

BOARD OF HEALTH AGENDA
Thursday, March 31, 2022
9:00 a.m.

Eastern Idaho Public Health – Conference Room
 1250 Hollipark Drive, Idaho Falls

1. Call to Order and Roll CallChairman Reed
2. Public Comment.....Chairman Reed
Public comment can be made in person, in writing, or by phone.
Phone: 1-669-900-6833; ID: 881-3024-3635; Passcode: 226766
Written: E-mail comments to EIPHboard@eiph.idaho.gov by 5:00 p.m. on Wednesday, 3/30/22.
3. Approval of Consent Agenda (**Action**)Chairman Reed
If a board member has an issue with something in the Consent Agenda, a request can be made to remove that item from the Consent Agenda for further discussion and a separate vote.
 - a. Approval of February 17, 2022, Board of Health Meeting Minutes
 - b. Subgrant Review/Approval
 - c. FY22 Year-to-Date Financial Report
 - d. Change in Mileage Reimbursement Rate
 - e. Conflict of Interest Attestation
 - f. Written Updates
4. Review & Approval of FY2023 Compensation Policy and Plan (**Action**)..... Geri Rackow
5. Review & Approval of FY2023 Budget (**Action**)..... Geri Rackow
6. EIPH District Director Interviews and SelectionChairman Reed
 - a. Executive Session – Personnel Matter [Idaho Code 74-206(1)(a)] (**Action**)
 - b. District Director Selection (**Action**)

BOARD OF HEALTH MEETING MINUTES
February 17, 2022
9:00 a.m.

PRESENT:

BOARD OF HEALTH MEMBERS

Commissioner Bryon Reed, Chairman
Commissioner Brent Mendenhall, Vice Chair/Trustee, Zoom
Bill Leake, Zoom
Commissioner Blair Dance, Zoom
Commissioner Shayne Young
Commissioner Butts, Zoom
Dr. Aaron Gardner, MD
Commissioner Leah Madsen, Zoom
Commissioner Greg Shenton, Zoom

STAFF MEMBERS

Gerri Rackow
Amy Gamett
Steven Thomas
Cheryl O'Connell
Kellye Johnson
Erin Probert
James Corbett

1. Call Board Meeting to Order

Chairman Reed called the meeting order at 9:00 a.m.

2. Update on Environmental Health Enforcement Action (Babcock)

- Ms. Johnson provided an update on the Septic Rule violation discussed at the 11/4/2021 Board of Health meeting.
- Stan and Daniel Babcock submitted an application for a new system last week and paid the fee on 2/16/22. A test hole still needs to be dug and inspected prior to a permit being issued.
- The Babcocks were given 90 days (February 13, 2022) to have a permit issued or to abandon the septic system in question. No penalties were assessed at this time.
- Discussion by the Board.

MOTION: Mr. Leake made a motion to have Greg Crockett, EIPH legal counsel, send a letter to the Babcocks informing them they are required to pay EIPH's attorney fees and penalties related to this enforcement matter. They are also required to complete the system before occupancy. Mr. Crockett will let the Babcocks know that we have received their application and fee for the new system.

SECOND: Commissioner Dance

ACTION: Roll Call Vote:

Commissioner Mendenhall – yes

Commissioner Shenton – yes

Commissioner Madsen – yes

Dr. Aaron Gardner – yes

Commissioner Dance – yes

Commissioner Young – yes

Bill Leake – yes

Chairman Reed – yes

3. Public Comment

No written public comments were submitted nor were any public present in person or online.

4. Approval of the Consent Agenda

MOTION: Commissioner Young made a motion to approve the February 17, 2022, Consent Agenda.

SECOND: Commissioner Mendenhall

ACTION: MOTION CARRIED UNANIMOUSLY

5. COVID-19 Situational Report

- Mr. Corbett reviewed the Data Dashboard and the incident cases by wave and variant for our Health District. He reports there is not reliable information that can predict future surges in cases.
- Ms. Rackow provided an update on the hospitals and reported blood supply is improving in our area.
- The State of Idaho has made available free KN95 masks for the public. These masks are available at all the EIPH offices.

6. **Update on HB 313 (2021) Implementation**

a. **Memorandum of Understanding (MOU) with Idaho State Controller's Office**

Ms. Rackow updated the Board regarding the MOU with the State Controller's Office.

MOTION: Commissioner Mendenhall made a motion to approve the MOU with the State Controller's Office to continue utilizing their services.

SECOND: Commissioner Shenton

ACTION: MOTION CARRIED UNANIMOUSLY

b. **MOU with Idaho Office of Group Insurance**

Employees of the Health Districts are eligible to continue with the state's insurance benefits. Ms. Rackow reviewed the Office of Group Insurance MOU.

MOTION: Commissioner Dance made a motion to approve the MOU with the Office of Group Insurance.

SECOND: Commissioner Young

ACTION: MOTION CARRIED UNANIMOUSLY

c. **House Bills 515 and 516**

HB 515 and 516 include clean-up language resulting from HB 316 (2021) and, if passed, would remove language requiring the Public Health Districts to comply with the state's personnel system. Both bills have passed the House and will now move on to the Senate. The health district directors continue to work with the Idaho Division of Human Resources (DHR) on an agreement to continue some services going forward.

d. **Risk Management Insurance**

Ms. Rackow reported that work continues to find a solution for Risk Management insurance for the health districts. She shared that there may be a legislative solution moving forward that would allow the Health Districts to maintain coverage through Idaho Risk Management.

7. **Review/Approval of EIPH Employee Handbook**

A copy of the proposed Employee Handbook was provided to Board members for review prior to the meeting.

MOTION: Commissioner Madsen made a motion to approve Employee Handbook as presented.

SECOND: Commissioner Mendenhall

ACTION: MOTION CARRIED UNANIMOUSLY

8. **Announcements**

a. **Millennium Fund Update**

Ms. Rackow reported the Health Districts submitted a budget request for approximately \$800,000 in Millennium Funds to continue providing free tobacco cessation services to Idahoans. The Governor's budget recommendation zeroed this amount out. The Public Health Districts recently presented at the Legislature's Millennium Fund Committee and were asked about our ability to provide services related to vaping prevention for youth. A proposal was submitted to the Millennium Fund Committee for consideration as requested. The Joint Finance Appropriations Committee will have the final determination on this funding and are scheduled to set the Millennium Fund budget on February 22, 2022.

b. **Opioid Settlement Update**

Ms. Rackow reports that Idaho has nearly 100% participation in the Opioid Settlement by eligible entities. The first payment to Idaho could be as early as April. She proposed that at the next Board of Health meeting we have a lengthier discussion on EIPH's work related to the Opioid Settlement funding. Ms. Rackow desires to gather all participating entities within our health district to have a conversation about opioid work that is currently being done and hopefully coordinate future work to prevent a duplication of services.

Chairman Reed adjourned the meeting at 10:16 a.m. The next meeting is scheduled for Thursday, March 17, 2022, at 9:00 a.m.

Commissioner Bryon L. Reed, Chairman

Gerri L. Rackow, Secretary

EASTERN IDAHO PUBLIC HEALTH

SUBGRANT SUMMARY

3/31/22

AMENDED SUBGRANTS

Subgrant/Contract Title	Grantor/ Contractor	N (New) R(Renew) A(Amend)	Start Date	End Date	Last Funding Amount	New Funding Amount	Comments
Sexual Risk Avoidance Education	IDHW	A1	7/15/2021	6/30/2022		\$3,418.00	Added funding

Month	Operating Account Balance	Operating Reserve Account Balance	Capital Reserve Account Balance	Total General Fund Cash Available	Millennium Fund Balance	Total Cash Available
Jul-21	1,140,450.73	5,204,119.39	3,009,500.00	9,354,070.12	96,007.89	9,450,078.01
Aug-21	517,543.71	6,005,476.65	3,009,500.00	9,532,520.36	93,529.19	9,626,049.55
Sep-21	634,683.96	6,006,822.66	3,009,500.00	9,651,006.62	91,982.43	9,742,989.05
Oct-21	329,063.04	5,938,243.36	3,009,500.00	9,276,806.40	88,189.65	9,364,996.05
Nov-21	581,632.10	5,419,522.88	3,529,500.00	9,530,654.98	86,230.59	9,616,885.57
Dec-21	510,315.14	5,620,811.42	3,529,500.00	9,660,626.56	78,530.65	9,739,157.21
Jan-22	507,325.24	6,022,722.65	3,529,500.00	10,059,547.89	76,531.78	10,136,079.67
Feb-22	418,028.90	6,024,750.05	3,529,500.00	9,972,278.95	73,041.98	10,045,320.93
Mar-22				-		-
Apr-22				-		-
May-22				-		-
Jun-22			-	-	-	-
Capital Reserve Detail						
	Restricted for Future Building Needs		1,887,000.00			
	Challis Building Replacement		600,000.00			
	Community Needs		172,500.00			
	Future 27th Payperiod		270,000.00			
	Future Operating Stabilization		600,000.00			
			3,529,500.00			
Designated and Authorized out of Operating Reserve						
	IT enhancements		150,000.00			
	Future Vehicle Purchases		240,000.00			
	Public Health Emergency		1,000,000.00			
	Building Maintenance		250,000.00			
	Legal Defense		100,000.00			
			1,740,000.00			
Cash Restricted by Grant or Donor.						
	Restricted for Mammograms		11,091.46			
	Regional Behavior Health Board		116,938.65			
	Citizen Review Pannel		55,099.59			
	State Home Visit		61,953.74			
	Millennium Fund		62,983.61			
	COVID Vaccine FEMA payments		1,131,075.00			
	COVID Donations		217,744.24			
			1,656,886.29			

Board Fiscal Notes

For the 8 Months End Ended February 28, 2022

Board Meeting - March 31, 2022

General Notes

- 1 For the 8 months ended February 28, 2022, EIPH's total expenditures for the year were 5.08% below the approved budget. The budget amount is being increased each period in the capital section equal to the amount spent so far on the HVAC improvement project in Idaho Falls building.
- 2 For the 8 months ended February 28, 2022, EIPH's total revenues were 12.57% above approved budget. This is largely impacted by the COVID vaccine administration fees, the food license fees, septic fees.
- 3 Expenditures todate on the Bonneville County HVAC project total \$\$56,179.83 That amount has been added to the total budget.

**Board Summary Report
Eastern Idaho Public Health
Expenditure Summary**

FY 2022

Last Updated 3/30/22 11:18 AM

DIVISION	Budget	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	YTD	Percent used	remaining
BOARD OF HEALTH	23,902	1,357.32	768.77	1,271.55	1,137.00	1,507.73	-	583.78	729.91	-	-	-	-	7,356.06	30.78%	69.22%
EMERGENCY RESPONSE	986,631	147,886.11	111,908.58	125,167.52	180,273.46	173,690.97	135,695.42	120,103.54	149,511.04	-	-	-	-	1,144,236.64	115.97%	-15.97%
COMMUNITY HEALTH	1,629,500	80,767.95	113,302.45	98,743.40	133,927.97	119,941.89	92,516.79	88,569.92	83,471.53	-	-	-	-	811,241.90	49.78%	50.22%
HEALTHCARE TRANSFORMATION	93,848	5,665.20	4,011.23	4,892.39	8,253.40	5,260.05	4,648.59	4,469.14	4,395.53	-	-	-	-	41,595.53	44.32%	55.68%
CLINICAL SERVICES	3,021,122	126,411.58	122,800.61	294,815.18	164,225.44	231,464.41	154,065.90	130,165.03	315,160.61	-	-	-	-	1,539,108.76	50.94%	49.06%
NUTRITION	1,261,976	77,379.66	81,972.82	75,876.40	110,197.94	85,743.33	67,101.02	66,955.44	74,759.91	-	-	-	-	639,986.52	50.71%	49.29%
ENVIRONMENTAL	1,260,484	92,450.47	102,687.94	94,889.50	129,921.41	115,249.91	106,971.40	102,046.67	94,876.81	-	-	-	-	839,094.11	66.57%	33.43%
GENERAL SUPPORT	1,145,821	73,149.32	89,091.90	93,121.17	117,409.95	63,376.68	102,982.64	104,584.10	87,449.98	-	-	-	-	731,165.74	63.81%	36.19%
SUBTOTAL	9,423,283	605,067.61	626,544.30	788,777.11	845,346.57	796,234.97	663,981.76	617,477.62	810,355.32	0.00	0.00	0.00	0.00	5,753,785.26	61.06%	38.94%
BUILDING PROJECT	56,180	-	12,316.00	-	12,317.00	12,317.00	-	-	19,229.83	-	-	-	-	56,179.83	N/A	N/A
COMMUNICATIONS EQUIP	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00	N/A	N/A
COMPUTERS	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00	N/A	N/A
VEHICLES	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00	#DIV/0!	#DIV/0!
EQUIPMENT	73,874	-	20,373.93	53,500.00	-	-	-	-	-	-	-	-	-	73,873.93	100.00%	N/A
LOAN PAYMENT	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00	#DIV/0!	#DIV/0!
CAPITAL OUTLAY TOTAL	130,054	-	32,689.93	53,500.00	12,317.00	12,317.00	-	-	19,229.83	-	-	-	-	130,053.76	100.00%	0.00%
TOTAL	9,553,337	605,067.61	659,234.23	842,277.11	857,663.57	808,551.97	663,981.76	617,477.62	829,585.15	-	-	-	-	5,883,839.02	61.59%	38.41%

PERCENTAGE OF TIME ELAPSED AND TIME REMAINING 66.67% 33.33%

Operating Cash Inflow	1,758,227.86	791,642.57	785,654.96	695,001.93	1,009,849.17	807,321.25	1,036,245.45	598,719.36	-	-	-	-	-	7,482,662.55
Operating Cash Outflow	593,947.75	582,981.10	615,215.46	1,060,677.93	745,642.65	685,049.61	639,322.99	670,248.27	-	-	-	-	-	5,593,085.76
Cash Provided (Used) by Operations	1,164,280.11	208,661.47	170,439.50	(365,676.00)	264,206.52	122,271.64	396,922.46	(71,528.91)	-	-	-	-	-	1,889,576.79
Cash used for Capital Expenditures	-	32,689.93	53,500.00	12,317.00	12,317.00	-	-	19,229.83	-	-	-	-	-	130,053.76
Cash to (from) Reserve	1,164,280.11	175,971.54	116,939.50	(377,993.00)	251,889.52	122,271.64	396,922.46	(90,758.74)	-	-	-	-	-	1,759,523.03
														1,759,523.03

BOARD SUMMARY REPORT
Eastern Idaho Public Health District
Revenue and Cash Flow

FY 2022

Last Updated 3/30/22 7:35 AM

CONTRACT REVENUE	BUDGET	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	YTD	Percent of Budget
Clinical Services Contract Total	723,700	139,440	27,386	55,429	58,340	88,317	56,659	18,662	26,964	-	-	-	-	471,196.97	65.11%
Nutrition Contract Total	1,237,332	94,161	88,729	92,897	86,687	127,303	95,614	76,645	76,392	-	-	-	-	738,427.22	59.68%
Environmental Health Contract Total	233,786	14,486	15,456	16,406	15,722	24,199	17,563	11,664	5,438	-	-	-	-	120,933.13	51.73%
Public Health Disaster	808,000	130,653	26,218	38,540	26,724	71,405	69,523	57,246	43,380	-	-	-	-	463,687.59	57.39%
Healthcare Transformation	105,500	42,684	6,000	6,062	5,960	6,520	6,129	5,996	6,213	-	-	-	-	85,563.57	81.10%
Community Health Contract Total	1,864,267	257,059	78,325	207,301	98,576	133,110	117,560	93,425	93,864	-	-	-	-	1,079,219.45	57.89%
TOTAL CONTRACTS	4,972,585	678,482	242,113	416,635	292,008	450,853	363,048	263,638	252,251	-	-	-	-	2,959,027.93	59.51%

FEE REVENUE															
Clinical Services Fees Total	1,185,000	76,138	75,741	102,787	183,933	154,334	151,187	76,649	143,232	-	-	-	-	964,001.44	81.35%
Community Health Fees Total	0	7,504	4,047	3,252	3,252	3,572	1,751	750	2,501	-	-	-	-	26,628.20	#DIV/0!
Emergency Response Fee	50,000	337,919	294,548	47,432	72,394	84,467	112,957	68,169	39,126	0	0	0	0	1,057,012.39	2114.02%
Environmental Health Fees Total	862,550	91,498	106,954	97,886	91,292	195,487	117,180	62,620	56,735	-	-	-	-	819,651.50	95.03%
TOTAL FEES	2,097,550	513,058	481,291	251,357	350,871	437,860	383,075	208,188	241,595	-	-	-	-	2,867,293.53	136.70%
SUB-TOTAL FEES & CONTRACTS	7,070,135	1,191,539	723,403	667,992	642,878	888,713	746,123	471,827	493,846	-	-	-	-	5,826,321.46	82.41%

GENERAL RECEIPTS															
County Appropriations	1,120,703	156,493	61,834	61,834	58,063	159,943	62,170	123,789	94,217	-	-	-	-	778,341.52	69.45%
INTEREST	30,000	1,364	1,357	1,346	1,421	1,280	1,289	1,911	2,027	-	-	-	-	11,995.04	39.98%
STATE APPROPRIATIONS	809,500	385,250	-	-	-	-	-	404,750	-	-	-	-	-	790,000.00	97.59%
SURPLUS PROPERTY	0	-	-	-	-	-	-	-	-	-	-	-	-	-	N/A
REFUNDS	0	-	-	-	-	-	-	-	289	-	-	-	-	289.00	N/A
Miscellaneous	0	4,291	440	5,006	60	1,005	6,315	-	25	-	-	-	-	17,141.02	
TOTAL GENERAL REVENUE	2,339,839	547,398	63,630	68,186	59,543	162,228	69,773	556,260	102,477	-	-	-	-	1,629,495.62	69.64%
GRAND TOTAL	9,409,974	1,738,938	787,034	736,177	702,421	1,050,941	815,897	1,028,087	596,323	-	-	-	-	7,455,817.08	79.23%

															AMOUNT OF YEAR ELAPSED	66.67%
Total Clinical Services	1,908,700	215,578	103,127	158,216	242,273	242,651	207,847	95,311	170,196	-	-	-	-	1,435,198.41	75.19%	
Total Nutrition Revenue	1,237,332	94,161	88,729	92,897	86,687	127,303	95,614	76,645	76,392	-	-	-	-	738,427.22	59.68%	
Total Environmental Revenue	1,096,336	105,983	122,410	114,292	107,014	219,686	134,743	74,284	62,173	-	-	-	-	940,584.63	85.79%	
Total Emergency Response	858,000	468,572	320,766	85,972	99,118	155,872	182,480	125,415	82,506	0	0	0	0	1,520,699.98	177.24%	
Total Healthcare Transformation	105,500	42,684	6,000	6,062	5,960	6,520	6,129	5,996	6,213	-	-	-	-	85,563.57	81.10%	
Total Community Health	1,864,267	264,562	82,373	210,552	101,827	136,681	119,311	94,175	96,366	-	-	-	-	1,105,847.65	59.32%	

CASH FLOW SUMMARY															
Total Revenue and Appropriations	9,409,974	1,738,938	787,034	736,177	702,421	1,050,941	815,897	1,028,087	596,323	-	-	-	-	7,455,817.08	
Decrease (Increase) Accounts Receivable		19,290	4,609	49,477	(7,419)	(41,092)	(8,575)	8,159	2,397					26,845.47	
Change in Accrued Exp/Revenue		11,120	43,563	173,562	(215,331)	50,592	(21,068)	(21,845)	140,107					160,699.50	
Total Expenditures	9,553,337	605,068	659,234	842,277	857,664	808,552	663,982	617,478	829,585	-	-	-	-	5,883,839.02	
Change in Cash		1,164,280	175,972	116,940	(377,993)	251,890	122,272	396,922	(90,759)	-	-	-	-	1,759,523.03	
Cash Balance Beginning of period		8,285,798	9,450,078	9,626,050	9,742,989	9,364,996	9,616,886	9,739,157	10,136,080	10,045,321	10,045,321	10,045,321	10,045,321	8,285,797.90	
Cash Balance End of Current Period		9,450,078	9,626,050	9,742,989	9,364,996	9,616,886	9,739,157	10,136,080	10,045,321	10,045,321	10,045,321	10,045,321	10,045,321	10,045,320.93	
Cash Balance Reserved by Board for Capital Projects		3,009,500	3,009,500	3,009,500	3,009,500	3,529,500	3,529,500	3,529,500	3,529,500	-	-	-	-	-	
Unrestricted Cash Balance		6,440,578	6,616,550	6,733,489	6,355,496	6,087,386	6,209,657	6,606,580	6,515,821	10,045,321	10,045,321	10,045,321	10,045,321	10,045,320.93	

CONSENT AGENDA ITEM 3.d: CHANGE IN MILEAGE REIMBURSEMENT RATES

Historically, the State of Idaho and EIPH have reimbursed employees at a lower rate for use of their own vehicle when a government-owned vehicle is available for use for official business. The State of Idaho's policy is to pay one-half of the current full cost-per-mile reimbursement rate set by the State. Many years ago, EIPH implemented a policy modification to pay employees the same amount per mile as the average cost-per-mile on district-owned vehicles.

CURRENT MILEAGE REIMBURSEMENT RATES

	State of Idaho	EIPH
Full Rate	\$.585	\$.585
Use of Personal Vehicle when State/District Vehicle is Available	\$.29	\$.465

When the State new accounting system (LUMA) goes live, there will no longer be a process for EIPH to reimburse at a different rate for employee mileage on personal cars than the State rate. Therefore, EIPH will have to change our policy to comply with the State's policy of reimbursing employees at one-half the full rate.

ACTION: **Effective July 1, 2022, EIPH's policy will be changed to reimburse employees at one-half of the State of Idaho's full rate for mileage reimbursement when a personal vehicle is used but a district vehicle is available.**

CONSENT AGENDA ITEM 3.e: CONFLICT OF INTEREST ATTESTATION

This policy is to be distributed to each Board of Health member annually. A printed version will be provided to the board members at the Board of Health meeting on 3/31/22 for signature.



BONNEVILLE COUNTY
1250 Hollipark Drive
Idaho Falls, ID 83401
OFFICE 208-522-0310
FAX 208-525-7063

Conflict of Interest Policy EIPH Board of Health Member

The members of the Board of Health shall act at all times in the best interests¹ of the district and not for personal or third-party gain or financial enrichment. When potential conflicts of interest arise, members shall identify the potential conflict to the full Board of Health, which shall determine whether a conflict exists and what steps shall be taken to remedy substantive impropriety or to avoid an appearance of impropriety by EIPH. For this purpose, the term "conflict of interest" means any financial² or other interest³ which conflicts with the participation of an individual in particular decisions of the Board of Health because the interest could significantly impair the individual's objectivity or could create an unfair competitive advantage⁴ for any person or organization.

A copy of this policy shall be distributed to each member annually.

I have reviewed, and agree to abide by, the EIPH Board of Health Member Conflict of Interest Policy.

Signature: _____ Date: _____

Name: _____

¹ The members of the Board of Health, as fiduciaries, are under a legal duty to act only in the interests of Public Health and not in their own self interests. (IC74-501)

² A financial interest which may give rise to a conflict of interest include (1) a material ownership or investment interest in any entity with which EIPH has a transaction or arrangement, (2) a compensation arrangement with an organization or with any entity or individual with which EIPH has a transaction or arrangement, or (3) a potential material ownership or investment interest in, or compensation arrangement with, any entity or individual with which EIPH is negotiating a transaction or arrangement.

³ Other interests arise if a member of EIPH sits on the governing board of another organization, but he or she is not compensated for this service, with which EIPH is considering whether to enter into a program or other relationship with this other organization.

⁴ Competition with EIPH might involve the improper use of an opportunity available to EIPH, as where a member learns that EIPH is competing for a particular grant or contract and the member advises another organization with which he or she is affiliated about the existence of the opportunity.

CONSENT AGENDA ITEM 3.f: WRITTEN UPDATES

ADMINISTRATION

1. **House Bill 515:** The purpose of this legislation is to clarify statute language changes made in HB 316 in the 2021 Legislative session which moved all decision-making authority to the Public Health District Boards and Directors. Chapter 53, title 67, Idaho Code no longer applies to Public Health Districts since their employees are no longer considered state employees. **In addition, it was amended to include language to specifically allow the public health districts to participate in the state's comprehensive liability plan (Risk Management). This amended bill was passed by both the House and the Senate, but as of 3/29/22, it is still awaiting the Governor's signature.**

2. **House Bill 516:** The purpose of this legislation is to clarify statute language changes made by HB 316 in the 2021 Legislative session. The clarifications are to allow Public Health Districts to establish a personnel system to support rates of pay for appointments, promotions, demotions, and separations and to perform such other personnel actions as are needed. It also removes reference to the requirements of chapter 53, title 67, Idaho Code since Public Health District employees are no longer considered state employees. This bill was signed into law on 3/14/22.

3. **Memorandum of Understanding with Idaho Division of Human Resources (DHR):** The health district directors have continued to work with DHR on the transition related to HB 316 from the 2021 Legislative Session. An agreement has been reached and a Memorandum of Understanding signed between the public health districts and DHR (Attachment A).

4. **Idaho Association of District Boards of Health (IAB)**
 - a. **2022 Annual Conference:** Central District Health is the host of this year's meeting. The decision has been made to hold only the Business Meeting and it will only be held *virtually*. More information will be shared as the date gets closer, but you can mark your calendars now for the event.

Date: Thursday, June 9, 2022
Time: 1:30 p.m.

 - b. **Resolutions:** Health District 3 is bringing forth five resolutions for consideration at the IAB Business Meeting. They are attached (Attachment B).

5. **National Association of Local Boards of Health (NALBOH)**

At last year's IAB Business Meeting, there was a discussion about NALBOH and whether the seven health districts should continue to collectively fund our state's NALBOH representative's attendance at the national NALBOH conference. This is because not all health districts are members of NALBOH. EIPH is a member and our annual membership is \$400 per year. This gives us access to educational materials and trainings, as well as a lower registration rate for the annual conference which provides training and networking opportunities for Board of Health members. If you have any input on this topic, please provide it to Brent Mendenhall, EIPH Executive Council representative, by May 10, 2022. There is an Executive Council meeting scheduled for May 12 where he will have to provide our Board's feedback to the group.

6. Idaho Opioid Settlement Update: The Health Districts received word on 3/23/22 from the Idaho Attorney General that all necessary special districts have signed on to the nationwide opioid settlements. With this level of participation, Idaho will receive the maximum amount of funds available under the settlement, including receiving the first four years of payments from Johnson & Johnson this year.

Over the next few weeks, the Attorney General's office will send out information about how funds will be distributed by the settlement administrator and information regarding EIPH's first payment under the opioid settlements.

In the coming months, EIPH will facilitate a stakeholder meeting with all the participating entities within our health district to discuss plans for using this funding going forward.

CLINICAL SERVICES

EIPH continues to provide COVID-19 vaccines throughout our eight-county region. Appointments can be made by calling 208-533-3223.

On March 30, the CDC approved a 2nd booster dose of COVID-19 vaccine for some individuals. Specifically, those 50 years of age and over or those moderately or severely immunocompromised may choose to receive a second booster dose using an mRNA vaccine at least 4 months after the first booster dose.

<https://www.cdc.gov/media/releases/2022/s0328-covid-19-boosters.html>

Use of COVID-19 Vaccines in the United States

Interim Clinical Considerations

Summary of recent changes (last updated March 30, 2022):

- Added guidance that people ages 12 years and older who are moderately or severely immunocompromised may choose to receive a second booster dose using an mRNA COVID-19 vaccine at least 4 months after the first booster dose
- Added guidance that adults ages 50 years and older who are **not** moderately or severely immunocompromised may choose to receive a second booster dose using an mRNA COVID-19 vaccine at least 4 months after the first booster dose
- Added guidance that people ages 18-49 years who are **not** moderately or severely immunocompromised and who received Janssen COVID-19 Vaccine as both their primary series dose and booster dose may receive a second booster dose using an mRNA COVID-19 vaccine at least 4 months after the first Janssen booster dose

ENVIRONMENTAL HEALTH

In February, Environmental Health lost its newly hired Environmental Health Specialist in Fremont County. Ms. Johnson is actively recruiting for a replacement. In the meantime, the county's work activities, such as food and septic inspections, are being covered by Chris Ellis and Eric Baird.

WIC/NUTRITION

1. Infant Formula Recall:

- On February 17, 2022, Similac powdered formulas were recalled due to potential contamination with Cronobacter Sakazakii.
- On February 24, 2022, the Idaho State WIC Office received a waiver so participants could purchase noncontract formulas.
- “Substitute formulas due to recall” are in place through April.

Alternative Powder Formula Options		
Similac Advance Substitutions	Size of Containers	Exchange Rate
Comforts Infant (Kroger)	22.2 oz	= 1.5 cans
Comforts Advantage (Kroger)	23.2 oz	= 2 cans
Enfamil Infant (Mead Johnson)	12.5 oz	= 1 can
	21.1 oz	= 1.5 cans
	29.4 oz	= 2.5 cans
Enfamil NeuroPro Infant (Mead Johnson)	20.7 oz	= 1.5 cans
	28.3 oz	= 2.5 cans
Good Start Gentle (Gerber)	12.7 oz	= 1 can
Good Start A2 (Gerber)	20 oz	= 1.5 cans
Parent’s Choice Advantage (Walmart)	12.4 oz	= 1 can
	23.2 oz	= 2 cans
	35 oz	= 3 cans
Parent’s Choice Infant (Walmart)	12.5 oz	= 1 can
	22.2 oz	= 1.5 cans
	36 oz	= 3 cans

Buying 1 can of this size...	Will use this many cans of your “Substitute Formula” benefits
12.4 – 12.9oz	= 1 can
19.4 – 22.2oz	= 1.5 cans
23.2 – 27.7oz	= 2 cans
28.3 – 33.2oz	= 2.5 cans
34 - 35oz	= 3 cans

2. Extension of Fresh Fruit/Vegetable Benefits

- During the pandemic as part of the American Rescue Plan Act, the fruit and vegetable benefit went from \$9 for children and \$11 for women to \$35 per participant.
- In October, 2021, appropriators adjusted the benefits to \$24 per child, \$43 for pregnant and postpartum women, and \$47 for breastfeeding women.
- Reflects 50% of the recommended intake under the Dietary Guidelines for Americans.
- As of March 9, 2022, appropriators announced a bipartisan omnibus agreement to fund the government through September 30, 2022, which keeps the bump in place until then.

3. Federal Waiver of In-Person WIC Appointments

- Study of 26,000 WIC participants, 12 State WIC agencies
 - 86% easier not to have to take children with them to the appointment
 - 83% saved time and money on travel
 - 65% did not have to miss work or school
 - 45% wanted to continue with entirely virtual appointments
- What does that look like for EIPH WIC?
 - Certifications done in office
 - Other appointments done online or over the phone
 - Parents will have the option to bring in children to other appointments

ATTACHMENT A

MEMORANDUM OF UNDERSTANDING
BETWEEN THE STATE OF IDAHO
DIVISION OF HUMAN RESOURCES AND THE IDAHO PUBLIC HEALTH
DISTRICTS

THIS AGREEMENT between the State of Idaho Division of Human Resources (“State DHR”) and the Idaho Public Health Districts (“PHDs”) shall allow the PHDs to continue access to DHR recruitment services and training programs.

WHEREAS, Idaho Code section 67-2332 authorizes public agencies to enter agreements to perform governmental services, activities and undertakings; and Idaho Code section 39-401 authorizes PHDs to enter into contractual arrangements with Departments of the State of Idaho for needed services.

WHEREAS, DHR has provided recruitment services and training programs for all seven (7) PHD’s and their employees; and the 2021 Legislature (House Bill 316) clarified public health district directors have the exclusive authority with approval of their boards to prescribe the positions and qualifications of all district personnel and fix the rate of pay and appoint, promote, demote, and separate such employees.

WHEREAS, the PHDs desire to have access to DHR recruitment services and training programs for their employees after March 1, 2022, DHR is willing to provide services under the terms and conditions of this Agreement. **WHEREAS**, the PHDs desire to have access to DHR recruitment services and training programs for their employees after March 1, 2022; and

WHEREAS, DHR is willing to provide services under the terms and conditions of this Agreement.

THEREFORE, the parties agree to the following conditions:

TERM AND TERMINATION OF THIS AGREEMENT –

Term. This agreement shall commence on March 1, 2022, and expire on January 31, 2023, unless extended, in writing, by the parties or unless terminated earlier in accordance with this agreement.

Termination. Either party may terminate this Agreement upon thirty (30) days written notice. In the event one or more of the PHDs terminate their participation for services under this Agreement, the remaining PHDs may continue with this agreement.

State Recruitment System: DHR will provide access and training to the state’s recruitment system, NeoGov. PHDs will comply with requirements and processes outlined in the PHD

NeoGov user manual when accessing NeoGov. All recruitment announcements shall be completed using the PHD template provided by the state.

DHR Training Programs: DHR will provide access to the PHDs to register and attend the following DHR training programs* based on a fee for training services model:

Supervisory Academy, Crucial Conversations, Crucial Accountability, Getting Things Done, Cybersecurity, Verbal Intervention Training, Micro Learning Modules, Annual Cybersecurity Training, and Respectful Workplace Initial/ Annual.

** Does not include cost of class materials or the Certified Public Manager (CPM) Program Participation Fees. CPM participation is allowable under this agreement but subject to the CPM application, approval and program fee requirements.*

BY MUTUAL AGREEMENT –

Billing for Services

PHDs will pay for NeoGov and DHR Training Programs based on the following fee schedules:

DHR Training Program Fee Schedule (See Attachment A)

DHR NeoGov Recruitment System Fee Schedule (See Attachment B)

Relationship of the Parties and Assignment of Liability

1. The provisions of this Agreement are for the sole benefit of the parties hereto and shall not be construed as conferring any rights on any other person. DHR and the PHD shall be responsible to third parties under this Agreement only to the extent required by the Idaho Tort Claims Act and only for the acts, omissions or negligence of its own officers, employees or agents.
2. Neither DHR nor the PHDs has authority to enter into contracts or agreements on behalf of the other party. This Agreement does not create a partnership between the parties and nothing contained in this Agreement shall be interpreted to create an employer-employee, master-servant, or principal-agent relationship between the parties in any respect.
3. The PHDs shall be solely responsible for the information submitted by the PHDs and its employees and agents to DHR in its statewide recruitment system. The PHDs shall hold harmless DHR against any claims that arise from the submission or omission of information in the system by the PHD, its employees or its agents.

Attorneys' Fees. In the event a lawsuit of any kind is instituted under this Agreement or to obtain performance of any kind under this Agreement, the prevailing party shall be awarded such additional sums as the court may adjudge for reasonable attorneys' fees and to pay all costs and disbursements incurred therein.

Legal Compliance. The parties shall comply with all applicable requirements of federal and state statutes, rules, and regulations in their performance under this Agreement. Nothing provided herein shall require a party to act in violation of applicable requirements of federal and state statutes, rules and regulations and the refusal to act in violation of such laws shall not be a breach of this Agreement.

IN WITNESS WHEREOF, have entered into this Agreement as of the date set forth below and caused this Agreement to be executed in duplicate originals by their duly authorized representatives as set forth below.

For the STATE OF IDAHO:

Lori A. Wolff
Administrator, Idaho Division of Human Resources

Date

For the PUBLIC HEALTH DISTRICTS:

PUBLIC HEALTH DISTRICT 1

Don Duffy, Director

3/21/22
Date

PUBLIC HEALTH DISTRICT 2

Carol Moehrle, Director

March 21, 2022
Date

PUBLIC HEALTH DISTRICT 3

Nikole Zogg, Director

03/21/2022
Date

PUBLIC HEALTH DISTRICT 4

Date

3/21/22
Date

Russell Duke, Director

Date

PUBLIC HEALTH DISTRICT 5

Melody Bowyer

Melody Bowyer, Director

03/22/2022

Date

PUBLIC HEALTH DISTRICT 7

Geri L. Rackow

Geri Rackow, Director

03/29/2022

Date

ATTACHMENT B

Resolution XX-XX

RESOLUTION TO SUPPORT RAISING THE MINIMUM AGE OF LEGAL ACCESS AND USE OF *MITRAGYNA SPECIOSA* (KRATOM) PRODUCTS IN IDAHO TO AGE 21.

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

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

WHEREAS, the 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. Side effects include nausea, itching, sweating, dry mouth, constipation, increased urination, tachycardia, vomiting, drowsiness, and loss of appetite². Users of kratom have also experienced anorexia, weight loss, insomnia, hepatotoxicity, seizure, and hallucinations¹. Kratom can lead to addiction³; and

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

WHEREAS, the FDA has issued reports about deaths associated with kratom¹, and in 2019 a CDC report found that kratom was detected in 152 overdose deaths between July 2016-December 2017². Kratom was identified as the cause of death in 91 of the 152 kratom-positive deaths but was the only identified substance in just seven of these cases². 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. 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 kratom's safety profile, including the use of kratom combined with other drugs¹, and

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

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

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

WHEREAS, in Idaho it is currently legal to buy and sell kratom. It can be purchased in smoke shops, boutique botanical stores, and online vendors. Nationwide, the number of kratom exposures reported to Poison Control Centers (PCCs) increased 52-fold between 2011-2017. Data from PCCs found that Idaho had the highest kratom exposure rate in the U.S.², and

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

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

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

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

RESOLUTION TO SUPPORT VAPING PREVENTION IN SCHOOLS

WHEREAS, e-cigarettes and youth vaping remain a public health crisis. In 2020 more than 3.6 million U.S. youth used e-cigarettes in the past 30 days. 1 in 5 high school students and almost 1 in 10 middle school students who use e-cigarettes are using them every day.¹

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

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

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

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

WHEREAS, a 2005 study concluded that if every state had spent the minimum amount recommended by the CDC for tobacco prevention, youth smoking rates nationally would have been between three and 14 percent lower during the study period, from 1991 to 2000. Further, if every state funded tobacco prevention at CDC minimum levels, states would prevent nearly two million kids alive today from becoming smokers, save more than 600,000 of them from premature, smoking-caused deaths, and save \$23.4 billion in long-term, smoking-related health care costs.⁵

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

WHEREAS, out of youth and young adults aged 15-24 who use e-cigarettes, 63% of those who use JUUL did not know that the product always contains nicotine. 44% of youth believe their

peers approve of nicotine vaping and around 80% of youth do not perceive the use of e-cigarettes as being harmful.^{6,7,8}

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

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

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

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

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

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

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

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

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

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

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

Mental Health and Substance Use Policy Laboratory, Substance Abuse and Mental Health Services Administration, 2020.

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

DRAFT

Injury Prevention

XX-XX

Resolution to Support Awareness, Education and Prevention of Suicide

Resolution XX-XX

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

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

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

WHEREAS, in 2019, suicide and self-injury cost the US \$782 million¹; and

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

WHEREAS, in 2021, the Idaho Suicide Prevention Hotline received over 16,000 contacts²; and

WHEREAS, in 2020, The National Suicide Prevention Hotline Designation Act was signed into law, creating 988 as the national dialing code³; and

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

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

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

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

¹ Centers for Disease Control and Prevention: Number of Injuries and Associated Costs (2019)

² Idaho Suicide Prevention 2021 Annual Report (2021)

³ Idaho Department of Health and Welfare: 988 National Behavioral Health Crisis Line (2021)

Resolution ##-##

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

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

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

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

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

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

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

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

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

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

*Adopted by the Idaho Association of District Boards of Health
June 9, 2016; readopted June 9, 2017*

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

²Bottemiller, H. "Annual Foodborne Illnesses Cost \$77 Billion, Study Finds, Food Safety News," (January 3, 2012), accessed March 10, 2022. <http://www.foodsafetynews.com/2012/01/foodborne-illness-costs-77-billion-annually-study-finds/#.Vum0BNrKcN>

Resolution XX-XX

RESOLUTION TO SUPPORT AN EXCISE TAX ON ELECTRONIC NICOTINE DELIVERY SYSTEMS

WHEREAS, it was in 1912 that smoking tobacco was linked to lung cancer, and it took more than 50 years for the US Surgeon General to declare smoking a health hazard and another 45 years before the Food and Drug Administration (FDA) was given the authority to regulate tobacco products.

WHEREAS, many electronic nicotine delivery system (ENDS), also marketed as electronic cigarettes, contain juices with nicotine, a highly addictive drug for which there are no safe levels.

WHEREAS, there is currently insufficient evidence to conclude that ENDS, or electronic cigarettes, help users quit smoking.¹

WHEREAS, it is the flavored products that are driving the youth vaping epidemic. In fact, 84.7% of youth e-cigarette users use flavored products. E-cigarettes are sold in over 15,000 flavors, from mint and menthol to gummy bear and cotton candy.²

WHEREAS, in 2016, an estimated four in five (20.5 million) U.S. youths, including 8.9 million middle school students and 11.5 million high school students, were exposed to e-cigarette advertisements from at least one source; a 13% increase from 2014. Exposure in retail stores increased 24% in 2016 compared to 2014, and was the primary factor responsible for the increases in exposure from any source during 2014-2016. Nearly seven in 10 youths (17.7 million) were exposed to e-cigarette advertising in retail stores in 2016; approximately two in five were exposed to e-cigarette on the Internet (10.6 million) or television (9.7 million), and nearly one in four (6.2 million) were exposed in newspapers and magazines.³

WHEREAS, electronic cigarettes are the most commonly used tobacco product among U.S. middle and high school students. From 2017 to 2019, e-cigarette use among high school students more than doubled to 27.5%, leading the U.S. Surgeon General and other public health authorities to declare the problem an epidemic. In 2020, 3.6 million U.S. kids – including 19.6% of high school students – were current e-cigarette users. From 2019 to 2020, disposable e-cigarette use has increased significantly among youth who currently used e-cigarettes in middle school (from 3.0% to 15.2%) and high school (from 2.4% to 26.5%).^{2,3,4}

WHEREAS, in January 2020 the FDA prioritized enforcement against the sale of most candy or fruit flavors in “closed pod” refillable e-cigarettes, such as the popular JUUL brand, but disposable flavored e-cigarettes, such as the newer brand Puff Bar were exempted.⁵

WHEREAS, a September 2020 study found that the top 10 videos featuring Puff Bars on the social media app Tik Tok received between 2.8 and 42.4 million views. Among high school current e-cigarette users, 26.1% reported that their usual brand was Puff Bar, followed by Vuse (10.8%), SMOK (9.6%), JUUL (5.7%), and Suorin (2.3%). Among middle school current users, 30.3% reported that their usual brand was Puff Bar, and 12.5% reported JUUL. A 2018 study also found that exposure to e-cigarette advertisements on social media among young adults was strongly associated with positive expectations of e-cigarette use and directly correlated with

Resolution 15-03 (continued)

current use.^{2,5}

WHEREAS, while electronic cigarettes are likely to be less toxic than conventional cigarettes, their use poses threats to adolescents and fetuses of pregnant mothers using these devices.⁶

WHEREAS, compared to young people who have never vaped, youth who have ever used e-cigarettes are seven times more likely to become cigarette smokers one year later.⁷

WHEREAS, the FDA conducted an analysis on samples of electronic cigarettes and components from two leading brands, which showed that the product contained detectable levels of known carcinogens and toxic chemicals to which users could potentially be exposed. The FDA's findings also suggested that quality control processes used to manufacture these products are inconsistent or non-existent.⁸

WHEREAS, according to FDA the electronic cigarette cartridges that were labeled as containing no nicotine had low levels of nicotine present in all cartridges tested, except one.⁸

WHEREAS, the American Association of Poison Control Centers reports that, as of February 28, 2022 poison control centers have managed 831 exposure cases about e-cigarette devices and liquid nicotine only two months into 2022. In 2020, there had been 3,830 calls involving exposures to electronic cigarette devices and liquid nicotine.⁹

WHEREAS, North Carolina, the number one tobacco producing state, taxes liquid nicotine at cents per milliliter, which is one of the lowest state taxes. Idaho does not currently have a vape and e-cigarette tax.^{10,11}

WHEREAS, an increase in taxes on cigarettes and other tobacco products leads to significant reductions in cigarette smoking and other tobacco use. For every 10 percent increase in cigarette prices, the overall cigarette consumption is reduced by 3-5%. Increasing the price of cigarettes is very effective for specifically reducing smoking rates among high-risk populations such as youth, young adults, and individuals of low socioeconomic status. Health economists have estimated that raising the cost of cigarettes to ten dollars a pack nationwide would result in 4.8 million fewer smokers between the ages of 12-25.^{11,12,13}

THEREFORE BE IT RESOLVED, that the Idaho Association of Local Boards of Health support establishing an excise tax on ENDS including the delivery devices and liquid solutions used in the devices and use of any such funds be designated for tobacco cessation and prevention.

Adopted by the Idaho Association of District Boards of Health

June 4, 2015

Eastern Idaho Public Health Employee Compensation Policy

It is the intent of Eastern Idaho Public Health (EIPH) to provide a competitive employee compensation and benefit package that will attract qualified applicants; retain employees who have a commitment to public service excellence; motivate employees to maintain high standards of productivity; and reward employees for outstanding performance. The long-term success of this system is contingent on a strategy of reasonable and appropriate funding to compensate employees based on their performance relative to specific measurements and standards.

AGENCY POLICY

It is the intent of this policy to ensure a consistent and fair approach to EIPH's hiring process and to provide specific parameters which determines salary rates for newly hired and permanent employees. ~~EIPH adopts the Rules of Division of Human Resources and Personnel Commission, IDAPA 15.04.01, as required and incorporates into its Compensation Plan those items in Idaho Code 67-5309B. In addition to these rules and statutes,~~ **In addition to policies included in the EIPH Employee Handbook,** EIPH has adopted additional guidelines which are outlined in this plan.

SECTION 1: STARTING SALARY DECISIONS

EIPH hires all employees at a rate that reflects the quantity and quality of candidates' experience and education levels. Starting salaries are based on the worth of that particular job to our agency, and not altered to meet a job applicant's personal, non-job related situation or expenses. Advanced salary placement may be at the appointing authority's discretion considering available budget, market, applicant's work experience and qualifications, and relationship to existing staff salaries within the pay grade assigned to the employee's classification. EIPH adheres to all state and federal wage laws.

When filling a vacant position, candidates may be hired at one of three levels. The levels are:

- LEVEL 1:** Generally, individuals should be hired at ~~75~~⁷⁰% of the job classification's pay scale. Possible exceptions may include hard-to-fill positions or those in difficult geographical areas, which would fall under Level 2. **The 75% entry rate will become effective April 19, 2022.**
- LEVEL 2:** Individuals that bring a level of experience to the position or those being recruited for hard-to-fill positions may be hired up to ~~90~~⁸⁵% of policy, depending on work experience and education. (See Appendix A.) Division Directors have authority to determine Level 2 pay in accordance with the District's "Hiring Salary Criteria for Level II Employees" found in Appendix A, without further approval from District Director. Any variation from the criteria must be approved by the District Director.
- LEVEL 3:** Individuals that have extensive experience and/or relevant education, or are being considered for hard-to-fill positions, may be hired at or above Policy (comparable to market rates). The starting salary for anyone hired at Level 3 must be approved by the District Director.

Appointed Positions

When an individual is appointed by the agency's Board of Health to a permanent position, his/her salary will be at the discretion of the District Board of Health.

SECTION 2: EXISTING EMPLOYEES

Acting Appointments

An employee serving in an elevated classification in an acting capacity will be paid in the new pay grade as though he or she had actually been promoted. At the expiration of the acting appointment, the employee will be returned to the class, pay grade, and pay rate held immediately preceding the acting appointment.

Compensatory Time

All employees, except executives, shall earn compensatory (comp) time when overtime is worked. Division Directors should monitor the accrual of comp time by their employees and discuss employees' comp time balances in excess of forty (40) hours with the District Director to determine the need for continued overtime. No employee may be authorized to earn comp time when his/her balance exceeds 40 hours without written authorization from the Director.

Demotions

If an employee is demoted for disciplinary reasons, the employee's salary shall be adjusted within the lower pay range with approval from the Division Director and Director.

Holiday Pay

Employees do not typically work on holidays; however, there are occasions when this is necessary. If such time is needed, employees must obtain written authorization from his/her Division Director, with a copy being provided to Human Resources. When possible, employees should adjust their time during the holiday week so that no more than 40 hours of time is coded.

Internal Salary Equity and Concerns

All employees are encouraged to discuss salary-related concerns with their supervisor to reach mutually satisfactory resolution at the lowest level possible. If an employee believes there is a problem with his/her compensation due to inequities within EIPH, he/she is strongly encouraged to bring this issue to the forefront. No retaliation will occur for expressing such concerns or using the problem-solving process. All requests for salary increases must be approved by the Division Director and then by the Director.

Geographic Pay Differential

In alignment with the District's mission, the Director may designate non-performance related premium pay for work locations where recruitment and retention is difficult due to economic conditions and cost of living. EIPH will determine the amount of geographic pay for these locations using survey data from the Idaho Division of Human Resources and economic indicators to determine eligible areas. For district specific classifications, the Director may designate a geographic differential for classifications with high turnover rates and extended vacancy rates. All employees in the same classification and same work location shall be provided an equitable geographic pay differential.

Geographic pay premiums are calculated on a percentage of base salary. Such percentage is translated to a cash amount per pay period and added to base pay.

Geographic pay is tied to work location. The geographic pay differential is discontinued when an employee takes an assignment at a work location not deemed eligible for a geographic differential. A geographic pay differential must begin and end at the start of the pay period and may not be divided by hourly or daily increments.

New Hire Salary Inequity

There may be occasion when a new person is hired into a job class at a higher pay rate than existing employees doing the same job. The District Director may approve an increase in pay for the existing staff to address the issue of internal salary equity.

On-call Time

On-call time will be granted to employees who are designated by their supervisor or the District Director to be on-call according to specific criteria for full or partial on-call shifts. The rate at which time off with pay will accumulate is one hour of On Call Time Earned (OCE) will be earned for each weekday during which an individual is required to be on-call; for each weekend day, two hours OCE will be earned, up to a total of no more than 9 hours per week. Any time actually worked while in on-call status will be coded on their time sheet as Actual time worked.

Overtime Pay

EIPH will rarely, and only when the District Directors determines it as a mission-critical necessity, provide cash compensation for overtime work. All employees will be informed of their status in relationship to overtime expectations as part of new employee orientation or pre-employment discussions. Unless cash payment is specifically authorized by the Director or designee, all overtime will result in compensatory time.

Performance Evaluations

~~In conducting the required annual evaluation or probation evaluation, EIPH will comply with the State's various performance standards levels.~~ EIPH's philosophy is that frequent and on-going feedback is needed between an employee and his/her supervisor in order for the employee to be successful on the job. All new employees will have formal performance evaluations at three and six months from their hire date. ~~and prior to completion of their entrance probation.~~ Thereafter, annual performance evaluations will be conducted.

Promotions

Upon promotion or in cases where a position class has been upgraded, the employee's salary will be increased, at a minimum, to the beginning of the new pay range. However additional salary increase may be considered based on a case-by-case scenario by the District Director and Division Director with consideration of the promoted employee's current salary compared to other employees in like positions with similar education, experience, qualifications, market considerations, and budgetary constraints.

Reclassifications

When a position is reclassified to a class in a higher pay range, the employee's salary will be increased, if necessary, to the beginning of the new pay range. Any additional increase will be considered on a case-by-case basis and must be approved in advance by the Division Director and District Director.

If an employee's position is reclassified downward, the employee's salary will remain the same unless it is above the new pay range. In these instances, the employee's salary will be adjusted to the maximum hourly rate of the lower pay range.

Reinstatement

~~Per Idaho Division of Human Resources Rule 072.04,~~ An employee reinstating from layoff shall be paid at the same rate the employee was receiving at the time of the layoff. All other reinstatements will be treated in the same manner as starting salaries.

Shift Differential

EIPH does not have a need for shift differential pay. Overtime work is minimal, but it is compensated for in accordance with Fair Labor Standards Act (FLSA) and state law requirements.

Transfers

Transfers will be addressed in the same manner as starting salaries. A lower or higher rate may be approved by the District Director, depending on the circumstances under which the transfer was made.

SECTION 3: SALARY INCREASES

~~Maintaining a competitive compensation system is based on the following philosophy as outlined in Idaho Code 67-5309A:~~

- ~~1. Advancement in pay shall be based on job performance and market changes.~~
- ~~2. Pay for performance shall provide faster salary advancement for higher performers based on a merit increase matrix.~~
- ~~3. Employees below the state's midpoint market average (policy) in a salary range who are meeting expectations in the performance of their jobs shall move through the pay range toward the midpoint market average.~~

~~EIPH agrees with the state philosophy (IC 67-5309A) that~~

It is vital to fund necessary compensation adjustments each year to maintain market competitiveness in the compensation **of EIPH employees**. In order to provide this funding commitment in difficult fiscal conditions, it may be necessary to increase revenues, or to prioritize and eliminate certain functions, programs or reduce the overall number of employees in a given year, or any combination of such methods. However, final implementation of such decisions is contingent upon approval by EIPH's Board of Health.

No employee shall advance in pay without a performance evaluation on file certifying that the employee meets the performance criteria of the assigned position. For merit pay purposes, when funding is available, EIPH considers employees who have successfully completed **six months of employment with EIPH and an evaluation** ~~their entrance probation period~~ with an "Achieves Performance Standards" evaluation rating or better. ~~Employees on entry or promotional probation and those on a formal "Performance Improvement Plan" due to a "Does Not Achieve Performance" rating~~ are not eligible for merit pay increases until such time their performance improves and is evaluated at "Achieves Performance Standards" or better rating. To qualify for any salary increase, the employee must have a current (completed within the last 12 months) performance evaluation on file.

Salary increases will be based on performance/merit, market/policy, or a combination of such factors as outlined in the district's Board-approved Change in Employee Compensation Plan developed for each Fiscal Year.

Cost Savings Bonuses

Cost Savings Bonuses may be considered on a case-by-case basis. Before the option is used, the cost savings must be quantified, verified by the District's Fiscal Officer, and carefully considered by the District Director before making any cash award. It is the intent of EIPH to award such a bonus in incremental payments as actual cost savings are realized. Cost saving bonuses will not exceed \$2,000 for any one suggestion.

Performance Bonuses

A performance bonus is a one-time lump sum payment to an employee to recognize exemplary service. EIPH may use performance bonuses throughout the year to recognize and reward an employee's performance. Amounts will vary and will relate to the base salary and the individual's performance on a project or overall basis. All performance bonuses will be based on the availability of funds. Performance bonuses up to a total of two thousand dollars (\$2,000) may be awarded to individuals each fiscal year (IC 67-5309D). **Any proposed amount above \$2,000 must be approved by the Board of Health.** A memo documenting such performance will be provided to the employee and placed in his/her personnel file.

Retention Pay

~~EIPH will determine the need for retention pay on a case-by-case basis. These awards are typically lump sum. If an employee indicates another competitive job offer or if the Agency deems market conditions exist, the District Director and Division Director will consider a retention award based on the market for the particular job and the salaries of all other employees in the same classification. If such retention awards are deemed appropriate in order to keep existing staff, the award may be considered for all employees in the same classification. Retention pay may be granted when an employee has completed at least six months of work that achieves performance standards.~~

Other Salary Adjustments

~~EIPH may consider other pay delivery options as outlined in IC 67-5309D as appropriate.~~

Salary Increases-Conditional

Temporary increases may also be awarded in recognition of additional assignments or acting appointments.

SECTION 4: ANNUAL REVIEW OF POLICY

Members of District's Administrative Team will review this policy on a periodic basis and make recommendations to the Board for adjustments as appropriate.

Reviewed and Approved by EIPH Board of Health on March 31, 2022.

Bryon L. Reed, Board of Health Chairman

Geri L. Rackow, Director

APPENDIX A Hiring Salary Criteria for Level II Employees

NOTE: Increased percentage points may be granted by a Division Director for Level II employees if the employee has additional experience, education, skill, or licenses that would be of benefit to the agency and that are **NOT** a requirement of the job description.

<u>Education</u>	<u>% Allowed</u>
For each degree above the job's minimum requirement:	
Technical Degree or Associate Degree	2
BS/BA	2
Masters Degree	2
Doctorate	2
	Maximum of 8%
Example: The job requires high school diploma and the individual has BS degree would equal 4% increase over job class' minimum wage.	

<u>Experience</u>	<u>% Allowed</u>
Each year of related experience	2
	Maximum of 5 years or 10%
Example: If the employee worked for another health district doing a similar job they could receive a 2 percentage point increase for each year worked up to maximum of 10% increase over job class position minimum wage.	

<u>Bilingual</u>	<u>% Allowed</u>
Fluent in Spanish (verbal and written)	Maximum of 2%
Example: If the individual had bilingual skills that would be of benefit to the agency, the employee would receive 2% increase over job class position minimum wage.	

<u>Certificate or Professional License</u>	<u>% Allowed</u>
Related Professional License or Related Certification Only	2 Maximum of 2%

MAXIMUM CRITERIA PERCENTAGE ALLOWED OVER A JOB CLASS' MINIMUM WAGE IS 15%

Employee Compensation Plan

Fiscal Year 2023

It is the intent of Eastern Idaho Public Health to provide a competitive employee compensation and benefit package that will attract qualified applicants; retain employees who have a commitment to public service excellence; motivate employees to maintain high standards of productivity; and reward employees for outstanding performance. The long-term success of this system is contingent on a strategy of reasonable and appropriate funding to compensate employees based on their performance relative to specific measurements and standards.

IMPLEMENTATION DATE

Due to salary savings in FY2022, the FY2023 CEC will be implemented early on April 18, 2022. It will be reflected on employees' May 13, 2022, paycheck.

FY2023 COMPONENT 1 – COST OF LIVING ADJUSTMENT

Every employee will receive an increase of \$1.25 per hour to account for significant increases in the cost of living. Performance is not a factor in these salary changes.

1. EIPH employees hired on or before April 18, 2022, will be eligible for this increase on April 18, 2022.
2. Employees hired between April 19, 2022, and June 9, 2023, will be eligible to receive the \$1.25 per hour increase as part of their starting salary.

FY2023 COMPONENT 2 – PERFORMANCE-BASED PAY INCREASES

1. The performance-based pay increases will apply to all employees hired on or before April 18, 2022. Employees hired after April 18, 2022, are **NOT** eligible for Component 2.
2. To receive a performance-based pay increase, employees must:
 - a. Have a current (within the last 12 months) performance evaluation rating of "Achieves Performance Standards" or better, and
 - b. Complete the statewide respectful workplace and cyber security training.
3. An employee must successfully complete six months of employment prior to the merit-based raise going into effect.
4. Change in Employee Compensation Distribution Matrix:

PERFORMANCE			
Does not Achieve	Achieves	Solid	Exemplary
0%	4.50%	5.00%	5.50%

DIRECTOR PAY CHANGES

Any pay changes for the EIPH Director will be determined by the EIPH Board of Health.



Eastern Idaho **Public Health**

Fiscal Year 2023 Budget

Draft: March 31, 2021

WHAT'S INSIDE

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Fiscal Year 2023 Budget Summary

Revenue Highlights

State Appropriations

Effective March 1, 2022, Idaho's Public Health Districts no longer receive State General Fund appropriations. This is a result of House Bill 316 passed during the 2021 Legislative Session. Counties within the health district are now required by Idaho Code 39-424A, to provide additional aid to the public health districts as a replacement of this historical funding stream.

County Appropriations

EIPH is not requesting an increase in County Appropriations (Idaho Code 39-424) for FY2023. The formula for the county assessments is based on county population and property values. Even with no increase requested by EIPH, due to Madison County experiencing a significant increase of 35% in population over 2021 estimates, it will experience a disproportionate increase in its assessment this year, while most of the other counties will see a decrease in their assessment from FY2022.

Also, as mentioned above, the counties will be assessed a full year of "Additional County Aid to the District" as outlined in Idaho Code 39-424A, the total of which is set at \$1,150,400 by Statute, unless the Board approves an increase in this amount in future years.

Fees

For FY2023, we are budgeting a 21% increase in fee revenue. This is primarily due to continued increases in activity in our immunization, septic, and food programs. In addition, EIPH is now able to bill Medicaid for some limited home visiting services which we anticipate increasing our fee revenue slightly.

Subgrants

This year's budget reflects an overall increase of 2.64% in subgrant funding over FY2022. The previous influx in funding related to the COVID-19 response has leveled off. During FY2022, EIPH discontinued our Public Water Program subgrant with Idaho Department of Environmental Quality, resulting in a reduction of approximately \$164,000 in subgrant funding for FY2023. There were some minor fluctuations (both up and down) in a variety of other subgrants.

Of note, however, is that in FY2023, EIPH is receiving additional funding to provide expanded Home Visiting services throughout our eight-county district as well as one-time funding through the Idaho Millennium Fund to launch a pilot project focusing on reducing youth vaping. In addition, EIPH will also be receiving funding related to the Idaho Opioid Settlement; however, the amount of funding is currently unknown and not included in this initial FY2023 budget.

Expense Highlights

Salaries

With the salary structure in place at EIPH, the last year has resulted in significant difficulties in recruiting for open positions due to widespread labor shortages and increased cost of living for individuals. This year's budget includes an across-the-board \$1.25 per hour adjustment for all positions, with an additional 5% that will be distributed to employees based on merit. The past two years have been incredibly challenging as public health staff navigated the COVID-19 pandemic, all the while continuing to provide all other critical public health services. This would not have been possible without the dedicated and hardworking staff at EIPH.

Employee Benefits

All employee and employer benefit costs have remained relatively unchanged from FY2022. However, with the final transition related to House Bill 316 from the 2021 Legislative Session, there is still some uncertainty related to future costs for Workers Compensation and Unemployment Insurance.

Operating Expenses

Overall, budgeted operating expenses have increased by 19.20%. A portion of this increase is related to higher costs of fuel and supplies as well as some building repairs. Additionally, there are significantly more operating costs related to two Community Health programs—the new Millennium Fund Youth Vaping Prevention program and Partnership for Success, a program focusing on the prevention of underage drinking. Finally, nearly half of the increase is attributed to two COVID-19 donations by private businesses that is carrying over from FY2022.

Summary

Activity at EIPH is beginning to normalize after two years of increased activities and funding relating to the COVID-19 pandemic. One priority moving into the new fiscal year includes being able to recruit and retain staff, which has become challenging due to significant changes in the economy over the past year. EIPH will continue to work hard to deliver the highest quality of services to the residents of Eastern Idaho, working with the EIPH Board of Health to develop priority areas for the future.

REVENUE

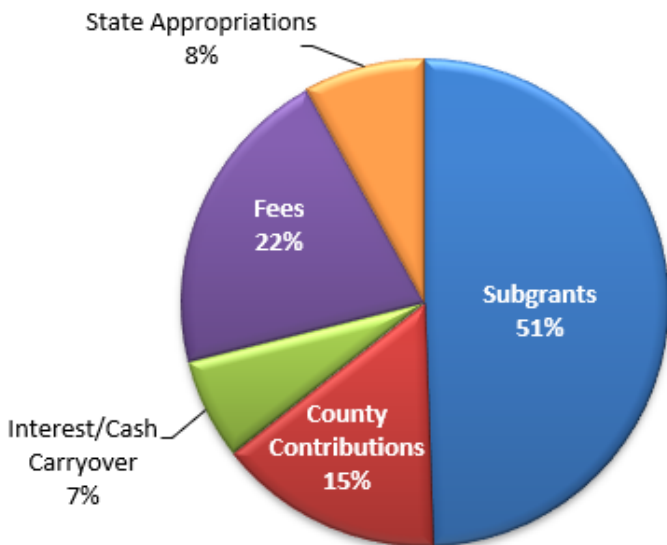
Division	Subgrants	Fees
Board of Health	\$0	\$0
Clinical Services	773,400	1,250,000
Community Health	1,918,150	54,500
COVID Emergency Response	1,015,050	103,000
Environmental Health	73,397	1,135,450
Healthcare Transformation	91,000	0
Nutrition	1,232,916	0
FY2023 Total Revenue	\$5,103,912	\$2,542,950
FY2022 Budget	\$4,972,585	\$2,097,550
Change from FY2022 to FY2023	\$131,328	\$445,400
% Change	2.64%	21.23%

EXPENSES

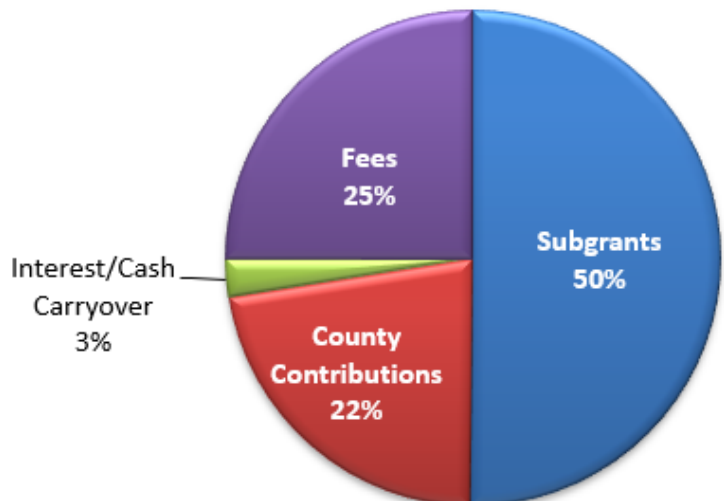
Division	Salaries	Benefits	Operating Expenses	FY2023 Proposed Budget	FY2022 Budget
Board of Health	\$6,939	\$575	\$12,000	\$19,513	\$23,902
Clinical Services	2,084,346	768,289	1,278,900	4,131,535	3,412,649
Community Health	945,288	390,500	406,777	1,742,565	1,629,500
COVID Emergency Response	59,688	21,530	220,000	301,218	668,977
Environmental Health	871,708	375,653	118,400	1,365,761	1,260,484
General Support	591,232	217,429	553,374	1,362,036	1,145,821
Healthcare Transformation	41,894	17,610	20,526	80,030	93,848
Nutrition	731,935	322,973	118,400	1,173,308	1,261,976
FY2023 Total Expenses	\$5,333,030	\$2,114,559	\$2,728,377	\$10,175,966	\$9,497,157
FY2022 Budget	\$5,001,593	\$2,206,584	\$2,288,980		
Change	331,437	(92,025)	439,397		
% Change	6.63%	(4.17)%	19.20%		

SOURCE OF FUNDS	FY2022 Budget	FY2023 Proposed Budget	Change	% Change
Subgrants	\$4,972,585	\$5,103,912	\$131,327	2.64%
Fees	2,097,550	2,542,950	445,400	21.23%
County Contributions (39-424)	1,120,703	1,120,703	0	0.00%
County Contributions: Additional County Aid to District (State General Fund Replacement — IC 39-424A)	379,636	1,150,400	770,764	203.03%
State Appropriations	809,500	0	(809,500)	(100.00)%
Interest	30,000	20,000	(10,000)	(33.33)%
COVID Capacity-Building Carryover	400,000	215,000	(185,000)	(46.25)%
Designated Carryover				
State Home Visiting Funds	0	17,000	17,000	
Citizen Review Panel	0	6,000	6,000	
TOTAL	\$9,809,974	\$10,175,965	\$365,992	3.73%

Revenue Projection Summary - FY22



Revenue Projection Summary - FY23



FY 2023 PROPOSED COUNTY APPROPRIATIONS (Idaho Code 39-424)

County	2021 Population Estimate ¹	% Population of District	Population 70% Distribution	2021 Taxable Market Value ²	% Valuation of District	Valuation 30% Distribution	FY2023 Budget County Cost Pop. + Eval.
Bonneville	127,930	50.51%	\$396,247	\$10,218,655,463	46.45%	\$156,169	\$522,416
Clark	792	0.31%	2,432	157,568,382	0.72%	2,421	4,853
Custer	4,428	1.75%	13,729	821,777,062	3.73%	12,541	26,270
Fremont	13,592	5.37%	42,127	2,282,275,082	10.38%	34,899	77,026
Jefferson	32,202	12.72%	99,787	2,242,832,104	10.20%	34,294	134,081
Lemhi	8,162	3.22%	25,261	910,418,729	4.14%	13,919	39,180
Madison	53,881	21.28%	166,940	2,550,546,424	11.59%	38,967	205,907
Teton	12,267	4.84%	37,969	2,813,416,620	12.79%	43,001	80,970
TOTAL	253,254	100.00%	\$784,492	\$21,997,489,866	100.00%	\$336,211	\$1,120,703

FY 2023 PROPOSED ADDITIONAL COUNTY APPROPRIATIONS (Idaho Code 39-424A)

Effective March 1, 2022, Idaho’s Public Health Districts no longer receive State General Fund appropriations. [Idaho Code 39-424A](#) requires that the counties within the health districts contribute additional funds to replace the State General funds, which is not to be less than the amount appropriated by the state in FY 2021 (\$1,150,400 for EIPH).

In FY2022, the counties contributed four months of this additional funding to EIPH. The FY2023 budget includes a full year of the additional county appropriations.

County	2021 Population Estimate ¹	% Population of District	Population 70% Distribution	2021 Taxable Market Value ²	% Valuation of District	Valuation 30% Distribution	FY2023 Budget County Cost Pop. + Eval.
Bonneville	127,930	50.51%	\$406,746	\$10,218,655,463	46.45%	\$160,309	\$567,055
Clark	792	0.31%	2,496	157,568,382	0.72%	2,485	4,981
Custer	4,428	1.75%	14,092	821,777,062	3.73%	12,873	26,965
Fremont	13,592	5.37%	43,244	2,282,275,082	10.38%	35,823	79,067
Jefferson	32,202	12.72%	102,432	2,242,832,104	10.20%	35,202	137,634
Lemhi	8,162	3.22%	25,930	910,418,729	4.14%	14,288	40,218
Madison	53,881	21.28%	171,364	2,550,546,424	11.59%	39,999	211,363
Teton	12,267	4.84%	38,976	2,813,416,620	12.79%	44,141	83,117
TOTAL	253,254	100.00%	\$805,280	\$21,997,489,866	100.00%	\$345,120	\$1,150,400

¹ Idaho Department of Commerce; population estimate

² Under Idaho Code 39-424, the State Tax Commission is required to report to the health districts by April 1 net property taxable value for each county.

County	Historical County Appropriations (Idaho Code 39-424)			Additional County Appropriations (Idaho Code 39-424A)		TOTAL FY2023 Contributions	TOTAL FY2022 Contributions
	FY2023 Proposed Contribution	\$ Change from FY2022	% Change from FY2022	FY2023 Proposed Contribution	\$ Change from FY2022		
Bonneville	\$552,416	\$(18,760)	(3.28)%	\$567,055	\$225,039	\$1,119,470	\$764,663
Clark	4,853	(672)	(12.16)%	4,981	\$1,673	9,834	\$7,396
Custer	26,270	(1,770)	(6.31)%	26,965	\$10,175	53,235	\$37,539
Fremont	77,026	(2,948)	(3.69)%	79,067	\$31,180	156,093	\$107,065
Jefferson	134,081	(5,592)	(4.00)%	137,634	\$53,999	271,715	\$186,987
Lemhi	39,180	(2,678)	(6.40)%	40,218	\$15,154	79,398	\$56,037
Madison	205,907	31,043	17.75%	211,363	\$106,655	417,270	\$234,098
Teton	80,970	1,377	1.73%	83,117	\$35,457	164,087	\$106,555
TOTAL	\$1,120,703	\$0		\$1,150,400	\$479,332	\$2,271,102	\$1,500,400

**ACTION: Motion to Approve Request of County Appropriations
(Idaho Code 39-424)**

\$1,120,703

County Population

County	County Population ¹			
	2021 (EIPH FY22 Budget)	2022 (EIPH FY23 Budget)	Change	% Change
Bonneville	120,505	127,930	7,425	6.16%
Clark	839	792	(47)	(5.60)%
Custer	4,246	4,428	182	4.29%
Fremont	13,256	13,592	336	2.53%
Jefferson	30,435	32,202	1,767	5.81%
Lemhi	7,983	8,162	179	2.24%
Madison	39,905	53,881	13,976	35.02%
Teton	12,126	12,267	141	1.16%
Total	229,295	253,254	23,959	10.45%

County's % of Health District Population		
FY2022	FY2023	Change
52.55%	50.51%	(2.04)%
0.37%	0.31%	(0.05)%
1.85%	1.75%	(0.10)%
5.78%	5.37%	(0.41)%
13.27%	12.72%	(0.56)%
3.48%	3.22%	(0.26)%
17.40%	21.28%	3.87%
5.29%	4.84%	(0.44)%
100.00%	100.00%	

County Property Values

County	County Valuation ²			
	2021 (EIPH FY22 Budget)	2022 (EIPH FY23 Budget)	Change	% Change
Bonneville	\$9,181,208,276	\$10,218,655,463	\$1,037,447,187	11.30%
Clark	150,628,850	157,568,382	6,939,532	4.61%
Custer	776,459,674	821,777,062	45,317,388	5.84%
Fremont	2,001,237,955	2,282,275,082	281,037,127	14.04%
Jefferson	2,055,447,496	2,242,832,104	187,384,608	9.12%
Lemhi	840,355,268	910,418,729	70,063,461	8.34%
Madison	2,216,171,945	2,550,546,424	334,374,479	15.09%
Teton	2,200,841,015	2,813,416,620	612,575,605	27.83%
Total	\$19,422,350,479	\$21,997,489,866	\$2,575,139,387	13.26%

County's % of Health District Total		
FY2022	FY2023	Change
47.27%	46.45%	(0.82)%
0.78%	0.72%	(0.06)%
4.00%	3.74%	(0.26)%
10.30%	10.38%	0.07%
10.58%	10.20%	(0.39)%
4.33%	4.14%	(0.19)%
11.41%	11.59%	0.18%
11.33%	12.79%	1.46%
100.00%	100.00%	

Data Sources

1 Idaho Department of Commerce; population estimates

2 Under Idaho Code 39-424, the State Tax Commission is required to report to the health districts by April 1 net property taxable value for each county.



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