Idaho Association of District Boards of Health

Compendium of Resolutions

June 2020

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; June 2015; June 2016; June 2017; June 2018, June 2019

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Children's Health

19-02 Resolution to Support Evidence-Based Home Visitation in Idaho
19-06 Resolution Supporting Immunizations

Resolution 19-02
(18-02 updated)

RESOLUTION TO SUPPORT EVIDENCE-BASED HOME VISITATION[i] IN IDAHO

WHEREAS, home visitation programs such as Nurse Family Partnership (NFP), Parents as Teachers (PAT) and other evidence-based home visitation programs improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness[ii]; and

WHEREAS, home visitation helps 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 impairment[iii]; 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 development[iv]; and

WHEREAS, the CDC's Task Force on Community Preventive Services found that home visiting programs reduced child abuse and neglect by approximately 40 percent as compared to control groups not receiving home visiting services[v]; and

WHEREAS, children participating in Parents as Teachers are less likely to go to the emergency room to be treated for injury[vi]; and Parents as Teachers participation was related to 50 percent fewer cases of suspected abuse and/or neglect[vii]; and

WHEREAS, a study of 19-year-old girls who were born to high-risk mothers, found that home visiting during their mother's pregnancy and their first two years of life reduced their lifetime risk of arrest or conviction by more than 80 percent, teen pregnancy by 65 percent, and led to reduced enrollment in Medicaid by 60 percent[viii]; and

WHEREAS, every dollar invested in home visiting programs generates up to $5.70 in savings resulting from reduced health services utilization – including emergency department visits – and decreased special education placements and grade repetition, which leads to higher educational attainment and economic success later in life[ix]; and

WHEREAS, there is no single dedicated funding source available for home visiting services, federal funding streams can be paired with state and local funds – such as partnering with local health organizations - to support home visiting for pregnant women, families, infants, and young children[x]; and

WHEREAS, Medicaid finances 40% of all births in the U.S.[xi], Medicaid can provide a critical role in identifying and supporting mothers and infants at this critical stage, which can affect the child's future growth and development;

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

Resolution 19-## (continued)

programs and policies to provide and establish funding or a mechanism for reimbursement for services delivered through these programs; and

BE IT FURTHER RESOLVED that the Idaho Association of District Boards of Health support submission of a Medicaid state plan amendment to ensure federal financial participation is available for home visiting services that fit within the Medicaid definition of coverable services.

Adopted by the Idaho Association of District Boards of Health
May 30, 2008; Revised June 9, 2016, Revised June 2018, Revised June 2019

[1] National Association of County & City Health Officials (NACCHO), Statement of Policy 07-13. (July, 2010) Retrieved April 16, 2019 from https://www.naccho.org/uploads/downloadable-resources/07-13-Nurse-Home-Visiting-Programs.pdf
[1] Washington State Institute of Public Policy. Benefit-Cost Results. Available at: http://www.wsipp.wa.gov/BenefitCost?topicId=9
[1] Office of Planning, Research, & Evaluation. Home Visiting Evidence of Effectiveness Review: Executive Summary & Brief - April 2017. Retrieved on November 21, 2007 from https://www.acf.hhs.gov/opre/resource/home-visiting-evidence-of-effectiveness-review-executive-summary-brief-april-2017
[1] Ibid.
[1] MMWR Recommendations and Reports. (October, 2003). First reports evaluating the effectiveness of strategies for preventing violence: early childhood home visitation: Findings from the Task Force on Community Preventive Services. Retrieved on April 16, 2019 from https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5214a1.htm
[1] Wagner M, L.E. (2001). *The multisite evaluation of the Parents as Teachers home visiting program: three-year findings from on community.* Menlo Park, CA: SRI International.
[1] Drazen S, H. M. (1993). *Raising reading readiness in low-income children.* Ithaca, NY: Cornell University.
[1] Eckenrode J, Campa M, Luckey DW, Henderson CR Jr, Cole R, Kitzman H, ansopn E, Sidora-Aroleo K, Powers J, Olds D, "Long-term effects of prenatal and infancy nurse home visitation on the life course of youths: 19-year follow-up of a randomized trial". Arch Pediatr Adolesc Med. 201- Jan; 164(1):9-15
[1] Karoly, L. A., Kilburn, M. R., & Cannon, J. S. (2005). Early Childhood Interventions: Proven Results, Future Promise. RAND Corporation. Retrieved on April 16, 2019 from https://www.rand.org/content/dam/rand/pubs/monographs/ 2005/RAND_MG341.pdf
[1] King, A. (December, 2016). Coverage of maternal infant, and early childhood home visiting services. Retrieved on April 16, 2019 from https://nashp.org/coverage-of-maternal-infant-and-early-childhood-home-visiting-services/
[1] 11 Ibid

Resolution 19-06

RESOLUTION SUPPORTING IMMUNIZATIONS

WHEREAS, Immunizations are heralded as one of the 20th century's most cost-effective public health achievements. Immunizations protect both individuals and the larger population, especially those people who have immune system disorders and cannot be vaccinated; and

WHEREAS, School vaccination requirements have been a key factor in the prevention and control of vaccine-preventable diseases in the United States; and

WHEREAS, in order to prevent a disease from spreading, it is recommended that 95% of the population be immunized, thereby achieving herd immunity;

WHEREAS, Idaho is one of 18 US states that allows religious/other exemptions from vaccines, and the exemption rate for Idaho children enrolled in kindergarten was 7.7% during the 2018-19 school year;

WHEREAS, the majority of exemptions recorded in Idaho during the 2018-19 school year were for nonmedical reasons: 7.4%, marking a concerning increase from 6.4% the previous school year. In contrast, the US median, nonmedical exemption rate was 2%.

WHEREAS, exemption rates, specifically, nonmedical exemptions, are rising in Idaho and pose a serious public health threat to the state. With outbreaks of vaccine preventable diseases like measles appearing across the US, and in neighboring states, it is critical that we stand for the science-backed immunization standards;

WHEREAS, vaccines are a community's greatest line of defense to protect the most vulnerable among us, whether they are infants too young to get vaccinated or others who are immunocompromised, like those going through chemotherapy;

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health support Childhood Immunizations, and will promote immunizations through public information.

Adopted by the Idaho Association of District Boards of Health
Adopted June 2019

Environmental Health

No active resolutions.

Injury Prevention

19-01 Resolution to Support Awareness, Education and Prevention of Suicide

Resolution 19-01

RESOLUTION TO SUPPORT AWARENESS, EDUCATION AND PREVENTION OF SUICIDE

WHEREAS, suicide is the 10th leading cause of death in the US[1]; and

WHEREAS, in 2017, 47,173 Americans died by suicide and an estimated 1,400,000 attempted suicide[1]; and

WHEREAS, in 2015, suicide and self-injury cost the US $69 billion[2]; and

WHEREAS, per 100,000 Idaho ranks 5th in the nation for deaths by suicide[2]; and

WHEREAS, more than 12 times as many people die by suicide in Idaho annually than by homicide making suicide the 2nd leading cause of death for ages 15-44[2]; and

WHEREAS, evidence indicates that suicide can be prevented by coverage of mental health conditions in health insurance policies and reduce provider shortages in underserved areas[4]; and

WHEREAS, educating the public on the primary methods and warning signs of suicide, promoting gatekeeper training, and providing access in local communities to treatment for people at risk of suicide are best practices[4]; and

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

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health support promoting strategies and the best available evidence recommendations in all 44 counties to create awareness and educate our population on suicide prevention.

THEREFORE, BE IT FURTHER RESOLVED, that Idaho Public Health Districts seek opportunities to collaborate with stakeholders to help communities improve their focus on prevention activities with the greatest potential to prevent suicide.

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1. Centers for Disease Control and Prevention: Data & Statistics Fatal Injury Report (2017)
2. Centers for Disease Control and Prevention: Data & Statistics Fatal Injury Report (2016)
3. American Foundation for Suicide Prevention (2019)
4. National Center for Injury Prevention and Control, Division of Violence Prevention, Preventing Suicide: A Technical Package of Policy, Programs and Practices (2017) https://www.cdc.gov/violenceprevention/pdf/suicide-technicalpackage.pdf

Public Health Infrastructure

No active resolutions.

Tobacco

15-03 Resolution to Support an Excise Tax on Electronic Nicotine Delivery Systems
17-04 Resolution to Support a Tobacco Tax Increase in the State of Idaho
19-04 Resolution to Support Raising the Minimum Age of Legal Access and Use of Tobacco/Nicotine Products in Idaho to Age 21

Resolution 15-03

RESOLUTION TO SUPPORT AN EXCISE TAX ON ELECTRONIC NICOTINE DELIVERY SYSTEMS

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

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

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

WHEREAS, many electronic cigarette juices are flavored in such a way to be attractive to youth such as peanut butter and jelly, Mountain Dew, Skittles, bubblegum, cotton candy, cherry licorice and grandma's apple pie.

WHEREAS, electronic cigarette companies currently advertise their products to a broad audience that includes 24 million youth in the United States. Youth exposure to electronic cigarette advertisements increased by 256% from 2011 to 2013 and young adult exposure to electronic cigarette ads jumped 321 percent in the same time period. More than 80% of the advertisements in 2013 were for a single brand, Blu eCigs, which is owned by the tobacco company Lorillard.[2]

WHEREAS, arecent study from the Centers for Disease Control and Prevention reported that rates of electronic cigarette use among U.S. youth more than doubled from 2011 to 2012, with 10 percent of high school students admitting to having used electronic cigarettes.[3]

WHEREAS, almost 76% of youth who had tried an electronic cigarette had also tried a regular cigarette. Altogether, in 2012 more than 1.78 million middle and high school students nationwide had tried electronic cigarettes.[3]

WHEREAS, while electronic cigarettes are likely to be less toxic than conventional cigarettes, their use poses threats to adolescents and fetuses of pregnant mothers using these devices.[4]

WHEREAS, the FDA conducted an analysis on samples of electronic cigarettes and components from two leading brands, which showed that the product contained detectable levels of known carcinogens and toxic chemicals to which users could potentially be exposed. The FDA's findings also suggested that quality control processes used to manufacture these products are inconsistent or non-existent.[5]

WHEREAS, according to FDA the electronic cigarette cartridges that were labeled as containing no nicotine had low levels of nicotine present in all cartridges tested, except one. [5]

WHEREAS, the American Association of Poison Control Centers reports that, through December 31, 2014, there have been 3,957 calls so far this year involving exposures to electronic cigarette devices and liquid nicotine. That is up from 1,542 in 2013, 460 in 2012 and 271 in 2011.[6]

WHEREAS, North Carolina, the number one tobacco producing state, taxes liquid nicotine at 5 cents per milliliter.[7]

WHEREAS, more than 100 studies from high-income countries clearly demonstrate that increases in taxes on cigarettes and other tobacco products lead to significant reductions in cigarette smoking and other tobacco use.[8]

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

Adopted by the Idaho Association of District Boards of Health
June 4, 2015

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[1]National Institute on Drug Abuse. (2014). Electronic Cigarettes (e-Cigarettes) [Fact Sheet]. Retrieved from http://www.drugabuse.gov/publications/drugfacts/electronic-cigarettes-e-cigarettes

[2]Duke, J. C., Lee, Y. O., Kim, A. E., Watson, K. A., Arnold, K. Y., Nonnemaker, J. M., & Porter, L. (2014). Exposure to electronic cigarette television advertisements among youth and young adults. *Pediatrics, 134*(1), e29-36. doi: 10.1542/peds.2014-0269

[3]Centers for Disease Control and Prevention (2013). E-cigarette use more than doubles among U.S. middle and high school students from 2011-2012. Retrieved from http://www.cdc.gov/media/releases/2013/p0905-ecigarette-use.html

[4]World Health Organization (2014, August). Backgrounder on WHO report on regulation of e-cigarettes and similar products. Retrieved from http://www.who.int/nmh/events/2014/backgrounder-e-cigarettes/en/

[5]U.S. Food and Drug Administration. (2014, April 22). Summary of Results: Laboratory Analysis of Electronic Cigarettes [Article]. Retrieved from http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm173146.htm

[6]American Association of Poison Control Centers. (2014, November). E-Cigarette Devices and Liquid Nicotine [Article]. Retrieved from http://www.aapcc.org/alerts/e-cigarettes/

[7]General Assembly of North Carolina Session 2013. §14-313 HB 1050 (2014)

[8]Chaloupka, F. J., Yurekli, A, Fong, G. T. (2012). Tobacco taxes as a tobacco control strategy. Tobacca Control, 2012;21:172-180 doi:10.1136/tobaccocontrol-2011-050417

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 1,800 Idahoans die from smoking-attributable deaths (1), (2); and

WHEREAS, 800 Idaho youth will become new smokers each year and 30,000 Idaho youth that are alive today will die from smoking (3,4); and

WHEREAS, Idaho's cigarette tax ranks 45nd 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 508 million in smoking-attributable medical costs and 433 million in smoking-attributable lost productivity costs annually (3); 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 (8):

THEREFORE, BE IT RESOLVED, that the Idaho Association of Boards of Health supports increasing the tobacco tax to enhance comprehensive tobacco prevention and control efforts to reduce youth and adult tobacco use rates.

Adopted by the Idaho Association of District Boards of Health
June 2007; Revised June 2010; Revised June 2011; Revised June 9, 2017
Updated from Resolution 11-00, 10-02, and 07-01

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1. U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Youth and Young Adults*: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012. Accessed on April 12, 2017.
2. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs*—2014. Accessed on April 12, 2017.
3. Campaign for Tobacco Free Kids. *Toll of Tobacco in the United States.* December 22, 2016. www.tobaccofreekids.org. Accessed on April 12, 2017.
4. Campaign for Tobacco Free Kids. *Key State-Specific Tobacco Related Data and Rankings.* December 22, 2016. www.tobaccofreekids.org. Accessed on April 12, 2017.
5. Campaign for Tobacco Free Kids. *State Cigarette Excise Tax Rates and Rankings.* December 22, 2016. www.tobaccofreekids.org. Accessed on April 12, 2017.
6. Campaign for Tobacco Free Kids. *Raising Cigarette Taxes Reduces Smoking, Especially Among Kids.* January 18, 2017. www.tobaccofreekids.org. Accessed on April 12, 2017.

7 - Campaign for Tobacco Free Kids. *Tobacco Tax Increases are a Reliable Source of Substantial New State Revenue.* December 23, 2013. www.tobaccofreekids.org. Accessed on April 12, 2017.

8 - Centers for Disease Control and Prevention. *Tobacco Control State Highlights, 2010*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010. Accessed on April 12, 2017.

Resolution 19-04
(16-03 Updated June 2019)

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

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

WHEREAS, Each year approximately 1,800 Idahoans die from tobacco use with 600 Idaho youth becoming new regular, daily smokers[2], and.

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

WHEREAS, nearly all smokers start as kids or young adults, and these age groups are heavily targeted by the tobacco industry[3], and

WHEREAS, Adolescents are more likely to obtain cigarettes from social sources than through commercial transactions, and youth who reported receiving offers of cigarettes from friends were more likely to initiate smoking and progress to experimentation[3], and

WHEREAS, In Idaho, e-cigarettes are the most commonly used "tobacco" product among Idaho students as 14.3% of students used an electronic vapor product in the past 30 days and nearly half of all Idaho high school students have used an electronic vapor product at least once during their lifetime[4], and

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

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

WHEREAS, As of June 2019, fifteen states – California, Hawaii, Massachusetts, Maine, New Jersey, Oregon, Virginia, Utah, Washington, Texas, Illinois, Delaware, Arkansas, Vermont and Maryland – have raised the tobacco age to 21, along with at least 440 localities, including New York City, Chicago, San Antonio, Boston, Washington, DC, Cleveland, Minneapolis, and both Kansas Cities[3]

WHEREAS, Smoking-caused health costs in Idaho total more than $508 million per year, including more than $100.5 million in state and federal Medicaid expenditures, and raising the age of legal access to tobacco products to age 21 will likely decrease overall tobacco use rates, which in turn will likely lead to reduced future tobacco-related health care costs[3], and

Resolution 19-04 continued

WHEREAS, The tobacco industry aggressively markets and promotes its products to continue recruiting young adults as new consumers. Despite legal settlements and laws, the tobacco companies still spend $9.5 billion per year to market their deadly and addictive products, and they continue to entice and addict America's youth[7], and

WHEREAS, The Institute of Medicine concluded that raising the age of legal access to tobacco products to 21 years of age will likely prevent or delay initiation of tobacco use by adolescents and young adults and predicted that raising the age now to 21 nationwide would result in approximately 223,000 fewer premature deaths, 50,000 fewer deaths from lung cancer, and 4.2 million fewer years of life lost for those born between 2000 and 2019[8], and

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

Adopted by the Idaho Association of District Boards of Health
June 2019
Replaced 16-03

1. U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General.(http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm) Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
2. The Toll of Tobacco in Idaho. (2017). Retrieved from www.tobaccofreekids.org.
3. (2019). Increasing the Minimum Legal Sale Age for Tobacco Products to 21. Retrieved from www.tobaccofreekids.org.
4. Idaho State Department of Education, Idaho Youth Risk Behavior Survey. (2017). Retrieved from http://www.sde.idaho.gov/student-engagement/school-health/files/youth/2017-Youth-Risk-Behavior-Survey-Results.pdf.
5. American Academy of Pediatrics, Julius B. Richmond Center of Excellence. Tools and Information, Tobacco 21. Retrieved from http://www2.aap.org/richmondcenter/Tobacco21.html.
6. U.S. Army. Stand-To! Edition November 20, 2012. Retrieved from http://www.army.mil/standto/archive/issue.php?issue=2012-11-20.
7. Tobacco Industry Marketing. Retrieved from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/marketing/index.htm.
8. Institute of Medicine. Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products. Washington, D.C: The National Academies of Press, 2015. doi: 10.17226/18997.

Other Community Health Issues

08-02	Resolution to Support Evidence-Based Nurse Home Visitation in Idaho
15-02	Resolution to Support Research on the Use of Medical Marijuana and Monitoring of the Public Health Impact of Medical Marijuana Legalization
17-01	Resolution Supporting Prevention of Excessive Alcohol Use
17-02	Resolution Concerning the Prevention of Opioid Drug Overdose through Prescriber Education
17-04	Resolution to Support a Tobacco Tax Increase in the State of Idaho
19-03	Resolution Opposing the Legalization of Recreational (Non-Medical) Marijuana
19-05	Resolution to Support the Recognition of Senior Cognitive Health as a Public Health Issue

RESOLUTION SUPPORTING PREVENTION OF EXCESSIVE ALCOHOL USE

WHEREAS, excessive alcohol use includes binge drinking (five or more drinks during a single occasion for men and four or more drinks in a single occasion for women), underage drinking, drinking while pregnant, and alcohol impaired driving[1]; and

WHEREAS, recognizing that children who consume alcohol before age 15 are four times more likely to develop alcohol dependence at some point in their lives versus children who abstain from alcohol until they are 21[1]; and

WHEREAS, excessive alcohol use still continues to play an important role in unintentional injuries, homicides, and suicides which are the leading causes of death among youth[2]; and

WHEREAS, recognizing that alcohol use is implicated in at least one-third of sexual assault and acquaintance or "date" rape cases among teen and college students[2]; and

WHEREAS, alcohol is more likely to be a factor in violence where the attacker and victim know each other (such as domestic violence). Two-thirds of victims who were attacked by an intimate partner (including a current or former spouse, boyfriend, or girlfriend) reported that alcohol had been involved, whereas only 31% of victimizations by strangers are alcohol-related [3]; and

WHEREAS, reports by the Center on Alcohol Marketing and Youth revealed that underage youth are heavily exposed to alcohol advertising on radio, in magazines, and on the Internet[2]; and

WHEREAS, recognizing the Idaho Youth Risk Behavior Surveillance Survey found that in 2015, 27% of high school students had at least one drink of alcohol during the 30 days prior to the survey[4]; and

WHEREAS, recognizing that in 2015, 15.5% of Idaho students engaged in binge drinking (defined as having five or more drinks in a row) during the 30 days prior to completing the survey[4]; and

WHEREAS, excessive drinking results in 437 deaths and 12,311 years of potential life lost each year in Idaho[5].

WHEREAS, the beer tax in Idaho was last changed in 1961 and is ranked 38th out of 50 states[6,7] and,

WHEREAS, the wine tax in Idaho began in 1971 and has not been changed since then and is ranked 36th out of 50 states[6,7].

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health support the best practice recommendations to decrease excessive alcohol use by raising state excise taxes on alcohol; restricting access to alcohol through increased compliance checks and responsible beverage service programs; and increasing community mobilization efforts to assess problems and resources needed to combat underage drinking.

Adopted by the Idaho Association of District Boards of Health
June 9, 2017
Replaced 15-01

1 Preventing Drug Abuse and Excessive Alcohol Use. National Drug Prevention Strategy, National Drug Council, May 2014.

2 Reducing Underage Alcohol Consumption. American Public Health Association Policy Statement, November 9, 2004.

3 Alcohol and Crime Fact Sheet. National Council of Alcoholism and Drug Dependence, Inc. https://ncadd.org/learn-about-alcohol/alcohol-and-crime. Accessed on February 25, 2015.

4 Centers for Disease Control and Prevention. 2013 Youth Risk Behavior Survey. Available at: www.cdc.gov/yrbs. Accessed on January 22, 2015.

5 Centers for Disease Control and Prevention. Prevention Status Reports 2013: Excessive Alcohol Use—Idaho. Atlanta, GA: US Department of Health and Human Services; 2014.

6 https://tax.idaho.gov/i-1021.cfm. Accessed on April 18, 2017

7 http://www.tax-rates.org/idaho/excise-tax. Accessed on April 18, 2017

Resolution 17-02

RESOLUTION CONCERNING THE PREVENTION OF OPIOID DRUG OVERDOSE THROUGH PRESCRIBER EDUCATION

WHEREAS, sales of prescription opioids in the U.S. nearly quadrupled form 1999 to 2014[1]**; and**

WHEREAS, in 2012, healthcare providers wrote 259 million prescriptions for painkillers, enough for every American adult to have a bottle of pills[2]; and

WHEREAS, during 2015, drug overdoses accounted for 52,404 U.S. deaths, of those, 63.1% involved an opioid[1]; and

WHEREAS, overall, more Americans die every year from drug overdoses than they do in motor vehicle crashes, making nonprescription use of opiates now the second most common cause of substance abuse disorder in the U.S.[6]; and

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

WHEREAS, per 100 people, Idaho healthcare providers prescribed 86 painkiller prescriptions in 2012[4]; and

WHEREAS, Idaho ranked 35th in the nation in 2014 for nonmedical use of prescription pain relievers among persons aged 12 years and older[3]; and out of the 35 states for which data are available, Idaho ranked 7th in high school students ever using prescription drugs without a doctor's prescription[3]; and

WHEREAS, in 2013, an Idahoan died every 39 hours from drugs, more than tripling the drug-induced death rate since 2000[5]; 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. The Idaho Public Health Districts will provide prescriber education on the opioid epidemic and encourage active use of Idaho's Prescription Monitoring Program (PMP).

Adopted by the Idaho Association of District Boards of Health
June 9, 2017
Replaced 13-02

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1. Centers for Disease Control and Prevention. Increases in Drug and Opioid-Involved Overdose Deaths -- United States, 2010-2015. MMWR 2016; 65(50-51);1445–1452.
2. Centers for Disease Control and Prevention: Vital Signs: Opioid Painkiller Prescribing ---United States, July, 2014
3. Idaho Office of Drug Policy (2016). Substance Abuse Prevention Needs Assessment, Idaho.
4. IMS, National Prescription Audit (NPA™), 2012.
5. Idaho Vital Statistic. (2013)
6. Centers for Disease Control and Prevention: Leading Causes of Death – United States 1999-2015.

Resolution 19-03
(17- 03 Updated June 2019)

RESOLUTION OPPOSING THE LEGALIZATION OF RECREATIONAL (NON-MEDICAL) MARIJUANA

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

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

WHEREAS, the sale, distribution, and possession of marijuana remains illegal under State and federal law; and

WHEREAS, studies from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, establishes that marijuana, like cigarettes, is addictive[1]; and

WHEREAS, recent analysis from the National Institute on Drug Abuse reveals the potency of marijuana has reached the highest level since scientific analysis of the drug began, with tetrahydrocannabinol (THC) [the principal psychoactive constituent of the cannabis plant] amounts rising from 4 percent in 1980s to 15 percent in 2012[2]; and

WHEREAS, marijuana concentrates, with potencies of 90 percent THC and above, [3] are becoming more and more common in states that have legalized marijuana, sold on their own or as part of kid-friendly edible products like candy, lollipops, and gummy bears indistinguishable from non-pot-laced products; and

WHEREAS, the higher potency of today's marijuana may be contributing to the substantial increase in the number of teenagers and adults in treatment for marijuana dependence[4]; and

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[1] "Is marijuana addictive?" *National Institute on Drug Abuse (NIDA).* Web. 24 May 2016. Available at http://www.drugabuse.gov/publications/research-reports/marijuana/marijuana-addictive.
[2] "Marijuana: Facts Parents Need to Know," *National Institute on Drug Abuse (NIDA).* Web. 24 May 2016. Available at https://www.drugabuse.gov/publications/marijuana-facts-parents-need-to-know/want-to- know-more-some-faqs-about-marijuana.
[3] "Concentrates 101: What's on the market, from kief and CO2 oil to BHO." *The Cannabist.* Web. 24 May 2016. Available at http://www.thecannabist.co/2015/06/19/marijuana-concentrates-kief-bho-water-hash- co2-oil-wax-shatter/36386/.
[4] *See, e.g.*, van der Pol, et al. (2014), Cross-sectional and prospective relation of cannabis potency, dosing and smoking behaviour with cannabis dependence: an ecological study. Addiction, 109: 1101–1109.

WHEREAS, in the first two years of legalization in Colorado, arrests of Hispanic and African-American minors rose 29 percent and 58 percent, respectively[6]; and

WHEREAS, marijuana shops that sell kid-friendly pot products like candy, lollipops, and gummy bears near where children live, are a risk to public health and safety; and

WHEREAS, Colorado, one of the first states to legalize marijuana, now ranks first in the nation for marijuana use among 12 to 17 year-olds, according to SAMHSA[7]; and

WHEREAS, marijuana use by minors is strongly associated with other illicit drug use and abuse/dependence,[8] as well as dependence on tobacco[9]; and

WHEREAS, adults who use marijuana are five times more likely to develop an alcohol problem[10]; and

WHEREAS, scientific research establishes that marijuana use is harmful to the adolescent brain, affecting memory, thinking, pleasure, concentration, learning, sensory and time perception, and coordinated movement[11]; and

[6] Colorado Department of Public Safety. *Marijuana Legalization in Colorado, Early Findings: A Report Pursuant to Senate Bill 13-283.* N.p.: n.p., n.d. Mar. 2016. Web. 25 May 2016. Available at http://cdpsdocs.state.co.us/ors/docs/reports/2016-SB13-283-Rpt.pdf.

[7] "National Survey on Drug Use and Health: Comparison of 2012-2013 and 2013-2014 Population Percentages (50 States and the District of Columbia)." 2013-2014 *National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia).* SAMHSA, n.d. Web. 25 May 2016. Available at: http://www.samhsa.gov/data/sites/default/files/NSDUHsaeShortTermCHG2014/NSDUHsaeShortTermCHG2014.htm.

[8] Agrawal A, Neale MC, Prescott CA, Kendler KS. A twin study of early cannabis use and subsequent use and abuse/dependence of other illicit drugs. *Psychol Med.* 2004;34(7):1227-1237.

[9] Panlilio LV, Zanettini C, Barnes C, Solinas M, Goldberg SR. Prior exposure to THC increases the addictive effects of nicotine in rats. *Neuropsychopharmacol Off Publ Am Coll Neuropsychopharmacol.* 2013;38(7):1198-1208.

[10] Weinberger, Andrea H., Jonathan Platt, and Renee D. Goodwin. "Is Cannabis Use Associated With An Increased Risk Of Onset And Persistence Of Alcohol Use Disorders? A Three-Year Prospective Study Among Adults In The United States". *Drug and Alcohol Dependence* 161 (2016): 363-367. Web. 25 May 2016.

[11] *See, e.g.*, "DrugFacts: Marijuana." *DrugFacts*. *National Institute on Drug Abuse (NIDA),* Mar. 2016. Web. 24 May 2016. Available at https://www.drugabuse.gov/publications/drugfacts/marijuana; Medina et al. "Neuropsychological Functioning in Adolescent Marijuana Users: Subtle Deficits Detectable after a Month of Abstinence." *Journal of the International Neuropsychological Society : JINS*13.5 (2007): 807– 820. *PMC*. Web. 24 May 2016, available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2269704/.

WHEREAS, primary marijuana abuse accounted for 56 percent of all substance abuse treatment admissions for youth between 15-19 years of age, compared to 24 percent for alcohol, according to SAMHSA 2007 National Treatment Episode Data Set[12]; and

WHEREAS, the American Medical Association (AMA), the largest national physician organization in the country, pursuant to H-95.998 AMA Policy Statement on Cannabis, believes that (1) cannabis is a dangerous drug and as such is a public health concern; (2) sale of cannabis should not be legalized; (3) public health based strategies, rather than incarceration, should be utilized in the handling of individuals possessing cannabis for personal use; and (4) additional research should be encouraged[13]; and

WHEREAS, research by J. Jacobus and S. Bava on the functional consequences of marijuana use by adolescents establishes that marijuana use reduces inhibitions and can lead to risky behaviors, distorted perception, impaired coordination, and can cause difficulty with thinking, problem solving and difficulty with learning and memory[14]; and

WHEREAS, the threat to public safety caused by use of drugs, including marijuana, in terms of highway safety, criminal activity and domestic violence are well-documented; and

WHEREAS, according to the AAA Foundation for Traffic Safety, marijuana-related traffic fatalities in Washington state doubled from 2012, the year it legalized recreational (non-medical) marijuana, to 2014[15];

WHEREAS, according to the office of the Rocky Mountain High-Intensity Drug Trafficking Area, traffic fatalities in Colorado in which a driver tested positive for marijuana increased an average of 15 percent per year from 2009 (when medical marijuana became widely commercialized) to 2014[16];

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[12] "Treatment Episode Data Set (TEDS) 1997-2007." *Substance Abuse and Mental Health Services Administration, Office of Applied Studies.* August 2009. Web. 24 May 2016. Available at http://wwwdasis.samhsa.gov/teds07/TEDS2k7A508Web.pdf.

[13] "H-95.998 AMA Policy Statement on Cannabis." *American Medical Association.* Web. Available at http://www.ama-assn.org/ssl3/ecomm/PolicyFinderForm.pl?site=www.ama-assn.org&uri=/resources/html/PolicyFinder/policyfiles/HnE/H-95.998.HTM.

[14] Jacobus, J., S. Bava, M. Cohen-Zion, O. Mahmood, and S.f. Tapert. "Functional Consequences of Marijuana Use in Adolescents." *Pharmacology Biochemistry and Behavior* 92.4 (2009): 559-65. Available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2697065/.

[15] "Prevalence of Marijuana Use Among Drivers in Fatal Crashes: Washington, 2010-2014." *AAA Foundation for Traffic Safety*. N.p., May 2016. Web. 23 May 2016. Available at https://www.aaafoundation.org/prevalence-marijuana-use-among-drivers-fatal-crashes-washington-2010- 2014.

[16] "The Legalization of Marijuana in Colorado: The Impact, vol. 3," *Rocky Mountain High-Intensity Drug Trafficking Area* (Sep. 2015) (citing data from National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS), 2006-2013 and CDOT/RMHIDTA 2014). Available at http://www.rmhidta.org/html/2015%20final%20legalization%20of%20marijuana%20in%20colorado%20the%20impact.pdf.

WHEREAS, according to Quest Diagnostics, employers in the states of Colorado and Washington have rates of positive workplace marijuana tests well above the national average, and that rate is growing faster in both states than in the United States as a whole[17]; and

WHEREAS, the Idaho Association of District Boards of Health believes the effort to legalize marijuana is contrary to the interests of the public health, safety and welfare of its citizens, and desires to preserve the rights of citizens to live, work and play in communities where drug abuse is not accepted and citizens are not subjected to the adverse effects of drug abuse; and

NOW, THEREFORE, be it RESOLVED, that the Idaho Association of District Boards of Health opposes legalizing the production, sale, distribution and possession of recreational (non-medical) marijuana, hashish, marijuana concentrates, and products made from marijuana concentrates.

Adopted by the Idaho Association of District Boards of Health
June 2019
Updated Resolution 17-03

[17] "Press Releases." *Quest Diagnostics Newsroom*. Quest Diagnostics, 11 Sept. 2014. Web. 24 May 2016. Available at http://newsroom.questdiagnostics.com/2014-09-11-Workforce-Drug-Test-Positivity-Rate-Increases-for-the-First-Time-in-10-Years-Driven-by-Marijuana-and-Amphetamines-Finds-Quest- Diagnostics-Drug-Testing-Index-Analysis-of-Employment-Drug-Tests.

RESOLUTION TO SUPPORT THE RECOGNITION OF SENIOR COGNITIVE HEALTH AS A PUBLIC HEALTH ISSUE.

WHEREAS, 5.8 million Americans are living with Alzheimer's. The number of older adults with Alzheimer's disease is expected to nearly triple over the next 40 years; and

WHEREAS, Every 65 seconds someone in the United States develops Alzheimer's; and

WHEREAS, Dementia is a general term for conditions that cause loss of memory severe enough that they may impact a person's ability to carry out daily activities. Alzheimer's Disease is a type of dementia that causes problems with memory, thinking, language, and behavior. It may begin with mild memory loss, and symptoms can slowly worsen over time; and

WHEREAS, Alzheimer's Disease is the 6th leading cause of death. Between 2000 and 2017 deaths from Alzheimer's disease increased 145% nationally, and 157% increase in Idaho; and

WHEREAS, Alzheimer's and related dementias have wide-ranging impacts not only on those with the disease, their families and caregivers, but also on communities and health-care systems; and

WHEREAS, Nationally, more than 16 million Americans provide unpaid care for people with Alzheimer's or other dementias. These caregivers provide an estimated 18.5 billion hours valued at nearly $234 billion dollars. In Idaho more than 85,000 caregivers provide an estimated $1.2 Billion Dollars in unpaid care.

WHEREAS, In 2019, Alzheimer's and other cognitive health issues will cost the nation $290 billion dollars. By 2050, these costs could rise as high as $1.1 trillion dollars.

THEREFORE BE IT RESOLVED, Public Health recognizes Senior Cognitive Health as a Public Health issue and encourages prevention efforts through health education programs and public policy.

Adopted by the Idaho Association of District Boards of Health
June 2019

Matthews, K. A., Xu, W., Gaglioti, A. H., Holt, J. B., Croft, J. B., Mack, D., & McGuire, L. C. (2018). Racial and ethnic estimates of Alzheimer's disease and related dementias in the United States (2015–2060) in adults aged≥ 65 years. Alzheimer's & Dementia. https://doi.org/10.1016/j.jalz.2018.06.3063External
Xu J, Kochanek KD, Sherry L, Murphy BS, Tejada-Vera B. Deaths: final data for 2007. National vital statistics reports; vol. 58, no. 19. Hyattsville, MD: National Center for Health Statistics. 2010.
Heron M. Deaths: leading causes for 2010. National vital statistics reports; vol. 62, no 6. Hyattsville, MD: National Center for Health Statistics. 2013.

Hurd MD, Martorell P, Delavande A, Mullen KJ, Langa KM. Monetary costs of dementia in the United States. NEJM. 2013;368(14):1326-34.

Tejada-Vera B. Mortality from Alzheimer's disease in the United States: data for 2000 and 2010. NCHS data brief, no 116. Hyattsville, MD: National Center for Health Statistics. 2013.
James BD. Leurgans SE, Hebert LE, et al. Contribution of Alzheimer disease to mortality in the United States. Neurology. 2014;82:1-6.

Alzheimer's Association. Prevention and Risk of Alzheimer's and Dementia. Accessed July 16, 2015 from website: http://www.alz.org/research/science/alzheimers_prevention_and_risk.asp

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity. Physical Activity is Essential to Healthy Aging. Accessed September 1, 2015 from website: http://www.cdc.gov/physicalactivity/basics/older_adults/

Centers for Disease Control and Prevention. Older Adults Falls: Get the Facts. Accessed June 10, 2015 from website: http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html

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Resolution 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 99-02

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 00-01

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 00-04

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 that 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 05-01

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.

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

Archived 2008

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*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.

Resolution 08-03

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 09-04

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 10-01

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.

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

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[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 Institue, 2008

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

Archived June 9, 2016

Resolution 14-02

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[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

Archived June 9, 2016

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

Resolution 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

Archived June 9, 2016

Resolution 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 obese[1]; and

WHEREAS, 29% of Idaho third grade students were classified as overweight or obese in 2011-12[2], 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 day[1] 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 Survey[3]; 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 billion[4]; 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 2014[5]; and

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

Resolution 14-04 (continued)

[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, Trogdon, 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,

Resolution 16-01

RESOLUTION TO SUPPORT HEALTH INSURANCE COVERAGE FOR LOW INCOME IDAHOANS

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

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

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

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

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

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

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

WHEREAS, health insurance coverage for the 78,000 Idahoans who fall in the coverage gap would remove the tax burden to Idaho taxpayers for the nearly $36 million that is currently being paid by the state catastrophic health care program and county medically indigent program[6]; and

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

Adopted by the Idaho Association of District Boards of Health
June 9, 2016, Archived June 2019

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[1]World Health Organization, Trade, foreign policy, trade and health: Public Health, http://www.who.int/trade/glossary/story076/en/.html. Accessed on March 15, 2016.

[2]Idaho Workgroup on Medicaid Redesign Options to Provide Healthcare Services to Low-income Idaho Adults, Report 2, December 4, 2014, http://gov.idaho.gov/pdf/1204%20Medicaid%20Workgroup%20Report.pdf.

[3]Wilper, A. P., Woolhandler, S., Lasser, K. E., McCormick, D., Bor, D. H., & Himmelstein, D. U. (2009). "Health Insurance and Mortality in US Adults," American Journal of Public Health, 99(12), 2289–2295, http://doi.org/10.2105/AJPH.2008.157685 and http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2775760/.

[4]From Peterson, S. Presentation: "The Economic Impacts of Medicaid and Proposed Medicaid Expansion Presented to: The Governor's Workgroup to Evaluate Medicaid Eligibility Redesign Options", pg 18, August 14, 2014, http://www.healthandwelfare.idaho.gov/Portals/0/AboutUs/FromTheNewsroom/0814_PetersonMedicaidExp.pdf.

[5]Bernstein, J., Chollet, D., & Peterson, S. "Does Insurance Coverage Improve Health Outcomes?" Mathematica Policy Research, Inc., no.1, April 210, http://www.mathematica-mpr.com/~/media/publications/PDFs/health/reformhealthcare_ib1.pdf.

[6]Christensen, Roger S. Catastrophic Health Care Cost Program, Joint Finance & Appropriations Committee Presentation, January 21, 2016, http://gov.idaho.gov/pdf/1204%20Medicaid%20Workgroup%20Report.pdf. Accessed March 16, 2016.

Resolution 18-01

RESOLUTION IN SUPPORT OF A MEDICAID FAMILY PLANNING WAIVER OR STATE PLAN AMENDMENT

WHEREAS, Uninsured women who became eligible for Medicaid as a result of pregnancy had significantly higher rates of unintended pregnancy (45%) compared to those that were privately insured or self-pay for prenatal care and/or delivery (19%)[1]; and

WHEREAS, in 2015, Medicaid funded 43% of all births, and 54% of infants and newborns have Idaho Medicaid coverage[2]; and

WHEREAS, twenty-six states have obtained federal approval for Medicaid family planning coverage for populations not covered by their traditional Medicaid plan[3]; and

WHEREAS, the findings of a multi-state evaluation of state-initiated programs expanding eligibility for Medicaid-covered family planning services found that all states experienced substantial cost savings[4]; and

WHEREAS, the same study found that increasing family planning coverage has expanded the network of family planning providers and their capacity to meet the need for services while reducing unintended pregnancies[4]; and

WHEREAS, the federal Hyde Amendment, passed in 1977, bans state use of federal Medicaid dollars to pay for abortions unless the pregnancy is the result of rape or incest, or the abortion is necessary to save the life of the woman; and

WHEREAS, women and infants experience adverse outcomes as a result of unintended pregnancies[5]; and

THEREFORE, BE IT RESOLVED that the Idaho Association of District Boards of Health supports the state of Idaho applying for a Medicaid Family Planning Waiver or pursuing a Medicaid State Plan Amendment to include family planning coverage for low income individuals.

Adopted by the Idaho Association of District Boards of Health
June 14, 2018, Archived June 2019

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[1]Idaho Department of Health and Welfare. Division of Medicaid. Bureau of Financial Operations. Office of Program Analytics.
[2] Pregnancy Risk Assessment Tracking System (PRATS). 2015 Annual Report. http://healthandwelfare.idaho.gov/Portals/0/Health/Statistics/Prats/2015PRATSAnnualReport.pdf
[3]Medicaid Family Planning Eligibility Expansion, State Policies in Brief, as of June 1, 2017, Guttmacher Institute.
[4]Sonfield, A. & Gold, R. B. (2011). *Medicaid Family Planning Expansions: Lessons Learned and Implications for the Future*. Guttmacher Institute.
[5]Brown, S. S, & Eisenberg, L. (1195). *The best intentions: unintended pregnancy and the well-being of children and families.* Washington, DC: The National Academy Press. https://doi.org/10.17226/4903.

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
Archived - 15-04 Resolution Supporting the Strengthening of Immunization Exemption Language

Resolution 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 98-04

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 03-01

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 03-02

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 06-05

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 06-08

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 07-05

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.

Resolution 09-03

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

Resolution 15-04

RESOLUTION SUPPORTING THE STRENGTHENING OF IMMUNIZATION EXEMPTION LANGUAGE

WHEREAS, Immunizations are heralded as one of the 20th century's most cost-effective public health achievements. Immunizations protect both individuals and the larger population, especially those people who have immune system disorders and cannot be vaccinated; and

WHEREAS, School vaccination requirements have been a key factor in the prevention and control of vaccine-preventable diseases in the United States; and

WHEREAS, All 50 states have adopted compulsory immunization laws for school children and also established some type of waiver or exemption; (1) and

WHEREAS, Forty-eight states allow religious exemptions (all but Mississippi and West Virginia); (2) and

WHEREAS, the Supreme Court noted in *Yoder*: "to have the protection of the Religion Clauses, the claims must be rooted in religious belief" (3) (406 U.S. at 215, 92 S.Ct. at 1533); and

WHEREAS, 20 states (Arizona, Arkansas, California, Colorado, Idaho, Louisiana, Maine, Michigan, Missouri, Minnesota, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Texas, Utah, Vermont, Washington, and Wisconsin) permit philosophic exemptions; (2) and

WHEREAS, in recent years, state legislatures have considered numerous bills to restrict the personal belief exemptions. In Washington, California and Vermont, parents who want to claim an exemption must now get a statement with the doctor's signature stating they have discussed risks and benefits with parents. (1)

WHEREAS, Idaho has the second highest rate of children enrolled in kindergarten with exemptions from vaccinations; (4)

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health support the strengthening of Immunization Exemption Language by strengthening the current philosophical/personal belief exemption with additional education and signatory requirements.

Adopted by the Idaho Association of District Boards of Health
June 4, 2015, Archived June 2019

7. The Network for Public Health Law. Compulsory Immunization Waiver Requirements. May 2014.
8. The Network for Public Health Law. Exemptions from School Immunization Requirements: Western Region Resource Table. June 25, 2014.
9. National Conference of State Legislators. States with Religious and Philosophical Exemptions from schools immunization requirements. http://www.ncsl.org/research/health/school-immunization-exemption-state-laws.aspx. 2/23/15
10. Supreme Court ruling 406 U.S. at 215, 92 S.Ct. at 1533
11. Vaccination Coverage Among Children in Kindergarten – United States, 2013-14 School Year. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6341a1.htm

Definitions:

Religious exemption indicates that there is a provision in the statute that allows parents to exempt their children from vaccination if it contradicts their sincere religious beliefs.

Philosophical exemption indicates that the statutory language does not restrict the exemption to purely religious or spiritual beliefs. For example may include: "moral, philosophical, parental or other personal beliefs,"

No constitutional right exists to either a religious or philosophic exemption to these requirements, although most states allow religious exemptions and several allow philosophic exemptions; “Religious” may be defined broadly enough to incorporate some amount of philosophic opposition but should not be interpreted to bring purely secular-based “philosophic” opposition to vaccination within the meaning of religion.

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
Archived - 13-02 Resolution to Support Food Establishment License Fee
Archived - 14-06 Resolution to Support a Food Establishment License Fee Increase

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Resolution 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 98-02

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 01-01

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 06-03

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 06-04

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 sunsetting 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 07-03

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 07-04

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 09-01

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.

Resolution 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 productively range from $51 to $77.7billion; 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)

Archived June 9, 2016

Resolution 16-02

RESOLUTION TO REMOVE THE FOOD ESTABLISHMENT LICENSE FEE IN IDAHO CODE

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

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

WHEREAS, foodborne illness poses a $77.7 billion economic burden in the United States annually[2], and

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

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

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

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

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

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

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[1]Centers for Disease Control and Prevention. "Estimates of Foodborne Illness Illness in the United States," page last updated January 8, 2014, accessed March 16, 2016, http://www.cdc.gov/foodborneburden/.

[2]Bottemiller, H. "Annual Foodborne Illnesses Cost $77 Billion, Study Finds, Food Safety News," (January 3, 2012),
accessed March 16, 2016. http://www.foodsafetynews.com/2012/01/foodborne-illness-costs-77-billion-annually-study- finds/#.Vum0BNIrKcN

Injury Prevention

Archived - 00-02 Resolution to Support a Primary Seat Belt Law
Archived - 09-08 Resolution to Support Motorcycle Helmet Law

Resolution 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 44[1]; 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

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[1] Idaho Vital Statistics 1998, Center for Vital Statistics and Health Policy, pp 60-61.

Resolution 09-08

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.

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

Archived 2011

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

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

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Resolution 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 06-01

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 06-07

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 desirous 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 <u>not less than</u> eight (8) members <u>or more than nine (9) members…"</u>

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

Archived 2008

Resolution 09-09

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 - 11-00	Resolution to Support a Tobacco Tax Increase in the State of Idaho
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
Archived – 16-03	Resolution to Support Raising the Minimum Age of Legal Access and Use of Tobacco Products in Idaho to Age 21

Resolution 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 97-02

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 98-01

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 99-01

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 99-02

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 02-02

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 04-02

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 06-06

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.

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

Archived 2011

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.

Resolution 11-00

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
Updated from Resolution 07-01, 10-02
Replaced with 17-04

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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

Resolution 11-01

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

Resolution 16-03

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

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

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

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

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

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

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

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

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

WHEREAS, Smoking-caused health costs in Idaho total more than $508 million per year, including more than $100.5 million in state and federal Medicaid expenditures, and raising the age of legal access to tobacco products to age 21 will likely decrease overall tobacco use rates, which in turn will likely lead to reduced future tobacco-related health care costs[2], and

Resolution 16-03 (continued)

WHEREAS, The tobacco industry aggressively markets and promotes its products to continue recruiting young adults as new consumers. Despite legal settlements and laws, the tobacco companies still spend $9.6 billion per year to market their deadly and addictive products, and they continue to entice and addict America's youth. According to the U.S. Surgeon General, the more young people are exposed to cigarette advertising and promotional activities, the more likely they are to smoke. More than 80% of underage smokers choose brands from among the top three most heavily advertised[7], and

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

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

Adopted by the Idaho Association of District Boards of Health
June 2016

U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General.(http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm) Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

The Toll of Tobacco in Idaho. (2015). Retrieved from www.tobaccofreekids.org.

Knox, B. (2016). Increasing the Minimum Legal Sale Age for Tobacco Products to 21. Retrieved from www.tobaccofreekids.org.

Idaho State Department of Education, Idaho Youth Risk Behavior Survey. (2015). Retrieved from https://sde.idaho.gov/student-engagement/shared/2015-Youth-Risk-Behavior-Survey-Results.pdf.

American Academy of Pediatrics, Julius B. Richmond Center of Excellence. Tools and Information, Tobacco 21. Retrieved from http://www2.aap.org/richmondcenter/Tobacco21.html.

U.S. Army. Stand-To! Edition November 20, 2012. Retrieved from http://www.army.mil/standto/archive/issue.php?issue=2012-11-20.

Tobacco Industry Marketing. Retrieved from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/marketing/index.htm.

Institute of Medicine. Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products. Washington, D.C: The National Academies of Press, 2015. doi: 10.17226/18997.

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
Archived - 13-02 Resolution Concerning the Prevention of Prescription Drug Abuse
Archived - 14-05 Resolution to Oppose the Use of Recreational Marijuana in Idaho
Archived - 15-01 Resolution Supporting Prevention of Excessive Alcohol Use
Archived - 15-02 Resolution to Support Research on the Use of Medical Marijuana and Monitoring of the Public Health Impact of Medical Marijuana Legalization

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Resolution 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

Resolution 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.

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

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

Resolution 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 04-01

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 05-02

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 07-02

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 09-06

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.

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.

1. 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.

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

Archived June 9, 2017 (replaced by 17-02)

Resolution 13-02 (continued)

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.

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

Archived June 9, 2017
Replaced by 17-03

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.

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.

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

Meier et al., "Adolescent-onset cannabis and neuropsychological health." *Proceedings of the National Academy of Sciences*. [August 27, 2012].

Mehmedic, Zlatko, et al., "Potency Trends for Δ9-THC and Other Cannabinoids in Confiscated Cannabis Preparations from 1993 to 2008." Journal of Forensic Sciences, Vol. 55, No. 5. [September 2010].

Meier et al., "Adolescent-onset cannabis and neuropsychological health." *Proceedings of the National Academy of Sciences*. [August 27, 2012].

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].

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

Resolution 15-01

RESOLUTION SUPPORTING PREVENTION OF EXCESSIVE ALCOHOL USE

WHEREAS, excessive alcohol use includes binge drinking (five or more drinks during a single occasion for men and four or more drinks in a single occasion for women), underage drinking, drinking while pregnant, and alcohol impaired driving[1]; and

WHEREAS, recognizing that children who consume alcohol before age 15 are four times more likely to develop alcohol dependence at some point in their lives versus children who abstain from alcohol until they are 21[1]; and

WHEREAS, excessive alcohol use still continues to play an important role in unintentional injuries, homicides, and suicides which are the leading causes of death among youth[2]; and

WHEREAS, recognizing that alcohol use is implicated in at least one-third of sexual assault and acquaintance or "date" rape cases among teen and college students[2]; and

WHEREAS, alcohol is more likely to be a factor in violence where the attacker and victim know each other (such as domestic violence). Two-thirds of victims who were attacked by an intimate partner (including a current or former spouse, boyfriend, or girlfriend) reported that alcohol had been involved, whereas only 31% of victimizations by strangers are alcohol-related [3]; and

WHEREAS, reports by the Center on Alcohol Marketing and Youth revealed that underage youth are heavily exposed to alcohol advertising on radio, in magazines, and on the Internet[2]; and

WHEREAS, recognizing the Idaho Youth Risk Behavior Surveillance Survey found that in 2013, 28% of high school students had at least one drink of alcohol during the 30 days prior to the survey[4]; and

WHEREAS, recognizing one in five (18%) Idaho students engaged in binge drinking (defined as having five or more drinks in a row) during the 30 days prior to completing the survey[4]; and

WHEREAS, excessive drinking results in 437 deaths and 12,311 years of potential life lost each year in Idaho[5].

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health support the best practice recommendations to decrease excessive alcohol use by raising state excise taxes on alcohol; restricting access to alcohol through increased compliance checks and responsible beverage service programs; and increasing community mobilization efforts to assess problems and resources needed to combat underage drinking. The proceeds collected from the tax shall be dedicated to substance abuse prevention or treatment programs.

Resolution 15-01

Adopted by the Idaho Association of District Boards of Health
June 4, 2015

Archived 2017

Replaced by 17-01

1. Preventing Drug Abuse and Excessive Alcohol Use. National Drug Prevention Strategy, National Drug Council, May 2014.

2. Reducing Underage Alcohol Consumption. American Public Health Association Policy Statement, November 9, 2004.

3. Alcohol and Crime Fact Sheet. National Council of Alcoholism and Drug Dependence, Inc. https://ncadd.org/learn-about-alcohol/alcohol-and-crime. Accessed on February 25, 2015.

4. Centers for Disease Control and Prevention. 2013 Youth Risk Behavior Survey. Available at: www.cdc.gov/yrbs. Accessed on January 22, 2015.

5. Centers for Disease Control and Prevention. Prevention Status Reports 2013: Excessive Alcohol Use—Idaho. Atlanta, GA: US Department of Health and Human Services; 2014.

Resolution 15-02

RESOLUTION TO SUPPORT RESEARCH ON THE USE OF MEDICAL MARIJUANA AND MONITORING OF THE PUBLIC HEALTH IMPACT OF MEDICAL MARIJUANA LEGALIZATION

WHEREAS, as of December 2014, 23 states and the District of Columbia have enacted laws to legalize medical use of marijuana.

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

WHEREAS, marijuana has been used to treat certain health conditions such as glaucoma and seizure disorders.[(2)]

WHEREAS, Tetrahydrocannabinol (THC) and marijuana are promoted to relieve pain, control nausea and vomiting, and stimulate appetite in people with cancer and AIDS.[(3)]

WHEREAS, cannabidiol, an active chemical in marijuana, may help prevent cancer from spreading.[(4)]

WHEREAS, marijuana may be able to slow the progression of Alzheimer's disease.[(5)]

WHEREAS, THC, the active chemical in marijuana, has been shown to slow the formation of amyloid plaques by blocking the enzyme in the brain that makes them.[(6)]

WHEREAS, Marijuana may ease painful symptoms of multiple sclerosis.[(7)]

WHEREAS, a 2006 study in the European Journal of Gastroenterology and Hepatology[(8)] found that 86% of patients using marijuana successfully completed their Hep C therapy, while only 29% of non-smokers completed their treatment. Marijuana also may improve the treatment's effectiveness.

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

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

Adopted by the Idaho Association of District Boards of Health
June 4, 2015, Archived June 2019

[1]National Institutes of Health, National Institute of Drug Abuse. Retrieved from http://www.drugabuse.gov/publications/drugfacts/marijuana-medicine

[2]Rappold, Scott . R. (April 2, 2014). Legalize Medical Marijuana, Doctors Say in Survey. [Article]. Retrieved from http://www.webmd.com/news/breaking-news/marijuana-on-main-street/20140225/webmd-marijuana-survey-web

[3]America Cancer Socity. Retreived from http://www.cancer.org/treatment/treatmentsandsideeffects/complementaryandalternativemedicine/herbsvitaminsandminerals/marijuana

[4]California Pacific Medical Center in San Francisco. (2007, November 6). Cannabidiol as a novel inhibitor of Id-1 gene expression in aggressive breast cancer cells. [Report]. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/18025276

[5] Scripps Research Institute. (2005, August 9). *Marijuana's Active Ingredient Shown to Inhibit Primary Marker of Alzheimer's Disease Discovery Could Lead to More Effective Treatments* [News Release]. Retrieved from http://www.scripps.edu/news/press/2006/080906.html

[6]2006 Study, Jounral Molecular Parmaceutics. (2006, August 9). A Molecular Link between the Active Component of Marijuana and Alzheimer's Disease Pathology. [Article]. Retrieved from http://pubs.acs.org/doi/abs/10.1021/mp060066m?journalCode=mpohbp

[7]Canadian Medical Association Journal. (2012 May 14). Marijuana may ease multiple sclerosis symptoms [Article]. Retrieved from http://www.reuters.com/article/2012/05/14/us-marijuana-sclerosis-idUSBRE84D0RS20120514

[8]2005 sudy in the European Journal of Gastroenterology and Hepatology. (October 2006). Cannabis use improves retention and virological outcomes in patients treated for hepatitis C. Retrieved from http://journals.lww.com/eurojgh/pages/articleviewer.aspx?year=2006&issue=10000&article=00005&type=abstract

[i] National Association of County & City Health Officials (NACCHO), Statement of Policy 07-13. (July, 2010) Retrieved April 16, 2019 from https://www.naccho.org/uploads/downloadable-resources/07-13-Nurse-Home-Visiting-Programs.pdf

[ii] Washington State Institute of Public Policy. Benefit-Cost Results. Available at: http://www.wsipp.wa.gov/BenefitCost?topicId=9

[iii] Office of Planning, Research, & Evaluation. Home Visiting Evidence of Effectiveness Review: Executive Summary & Brief - April 2017. Retrieved on November 21, 2007 from https://www.acf.hhs.gov/opre/resource/home-visiting-evidence-of-effectiveness-review-executive-summary-brief-april-2017

[iv] Ibid.

[v] MMWR Recommendations and Reports. (October, 2003). First reports evaluating the effectiveness of strategies for preventing violence: early childhood home visitation: Findings from the Task Force on Community Preventive Services. Retrieved on April 16, 2019 from https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5214a1.htm

[vi] Wagner M, L.E. (2001). *The multisite evaluation of the Parents as Teachers home visiting program: three-year findings from on community.* Menlo Park, CA: SRI International.

[vii] Drazen S, H. M. (1993). *Raising reading readiness in low-income children.* Ithaca, NY: Cornell University.

[viii] Eckenrode J, Campa M, Luckey DW, Henderson CR Jr, Cole R, Kitzman H, ansopn E, Sidora-Aroleo K, Powers J, Olds D, "Long-term effects of prenatal and infancy nurse home visitation on the life course of youths: 19-year follow-up of a randomized trial". Arch Pediatr Adolesc Med. 201- Jan; 164(1):9-15

[ix] Karoly, L. A., Kilburn, M. R., & Cannon, J. S. (2005). Early Childhood Interventions: Proven Results, Future Promise. RAND Corporation. Retrieved on April 16, 2019 from https://www.rand.org/content/dam/rand/pubs/monographs/ 2005/RAND_MG341.pdf

[x] King, A. (December, 2016). Coverage of maternal infant, and early childhood home visiting services. Retrieved on April 16, 2019 from https://nashp.org/coverage-of-maternal-infant-and-early-childhood-home-visiting-services/

[xi] 11 Ibid