

IDAHO ASSOCIATION OF
DISTRICT BOARDS OF HEALTH

COMPENDIUM OF RESOLUTIONS

MAY 2014



Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts

GUIDELINES FOR DEVELOPING RESOLUTIONS

DEFINITION

A resolution is a concise statement of the Association's stance towards a particular issue and serves as a call to action for the organization and its members. It describes and endorses a defined course of action directed towards a particular individual, organization, event, legislation or policy. Resolutions are used to educate and urge action by elected officials at all levels, other organizations, the media and the public about **IDAHO ASSOCIATION OF DISTRICT BOARDS OF HEALTH (Association)** position on important Public Health issues.

DEVELOPMENT OF RESOLUTIONS

1. Any active member may submit a resolution for consideration. This includes Trustees, Individual Board Members, or District Boards of Health.
2. Resolutions will be considered for adoption at the annual **Association** meeting.
3. Resolutions will be circulated to each individual Board at the local Board of Health meeting prior to the annual **Association** meeting.
4. Trustees will review proposed resolutions at the **Association** annual conference prior to the full IAB board discussion and vote.
5. Adoption of resolutions at **Association** meetings will require a majority vote of the quorum present and by proxy votes.
6. Late breaking resolutions may be adopted as "interim" with a 2/3 majority of the Trustees approving the resolution. The interim policy is pending subsequent ratification by the entire board at the annual **Association** meeting.

MAINTENANCE OF RESOLUTIONS

1. The normal life of an **Association** resolution is 3 years. The board, through its adoption process, may designate a longer "life" for any resolution.
2. A file of all policies, both active and archived will be maintained.
3. Annually, the District Directors will review policies which have reached their expiration. The directors shall recommend to the Trustees, which policies should be archived as inactive, which policies should be revised to reflect current information, and which policies should be continued as active. Major policy revisions require approval of the full Board.

*Adopted by the Idaho Association of District Boards of Health
June 2006-updated June 2011; June 2012; 2013; May 2014*

CURRENT/ACTIVE RESOLUTIONS

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Access to Health Services

13-01: Resolution in Support of Medicaid Expansion in Idaho

Res. 13-01

RESOLUTION SUPPORTING MEDICAID EXPANSION IN IDAHO

WHEREAS, with Medicaid expansion, Idaho will see a positive economic impact of \$622 million in savings and tax revenue over ten years and 16,000 new jobs across all sectors, and

WHEREAS, the Medicaid expansion procure program will provide a transformed system of healthcare delivery based on personal accountability for the eligible uninsured in Idaho, 64% of whom are employed, and

WHEREAS, the revamped system will ensure these individuals have access to appropriate levels of healthcare services in the most cost effective settings, to not only improve the quality of life for their families, but also reduce costs to the system, and

WHEREAS, the goal of Medicaid expansion in Idaho is to improve health status for all Idaho individuals, families, communities and workers, and

WHEREAS, Medicaid expansion would remove the tax burden to Idaho taxpayers for the nearly \$70 million that is currently being paid by the county indigent and state catastrophic care program, as 90% of these patients would qualify for Medicaid expansion;

WHEREAS, with Medicaid expansion and repeal of the Idaho Catastrophic Health Care Cost Program, the projected savings at the county level alone between the years 2014 – 2024 could be as much as \$478,100,000. (Number taken from Statement of Purpose, H0308)

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health, support Medicaid Expansion in Idaho which will provide cost effective healthcare services for low income, uninsured Idahoans.

Adopted by the Idaho Association of District Boards of Health

June 6, 2013

14-02: Resolution in Support of Insurance Coverage for Low Income Idahoans

**RESOLUTION TO SUPPORT INSURANCE
COVERAGE FOR LOW INCOME IDAHOANS**

WHEREAS, by providing insurance coverage for individuals and families with incomes between 0% and 100% of the federal poverty level, Idaho will see a significant positive economic impact in savings and tax revenue over ten years and an estimated 16,000 new jobs across all sectors; and

WHEREAS, providing coverage for low income Idahoans will provide a transformed system of healthcare delivery based on personal accountability for the eligible uninsured, 64% of whom are employed; and

WHEREAS, insurance coverage will ensure these individuals have access to appropriate levels of healthcare services in the most cost effective settings, to not only improve the quality of life for their families, but also reduce costs to the system; and

WHEREAS, the goal of expanding insurance coverage in Idaho is to improve health status for all Idaho individuals, families, communities and workers; and

WHEREAS, providing insurance coverage to low income individuals and families will remove the tax burden to Idaho taxpayers for the nearly \$70 million annually that is currently being paid by the county indigent and state catastrophic care program; and

WHEREAS, expanded insurance coverage and subsequent repeal of the State of Idaho Catastrophic Health Care Cost Program (CAT) and the County Medically Indigent Statute will result in a projected savings of \$518,400,000 in State general funds and savings at the county level of \$478,100,000 between January 1, 2014 to June 30, 2024.¹;

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health supports providing 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.

Adopted by the Idaho Association of District Boards of Health
May 29, 2014

¹ Statement of Purpose, H0308; 2013 Idaho Legislative Session.

Res. 14-03

**RESOLUTION TO SUPPORT MEDICAID REDESIGN
IN IDAHO**

WHEREAS, with Medicaid redesign, Idaho will see a positive economic impact of \$622 million in savings and tax revenue over ten years and 16,000 new jobs across all sectors; and

WHEREAS, the Medicaid design procure program will provide a transformed system of healthcare delivery based on personal accountability for the eligible uninsured in Idaho, 64% of whom are employed; and

WHEREAS, the revamped system will ensure these individuals have access to appropriate levels of healthcare services in the most cost effective settings, to not only improve the quality of life for their families, but also reduce costs to the system; and

WHEREAS, the goal of Medicaid redesign in Idaho is to improve health status for all Idaho individuals, families, communities and workers; and

WHEREAS, Medicaid redesign would remove the tax burden to Idaho taxpayers for the nearly \$70 million that is currently being paid by the county indigent and state catastrophic care program, as 90% of these patients would qualify for Medicaid; and.

WHEREAS, with Medicaid redesign and repeal of the Idaho Catastrophic Health Care Cost Program, the projected savings at the county level alone between the years 2014 – 2024 could be as much as \$478,100,000. (Number taken from Statement of Purpose, H0308)

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health, support Medicaid Redesign in Idaho which will provide cost effective healthcare services for low income, uninsured Idahoans.

*Adopted by the Idaho Association of District Boards of Health
May 29, 2014*

14-04: Resolution to Support Purchasing Healthier Food Options with the Idaho Supplemental Nutrition Assistance Program (Idaho Food Stamp)

Res. 14-04

**RESOLUTION TO SUPPORT PURCHASING HEALTHIER FOOD OPTIONS WITH
THE IDAHO SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
(IDAHO FOOD STAMP)**

WHEREAS, obesity continues to be a leading cause of preventable disease and death in the United States and in Idaho. In Idaho, 27% of adults are obese while 62.3% of adults are either overweight or obese¹; and

WHEREAS, 29% of Idaho third grade students were classified as overweight or obese in 2011-12², and 23% of ninth through twelfth grade Idaho high school students were classified as overweight or obese; and

WHEREAS, 82.5% of Idaho adults do not eat the minimum recommended servings of fruits and vegetables each day¹ and only 19% of ninth through twelfth grade Idaho high school students ate fruits and vegetables five or more times during the seven days prior to completing the Youth Risk Behavior Survey³; and

WHEREAS, limited access to healthy, affordable foods and increased consumption of sugary drinks and less nutritious foods contributes to an increase in obesity rates; and

WHEREAS, U.S. medical costs associated with obesity in 2008 were estimated at \$147 billion⁴; and

WHEREAS, there is no single or simple solution to address the obesity epidemic, however experts recommend a collaborative approach utilizing policy and environmental strategies; and

WHEREAS, as reported by the Idaho Department of Health and Welfare, the Supplemental Nutrition Assistance Program (SNAP), helps low-income families buy food. Approximately 13.6% of Idaho's state population is enrolled in SNAP as of February 2014⁵; and

14-04: Resolution to Support Purchasing Healthier Food Options with the Idaho Supplemental Nutrition Assistance Program (Idaho Food Stamp) – Cont.

WHEREAS, the State of Idaho does not have a policy regarding promotion of healthy food choices for those participating in SNAP.

THEREFORE BE IT RESOLVED, that the Idaho Association of Local Boards of Health supports and encourages enactment of policies that improve access and encourage choice of healthier food options for individuals utilizing SNAP as one strategy to address rising obesity rates.

Adopted by the Idaho Association of District Boards of Health

May 29, 2014

¹ Idaho Behavioral Risk Factors: Results from the 2011 Behavioral Risk Factor Surveillance System. Boise, Idaho

Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics, 2011.

² Division of Public Health, Bureau of Community and Environmental Health. Idaho 3rd Grade Body Mass Index

(BMI) Assessment 2011-2012 School Year: Idaho Department of Health and Welfare.

³ Centers for Disease Control and Prevention. 2011 Youth Risk Behavior Survey. Available at: www.cdc.gov/yrbs. Accessed on March 6, 2014.

⁴ Finkelstein, EA, Trogon, JG, Cohen, JW, and Dietz, W. Annual medical spending attributable to obesity: Payer and service-specific estimates. *Health Affairs* 2009; 28(5): w822-w831.

⁵ Idaho Department of Health and Welfare. Food Stamps Participation by County. Available at: www.healthandwelfare.idaho.gov/foodcashassistance/FoodStamps/tabid/90/Default.aspx. Accessed on March 6,

Children's Health

Environmental Health

13-02: Resolution to Support Food Establishment License Fee

14-06: Resolution to Support a Food Establishment License Fee Increase

Res. 14-06

RESOLUTION TO SUPPORT A FOOD ESTABLISHMENT LICENSE FEE INCREASE

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; and

WHEREAS, the annual dollar costs of foodborne illnesses in terms of medical expenses and lost wages and productivity range from \$51 to \$77.7 billion; 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 license fees equivalent to one-half of the actual costs for Public Health that are unified between all Health Districts to deliver Idaho's food safety inspection program.

Adopted by the Idaho Association of District Boards of Health

June 6, 2013

May 29, 2014

(Replaces Resolution 96-02, 01-01, and 08-1)

Injury Prevention

Public Health Infrastructure

Tobacco

10- 02: Resolution to Support a Tobacco Tax Increase in the State of Idaho
Updated from Res. 07-01

Res. 10-02; Updated from Res. 07-01

RESOLUTION TO SUPPORT A TOBACCO TAX INCREASE IN THE STATE OF IDAHO

WHEREAS, cigarette smoking remains the leading cause of preventable disease and death in the United States and in Idaho. Annually 1,500 Idahoans die from smoking-attributable deaths (1), (2); and

WHEREAS, 1,200 Idaho youth will become new smokers each year and 24,000 Idaho youth that are alive today will die from smoking (3,4); and

WHEREAS, Idaho's cigarette tax ranks 42nd in the nation (57 cents/pack), is lower than all of the surrounding states, and is substantially lower than the average cigarette tax per pack in non-tobacco producing states at \$1.57 per pack (5); and

WHEREAS, Idaho spends 319 million in smoking-attributable medical costs and 333 million in smoking-attributable lost productivity costs annually (2); and

WHEREAS, numerous economic studies in peer-reviewed journals have documented that cigarette tax or price increases reduce both adult and youth smoking (6), and

WHEREAS, every state that has significantly raised its cigarette tax has enjoyed substantial increases to state revenues despite the fact that cigarette tax increases reduce state smoking levels (7), and

WHEREAS, state funding levels for comprehensive tobacco prevention and control programs are sorely inadequate to support effective and sustained tobacco control efforts (2):

THEREFORE, BE IT RESOLVED, that the Idaho Association of Boards of Health supports an initiative to increase the tobacco tax by at least \$1.25 per pack and equivalent for other tobacco products to enhance comprehensive tobacco prevention, control efforts to reduce youth and adult tobacco use rates, and decrease the tax burden derived from tobacco-attributable expenditures by offsetting tobacco related medical care.

Adopted by the Idaho Association of District Boards of Health
June 2007; Revised June 2010; Revised June 2011

- 1 – U.S. Department of Health and Human Service. *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General*, Atlanta, GA: Centers for Disease Control and Prevention; 2010
- 2 – U. S. Department of Health and Human Services and Centers for Disease Control and Prevention. *Sustaining State Programs for Tobacco Control, Data Highlights 2006*.
- 3 – Youth Risk Behavior Survey. 2009.
- 4 - Campaign for Tobacco Free Kids. *Key State-Specific Tobacco Related Data and Rankings*. January 9, 2007. www.tobaccofreekids.org
- 5 - Campaign for Tobacco Free Kids. *State Cigarette Excise Tax Rates and Rankings*. August 3, 2010. www.tobaccofreekids.org
- 6 - Campaign for Tobacco Free Kids. *Raising Cigarette Taxes Reduces Smoking, Especially Among Kids*. November 10, 2009. www.tobaccofreekids.org
- 7 - Campaign for Tobacco Free Kids. *Tobacco Tax Increases are a Reliable Source of Substantial New State Revenue*. December 19, 2008. www.tobaccofreekids.org

Other Community Health Issues

08-02: Resolution to Support Evidence-Based Nurse Home Visitation in Idaho

Res. 08-02

RESOLUTION TO SUPPORT EVIDENCE-BASED NURSE HOME VISITATION² IN IDAHO

WHEREAS, nurse home visitation programs promote the well-being of mothers and their children; and

WHEREAS, Nurse Family Partnership (NFP) is an evidence-based, nurse home visitation program that improves the health, well-being, and self sufficiency of low-income, first-time parents and their children; and

WHEREAS, home visitation nurses help women improve their health behaviors related to substance abuse and nutrition, significant risk factors for pre-term delivery, low birth weight, and infant neuro-developmental impairment³; and

WHEREAS, these improvements include reductions in preterm delivery for women who smoke; reductions in high-risk pregnancies as a result of birth-spacing; and children's cognitive, social, and behavioral skills and development⁴; and

WHEREAS, nurse home visitation programs have demonstrated improvement in the overall well-being of the family. These improvements include increased maternal employment and economic self-sufficiency; increased presence of the father in the household; reduced child abuse and neglect; reduced maternal and child arrests; and reduced behavioral and intellectual problems among children at age six⁵;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports the expanded development and maintenance of evidenced-based home visitation programs; and

BE IT FURTHER RESOLVED that the Idaho State Legislature support policies that give the Public Health Districts of Idaho the capacity to establish nurse home visitation programs and to provide for reimbursement for services delivered through these programs.

*Adopted by the Idaho Association of District Boards of Health
May 30, 2008*

² National Association of County & City Health Officials (NACCHO), Statement of Policy 07-13, retrieved February 28, 2008 from <http://www.naccho.org>

³ Ibid.

⁴ Nurse-Family Partnership, Research Evidence, retrieved on November 21, 2007 from <http://www.nursefamilypartnership.org>

⁵ Ibid.

Res. 13-02

RESOLUTION CONCERNING THE PREVENTION OF PRESCRIPTION DRUG ABUSE

WHEREAS, enough prescription drugs of abuse were prescribed in 2010 to medicate every American adult around-the-clock for one month; and

WHEREAS, for every 1 overdose death from prescription drugs of abuse there are:...

- 10 treatment admissions for abuse
- 32 emergency department visits for misuse or abuse
- 130 people who abuse or are dependent
- 825 people who take prescription drugs of abuse for nonmedical use; and

WHEREAS, as a result, prescription drug abuse prevention is a top priority for the Centers for Disease Control and Prevention; and

WHEREAS, prescription drug abuse is a significant public health concern in Idaho, with Idaho ranking 4th highest in the Nonmedical Use of Prescription Pain Relievers in the Past Year among Persons Aged 12 or Older in 2010-2011 (5.73%); and

WHEREAS, prescription drug abuse among Idahoans results in a broad range of negative outcomes, including but not limited to, lost productivity, increased injury, increased incidence of crime (e.g., robbery, theft, assault), and increased morbidity and mortality related to accidental and intentional overdose; and

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

WHEREAS, Idaho Public Health Districts provide services to individuals and families who are affected by prescription drug abuse;

THEREFORE BE IT RESOLVED that Idaho Public Health Districts seek opportunities to collaborate with stakeholders such as the Office of Drug Policy, Idaho Department of Health and Welfare, and institutions of higher education, as well as other pertinent community organizations, to prevent the misuse and abuse of prescription drugs. An interdisciplinary, grassroots initiative which utilizes a three-prong approach incorporating Data Collection and Analysis, Provider Engagement, and Community Education and Policy Development to address the public health issue of prescription drug abuse is recommended and supported.

*Adopted by the Idaho Association of District Boards of Health
June 4, 2013*

References

Executive Office of the President of the United States (2011). *Epidemic: Responding to America's Prescription Drug Abuse Crisis*. Washington, D.C.

Centers for Disease Control and Prevention (01/13/2012). *CDC Grand Rounds: Prescription Drug Overdoses—a U.S. Epidemic*. MMWR Vol. 61, No. 1. Atlanta, GA.

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (01/08/2013). *The NSDUH Report: State Estimates of Nonmedical Use of Prescription Pain Relievers*. Rockville, MD.

Kirschner, N., Ginsburg, J., & Snyder-Sulmasy, L. (12/16/2013). *Prescription Drug Abuse: Executive Summary of a Policy Position Paper for the American College of Physicians*. *Annals of Internal Medicine*.

Idaho Office of Drug Policy (2012). *Overview of National and State Issues for Prescription Drugs*. Boise, ID.

Res. 14-05

**RESOLUTION TO OPPOSE THE USE OF RECREATIONAL MARIJUANA
IN IDAHO**

WHEREAS, recreational marijuana places a significant strain on our health care system, and poses considerable danger to the health and safety of the users themselves, their families, and our communities. Marijuana use, particularly long-term, chronic use that began at a young age, can lead to dependence and addiction (i); and

WHEREAS, recreational marijuana use is associated with addiction,(ii) respiratory illnesses,(iii) and cognitive impairment.(iv); and

WHEREAS, studies also reveal that marijuana potency has almost tripled over the past 20 years,(v) raising serious concerns about implications for public health – especially among adolescents, for whom long-term use of marijuana may be linked with lower IQ (as much as an average 8 point drop) later in life.(vi); and

WHEREAS, scientific research shows that legality increases the availability and acceptability of drugs, as we see with alcohol and tobacco – which far outpaces the use of illegal drugs.(vii) ;and

WHEREAS, increased consumption leads to higher public health and financial costs for society. Addictive substances like alcohol and tobacco, which are legal and taxed, already result in much higher social costs than the revenue they generate. The cost to society of alcohol alone is estimated to be more than 15 times the revenue gained by their taxation.(viii);

THEREFORE, BE IT RESOLVED, that the Idaho Association of District Boards of Health oppose the recreational use of marijuana, because the recreational use of marijuana would increase the availability and use of illicit drugs, and pose significant health and safety risks to our population.

*Adopted by the Idaho Association of District Boards of Health
May 29, 2014*

- (i) Anthony, JC, Warner, LA, and Kessler, RC (1994) Comparative Epidemiology of Dependence on Tobacco, Alcohol, Controlled Substances, and Inhalants: Basic Findings from the National Comorbidity Survey, *Experimental and Clinical Psychopharmacology* 2(3):244-268.
- (ii) Anthony, JC, Warner, LA, and Kessler, RC (1994) Comparative Epidemiology of Dependence on Tobacco, Alcohol, Controlled Substances, and Inhalants: Basic Findings from the National Comorbidity Survey, *Experimental and Clinical Psychopharmacology* 2(3):244-268.
- (iii) Polen MR, Sidney S, Tekawa IS, Sadler M, Friedman GD. Health care use by frequent marijuana smokers who do not smoke tobacco. *West J Med* 158(6):596–601, 1993. Available at <http://www.ncbi.nlm.nih.gov/pubmed/8337854>
- (iv) Meier et al., “Adolescent-onset cannabis and neuropsychological health.” *Proceedings of the National Academy of Sciences*. [August 27, 2012].
- (v) Mehmedic, Zlatko, et al., “Potency Trends for Δ^9 -THC and Other Cannabinoids in Confiscated Cannabis Preparations from 1993 to 2008.” *Journal of Forensic Sciences*, Vol. 55, No. 5. [September 2010].
- (vi) Meier et al., “Adolescent-onset cannabis and neuropsychological health.” *Proceedings of the National Academy of Sciences*. [August 27, 2012].
- (vii) Substance Abuse and Mental Health Services Administration. *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings*. U.S. Department of Health and Human Services. [September 2012].
- (viii) Ellen E. Bouchery, Henrick J. Harwood, Jeffrey J. Sacks, Carol J. Simon, Robert D. Brewer. *Economic Costs of Excessive Alcohol Consumption in the U.S., 2006*. *American Journal of Preventive Medicine* - November 2011 (Vol. 41, Issue 5, Pages 516-524, DOI: 10.1016/j.amepre.2011.06.045). Available: [http://www.ajpmonline.org/article/S0749-3797\(11\)00538-1/fulltext](http://www.ajpmonline.org/article/S0749-3797(11)00538-1/fulltext)

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Access to Health Services

Archived - 96-05: Resolution Concerning the One-Percent Initiative

Archived - 99-02: Resolution Concerning Statewide Public Health Publicity Campaign

Archived - 00-01: Resolution Concerning Collaboration with Community Organizations to Prevent Substance Abuse

Archived - 00-04: Resolution in Support of Family Planning Services

Archived - 05-01: Resolution in Support of Family Planning Waiver

Archived - 06-09: Update from 02-03 - Resolution to Increase Support for Access to Preventive Dental Programs for Infants and Young Children

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Archived - 08:03 Resolution Concerning Idaho Direct Entry/Lay Midwifery Voluntary Licensure

Archived - 09:04 Resolution Concerning Prescriptive contraceptives and TB Medications Delivery

Archived - 10-01: Resolution in Support of a State Option to Expand Family Planning Coverage

Res. 96-05

RESOLUTION CONCERNING THE ONE-PERCENT INITIATIVE

WHEREAS, the 1% Initiative will severely affect the county commissioners' ability to fund local public health services; and

WHEREAS, local control of health districts may be compromised if local funding is severely reduced; and

WHEREAS, locally governed public health services are vital to the quality of life of Idaho residents;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health partners with local Boards of County Commissioners to develop and implement a program to inform the public of the effects of the 1% Initiative on public health services.

*Adopted by the Idaho Association of District Boards of Health
May 1996*

Archived 2006

**RESOLUTION CONCERNING
STATEWIDE PUBLIC HEALTH PUBLICITY CAMPAIGN**

WHEREAS, Public Health is a well kept secret in Idaho, and

WHEREAS, increased awareness of the general public to Public Health programs and events is critical for enhancing positive support and awareness for Local Public Health, and

WHEREAS, the public needs continual reminder and reinforcement of the positive work Public Health provides in Idaho, and

WHEREAS, a statewide promotion campaign would inform the public on the progress of Public Health issues,

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health supports and encourages the development and implementation of an organized, structured statewide positive promotion campaign for Public Health.

*Adopted by the Idaho Association of District Boards of Health
June 1999*

Archived 2006

**RESOLUTION CONCERNING COLLABORATION WITH
COMMUNITY ORGANIZATIONS TO PREVENT SUBSTANCE ABUSE**

WHEREAS, substance abuse is a leading health indicator as identified in Healthy People 2010;
and

WHEREAS, illicit drug use and substance abuse are leading public health concerns in Idaho; and

WHEREAS, substance use among Idaho families places children at risk for fetal alcohol syndrome, child neglect and abuse, increased risk of motor vehicle crashes, morbidity and mortality related to many cancers and liver diseases, and is a contributor to domestic violence; and

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

WHEREAS, Idaho Public Health Districts provide services to families who are affected by substance abuse; and

WHEREAS, the Idaho Department of Health and Welfare and its Regional Offices are the organization within the state with the leading responsibility to address substance abuse prevention and assure access to treatment services;

THEREFORE BE IT RESOLVED that Idaho Public Health Districts seek opportunities to collaborate with the Idaho Department of Health and Welfare at the state and local levels and other community organizations to prevent illicit drug use and substance abuse, and to identify and refer clients to substance abuse treatment services.

*Adopted by the Idaho Association of District Boards of Health
June 2000*

RESOLUTION IN SUPPORT OF FAMILY PLANNING SERVICES

WHEREAS, responsible sexual behavior is a national priority; and

WHEREAS, Idaho Public Health Districts' family planning programs promote responsible sexual behavior as well as planned pregnancies; and

WHEREAS, more than 38,000 women receive family planning services from the Public Health Districts in Idaho; and

WHEREAS, planned pregnancies produce healthier outcomes in babies; and

WHEREAS, unintended pregnancies lead to child abandonment, neglect, low birth weight, infant mortality, child abuse, marital dissolution and spousal abuse; and

WHEREAS, family planning clinics serve as the entry point to the health care system and may be the only source of medical care for clients; and

WHEREAS, family planning reduces the incidence of abortion; and

WHEREAS, the family planning program is a preventive public health service made possible by a combination of funds from the federal government (Title X, Title V), counties, and fees from clients;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports primary emphasis on continued resource allocation for family planning services in Public Health.

*Adopted by the Idaho Association of District Boards of Health
June 2000*

Archived 2008

**RESOLUTION TO INCREASE SUPPORT FOR ACCESS TO
PREVENTIVE DENTAL PROGRAMS FOR INFANTS AND YOUNG CHILDREN**

WHEREAS, early childhood caries (tooth decay) is the most common disease of childhood; and

WHEREAS, in the United States, 25% of the children and adolescents experience 80% of all dental decay occurring in permanent teeth; and

WHEREAS, children as young as 1 year of age experience untreated dental disease; and

WHEREAS, more than one-half of all children ages 6-8 and two-thirds of all 15 year old adolescents experience dental decay; and

WHEREAS, extensive tooth decay, pain or infection can cause eating, learning and speech problems for children; and

WHEREAS, adolescents with oral problems such as decayed or missing teeth suffer embarrassment and diminished self-esteem; and

WHEREAS, many children and adolescents from families with incomes less than \$10,000 do not have access to dental services; and

WHEREAS, only one-fourth of all children ages 8 and younger have private dental insurance; and

WHEREAS, individuals with the greatest need for oral health services are also the least likely to have dental coverage or to have the personal resources to purchase dental care.

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports efforts to increase the access to preventive dental programs for infants and young children.

*Adopted by the Idaho Association of District Boards of Health
May 2002*

Updated and Readopted by the Idaho Association of District Boards of Health

June 2006

Archived 2008

RESOLUTION IN SUPPORT OF FAMILY PLANNING WAIVER

WHEREAS, the lowest risks for fetal death, pre-term delivery, small for gestational age, neonatal death, and low birth weight occur when births are spaced between three to five years; and*

WHEREAS, the lowest risk for maternal morbidity and mortality also occur at three to five years between births; and**

WHEREAS, Medicaid currently covers 38% of all births in Idaho; and***

WHEREAS, Idaho data show 54.5% of Medicaid participants indicated their recent pregnancy was unintended; and****

WHEREAS, nineteen states have obtained federal approval for a family planning waiver for their Medicaid program; and *****

WHEREAS, the findings of the first-ever national evaluation of state-initiated programs expanding eligibility for Medicaid-covered family planning services found that everyone of the states actually saved money; and*****

WHEREAS, the same study found waivers increased geographical availability of services significantly in the private sector while reducing unintended pregnancy;*****

THEREFORE, BE IT RESOLVED that the Idaho Association of District Boards of Health strongly supports the state of Idaho applying for a family planning waiver to its Medicaid Program.

*Espeut, Donna. Spacing Births, Saving Lives: Ways to Turn the Latest Birth Spacing Recommendations into Results. 2002 ORC Macro, Child Survival Technical Support Project.

**Conde-Agudelo, A. and J. Belizan. Maternal mortality and morbidity associated with interpregnancy interval: A cross sectional study. British Medical Journal (321): 1255-1259. 1998

***Idaho PRATS Report 2001.

****Gold RB, Doing more for less: study says state's Medicaid family planning expansions are cost effective. The Alan Guttmacher Report on Public Policy, 204, 7(1):1-2 & 14.

*Adopted by the Idaho Association of District Boards of Health
June 2005*

Archived 2008

**RESOLUTION CONCERNING IDAHO
DIRECT ENTRY/LAY MIDWIFERY VOLUNTARY LICENSURE**

WHEREAS, Idaho women have the right to choose the manner of delivery options for their baby;
and

WHEREAS, prenatal, intra-partum and post-natal health of mother and baby is enhanced by ensuring the safety and competency of the care provided; and

WHEREAS, the promotion of maternal and children's health is a critical function of Idaho Public Health Districts; and

WHEREAS, *voluntary* licensure of direct entry midwives does not provide any monitoring or regulatory ability to protect the public's health, safety and welfare; and

WHEREAS, this lack of regulatory oversight compromises the public's ability to determine the education, experience and credentialing of the direct entry midwife; and

WHEREAS, the lack of standardization of entry into practice creates chasms in the individual's scope of practice, especially in higher risk pregnancies and collaboration with physicians and hospitals; and

WHEREAS, when the lack of standardization of care, training and scope of practice cannot be verified, an unlimited formulary of drugs and devices used by a direct entry midwife jeopardizes the maternal/infant well-being; and

WHEREAS, an oversight body created by the Idaho Midwifery Council or the Idahoans for Midwives to be designated as the Board of Midwifery does not provide assurances that the members serving on the board have adequate knowledge and experience in regulating and disciplining licensees;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health opposes voluntary midwifery licensure and expansion of prescription medication delivery, limited surgical procedures and primary medical care for Idaho women and newborns and authorization to practice medicine without proper credentials and oversight.

*Adopted by the Idaho Association of District Boards of Health
May 30, 2008*

**RESOLUTION CONCERNING PRESCRIPTIVE
CONTRACEPTIVES AND TB MEDICATIONS DELIVERY**

WHEREAS, Idaho nurse practitioners and physician assistants are authorized to prescribe medications according to their practice acts; and

WHEREAS, contraceptive medications and TB medications for latent Tuberculosis cases are all pre-packaged; and

WHEREAS, RNs are authorized under the Nursing Practice Act, Section 54-1402(b)(1)f. and (2)d. to administer medications that are prescribed by those health care providers authorized to prescribe medications; and

WHEREAS, there are written protocols specifying the way the medication is to be taken and instructions are given to the client; and

WHEREAS, the computerized labeling system for the medication details the client's name, name of medication, and route of administration; and

WHEREAS, there is a computerized recordkeeping log of medication dispensed; and

WHEREAS, the current system of requiring a clinician to initial the medication label and apply to the medication container before it can be delivered to a client is creating barriers to service, especially in the rural clinic settings and significant additional costs for these State supported clinics; and

WHEREAS, a year's supply of contraceptives or TB medications cannot be provided at the time of service due to a limited clinic supply issue and unknown side effect issue; and

WHEREAS, once a medication is dispensed it cannot be returned to the clinic for re-use of any unopened supply and must be wasted; and

WHEREAS, barriers to obtaining prescribed, pre-packaged medication by requiring clinician initialed labels increases the risk for unintended pregnancy and communicable disease; and

WHEREAS, historically Idaho health department RNs under the Non-Institutional Drug Outlet Policy and Procedure, had delivered a limited formulary of prescribed contraceptives and TB medications without untoward events or complaints for 30 years until its discontinuation in 2003;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health support changes in regulations in the Board of Pharmacy and Board of Nursing codes to allow non-Nurse Practitioner/Physician Assistant nurses and specially trained medical assistants employed by public health districts to dispense pre-packaged contraceptives and TB medications upon order from a licensed clinician within that public health district.

**RESOLUTION IN SUPPORT OF A STATE OPTION TO EXPAND
FAMILY PLANNING COVERAGE**

WHEREAS, the lowest risks for fetal death, pre-term delivery, small for gestational age, neonatal death, and low birth weight occur when births are spaced between three to five years; and ¹

WHEREAS, the lowest risk for maternal morbidity and mortality also occur at three to five years between births; and ²

WHEREAS, the unintended pregnancy rate in Idaho was 36% of births occurring in 2007; and ³

WHEREAS, the prevalence rate of unintended pregnancies was significantly higher in uninsured women prior to pregnancy vs. insured (53% vs. 26%); and ³

WHEREAS, Medicaid currently covers the pregnancy costs for 29% of women ≥ 20 years of age; and ⁴

WHEREAS, twenty-six states have obtained federal approval for a family planning waiver (expanded coverage prior to health care reform) for their Medicaid program; and ⁵

WHEREAS, the National Governors Association and the March of Dimes consider expanding Medicaid eligibility for family planning an important step that states can take to improve birth outcomes and reduce the incidence of high risk births; and ⁵

WHEREAS, the Centers for Medicare and Medicaid Services (CMS) evaluated participating states with waivers and found each had generated substantial savings for federal and state governments; and ⁵

WHEREAS, the same evaluation study found waivers improved geographic availability of services, broadened private physician participation, extended intervals between pregnancies, and decreased unintended pregnancies; ⁵

THEREFORE, BE IT RESOLVED that the Idaho Association of District Boards of Health strongly supports the state of Idaho expanding family planning coverage to low-income individuals through a Medicaid State Plan Amendment up to the highest level of eligibility for pregnant women.

¹ Espeut, Donna. Spacing Births, Saving Lives: Ways to Turn the Latest Birth Spacing Recommendations into Results, 2002 ORC Macro, Child Survival Technical Support Project.

² Conde-Agudelo, A and J. Belizan. Maternal mortality and morbidity associated with interpregnancy interval: A cross sectional study. British Medical Journal (321): 1255-1259. 1998

³ Idaho Department Health and Welfare 2007 PRATS data

⁴ Idaho Vital Statistics 2008 data

⁵ Sonfield A, Alrich C, and Gold RB. State Government Innovation in the Design and Implementation of Medicaid Family Planning Expansions. Guttmacher Institute, 2008

Adopted by the Idaho Association of District Boards of Health June 2010

Children's Health

- Archived* - 97-01: Resolution to Support Childhood Immunizations as a Top Priority
Archived - 98-04: Resolution to Support Statewide Immunization Registry
Archived - 03-01: Resolution to Advocate for Healthy Beverages in Idaho Schools
Archived - 03-02: Resolution to Support Physical Education in Idaho Schools
Archived - 06-05: Resolution to Advocate for Healthier Vending Machine Food and Beverage Options in Idaho Schools
Archived - 06-08: Resolution to Support Universal Vaccine Supply in Idaho
Archived - 07-05: Resolution to Support HPV Vaccine for Inclusion as a Universal Vaccine in Idaho
Archived - 09-02: Resolution Concerning Immunization Requirements of Licensed Childcare Programs
Archived - 09-03: Resolution Concerning Immunization Requirements at School Entry
-

Res. 97-01

RESOLUTION TO SUPPORT CHILDHOOD IMMUNIZATIONS AS A TOP PRIORITY

WHEREAS, Idaho's current complete immunization rate for two-year-old children is only 68%;
and

WHEREAS, Idaho now ranks second from the last among all states in the United States for the rate
of two-year-old children who are adequately immunized; and

WHEREAS, this very low immunity level places Idaho citizens at increased risk of preventable
diseases; and

WHEREAS, Idaho has a large number of children in child care facilities, and the Idaho
Association of Boards of Health supports immunization legislation for child care facilities;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health
recognizes and supports childhood immunizations as a top priority for public health and endorse a
statewide infant immunization strategy.

*Adopted by the Idaho Association of District Boards of Health
August 1997*

Archived 2006

**RESOLUTION TO SUPPORT
STATEWIDE IMMUNIZATION REGISTRY**

WHEREAS, Idaho's current completed immunization rate for two-year-olds is only 68%; and

WHEREAS, this very low immunity level places Idaho citizens at increased risk of preventable diseases; and

WHEREAS, Idaho does not have a statewide immunization data registry to track immunizations given; and

WHEREAS, states with statewide immunization data registries are showing considerably higher levels of immunization due to the data being located on one registry; and

WHEREAS, a central registry would bring ALL Idaho provider's immunization data to one location; and

WHEREAS, every Public Health District in Idaho has a certain level of computer expertise to evaluate the requirements of developing linkages with all providers statewide on a data registry; and

WHEREAS, public health is looked upon as the experts in immunizations and it is an essential function of public health to monitor and assure adequate immunization levels; and

WHEREAS, the development of a statewide immunization registry will require extensive collaboration with all providers of childhood immunizations;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports the development of a statewide immunization data registry and supports the need for additional dedicated funds to develop and implement this statewide registry.

*Adopted by the Idaho Association of District Boards of Health
May 1998*

Archived 2006

**RESOLUTION TO ADVOCATE
FOR HEALTHY BEVERAGES IN IDAHO SCHOOLS**

WHEREAS, the Idaho Association of Boards of Health has a strong interest and obligation in promoting the health of children, which leads to better attendance, improved behavior, lower incidence of illness and increased attention, creativity and academic achievement; and

WHEREAS, child obesity has increased two-fold, and the number of overweight adolescents has tripled over the past three decades, and research has shown that an extra soft drink a day increases a child's risk for obesity by 60 percent; and

WHEREAS, overweight and obese children are at higher risks for long-term health problems such as cardiovascular disease, Type 2 diabetes, asthma and certain cancers; and

WHEREAS, a Harvard School of Public Health study of ninth and tenth grade girls found that those who drank colas were three times more likely to develop bone fractures than those who did not, and, among physically-active girls, those who drank colas were five times more likely to break bones than those who did not; and

WHEREAS, the availability of competitive foods and beverages in schools undercuts participation in national school meal programs and undermines health and nutrition education provided to students; and

WHEREAS, there are healthy, revenue-generating alternatives to soft drinks that can be sold on school district campuses.

THEREFORE BE IT RESOLVED that the Idaho Public Health Districts encourage school districts to offer only fruit-based drinks that are composed of no less than 50 percent fruit juices and have no added sweeteners, drinking water, milk, including, but not limited to, chocolate milk, soy milk, rice milk and other similar dairy or nondairy milk, electrolyte replacement beverages and vitamin waters that do not contain more than 42 grams of added sweetener per 20 ounce serving; and

BE IT FURTHER RESOLVED that only approved beverages be sold in vending machines, cafeterias, student stores or advertised or promoted at all sites accessible to students. An exception would be that non-approved beverages may be sold for fundraising activities or at school events occurring at least one-half hour after the end of the school day.

*Adopted by the Idaho Association of District Boards of Health
June 2003*

Archived 2008

**RESOLUTION TO SUPPORT
PHYSICAL EDUCATION IN IDAHO SCHOOLS**

WHEREAS, obesity in the United States has escalated at an alarming rate, with Idaho's rate increasing from 40.7% in 1990 to 59.3% in 2001; and

WHEREAS, 32% of students describe themselves as slightly or very overweight; and

WHEREAS, regular physical activity during adolescence can help control weight, reduce body fat content and build bones and muscles; and

WHEREAS, regular physical activity also helps prevent chronic diseases such as coronary artery disease, diabetes, high blood pressure and cancer; and

WHEREAS, inactive teenagers and overweight teenagers are more likely to become obese adults; and

WHEREAS, although research has repeatedly demonstrated a connection between physical activity and improved health, Idaho eliminated physical education requirements for high school students in 1997.

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health encourages and support efforts to develop improved health and fitness, thus quality of life, by the incorporation/reinstatement of mandatory physical education in the Idaho School System.

*Adopted by the Idaho Association of District Boards of Health
June 2003*

Archived 2008

**RESOLUTION TO ADVOCATE FOR HEALTHIER VENDING
MACHINE FOOD AND BEVERAGE OPTIONS IN IDAHO SCHOOLS**

WHEREAS, Idaho Public Health Districts will provide technical assistance to Idaho Public School Districts in the development of School Wellness Policies under Section 204 of Public Law 108-265 to include guidelines for all foods available on each school campus during the school day with the objectives of promoting student health and reducing childhood obesity; and

WHEREAS, during the past two decades, the percentage of American children aged six to eleven who are overweight has more than doubled (from 7 to 15 percent) and the percentage of adolescents aged twelve to nineteen who are overweight has tripled (from 5 to 15 percent); and

WHEREAS, children who are obese as six-to-nine year-olds have a 55 percent chance of being obese as adults, and adolescents have a 70 percent chance of becoming overweight or obese as adults; and

WHEREAS, the Centers of Disease Control and Prevention estimate that one in three children born in 2000 ultimately will develop diabetes because of eating too much and not exercising enough; and

WHEREAS, studies show that sale of healthy foods can be profitable;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports legislation requiring school districts to provide vending machine food products which contain a maximum 3 grams of fat per one hundred calories, except for packages of nuts and/or seeds; a maximum of four hundred milligrams of sodium per serving; and a minimum of 12 grams of complex carbohydrate per serving, provided the product does not contain more than 35% sugar by weight; and

BE IT FURTHER RESOLVED that the Idaho Association of District Boards of Health supports legislation requiring school districts to provide vending machine beverages consisting of drinking water that is not carbonated, sweetened or otherwise flavored; low fat or skim milk; or one hundred percent fruit juice.

*Adopted by the Idaho Association of District Boards of Health
June 2006*

**RESOLUTION TO SUPPORT
UNIVERSAL VACCINE SUPPLY IN IDAHO**

WHEREAS, Idaho's current completed 4:3:1:3:3:1* series immunization rate for 19-35 month olds is only 70%; and

WHEREAS, this low immunity level places all Idaho citizens at increased risk of vaccine preventable diseases; and

WHEREAS, universal vaccine programs eliminate the financial barrier to obtaining immunizations; and

WHEREAS, universal vaccine supply relieves medical providers of the financial risk of unused vaccines, thus they are more likely to offer vaccinations; and

WHEREAS, universal vaccine programs relieves medical providers of the accountability effort required to manage two separate vaccine supplies, one for those children eligible for the Vaccine for Children Program and one for insured children; and

WHEREAS, maintaining universal vaccine status reduces the overall cost to deliver vaccines to Idaho's children by purchasing all childhood vaccines at reduced rates through a Centers for Disease Control and Prevention Contract; and

WHEREAS, loss of universal vaccine supply status in Idaho could increase the burden on local public health for vaccination of children with inadequate insurance;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports the continuation of universal vaccine status for all Advisory Committee on Immunization Practices recommended childhood immunizations; and

BE IT FURTHER RESOLVED that dedicated funds be appropriated by the Idaho State Legislature to meet the rising cost of existing vaccines and cost associated with new vaccines.

* 4:3:1:3:3:1 indicates the number of doses appropriate for childhood vaccines as follows:

- 4 Diphtheria, Tetanus and Pertussis
- 3 Polio
- 1 Measles, Mumps and Rubella
- 3 Haemophilus Influenzae Type B
- 3 Hepatitis B
- 1 Varicella

*Adopted by the Idaho Association of District Boards of Health
June 2006*

**RESOLUTION TO SUPPORT HPV VACCINE
FOR INCLUSION AS A UNIVERSAL VACCINE IN IDAHO**

WHEREAS, Human Papillomavirus (HPV) is the most common sexually transmitted virus in the United States; and

WHEREAS, twenty million Americans are currently infected with HPV and another 6 million become infected every year with half of those newly infected between the ages of 15 and 24; and

WHEREAS, HPV vaccine is an inactivated (not live) vaccine which protects against 4 major types of HPV and is routinely recommended for girls 11-12 years of age which can prevent almost 100% of disease caused by the 4 types of HPV implicated with about 70% of cervical cancer and about 90% of genital warts; and

WHEREAS, catch-up vaccination is recommended for females aged 13–26 years who have not been previously vaccinated or who have not completed the full series.

WHEREAS, HPV is given as a voluntary three dose series (given at a series time interval of 0, 2 mos., and 6 mos.) such that a universal vaccine status could eliminate the financial barrier to obtaining the vaccine; and

WHEREAS, protection from HPV vaccine is expected to be long-lasting when augmented with a regimen of cervical cancer screening;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports the inclusion of Human Papillomavirus (HPV) vaccine to the list of universal status childhood vaccines; and

BE IT FURTHER RESOLVED that **NEW** dedicated funds be appropriated by the Idaho State Legislature to meet the cost associated with administering the 3-dose series of HPV vaccine for the non-Vaccine for Children population.

*Adopted by the Idaho Association of District Boards of Health
June 1, 2007*

Archived 2011

RESOLUTION CONCERNING IMMUNIZATION REQUIREMENTS OF LICENSED CHILDCARE PROGRAMS

WHEREAS, the promotion of children's health is a critical function of Idaho's Public Health Districts; and

WHEREAS, vaccination stands out as one of the greatest public health achievements of the twentieth century; and

WHEREAS, immunizations have proven to be safe and effective for eradicating preventable diseases yet thousands of children continue to develop vaccine preventable diseases due to inadequate immunizations; and

WHEREAS, children's health is enhanced by ensuring protection from vaccine preventable diseases; and

WHEREAS, according to the Centers for Disease Control and Prevention, vaccines are developed in accordance with the highest standards of safety. Years of testing are required by law before a vaccine is licensed and distributed; and

WHEREAS, in the 2008 National Immunization Survey, Idaho is ranked 48th in the Nation for vaccine preventable disease coverage for children aged 19 – 35 months; and

WHEREAS, all children and parents in working families need assurance of a safe and healthy childcare environment through consistent statewide regulation; and

WHEREAS, immunization record review of all children up to 13 years of age in childcare programs enables Idaho's Public Health Districts to ensure the health and safety of children attending childcare programs; and

WHEREAS, parents must be required to provide a medical exemption completed by their primary care provider for those vaccines which if administered would pose a life threatening reaction; and

WHEREAS, parents must be required to sign an exemption stating their religious, philosophical beliefs or other reasons;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports following the number of immunization doses, dosage, route of administration, spacing and age requirements defined by the Recommended Immunization Schedules for Persons Aged 0-18 Years, as published by the Centers for Disease Control and Prevention (CDC) and as approved by the Advisory Committee on Immunization Practices (ACIP).

BE IT FURTHER RESOLVED that the Idaho Association of District Boards of Health supports legislation to modify Idaho Administrative Rules to require that all children attending licensed child care receive all immunizations as described in the Recommended Immunization Schedules for Persons Aged 0-18 Years.

Archived 2011

**RESOLUTION CONCERNING
IMMUNIZATION REQUIREMENTS AT SCHOOL ENTRY**

WHEREAS, the promotion of children’s health is a critical function of Idaho’s Public Health Districts; and

WHEREAS, children’s health is enhanced by ensuring protection from vaccine preventable diseases; and

WHEREAS, vaccination stands out as one of the greatest public health achievements of the twentieth century; and

WHEREAS, immunizations have proven to be safe and effective for eradicating preventable diseases yet thousands of children continue to develop vaccine preventable diseases due to inadequate immunizations; and

WHEREAS, according to the Centers for Disease Control and Prevention, vaccines are developed in accordance with the highest standards of safety. Years of testing are required by law before a vaccine is licensed and distributed; and

WHEREAS, the National Immunization Survey of 2008 ranks Idaho 48th in the Nation for vaccine preventable disease coverage; and

WHEREAS, all children entering a public, private or parochial school must be immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, varicella, hepatitis A, hepatitis B, pneumococcal and influenza; and

WHEREAS, immunization records of all children entering a private, public or parochial school must be reviewed prior to enrollment; and

WHEREAS, parents must be required to provide a medical exemption completed by their primary care provider for those vaccines which if administered would pose a life threatening reaction; and

WHEREAS, parents must be required to sign an exemption stating their religious, philosophical beliefs or other reasons; and

WHEREAS, non-exempted children will be excluded from school until the required vaccines are received; and

WHEREAS, all children must be assured a safe and healthy environment through consistent regulation statewide;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports following the number of immunization doses, dosage, route of administration, spacing and age requirements defined by the Recommended Immunization Schedules for Persons Aged 0-18 years, as published by the Centers for Disease Control and Prevention (CDC) and as approved by the Advisory Committee on Immunization Practices (ACIP).

BE IT FURTHER RESOLVED that the Idaho Association of District Boards of Health supports legislation to modify Idaho Administrative Rules to require that all children entering a private, public or parochial school receive all immunizations as described in the Recommended Immunization Schedules for Persons Aged 0-18 Years.

Archived 2011

Environmental Health

- Archived* - 96-02: Resolution to Support Food License Fee
Archived - 98-02: Resolution on Public Swimming Pools
Archived - 01-01: Resolution to Support Food Establishment License Fee
Archived - 06-03: Resolution to Support Removal of Food Safety Fund
Archived - 06-04: Resolution to Support Removal of Food Establishment Licensure Fee Sunset
Archived - 07-03: Resolution Concerning Licensure of Childcare Programs
Archived - 07-04: Resolution to Support Food Establishment License Fee
Archived - 09-01: Resolution on Support for Septic System Design Based on Adequate Wastewater Flows and Proper system Maintenance
-

Res. 96-02

RESOLUTION TO SUPPORT FOOD LICENSE FEE

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

WHEREAS, the food protection system in Idaho does not presently meet generally accepted national standards; and

WHEREAS, improvement in the system requires a funding source that is fair and acceptable to a majority of citizens; and

WHEREAS, user fees have become a widely accepted and fair funding source to fund many services that have been needed and provided in Idaho;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health strongly supports Governor Phil Batt in his proposal to the Idaho Legislature that the food protection program be enhanced through the use of a fair food license fee system.

*Adopted by the Idaho Association of District Boards of Health
May 1996*

Archived 2006

**RESOLUTION ON
PUBLIC SWIMMING POOLS**

WHEREAS, the public expects that swimming pools are regulated to assure a safe and healthy place for them to use; and

WHEREAS, they expect to not contract communicable diseases from a public swimming pool, and that the waters they are swimming in are safe microbiologically and chemically; and

WHEREAS, the public expects that the facility will maintain the proper safety equipment, as well as maintain a safe and clean facility structure and environment; and

WHEREAS, public swimming pools, if operated incorrectly or inappropriately, are a threat to the public's health by leading to the spread of communicable diseases and/or injuries or accidental death; and

WHEREAS, removing statutory reference toward regulation of public swimming pools would jeopardize continued regulatory oversight and public health;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports the conviction that public swimming pools are a public health issue; that a program should continue to ensure that public swimming pools are constructed, operated, and maintained in a safe, and sanitary manner; that accountability for the public swimming pool program be placed with the Idaho Department of Health and Welfare and delegated to the Public Health Districts to ensure the maintenance of these facilities for the safe enjoyment by the public.

*Adopted by the Idaho Association of District Boards of Health
May 1998*

Archived 2006

**RESOLUTION TO SUPPORT
FOOD ESTABLISHMENT LICENSE FEE**

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

WHEREAS, the food protection system in Idaho presently meet generally accepted state and national standards; and

WHEREAS, maintenance of the food protection program requires funding that is deemed fair, equitable, and acceptable to Idaho citizens; and

WHEREAS, user fees are an accepted food protection program funding source used in the majority of states in the nation including the surrounding States of Montana, Washington, Wyoming, Nevada and Oregon; and

WHEREAS, a temporary food establishment licensing fee has been used in Idaho since 1998;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health strongly encourages continuing an active public health managed food protection program; and

BE IT FURTHER RESOLVED that funding of the Idaho Food Protection Program be supported through a shared partnership between the food industry and the Public Health Districts, wherein the food industry bears a minimum of one-third of the cost.

*Adopted by the Idaho Association of District Boards of Health
May 2001*

(Replaces Resolution 96-02)

Archived 2006

**RESOLUTION TO SUPPORT
REMOVAL OF FOOD SAFETY FUND**

WHEREAS: Idaho Code, 39-1608, creates a fund in the state treasury to be designated the food safety fund; and

WHEREAS: Idaho Code, 39-1609, establishes a process for collection of food establishment fees, donation, grants, gifts or appropriation to be appropriated to the department of health and welfare; and

WHEREAS: Idaho Code, 39-1609, also establishes a process for reimbursement of these fees; and

WHEREAS: The Legislative Auditor recommended this bookkeeping procedure be eliminated to reduce administrative cost; and

WHEREAS: The Food Advisory Committee co-chaired by Senator Bunderson and Representative Loetscher recommended in their November 30, 2001 letter to Senate Pro Tem Robert Geddes and House Speaker Bruce Newcomb that the statute be revised to eliminate the Food Safety Fund and that the fees collected by the health district be deposited directly into their food program accounts.

THEREFORE BE IT RESOLVED: That the Idaho Association of District Boards of Health supports efforts to eliminate Idaho Code 39-1609, thus allowing the district health departments to deposit food fees directly into their food program accounts.

*Adopted by the Idaho Association of District Boards of Health
June 2006*

Archived 2008

**RESOLUTION TO SUPPORT
REMOVAL OF FOOD ESTABLISHMENT LICENSURE FEE SUNSET**

WHEREAS: Idaho Code, 39-1601, which delegates authority to the Department of Health and Welfare to collect a fee to cover a portion of the cost of the food establishment program is scheduled to sunset effective July 1, 2007; and

WHEREAS: The proposed new Idaho Code, 39-1601, which will be in effect July 1, 2007 does not delegate authority to the Department of Health and Welfare to collect a fee to cover a portion of the cost of the food establishment program; and

WHEREAS: Idaho Code, 39-1607, which allows that a fee, not to exceed sixty-five (\$65.00) may be charged by the Department of Health and Welfare for licensing a food establishment is scheduled to sunset effective July 1, 2007; and

WHEREAS: The public health districts receive approximately \$500,000 each year from these fees to cover a portion of the cost to run the food establishment program; and

WHEREAS: Idaho Code 39-1601 was enacted to ensure that consumers are not exposed to adverse health conditions arising out of the operation of food establishment.

WHEREAS: These fees strengthen the public health district's ability to administer a program to insure uniformity of practice among the public health districts and ensure consumers are not exposed to adverse health conditions arising out of the operation of food establishments.

THEREFORE BE IT RESOLVED: That the Idaho Association of District Boards of Health supports efforts to remove the sunseting of Idaho Code 39-1601 and 39-1607, thus allowing the Department of Health and Welfare to continue collecting fees to cover a portion of the cost of the food establishment program.

*Adopted by the Idaho Association of District Boards of Health
June 2006*

Archived 2008

**RESOLUTION CONCERNING
LICENSURE OF CHILDCARE PROGRAMS**

WHEREAS, the promotion of children's health is a critical function of Idaho's Public Health Districts; and

WHEREAS, children's health is enhanced by ensuring the safety and security of children attending childcare programs; and

WHEREAS, all children and parents in working families need assurance of a safe and healthy childcare environment through consistent minimum regulation at the state level; and

WHEREAS, childcare licensure establishes minimum health and safety standards for childcare programs and enables Idaho's Public Health Districts to provide health and safety inspections of childcare programs;

WHEREAS, the current code provides for minimum health and safety standards for centers with 13 or more children, but leaves children at smaller facilities vulnerable to unsafe conditions and personnel; and

WHEREAS, licensure fees alone or in combination with other funding sources should be adequate to cover the Public Health Districts' costs to perform health and safety inspections;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports the extension of basic day care licensing requirements to establishments that provide care for 5 or more children unrelated to the caregiver.

*Adopted by the Idaho Association of District Boards of Health
June 1, 2007*

**RESOLUTION TO SUPPORT
FOOD ESTABLISHMENT LICENSE FEE**

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

WHEREAS, the food protection system in Idaho presently meets generally accepted state and national standards; and

WHEREAS, maintenance of the food protection program requires funding that is deemed fair, equitable, and acceptable to Idaho citizens; and

WHEREAS, user fees are an accepted food protection program funding source used in the majority of states in the nation including the surrounding States of Montana, Washington, Wyoming, Nevada and Oregon; and

WHEREAS, a temporary food establishment licensing fee has been used in Idaho since 1998;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health strongly encourages continuing an active public health managed food protection program; and

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports a unified license fee equivalent to the actual costs for the Public Health Districts to deliver Idaho's food safety inspection program.

Adopted by the Idaho Association of District Boards of Health

June 1, 2007

(Replaces Resolution 96-02 and 01-01)

**RESOLUTION ON
SUPPORT FOR SEPTIC SYSTEM DESIGN BASED ON ADEQUATE WASTEWATER
FLOWS AND PROPER SYSTEM MAINTENANCE**

WHEREAS, protection of the waters of the state are of paramount importance; and

WHEREAS, individual and subsurface sewage disposal systems require proper sizing and installation to protect surface and ground water; and

WHEREAS, sizing of individual and subsurface sewage disposal systems for residential dwellings is currently based on the number of bedrooms; and

WHEREAS, individual and subsurface sewage disposal system must be properly sized and safely handle the wastewater flows from the subject dwelling; and

WHEREAS, adequate space for both the installation of the approved drainfield and replacement area are needed to assure effective and safe individual and subsurface sewage disposal system operation; and

WHEREAS, regular inspection and maintenance of installed onsite disposal systems is essential for proper treatment of wastewater; and

WHEREAS, properly scheduled pumping of septic tanks is essential for system performance and longevity; and

WHEREAS, residential dwellings are being constructed at increasingly higher densities; and

WHEREAS, development pressures along our lakes and rivers has grown substantially; and

WHEREAS, prevention of contamination of the waters of the state requires that individual and subsurface sewage disposal rules must address current residential development activities;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports the adoption of individual and subsurface sewage disposal rules that assure design wastewater flows reflects actual residential discharges. The rules need to assure that the waters of the state and public health are protected.

Injury Prevention

Archived - 00-02: Resolution to Support a Primary Seat Belt Law

Archived - 09-08: Resolution to Support Motorcycle Helmet Law

Res. 00-02

RESOLUTION TO SUPPORT A PRIMARY SEAT BELT LAW

WHEREAS, motor vehicle crashes are the number one cause of death in Idaho for those persons between the ages of 1 and 44⁶; and

WHEREAS, Idaho's current seat belt law is a secondary traffic citation; and

WHEREAS, law enforcement agencies and automobile and traffic safety groups actively advocate improved motor vehicle safety and strengthened passenger restraint laws; and

WHEREAS, Idaho's Public Health Districts actively work to prevent motor vehicle injuries and fatalities; and

WHEREAS, motor vehicle restraints are known to reduce injuries and fatalities in motor vehicle accidents,

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports legislation for a primary seat belt law making non-use of vehicle passenger restraints a primary traffic offense.

*Adopted by the Idaho Association of District Boards of Health
June 2000*

Archived 2006

⁶ Idaho Vital Statistics 1998, Center for Vital Statistics and Health Policy, pp 60-61.

**RESOLUTION TO SUPPORT
MOTORCYCLE HELMET LAW**

WHEREAS, Motor vehicle crashes remain the leading cause of all injury deaths; and

WHEREAS, motorcyclists are about 34 times more likely than passenger car occupants to die in a motor vehicle traffic crash and 8 times more likely to be injured; and

WHEREAS, helmets are estimated to be 37% effective in preventing fatal injuries to motorcyclists; and

WHEREAS, head injuries are a leading cause of death in motorcycle crashes, and using a helmet is the single most critical factor in preventing or reducing head injuries; and

WHEREAS, motorcycle helmets are 67% effective in preventing brain injuries and un-helmeted motorcyclists involved in crashes were more than three times more likely to suffer brain injuries than those wearing helmets.; and

THEREFORE, BE IT RESOLVED that the Idaho Association of District Boards of Health supports efforts to require all motorcycle operators and passengers to wear a helmet while riding a motorcycle in Idaho.

National Highway Traffic Safety Administration, Traffic Safety Facts, Motorcycle Helmet Use Laws. (March 2005)
Insurance Institute for Highway Safety, Helmet Use Laws, (June 2007)

*Adopted by the Idaho Association of District Boards of Health
June 2009*

Archived 2011

Public Health Infrastructure

Archived - 98-03: Resolution to Support Additional Funding for Epidemiology Resources

Archived - 06-01: Resolution to Support the Operational Definition of a Functional Local Health Department

Archived - 06-07: Resolution to Support Change to Composition of Eight-County Health Boards

Archived - 09-09: Resolution Concerning Legislative Intent Language in State Appropriation Bills to Public Health Districts

Res. 98-03

RESOLUTION TO SUPPORT ADDITIONAL FUNDING FOR EPIDEMIOLOGY RESOURCES

WHEREAS, the Public Health Districts are charged by the Idaho Code with protecting the public's health through controlling communicable disease outbreaks; and

WHEREAS, Idaho is experiencing significant occurrences of communicable diseases; and led the nation in the rate of Pertussis, was ranked eighth in the number of cases of hantavirus, and has had a four-fold increase in the number of Hepatitis C cases reported; and

WHEREAS, the need to invest in expanding the capacity at the local level to conduct epidemiology and disease surveillance is essential; and

WHEREAS, there is no organized, statewide, active surveillance for vector-borne diseases such as Rocky Mountain Spotted Fever, Lyme Disease, rabies, hantavirus, and plague; and

WHEREAS, epidemiology teams, comprised of epidemiologists, physicians, environmental health specialists, and registered nurses, investigate how disease outbreaks start, control the further spread of disease by direct treatment, and employ preventive efforts to minimize the risk of transmission to large segments of the population;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports the protection of the population from disease outbreaks, and recognizes the need for additional dedicated funding to strengthen our local epidemiology resources.

*Adopted by the Idaho Association of District Boards of Health
May 1998*

Archived 2006

**RESOLUTION TO SUPPORT THE OPERATIONAL
DEFINITION OF A FUNCTIONAL LOCAL HEALTH DEPARTMENT**

WHEREAS, there is a wide variation among the nation’s county health departments, resulting in varied levels of Public Health protection across the country; and

WHEREAS, the Operational Definition was developed by the National Association of County and City Health Officials (NACCHO) with input from federal, state and local partners and reflects perspectives from those in rural as well as urban areas; and

WHEREAS, the Operational Definition was developed within the context of what everyone, regardless of where they live, should reasonably expect from their local health department; and

WHEREAS, the Operational Definition offers a much needed means to build consistency among the nation’s county health departments; and

WHEREAS, the Operational Definition is determined to be the “Standards” to guide local Public Health accountability; and

WHEREAS, health departments that begin to hold themselves accountable to these standards now will be well-positioned for any future national efforts involving the application of performance standards.

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports the efforts of “The Operational Definition of a Functional Local Health Department” to position Idaho Public Health Districts for future national accountability.

*Adopted by the Idaho Association of District Boards of Health
June 2006*

Data Source: NACCHO resolution on Operational Definition

RESOLUTION TO SUPPORT CHANGE TO COMPOSITION OF EIGHT-COUNTY HEALTH BOARDS

WHEREAS, some Health Districts consist of eight (8) counties, and

WHEREAS, Idaho Code 39-411 limits these eight (8) –county districts to a maximum of 8 board members, and

WHEREAS, Idaho Code 39-411 mandates those districts consisting of fewer than 8 counties are required to have not less than 7 board members (which represents at least one more board member than the number of counties), and

WHEREAS, it is desirable to have at least one (1) more board member than counties to accommodate the stipulation of Idaho Code 39-411 that a member of the District Board of Health, “...shall be a physician...”

THEREFORE BE IT RESOLVED that Idaho Code 39-411 be amended to read, “For those Districts comprised of 8 counties, the District Board of Health shall consist of not less than eight (8) members or more than nine (9) members...”

*Adopted by the Idaho Association of District Boards of Health
June 2006*

Archived 2008

RESOLUTION CONCERNING LEGISLATIVE INTENT LANGUAGE IN STATE APPROPRIATION BILLS TO PUBLIC HEALTH DISTRICTS

WHEREAS, Idaho Code 39-401 states that, “It is legislative intent that the health districts operate and be recognized not as state agencies or departments, but as governmental entities whose creation has been authorized by the state, much in the manner as other single purpose districts.”

WHEREAS, Idaho Code 39-414 states that, “For the purposes of this chapter, a public health district is not a subdivision of the state and shall be considered an independent body corporate and politic pursuant to section 1, article VIII, of the constitution of the state of Idaho.”

WHEREAS, Idaho code 39-410 states, “There is hereby created and established in each of the public health districts a district board of health, hereinafter referred to as the district board, which shall be vested with the authority, control, and supervision of the district health department...”

WHEREAS, Idaho public health district budgets are funded by multiple sources, to include state general funds, county contributions, contract revenue, and user fees.

WHEREAS, the legislature provides their state general fund appropriation to the public health districts in a lump sum.

WHEREAS, it is spelled out in Idaho Code 39-411 that, “The board of trustees of the Idaho district boards of health shall have authority to allocate appropriations from the legislature to the health districts.”

WHEREAS, the state general fund lump allocation appropriation to the health districts represent nineteen (19) percent of the total budget.

WHEREAS, legislative intent in an appropriation bill to the public health districts on how state funds are to be spent or reduced, also affect the other eighty-one (81) percent of fund sources in the public health districts’ budget.

THEREFORE BE IT RESOLVED that as stated in Idaho Code, legislative intent language in appropriations, detailing how funds are to be spent or reduced, not apply to the public health districts as the local boards of health are charged with the responsibility for the fiscal control and management of all sources of funding.

*Adopted by the Idaho Association of District Boards of Health
June 2009*

Archived 2011

Tobacco

Archived - 96-03: Resolution to Work with Coalition for Smoke Free Idaho to Reduce Tobacco Use

Archived - 97-02: Resolution to Encourage Participation of the Idaho Public Health Districts in Idaho's Settlement with the Tobacco Industries

Archived - 98-01: Resolution to Support the Minors' Access to Tobacco Legislation

Archived - 99-01: Resolution to Target Children with Tobacco Settlement Dollars

Archived - 99-02: Resolution Concerning Minors' Access to Tobacco on Tribal Lands

Archived - 02-02: Resolution to Support Smoke-Free Child Care Facilities

Archived - 04-02: Resolution on Environmental Tobacco Smoke

Archived - 06-06: Resolution to Support Smoke-Free Bowling Centers

Archived - 09-07: Resolution on Waterpipe Tobacco Smoke

Archived - 11-01: Resolution To Support The Prohibition Of The Sale And Distribution Of Electronic Cigarettes To Minors, And Use Of Electronic Cigarettes By Minors

Res. 96-03

RESOLUTION TO WORK WITH COALITION FOR SMOKE FREE IDAHO TO REDUCE TOBACCO USE

WHEREAS, smoking is the number one cause of preventable, premature death to Idaho residents; and

WHEREAS, the rate of tobacco use by teens is increasing; and

WHEREAS, tobacco products are readily available to teens; and

WHEREAS, community partnerships are necessary to develop solutions to complicated public health problems; and

WHEREAS, the Coalition for Smoke Free Idaho is a vital partner made up of concerned adults and high school age young people;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health will team with the Coalition for Smoke Free Idaho of the American Cancer Society to reduce the incidence of smoking in Idaho, specifically teen age smoking. We will work together on appropriate legislative actions.

*Adopted by the Idaho Association of District Boards of Health
May 1996*

Archived 2006

**RESOLUTION TO ENCOURAGE
PARTICIPATION OF THE IDAHO PUBLIC HEALTH DISTRICTS
IN IDAHO'S SETTLEMENT WITH THE TOBACCO INDUSTRIES**

WHEREAS, tobacco use is the leading contributor to illness and death in Idaho residents; and

WHEREAS, an effective, comprehensive national policy on tobacco products is an important tool for improving the health of people in the United States, as well as in Idaho; and

WHEREAS, a well-funded sustained public education and tobacco control campaign is critical to reducing tobacco use; and

WHEREAS, local public health professionals and organizations are important for negotiations and implementation of effective public health strategies; and

WHEREAS, Idaho has joined the State Attorneys General suit against the tobacco industry;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports and encourages the participation of the Idaho Public Health Districts in planning and implementing the terms of the State Attorneys General Tobacco Settlement in Idaho.

*Adopted by the Idaho Association of District Boards of Health
August 1997*

Archived 2006

**RESOLUTION TO SUPPORT
THE MINORS' ACCESS TO TOBACCO LEGISLATION**

WHEREAS, the Minors' Access to Tobacco Bill has become the law of the State; and

WHEREAS, studies have shown that the changes in the ways tobacco products are vended and promoted set forth in the law is effective in reducing the number of children and youth that become addicted to tobacco; and

WHEREAS, a system to administer and enforce the law is being developed by the Idaho Department of Health and Welfare;

THEREFORE BE IT RESOLVED that Idaho's Public Health Districts cooperate with the Department of Health and Welfare in its endeavor to enforce the law where feasible.

*Adopted by the Idaho Association of District Boards of Health
May 1998*

Archived 2008

RESOLUTION IN SUPPORT OF TARGETING CHILDREN WITH TOBACCO SETTLEMENT DOLLARS

WHEREAS, in 1999 Idaho will begin to receive approximately 8 million dollars in federal Tobacco Settlement monies per year through the year 2025; and

WHEREAS, everyday, more than 3,000 young people become new smokers; and, of those, more than 1,000 will eventually die from smoking-related diseases; and

WHEREAS, 80% of Idaho's current regular adult smokers began smoking between the ages of 10 and 20; and

WHEREAS, in Idaho, 27% of high school males and 4% of high school females use spit tobacco; and

WHEREAS, smoking is often an early warning of future problems, in that teens who smoke are 3 times as likely as non-smokers to use alcohol, 8 times as likely to use marijuana, and 22 times as likely to use cocaine. Further, smoking is associated with numerous other risky behaviors, including fighting and having unprotected sex; and

WHEREAS, in Idaho the total cost attributable to smoking was \$240 million in 1993; and

WHEREAS, numerous public health interventions such as counter-advertising campaigns, restricting access, stopping tobacco advertising incentives aimed at youth, requiring retailers to obtain annual operating permits, and providing vendor assistance for tobacco products have clearly demonstrated reductions in youth initiation and onset of smoking;

THEREFORE BE IT RESOLVED that from a public health standpoint, preventing youth from using tobacco is the single most effective way to fight the nation's and Idaho's leading preventable cause of death;

BE IT FURTHER RESOLVED that the Idaho Association of District Boards of Health strongly recommends that a significant portion of the federal tobacco settlement monies be utilized to support effective strategies to further prevent tobacco use by Idaho's children.

*Adopted by the Idaho Association of District Boards of Health
January 1999*

Archived 2008

**RESOLUTION CONCERNING
MINORS' ACCESS TO TOBACCO ON TRIBAL LANDS**

WHEREAS, smoking is the number one contributor to illness and death in Idaho residents; and

WHEREAS, the Minors' Access to Tobacco Law is enforced in the State of Idaho; and

WHEREAS, studies have shown that the changes in the way tobacco products are vended and promoted, set forth in the law, are effective in reducing the number of children and youth that become addicted to tobacco; and

WHEREAS, the Tribal smoke shops draw many minors to purchase tobacco products on Tribal lands; and

WHEREAS, the Tribal smoke shops are not required to enforce the Minors Access to Tobacco Law

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health encourages the Tribes' participation in enforcing the Minors Access to Tobacco Law on Tribal lands.

*Adopted by the Idaho Association of District Boards of Health
June 1999*

Archived 2008

**RESOLUTION TO SUPPORT
SMOKE-FREE CHILD CARE FACILITIES**

WHEREAS, second hand smoke has been classified by the U.S. Environmental protection agency (EPA) as a known cause of lung cancer in humans (group A carcinogen), and

WHEREAS, second hand smoke contains a mixture of more than 4000 substances, more than 40 of which are know to cause cancer in humans, and

WHEREAS, children who are exposed to second hand smoke are more likely to suffer from pneumonia and bronchitis and respiratory infections, and

WHEREAS, the EPA estimates that second hand smoke is responsible for 150,000 – 300,000 lower respiratory infections in children under 18 months of age annually, resulting in between 7,500 – 15,000 hospitalizations a year, and

WHEREAS, asthmatic children exposed to secondhand smoke increase their risk of asthmatic episodes and severe symptoms, and

WHEREAS, second hand smoke can lead to buildup of fluid in the middle ear, which is the most common cause of hospitalization and surgery of children, and

WHEREAS, second hand smoke is associated with an estimated 1,900- 2,700 deaths per year from Sudden Infant Death Syndrome, and

WHEREAS, the EPA recommends that every organization dealing with children have a smoking policy that effectively protects children from exposure to environmental tobacco smoke;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports efforts to require all Idaho child care facilities to be smoke free.

*Adopted by the Idaho Association of District Boards of Health
May 2002*

Archived 2008

**RESOLUTION ON
ENVIRONMENTAL TOBACCO SMOKE**

WHEREAS, tobacco use is one of the leading causes of preventable death and disability; and

WHEREAS, environmental tobacco smoke causes disease including lung cancer and heart disease in non-smoking adults; and

WHEREAS, environmental tobacco smoke can cause serious conditions in children such as asthma, respiratory infections, middle ear infections, and sudden infant death syndrome; and

WHEREAS, environmental tobacco smoke can exacerbate adult asthma and allergies and cause eye, throat, and nasal irritation; and

WHEREAS, 38,000 non-smokers die annually from environmental tobacco smoke; and

THEREFORE, BE IT RESOLVED that the Idaho Association of District Boards of Health supports efforts to decrease exposure to the public to environmental tobacco smoke.

*Adopted by the Idaho Association of District Boards of Health
June 2004*

Archived 2008

**RESOLUTION TO SUPPORT
SMOKE-FREE BOWLING CENTERS**

WHEREAS, secondhand smoke has been classified by the U.S. Environmental protection agency (EPA) as a contributing cause of lung cancer in humans (group A carcinogen), and

WHEREAS, secondhand smoke contains a mixture of more than 4000 substances, more than 40 of which are known to cause cancer in humans, and

WHEREAS, people who are exposed to secondhand smoke are more likely to suffer from pneumonia and bronchitis and respiratory infections, and

WHEREAS, asthmatic children exposed to secondhand smoke have additional asthmatic episodes and increased severity of symptoms, and

WHEREAS, many frail elderly continue to use bowling centers for recreation, even with chronic lung conditions, and exposure to secondhand smoke while on oxygen is detrimental to failing lung capacity;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health support legislation and all other efforts to require all Idaho bowling centers to be smoke free.

*Adopted by the Idaho Association of District Boards of Health
June 2006*

Archived 2008

RESOLUTION ON WATERPIPE TOBACCO SMOKE

WHEREAS, tobacco use is one of the leading causes of preventable death and disability; and

WHEREAS, environmental tobacco smoke causes disease in non-smoking adults and children; and

WHEREAS, waterpipe smoking carries the same or similar health risks as cigarette smoking and similar links to health affects including, lung, oral and bladder cancer, as well as clogged arteries and heart disease; and

WHEREAS, waterpipe use may increase exposure to carcinogens because smokers use a waterpipe over a longer period of time (40-45 minutes). Due to the longer period of inhalation and exposure, a water pipe smoker may inhale as much smoke as consuming 100 or more cigarettes during a single session; and

WHEREAS, access to this “new” form of tobacco use continues to grow, especially in hookah cafes targeting 18-24 year olds; and

WHEREAS, the social aspect of waterpipe smoking may put many users at risk for other infectious diseases, such as tuberculosis and viruses such as hepatitis and herpes. Shared mouthpieces and the heated, moist smoke may enhance the opportunity for such diseases to spread; and

WHEREAS, the secondhand smoke from a waterpipe is dangerous because it contains smoke from the tobacco itself as well as the smoke from the heat source used to burn the tobacco;

THEREFORE, BE IT RESOLVED that the Idaho Association of District Boards of Health supports efforts to decrease exposure to the public to environmental tobacco smoke caused by waterpipe smoking by amending current smoke free air laws to include waterpipes and the places where waterpipes are smoked.

*American Lung Association, Tobacco Policy Trend Alert, An Emerging Deadly Trend: Waterpipe Tobacco Use (2007)
Source: EPA/600/6-90/006F Respiratory Health Effects of Passive Smoking: Lung Cancer and other Disorders.*

*Adopted by the Idaho Association of District Boards of Health
June 2009*

Archived 2011

**RESOLUTION TO SUPPORT THE PROHIBITION OF THE SALE AND
DISTRIBUTION OF ELECTRONIC CIGARETTES TO MINORS, AND USE OF
ELECTRONIC CIGARETTES BY MINORS**

This measure would request that the State of Idaho enact legislation prohibiting the sale and distribution of electronic cigarettes and their component parts to minors, and use of electronic cigarettes by minors.

WHEREAS, electronic cigarettes are rechargeable, battery-operated drug delivery devices that look similar to cigarettes and allow the user to inhale a smokeless vapor often containing nicotine; Electronic cigarettes are also known as e-cigarettes, e-cigs, vapors, electronic nicotine delivery systems and ENDS; and

WHEREAS, electronic cigarettes and their component liquids are not regulated by any government agency, including the U.S. Food and Drug Administration (FDA), and therefore there is no assurance that the product or its components are safe.

WHEREAS, the chemical nicotine is classified as a drug due to its stimulative, sedative and addictive qualities; and

WHEREAS, minors who have never smoked, and other nicotine-naive minors, may be drawn to the uniqueness of the electronic cigarette and its liquid "flavors," and may become addicted to nicotine.

WHEREAS, even though they have the authority, no jurisdiction in Idaho currently restricts the sale of electronic cigarettes (or component parts) to minors.

WHEREAS, it is in the best interest of Idaho State Legislature to protect children from these products.

NOW, THEREFORE, BE IT RESOLVED that the Idaho District Boards of Health support and encourage the State Legislature in Idaho to adopt legislation that:

- Prohibits the sale and distribution of electronic cigarettes and their component parts to minors;
- Prohibits marketing of electronic cigarettes and their component parts to minors
- Prohibits the use of electronic cigarettes and their component parts by minors;
- Prohibits unsubstantiated claims by retailers about electronic cigarettes and their component parts; and
- Facilitates the effective enforcement of the aforementioned prohibitions regarding electronic cigarettes and their component parts.

Further, the Idaho District Boards of Health support and encourage the Legislature in Idaho to seek advice from the Idaho Health District staff when scripting legislation regarding electronic cigarettes and their component parts.

*Adopted by the Idaho Association of District Boards of Health
June 2011*

Archived 2011

Other Community Health Issues

Archived - 00-03: Updated 06-10: Resolution to Support Physical Activity and Fitness

Archived - 01-02: Updated 06-02: Resolution to Support the Reduction of Overweight and Obesity in Idaho

Archived - 02-01: Resolution to Advocate for a Statewide Youth Risk Behavioral Survey (YRBS)

Archived - 04-01: Resolution on Fall Prevention

Archived - 05-02: Resolution Concerning Idaho Public Health Districts Role in Mental Health and Substance Abuse

Archived - 07-02: Resolution Concerning Reduction of Trans Fatty Acids Consumption

Archived - 09-06: Resolution to Encourage Healthy Lifestyles Incentives for State of Idaho Health Insurance Plan

Res. 00-03

Update: 06-10

RESOLUTION TO SUPPORT PHYSICAL ACTIVITY AND FITNESS

WHEREAS, physical inactivity is a risk factor for cardiovascular disease, diabetes and colon cancer and

WHEREAS, 60% of Americans do not exercise regularly; 5% of Americans are not active at all; and

WHEREAS, 57% of Idahoans do not exercise regularly; 22% of Idahoans are not active at all; and

WHEREAS, 25% of Idahoans are physically active for 30 minutes or more for 5 or more times per week;

WHEREAS, regular physical activity helps to maintain the functional independence of older adults; and

WHEREAS, regular physical activity enhances the quality of life for people of all ages;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports and encourages efforts to develop improved health, fitness, and quality of life through regular physical activity of all members of the public.

*Adopted by the Idaho Association of District Boards of Health
June 2000*

*Updated and Readopted by the Idaho Association of District Boards of Health
June 2006*

Res. 01-02
Update: 06-02

RESOLUTION TO SUPPORT THE REDUCTION OF OVERWEIGHT AND OBESITY IN IDAHO

WHEREAS, overweight and obesity substantially raise the risk of illness from high blood pressure; high cholesterol; type 2 diabetes; heart disease and stroke; gallbladder disease; arthritis; sleep disturbances and problems breathing, and

WHEREAS, an estimated 130 million adults, or 65% of the adults in the United States are overweight or obese, and

WHEREAS, in Idaho, 58% of adults over the age of 18 are overweight and at risk for serious long-term health problems, and

WHEREAS, the development of obesity is a complex result of a variety of social, behavioral, cultural, environmental, physiological, and genetic factors, and

WHEREAS, the quality of food consumed in terms of the proportion of calories from fat, protein, and carbohydrate sources and the amount of dietary fiber plays a critical role in disease prevention, and

WHEREAS, dietary education is not readily available to the general public;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports and encourages pursuit of efforts to decrease overweight and obesity through regular nutrition and exercise messages to all members of the public.

Sources of information: National Health and Nutrition Examination Survey (NHANES), 1999-2002;
Idaho BRFSS 2004

*Adopted by the Idaho Association of District Boards of Health
May 2001*

*Updated and Readopted by the Idaho Association of District Boards of Health
June 2006*

Res. 02-01

**RESOLUTION TO ADVOCATE FOR A
STATEWIDE YOUTH RISK BEHAVIORAL SURVEY (YRBS)**

WHEREAS, the collection of accurate standardized information regarding behaviors that adversely affect the health of adolescents in Idaho is critical for effective program prioritization, development and evaluation; and

WHEREAS, the YRBS is a survey developed by The Centers for Disease Control and Prevention that covers a variety of key health indicators, including, but not limited to, injuries, seat belt use, alcohol, tobacco and other drug use, diet, exercise, suicide thoughts, sexual behaviors; and

WHEREAS, the Youth Risk Behavioral Survey (YRBS) is a nationally standardized survey of adolescents in grades 9th-12th, and the results can be reported on a state and regional basis compared to other states, and used for competitive grant writing; and

WHEREAS, Idaho does not currently have a statewide system to collect uniform information on adolescent key health indicators; and

WHEREAS, the majority of adolescents in Idaho attend school, and the YRBS could be administered in the schools for consistent collection;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports efforts to have all public and private high schools administer the YRBS as a resource to collect significant information concerning key health behaviors of Idaho's adolescents.

*Adopted by the Idaho Association of District Boards of Health
May 2002*

Archived 2008

RESOLUTION ON FALL PREVENTION

WHEREAS, falls are the third leading cause of injury-related death in the State of Idaho; and

WHEREAS, debilitating and fatal falls occur across the age span, with the disproportionate burden occurring among those individuals ages 65 and older; and

WHEREAS, more than one-third of adults ages 65 and older fall each year; and

WHEREAS, falls are often preventable by: 1) assessing safety and making appropriate, safety-enhancing changes in the home; 2) developing and promoting exercise programs for older adults which emphasize balance, endurance, strength, and flexibility; and 3) incorporating medication reviews and vision checks into regular routines for older adults;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports efforts to decrease injury and death which result from falls.

*Adopted by the Idaho Association of District Boards of Health
June 2004*

Archived 2008

RESOLUTION CONCERNING IDAHO PUBLIC HEALTH DISTRICTS ROLE IN MENTAL HEALTH AND SUBSTANCE ABUSE

WHEREAS, mental illness and access to mental health services for adults and children in Idaho have been identified as a leading public health concern by residents; and

WHEREAS, substance abuse and access to substance abuse services for adults and youth in Idaho have been identified as a leading public health concern by residents; and

WHEREAS, Idaho Public Health Districts are charged with promoting and protecting the health of Idaho residents; and

WHEREAS, Idaho Public Health Districts mission is prevention; and

WHEREAS, Idaho Public Health Districts current funding is inadequate to cover current statutorily defined services of administration, health education, environmental health and physical health; and

WHEREAS, the Institute of Medicine identified the core functions of local public health as assessment, assurance, and policy development; and

WHEREAS, the National Association of Local Boards of Health (NALBOH) and the National Association of County and City Health Officials (NACCHO) have supported the Essential Public Health Services as the framework for local public health agencies

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health establishes the role of Idaho Public Health Districts, with adequate funding allocation, in addressing mental health and substance abuse in Idaho as:

- Monitoring mental health and substance use indicators to identify community health problems;
- Informing, educating, and empowering Idaho residents about issues surrounding mental health and substance abuse;
- Mobilizing community partnerships to identify and address mental health and substance abuse problems;
- Participating in the development of policies and plans that support community mental health and substance abuse prevention efforts
- Linking people to needed mental health services
- Assuring the public health workforce is competent in identifying and referring clients to appropriate mental health and substance abuse services

*Adopted by the Idaho Association of District Boards of Health
June 2005*

**RESOLUTION CONCERNING
REDUCTION OF TRANS FATTY ACIDS CONSUMPTION**

WHEREAS, the promotion of community health is a critical function of Idaho’s Public Health Districts; and

WHEREAS, heart disease is the number one cause of death in the United States; and

WHEREAS, maintaining a healthy diet and weight, eliminating tobacco use, and increasing movement offers the greatest potential of all known approaches for reducing the risk of heart disease; and

WHEREAS, evidence suggests that consumption of trans fatty acids (trans fats) raises LDL (“bad”) cholesterol levels and lowers HDL (“good”) cholesterol levels, causing arteries to become clogged and increasing the risk of developing heart disease and stroke.; and

WHEREAS, some trans fat is found naturally in small amounts in various meat and dairy products; the majority of trans fat is found in processed foods made with, or fried in, partially hydrogenated oils; and

WHEREAS, U.S. Food and Drug Administration (FDA) regulations require food manufacturers to list the amount of trans fats on the nutrition label of all packaged foods and some dietary supplements; and

WHEREAS, the FDA estimates that by 2009, trans fat labeling will prevent from 600 to 1,200 cases of coronary heart disease, the most common form of heart disease, and 250 to 500 deaths each year; and

WHEREAS, the American Heart Association recommends that consumers limit their intake of saturated fat to less than 7 percent of energy, their intake of trans fat to less than 1 percent of energy, and their intake of cholesterol to less than 300 mg per day while consuming a nutritionally adequate diet; and

WHEREAS, New York City’s health code was amended in December 2006 to phase out the use of artificial trans fat in all food service establishments requiring a health department permit;

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health supports efforts to encourage licensed food establishments to designate on their menus individual menu options prepared without the use of artificial trans fat.

Adopted by the Idaho Association of District Boards of Health

June 1, 2007

Archived 2011

**RESOLUTION TO ENCOURAGE HEALTHY LIFESTYLES
INCENTIVES FOR STATE OF IDAHO HEALTH INSURANCE PLAN**

WHEREAS, the organization cost of insuring one employee for one month of health insurance in the State of Idaho plan increased from \$576.68 in FY 2008 to \$705.08 in FY09, a 22% increase; and

WHEREAS, 63.1% of Idaho adults are overweight or obese, with the prevalence of obesity increasing 25.1% during the last ten years (1), and

WHEREAS, a recent study of Idaho third graders conducted by the seven public health districts with the Idaho Physical Activity and Nutrition Program showed 28% are overweight and obese (2); and

WHEREAS, 16.3% of Idaho adults younger than age 54, and 27.3% age 55 and older report they did not participate in physical activity during their leisure time hours (1); and

WHEREAS, the prevalence of cigarette smoking among Idaho adults is 19.1% (1); and

WHEREAS, the age of State of Idaho employees is increasing, and older workers have more chronic disease: high blood pressure, diabetes, arthritis (1); and

WHEREAS, many insured State of Idaho employees also insure their spouse and children; and

WHEREAS, three of four Idaho adults did not consume 5 or more servings of fruits and vegetables daily (1); and

WHEREAS, positive changes in lifestyle behaviors lead to improved health and less chronic disease;

THEREFORE BE IT RESOLVED that the Idaho Association of Boards of Health encourage the State of Idaho Insurance Plan to include healthy lifestyle incentives to assist employees to reduce overweight and obesity, increase physical activity, and quit or reduce tobacco use, resulting in less chronic disease and absence from work, and improved employee health.

1– Idaho Behavioral Risk Factors: Results from the 2007 Behavioral Risk Factor Surveillance System. Boise: Idaho Department of Health and Welfare, Division of Health, Bureau of Vital Records and Health Statistics, 2008.

2– Division of Public Health, Bureau of Community and Environmental Health. Idaho 3rd Grade Body Mass Index (BMI) Assessment 2007-2008 School Year: Idaho Department of Health and Welfare.