type

Subgrant	☑ Amendment

Summary

Name/Title:	State of Idaho Subgrant HC7652
Description (long title):	National Electronic Disease Surveillance System (NEDSS) capacity and enteric disease investigation data entry
FAIN#:	NU51CK000352
Funding Source:	Federal
SWDH Project Code:	95345065
Original Effective Date:	08/01/2025
Current Expiration Date:	07/31/2027
Total [Funding Amount or Cost of Service]:	83180
Allowable Indirect Rate:	33.83%
Match Required:	NO
Match Amount:	0
FTE Supported:	1
District Funds Budgeted in Current FY:	39441
Restrictions:	N/A
Target Population:	All persons living in D3 diagnosed with a reportable disease
If this is an amendment, briefly describe the change. Extension of 1 year, minor changes to T&C's, Scope of Work, Cost/Billing procedures, and Reporting. Added funding.	

Contacts

Contact Name (Internal & External)	**Contact [Agency, Organization, Contractor, Vendor, Partner]**	**Contact Email or Phone Number**
Cathy Ayotte	Subgrant Monitor	cj.ayotte@dhw.idaho.gov
Lekshmi Venugopal	Epidemiology Program Manager 1	lekshmi.venugopal@swdh.id.gov

Created July 17, 2025

Applicable Law and/or Agreement

Idaho Statutes or Rules (select up to 3)	IDAPA 16.02.10	N/A	N/A
Agreement	MOU with IDHW		

Public Impact

Scope of Work Summary (3-5 bullets)	Review, process, and manage electronic laboratory reports in the National Electronic Disease Surveillance System (NEDSS) to support timely disease surveillance.Conduct case investigations and enter complete, accurate data for reportable diseases, including enteric and vaccine-preventable diseases.Ensure data quality through routine monitoring, quality assurance activities.Provide disease surveillance education and outreach to healthcare providers, laboratories, infection preventionists. Participate in statewide surveillance meetings, quality improvement.
Summary Public Impact (3-5 bullets)	Enhances Idaho's ability to detect and respond quickly to infectious disease threats.Improves disease monitoring and outbreak detection, helping protect communities from the spread of illness. Supports informed public health decision-making through accurate and timely disease surveillance data. Increases awareness of disease prevention and reporting requirements among healthcare and community partners. Strengthens coordination between local and state public health agencies to improve health outcomes.
Summary of Evidence-based (3-5 bullets)	Uses the CDC-supported National Electronic Disease Surveillance System to collect, manage, and analyze disease data.Follows established state and federal disease surveillance and reporting requirements to ensure consistency and accuracy.Applies standardized epidemiologic investigation methods to identify disease trends, risk factors, and outbreak sources.Incorporates ongoing data quality review and performance monitoring to improve completeness and reliability of surveillance data.Utilizes public health best practices and surveillance standards to guide disease prevention and response efforts.

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date	07/21/2026	07/21/2026	07/21/2026	07/21/2026		07/21/2026
Initials	LV (LV)	JB (JB)	BS	MH		NZ (NZ)

** The necessity of legal review will be determined by the Financial Officer, Division Administrator, or Director.*