



Board of Health Meeting
 Tuesday, August 25, 2026
 13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the August 25, 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, August 24, 2026. The meeting will be available through live streaming on [the SWDH You Tube channel](#).

Agenda

<u>A = Board Action Required</u>	<u>G =Guidance</u>	<u>I = Information item</u>
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 July 28, 2026 Board of Health meeting minutes	Chairman Aberasturi
9:17 I	July 2026 Monthly Expenditure and Revenue Report	Michele Hanrahan
9:30 A	Commit Fiscal Year 2026 Carryover Funds	Don Lee
9:40 I	Contract Services and Grant Applications	Michele Hanrahan
9:45 I	Public Drinking Water Systems	Chris Ababon
10:05	Break	
10:20 I	2026 Community Health Needs Assessment Results	Charlene Cariou
10:40 I	Behavioral Health and Counseling	Ashley Hammond
11:00 A	2027 Board of Health Priorities	Nikki Zogg
11:30 A	Kratom Resolution Review and Vote	Nikki Zogg
11:40 A	Director's Contract	Chairman Kelly Aberasturi
11:45 I	Director's Report • Director approved agreements, contracts, and subgrants • Idaho Association of District Boards of Health Annual Meeting ○ October 22, 2026 – 10am - 5pm (Virtual) • Emmett office • Pending appeal of subsurface sewage disposal decision • Legal counsel • IAC public health workgroup update • Rural Health Transformation Program funding	
11:55 I	Future agenda items	
11:56	Executive Session pursuant to Idaho Code 74-206(b)	
11:59 A	Action taken pursuant to Executive Session	
12:00 I	Adjourn	

NEXT MEETING: Tuesday, September 29, 2026, 9:00 a.m.



BOARD OF HEALTH MEETING MINUTES
Tuesday, July 28, 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 – present via Microsoft Teams
Kirk Wille, Commissioner, Gem County – present

STAFF MEMBERS:

In person: Nikki Zogg, Katrina Harshman, Beth Kriete, Ben Shatto, Don Lee, Melanie Chroninger, Dylan Turner, Lekshmi Venugopal

Virtual: Colton Osborne

GUESTS: Lt. Brad Childers, Nampa Police Department

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 – present via Microsoft Teams; 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 Wille seconded the motion. All in favor; motion passes.

PUBLIC COMMENT

No public comment was provided in person or through the online submission mechanism.

INTRODUCTION OF NEW EMPLOYEES

New employees were introduced.

APPROVAL OF JUNE 23, 2026 BOARD OF HEALTH MEETING MINUTES

Board members reviewed meeting minutes from the June 23, 2026 Board of Health meeting.

MOTION: Commissioner Riebe made a motion to approve the June 23, 2026 minutes as presented. Commissioner Harberd seconded. All in favor; motion carries.

JUNE 2026 MONTHLY EXPENDITURE AND REVENUE REPORT

Don Lee, SWDH Chief Operating Officer, shared the June 2026 monthly expenditure and revenue report. The finance team continues to work on end of fiscal year activities.

CONTRACT SERVICES AND GRANT APPLICATIONS

Don shared new contract services or grant applications that are currently in process.

PUBLIC HEALTH AND SAFETY TEAM (PHAST) PRESENTATION

Melanie Chroninger, SWDH Health Education Specialist, Sr., presented information on the Public Health and Safety Team (PHAST). This team brings together members from sectors including law enforcement, educators, and health care partners.

One of the team's major milestones is planning Idaho's first overdose fatality review (OFR). The team is working to strengthen data sharing practices, expand partner engagement, and use team findings to guide prevention strategies and continue to identify service needs and gaps.

At the end of her presentation, Melanie recognized Nampa Police Department Lieutenant Bradley Childers for his work on the team. As co-lead of the Public Health and Safety Team, Lt. Childers has been an exceptional partner in strengthening collaboration between public health and public safety. Most recently, he helped facilitate a PHAST tour of the Canyon County Jail, providing partners with valuable insight into the experiences and challenges individuals may face as they transition back into the community. Through his leadership and commitment to collaboration, Lt. Childers has helped strengthen the team's collective efforts to prevent overdoses and improve community health and safety.

INFECTIOUS DISEASES UPDATE

Lekshmi Rita Venugopal, SWDH Epidemiologist Program Manager, shared an infectious disease update with Board members.

New World Screwworm

This pest affects livestock, pets, wildlife, and, less commonly, people and birds. The fly larvae feed on living tissue of warm-blooded animals. At this time, there has been no detection in Idaho. Southwest District Health's role has been to provide education and increase awareness among medical providers and the public.

Avian Influenza (H5N1)

Avian influenza is commonly referred to as "bird flu" and is a highly contagious virus. While it does not spread easily between people, the virus has the ability to mutate and infect new mammal species. There are 57 active quarantine orders affecting dairy premises. Of those, 15 are within the SWDH jurisdiction. No human cases have been reported in Idaho to date.

Southwest District Health staff have distributed informational flyers and materials directly to dairy operations and other locations such as petting zoos and fairs. Other response efforts include providing recognition, testing, and reporting guidance to healthcare providers via the Health Alert Network (HAN).

Cyclosporiasis

Cyclosporiasis is a diarrheal illness caused by a parasite. The virus is typically seasonal, May through August, and is spread through food and water contaminated with human feces. Past outbreaks have been linked to imported fresh produce.

As of May 1, 2026 the situational report includes 1,645 confirmed U.S. cases with 94 hospitalizations. Idaho has one travel related case but no outbreak related cases.

SWDH response efforts include sharing information through the Health Alert Network (HAN) to help reinforce clinical recognition and provide testing and reporting guidance to healthcare providers. Social media and newsletter outreach to the public have included information about cyclospora, prevention and treatment information.

SOUTHWEST DISTRICT HEALTH POLICY PRIORITIES

Nikki shared a draft policy priorities document and asked for board member input. For the last few years, board members have used Community Health Needs Assessment (CHNA) data to identify pressing needs. Nikki explained that the policy priorities document shows how priorities can be addressed through actions taken by schools, families, business owners, policy makers, medical providers, and government entities. This document is intended to be an internal guidance document to help in conversations with resource prioritization, asking partners to step in and help, identify focus areas for social media, and helping develop calls to action for internal and external use.

Board members support further development and review of the priorities document. Board members suggested condensing the document to make it easier to read. Nikki will work to revise the priorities document and bring it back to the Board for further review and approval.

IDAHO ASSOCIATION OF DISTRICT BOARDS OF HEALTH RESOLUTIONS AND POSITION STATEMENTS DRAFTS

Health district directors and board of health members are working on resolutions to present for voting at the Idaho Association of District Boards of Health (IADBH) meeting in October. The Kratom resolution previously voted on has expired and Nikki shared a new draft Kratom resolution that includes statements providing the justification for the call to action. She explained that the next legislative session will likely include kratom bills from the industry, the Board of Pharmacy and legislators covering a range of requests including a full ban on kratom, some age restrictions, and perhaps synthetic versus plant-based clarifications.

Board member preference is to seek a total ban on kratom rather than just an age restriction. Board members also asked Nikki to ask Mike Kane, SWDH legal counsel, to review the resolution for input on whether it should seek a total ban or an age-based restriction. Other concerns shared include seeking detailed information on product labeling to include concentration. Nikki will seek legal counsel review and bring the bill back to the Board for review at the August meeting.

Nikki reminded board members that the food fee resolution remains active for another year.

DIRECTOR'S REPORT

Director approved agreements, contracts, and subgrants

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

Nikki asked board members to consider how the health district can help build capacity to pursue Rural Health Transformation Grant (RHTG) funding that will benefit the district.

Violation referred to prosecutor's office

Staff have handed a subsurface sewage notice of violation situation over to the Canyon County Prosecutor's Office and Canyon County Sheriff's Office due to other matters involved. The situation has prompted SWDH staff to review internal processes to help ensure that customers seeking septic permits or submitting applications for accessory dwelling unit (ADU) permits are the owner(s) of the property. Currently, proof of ownership is not requested when an application for a septic permit or ADU is submitted.

Legal counsel update

Central District Health and Southwest District Health continue to interview candidates to provide legal services to the health districts. The candidate the district previously selected is unable to assume the workload. Interviews will be conducted over the next several weeks.

Budget Workshop

Nikki will meet with the Board of Health Budget Workgroup on August 7, 2026, to develop a plan for allocating the Fiscal Year 2026 (FY26) carryover funding.

FUTURE AGENDA ITEMS

No future agenda items were suggested.

EXECUTIVE SESSION PURSUANT TO IDAHO CODE 74-206(b)

Pursuant to Idaho Code 74-206(b), board members entered executive session at 11:15 a.m. Commissioner Riebe made a motion to go into executive session. Commissioner Brooks seconded the motion. Roll call taken.

At 11:48 a.m. board members came out of executive session.

ACTION TAKEN PURSUANT TO EXECUTIVE SESSION

Commissioner Riebe noted that staff comments and reviews are in line with her perception of the district director's performance and that she supports increasing the director's salary to \$70 per hour.

MOTION: Commissioner Riebe made a motion to increase the director's salary to \$70 per hour. Commissioner Brooks seconded the motion. All in favor; motion passes.

Adjournment

There being no further business, the meeting adjourned at 11:50 a.m.

Respectfully submitted:

Approved as written:

Board of Health Meeting Minutes
July 28, 2026



Nikole Zogg
Secretary to the Board



Kelly Aberasturi
Chairman

Date: August 25, 2026



SOUTHWEST DISTRICT HEALTH REVENUES & EXPENDITURE REPORT FOR FY2027

July-26

Modified Accrual Basis

Target **8.33%**

Fund Balances		
	FY Beginning	July 2026 Ending
General Operating Fund	\$1,647,008	\$930,030
LGIP Operating	\$5,938,205	\$5,960,952
LGIP Vehicle Replacement	\$118,520	\$118,141
LGIP Capital	\$1,299,174	\$1,299,174
Total	\$9,002,908	\$8,308,297

Income Statement Information		
	YTD	Month
Net Revenue:	\$725,963	\$725,963
Expenditures:	(\$1,413,144)	(\$1,413,144)
Net Income:	(\$687,181)	(\$687,181)

Revenue											
	County Contributions	Fees	Subgrant/Grant/Contract Revenue	Sale of Assets	Interest	Other	Monthly Total	YTD	Restricted / Committed Funds	Total Budget	Percent Budget to Actual
Administration & BoH	-\$272,212.12						-\$272,212.12	-\$272,212.12	-\$506,887.00	-\$3,974,462.00	19.60%
District Operations Div							\$0.00	\$0.00		-\$441,787.00	
FCS											
Medical Clinic		-\$21,366.42					-\$21,366.42	-\$21,366.42		-\$226,200.00	9.45%
Immunizations		-\$6,448.44					-\$6,448.44	-\$6,448.44		-\$175,000.00	3.68%
HIV/STI/DIS Prevention			-\$6,559.71				-\$6,559.71	-\$6,559.71		-\$118,750.00	5.52%
Women's Health Check		-\$437.18	-\$1,321.47				-\$1,758.65	-\$1,758.65		-\$22,560.00	7.80%
Oral Health		-\$201.70					-\$201.70	-\$201.70		-\$56,004.00	0.36%
Nurse Family Partnership		-\$32,416.20				\$0.00	-\$32,416.20	-\$32,416.20	-\$17,500.00	-\$567,854.00	8.79%
Parents as Teachers		-\$17,288.64				\$0.00	-\$17,288.64	-\$17,288.64	-\$17,500.00	-\$504,462.00	6.90%
Behavioral Health Admin		-\$3,460.36					-\$3,460.36	-\$3,460.36	-\$247,422.00	-\$328,422.00	76.39%
WIC			-\$94,792.88				-\$94,792.88	-\$94,792.88		-\$1,362,024.00	6.96%
Adult Crisis Center							\$0.00	\$0.00	-\$139,527.00	-\$1,657,335.00	8.42%
Youth Crisis Center							\$0.00	\$0.00	-\$395,672.00	-\$1,895,672.00	20.87%
Pre-Prosecution Diversion			-\$58,976.55				-\$58,976.55	-\$58,976.55		-\$358,892.00	16.43%
Other FCS			-\$6,000.00				-\$6,000.00	-\$6,000.00		-\$230,990.00	2.60%
ECHS											
Fit & Fall Proof			-\$4,150.18				-\$4,150.18	-\$4,150.18	-\$38,825.00	-\$85,000.00	50.56%
Prescription Drug Overdose			-\$10,553.39				-\$10,553.39	-\$10,553.39		-\$100,000.00	10.55%
Suicide Prevention							\$0.00	\$0.00		-\$45,000.00	0.00%
Millennium-Tobacco							\$0.00	\$0.00	-\$15,660.00	-\$375,660.00	4.17%
Partnership for Success/SAMSHA							\$0.00	\$0.00		-\$392,969.00	0.00%
Food Programs		-\$7,480.00					-\$7,480.00	-\$7,480.00		-\$337,900.00	2.21%
Child Care Inspections		-\$1,300.00	-\$15,076.10				-\$16,376.10	-\$16,376.10		-\$150,534.00	10.88%
Land Programs		-\$120,543.00	-\$11,342.64				-\$131,885.64	-\$131,885.64		-\$1,333,193.00	9.89%
Epi Investigations			-\$2,264.67				-\$2,264.67	-\$2,264.67		-\$221,261.00	1.02%
Public Health Preparedness			-\$30,726.43				-\$30,726.43	-\$30,726.43		-\$552,000.00	5.57%
WICH							\$0.00	\$0.00	-\$35,000.00	-\$85,000.00	41.18%
Other ECHS			-\$1,044.77				-\$1,044.77	-\$1,044.77	-\$76,172.00	-\$151,480.00	50.97%
Monthly Revenue	-\$272,212.12	-\$210,941.94	-\$242,808.79	\$0.00	\$0.00	\$0.00	-\$725,962.85				
Year-to-Date Revenue								-\$725,962.85	-\$1,490,165.00	-\$15,750,411.00	14.07%



SOUTHWEST DISTRICT HEALTH

REVENUES & EXPENDITURE REPORT FOR FY2027

Modified Accrual Basis

July-26

Target **8.33%**

EXPENDITURES							Restricted / Committed Funds	Total Budget	Percent Budget to Actual
	Personnel	Operating	Capital	T/B	Monthly Total	YTD			
Administration & BoH	\$55,017.00	\$31,306.06			\$86,323.06	\$86,323.06		\$1,085,190	7.95%
District Operations Div (and blanks-unidentified programs)	\$168,177.71	\$62,390.98			\$230,568.69	\$230,568.69		\$2,545,273	9.06%
FCS									
Medical Clinic	\$66,513.33	\$10,921.01			\$77,434.34	\$77,434.34		\$856,170	9.04%
Immunizations	\$13,977.24	\$5,063.98			\$19,041.22	\$19,041.22		\$327,328	5.82%
HIV/STI/DIS Prevention	\$6,004.00	\$938.82			\$6,942.82	\$6,942.82		\$58,862	11.80%
Women's Health Check	\$664.81	\$324.77			\$989.58	\$989.58		\$21,488	4.61%
Oral Health	\$9,529.50	\$806.43			\$10,335.93	\$10,335.93		\$115,374	8.96%
Nurse Family Partnership	\$48,578.58	\$25,872.19			\$74,450.77	\$74,450.77		\$591,638	12.58%
Parents as Teachers	\$44,862.32	\$866.37			\$45,728.69	\$45,728.69		\$493,748	9.26%
Behavioral Health Admin	\$29,767.25	\$135.68			\$29,902.93	\$29,902.93		\$322,836	9.26%
WIC	\$138,263.62	\$5,527.48			\$143,791.10	\$143,791.10		\$1,603,269	8.97%
Adult Crisis Center	\$1,644.23	\$136,232.14			\$137,876.37	\$137,876.37		\$1,647,350	8.37%
Youth Crisis Center	\$7,298.66	\$134,408.50			\$141,707.16	\$141,707.16		\$1,837,772	7.71%
Pre-Prosecution Diversion	\$18,019.40	\$226.58			\$18,245.98	\$18,245.98		\$295,504	6.17%
Other FCS	\$13,059.50	\$175.09		\$51,430.05	\$64,664.64	\$64,664.64		\$318,110	20.33%
ECHS									
Fit & Fall Proof	\$8,967.23	\$982.11			\$9,949.34	\$9,949.34		\$106,519	9.34%
Prescription Drug Overdose	\$8,268.33	\$90.00			\$8,358.33	\$8,358.33		\$23,531	35.52%
Suicide Prevention	\$3,543.99	\$38.70			\$3,582.69	\$3,582.69		\$74,916	4.78%
Millennium-Tobacco	\$21,060.08	\$249.83			\$21,309.91	\$21,309.91		\$287,511	7.41%
Partnership for Success	\$14,630.94	\$131.12		\$627.02	\$15,389.08	\$15,389.08		\$357,245	4.31%
Food Programs	\$67,572.77	\$3,266.24			\$70,839.01	\$70,839.01		\$694,210	10.20%
Child Care Inspections	\$14,636.96	\$163.12			\$14,800.08	\$14,800.08		\$179,083	8.26%
Land Programs	\$95,700.45	\$2,036.08			\$97,736.53	\$97,736.53		\$1,046,295	9.34%
Epi Investigations	\$25,255.87	\$561.58			\$25,817.45	\$25,817.45		\$209,007	12.35%
Public Health Preparedness	\$25,927.80	\$392.04			\$26,319.84	\$26,319.84		\$344,535	7.64%
WICHC	\$3,911.38	\$2,185.00			\$6,096.38	\$6,096.38		\$43,693	13.95%
Other ECHS	\$24,219.15	\$722.46			\$24,941.61	\$24,941.61		\$263,954	9.45%
Monthly Expenditures	\$935,072.10	\$426,014.36	\$0.00	\$52,057.07	\$1,413,143.53				
				Year-to-Date Expenditures	\$1,413,143.53			\$15,750,411.00	8.97%



As of: July 31, 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

Fund Balances as of last prior month reported

	Restricted Funds	Committed Funds
Fund 290000, 290001, 290002		
Citizen's Review Panel	\$19,791	
OPIOID Settlement	\$1,395,801	
Alzheimer HBI	\$36,021	
Parents As Teachers	\$35,125	
NFP	\$35,441	
Tobacco Cessation - MF	\$42,621	
Social Services Block Grant (SSBG)	\$58,388	
SSBG -Ongoing & MHBG-Addtl (BC3687-01)	\$54	
Mental Health Block Grant (MHBG)	\$0	
Youth Crisis-Other-City Contributions	\$0	
IDJC - YROC	\$69,603	
IDJC - Crisis Center	\$0	
IDJC - Magellen & Donations	\$200,507	
Adult Crisis	\$1,127	
MRC	\$5,747	
WICHHC	\$42,713	
County Offset FY27 and FY28		\$201,163
Replacement of Expiring Lease Vehicles		\$136,191
Employee Development & Engagement		\$38,059
County Collaborations		\$70,000
Sale of Land		\$284,684
27th Pay Period		\$337,600
Facility Improvements		\$1,141,490
	\$1,942,938	\$2,209,188

Total Restricted/Committed: **\$4,152,126**

Total Operating Cash(as of end of prior month)	\$6,890,982
3 months(Expenses/12 - Contract Revenue /12) *3	\$ (1,705,547)
Restricted/Committed	\$ (4,152,126)
Cash requiring additional commitment	<u>\$ 1,033,309</u>

FISCAL YEAR 2026 CARRYOVER REQUEST

Amount Available for Carryforward	
Starting Bal.	\$513,000

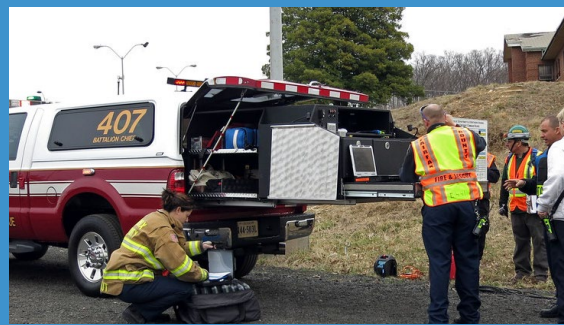
Item Number	Line Item for Consideration	Current Project Cost Estimates	Calculated Amt remaining
1	Match money for funding opportunities	\$90,000	\$423,000
2	Website redesign and modernization	\$100,000	\$323,000
3	Marketing and Public Health Education Campaign	\$50,000	\$273,000
4	Vector Surveillance equipment	\$5,000	\$268,000
5	27th pay period funding needed for FY28	\$100,000	\$168,000
6	Facility Improvements from Clearwater Report	\$168,000	\$0

		CONTRACT SERVICES AND GRANT APPLICATIONS					Updated 8/18/2026	
Due Date	Program Applying	Grant	Funder	Amount Req.	Duration	Purpose	Status	
		NO CURRENT GRANTS OVER \$50,000						



District 3 Grant Digest

FUNDING OPPORTUNITIES FOR SEPTEMBER 2026



VOLUNTEER FIRE DEPARTMENTS

[Firefighters' Charitable Foundation](#)

Grants for volunteer fire departments, assistance for fire/disaster victims, training, and equipment. The application is online and is very brief. They don't suggest any amount but do include equipment and training as possible allowable expenses.

Deadline: Ongoing

1 year grant

LAW ENFORCEMENT TRAINING & EQUIPMENT

[Spirit of Blue Foundation](#)

The foundation promotes public awareness and provides grants to law enforcement agencies for equipment or training that will keep law enforcement officers safe.

Deadline: Ongoing

1 year Range from \$1,000 to \$45,000 average \$10,000

EMS EQUIPMENT & TOOLS

[Brothers Helping Brothers](#)

Grants to USA Emergency Response and Fire Departments to Improve and Enhance services. Pays for equipment and tools that will benefit fire departments and EMS in small towns of 10,000 or fewer residents.

Deadline: Ongoing

1 year grant



Story Collection

Our EMS, fire fighters, and law enforcement officers have some of the most impactful stories of life and death, heroics, and going above and beyond the call of duty. Have you considered designating a notebook or online file for folks to quickly record exceptional stories? With voice to text, you can even have folks quickly tell their stories and text them to you.

Typical Grant Questions

Think about these questions and practice writing your answers. Save the best ones.

- What is the purpose of your organization?
- Briefly describe your community. Are there any unique characteristics of your region?
- Do you have any volunteers? How do you utilize them?
- Any unique challenges your organization faces?
- How will your community benefit if you receive this grant?
- What would happen if you only got a partial grant?
- How will you sustain these activities after the grant is over?



These are great additions to grants - funders love to hear about real people!

Other open grant opportunities:

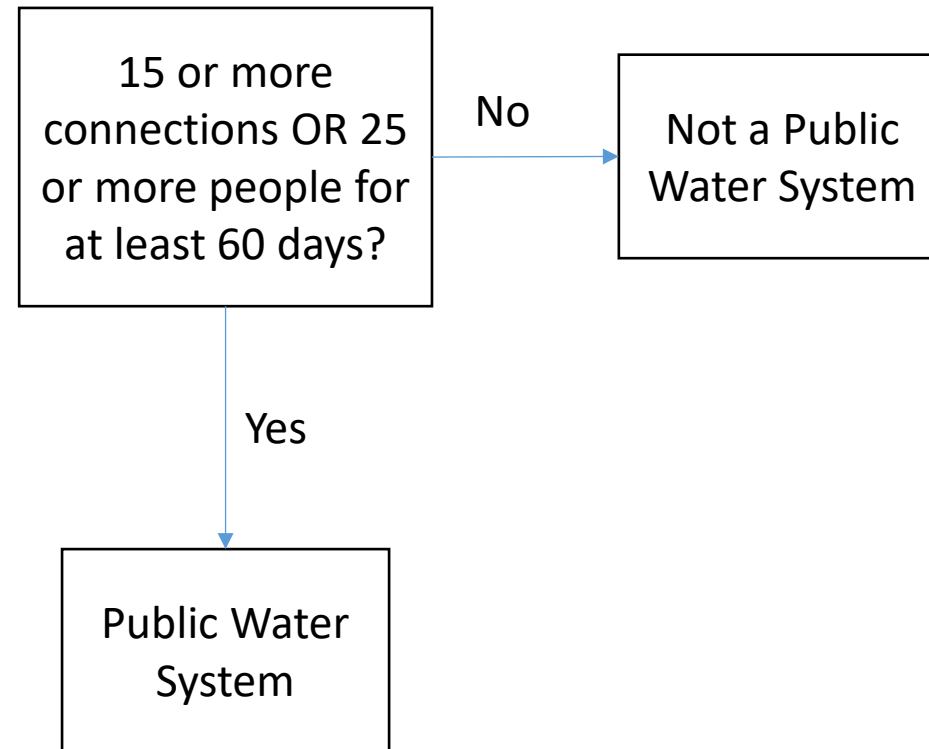
- ☐ **Factory Mutual Insurance Company** - Fire Service Grant Program - Grants of up to \$5,000 to nonprofit and government fire service agencies. Grant is for education, training, technology, and equipment for pre-incident emergency planning. Making communities safer. Deadline open August 3, 2026 and is open until 300 applications are received. [Application information](#).
- ☐ **The Dickey Foundation** - Help Protect First Responders. Grants up to \$10,000 for equipment, training, repairs, and any other activities that will help protect first responders. Deadline January 31, 2027, applications open January 1, 2027. [Application](#).
- ☐ **AgWest Farm Credit** - Rural Community Grant Program. Grants of up to \$5,000 to benefit rural communities in Alaska, California, Idaho, Montana and Oregon. Supporting projects that include facility construction, capital improvements, infrastructure enhancements, and equipment purchases. A non-profit 501c3 must be the applicant. Applications open January 4, 2027. Must include a letter from an AgWest customer or employee. [Apply on line](#).



Public Drinking Water Systems

Chris Ababon, REHS/RS
Public Drinking Water Senior

What is a Public Water System (PWS)?



Examples of Public Water Systems

Transient



Gas stations, campsites,
hot springs

Non-Transient Non-Community



Offices, factories,
places of business

Community



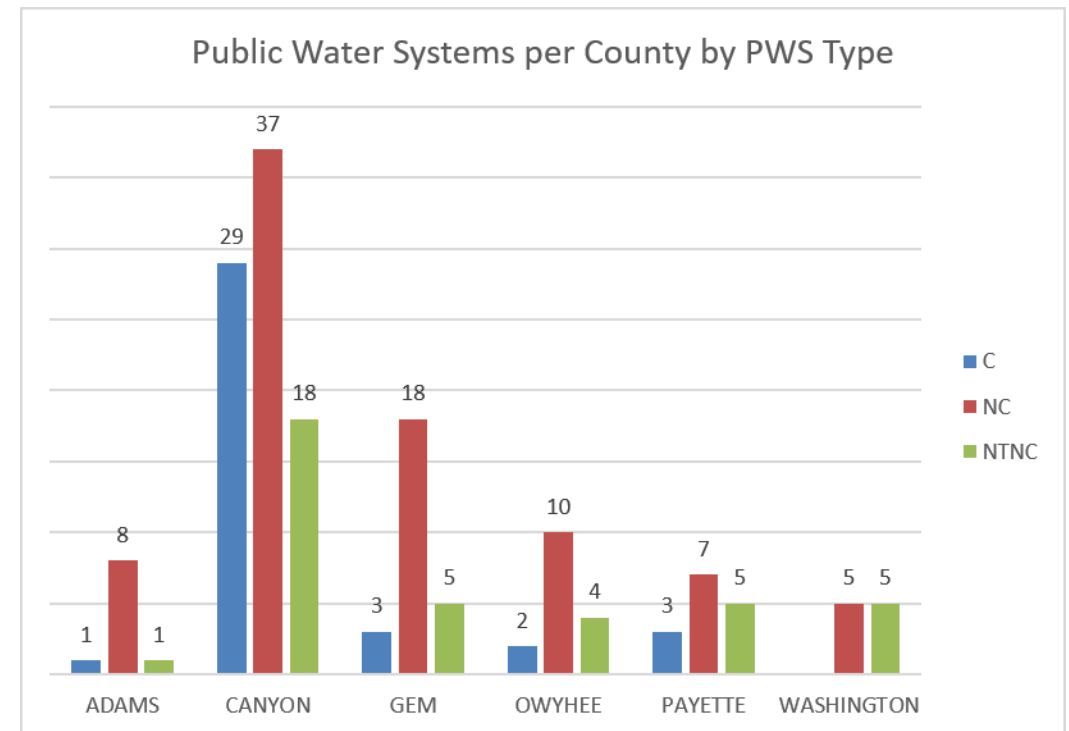
Full-time residences

Agency Roles

- The Environmental Protection Agency (EPA) is responsible for enforcing the Safe Drinking Water Act (SDWA) in the United States, in which they offer each state primacy to adopt federal law.
- Idaho Department of Environmental Quality (IDEQ) accepts primacy and contracts SWDH to oversee very small public water systems as a fully-funded program.

Southwest District Health's Public Water System (PWS) Statistics

- Community Water Systems
- Transient Water Systems
- Non-Transient Non-Community



What is the Benefit of a Public Water System?

- Under IDAPA 58.01.08, if a water system does not meet the definition of a public water system, then the owner of the system is not required to test their drinking water quality.
- Private well owners often don't test their drinking water quality until they sell their home.
- Other examples of these wells are daycares that don't have enough staff or children to require regulation.
 - Our daycare program requires some drinking water testing, but it is not as thorough as a regulated public drinking water system.

Value of Routine Water System Inspections

- Public water systems are required to have an inspection of their water system facilities once every five years to identify immediate public health threats, deficiencies, and suggestions to better operate the system.
- These inspections can help catch items that can cause issues before they happen.



Community Water System Inspection



Community Water System Inspection

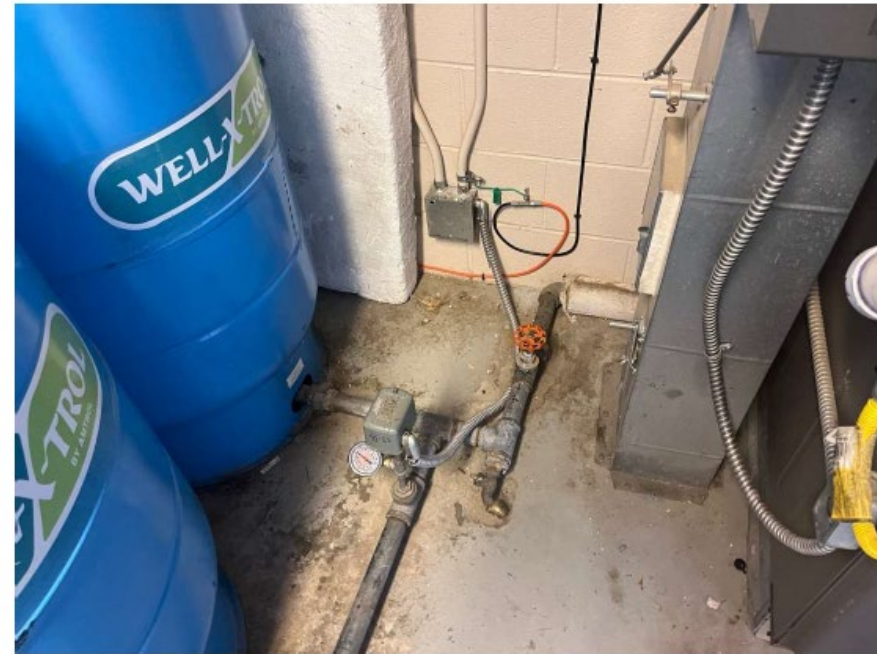


RV Park Water System Inspection



E. coli Events

- Water system receives E. coli positive samples.
- Water system posts boil order to all users and meets with SWDH for inspection.
- These inspections are treated as thoroughly as a routine five-year inspection
- Any corrections needed must be completed within 30 days.



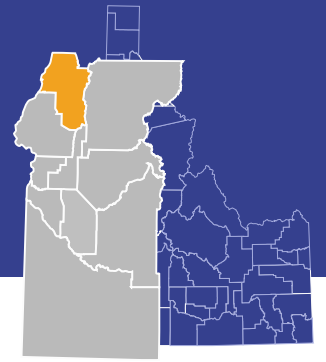
Photograph 8: Hydro tanks and dead-end main to the right.

Questions?



2026 COMMUNITY PROFILE

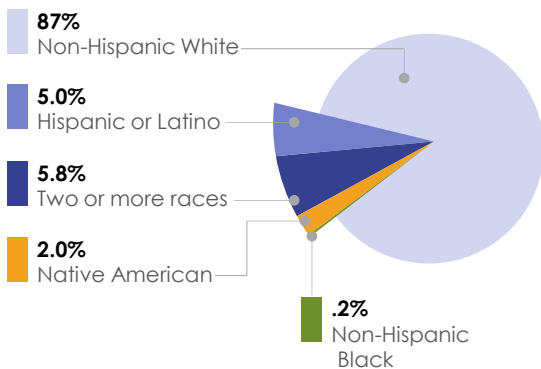
Adams County



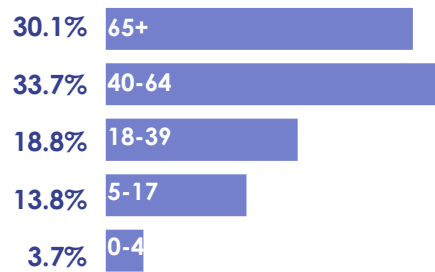
This Community Profile is a companion to the 2026 Greater Treasure Valley Community Health Needs Assessment (CHNA) conducted by the Western Idaho Community Health Collaborative (WICHC). It provides a county-specific snapshot of the health, social, and economic factors that influence well-being in Adams County. This profile is intended to help community organizations, local leaders, and residents better understand local needs and support community health improvement efforts.

WHO LIVES HERE?

Race and Ethnicity



Age



Population

4,744

▲ 10.1 % increase from 2010-2020

Life Expectancy at Birth: 79.2

Prioritized Health Needs

- 1 Behavioral Health
- 2 Housing
- 3 Access to Care

CHRONIC DISEASE



30.0%

Have high blood pressure
State Avg 28.2%



26.8%

Living with obesity
State Avg 30.4%



8.1%

Have diabetes
State Avg 8.7%



7.2%

Have ever had cancer
State Avg 7.4%

MENTAL HEALTH



▲ **17.9%**
of adults

▲ State Avg 16.9%

report 14 days or more days during the past 30 days during which their mental health was not good

▲ Increasing

24.0% Depression

State Avg 24.3%

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are non-medical factors that affect health outcomes. They include the conditions in which people are born, grow, work, live, and age. SDOH also include the broader forces and systems that shape everyday life conditions.

Economic Factors



\$61,808

Median household income
State Avg \$77,800



17.9%

Population living in poverty
State Avg 10.6%



7.4%

Unemployment
State Avg 3.7%



20.96%

Of community survey respondents reporting struggling to pay for necessities



47.7%

Households below the ALICE threshold
State Avg 41%

Housing

22.6%

Households spending 30% or more of their annual income on housing costs
State Avg 27%

Access to Care

11.9%

Of the population are uninsured
State Avg 9.1%

70.8%

Visited doctor for routine checkup
State Avg 72.8%

68.5

Medical Providers per 100,000 residents
State Avg 1,286.1

Food Access

15.1%

Of households experienced food insecurity in the last year
State Avg 12.7%

10.35%

Of community survey respondents without enough money for food

4.6%

Of households are receiving food stamps
State Avg 7.6%

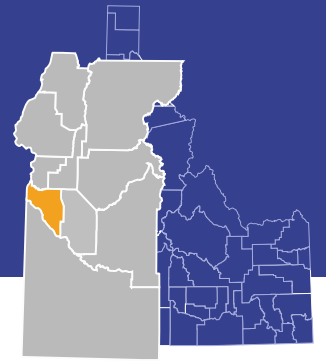
U.S. Census Bureau: American Community Survey (ACS); HRSA's Maternal and Child Health Bureau (MCHB); Health Resources & Services Administration: Area Health Resources Files (AHRF); Feeding America: Map the Meal Gap; Idaho Oregon Community Health Survey; United for Alice; United Way ALICE Data; Idaho Oregon Community Health Survey; Centers for Disease Control and Prevention (CDC): PLACES; Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M); Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

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2026 COMMUNITY PROFILE

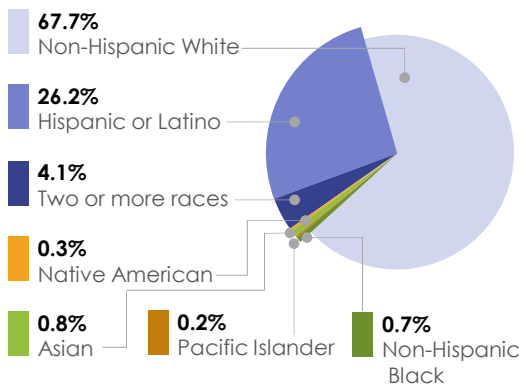
Canyon County



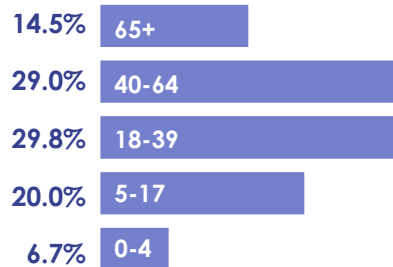
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WHO LIVES HERE?

Race and Ethnicity



Age



Population

250,790

▲ 22.3% increase from 2010-2020

Life Expectancy at Birth: 77.4

Prioritized Health Needs

- 1 Behavioral Health
- 2 Housing
- 3 Access to Care

CHRONIC DISEASE



29.5%

Have high blood pressure
State Avg 28.2%



35.0%

Living with obesity
State Avg 30.4%



11.6%

Have diabetes
State Avg 8.7%



7.1%

Have ever had cancer
State Avg 7.4%

MENTAL HEALTH



▲ **16.9% of adults** report 14 days or more days during the past 30 days during which their mental health was not good

▲ State Avg 16.9%

▲ Increasing

18.8

State Avg 22.1

Suicide mortality per 100,000

23.3% Depression

State Avg 24.3%

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are non-medical factors that affect health outcomes. They include the conditions in which people are born, grow, work, live, and age. SDOH also include the broader forces and systems that shape everyday life conditions.

Economic Factors



\$76,488

Median household income
State Avg \$77,800



10.5%

Population living in poverty
State Avg 10.6%



3.7%

Unemployment
State Avg 3.7%



26.52%

Of community survey respondents reporting struggling to pay for necessities



46.9%

Households below the ALICE threshold
State Avg 41%

Housing

27.6%

Households spending 30% or more of their annual income on housing costs
State Avg 27%

Access to Care

12.3%

Of the population are uninsured
State Avg 9.1%

71.6%

Visited doctor for routine checkup
State Avg 72.8%

109

Medical Providers per 100,000 residents
State Avg 1,286.1

Food Access

12.5%

Of households experienced food insecurity in the last year
State Avg 12.7%

14.45%

Of community survey respondents without enough money for food

8.6%

Of households are receiving food stamps
State Avg 7.6%

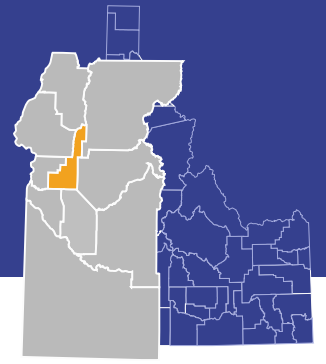
U.S. Census Bureau: American Community Survey (ACS); HRSA's Maternal and Child Health Bureau (MCHB); Health Resources & Services Administration: Area Health Resources Files (AHRF); Feeding America: Map the Meal Gap; Idaho Oregon Community Health Survey; United for Alice; United Way ALICE Data; Idaho Oregon Community Health Survey; Centers for Disease Control and Prevention (CDC): PLACES; Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M); Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

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2026 COMMUNITY PROFILE

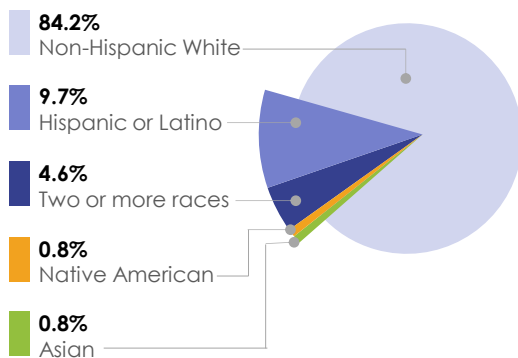
Gem County



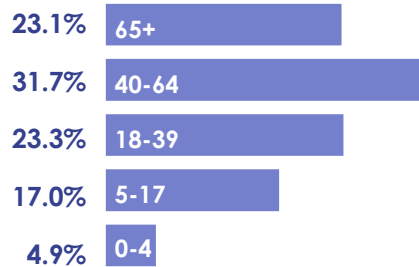
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WHO LIVES HERE?

Race and Ethnicity



Age



Population

20,614

▲ 14.4% increase from 2010-2020

Life Expectancy at Birth: 75.9

Prioritized Health Needs

- 1 Behavioral Health
- 2 Housing
- 3 Access to Care

CHRONIC DISEASE



28.3%

Have high blood pressure
State Avg 28.2%



30.7%

Living with obesity
State Avg 30.4%



8.4%

Have diabetes
State Avg 8.7%



7.2%

Have ever had cancer
State Avg 7.4%

MENTAL HEALTH



▲ **17.2% of adults** report 14 days or more days during the past 30 days during which their mental health was not good

▲ State Avg 16.9%

▲ Increasing

34.4

State Avg 22.1

Suicide mortality per 100,000

23.4% Depression

State Avg 24.3%

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are non-medical factors that affect health outcomes. They include the conditions in which people are born, grow, work, live, and age. SDOH also include the broader forces and systems that shape everyday life conditions.

Economic Factors



\$64,605

Median household income
State Avg \$77,800



12.0%

Population living in poverty
State Avg 10.6%



2.9%

Unemployment
State Avg 3.7%



30.13%

Of community survey respondents reporting struggling to pay for necessities



42.5%

Households below the ALICE threshold
State Avg 41%

Housing

23.6%

Households spending 30% or more of their annual income on housing costs
State Avg 27%

Access to Care

11.1%

Of the population are uninsured
State Avg 9.1%

71.9%

Visited doctor for routine checkup
State Avg 72.8%

109.8

Medical Providers per 100,000 residents
State Avg 1,286.1

Food Access

13.2%

Of households experienced food insecurity in the last year
State Avg 12.7%

16.26%

Of community survey respondents without enough money for food

6.8%

Of households are receiving food stamps
State Avg 7.6%

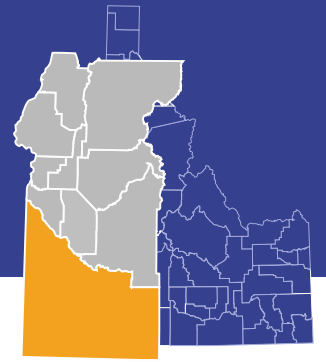
U.S. Census Bureau: American Community Survey (ACS); HRSA's Maternal and Child Health Bureau (MCHB); Health Resources & Services Administration: Area Health Resources Files (AHRF); Feeding America: Map the Meal Gap; Idaho Oregon Community Health Survey; United for Alice; United Way ALICE Data; Idaho Oregon Community Health Survey; Centers for Disease Control and Prevention (CDC): PLACES; Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M); Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

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2026 COMMUNITY PROFILE

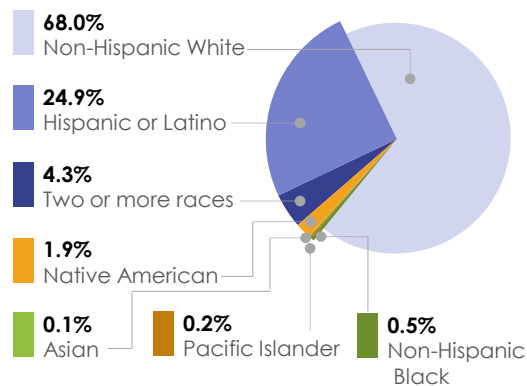
Owyhee County



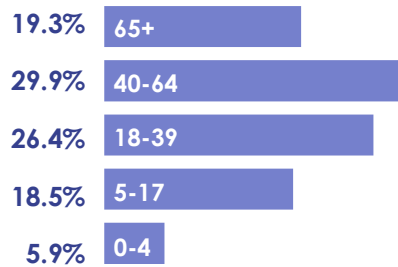
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WHO LIVES HERE?

Race and Ethnicity



Age



Population

12,503

▲ 3.4% increase from 2010-2020

Life Expectancy at Birth: 75.2

Prioritized Health Needs

- 1 Behavioral Health
- 2 Housing
- 3 Access to Care

CHRONIC DISEASE



31.2%

Have high blood pressure
State Avg 28.2%



27.3%

Living with obesity
State Avg 30.4%



10.1%

Have diabetes
State Avg 8.7%



6.5%

Have ever had cancer
State Avg 7.4%

MENTAL HEALTH



▲ **18.4% of adults** report 14 days or more days during the past 30 days during which their mental health was not good

▲ State Avg 16.9%

▲ Increasing

20.8

State Avg 22.1

Suicide mortality per 100,000

23.1% Depression

State Avg 24.3%

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are non-medical factors that affect health outcomes. They include the conditions in which people are born, grow, work, live, and age. SDOH also include the broader forces and systems that shape everyday life conditions.

Economic Factors



\$64,406

Median household income
State Avg \$77,800



12.2%

Population living in poverty
State Avg 10.6%



2.0%

Unemployment
State Avg 3.7%



46.76%

Of community survey respondents reporting struggling to pay for necessities



55.2%

Households below the ALICE threshold
State Avg 41%

Housing

21.7%

Households spending 30% or more of their annual income on housing costs
State Avg 27%

Access to Care

21.9%

Of the population are uninsured
State Avg 9.1%

70.2%

Visited doctor for routine checkup
State Avg 72.8%

16.8

Medical Providers per 100,000 residents
State Avg 1,286.1

Food Access

14.7%

Of households experienced food insecurity in the last year
State Avg 12.7%

27.45%

Of community survey respondents without enough money for food

11.8%

Of households are receiving food stamps
State Avg 7.6%

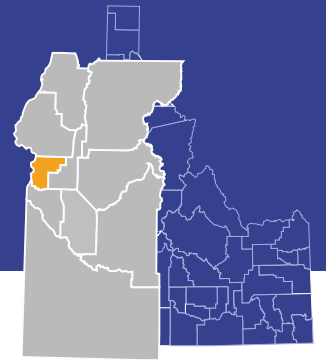
U.S. Census Bureau: American Community Survey (ACS); HRSA's Maternal and Child Health Bureau (MCHB); Health Resources & Services Administration: Area Health Resources Files (AHRF); Feeding America: Map the Meal Gap; Idaho Oregon Community Health Survey; United for Alice; United Way ALICE Data; Idaho Oregon Community Health Survey; Centers for Disease Control and Prevention (CDC): PLACES; Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M); Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

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2026 COMMUNITY PROFILE

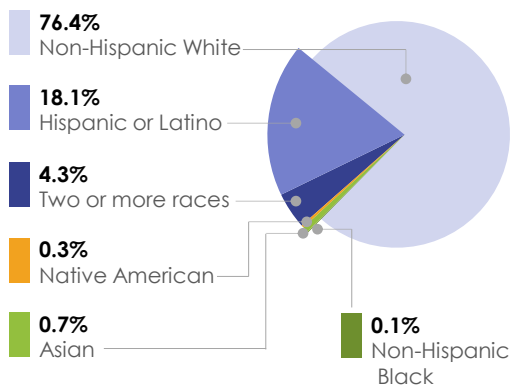
Payette County



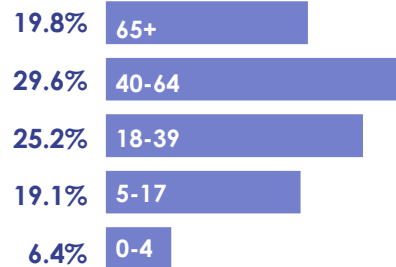
This Community Profile is a companion to the 2026 Greater Treasure Valley Community Health Needs Assessment (CHNA) conducted by the Western Idaho Community Health Collaborative (WICHC). It provides a county-specific snapshot of the health, social, and economic factors that influence well-being in Payette County. This profile is intended to help community organizations, local leaders, and residents better understand local needs and support community health improvement efforts.

WHO LIVES HERE?

Race and Ethnicity



Age



Population

26,771

▲ 12.2% increase from 2010-2020

Life Expectancy at Birth: 77.2

Prioritized Health Needs

- 1 Behavioral Health
- 2 Housing
- 3 Access to Care

CHRONIC DISEASE



30.4%

Have high blood pressure
State Avg 28.2%



34.3%

Living with obesity
State Avg 30.4%



8.4%

Have diabetes
State Avg 8.7%



7.0%

Have ever had cancer
State Avg 7.4%

MENTAL HEALTH



▲ **17.8% of adults** report 14 days or more days during the past 30 days during which their mental health was not good

▲ State Avg 16.9%

▲ Increasing

26.3

State Avg 22.1

Suicide mortality per 100,000

23.5% Depression

State Avg 24.3%

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are non-medical factors that affect health outcomes. They include the conditions in which people are born, grow, work, live, and age. SDOH also include the broader forces and systems that shape everyday life conditions.

Economic Factors



\$67,673

Median household income
State Avg \$77,800



10.2%

Population living in poverty
State Avg 10.6%



3.2%

Unemployment
State Avg 3.7%



35.04%

Of community survey respondents reporting struggling to pay for necessities



47.0%

Households below the ALICE threshold
State Avg 41%

Housing

24.2%

Households spending 30% or more of their annual income on housing costs
State Avg 27%

Access to Care

7.1%

Of the population are uninsured
State Avg 9.1%

70.5%

Visited doctor for routine checkup
State Avg 72.8%

157.6

Medical Providers per 100,000 residents
State Avg 1,286.1

Food Access

12.7%

Of households experienced food insecurity in the last year
State Avg 12.7%

15.25%

Of community survey respondents without enough money for food

15.6%

Of households are receiving food stamps
State Avg 7.6%

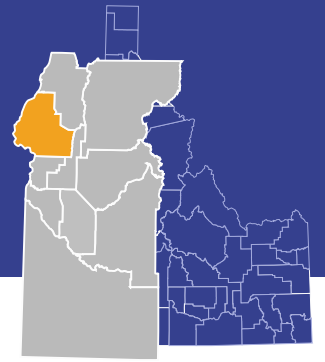
U.S. Census Bureau: American Community Survey (ACS); HRSA's Maternal and Child Health Bureau (MCHB); Health Resources & Services Administration: Area Health Resources Files (AHRF); Feeding America: Map the Meal Gap; Idaho Oregon Community Health Survey; United for Alice; United Way ALICE Data; Idaho Oregon Community Health Survey; Centers for Disease Control and Prevention (CDC): PLACES; Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M); Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

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2026 COMMUNITY PROFILE

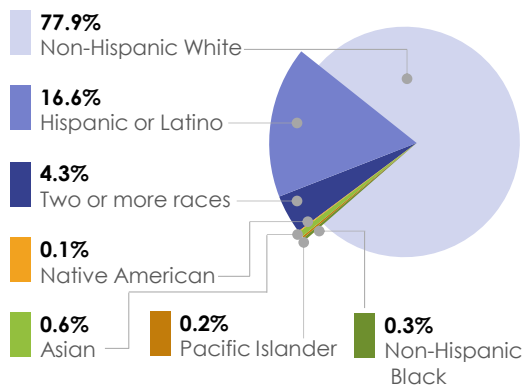
Washington County



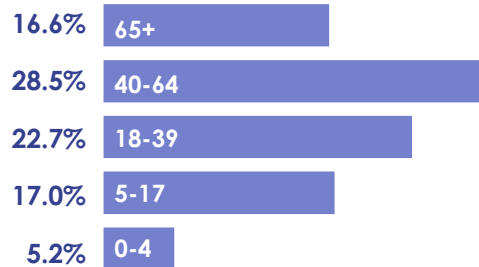
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WHO LIVES HERE?

Race and Ethnicity



Age



Population

11,142

▲ 3.0% increase from 2010-2020

Life Expectancy at Birth: 75.9

Prioritized Health Needs

- 1 Behavioral Health
- 2 Housing
- 3 Access to Care

CHRONIC DISEASE



30.2%

Have high blood pressure
State Avg 28.2%



30.1%

Living with obesity
State Avg 30.4%



8.7%

Have diabetes
State Avg 8.7%



7.0%

Have ever had cancer
State Avg 7.4%

MENTAL HEALTH



▲ **18.5%**
of adults

▲ State Avg 16.9%

report 14 days or more days during the past 30 days during which their mental health was not good

▲ Increasing

27.1

State Avg 22.1

Suicide mortality per 100,000

23.7%

State Avg 24.3%

Depression

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are non-medical factors that affect health outcomes. They include the conditions in which people are born, grow, work, live, and age. SDOH also include the broader forces and systems that shape everyday life conditions.

Economic Factors



\$54,000

Median household income
State Avg \$77,800



15.3%

Population living in poverty
State Avg 10.6%



5.2%

Unemployment
State Avg 3.7%



28.17%

Of community survey respondents reporting struggling to pay for necessities



60.5%

Households below the ALICE threshold
State Avg 41%

Housing

26.8%

Households spending 30% or more of their annual income on housing costs
State Avg 27%

Access to Care

9.0%

Of the population are uninsured
State Avg 9.1%

71.1%

Visited doctor for routine checkup
State Avg 72.8%

104.8

Medical Providers per 100,000 residents
State Avg 1,286.1

Food Access

15.3%

Of households experienced food insecurity in the last year
State Avg 12.7%

13.65%

Of community survey respondents without enough money for food

11.1%

Of households are receiving food stamps
State Avg 7.6%

U.S. Census Bureau: American Community Survey (ACS); HRSA's Maternal and Child Health Bureau (MCHB); Health Resources & Services Administration: Area Health Resources Files (AHRF); Feeding America: Map the Meal Gap; Idaho Oregon Community Health Survey; United for Alice; United Way ALICE Data; Idaho Oregon Community Health Survey; Centers for Disease Control and Prevention (CDC): PLACES; Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M); Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

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WESTERN IDAHO
COMMUNITY HEALTH
COLLABORATIVE

2026 Community Health Needs Assessment (CHNA)

Understanding and Identifying Priority Health Needs in Southwest Idaho

Charlene Cariou, DrPH, MHS, CPH, CHES
Community Health Manager

Objectives

- Who is WICHC?
- Purpose of a CHNA
- Overview of the 2026 CHNA
- High priority health needs
- Ways to take action on CHNA findings
- Q&A

WICHC Partners



WICHC Partners – CHNA Funders



WICHC Serves Southwest Idaho

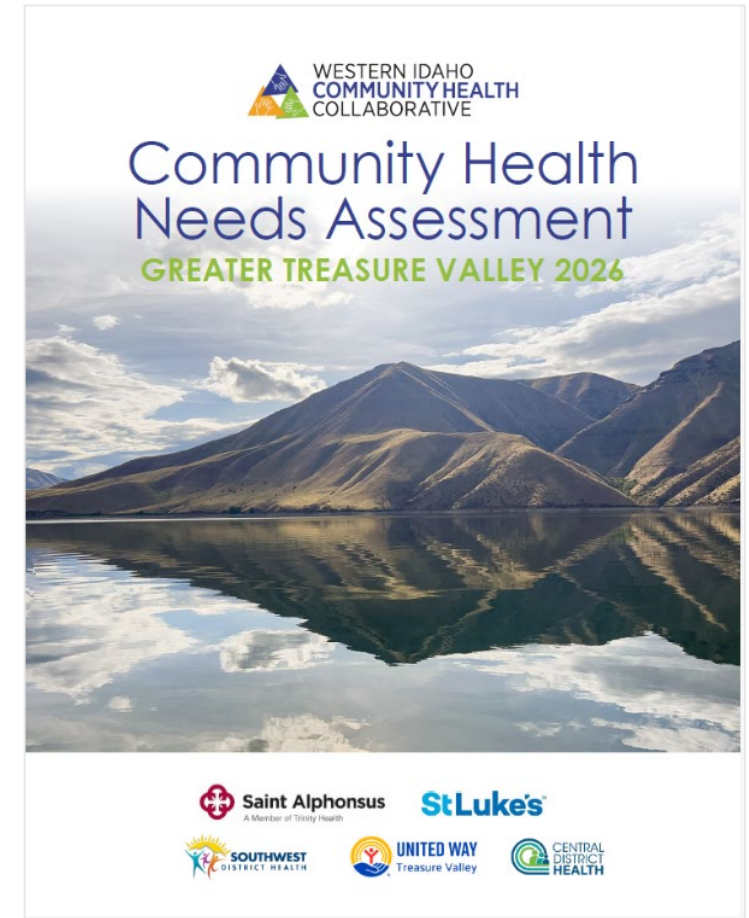


- WICHC “aims to transform the health of our communities by collaborating, prioritizing, and collectively supporting the community health needs and healthcare transformation efforts that will have the greatest impact on improving health outcomes and lowering costs of healthcare”
- 10 counties served by Central and Southwest District Health
- 45% of Idaho population

What is a CHNA?

- Captures data to identify the most significant health needs
- Data collection includes: surveys, focus groups, and interviews, etc.
- Identifies shared health priorities to be addressed collaboratively
- Conducted every 3 years

WICHC CHNA approach maximizes resources, avoids duplication



CHNA Timeline



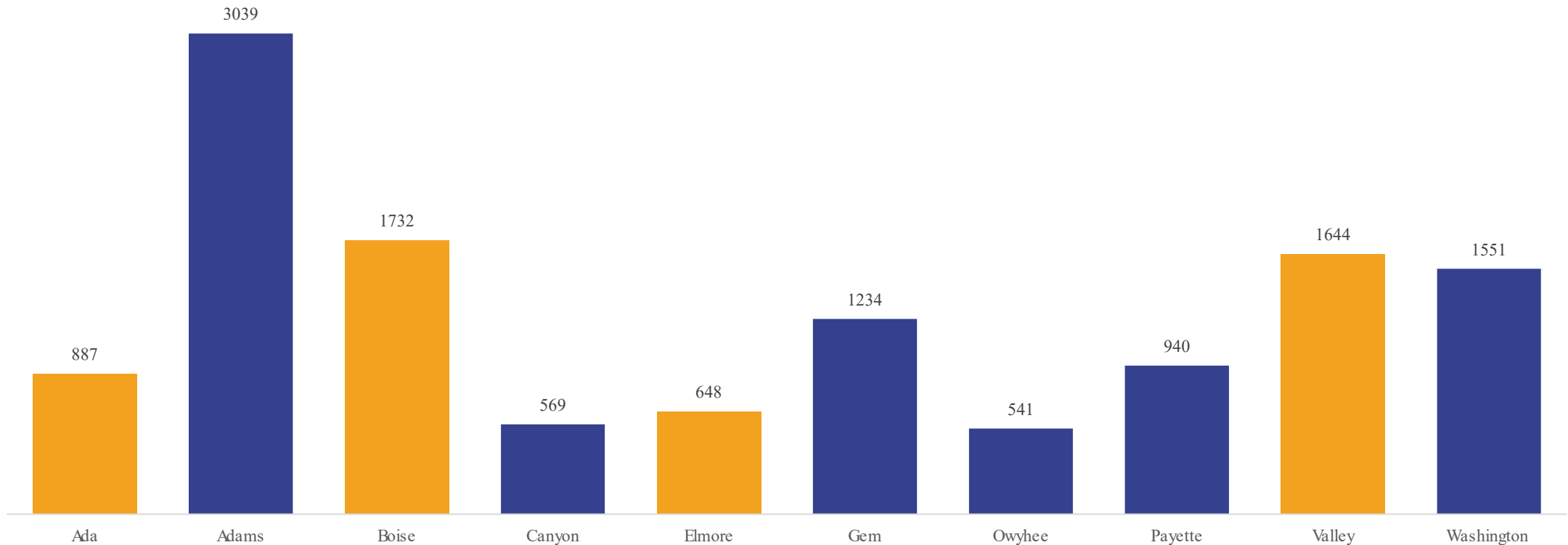
By the Numbers – CHNA Data Collection

- All 10 counties represented in data collection



Rural Counties are Well Represented in Surveys After Accounting for Population Size

Population standardized, survey responses per 100,000 population



Source: Metopio, survey responses as of 7/10/2025. <https://metop.io/insights/yb3g93t7>
Source: Data Commons, County population size, <https://datacommons.org/> (accessed 8/12/26)

2026 CHNA High-Priority Health Needs



Mental and
Behavioral
Health



Housing



Access to
Care



Behavioral Health



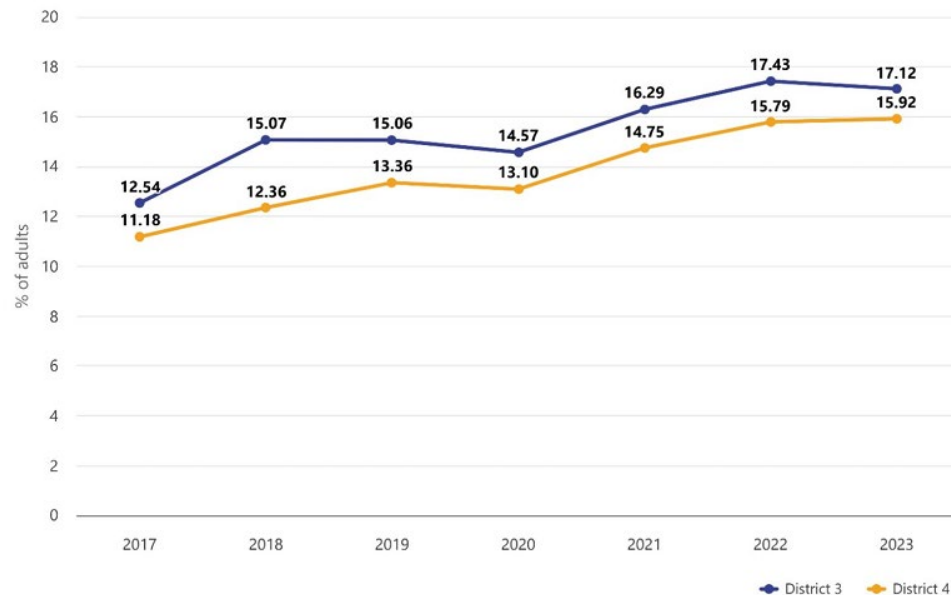
Behavioral Health



Mental health was ranked the #1 health issue by community survey respondents.

- Rates of self-reported poor mental health are increasing among adults

Self-reported poor mental health



Created on Metopio | metopio.io/k3awznt2 | Data source: Centers for Disease Control and Prevention (CDC); PLACES (for county, zip code, and census tract)
Self-reported poor mental health: Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.

- Lack of accessible mental health care and stigma around seeking support.
- Substance use as challenges in their communities.

“Access to mental health care, especially for teens, has been a major concern.”

“The wait lists for behavioral supports for young children are years long.”



Housing



Housing

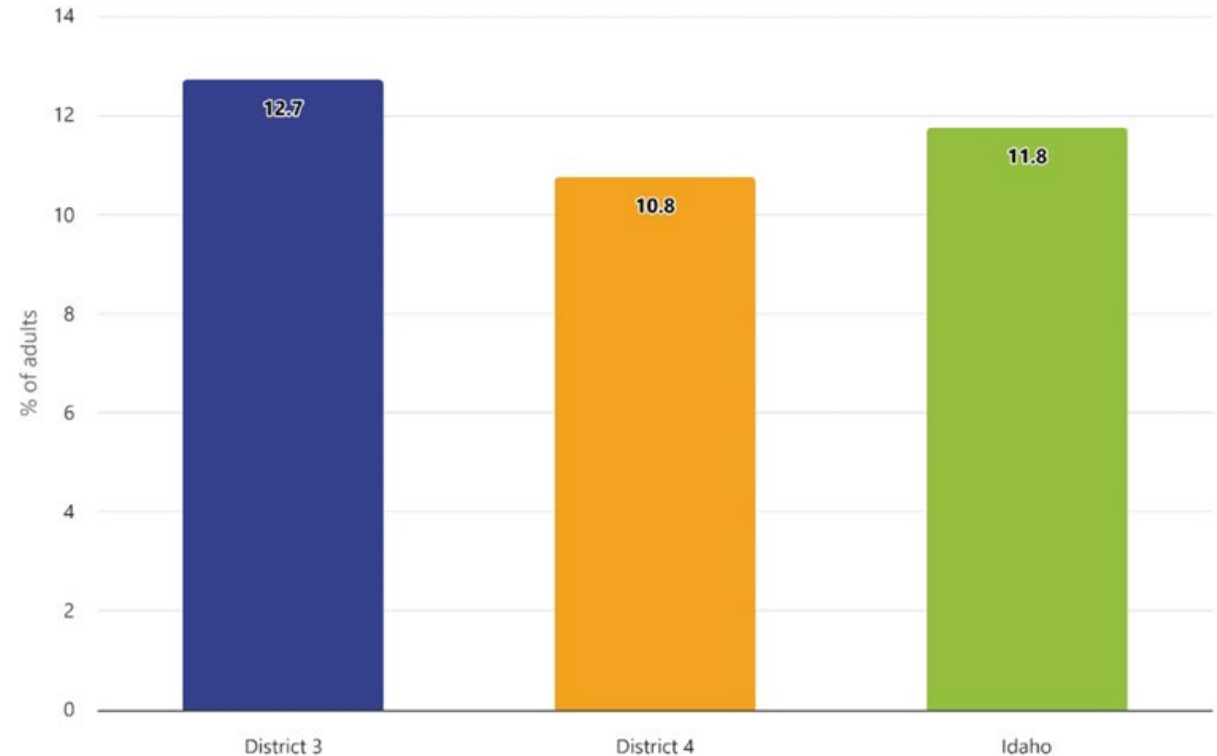
- Among community survey respondents, 80% disagreed or strongly disagreed with the statement “There are affordable places for everyone to live in my community.”

“There is not enough affordable housing and rentals. The waitlist can be up to 5 years.”

-Community Partner

Housing Insecurity (2022)

(Not able to pay mortgage, rent or utilities in past 12 months)



Created on Metopio | metopio.io/i/4a7j3mv5 | Data source: Centers for Disease Control and Prevention (CDC); PLACES

Housing Insecurity: The percent of adults who were not able to pay mortgage, rent, or utility bill in the past 12 months.



Affordable housing was a top community concern by community survey respondents.



Access to Care



Access to Care

- Community members noted barriers to accessing care, including:
 - Transportation
 - Limited provider availability
 - Financial challenges
 - Scheduling conflicts
 - Long waits
 - Lack of health insurance

<i>Providers per 100,000 residents, 2022</i>	Health District 3	Health District 4
Primary Care Providers (PCP) per capita	43.6	105.9
Mental Health Providers per capita	307.3	602.3
Dentists per capita	39.0	67.4
Pediatrics Physicians per capita	10.12	34.49
Specialist Physicians per capita	15.54	84.72
Obstetrics & Gynecology Physicians per capita	10.51	25.99

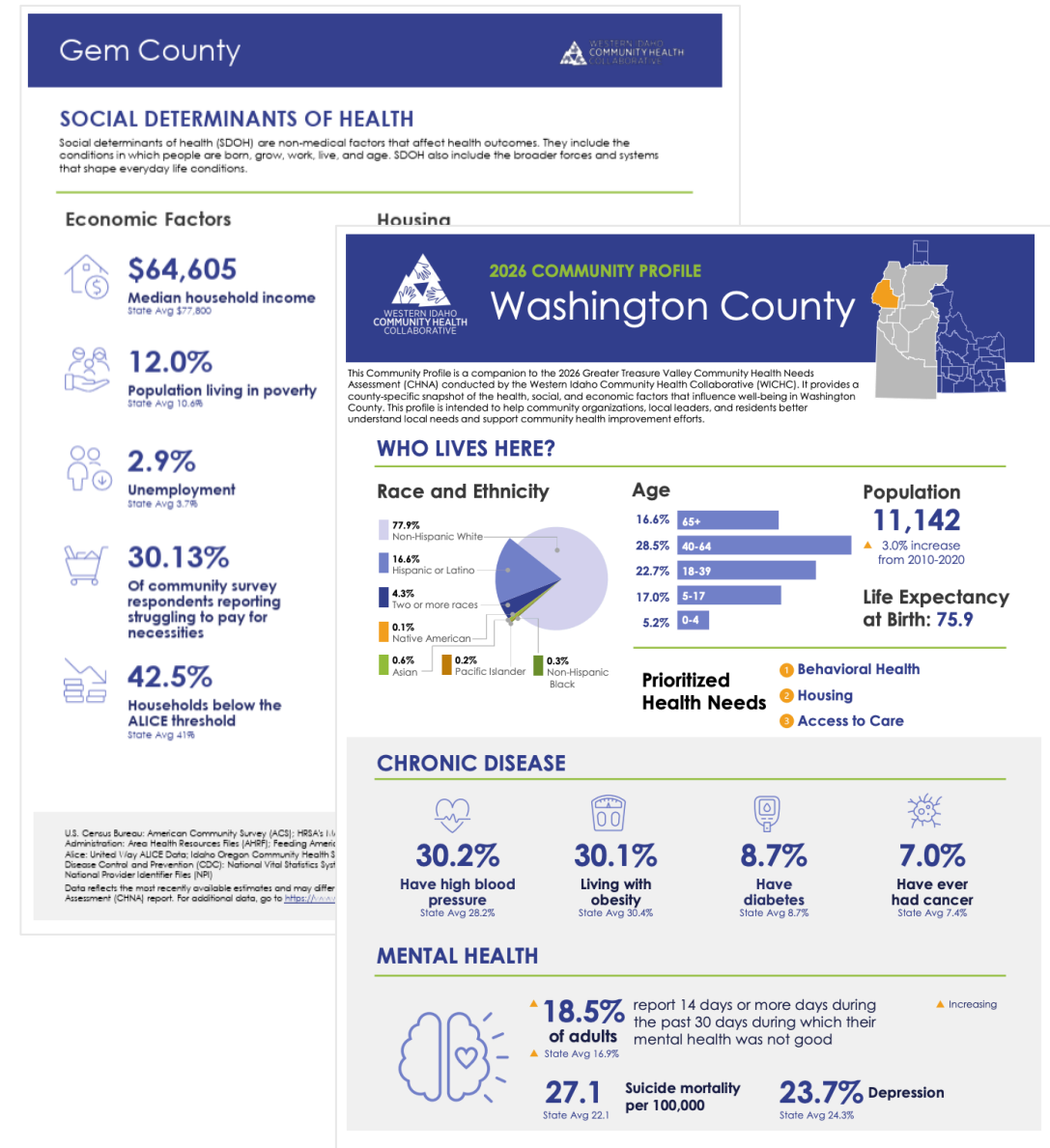
Centers for Medicare and Medicaid Services (CMS) National Provider Identifier Files (NPI), 2022

At least 20% lower than state average

“Long wait times for appointments pose a serious obstacle.”
– Canyon County Resident

County Profiles

- 10 counties in WICHC service area
- Community demographics
- Health outcomes
- Social Determinants of Health
 - Economic
 - Housing
 - Access to Care
 - Food Access



What did WICHHC do to Address these Needs?

- Individual Health System Implementation Plans
- WICHHC Regional Community Health Improvement Plan (CHIP)
- Workgroups focused on each priority area:
 - Housing
 - Behavioral Health
 - Access to Care



WICHHC Impact 2023-2026

Safe, Affordable Housing, and Homelessness

Strategy: Identify and advocate for new transformational funding sources for housing investments.

Key Partners

Blue Cross of Idaho Foundation, CATCH Idaho, City of Boise, Gem State Housing Alliance, NeighborWorks Boise, Saint Alphonsus, Southwest District Health

2023-2026 Outcomes

- Presented at the Region 3 Housing Coalition Conference
- Presented at the 2026 Conference on Housing and Economic Development

**Systems-level Outcome
(Structural Change):**

Illustrated the importance and link between housing and health, across the Greater Treasure Valley

WICHHC Impact 2023-2026

Behavioral Health, including Mental Health and Well-being and Substance Misuse

Strategy: Understand the behavioral health workforce pipeline and rural community access

Key Partners	Blue Cross of Idaho Foundation, Idaho Crisis & Suicide Hotline, Idaho Department of Juvenile Corrections, Idaho State University, Ignite Idaho, Southwest District Health, Veterans Affairs
2023-2026 Outcomes	Partnered with Idaho State University and current workgroup partners (listed below) to develop a Behavioral Health Workforce Survey, statewide
Systems-level Outcome (Structural Change):	Fostering connections to better understand the statewide behavioral health workforce

Strategy: Reduce behavioral health stigma

Key Partners	The College of Idaho, Idaho Department of Juvenile Corrections, St. Luke's Health System, Southwest District Health, Veterans Affairs
2023-2026 Outcomes	• Developed a Mental Health & Well-being Flyer promoting free behavioral health trainings across the 10-county region • Developed a stigma reduction organizational toolkit for organizations to advance mental health and well-being
Systems-level Outcome (Structural Change):	Developing tools to enhance and support mental health in Southwest Idaho

WICHHC Impact 2023-2026

Access to Affordable Health Care, including Oral and Vision Health

Strategy: Expand and improve partner and community use of resources and referral pathways

Key Partners

Saint Alphonsus, United HealthCare Services, Inc., United Way of Treasure Valley

2023-2026 Outcomes

- Hosted 10 findhelpidaho.org training courses specific to the WICHHC region, offered online or in-person
- Created a virtual certification course and module available statewide

**Systems-level Outcome
(Structural Change):**

Promoted and expanded the integration and use of findhelpidaho.org, in the Greater Treasure Valley and Statewide

WICHC Role in Addressing Priority Health Needs Moving Forward



Taking Action - How to use the CHNA



- Share CHNA findings within your community



- Use the data to support work in your community that is aligned with the high-priority health needs



- Allocate resources, as appropriate, to address the identified high-priority health needs



- Collaborate with partners on policy efforts



- Coordinate on shared activities to maximize impact

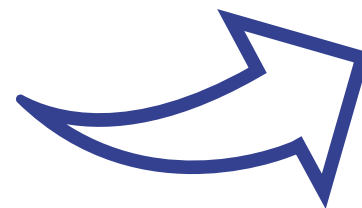


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Thank you!

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or visit WICHC.org for more information





Behavioral Health

Ashley Hammond, LCSW
Behavioral Health Clinician
Southwest District Health

Why Offer Mental Health Counseling?

Public Health Significance

- Mental health was ranked as a top concern in the 2023 and 2026 Community Health Needs Assessments
- All counties in District 3 identified to be a mental health shortage area

Additional Concerns Identified

- Provider shortage for pediatric services
- Difficulty in obtaining timely services
- Stigma associated with accessing care

Public Health Board and Director Interest



2026 Community Health Needs Assessment

“There’s a big need for mental health services in the community, there are only a few providers in the county.”
Washington County Resident

“Stigma surrounding mental health discourages individuals from seeking help, further compounding the problem.”

“This reflects the need for more mental health providers and an intentional focus on prevention to reduce overall demand for mental health services.”

Overview of Mental Health Services



Counseling offered by a Licensed Clinical Social Worker (LCSW)

- Sees individuals ages 12 and up
- Specialties include anxiety, depression, self-esteem, life transitions, and suicidal ideation
- Most insurances accepted and sliding scale available
- Telehealth services offered

Ashley's Therapeutic Approach

- Primarily serve adults
- Incorporate the dimensions of wellness framework into practice
- Rapport building and stigma reduction
- Coordination with or connection to medical providers within SWDH for whole person care



SAMHSA Dimensions of Wellness, 2016

Therapeutic Approaches

Person-Centered Therapy

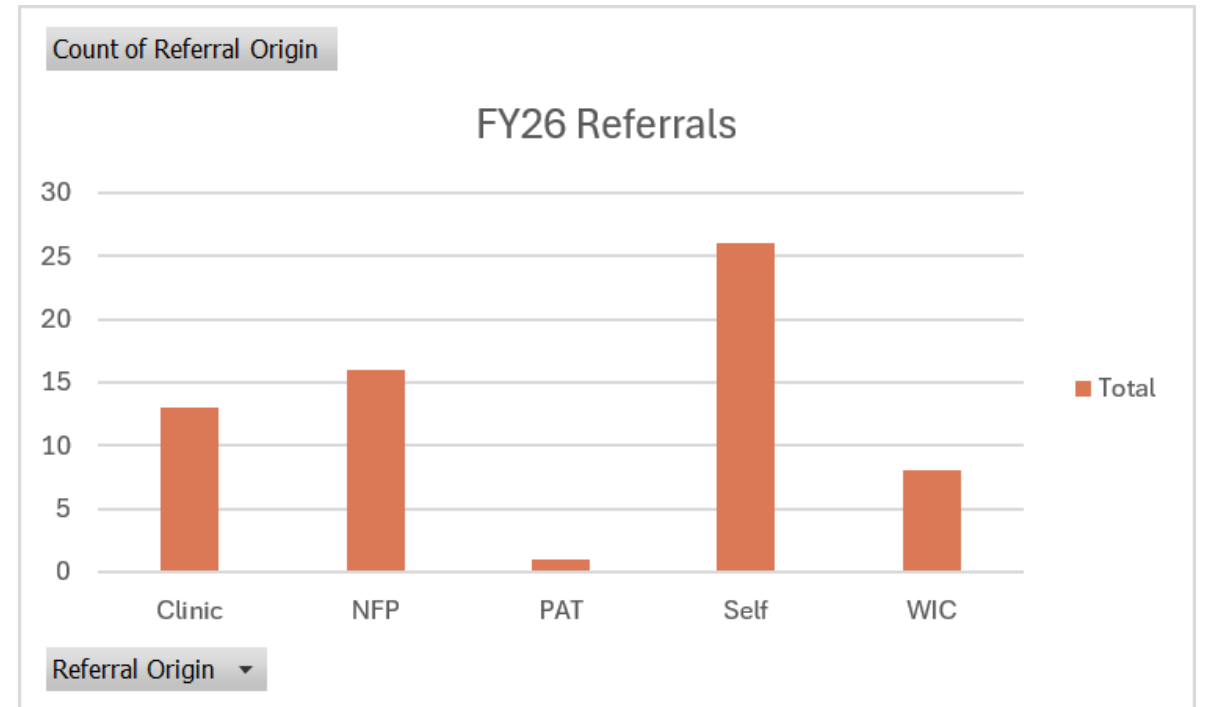
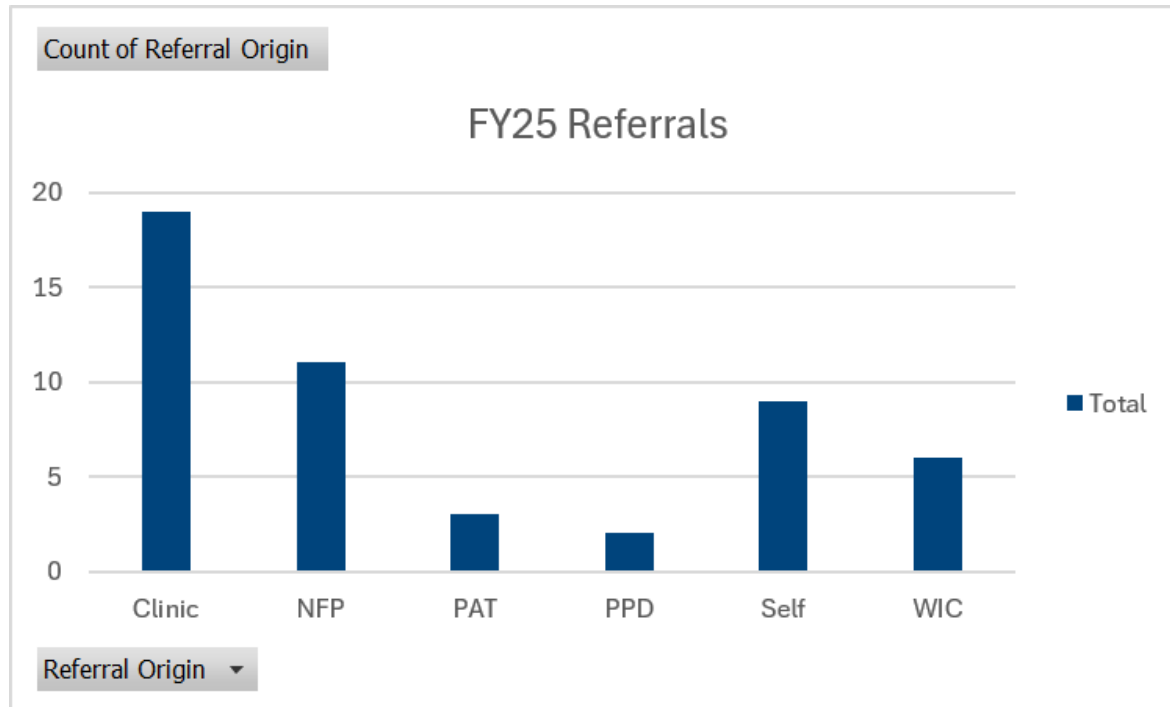
Solution Focused Brief Therapy

Motivational Interviewing

Cognitive Behavioral Therapy



Referrals by source



Filling the Gaps

- Accept Medicaid and offer sliding scale
- Barrier reduction with other service participation
- Coordination with medical team and other programs
- Flexible service options (telehealth and late afternoon appts)



Telehealth Services

Benefits

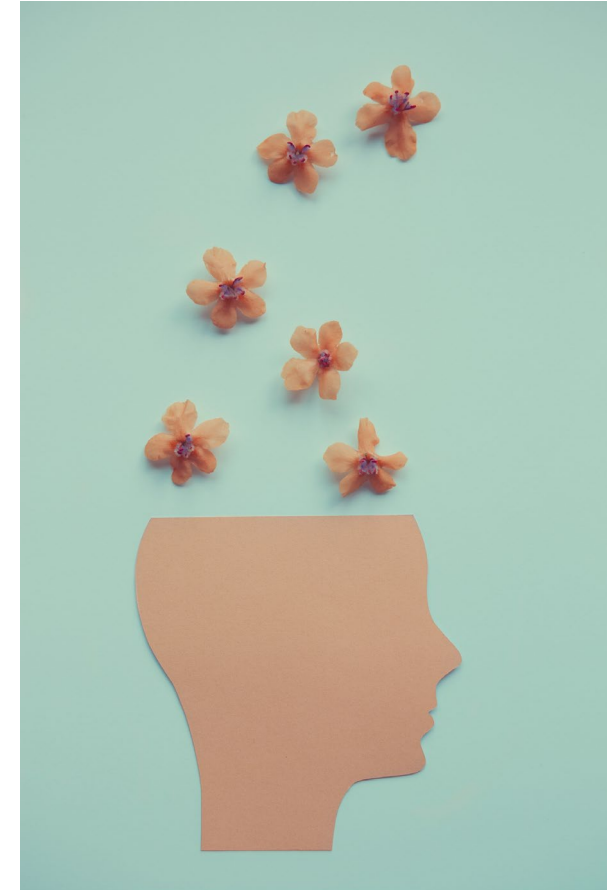
Childcare and transportation are barriers minimized by virtual services
Increased access to rural communities
Flexibility with work schedules
Reduces stigma with accessing care

Challenges

Technical difficulties
Weak broadband services
Privacy concerns (thin walls, roommates)
Norms and virtual session behavior

Expansion Opportunities

- Pediatric mental health services
- Increased specialization
- Bilingual
- Expand service areas to outer clinics
- Preference for male providers





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 (CHNA), 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 Healthy People 2030 and 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:

- **Access to Care**
- **Housing**
- **Kratom**
- **Nutrition and Healthy Eating**
- **Physical Activity and Healthy Communities**
- **Rodent-Borne Disease Prevention**
- **Social Connection**
- **Youth Technology Use and Health**

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.

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Nutrition and Healthy Eating

Why This Matters

Good nutrition supports healthy growth and development, healthy aging, and the prevention of chronic diseases such as diabetes, heart disease, and obesity. Healthy eating habits are influenced by more than individual choices; they are shaped by food access, affordability, knowledge, cooking skills, and daily family routines.

The 2026 Community Health Needs Assessment identified food access as a significant health concern in the region, particularly among younger adults and households experiencing financial challenges. District 3 also experiences higher rates of diabetes and heart disease mortality than state averages, making nutrition education and access to healthy foods important prevention strategies.

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 by teaching them or connecting them with community organizations who can help.

Schools and youth-serving organizations:

- Expand age-appropriate nutrition and food preparation education, including cooking, budgeting, food safety, gardening, and hands-on meal preparation by teaching them or connecting them with community organizations who can help.
- 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.
- When providing education to communities, ensure the messenger is a trusted member of the community.

Food retailers, food service providers, and employers:

- Offer and promote affordable healthy options, especially for children and families.
- Consider offering free fruit to children instead of, or in addition to, sweet treats.
- Consider healthy options at checkout stands, advertise produce incentives, nutrition information, workplace wellness efforts, and partnerships with community organizations to promote practical healthy eating.
- Consider adding calories to menu items.

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).
- Support funding and policies that improve access to healthy food and good nutrition, including mobile grocery services, farmers markets, community gardens, senior meal programs, food recovery partnerships, and local planning and zoning policies that make it easier for grocery stores and other healthy food retailers to serve growing communities.
- Support funding for Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC), and Meals & Wheels.
- Support policies that protect Idaho's aquifers and ensure access to safe, reliable drinking water, which is essential for healthy hydration, food preparation, and agricultural production.
- Support policies that promote soil health, safe irrigation water, and responsible land stewardship to sustain local agriculture and ensure long-term access to nutritious, locally grown foods.

Southwest District Health:

- Serve as a convener, educator, and technical assistance partner.
- Assist with aligning local nutrition efforts with identified community needs, 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.
- Continue to provide nutrition support including nutrition education, infant formula, and breastfeeding consultation to families eligible for WIC.
- Provide training for safe food handling to food service workers and the public.

Physical Activity and Healthy Communities

Why This Matters

Regular physical activity supports physical health, mental wellbeing, healthy aging, and the prevention of chronic disease. It can also improve sleep, attention, social connection, and quality of life for people of all ages.

Opportunities for physical activity are influenced by where people live, learn, work, and play. Safe parks, sidewalks, recreation programs, school activities, and community design help make active lifestyles more achievable. In Southwest Idaho, increasing physical activity can help address chronic disease and support community wellbeing.

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.
- Include regular periods of movement throughout the day and model active habits at home, such as playing, walking, cooking, gardening, bike riding, or other activities that reduce sedentary time.
- 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 and encourage opportunities for students to be active and engaged throughout the school day and beyond, including recess, classroom activity breaks, physical education, intramural and after-school programs, sports, outdoor recreation, arts, agriculture, career and technical education, and other hands-on activities that reduce sedentary time and promote skill development.

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 physical activity in sedentary workplaces by providing accessible options for movement, such as walking paths, marked walking routes, walking pads, onsite exercise equipment, or other activity-friendly amenities.
- 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.
- Connect physical activity to chronic disease prevention, youth mental health, healthy aging, school readiness, and community design.
- Provide schools, local governments, healthcare providers, and community partners with data, education, communications, and grant support to increase physical activity and promote health communities.
- Continue to provide and expand Fit and Fall Proof classes, as resources allow.

Youth Technology Use and Health

Why This Matters

Technology offers many benefits for learning, communication, and access to information. However, excessive or poorly managed screen use can interfere with sleep, physical activity, childhood development, attention, mental health, family relationships, and in-person social development. The U.S. Surgeon General has identified screen use and youth mental health as emerging public health concerns.

Locally, mental health was identified as the top health concern in the 2026 Community Health Needs Assessment. Promoting healthy technology habits can support youth wellbeing while preserving the benefits that technology provides for learning and connection.

Key Takeaway

Youth technology use is a shared responsibility. Neither parents nor schools can address this issue 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. Technology should be used strategically both in educational and personal settings.

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.

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 check-ups and adolescent visits when appropriate.
- At well-child check-ups, educate on media use and provide screen time recommendations.
- 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.
- Provide education on the addictive aspects of cell phones and risks for harm, especially for adolescents.
- Promote employee assistance and mental health benefits.
- 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.
- Translate Surgeon General guidance into local messages.
- Support parents, schools, and licensed childcare facilities with practical tools.
- Promote and, where feasible, fund screen-free and pro-connection activities.
- 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 fundamental contributor to health and wellbeing. Strong relationships with family, friends, neighbors, coworkers, and community groups can improve resilience, reduce stress, support mental health, and help people navigate life's challenges.

The 2026 Community Health Needs Assessment identified behavioral health as the region's top priority and highlighted concerns about mental health across age groups. Creating opportunities for meaningful social connection can help reduce isolation, strengthen community resilience, and support overall wellbeing.

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 meaningful engagement with family, friends, neighbors, and trusted community members, such as conversations, recreation, and shared activities.
- 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 by making a phone call, sending a text, stopping by for a visit, or offering help with everyday tasks.
- When stress, loneliness, grief, or mental health concerns become overwhelming, connect with someone you trust. A phone call, conversation, counseling appointment, or support group can provide encouragement, perspective, and practical help.

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.
- Participate in the Idaho Youth Well-Being Survey and use the results to target efforts that address the most pressing challenges for their student body population.
- 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.

- Administer the PHQ9 depression screening at check-up appointments, refer or navigate to resources as indicated, and follow up.
- Ask patients about barriers to care such as social support, caregiving stress, transportation, grief, and isolation when appropriate and assist with removing the barriers.

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:

- Recognize that social isolation, caregiving stress, and family challenges can affect employee health, productivity, and retention.
- Support workplace cultures that value connection, belonging, and employee wellbeing by checking in regularly with employees, recognizing accomplishments, encouraging teamwork, and providing supportive policies and resources.
- Consider supporting a social or culture committee of employees across the organization to plan activities that bring coworkers together.
- Encourage peer support, employee assistance programs, family-friendly practices, and mental health resources.

Local governments and policymakers:

- Fund, create, and protect 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.
- Support infrastructure and policies that ensure safe neighborhoods and communities.

Southwest District Health:

- Serve as a trusted convener and communicator.
- Elevate social connection as a prevention strategy.
- Integrate or strengthen social connection opportunities in existing services and programs.
- Align local partners around youth wellbeing and older adult health.
- Share data from the Community Health Needs Assessment.

- Promote resources and opportunities to build social connections.
- Support community-level strategies that reduce isolation, strengthen family resilience, and connect residents to help before needs become urgent.

DRAFT

Access to Care

Why This Matters

Access to healthcare is essential for disease prevention, chronic disease management, maternal and child health, behavioral health, and healthy aging. When care is delayed or unavailable, health conditions often worsen and long-term costs increase.

The 2026 Community Health Needs Assessment identified Access to Care as one of the region's top health priorities. Residents reported barriers related to provider shortages, cost, transportation, insurance coverage, and difficulty navigating available services. Addressing these barriers can improve health outcomes and reduce preventable illness across Southwest Idaho.

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, use preventive screenings and immunizations recommended by your healthcare provider, 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.
- Partner with healthcare and community organizations to provide wellness education, screenings, vaccination clinics, or resource navigation for employees and families.
- Establish occupational health policies that promote a healthy workforce; reducing absenteeism, workers comp claims, productivity, and turnover.

Insurers and payers:

- Reduce barriers that prevent people from being enrolled in an insurance plan and 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.
- Adopt policies and funding investments that strengthen the high school to health care workforce pipeline.
- Establish a vision for Idaho's public health system (i.e., EMS, public health, Medicaid, corrections) that maximizes state and local resources and then develop policies and funding mechanisms to build it.

Southwest District Health:

- Serve as a convener, educator, data partner, and connector.
- Promote resource navigation tools.
- Support mobile and school-based service coordination.
- Provide public health education messages relating to the importance of having a

regular primary care provider and preventative care.

- Identify and work with stakeholders to address access gaps in the health care system across the district's footprint.

DRAFT

Kratom

Why This Matters

Kratom and kratom-derived products are increasingly available in Idaho through online retailers, smoke shops, convenience stores, and other retail settings. These products are marketed for a variety of purposes, including pain relief, energy, mood enhancement, and opioid withdrawal support, yet product potency, ingredients, labeling, and purity can vary substantially. Public health concerns include contamination, dependence, adverse health effects, and consumer misunderstanding about the risks associated with these products.

Idaho currently has limited statewide regulation of kratom and kratom-derived products, allowing youth and adults to access products that may differ significantly in strength and composition. Reports from poison centers and public health agencies have identified increasing concerns related to highly concentrated kratom derivatives, including 7-hydroxymitragynine (7-OH), which may have stronger opioid-like effects and higher abuse potential. Recent federal actions targeting certain synthetic and highly concentrated 7-OH products have further highlighted the evolving nature of this issue.

As new products continue to enter the marketplace, policymakers, healthcare providers, educators, parents, retailers, and public health agencies all have a role in helping residents understand potential risks, monitoring emerging trends, reducing youth access, supporting informed consumer decision-making, and considering appropriate safeguards related to age restrictions, labeling, product testing, and product safety.

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 risk of kratom use, just because something is available in stores doesn't mean it is safe or risk-free.
- Store all supplements, medications, herbal products, and substances in a locked

container.

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)
- Provide information to all patients and parents about the risks of kratom and teach parents how to talk to their youth about substance use and refusal skills.
- 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:

- Provide 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 and co-locate Poison Control information, substance use support resources, and Narcan with kratom.

Policymakers:

- Ban kratom. There is no known medical benefit of kratom and it is not FDA

approved.

- Idaho policymakers should establish regulations for kratom and kratom-derived products as there are currently no restrictions on potency, 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.
- Monitor emerging trends, share timely guidance with healthcare providers and community partners,
- Support schools and parents with prevention messaging.
- Promote Poison Control resources.
- Educate local leaders on the public health implications of kratom, 7-OH, and other emerging substances.
- Align kratom education with broader behavioral health, youth prevention, overdose prevention, and substance use response efforts.

Rodent-Borne Disease Prevention

Why This Matters

Rats and other rodents can affect public health by contaminating food and water, spreading disease, damaging property, and creating safety hazards. Prevention is most effective when communities reduce access to food, water, shelter, and entry points before infestations become established.

Recent reports indicate increasing rat activity in parts of the Treasure Valley, making prevention and early detection important community health strategies. Coordinated efforts by residents, property owners, businesses, local governments, and public health agencies can help reduce risks and protect community wellbeing.

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. 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.

Commented [DT1]: Can add a point about being able to set traps and keep them available.

Property owners and landlords:

- Prevent rodent entry by sealing gaps around doors including garage 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.

Commented [DT2]: Can these be merged into a single group such as Residents and Property owners?

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.

Commented [DT3]: potentially add a point about partnering with community service organizations (Girl and boy scouts) for clean-up activities for elderly.

Commented [DT4]: Are we focusing on one group vs another (industrial vs private residences)?

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).

Commented [DT5]: How would this work and who would be the leader on developing the zone and planning?

Southwest District Health:

- Serve as a trusted source of guidance, education, surveillance support, and partner coordination.
- Incorporate pest prevention education into facility inspections and share areas for improvement that can mitigate rodent infestations and closures.
- Provide prevention education and linkages to resources via social media platforms.
- 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.

Commented [DT6]: Who inhouse is providing the guidance and what expectations are around them?

Commented [DT7]: Who is promoting this communication? All SWHD or certain members that are trained?

Housing

Why This Matters

Safe, stable, and affordable housing is one of the strongest predictors of health. Housing affects physical and mental health, child development, healthcare access, employment, transportation, and overall quality of life. When housing costs become burdensome or housing conditions are unsafe, families may struggle to meet other basic needs.

The 2026 Community Health Needs Assessment identified housing as one of the region's highest priorities. Residents reported challenges related to affordability, availability, and housing stability across both rural and urban communities. Improving housing stability can support healthier families, stronger communities, and better long-term health outcomes.

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.
- 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.
- Consider developer tax credits or rebates when developments include a range of affordability; attracting people of all income levels and supporting multigenerational living/neighborhoods.

Southwest District Health:

- Serve as a convener, educator, data partner, and health voice in housing conversations.
- 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.

- Advocate for alternative housing options while assuring healthy living (i.e., access to potable water, sewage disposal, and solid waste disposal).

DRAFT

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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 dependence¹ and

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

WHEREAS, at low doses, kratom produces stimulant effects with users reporting increased alertness, physical energy, and talkativeness. At high doses, users experience sedative effects. 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 symptoms². Users of kratom have also experienced anorexia, weight loss, insomnia, hepatotoxicity, seizure, and hallucinations¹; 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 usage²; and

WHEREAS, the FDA has issued reports about deaths associated with kratom¹, 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 interactions². 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 2015³. Though supporters of keeping the drug legal for research purposes note that the death certificates often mention the possible involvement of other drugs¹, and

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

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

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

WHEREAS, kratom is now considered a Schedule 1 drug in Alabama, (the same classification as heroin and ecstasy), and Wisconsin, Vermont, Tennessee, Indiana, Rhode Island and Arkansas, with additional states and jurisdictions considering the ban of the botanical supplement¹. 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 safety⁴. Internationally, kratom is illegal in at least 20 other countries including Australia, Denmark, Finland, Latvia, Lithuania, Malaysia, Myanmar, Poland, Romania, Sweden and Thailand⁵, 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.

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/>

CONTRACT FOR SERVICES
Between
SOUTHWEST DISTRICT HEALTH and NIKOLE ZOGG

This contract is entered into between the Southwest District Health (Public Health District 3) Board of Health, hereinafter referred to as "Board", and Nikole Zogg, hereinafter referred to as "Zogg", to engage the services of Zogg as the Director of Southwest District Health.

It is agreed by and between the Board and Zogg as follows:

- I. EMPLOYMENT: Subject to the provisions herein set forth, Zogg is appointed as the Secretary and administrative officer of the Board and shall be appointed and employed as the Director of Southwest District Health in accordance with Idaho Code 39-413. Zogg is a salaried, at-will, Fair Labor Standards Act (FLSA) non-covered, exempt employee who shall devote such time as is required to complete her tasks as Director in a timely fashion. It is understood that Zogg may be required to devote more than 40 hours per week to complete said tasks and will do so without expectation of additional compensation beyond that set forth in this document or amendments thereto.
2. DUTIES: In addition to those functions specified in Idaho Code 39-413, Zogg is also to perform the duties customarily and routinely expected of a Chief Executive Officer, or an agency director and appointing authority as defined in Idaho Code. Those duties include, but are not limited to, ensuring District compliance with Title 39, Chapter 4, Idaho Code and other applicable Code sections, rules, contracts, and agreements; establish District executive operating procedures, policies, and protocols; determine and establish an organizational structure to fit the changing operational needs of the agency; exercise employee hiring and termination authority; determine and approve pay rates and promotions; maintain oversight of operating, personnel, and capital budgets; and, represent the Health District in the media, at public forums, and before the legislature and other governmental bodies. Further, to facilitate the timely handling of day-to-day District business, the Board hereby, and with this contract document, delegates to Zogg the authority to exercise on the Board's behalf the following duties outlined in Idaho Code 39-414, Powers and duties of the Board: 39-414(1), administer and enforce all state and district health laws, regulations, and standards; 39-414(4), enter into mutually voluntary contracts with other governmental or public agencies whereby the district agrees to render services to or for such agency in exchange for a charge reasonably calculated to cover the cost of rendering such services; 39-414(5), ensure money or payment received or collected by gift, grant, devise, or any other way shall be deposited to the respective division or sub-account of the public health district fund authorized by 39-422 Idaho Code; 39-414(8), enter into contracts with other governmental agencies as may be deemed necessary to fulfill the duties imposed upon the district in providing for the health of the citizens within the district; 39-414(10), accept, receive and utilize any gifts, grants, or funds and personal and real property that may be donated to it for the fulfillment of the purposes outlined in Title 39, Chapter 4; 39-414(11), recalculate and set a fee, higher or lower, for a fee previously approved and inserted into the District Fee Schedule by the Board when the cost to the District of any element of that fee is increased or decreased by a vendor. Fees for new services or procedures will be brought before the Board for approval prior to implementation; ~~39-414(13), administer and certify solid waste disposal site operations, closure, and post closure procedures established by statute or regulation in accordance with the provisions of Title 39, Chapter 74, Idaho Code, in a manner equivalent to the site certification process set forth in 39-7408, Idaho Code.~~

NOTE: As the code sections cited herein are abbreviated summaries, the referenced sections of 39-414 are to be reviewed and used in the context of their entirety in the exercise of these delegated responsibilities. Zogg is also expected to perform all other functions and duties as from time to time may be prescribed by the Board or other controlling directives.

3. TERM OF EMPLOYMENT: The term of employment shall be for a period of one year commencing on ~~May 21, 2024~~August 25, 2026 and continuing through ~~June-June~~June 30, 2027~~5~~. Either party may terminate this employment agreement by giving sixty (60) days written notice to the other party and upon the

establishment of the reasons for termination as herein set forth. Zogg may give sixty (60) days notice of termination for personal or medical reasons. The Board may give sixty (60) days notice of termination to Zogg for any of the following reasons. To wit:

- a. Documented failure to substantially perform the duties in the Director's job description.
- b. Documented lack of performance as determined by the Board.

4. COMPENSATION: For services rendered by Zogg under this agreement, compensation shall be paid to Zogg as follows:

~~\$145,600 annually or \$70.00/hour~~~~\$133,660.80 annually or \$64.26/hour~~. This salary will be reviewed by ~~June 30, 2027~~~~April 30, 2025~~, and annually thereafter, to align with the budget setting process and with the fiscal year.

PERFORMANCE AND EVALUATION: It is understood that a formal annual performance evaluation shall be conducted no later than June 1 by the Board.

5. PROFESSIONAL AFFILIATIONS: Zogg shall be permitted to participate in professional organizations such as the American Public Health Association (APHA), Idaho Public Health Association (IPHA), National Association of County and City Health Officials (NACCHO), and other similar job-related organizations. Southwest District Health shall pay membership, publication subscriptions, and meeting travel expenses if funds are available in the Board approved current fiscal year budget.

- ~~5.6.~~ PROFESSIONAL GROWTH: From July 2026 through April 2027, Zogg is permitted to participate in the Executive Leaders Program (ELP) through the Center for Homeland Defense and Security at the Naval Postgraduate School. Zogg will complete all aspects of ELP on work time. All other costs are covered by the school (e.g., tuition, travel, etc.).

- ~~6.7.~~ PERSONNEL BENEFITS: Zogg shall receive standard employee benefits in accordance with the personnel policies of Southwest District Health. ~~These benefits shall include vacation and sick leave, disability and life insurance coverage, participation in health and dental insurance plans for self, spouse, and dependent family members, participation in the Idaho State Employee Pension Plan (PERSI), the State of Idaho 401(k) and 457 plans, and other benefits as they may be from time to time offered.~~

- ~~7.8.~~ WORK-RELATED VOLUNTEER OPPORTUNITIES: Zogg shall be permitted to participate as a volunteer for organizations whose mission aligns with Southwest District Health. Volunteer work may be with local, state, or national organizations. Zogg shall prioritize responsibilities to Southwest District Health above volunteer commitments.

- ~~8.9.~~ CONTRACT RENEWAL: Zogg shall be notified by the Board at least sixty (60) days in advance of the termination of this contract of the Board's intent not to renew this contract.

Signed this _____ day of _____, 202~~4~~6.

Kelly Aberasturi
Chairman, Board of Health

Nikole Zogg
District Director, Southwest District Health



Southwest District Health

Originator

Parties

IDHW	SWDH
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Document Type

Subgrant	☒ Amendment
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Summary

Name/Title:	State of Idaho Subgrant HC7018
Description (long title):	Tuberculosis (TB) Control and Directly Observed Therapy (DOT)
FAIN#:	FETJC2JYM3W6
Funding Source:	Federal
SWDH Project Code:	95345020
Original Effective Date:	01/27/2025
Current Expiration Date:	12/31/2026
Total [Funding Amount or Cost of Service]:	30558
Allowable Indirect Rate:	33.83%
Match Required:	NO
Match Amount:	0
FTE Supported:	2
District Funds Budgeted in Current FY:	1863.11
Restrictions:	N/A
Target Population:	All persons living in D3 diagnosed with active tuberculosis
If this is an amendment, briefly describe the change. Added funding.	

Contacts

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

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)	The subgrant supports tuberculosis (TB) control activities and Directly Observed Therapy (DOT) services within Southwest District Health. Amendment 3 provides an additional \$14,342 for personnel, operating, and indirect costs needed to carry out approved TB prevention, treatment, monitoring, and reporting activities from July 1, 2026, through December 31, 2026. The subgrantee is responsible for performing the required services and submitting all programmatic and fiscal reports in accordance with Department of Health and Welfare requirements.
Summary Public Impact (3-5 bullets)	This funding helps ensure continued local capacity to prevent, detect, and manage tuberculosis cases within the community. Support for Directly Observed Therapy improves treatment adherence, reduces the risk of disease transmission, and helps prevent the development of drug-resistant TB. By maintaining essential TB control services, the program contributes to improved public health outcomes and protects vulnerable populations across the district
Summary of Evidence-based (3-5 bullets)	The subgrant supports TB case management activities including Directly Observed Therapy, a nationally recognized and evidence-based strategy for tuberculosis control. DOT has been shown to improve treatment completion rates by ensuring that patients take medications as prescribed, reducing treatment failure and ongoing transmission of disease. The program aligns with the federal Tuberculosis Control Program framework and supports proven public health practices that emphasize case management, treatment adherence, and disease prevention.

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date	08/04/2026	08/04/2026	08/10/2026	08/10/2026		08/10/2026
Initials	<u>LRV</u> LRV	<u>JB</u> JB	BS	MH		NJ

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



Southwest District Health

Originator

Parties

Idaho Department of Health and Welfare	IDHW & SWDH
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Document Type

Subgrant	☐ Amendment
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Summary

Name/Title:	HC10028 Imms Activities
Description (long title):	Activities in direct support of increasing immunization rates in Idaho
FAIN#:	
Funding Source:	Mix of Federal & State
SWDH Project Code:	95331320
Original Effective Date:	07/27/2026
Current Expiration Date:	06/30/2027
Total [Funding Amount or Cost of Service]:	\$ 79,844.00
Allowable Indirect Rate:	33.84%
Match Required:	NO
Match Amount:	\$ 0.00
FTE Supported:	1
District Funds Budgeted in Current FY:	-\$ 73,723.07
Restrictions:	N/A
Target Population:	Persons in counties served by SWDH.
If this is an amendment, briefly describe the change.	
N/A	

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Camryn King	IDHW	camryn.king@dhw.idaho.gov
Rick Stimpson	SWDH	rick.stimpson@swdh.id.gov

Applicable Law and/or Agreement

Idaho Statutes or Rules (select up to 3)	74-106, IC	39-605, IC	N/A
Agreement	MOU with IDHW		

Public Impact

Scope of Work Summary (3-5 bullets)	Conduct immunization outreach, education, marketing, and promotion activities to increase vaccination rates. Provide training and technical assistance to staff and healthcare providers on immunization best practices. Complete provider follow-up visits and submit required programmatic and fiscal reports.
Summary Public Impact (3-5 bullets)	Increases vaccination coverage and helps prevent vaccine-preventable diseases. Improves community awareness and confidence in recommended vaccines. Strengthens provider capacity to deliver safe, effective immunization services.
Summary of Evidence-based (3-5 bullets)	Implement immunization education and outreach activities aligned with CDC and ACIP recommendations. Conduct provider training and technical assistance on vaccine administration, storage, handling, and scheduling.

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date			08/05/2026	08/05/2026		08/05/2026
Initials			<u>EAK</u> EAK	<u>MH</u>		<u>NZ</u> NZ

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



Southwest District Health

Originator

Parties

St. Luke's Health System	Southwest District Health
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Document Type

Agreement	☐ Amendment
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Summary

Name/Title:	St. Luke's Support for Implementation of Cooking Matters
Description (long title):	St. Luke's Support for Implementation of Cooking Matters Classes
FAIN#:	N/A
Funding Source:	Other
SWDH Project Code:	95341010
Original Effective Date:	07/13/2026
Current Expiration Date:	09/30/2026
Total [Funding Amount or Cost of Service]:	1500
Allowable Indirect Rate:	0
Match Required:	NO
Match Amount:	0
FTE Supported:	N/A
District Funds Budgeted in Current FY:	\$149225.34
Restrictions:	N/A
Target Population:	Southwest District Health Service Area Residents
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
Jean Mutchie	St. Luke's Nampa	fitzgerj@slhs.org
Daniel Adams	Southwest District Health	daniel.adams@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)	-St. Luke's will provide funding to support the implementation and delivery of Cooking Matters nutrition education programming within Southwest District Health's six-county service area. -Southwest District Health will coordinate, promote, and facilitate Cooking Matters classes for eligible community members. -Funding will support educational materials, food supplies for demonstrations, participant resources, and related implementation expenses.
Summary Public Impact (3-5 bullets)	-Increases participants' knowledge and skills related to healthy meal planning, budgeting, grocery shopping, and food preparation. -Supports improved food security and access to nutritious foods among families and individuals facing economic challenges. -Promotes healthier eating behaviors that can contribute to the prevention and management of chronic diseases. -Strengthens community capacity to make healthy food choices while maximizing limited household food budgets. -Expands access to evidence-based nutrition education throughout SWDH communities.
Summary of Evidence-based (3-5 bullets)	-Cooking Matters is a nationally recognized nutrition education program developed by Share Our Strength and implemented in communities across the United States. -The curriculum is grounded in behavior change principles and combines nutrition education, food budgeting, meal planning, and hands-on food preparation skills. -Cooking Matters aligns with public health best practices for addressing nutrition education, food security, and chronic disease prevention among underserved populations.

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date		07/23/2026	07/23/2026	07/23/2026		07/23/2026
Initials		 Charlene Cariou	BS	MA		NZ

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



Southwest District Health

Originator

Parties

Summitvue Middle School	Southwest District Health
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Document Type

Agreement	☐ Amendment
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Summary

Name/Title:	CMB Program Implementation
Description (long title):	CATCH My Breath Program Implementation
FAIN#:	n/a
Funding Source:	State
SWDH Project Code:	95341260
Original Effective Date:	10/01/2026
Current Expiration Date:	10/31/2026
Total [Funding Amount or Cost of Service]:	0
Allowable Indirect Rate:	0
Match Required:	NO
Match Amount:	0
FTE Supported:	n/a
District Funds Budgeted in Current FY:	0
Restrictions:	none
Target Population:	Youth in grades 5-12.
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
Raquel Nuñez	SWDH	Raquel.Nunez@swdh.id.gov
Nate Borchert	Summitvue Middle School	nathan.borchert@vallivue.org

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 to implement CATCH My Breath (CMB) with local school district. Program implemented in four lessons 45-50 minutes each by SWDH facilitator. There are 4 versions of the program, each catered to different grade levels (5th, 6th, 7th/8th, and 9-12th).
Summary Public Impact (3-5 bullets)	To prevent youth e-cigarette use and vaping through education, advocacy, and skill-building. Reductions in nicotine vaping use and overall tobacco use. Increases in nicotine vaping knowledge and positive perceptions of a vape-free lifestyle.
Summary of Evidence-based (3-5 bullets)	The CMB Program is a peer-reviewed, evidence-based youth vaping prevention program developed by The University of Texas Health Science Center at Houston (UTHealth) School of Public Health. The program provides up-to-date information to equip students with the knowledge and skills they need to make informed decisions about the use of e-cigarettes.

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date	08/20/2026	08/20/2026	08/20/2026	08/20/2026		08/20/2026
Initials		 Charlene Cariou	BS	MA		NZ

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