Idaho Association of District Boards of Health

Annual Conference

JUNE 8-9, 2016

Coeur d’Alene Resort
Coeur d’Alene, Idaho
### Program Contents

<table>
<thead>
<tr>
<th>Area Map</th>
<th>District 1 Board of Health</th>
<th>Idaho Public Health Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Page 3</td>
<td>Page 4</td>
<td>Page 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Idaho Association of District Boards of Health</th>
<th>Agenda</th>
<th>OPE Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pages 6-7</td>
<td>Pages 8-10</td>
<td>Pages 11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conference Speakers</th>
<th>Resolutions</th>
<th>Draft June 4, 2015 IADBH Meeting Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pages 12</td>
<td>Pages 13-17</td>
<td>Pages 19-23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>By-Laws</th>
<th>Special Recognition</th>
<th>Conference Sponsors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pages 25-29</td>
<td>Pages 31</td>
<td>Pages 33-34</td>
</tr>
</tbody>
</table>

---

**Accelerating the Vision of Public Health**

accelerate

Increase in amount or extent; undergo a change in velocity.
Area Map
The Panhandle Health District Board of Health welcomes you to the

2016 Idaho Association of District Boards of Health Annual Conference

District 1 Board

Marlow Thompson, Chairman
Benewah County

Walt Kirby, Vice Chairman
Boundary County Commissioner

Glen Bailey, Trustee
Bonner County Commissioner

Jai Nelson, RN
Kootenai County

Leslee Stanley
Shoshone County Commissioner

Allen Banks, PhD
Kootenai County At Large

Richard McLandress, MD
Kootenai County Physician Representative
<table>
<thead>
<tr>
<th>Board Member</th>
<th>Commissioner / Former Commissioner / County Appointed Representative</th>
<th>County Representing</th>
<th>Appointment Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>District 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marlow Thompson, Chair</td>
<td>County Appointed Rep.</td>
<td>Benewah</td>
<td>1994</td>
</tr>
<tr>
<td>Walt Kirby, Vice-Chair</td>
<td>Commissioner</td>
<td>Boundary</td>
<td>2002</td>
</tr>
<tr>
<td>Glen Bailey, Trustee</td>
<td>Commissioner</td>
<td>Bonner</td>
<td>2013</td>
</tr>
<tr>
<td>Jai Nelson, RN</td>
<td>County Appointed Rep./Former Commissioner</td>
<td>Kootenai</td>
<td>2011</td>
</tr>
<tr>
<td>Leslee Stanley</td>
<td>Commissioner</td>
<td>Shoshone</td>
<td>2013</td>
</tr>
<tr>
<td>Richard McLandress, MD</td>
<td>Medical Consultant/County Appointed Rep.</td>
<td>Kootenai</td>
<td>1985</td>
</tr>
<tr>
<td><strong>District 2</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don Davis, Chair</td>
<td>Commissioner</td>
<td>Lewis</td>
<td>2008</td>
</tr>
<tr>
<td>John Allen, Vice-Chair</td>
<td>Commissioner</td>
<td>Clearwater</td>
<td>2007</td>
</tr>
<tr>
<td>Doug Zenner, Trustee</td>
<td>Commissioner</td>
<td>Nez Perce</td>
<td>2011</td>
</tr>
<tr>
<td>Jerry Zumalt</td>
<td>County Appointed Rep.</td>
<td>Idaho</td>
<td>2015</td>
</tr>
<tr>
<td>Dave McGraw</td>
<td>Commissioner</td>
<td>Latah</td>
<td>2011</td>
</tr>
<tr>
<td>Glenn Jefferson, MD</td>
<td>Medical Consultant/County Appointed Rep.</td>
<td>Nez Perce</td>
<td>2013</td>
</tr>
<tr>
<td><strong>District 3</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Richard Roberge, MD, Chair/Trustee</td>
<td>Medical Consultant/County Appointed Rep.</td>
<td></td>
<td>2001</td>
</tr>
<tr>
<td>Larry Church, Vice-Chair</td>
<td>Commissioner</td>
<td>Payette</td>
<td>2005</td>
</tr>
<tr>
<td>Lan Smith</td>
<td>County Appointed Rep./Former Commissioner</td>
<td>Gem</td>
<td>2011</td>
</tr>
<tr>
<td>Bill Brown</td>
<td>Commissioner</td>
<td>Adams</td>
<td>2012</td>
</tr>
<tr>
<td>Robert Thomason</td>
<td>Commissioner</td>
<td>Washington</td>
<td>2015</td>
</tr>
<tr>
<td>Kelly Aberasturi</td>
<td>Commissioner</td>
<td>Owyhee</td>
<td>2011</td>
</tr>
<tr>
<td>Tom Dale</td>
<td>Commissioner</td>
<td>Canyon</td>
<td>2016</td>
</tr>
<tr>
<td><strong>District 4</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steven F. Scanlin, Chair</td>
<td>County Appointed Rep.</td>
<td>Ada</td>
<td>2000</td>
</tr>
<tr>
<td>Ted Epperly, MD, Vice-Chair</td>
<td>Medical Consultant/County Appointed Rep.</td>
<td>Ada</td>
<td>2006</td>
</tr>
<tr>
<td>Elt Hasbrouck, Trustee</td>
<td>Commissioner</td>
<td>Valley</td>
<td>2015</td>
</tr>
<tr>
<td>Laura Baker</td>
<td>Commissioner</td>
<td>Boise</td>
<td>2015</td>
</tr>
<tr>
<td>Board Member</td>
<td>Commissioner</td>
<td>County Representing</td>
<td>Appointment Date</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>------------------------</td>
<td>---------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Charles Ritter, Vice-Chair</td>
<td>Former Commissioner</td>
<td>Lincoln</td>
<td>2010</td>
</tr>
<tr>
<td>Tom Faulkner, Trustee</td>
<td>Commissioner</td>
<td>Gooding</td>
<td>2006</td>
</tr>
<tr>
<td>Angenie McCleary</td>
<td>Commissioner</td>
<td>Blaine</td>
<td>2009</td>
</tr>
<tr>
<td>Bob Kunau</td>
<td>County Appointed Rep.</td>
<td>Cassia</td>
<td>2014</td>
</tr>
<tr>
<td>Cheryl Juntunen, RN</td>
<td>County Appointed Rep.</td>
<td>Minidoka</td>
<td>2009</td>
</tr>
<tr>
<td>Terry Kramer</td>
<td>Commissioner</td>
<td>Twin Falls</td>
<td>2010</td>
</tr>
<tr>
<td>Pam Jones</td>
<td>County Appointed Rep.</td>
<td>Camas</td>
<td>2014</td>
</tr>
<tr>
<td>Peter Curran, MD</td>
<td>Medical Consultant/At-Large Rep.</td>
<td>2009</td>
<td></td>
</tr>
<tr>
<td>Ken Estep, Chair/Trustee</td>
<td>Former Commissioner</td>
<td>Power</td>
<td>2007</td>
</tr>
<tr>
<td>Vaughn Rasmussen, Vice-Chair</td>
<td>Commissioner</td>
<td>Bear Lake</td>
<td>2011</td>
</tr>
<tr>
<td>Steve Hadley</td>
<td>Commissioner</td>
<td>Bannock</td>
<td>2016</td>
</tr>
<tr>
<td>Phil Christensen</td>
<td>Commissioner</td>
<td>Caribou</td>
<td>2012</td>
</tr>
<tr>
<td>Susan Collins</td>
<td>County Appointed Rep.</td>
<td>Butte</td>
<td>2008</td>
</tr>
<tr>
<td>Scott Workman</td>
<td>Commissioner</td>
<td>Franklin</td>
<td>2010</td>
</tr>
<tr>
<td>Jerry Bush</td>
<td>Former Commissioner</td>
<td>Oneida</td>
<td>2002</td>
</tr>
<tr>
<td>Whitney Manwaring</td>
<td>Former Commissioner</td>
<td>Bingham</td>
<td>2014</td>
</tr>
<tr>
<td>Lee Staker, Chair/Trustee</td>
<td>Commissioner</td>
<td>Bonneville</td>
<td>2008</td>
</tr>
<tr>
<td>Barbara Nelson, MD, Vice-Chair</td>
<td>Medical Consultant/County Appointed Rep.</td>
<td>2006</td>
<td></td>
</tr>
<tr>
<td>Greg Shenton</td>
<td>Commissioner</td>
<td>Clark</td>
<td>2001</td>
</tr>
<tr>
<td>Lin Hintze</td>
<td>Commissioner</td>
<td>Custer</td>
<td>1997</td>
</tr>
<tr>
<td>LeRoy Miller</td>
<td>Commissioner</td>
<td>Fremont</td>
<td>2011</td>
</tr>
<tr>
<td>Brian Farnsworth</td>
<td>Commissioner</td>
<td>Jefferson</td>
<td>2013</td>
</tr>
<tr>
<td>Ken Miner</td>
<td>Commissioner</td>
<td>Lemhi</td>
<td>2015</td>
</tr>
<tr>
<td>Kimber Ricks</td>
<td>Commissioner</td>
<td>Madison</td>
<td>2009</td>
</tr>
<tr>
<td>Bill Leake</td>
<td>Commissioner</td>
<td>Teton</td>
<td>2015</td>
</tr>
</tbody>
</table>
Agenda

Wednesday, June 8

8:00 a.m. Directors’ Meeting
Board Room 6

11:00 a.m. Trustee Meeting (Lunch Served)
Board Room 6

5:30 p.m. Registration and Reception
Casco Bay/Kidd Island

Thursday, June 9

7:30 a.m. Breakfast
Casco Bay/Kidd Island

8:30 a.m. Welcome
Bay 3
IADBH Greeting: Marlow Thompson
Kootenai County Greeting: Commissioner Eberlein

9:00 a.m. Business Meeting

10:30 a.m. Break

9:00 a.m. Business Meeting Continued*

12:00 p.m. Lunch
Casco Bay/Kidd Island

1:00 p.m. Diabetes: The Approaching Tsunami—Dr. Joseph Abate

2:00 p.m. Northern Idaho Crisis Center -
Claudia Miewald and Don Robinson

3:15 p.m. Break

3:30 p.m. Leadership—Sheriff Ben Wolfinger

4:45 p.m. 2017 IADBH Announcement —District 7

*If time available, District Directors will present Quality Improvement highlights.
Thursday, June 9 cont.

5:30 p.m.   Cocktail Hour
Casco Bay/Kidd Island

6:00 p.m.   Dinner and Entertainment
Casco Bay/Kidd Island

Coeurimba plays rhythmically intense traditional and modern songs, primarily originating from Zimbabwe. Their high-energy dance music combines a melodic innocence and rhythmic sophistication. Their traditional African sounds will get your toes tapping and feet moving! Visit their website at Coeurimba.com

Friday, June 10

7:00-8:30 a.m.   Breakfast
Bay 3
Agenda

Business Meeting

Idaho Association of District Boards of Health

Business Meeting Agenda
Bay 3, Coeur d’Alene Resort
Thursday, June 9, 2016
9:00 a.m. PT

1. Call to Order – Glen Bailey
2. Roll Call by District—Glen Bailey
3. Proxy Votes Collected per By-Laws – Glen Bailey
4. Call for Additional Agenda Items – Glen Bailey (Action)
5. Approval of Minutes from June 4, 2015 – Glen Bailey (Action)
6. Association Office Budgets – Nikole Zogg (Action)
7. IAC-IAB Contract Review – Nikole Zogg (Action)
8. Review of Trustee Response to OPE Recommendations - Glen Bailey
9. State Appropriation Formula Discussion - Glen Bailey (Action)
10. Bylaw Revision to Include Objectives for Measuring Formula – Glen Bailey (Action)
11. Resolutions—Glen Bailey (Action)
   2016 IABDH Proposed Resolutions to be considered
   i. Remove Food Establishment License Fee in Idaho Code (16-02)
   ii. Support Health Insurance Coverage for Low Income Idahoans (16-01)
   iii. Support Raising the Minimum Age of Legal Access and Use of Tobacco Products in Idaho to Age 21 (16-03)
12. SALBOH Representative (Action)
14. Adjournment of Business Meeting – Glen Bailey
1. The Board of Trustees should consider adopting objectives against which the formula can be measured.

2. The Board of Trustees should consider phasing in over several years any future changes to the formula.

3. The Board of Trustees should consider replacing the county contribution weighted part of the formula with one that distributes state general fund dollars for that part of the formula based directly on 67% of the county contributions.

4. The Legislature should consider developing a separate funding mechanism to make the health district administered regulatory, fee-based programs more self-supporting.

5. The Legislators should consider commissioning an evaluation to more clearly link funding of districts to actual measures of need more specific to individual programs.

6. The Board of Trustees/districts should consider periodically reviewing the indirect cost rate.
Joseph Abate, a 20-year cardiologist, received his MD from Hahnemann University in Pennsylvania in 1979. As a cardiologist, he and his wife Kathy traveled through several states over the years and in 2005 landed at Heart Clinics Northwest. The high school graduation of his youngest child marked a profound change in Dr. Abate’s career path. His long held passion to help others then began to occupy greater space in his life. He served as a Board Director at Fresh Start, NIC Foundation, and Heritage Health (then Dirne). An active leader in his church, Dr. Abate mobilized a local medical mission, helping to see uninsured patients at Heritage Health. In 2012 he left both his position at Heart Clinics Northwest and the Board of Directors at Heritage Health, and accepted the position at Heritage Health as Chief Medical Officer. Since formalizing his medical practice in community health, Dr. Abate has put his expertise and initiative into forming the North Idaho Pain Summit, MVP, a program for chronically ill patients to turn their health around, and now HERO, a model of coordinated care for community organizations to help provide higher quality care across health disciplines.

Claudia Miewald graduated from Duquesne University with a Bachelor of Science degree in Nursing in 1979, a Bachelor of Science degree in Psychology from the University of Pittsburgh in 1983 and a Master of Science degree from the University of Pittsburgh in Psychiatric and Mental Health Nursing in 1989. She worked at Western Psychiatric Institute and Clinic at the University of Pittsburgh Medical Center during the 1980s in management and clinical positions. After moving to Coeur d’Alene in 1990 she taught at North Idaho College in the R.N. program for 12 years. Claudia is also an alumni from the University of Idaho with a degree as an Education Specialist in Adult and Organizational Learning. She is currently enrolled in the DNP program at Boise State University. Claudia joined Kootenai Health in 2005 where she is currently the Director of the Behavioral Health service line which includes Adult Inpatient Psychiatry, Youth Acute Inpatient, Chemical Dependency Inpatient, and Outpatient services. She serves as a board member with the Nurse Leaders of Idaho and is Vice Chair of the Region One Behavioral Health Board.

Don Robinson joined Kootenai Health in September 2015 after a 23-year career as a Supervisory Special Agent in the Federal Bureau of Investigation. During his time in the FBI, Don investigated a wide range of criminal and national security matters and specialized in Crisis Response and Negotiation. He most recently served as the FBI Legal Attaché in Moscow, Russia. In his position at Kootenai Health, Don serves as the Manager of Crisis & Intervention Services and is the Manager of the Northern Idaho Crisis Center. Don graduated from Jacksonville University (FL) with a BS in Political Science. In 2010, he was awarded an MA in Organizational Leadership from Gonzaga University.

Sheriff Ben Wolfinger has been with the Kootenai County Sheriff’s Office since April 1, 1983. He worked in the jail, patrol and detectives while he worked his way through the ranks, making the rank of Captain in 1995 and was appointed to Major in 2009. Ben has commanded all bureaus of the Sheriff’s Office. He was elected to the office of Sheriff in 2012 to lead the 305 men and women of the Sheriff’s Office as well as fulfill all of the obligations of the office of Sheriff. Ben has been and continues to be an active volunteer in the community. He has previously served as a Coeur d’Alene City Councilman, Chairman of the Board of the Coeur d’Alene Area Chamber of Commerce and several other community organizations and boards. Ben states his favorite volunteer position, and one that he has done for the past 12 years, is that of a Sunday school teacher for three-year-olds.
RESOLUTION TO REMOVE THE FOOD ESTABLISHMENT LICENSE FEE IN IDAHO CODE

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

WHEREAS, the Centers for Disease Control and Prevention estimates that one in six Americans, or 48 million people, get sick from foodborne illnesses every year. Approximately 128,000 of these are hospitalized and 3,000 die\(^1\); and

WHEREAS, foodborne illness poses a $77.7 billion economic burden in the United States annually\(^2\), 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 generally accepted state and national standards; and

WHEREAS, the Public Health Districts are mandated by the Idaho Food Code to perform at least one food safety inspection per year for each licensed food establishment, but current funding is inadequate to cover the cost of this service;

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.


Resolutions

Res. 16-01

RESOLUTION TO SUPPORT HEALTH INSURANCE COVERAGE FOR LOW INCOME IDAHOANS

WHEREAS, according to the World Health Organization, public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. This includes assuring that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services.¹

WHEREAS, the mission of Idaho’s local public health districts includes preventing disease, disability, and premature death;

WHEREAS, it is estimated that 78,000 low income Idahoans do not have health insurance coverage.²

WHEREAS, lack of health insurance is associated with as many as 44,789 deaths per year in the United States;³ and it is estimated that between 76 and 179 people will die annually if Idaho does not expand health insurance coverage;⁴

WHEREAS, health insurance coverage is strongly related to better health outcomes for both children and adults when it makes health care affordable and helps consumers use care appropriately;⁵

WHEREAS, the increased risk of death attributable to uninsurance suggests that alternative measures of access to medical care for the uninsured, such as community health centers, do not provide the protection of private health insurance.³

WHEREAS, with expanded insurance coverage offered through Your Health Idaho, the state catastrophic health care program and county medically indigent program saw a 30% reduction in costs in the first year.⁶

WHEREAS, health insurance coverage for the 78,000 Idahoans who fall in the coverage gap would remove the tax burden to Idaho taxpayers for the nearly $36 million that is currently being paid by the state catastrophic health care program and county medically indigent program⁶; and

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health supports providing health insurance coverage to individuals and families whose incomes are between 0% and 100% of the federal poverty level in order to ensure access to health care with the most cost effective healthcare service delivery system.
Resolution 16-X cont.


RESOLUTION TO SUPPORT RAISING THE MINIMUM AGE OF LEGAL ACCESS AND USE OF TOBACCO PRODUCTS IN IDAHO TO AGE 21

WHEREAS, Tobacco remains the leading cause of preventable disease and premature death in the U.S., and one of the largest drivers of health care costs\(^1\), and

WHEREAS, Each year approximately 1,800 Idahoans die from tobacco use and 1,100 Idaho youth become new regular, daily smokers, of whom one-third will die prematurely because of this addiction\(^2\), and

WHEREAS, 95% of current adult smokers began using tobacco before age 21, and the ages of 18 to 21 are a critical period when many experimental smokers transition to regular, daily use\(^3\), and

WHEREAS, Adolescents are more likely to obtain cigarettes from social sources than through commercial transactions, and youth who reported receiving offers of cigarettes from friends were more likely to initiate smoking and progress to experimentation\(^3\). Raising the legal age of access to 21 would reduce the likelihood that young people would have access to tobacco products through social sources, and

WHEREAS, A growing number of youth and adults are using electronic vapor products, also known as e-cigarettes or electronic nicotine delivery systems (ENDS), which provide a way to deliver the addictive nicotine substance without burning tobacco. In Idaho, e-cigarettes are the most commonly used “tobacco” product among Idaho students: 24.8% of students used an electronic vapor product in the past 30 days and nearly half of all Idaho high school students have used an electronic vapor product at least once during their lifetime\(^4\), and

WHEREAS, the American Academy of Pediatrics now strongly recommends the minimum age to purchase tobacco products, including e-cigarettes, should be increased to age 21 nationwide\(^5\), and

WHEREAS, the U.S. Army Public Health Command says soldiers who smoke are less combat ready and take longer to heal and the U.S. Department of Defense is taking steps to ban all tobacco sales on military bases\(^6\), and

WHEREAS, 131 cities in nine states, and the State of Hawaii have already raised the minimum age of legal access to tobacco products, and several other states are currently considering legislation to do so, and

WHEREAS, Smoking-caused health costs in Idaho total more than $508 million per year, including more than $100.5 million in state and federal Medicaid expenditures, and raising the age of legal access to tobacco products to age 21 will likely decrease overall tobacco use rates, which in turn will likely lead to reduced future tobacco-related health care costs\(^2\), and
WHEREAS, The tobacco industry aggressively markets and promotes its products to continue recruiting young adults as new consumers. Despite legal settlements and laws, the tobacco companies still spend $9.6 billion per year to market their deadly and addictive products, and they continue to entice and addict America's youth. According to the U.S. Surgeon General, the more young people are exposed to cigarette advertising and promotional activities, the more likely they are to smoke. More than 80% of underage smokers choose brands from among the top three most heavily advertised\(^7\), and

WHEREAS, The Institute of Medicine concluded that raising the age of legal access to tobacco products to 21 years of age will likely prevent or delay initiation of tobacco use by adolescents and young adults, immediately improve the health of adolescents and young adults, improve maternal, fetal, and infant health outcomes, and substantially reduce smoking prevalence and smoking-related mortality over time. The Institute of Medicine also predicted that raising the age now to 21 nationwide would result in approximately 249,000 fewer premature deaths, 45,000 fewer deaths from lung cancer, and 4.2 million fewer years of life lost for those born between 2000 and 2019\(^8\).

THEREFORE, BE IT RESOLVED, that the Idaho Association of Boards of Health supports raising the minimum age of legal access and use of tobacco products, including electronic vapor 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.

Draft Business Meeting
Minutes—June 9, 2015

Idaho Association of District Boards of Health

Business Meeting
Lower Pavilion, Shore Lodge, McCall Idaho
Thursday, June 4, 2015

DRAFT

D1: Present: Marlow Thompson (Chair); Glen Bailey (Trustee); Allan Banks
Proxies: Richard McLandress, MD; Jai Nelson; Leslee Stanley; Walt Kirby
Absent No Proxies: N/A

D2: Present: Don Davis (Chair); John Allen (Vice-Chair); Shirley Greene (Trustee); Glenn Jefferson, MD; Doug Zenner (Trustee); Jerry Zumalt
Proxies: N/A
Absent No Proxies: Dave McGraw

D3: Present: Bill Brown; Craig Hanson; Lan Smith
Proxies: Richard Roberge, MD (Chair/Trustee); Larry Church (Vice Chair); Kelly Aberasturi; Rick Michael
Absent No Proxies: N/A

D4: Present: Steve Scanlin (Chair); Elt Hasbrouck (Trustee); Megan Blanksma; Jane Young, CRN-P, DNP
Proxies: Ted Epperly, MD (Vice Chair); Betty Ann Nettleton, RN; Vicki Wilkins
Absent No Proxies: N/A

D5: Present: Tom Faulkner (Trustee); Angenie McCleary (Vice Chair); Peter Curran, MD; Pam Jones; Terry Kramer; Bob Kunau; Charles Ritter
Proxies: Linda Montgomery (Chair); Cheryl Juntunen, RN
Absent No Proxies: N/A

D6: Present: Ken Estep (Chair/Trustee); Vaughn Rasmussen (Vice Chair)
Proxies: Phil Christensen; Susan Collins; Whitney Manwaring; Scott Workman
Absent No Proxies: Jerry Bush; Howard Manwaring

D7: Present: Lee Staker (Chair/Trustee); LeRoy Miller.
Proxies: Barbara Nelson, MD (Vice-Chair); Brian Farnsworth; Lin Hintze; Bill Leake; Ken Miner; Kimber Ricks; Greg Shenton;
Absent No Proxies: N/A
CALL TO ORDER
Steve Scanlin, Chair, called the meeting to order at 9:07 a.m. Commissioner Elt Hasbrouck of Valley County and Lyle Lawson from St. Luke’s McCall welcomed everyone to McCall and thanked them for coming.

Geri Whalen-Rackow, District 7 Director, and Lee Staker, Chair and Trustee of District 7, recognized and thanked Robert Cope for his 14 years of service on their Board of Health.

ROLL CALL BY DISTRICT
Roll call was completed by each district stating their name individually and district.

PROXY VOTES COLLECTED PER BY-LAWS
The proxies were gathered during roll and the numbers per district were stated by each district.

CALL FOR ADDITIONAL AGENDA ITEMS
No additional agenda items were presented.

APPROVAL OF MINUTES FROM MAY 29, 2014
The minutes stand approved as corrected. Rene LeBlanc will make the corrections as stated.

ASSOCIATION OFFICE BUDGETS
Bruce Krosch, Public Health District 3 Director, presented both the Association of Administration budget and the Idaho Association of District Boards of Health (IAB) budget.

MOTION: Glen Bailey moved to approve both budgets as presented; Shirley Greene seconded. No further discussion. Motion passed.

IAC-IPHHD CONTRACT REVIEW
Bruce Krosch provided an overview of the agreement between the Idaho Association of Counties and the Idaho Public Health Districts. No changes were presented by either parties; agreement continues as signed.

ANNUAL REVIEW OF IADBH BYLAWS
No changes were made to the current Idaho Association of District Boards of Health by-laws.

NALBOH/SALBOH FUTURE OPTIONS
NALBOH (National Association of Local Boards of Health) has restructured and continues to move in a positive direction, having its debt almost paid off. Steve Scanlin has been sitting in on the conference calls and stated the NALBOH would like Idaho’s SALBOH to join NALBOH. Since SALBOH can join for free and receive a discount on the annual conference, Steve proposed we considered rejoining. In hearing no objections to joining, he asked for a volunteer to represent Idaho. Lee Staker volunteered. Steve, as the chair of this year’s meeting, appointed Lee Staker as Idaho’s representative until replaced.
2015 IABDH PROPOSED RESOLUTIONS

Resolution Supporting Prevention of Excessive Alcohol Use
The Board of Trustees recommendation to accept the resolution as written stands as the motion before the entire body of District Boards of Health Members. The motion was seconded by the Body. Further discussion took place regarding the effectiveness of the resolution, its means to raise taxes only, and our lobbyist role.

Angenie McCleary made a motion to amend the Resolution Supporting Excessive Alcohol Use to include at the end of the “Therefore Be It Resolved” the following language: “The proceeds collected from the tax shall be dedicated to substance prevention or treatment programs.” Seconded by Bill Brown. After further discussion; the amended motion passed unanimously.

The body voted on adopting the resolution as amended. Motion carried by majority vote; 6 nays were stated. The Resolution Supporting Prevention of Excessive Alcohol Use was adopted as amended on June 4, 2015.

Resolution to Support Research on the Use of Medical Marijuana and Monitoring of the Public Health Impact of Medical Marijuana Legalization
The Board of Trustees recommendation for modification of the resolution stands as the motion before the entire body of District Boards of Health Members for discussion is as follows:

WHEREAS, using marijuana can produce adverse physical, mental, emotional and behavioral changes, can significantly reduce motor coordination and slow reaction time, and use during pregnancy may be associated with neurological problems in babies and impaired school performance later in childhood. Whether smoking or otherwise consuming marijuana has therapeutic benefits that outweigh its health risks is still an open question that science and law enforcement has not resolved.\(^1\)

THEREFORE, BE IT RESOLVED, that the Idaho Association of District Boards of Health (IAB) supports adequate and well-controlled studies under the oversight of the United States Department of Health and Human Services, National Institutes of Health, and Bureau Alcohol, Tobacco and Firearms of marijuana and related cannabinoids in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease.

THEREFORE, BE IT FURTHER RESOLVED, that IAB strongly encourages the United States Department of Health and Human Services to establish a monitoring program to assess the public health impact of legalizing medical use of marijuana.

Discussion took place regarding the need for adding the Bureau Alcohol, Tobacco and Firearms and law enforcement. The resolution is about medical use and research.
Tom Faulkner made a substitute motion to only change the original document to include the United States and not add law enforcement and the Bureau of Alcohol, Tobacco, and Firearms. Seconded by Terry Kramer. After further discussion, the substitute motion was voted on. Voted by Districts (24 yes/24 no/2 sustain); motion failed.

Lee Staker made a substitute motion to remove Bureau of Alcohol, Tobacco and Firearms and keep United States and law enforcement; Doug Zenner. After additional discussion; substitute motion passed by majority vote.

Vote was taken to adopt the resolution as amended; motion carried. Resolution to Support Research on the Use of Medical Marijuana and Monitoring of the Public Health Impact of Medical Marijuana Legalization adopted June 4, 2015.

Resolution to Support an Excise Tax on Electronic Nicotine Delivery Systems
The Board of Trustees recommendation for modification of the resolution stands as the motion before the entire body of District Boards of Health Members for discussion is as follows:

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.

Discussion took place around the purpose of the resolution and taxes. A vote was taken to adopt the resolution as amended by the Trustees. Motion carried. The Resolution to Support an Excise Tax on Electronic Nicotine Delivery Systems was adopted on June 4, 2015.

Resolution to Improve Healthy Food Choices by Implementing a Traffic Light Food Labeling Policy
The Board of Trustees recommendation for modification of resolution stands as the motion to be discussed and voted on by the entire body of District Boards of Health Members both present and by proxies. After discussing the resolution and recommended changes, the following changes to the resolutions were as follows:

THEREFORE BE IT RESOLVED, that the Idaho Association of Local Boards of Health supports and promotes healthy food choices through a voluntary traffic light food labeling policy.

After discussing the resolution, a vote was taken to adopt the resolution as amended by the Trustees. Motion failed.

Resolution Supporting the Strengthening of Immunization Exemption Language
The Board of Trustees recommendation for modification of resolution stands as the motion to be discussed and voted on by the entire body of District Boards of Health Members both present and by proxies. After discussing the resolution and recommended changes, the following changes to the resolutions were as follows:
THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health support the strengthening of Immunization Exemption Language by removing strengthening the current philosophical/personal belief exemption to immunization requirements, or strengthening the exemption with additional education and signatory requirements.

After discussing the resolution, a vote was taken to adopt the resolution as amended by the Trustees. Motion carried. Resolution Supporting the Strengthening of Immunization Exemption Language adopt as amended on June 4, 2015.

Adjournment
The business meeting adjourned at 10:47 a.m.
ARTICLE I
NAME

This Association, approved by members of the seven (7) public health districts of the State of Idaho, shall be called the Idaho Association of District Boards of Health.

ARTICLE II
PURPOSE

The purpose of this Association shall be:

1. To exchange information among the District Boards of Health.
2. To coordinate policies and programs among the seven (7) public health districts.
3. To pursue new, as well as amend existing public health laws, standards, regulations, and rules to prevent disease, disability, and premature death; to promote healthy lifestyles; and to protect and promote the health and quality of our environment.

ARTICLE III
MEMBERSHIP

Membership in the Association shall be limited to members of the seven (7) District Boards of Health of the State of Idaho who are appointed pursuant to Section 39-411 Idaho Code. The District Directors are ex-officio members of the Association.

ARTICLE IV
FINANCING

Funding for the Association shall be provided by the seven (7) public health districts on an equal basis.

ARTICLE V
OFFICERS of the ASSOCIATION

Section A. Officers

Leadership of the Association will consist of an elected Trustee from each local Board of Health. The leadership of the association will be referred to as the "Board of Trustees" and shall consist of the following:

a. President of the Association: The President shall be the Trustee from the hosting District where the current year's Annual meeting will take place.
b. **Vice-President**: The Vice President shall be a Trustee from the District which hosts the following year's Annual meeting.

c. **Secretary**: The secretary shall be the District Director from the District hosting the current year's Annual meeting. The secretary shall have no vote.

d. **Executive Council**: The Executive Council will be comprised of a Board of Health member from each health district which has been elected as the health district's Trustee in accordance with Idaho Code 39-411.

**Section B. Terms**

The new President, Vice-President, and Secretary of the Association shall take office at the conclusion of the Annual meeting and shall serve until the conclusion of the next Annual meeting. Executive Council members shall serve for the term in which they have been elected by their local Boards of Health.

**Section C. Duties of Officers**

1. The President of the Association shall:
   a. Preside at the annual Association meeting and at any special Association meetings.
   b. Determine the need, dates, times, and location of the annual Association meeting and any special meetings of the Association's Board of Trustees.

2. The Vice-President shall:
   a. Preside at all meetings of the Association in the absence of or at the request of the President.
   b. Perform such other duties as may be required.

3. The Secretary of the Board shall:
   a. Record minutes of the Association and Board of Trustees' meetings.
   b. Conduct correspondence as directed by the President.
   c. Send all notices in accordance with these bylaws.
   d. Perform such other duties as may be required.

**Section D. Duties of the District Trustee and the Board of Trustees**

1. The Trustee of each health district shall represent their local Boards of Health throughout the year except at the Annual meeting. This includes providing their Board's position on such laws, standards, regulations, and rules to the Boards of Trustees. As issues arise between the annual Association meetings, decisions of the Board of Trustees shall constitute interim decisions of the Association.

2. The Board of Trustees shall:
   a. Conduct the affairs of the Association in accordance with the purpose and Bylaws of the Association and directives adopted by the Association.
b. Have authority to allocate appropriations from the legislature to the health districts. (IC 39-411)
c. Develop and administer a formula for the allocation of legislative appropriations. (IC 39-411)
d. In the event a Trustee cannot attend, an alternate Board Member from his/her District shall represent that District at meetings and on conference calls.

Section E. The Association Office shall:

1. Serve as custodian of the Association records.
3. Have custody of, and be responsible for, all funds and securities of the Association.

Section F. The SALBOH Representative

The SALBOH (State Association of Local Boards of Health) Representative is a Board of Health Member elected by the Association and:

1. Shall serve as the NALBOH (National Association of Local Boards of Health) contact for Idaho's SALBOH.
2. May attend the annual SALBOH and NALBOH meetings and provide a written summary or an annual report of each meeting to the Association during the Annual business meeting. As a representative of the Association, expenses for travel to the annual SALBOH and NALBOH meetings shall be reimbursed by the Association.
3. Shall serve a three (3) year term and must be reappointed or a new representative appointed at the conclusion of the term.
4. An alternate Representative will be elected by the Association to serve in the absence of the SALBOH Representative.

ARTICLE VI
ANNUAL MEETING AND SPECIAL MEETINGS

Section A. Purpose.

To fulfill the objectives of ARTICLE II of these Bylaws.

Section B. Date and Site of Annual Meeting.

An Annual meeting of the Association shall be held each year. The location shall be on a rotating basis in each of the seven (7) Health Districts (District 1, 7, 3, 2, 6, 5 and 4). The date and site of the Annual meeting shall be set by the host district. Invitations and information shall be mailed to the District Boards of Health at least two (2) months prior to the meeting.
Section C. Special Meetings.

Special meetings of the Association may be called by:

1. The Association President or
2. A majority of the members of the Board of Trustees, provided all members are notified not less than seven (7) days before the date of the meeting.

Section D. Voting.

Voting at the Annual meeting and at special meetings shall be limited to the membership in attendance and by proxy of the absent members. Absent members must provide a written proxy to their designee.

Section E. Quorum.

Representation from membership from four of the seven (7) District Boards of Health shall constitute a quorum for the transaction of business at the Annual meeting and special meetings.

ARTICLE VII
PARLIAMENTARY AUTHORITY

ROBERT’S RULES OF ORDER NEWLY REVISED shall apply on all questions of procedure and parliamentary law not specified in these Bylaws.

ARTICLE VIII
AMENDMENTS

These Bylaws may be amended by a two-thirds (2/3) vote of the Association members, at the Annual Association meeting, when the proposed action has been sent out in the notice of such meeting to all members. Proposed amendments must be submitted to the Association Chair for distribution to the Association board members at least sixty (60) days prior to the Annual meeting, for the purpose of giving the seven (7) District Boards of Health notice of the proposed amendments. Exception to this ruling is allowed when the amendment has the majority consent at the Annual meeting to allow consideration. It may then be adopted by a two-thirds (2/3) vote of the Association members in attendance or by proxy according to ARTICLE VI, Section D. All amendments adopted at the Annual Association meeting shall become effective thirty (30) days following the Association meeting unless otherwise specified.

1988 Adopted at the Annual meeting of IAB.
5/93 Adopted by the Board of Trustees on 7/8/93.
5/95 Adopted by the Board of Trustees on 5/21/95.
5/95 Adopted at the Annual meeting of the Association on 5/4/95.
6/08 Adopted at the Annual meeting of the Association on 6/30/08.
6/10 Adopted at the Annual meeting of Association on 6/17/10.
5/14 Adopted at the Annual meeting of the Association on 5/29/2014.
ARTICLE IX
RESOLUTIONS

1. Resolutions must be submitted to the Association Chair for distribution to the Association Board members at least sixty (60) days prior to the Annual meeting, for the purpose of giving the seven (7) District Health Boards of an opportunity to review and comment.

2. Emergency Resolutions, defined as anything that represents a sudden and urgent public health need or anything that is needed to keep the organization moving forward, may be brought up for discussion as long as approved by a two-thirds (2/3) vote of the Association members at any Annual Association meeting.
Special Recognition

**Shirley Greene**

Shirley Greene retired on January 28, 2016, after serving on the Public Health—Idaho North Central District Board of Health for 21 years. Shirley became a Board member while serving as a Latah County Commissioner. She continued to represent the Latah County Commission for her entire Board term. While on the Board, Shirley served as the Board’s Trustee for six years. She also served on the National Association of Local Boards of Health Board and represented Idaho for many years. Shirley was passionate about public health and led many tobacco initiatives for the Board. She offered valued Board support for the Health District and ongoing accreditation efforts. Shirley left the Board to move to Tonga with her husband Bill to further their ongoing missionary work.

**Howard Manwaring**

Howard Manwaring was elected to the office of Bannock County Commissioner in 2010. He served as the Bannock County Board of Health representative from 2012 until April 2016. He was a strong advocate for local public health, especially related to issues such as suicide, behavioral health, and children’s health. Howard holds Basic, Intermediate and Advanced Law Enforcement certificates. During his law enforcement career, Howard worked as an Emergency Medical Technician (EMT), Patrolman, Juvenile Officer, Child Protection Investigator and Major Crimes Detective. While working for the Bannock County Sheriff’s Office, Howard taught classes relating to children’s issues. He spent more than 25 years devoted to the cause of children. Howard was instrumental in making several programs into successful ventures such as Sheriff’s Camp Mentoring Program and Shortstop Juvenile Offender Program. After retiring from the Bannock County Sheriff’s Office, Howard traveled around the United States teaching about “Gangs, Drugs, Violence, and Child Abuse.” Howard has worked for many years as an Idaho POST Certified Instructor. He continues to teach at Idaho State University in the Law Enforcement Program as well as many school districts throughout Idaho.

**Cheryl Juntunen, RN, MS**

Since retiring from South Central Public Health District, Cheryl's life has been full. She served on the Boards of South Central Community Action Partnership, Minidoka Memorial Hospital and South Central Public Health District. She continues her leadership positions in Kiwanis and PEO. Cheryl serves her church as lead in the food pantry, church council, choir and handbells. She and her husband continue boating on the west coast, visiting grandchildren in Portland, international travel and their cabin in North Dakota. On quiet days at home, Cheryl enjoys long walks with her dog Banjo, reads and knits.

**Bruce Krosch**

Bruce Krosch served Southwest District Health for 16 years. Most recently, he held the position of District Director. Prior to this position, he served as General Support Division Director and Management Assistant. During his 22-year career in the United States Air Force, Bruce held multiple administrative, human resources, and finance-related positions. Following his Air Force career, he worked in the private sector as an operations/warehouse manager and helped grow the company from a two store operation to an eight store operation and increased the gross revenue from $3 million per year to $5 million per year. Bruce's formal education along with many years of administrative, human resources and financial experience suited him well for the challenging position of Southwest District Health District Director.
Thank you Idaho for 4 years of innovative leadership.

Network of Care

www.networkofcare.org
Accelerating the Vision
OF PUBLIC HEALTH
accelerate
Increase in amount or extent; undergo a change in velocity.