



Welcome to Public Health

An Orientation Manual For Board of Health Members



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Board of Health Orientation Manual

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WHAT IS PUBLIC HEALTH?

What are Public Health Districts?

Public Health Districts are the direct result of a partnership agreement between the legislature and the counties. In Idaho, there are seven independent Public Health Districts, which cover all of Idaho's 44 counties. The Public Health Districts provide preventive health services and education for healthy life-style choices to the residents of the counties. The Public Health District contract and partner with the Department of Health and Welfare and the Department of Environmental Quality to offer state-mandated programs.

Public Health Districts were created by the 1970 Legislature to insure preventive public health services are available to all citizens of the state -- no matter how small or large their county population. In Idaho, the District Health Departments derive their authority under Title 39, Chapter 4 of the Idaho Code.

Eastern Idaho Public Health District's County Jurisdiction

Eastern Idaho Public Health District, formerly known as District Seven Health Department, provides services to the residents of Bonneville, Clark, Custer, Fremont, Jefferson, Lemhi, Madison and Teton Counties.

What We Do

According to *Idaho Code 39-409*, the District Health Departments are to provide the basic health services of:

- Public Health Education
- Physical Health
- Environmental Health
- Public Health Administration
- Other Services as Needed

MISSION OF PUBLIC HEALTH

The mission of Public Health is...

To prevent disease, disability, and premature death; to promote healthy lifestyles; and to protect and promote the health and quality of our environment.

OPERATIONAL DEFINITION OF A FUNCTIONAL LOCAL HEALTH DEPARTMENT

A Functional Local Health Department:

- Understands the specific health issues confronting the community and how physical, behavioral, environmental, social, and economic conditions affect them.
- Investigates health problems and threats.
- Prevents, minimizes and contains adverse health effects from communicable disease, disease outbreaks from unsafe food and water, chronic diseases, environmental hazards, injuries and risky health behaviors.
- Leads planning and response activities for public health emergencies.
- Collaborates with other local responders and with state and federal agencies to intervene in other emergencies with public health significance (e.g., natural disasters).
- Implements health promotion programs.
- Engages the community to address public health issues.
- Develops partnerships with public and private healthcare providers and institutions, community-based organizations and other governmental agencies engaged in services that affect health to collectively identify, alleviate, and act on the sources of public health problems.
- Coordinates the public health system's efforts in an intentional non-competitive and non-duplicative manner.
- Addresses health disparities.
- Serves as an essential resource for local governing bodies and policymakers on up-to-date public health laws and policies.
- Provides science-based, timely, and culturally competent health information and health alerts to the media and to the community.
- Provides its expertise to others who treat or address issues of public health significance.
- Ensures compliance with public health laws and ordinances using enforcement authority when appropriate.
- Employs well-trained staff members who have the necessary resources to implement best practices and evidence-based program and interventions.
- Facilitates research efforts, when approached by researchers that benefit the community.
- Uses and contributes to evidence base of public health.
- Strategically plans its serves and activities, evaluates performance and outcomes, and make adjustments as needed to continually improve its effectiveness, enhance the community's health status, and meet the community's expectations.

Public Health Standards

These standards describe the responsibilities that every person regardless of where they live, should reasonably expect from their Local Health Department (LHD) to fulfill. These standards provide a framework by which LHDs are accountable to state health department, the public they serve, and the governing bodies (e.g., local boards of health, county commissioners, and mayors) to which they report. They have been developed with nationally recognized frameworks and with input from public health professionals and elected officials from across the county.

1. Monitor health status and understand health issues facing the community.
2. Protect people from health problems and health hazards.
3. Give people information they need to make healthy choices.
4. Engage the community to identify and solve health problems.
5. Develop public health policies and plans.
6. Enforce public health laws and regulations.
7. Help people receive health services.
8. Maintain a competent public health workforce.
9. Evaluate and improve programs and interventions.
10. Contribute to and apply the evidence base of public health.

Operational Definition

of a

functional
local health
department



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operational definition of a functional local health department

Governmental public health departments are responsible for creating and maintaining conditions that keep people healthy. At the local level, the governmental public health presence, or “local health department,” can take many forms.¹ Furthermore, each community has a unique “public health system” comprising individuals and public and private entities that are engaged in activities that affect the public’s health.

Regardless of its governance or structure, regardless of where specific authorities are vested or where particular services are delivered, everyone, no matter where they live, should reasonably expect the local health department to meet certain standards.²

A FUNCTIONAL LOCAL HEALTH DEPARTMENT:

- Understands the specific health issues confronting the community, and how physical, behavioral, environmental, social, and economic conditions affect them.
- Investigates health problems and health threats.
- Prevents, minimizes, and contains adverse health effects from communicable diseases, disease outbreaks from unsafe food and water, chronic diseases, environmental hazards, injuries, and risky health behaviors.
- Leads planning and response activities for public health emergencies.
- Collaborates with other local responders and with state and federal agencies to intervene in other emergencies with public health significance (e.g., natural disasters).
- Implements health promotion programs.
- Engages the community to address public health issues.
- Develops partnerships with public and private healthcare providers and institutions, community-based organizations, and other government agencies (e.g., housing authority, criminal justice, education) engaged in services that affect health to collectively identify, alleviate, and act on the sources of public health problems.
- Coordinates the public health system’s efforts in an intentional, non-competitive, and non-duplicative manner.



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- Addresses health disparities.
- Serves as an essential resource for local governing bodies and policymakers on up-to-date public health laws and policies.
- Provides science-based, timely, and culturally competent health information and health alerts to the media and to the community.
- Provides its expertise to others who treat or address issues of public health significance.
- Ensures compliance with public health laws and ordinances, using enforcement authority when appropriate.
- Employs well-trained staff members who have the necessary resources to implement best practices and evidence-based programs and interventions.
- Facilitates research efforts, when approached by researchers, that benefit the community.
- Uses and contributes to the evidence base of public health.
- Strategically plans its services and activities, evaluates performance and outcomes, and makes adjustments as needed to continually improve its effectiveness, enhance the community's health status, and meet the community's expectations.



NOTES

¹ For the purposes of this definition, a local health department may be locally governed, part of a region or district, be an office or an administrative unit of the state health department, or a hybrid of these.

² See "Local Health Department Standards," Pages 4 through 9, for further description of the functions captured in this definition.

local health department standards

All local health departments (LHDs),¹ as governmental entities, derive their authority and responsibility from the state and local laws that govern them. Accordingly, all LHDs exist for the common good and are responsible for demonstrating strong leadership in the promotion of physical, behavioral, environmental, social, and economic conditions that improve health and well-being; prevent illness, disease, injury, and premature death; and eliminate health disparities.² However, in the absence of specific, consistent standards regarding how LHDs fulfill this responsibility, the degree to which the public's health is protected and improved varies widely from community to community.

These standards describe the responsibilities that every person, regardless of where they live, should reasonably expect their LHD to fulfill. They have been developed within nationally recognized frameworks³ and with input from public health professionals and elected officials⁴ from across the country. The standards provide a framework by which LHDs are accountable to the state health department, the public they serve, and the governing bodies (e.g., local boards of health, county commissioners, and mayors) to which they report. In meeting the

standards, LHDs employ strategies that are evidence-based and informed by best practices, and they operate according to the highest level of professionalism and ethics to inspire public confidence and trust.

A number of factors contribute to the variability of how LHDs operate; specifically capacity, authority, resources, and composition of the local public health system:

- The LHD may have the capacity to perform all of the functions on its own; it may call upon the state to provide assistance for some functions; it may develop arrangements with other organizations in the community or with neighboring LHDs to perform some functions; or it may control the means by which other entities perform some functions.
- Government agencies other than the LHD may have the authority to perform services that affect public health.
- Resources for public health may be housed in a different agency.
- Each LHD jurisdiction is served by its own unique public health system: public and private health care providers, businesses, community organizations, academic institutions, and media outlets that all contribute to the public's health.



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As a result of these differences, how LHDs meet the standards—whether they directly provide a service, broker particular capacities, or otherwise ensure that the necessary work is being done—will vary. Regardless of its specific capacity, authority, and resources, and regardless of the particular local public health system, the LHD has a consistent responsibility to intentionally coordinate all public health activities and lead efforts to meet the standards.

The standards are a guide to the fundamental responsibilities of LHDs, allowing for varied structural characteristics of LHDs (e.g., governance, staffing patterns, size of the population served, etc.), and recognizing that each LHD may have other duties unique to meeting the public health needs of the community it serves. Several states have developed, or are in the process of developing, state-specific standards for LHDs, and the National Public Health Performance Standards Program (NPHPSP) includes standards for local public health systems. NACCHO analyses of several state initiatives and the NPHPSP have shown a high level of consistency between these efforts and NACCHO's nationally developed standards.

Currently, not all LHDs have the capacity to meet the standards. Many concerns have been raised regarding the costs of developing the capacity, and the implications for LHDs that do not meet the standards. It is difficult to anticipate costs, and it is equally important to understand that improvements in capacity can be made in the absence of new resources. NACCHO is committed to collecting and sharing models of LHDs and LHD arrangements to demonstrate various means to enhance local governmental public health capacity. Furthermore, NACCHO is currently participating in a national dialogue on whether to establish a voluntary national accreditation system for state and local health departments,⁵ and is supportive of such an effort.⁶ The results of this dialogue may generate implications for LHDs not meeting the standards.

NACCHO urges LHDs to embrace these standards both as a means of working with their state health departments, communities, and governing bodies to develop a more robust governmental public health capacity, and as a means of holding themselves uniformly accountable to the public they serve.

local health department standards

1 Monitor health status and understand health issues facing the community.

- a. Obtain and maintain data that provide information on the community's health (e.g., provider immunization rates; hospital discharge data; environmental health hazard, risk, and exposure data; community-specific data; number of uninsured; and indicators of health disparities such as high levels of poverty, lack of affordable housing, limited or no access to transportation, etc.).
- b. Develop relationships with local providers and others in the community who have information on reportable diseases and other conditions of public health interest and facilitate information exchange.
- c. Conduct or contribute expertise to periodic community health assessments.
- d. Integrate data with health assessment and data collection efforts conducted by others in the public health system.
- e. Analyze data to identify trends, health problems, environmental health hazards, and social and economic conditions that adversely affect the public's health.

2 Protect people from health problems and health hazards.

- a. Investigate health problems and environmental health hazards.
- b. Prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food-, water-, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities.
- c. Coordinate with other governmental agencies that investigate and respond to health problems, health disparities, or environmental health hazards.
- d. Lead public health emergency planning, exercises, and response activities in the community in accordance with the National Incident Management System, and coordinate with other local, state, and federal agencies.
- e. Fully participate in planning, exercises, and response activities for other emergencies in the community that have public health implications, within the context of state and regional plans and in a manner consistent with the community's best public health interest.
- f. Maintain access to laboratory and biostatistical expertise and capacity to help monitor community health status and diagnose and investigate public health problems and hazards.
- g. Maintain policies and technology required for urgent communications and electronic data exchange.



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3 Give people information they need to make healthy choices.

- a. Develop relationships with the media to convey information of public health significance, correct misinformation about public health issues, and serve as an essential resource.
- b. Exchange information and data with individuals, community groups, other agencies, and the general public about physical, behavioral, environmental, social, economic, and other issues affecting the public's health.
- c. Provide targeted, culturally appropriate information to help individuals understand what decisions they can make to be healthy.
- d. Provide health promotion programs to address identified health problems.

4 Engage the community to identify and solve health problems.

- a. Engage the local public health system in an ongoing, strategic, community-driven, comprehensive planning process to identify, prioritize, and solve public health problems; establish public health goals; and evaluate success in meeting the goals.
- b. Promote the community's understanding of, and advocacy for, policies and activities that will improve the public's health.
- c. Support, implement, and evaluate strategies that address public

health goals in partnership with public and private organizations.

- d. Develop partnerships to generate interest in and support for improved community health status, including new and emerging public health issues.
- e. Inform the community, governing bodies, and elected officials about governmental public health services that are being provided, improvements being made in those services, and priority health issues not yet being adequately addressed.

5 Develop public health policies and plans.

- a. Serve as a primary resource to governing bodies and policymakers to establish and maintain public health policies, practices, and capacity based on current science and best practices.
- b. Advocate for policies that lessen health disparities and improve physical, behavioral, environmental, social, and economic conditions in the community that affect the public's health.
- c. Engage in LHD strategic planning to develop a vision, mission, and guiding principles that reflect the community's public health needs, and to prioritize services and programs.

6 Enforce public health laws and regulations.

- a. Review existing laws and regulations and work with governing bodies and policy-makers to update them as needed.
- b. Understand existing laws, ordinances, and regulations that protect the public's health.
- c. Educate individuals and organizations on the meaning, purpose, and benefit of public health laws, regulations, and ordinances and how to comply.
- d. Monitor, and analyze over time, the compliance of regulated organizations, entities, and individuals.
- e. Conduct enforcement activities.
- f. Coordinate notification of violations among other governmental agencies that enforce laws and regulations that protect the public's health.

7 Help people receive health services.

- a. Engage the community to identify gaps in culturally competent, appropriate, and equitable personal health services, including preventive and health promotion services, and develop strategies to close the gaps.
- b. Support and implement strategies to increase access to care and establish systems of personal health

- c. Link individuals to available, accessible personal healthcare providers (i.e., a medical home).

8 Maintain a competent public health workforce.

- a. Recruit, train, develop, and retain a diverse staff.
- b. Evaluate LHD staff members' public health competencies,⁷ and address deficiencies through continuing education, training, and leadership development activities.
- c. Provide practice- and competency-based educational experiences for the future public health workforce, and provide expertise in developing and teaching public health curricula, through partnerships with academia.
- d. Promote the use of effective public health practices among other practitioners and agencies engaged in public health interventions.
- e. Provide the public health workforce with adequate resources to do their jobs.

9 Evaluate and improve programs and interventions.

- a. Develop evaluation efforts to assess health outcomes to the extent possible.
- b. Apply evidence-based criteria to evaluation activities where possible.
- c. Evaluate the effectiveness and quality of all LHD programs and



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activities and use the information to improve LHD performance and community health outcomes.

- d. Review the effectiveness of public health interventions provided by other practitioners and agencies for prevention, containment, and/or remediation of problems affecting the public's health, and provide expertise to those interventions that need improvement.

10 Contribute to and apply the evidence base of public health.

- a. When researchers approach the LHD to engage in research activities that benefit the health of the community,
 - i. Identify appropriate populations, geographic areas, and partners;
 - ii. Work with them to actively involve the community in all phases of research;
 - iii. Provide data and expertise to support research; and,
 - iv. Facilitate their efforts to share research findings with the community, governing bodies, and policymakers.
- b. Share results of research, program evaluations, and best practices with other public health practitioners and academics.
- c. Apply evidence-based programs and best practices where possible.

NOTES

¹ For the purposes of these standards, an LHD is defined as the governmental public health presence at the local level. It may be a locally governed health department, a branch of the state health department, a state-created district or region, a department governed by and serving a multi-county area, or any other arrangement that has governmental authority and is responsible for public health functions at the local level.

² For the purposes of this document, "health disparities" refer to differences in populations' health status that are avoidable and can be changed. These differences can result from social and/or economic conditions, as well as public policy. Examples include situations whereby hazardous waste sites are located in poor communities, there is a lack of affordable housing, and there is limited or no access to transportation. These and other factors adversely affect population health.

³ The standards are framed around the Ten Essential Public Health Services, which have been reworded to more accurately reflect the specific LHD roles and responsibilities related to each category. In addition, these standards are consistent with the National Public Health Performance Standards Program (NPHPSP), serving to specify the role of governmental LHDs while the NPHPSP addresses the local public health system as a whole.

⁴ Input came from local health departments, local boards of health, state health departments, and federal public health agencies; as well as county commissioners, mayors, state legislators, and gubernatorial health advisors.

⁵ www.exploringaccreditation.org

⁶ NACCHO Resolution 04-06 further describes NACCHO's stance on accreditation.

⁷ As defined by the Core Public Health Competencies developed by the Council on Linkages between Academia and Public Health Practice.

operational definition of a functional local health department

Public health professionals and the communities they serve deserve a common set of expectations about local health departments (LHDs). More than 600 governmental public health professionals and local and state officials representing 30 different states contributed to this definition, which will be a living document.

By describing the functions of LHDs, the definition will help citizens and residents understand what they can reasonably expect from governmental public health in their communities. The definition also will be useful to elected officials, who need to understand what LHDs do and how to hold them accountable. And, the definition will aid LHDs in obtaining their fair share of resources.



10

WHAT ARE NACCHO'S NEXT STEPS?

NACCHO's first step is education and communication about the definition with LHDs, local boards of health, state health departments, federal public health agencies, and local and state elected officials. Metrics will be developed to allow LHDs to measure their progress in achieving the standards.

NACCHO will also gather examples of how LHDs use the definition. The *Exploring Accreditation* project will examine the use of the standards as the basis for a voluntary national accreditation system for LHDs of all sizes and structures.

WHAT ACTION STEPS CAN YOU TAKE?

LHDs can use the definition and standards to assess local efforts, measure performance, expand functions, enhance activities, and communicate about the role of local public health to their governing bodies, elected officials, and community.

NACCHO has developed a set of three fact sheets describing the role of local public health and a communications toolkit as part of this project. Both the toolkit and the fact sheets are available on NACCHO's Web site (see the following column). NACCHO encourages LHDs to download and use the fact sheets and communications toolkit.

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Finally, your experiences with the definition will inform and help shape the implementation phase of this effort. Please submit examples of how LHDs have met the definition (particularly those involving the development of shared capacity and/or resources), applied the tools in the communications toolkit, or otherwise used the definition or related materials.

You can find additional materials and submit examples online at:

www.naccho.org/topics/infrastructure/operationaldefinition.cfm.



For more information about this project, please contact NACCHO at (202) 783-5550 and ask to speak with the Operational Definition program manager, or e-mail operationaldefinition@naccho.org.

NACCHO thanks the following organizations for their contributions to the development of the operational definition: the Association of State and Territorial Health Officials, the Association of State and Territorial Local Health Liaison Officials, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the National Association of Counties, the National Association of Local Boards of Health, the National Conference of State Legislatures, the National Governors Association, the National League of Cities, and the U.S. Conference of Mayors.

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IDAHO CODE

TITLE 39 HEALTH AND SAFETY CHAPTER 4 PUBLIC HEALTH DISTRICTS

39-401. LEGISLATIVE INTENT. The various health districts, as provided for in this chapter, are not a single department of state government unto themselves, nor are they a part of any of the twenty (20) departments of state government authorized by section 20, article IV, Idaho constitution, or of the departments prescribed in section 67-2402, Idaho Code.

It is legislative intent that 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. Pursuant to this intent, and because health districts are not state departments or agencies, health districts are exempt from the required participation in the services of the purchasing agent or employee liability coverage, as rendered by the department of administration. However, nothing shall prohibit the health districts from entering into contractual [contractual] arrangements with the department of administration, or any other department of state government or an elected constitutional officer, for these or any other services.

It is legislative intent to affirm the provisions of section 39-413, Idaho Code, requiring compliance with the state merit system, and to affirm the participation of the health districts in the public employee retirement system, pursuant to section 39-426, Idaho Code, chapter 13, title 59, Idaho Code, and chapter 53, title 67, Idaho Code.

It is also legislative intent that the matters of location of deposit of health district funds, or the instruments or documents of payment from those funds shall be construed as no more than items of convenience for the conduct of business, and in no way reflect upon the nature or status of the health districts as entities of government.

This section merely affirms that health districts created under this chapter are not state agencies, and in no way changes the character of those agencies as they existed prior to this act.

39-408. ESTABLISHMENT OF DISTRICTS. There is hereby established within the state of Idaho seven (7) public health districts more particularly defined as follows:

District No. 1 shall include the counties of Boundary, Bonner, Kootenai, Benewah and Shoshone;

District No. 2 shall include the counties of Latah, Clearwater, Nez Perce, Lewis and Idaho;

District No. 3 shall include the counties of Adams, Washington, Payette, Gem, Canyon and Owyhee;

District No. 4 shall include the counties of Valley, Boise, Ada and Elmore;

District No. 5 shall include the counties of Camas, Blaine, Gooding, Lincoln, Jerome, Minidoka, Twin Falls and Cassia;

District No. 6 shall include the counties of Power, Oneida, Bannock, Franklin, Caribou, Bear Lake, Bingham and Butte;

District No. 7 shall include the counties of Lemhi, Custer, Clark, Jefferson, Bonneville, Teton, Madison and Fremont.

39-409. DISTRICT HEALTH DEPARTMENTS -- ESTABLISHMENT -- SERVICES. There is hereby created and established in each of the above described public health districts a district health department, hereinafter referred to as the district health department. The district health department shall have as its head the district board of health.

The district health department will provide the basic health services of public health education, physical health, environmental health, and public health administration, but this listing shall not be construed to restrict the service programs of the district health department solely to these categories. Each district shall have a doctor of medicine licensed in Idaho as a staff member or as a regular consultant.

39-410. DISTRICT BOARD OF HEALTH -- ESTABLISHMENT. 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, and with such powers as required to perform the duties as are set forth in this act and shall be responsible for supervision of all district health programs.

39-411. COMPOSITION OF DISTRICT BOARD -- QUALIFICATIONS OF MEMBERS -- APPOINTMENT AND REMOVAL -- TERMS -- TRUSTEE SELECTED FOR BOARD OF TRUSTEES OF DISTRICT BOARDS OF HEALTH. For those districts comprised of less than eight (8) counties, the district board of health shall consist of seven

(7) members to be appointed by the boards of county commissioners within each district acting jointly, and each board of county commissioners may appoint a board member. For those districts comprised of eight (8) counties, the district board of health shall consist of not less than eight (8) members nor more than nine (9) and each board of county commissioners may appoint a board member.

Each member of the district board of health shall be a citizen of the United States, a resident of the state of Idaho and the public health district for one (1) year immediately last past, and a qualified elector. One (1) member of the district board, if available to serve, shall be a physician licensed by the Idaho state board of medicine and no more than one (1) member shall be appointed from any professional or special interest group. All members shall be chosen with due regard to their knowledge and interest in public health and in promoting the health of the citizens of the state and the public health district. Representation shall be assured from rural as well as urban population groups. All appointments to the district board shall be confirmed by a majority vote of all the county commissioners of all the counties located within the public health district. Any member of the district board may be removed by majority vote of all the county commissioners of all the counties located within the district.

The members of the district board, each year, shall select a chairman, a vice-chairman and a trustee. The trustee shall represent the district board as a member of the board of trustees of the Idaho district boards of health. The board of trustees of the Idaho district boards of health shall have authority to allocate appropriations from the legislature to the health districts. The board of trustees shall develop and administer a formula for the allocation of legislative appropriations.

The members of the district board of health shall be appointed for the purpose of organization as follows: One (1) member to be appointed for a term of one (1) year, one (1) for two (2) years, one (1) for three (3) years, two (2) for four (4) years and two (2) for five (5) years. Each succeeding vacancy shall be filled by the boards of county commissioners within the district acting jointly and with confirmation as herein described for a term of five (5) years, subject to reappointment; and vacancies on the board for an unexpired term shall be filled for the balance of the unexpired term.

39-412. MEETINGS OF THE DISTRICT BOARD -- COMPENSATION OF MEMBERS. The district board shall hold such meetings as may be necessary for the orderly conduct of its business and such meetings may be called upon seventy-two (72) hours' notice by the chairman or a majority of the members. Four (4) members shall be necessary to constitute a quorum and the action of the majority of members present shall be the action of the board. The members of the board shall be compensated as provided by section 59-509(i), Idaho Code.

39-413. DISTRICT HEALTH DIRECTOR -- APPOINTMENT -- POWERS AND DUTIES. A district health director shall be appointed by the district board. The director shall have and exercise the following powers and duties in addition to all other powers and duties inherent in the position or delegated to him or imposed upon him by law or rule, regulation, or ordinance:

- (1) To be secretary and administrative officer of the district board of health;
- (2) To prescribe such rules and regulations, consistent with the requirements of this chapter, as may be necessary for the government of the district, the conduct and duties of the district employees, the orderly and efficient handling of business and the custody, use and preservation of the records, papers, books and property belonging to the public health district;
- (3) To administer oaths for all purposes required in the discharge of his duties;
- (4) With the approval of the district board to:
 - (a) Prescribe the positions and the qualifications of all personnel under the district health director on a nonpartisan merit basis in accordance with the objective standards approved by the district board.
 - (b) Fix the rate of pay and appoint, promote, demote, and separate such employees and to perform such other personnel actions as are needed from time to time in conformance with the requirements of chapter 53, title 67, Idaho Code.
 - (c) Create such units and sections as are or may be necessary for the proper and efficient functioning of the duties herein imposed.

39-414. POWERS AND DUTIES OF DISTRICT BOARD. The district board of health shall have and may exercise the following powers and duties:

- (1) To administer and enforce all state and district health laws, regulations, and standards.
- (2) To do all things required for the preservation and protection of the public health and preventive health, and such other things delegated by the director of the state department of health and welfare or the director of the department of environmental quality and this shall be authority for the director(s) to so delegate.
- (3) To determine the location of its main office and to determine the location, if any, of branch offices.
- (4) To enter into contracts with any other governmental or public agency whereby the district board agrees to render services to or for such agency in exchange for a charge reasonably calculated to cover the cost of rendering such service. This

authority is to be limited to services voluntarily rendered and voluntarily received and shall not apply to services required by statute, rule, and regulations, or standards promulgated pursuant to this act or chapter 1, title 39, Idaho Code.

(5) All moneys or payment received or collected by gift, grant, devise, or any other way shall be deposited to the respective division or sub account of the public health district in the public health district fund authorized by Section 39-422, Idaho Code.

(6) To establish a fiscal control policy required by the state controller.

(7) To cooperate with the state board of health and welfare, the department of health and welfare, the board of environmental quality and the department of environmental quality.

(8) To enter into contracts with other governmental agencies, and this act hereby authorizes such other agencies to enter into contracts with the health district, as may be deemed necessary to fulfill the duties imposed upon the district in providing for the health of the citizens within the district.

(9) To purchase, exchange or sell real property and construct, rent, or lease such buildings as may be required for the accomplishment of the duties imposed upon the district and to further obtain such other personal property as may be necessary to its functions.

(10) To accept, receive and utilize any gifts, grants, or funds and personal and real property that may be donated to it for the fulfillment of the purposes outlined in this act.

(11) To establish a charge whereby the board agrees to render services to or for entities other than governmental or public agencies for an amount reasonably calculated to cover the cost of rendering such service.

(12) To enter into a lease of real or personal property as lessor or lessee, or other transaction with the Idaho health facilities authority for a term not to exceed ninety-nine (99) years upon a determination by the district board that the real or personal property to be leased is necessary for the purposes of the district, and to pledge non-tax revenues of the district to secure the district's obligations under such leases.

(13) To administer and certify solid waste disposal site operations, closure, and post closure procedures established by statute or regulation in accordance with provisions of chapter 74, title 39, Idaho Code, in a manner equivalent to the site certification process set forth in section 39-7408, Idaho Code.

(14) To select a board member to serve as trustee on the board of trustees of the Idaho district boards of health.

39-414A. AUDIT OF HEALTH DISTRICT FINANCES. It shall be the duty of each district board of health to cause to be made a full and complete audit of all the financial transactions of the health district no less frequently than every two (2) years. Such audit shall be made by or under the direction of the legislative council, in accordance with generally accepted auditing standards and procedures. The district board of health shall include all necessary expenses for such audit in its budget.

39-415. QUARANTINE. The district board shall have the same authority, responsibility, powers, and duties in relation to the right of quarantine within the public health district as does the state.

39-416. RULES ADOPTED BY DISTRICT BOARD -- PROCEDURE.

(1) The district board by the affirmative vote of a majority of its members may adopt, amend or rescind rules and standards as it deems necessary to carry out the purposes and provisions of this act.

(2) Every rule or standard adopted, amended, or rescinded by the district board shall be done in a manner conforming to the provisions of chapter 52, title 67, Idaho Code.

(3) At the same time that proposed rules and standards are transmitted to the director of legislative services, they shall be submitted for review and comment to the state board of health and welfare, and to the board of county commissioners of each county within the public health district's jurisdiction. The state board of health and welfare shall, within seventy-five (75) days of receipt of a district board's proposed rules, disapprove of the adoption of the rules if, on the advice of the attorney general, such rules would be in conflict with state laws or rules. The state board of health and welfare shall immediately advise the district board as to the reason for the disapproval.

(4) This section does not apply to measures adopted for the internal operation of the district board or for federal programs where the regulations are established by the federal government but shall apply to all measures affecting the public at large or any identifiable segment thereof.

39-417. HEARINGS BY DISTRICT BOARD -- OATHS -- WITNESSES -- SUBPOENAS.

(1) Any person, association, public or private agency, corporation, or the district director alleging a violation of this act, the rules promulgated thereunder, or any matter within the jurisdiction of the district board, or any alleged violator thereof, may, pursuant to the provisions of chapter 52, title 67, Idaho Code, and the rules promulgated thereunder by the state

board of health and welfare or the board of environmental quality, seek a hearing before the district board and/or such other relief or remedy as is provided or available.

(2) The hearings herein provided may be conducted by the district board or by its designated agent and in either case the district board or its agent shall have the same powers and authority set out in subsection (3) of section 39-107, Idaho Code. The provisions of this section shall not apply to the internal administrative affairs of the district board or department nor to its subordinate sections and units.

39-418. JUDICIAL REVIEW OF DISTRICT BOARD'S DETERMINATION -- EXCLUSIVE PROCEDURE.

(1) Judicial review of a final determination of the district board may be secured by any person adversely affected thereby by filing a petition for review as prescribed by chapter 52, title 67, Idaho Code, in the district court of the county wherein he lives within thirty (30) days after receipt of notice of the district board's final determination. The petition for review shall be served upon the district health director and the director of the department of health and welfare of the state of Idaho. The director may appear in any such hearing as a matter of right. Such service shall be jurisdictional and the provisions of this section shall be the exclusive procedure for appeal or review.

(2) If no appeal or review is sought within the time prescribed in (1) above, the final determination of the district board shall be conclusive as to factual matters decided therein and not subject to collateral attack in any proceeding to enforce its provisions.

39-419. VIOLATION OF PUBLIC HEALTH LAWS -- MISDEMEANOR -- CIVIL LIABILITY FOR EXPENSE.

(1) It shall be unlawful for any person, association, or corporation, and the officers thereof to willfully violate, disobey, or disregard the provisions of the public health laws or the terms of any lawful notice, order, standard, rule, regulation, or ordinance issued pursuant thereto; or

(2) Any person, association, or corporation, or the officers thereof, violating any of the provisions of this chapter shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding three hundred dollars (\$300), or by imprisonment in the county jail for a term not exceeding six (6) months, or by both such fine and imprisonment. In addition to fine and imprisonment, any person, association or corporation, or the officers thereof, found to be in violation of this act or the rules promulgated thereunder shall be liable for any expense incurred by the district board of health in enforcing this act, or in removing or terminating any nuisance, source of filth, cause of sickness, or health hazard. Conviction under the penalty provisions of this act or any other health law or rules promulgated thereunder shall not relieve any person from any civil action in damages that may exist for any injury resulting from any violation of the public health laws or rules promulgated by the district board of health.

(3) A violator of any law or rule within the jurisdiction of the district shall be liable in an amount not in excess of the limits prescribed in section 39-108, Idaho Code. The district board may seek recovery by commencing an action in the district court of the county wherein the violation occurred. Amounts recovered shall be deposited as required by the provisions of section 39-414(5), Idaho Code.

39-420. CIVIL ACTIONS BY DISTRICT BOARD -- ENFORCEMENT OF ACT -- ABATEMENT OF

NUISANCES. The district board in its name shall commence and maintain all proper and necessary civil actions and proceedings to enforce the provisions of this act and the preservation and protection of the public and is specifically directed to abate nuisances when necessary for the purpose of elimination of sources of filth, infestations, infections, communicable diseases, health hazards, and conditions not compatible with the preservation and protection of the public health.

Enforcement of a final determination of the district board shall be commenced by filing an action in the district court, by any party to the board action, the board, or the director, and the introduction of the final determination.

39-421. SPECIAL COUNSEL OF DISTRICT BOARD.

The district board is hereby authorized to engage special counsel to defend it and the members in all action and proceedings brought against it or them with respect to their official duties hereunder. In addition, such special counsel may bring any civil action requested by the district board. The special counsel may request the prosecuting attorney of any county within the district for appointment as special prosecutor to assist in prosecuting any alleged violations of any of the provisions of this chapter which occurred within such county. Upon receipt of such request, the prosecutor of such county may forthwith designate the district's special counsel as special prosecutor to assist in prosecuting the alleged offender, and such special counsel shall have all the powers of a prosecuting attorney while acting as special prosecuting attorney. Compensation of such special counsel for acting as special prosecutor shall be paid by the district and subject to recovery as provided in section 39-419, Idaho Code.

39-422. PUBLIC HEALTH DISTRICT FUND -- ESTABLISHMENT -- DIVISIONS -- FISCAL OFFICER -- EXPENDITURES.

(1) There is hereby authorized and established in the state treasury a special fund to be known as the public health district fund for which the state treasurer shall be custodian. Within the public health district fund there shall be seven (7) divisions, one (1) for each of the seven (7) public health districts. Each division within the fund will be under the exclusive control of its respective district board of health and no moneys shall be withdrawn from such division of the fund unless authorized by the district board of health or its authorized agent.

(2) The procedure for the deposit and expenditure of moneys from the public health district fund will be in accordance with procedures established between all district boards and the state controller. All income and receipts received by the districts shall be deposited in the public health district fund.

(3) Claims against the divisions of the health district fund are not claims against the state of Idaho. Claims against an individual health district are limited to that district's division moneys.

39-423. BUDGET COMMITTEE OF PUBLIC HEALTH DISTRICT. The chairmen of the boards of county commissioners located within the public health district are hereby constituted as the budget committee of the public health district.

The district board will submit to the budget committee by the first Monday in June of each year the preliminary budget for the public health district and the estimated cost to each county, as determined by the provisions of section 39-424, Idaho Code.

On or before the first Monday in July, there will be held at a time and place determined by the budget committee a budget committee meeting and public hearing upon the proposed budget of the district. Notice of the budget committee meeting and public hearing shall be posted at least ten (10) full days prior to the date of said meeting in at least one (1) conspicuous place in each public health district to be determined by the district board of health. A copy of such notice shall also be published in the official newspaper or a generally circulated newspaper of each county of such public health district, in one (1) issue thereof, during such ten (10) day period. The place, hour and day of such hearing shall be specified in said notice, as well as the place where such budget may be examined prior to such hearing. A summary of such proposed budget shall be published with and as a part of the publication of such notice of hearing in substantially the form required by section 31-1604, Idaho Code.

On or before the first Monday in July a budget for the public health district shall be agreed upon and approved by a majority of the budget committee. Such determination shall be binding upon all counties within the district and the district itself.

39-424. COST OF MAINTENANCE OF DISTRICT -- APPORTIONMENT TO MEMBER COUNTIES. The manner of apportioning the contributions of the counties as part of the budget of the health district, created pursuant to section 39-423, Idaho Code, shall be as follows:

(1) Seventy percent (70%) of the amount to be contributed by the counties shall be apportioned among the various counties within the health district on the basis of population. The proportion of the total population of each county as compared to the total population of the health district shall be the proportion by which such county shall share in the contribution of county funds for the maintenance of the health district, pursuant to this subsection. The population will be determined by the last general census when applicable. When a general census number is not applicable, population shall be estimated for each county by the state department of commerce and such estimated population number shall be certified to each health district by not later than April 1.

(2) Thirty percent (30%) of the amount to be contributed by the counties shall be apportioned among the counties within the district on the basis of taxable market value for assessment purposes. The proportion of the total taxable market value for assessment purposes of each county as compared to the total taxable market value for assessment purposes of the health district shall be the proportion by which such county shall share in the contribution of funds for the maintenance of the health district, pursuant to this subsection. Total taxable market value for assessment purposes shall mean the total taxable market value for assessment purposes as computed by the county assessor for the preceding full calendar year. Taxable market value for each county shall be certified to the health districts by the state tax commission for the preceding year.

39-425. GENERAL STATE AID TO DISTRICTS -- PROCEDURES.

(1) Every year, the districts shall submit a request to the legislature for money to be used to match funds contributed by the counties pursuant to section 31-862, Idaho Code, for the maintenance and operation of district health departments. The matching amount to be included in the request shall be a minimum of sixty-seven percent (67%) of the amounts pledged by each county, as adopted as part of the budget for the health districts during the budget formulations, as

provided for in section 39-423, Idaho Code. If the determined amount of participation by a county would exceed the amount which could be raised applying the maximum levy prescribed in section 31-862, Idaho Code, that county's participation shall be reduced to the maximum amount which can be raised thereby.

(2) The foregoing provision shall not limit the legislature from authorizing or granting additional funds for selected projects in excess of the percentage of participation of general aid granted all health districts.

(3) General state aid to the various health districts shall be made available from state appropriations, and shall be distributed in the following manner:

(a) The amount appropriated to the health districts shall be divided based upon the formula developed and administered by the board of trustees of the Idaho district boards of health.

(b) One-half (1/2) of the amount appropriated shall be remitted to the public health trust fund on or before July 15; and

(c) The remaining one-half (1/2) of the amount appropriated shall be remitted to the public health trust fund on or before January 15.

(4) The liability of the state of Idaho to the public health districts and the public health district fund and its divisions is limited to:

(a) The funds actually authorized and granted to the various public health districts as provided in subsection (1) of this section; and

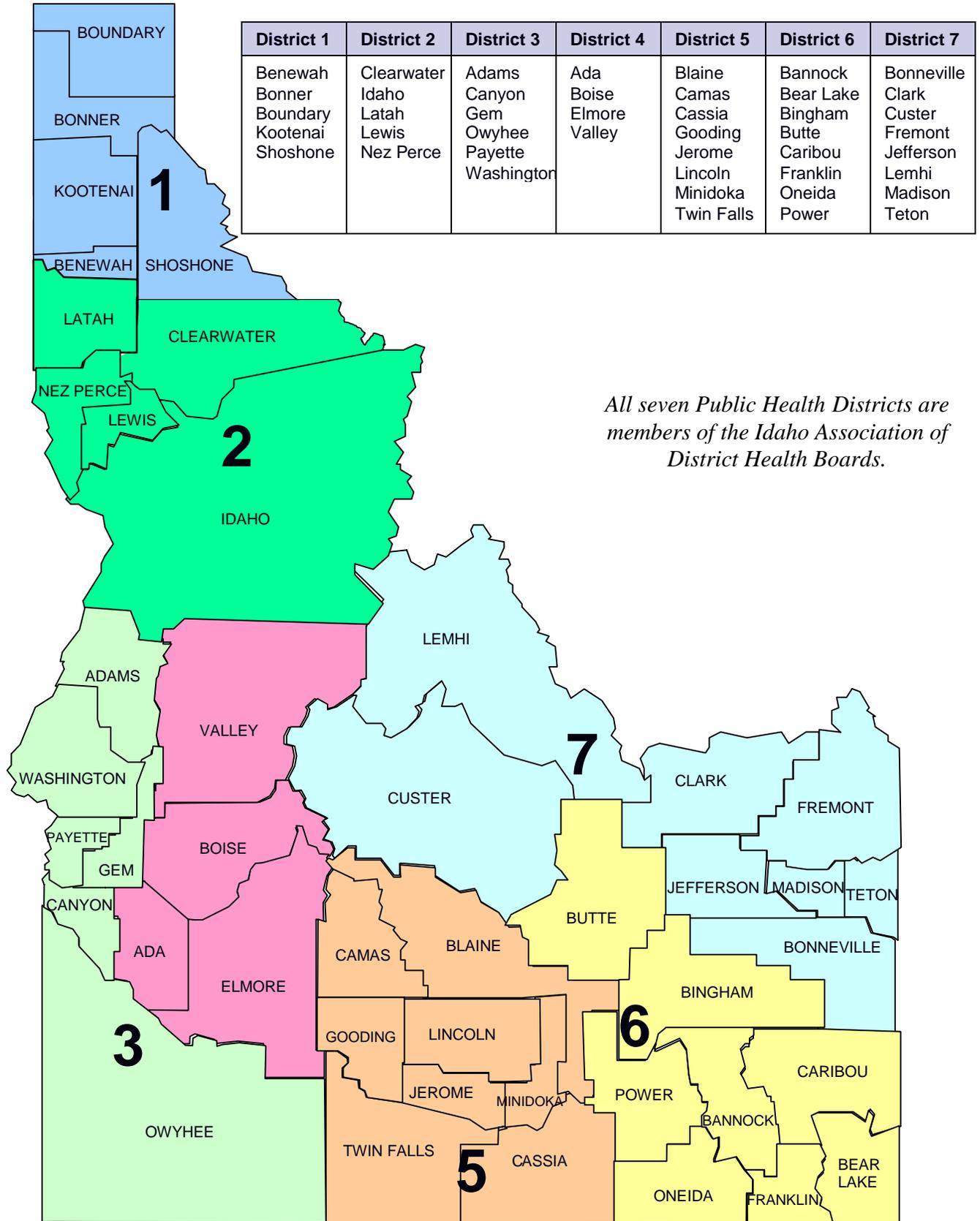
(b) The funds actually authorized or granted to the various public health districts as provided for in subsection (2) of this section; and

(c) The funds due the various health districts in payment of legally authorized contracts and agreements entered into between the departments of the state of Idaho and the various public health districts.

(5) If revenues to the state treasury are insufficient to fully meet appropriations, and reductions in spending authority have been ordered pursuant to law, the amount of moneys to match revenues contributed by the counties, pursuant to section 39-423, Idaho Code, which has been appropriated pursuant to this section, shall be reduced by the same percentage rate as other general account appropriations.

39-426. PUBLIC EMPLOYEES RETIREMENT SYSTEM. All public health districts shall budget sufficient funds to allow for participation in the Idaho public employees retirement system as created by chapter 13, title 59, Idaho Code.

MAP OF IDAHO'S PUBLIC HEALTH DISTRICTS



All seven Public Health Districts are members of the Idaho Association of District Health Boards.

DIRECTORS - PUBLIC HEALTH DISTRICTS

District 1 – Panhandle Health District 1

www.phd1.idaho.gov
Jeanne Bock, Director
8500 North Atlas Road
Hayden, ID 83835

Email: jbock@phd1.idaho.gov
Work: (208) 415-5101
Fax: (208) 415-5106

District II – Idaho North Central District Health Department

www.ncdhd.us
Carol Moehrle, Director
215 10th Street
Lewiston, ID 83501

Email: cmoehrle@phd2.idaho.gov
Work: (208) 799-3100
Fax: (208) 799-0349

District III – Southwest District Health

www.southwestdistricthealth.org
Bruce Krosch, Director
920 Main Street
Caldwell, ID 83605

Email: bruce.krosch@phd3.idaho.gov
Work: (208) 455-5300
Fax: (208) 454-7722

District IV – Central District Health Department

www.cdhd.idaho.gov
Russell A. Duke, Director
707 N. Armstrong Place
Boise, ID 83704

Email: rduke@cdhd.idaho.gov
Work: (208) 375-5211
Fax: (208) 327-8500

District V – South Central Public Health District

www.phd5.idaho.gov
Rene LeBlanc, Director
1020 Washington Street North
Twin Falls, ID 83301

Email: rleblanc@idaho.gov
Work: (208) 737-5902
Fax: (208) 734-9502

District VI – Southeastern District Health Department

www.sdhdidaho.org
Ed Marugg, Director
1901 Alvin Ricken Drive
Pocatello, ID 83201

Email: emarugg@phd6.idaho.gov
Work: (208) 239-5205
Fax: (208) 234-7169

District VII – Eastern Idaho Public Health District

www.idaho.gov/phd7
Richard Horne, Director
1250 Hollipark Drive
Idaho Falls, ID 83401

Email: rhorne@phd7.idaho.gov
Work: (208) 533-3163
Fax: (208) 528-0857

BOARD OF HEALTH STRUCTURE

It is the intent of the Legislature to ensure each Health District be controlled by a local “Board of Health.” The purpose of this board is to assure health services can be locally controlled and governed. The Board of Health is vested with the authority, control, and supervision of the district health department and with such powers as required to perform the duties as required under (*Idaho Code 39-414*). The Board of Health is responsible for the supervision of all the district’s health programs.

Each of the seven Public Health Districts is governed by a policy board appointed by the county commissioners of the respective Districts. Each board is composed of seven to eight members. Each Board of Health employs a District Director to oversee the daily operations of the Health District.

BOARD OF HEALTH RESPONSIBILITIES

Summary

Board member responsibilities are spelled out specifically in Idaho Code (39-413 through 39-416). They are grouped into four major categories.

- I. Appoint district director and trustee (39-413 and 39-414)*
- II. Assure public health services are provided within the entire district.*
 - Administer and enforce all state and district health laws, regulations, and standards.
 - Do all things required for the preservation and protection of the public health and preventive health.
 - Cooperate with the State Board of Health and Welfare, the Department of Health and Welfare, the Board of Environmental Quality and the Department of Environmental Quality.
 - Enter into contracts with other governmental agencies, as may be deemed necessary to fulfill the duties imposed upon the district in providing for the health of the citizens within the district.
 - Administer and certify solid waste disposal site operations, closure, and post closure procedures established by statute or regulation.
 - The right to quarantine. (39-415)
 - Adopt regulations, rules and standards subject to approval by the state board of health and welfare. (39-416)

III. Assure appropriate and adequate public health infrastructure

- Determine the location of the District's main office and of any branches.
- Purchase, exchange or sell real property and contract, rent or lease such buildings as may be required.
- Enter into transactions with the Idaho Health Facilities Authority.

IV. Assure fiscal accountability

- Enter into contracts with any other governmental or public agency whereby the district board agrees to render services to or for such agency in exchange for a charge reasonably calculated to cover the cost of rendering such service.
- Deposit all moneys or payment received into the district sub account of the health district account.
- Establish a fiscal control policy as required by the state controller.
- Accept, receive and utilize any gifts, grants, or funds and personal and real property that may be donated.
- Establish a charge to render services to or for entities other than governmental or public agencies for an amount reasonably calculated to cover the cost of rendering such service.
- Review the complete audit of finances at least every two years. (39-414A)

BOARD OF HEALTH BY-LAWS

Eastern Idaho Public Health District

PREAMBLE

The purpose of these BY-LAWS is for the internal administrations of Eastern Idaho Public Health District (EIPHD) Board of Health, and is subject to the statutes and rules of the State of Idaho. The policies and business affairs of this organization shall be conducted by a District Board of Health pursuant to Idaho Code, Title 39, Chapter 4. State Statute and Idaho Code shall in all cases supersede these By-Laws.

SECTION 1: MEMBERS:

All appointments to the District Board shall be confirmed by a majority vote of all the County Commissioners of all the counties located within the Public Health District. Vacancies shall be filled by the Boards of County Commissioners within the District, acting jointly, and confirmed for a term of five years, subject to reappointment. One member shall also consist of a licensed physician if available, which shall serve as a representative at large (representing all the eight counties). In the case where a licensed physician term expires, it may be renewed at the request of the physician, subject to approval of the Board and confirmed by a majority vote of all the county commissioners of all the counties located within the public health district. In cases where the term of the physician does not wish to continue, the board will mail out a request of interest to all physicians. The Board will interview and select the best qualified applicant of physicians willing to serve on the board. If no physician is available to serve on the Board, then it shall so be noted in the minutes and the Board shall consist of eight Board members until such time a physician can be found.

Terms of office for each District Health Board Member commence on July 1.

SECTION 2: DUTIES OF MEMBERS OF DISTRICT BOARD OF HEALTH:

The District Board shall have the control and policy setting functions of the District Health Department operation. Members of the District Board of Health shall in all cases act as a Board, regularly convened, by a majority vote, adopt any such rules and regulations for the conduct of meetings and the management and operation of the Department as they deem proper, consistent with requirements of these By-Laws and laws of the State of Idaho.

SECTION 3: APPOINTMENT OF A DISTRICT HEALTH DIRECTOR:

The District Board of Health shall appoint a District Health Director who shall be the Secretary of the Board and Administrative Officer of the Board. The Director shall serve at the pleasure of the Board, and shall be responsible for the internal administration of the Department.

SECTION 4: MEETINGS, NOTICE OF MEETINGS, QUORUMS:

Meetings, Notice of Meetings and the Establishment of a Quorum are subject to the provisions of Idaho Code Section 39-412 and 67-2340, et seq.

Notice of Meetings shall be given to each Board member by any of the following methods: in person, by telephone, e-mail or by mailing to him/her at his/her given post office address at least three days before the date therein designated for such meeting.

The District Board shall hold such meetings as may be necessary for the orderly conduct of its business, and such meetings may be called upon seventy-two (72) hours notice by the Chairman, or a majority of the members.

At any meeting of the District Board of Health, four members of the Board shall constitute a Quorum for the transaction of routine business. If a quorum is not present to convene a meeting, the meeting will be cancelled and the Chairman declare the date of new meeting no sooner than three days hence.

Telephone conferences among a quorum of the Board for the purposes of discussion or deliberation on any matter upon which the Board may eventually make a decision shall be prohibited unless the provisions of the open meeting law are met. However, the Secretary (Director), Chairman or other member of the Board may use a telephone conference call for the purpose of disseminating information on an emergency basis in order to convene a meeting or as otherwise necessary.

- **Section 4(A). MINUTES OF MEETINGS.** The District Board of Health shall provide for taking of written minutes of all of its meetings, which minutes shall be subject to Idaho Code 67-2344, available to the public, and shall include the Following information:
 - (1) All members of the Board present;
 - (2) all motions, resolutions, orders or ordinances proposed and their disposition;
 - (3) the results of all votes, and upon the request of a member, the vote of each member, by name.
- **Section 4(B). EXECUTIVE SESSION MINUTES.** Shall conform to the open meeting law.

SECTION 5: SPECIAL MEETINGS OF DISTRICT BOARD OF HEALTH:

Special meetings may be called by the Chairman or Secretary at any time, or by written request of three members of the District Board. No other business except that called for will be transacted at a special meeting. Notice shall be given pursuant to Idaho Code.

No special meeting shall be held without at least a twenty-four (24) hour and meeting agenda notice, unless an emergency exists. An emergency is a situation involving injury or damage to person or property, or immediate financial loss, or the likelihood of such injury, damage or loss, when the notice requirements of this section would make such notice impracticable, or increase the likelihood of severity of such injury, damage or loss, and the reason for the emergency is stated at the outset of the meeting. The notice required under this section shall include at a minimum the meeting date, time place and name

of the public agency calling for the meeting. The secretary or other designee of each public agency shall maintain a list of the news media requesting notification of meeting and shall make a good faith effort to provide advance notification to them of the time and place of each meeting.

- **Section 5(A). EXECUTIVE SESSIONS.** Executive sessions of the District Board of Health may be held pursuant to the terms and conditions of Idaho Code 67-2343 and 67-2345. The Board may hold an executive session upon a two-thirds (2/3) vote of the members, recorded in the minutes, after the Chairman or presiding officer has identified the authorization under Idaho Code for holding such an executive session. No executive session may be held for the purpose of taking any final action or making a final decision.

SECTION 6: CHAIRMAN, VICE-CHAIRMAN AND TRUSTEE:

Members of the District Board of Health, each year, shall elect a Chairman, Vice-Chairman, and Trustee. They will take office following election. The Chair or Vice-Chair may also serve as Trustee is so appointed by the Board. The Board may also elect if so needed another board member to serve as a member of an Executive Committee, in cases where the Chair or Vice-Chair serves also as the Trustee. This election should take place at a meeting nearest to the beginning of the next fiscal year. Removal of an officer may occur with a two-thirds (2/3) vote of the Board of Health.

SECTION 7: VOTING:

Each member of the Board of Health is to have one vote. Proxy votes may be exercised if given in writing. Proxy votes must be declared at the beginning of each meeting.

SECTION 8: REMOVAL OF DISTRICT BOARD OF HEALTH MEMBERS:

A Board Member can be removed by majority vote of all County Commissioners in the District, EXCEPT: A Board Member may resign by a written letter of resignation to the Chairman of the County Commissioners of his resident county; copies to the Chairman of the District Board of Health and the Secretary of the Board.

The Chairman of the Board shall notify the County Commissioners from which the Board Member represents of any member of the Board who is absent from three consecutive meetings. The county, from which the Board Member represents, shall send a letter stating whether they wish to have the board member continue or appoint a new member.

SECTION 9: DUTIES OF CHAIRMAN:

The Chairman shall preside at all meetings of the District Board of Health, and:

- Shall cause to be called regular and special meetings of the District Board of Health and conduct them in accordance with these By-Laws.
- Shall have all direct powers, implied powers and duties as stated in Idaho Code Section 39-414 pursuant to due and lawful prior approval of the District Board of Health.
- Shall enforce these By-Laws and perform all duties incident to the position and office, which are required by law, By-Laws, rules and regulations.

- Shall have authority to appoint special subcommittees of the Board as deemed necessary for efficient conduct of the Health District business. Such committees shall be reaffirmed on a yearly basis. Members of these subcommittees will be reimbursed pay for expenses as at regular Board of Health meetings. Meetings of the subcommittee may be called by the Board Chairman, the Secretary, or by the Chairman of the subcommittee, as necessary for proper conduct of health district business. All recommendations of any subcommittee must be confirmed at the following regular Board of Health meeting.

SECTION 10: DUTIES OF VICE-CHAIRMAN:

During the absence and/or inability of the Chairman to render and perform his/her duties or exercise his/her power, as set forth in these By-Laws or in statutes under which the Public Health District was established, and the same shall be performed and exercised by the Vice-Chairman; and when so acting, shall have all these powers and be subject to all the responsibilities hereby given or imposed upon the Chairman.

SECTION 11: DUTIES OF THE TRUSTEE:

The Trustee will attend all meetings of the Trustees of the Idaho Association of District Boards of Health. If the Trustee is unable to represent the Board, the Chairman will appoint another Board Member.

During the absence and/or inability of the Chairman and the Vice-Chairman to render and perform their duties or exercise their powers, as set forth in these By-Laws, or in acts under which the Public Health District was established, the same shall be performed and exercised by the Trustee; and when so acting, shall have all these powers and be subject to all the responsibilities hereby given or imposed upon the Chairman and Vice-Chairman.

SECTION 12: DUTIES OF THE SECRETARY TO THE BOARD:

The secretary in addition to 39-413 is hereby authorized by the board to do the following:

- Present to the District Board of Health all official communications addressed to him by members of the Board and other such communications that are relevant to any business conducted at any meeting of the District Board of Health.
- Develop an annual report and/or program summary at the close of each fiscal year.
- Recommend and assist the chairman in developing an agenda for regular and special board meetings, which will keep board members apprised of; public health, trainings, policy, personnel and fiscal issues.
- Giving notice of board meetings as advised by the Chairman.
- To administer and enforce all state and district health laws, regulations and standards.
- To enter into contracts with any other governmental or public agency whereby the district agrees to render services to or for such agency in exchange for a charge reasonably calculated to cover the cost of rendering such service. This authority is to be limited to services voluntarily rendered and voluntarily received and shall not apply to services required by statute, rule, and regulations, or standards promulgated pursuant to this act or chapter 1, title 39, Idaho Code.

- To accept all moneys or payments received or collected by gift, grant, devise, or any other way deposited to the respective division or subaccount of the public health district in the public health district fund authorized by section 39-422.
- To enter into contracts with other governmental agencies, as may be deemed necessary to fulfill the duties imposed upon the district in providing for the health of the citizens within the district.
- To administer and certify solid waste disposal site operations, closure, and post closure procedures established by statute or regulation in accordance with provisions of chapter 74, title 39, Idaho Code, in a manner equivalent to the site certification process set forth in section 39-7408, Idaho Code.

SECTION 13: SALARY PAYMENT AND REIMBURSEMENT OF BOARD MEMBERS EXPENSES:

Eastern Idaho Public Health District will compensate and pay expenses for Board Members when attending a meeting called by the Chairman or the Director and for an official Board meeting, sub-committee meetings or ad-hoc committee meetings or for those occasions when a Board Member is representing the Board of Health at a meeting approved by either the Board Chairman or District Director. The District will reimburse members for actual expenses in accordance with state travel regulations.

SECTION 14: ENFORCEMENT:

The Board is granted by Idaho Code general authority and has the duty of enforcing all State and District health laws and regulations. The Secretary shall recommend to the Board enforcement measures to be taken as necessary to preserve and maintain public health. In the event that an emergency arises which forbids prior notice and recommendations to the Board, the Secretary may implement such action, as he deems necessary to protect the public health. In the event the Secretary implements such emergency action, he/she shall notify the Board of such action by telephone conference call and by written notice as promptly as possible. If any member of the Board disagrees with the emergency action taken by the Secretary, then that member shall call for a special meeting of the Board as provided by these Bylaws. Upon the giving of notice to the Board by the Secretary of emergency action, the failure of any member to object promptly to the action shall constitute ratification by the Board of the measures taken by the Secretary.

The Secretary shall also notify the Board promptly of any legal proceedings filed in any court in which the District is a party.

SECTION 15: PARLAMENTARY AUTHORITY:

Roberts Rules of Order (Simplified) shall be the governing authority for the order of business and conduct of all meetings of the Board of Health.

SECTION 16: AMENDMENTS:

These By-Laws may be altered, amended, repealed, or added to by an affirmative two-thirds vote of a quorum of the District Board present at a regular or special meeting called for that purpose. Board Members will be given a 30-day notification of all proposed By-Laws amendments

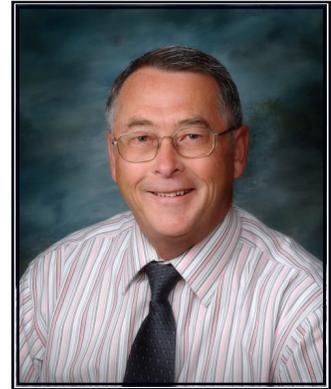
BOARD MEMBERS



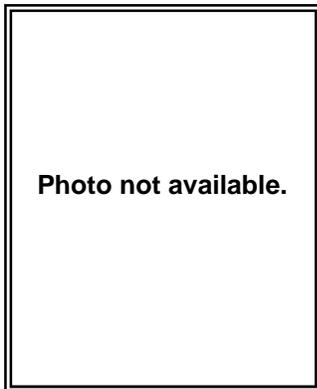
Mark Trupp
Chairman
Teton County
Term: 1999-2009



Tad Hegsted
Vice Chairman
Jefferson County
Term: 2005-2010



Ralph Robison
Executive Committee
Madison County
Term: 2006-2009



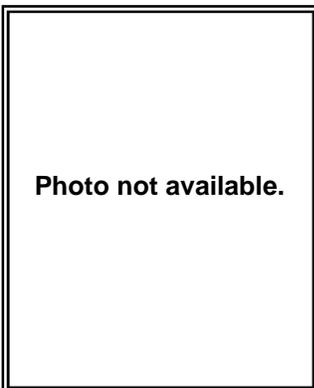
Lee Staker
Bonneville County
Term: 2008-2013



Greg Shenton
Clark County
Term: 2001-2012



Lin Hintze
Custer County
Term: 1997-2012



Paul Romrell
Fremont County
Term: 2008-2013



Robert Cope
Lemhi County
Term: 2001-2011



Dr. Barbara Nelson
Physician Representative
Term: 2006-2011

BOARD MEMBER TERMS

Bonneville County

Lee Staker
605 N. Capital
Idaho Falls, ID 83402

Appointed: 2008
Term Expires: June 30, 2013

Clark County

Greg Shenton
P.O. 33
Dubois, ID 83423

Appointed: 2001
Term Expires: June 30, 2012

Custer County

Lin Hintze
P.O. Box 125
Mackay, ID 83251

Appointed: 1997
Term Expires: June 30, 2012

Fremont County

Paul Romrell
P.O. Box 10
Newdale, ID 83436

Appointed: 2008
Term Expires: June 30, 2013

Jefferson County

Tad Hegsted
3521 East 100 North
Rigby, ID 83442

Appointed: 2005
Term Expires: June 30, 2010

Lemhi County

Robert Cope
1610 Main Street
Salmon, ID 83467

Appointed: 2001
Term Expires: June 30, 2011

Madison County

Ralph Robison
1920 North 3000 West
Rexburg, ID 83440

Appointed: 8/2006
Term Expires: June 30, 2009

Teton County

Mark Trupp
P.O. Box 780
Driggs, ID 83422

Appointed: 1999
Term Expires: June 30, 2009

Physician Representative

Barbara J. Nelson, MD
2327 Coronado
Idaho Falls, ID 83404

Appointed: July 1, 2006
Term Expires: June 30, 2011

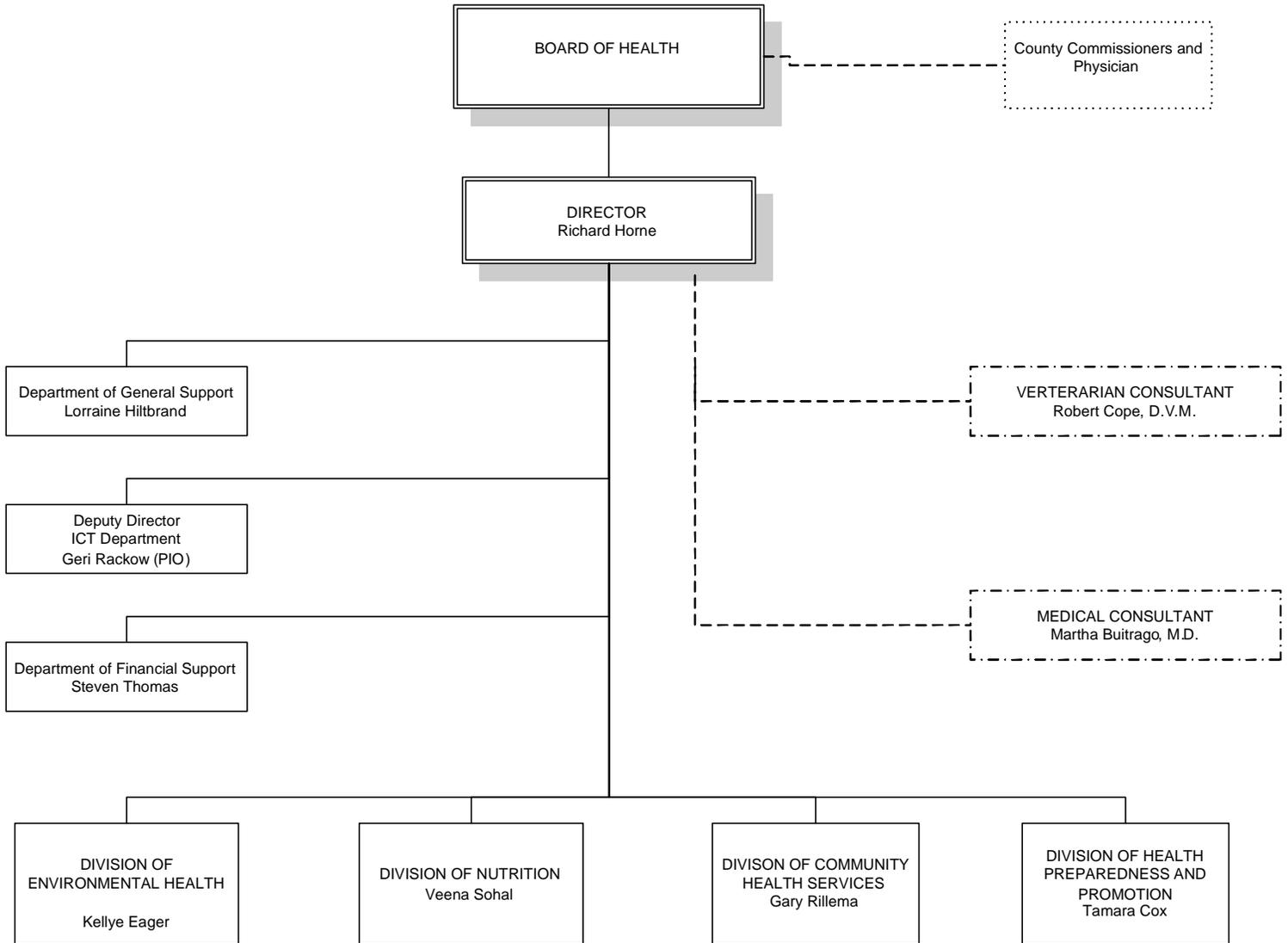
2008 BOARD CALENDAR

Revised 8-29-08

Date	Time	Location	Agenda
January	NO MEETING		
February 28, 2008	9:00 a.m. – 3:00 p.m.	Bonneville County Office	General Board Meeting
March	NO MEETING		
May 1, 2008	9:00 a.m. – 3:00 p.m.	Bonneville County Office	General Board Meeting District Budget
May 28, 2008 May 29, 2008 May 30, 2008	2:30 – 4:30 p.m. 8:00 a.m. – 5:00 p.m. 8:00 a.m. – 5:00 p.m.	Boise, Idaho	IAB Trustee Meeting Education Sessions Business Meeting
June 26, 2008	9:00 a.m. – 12:00 p.m.	Bonneville County Office	Budget Committee Public Hearing
July	NO MEETING		
August 28, 2008	9:00 a.m. – 3:00 p.m.	Satellite Office	General Board Meeting
September	NO MEETING		
October 30, 2008	NO MEETING		
November 13, 2008	9:00 a.m. – 3:00 p.m.	Bonneville County Office	General Board Meeting (will include Public Health Orientation for newly elected officials)
December 18, 2008	9:00 a.m. – 3:00 p.m.	Bonneville County Office	General Board Meeting

ORGANIZATIONAL CHARTS

Eastern Idaho Public Health District



DIVISION OF ENVIRONMENTAL HEALTH

Kellye Eager 1251
 Environmental Health Director

Rowene Jensen 5103
 Administrative Assistant

Debra Orme 9003
 Office Spec 1

Tina Hernandez
 5360
 Office Spec 2

John Moss 2200
 EHS Sr.
 Drinking Water Program

Glenn Hugunin 2109
 EHS 2
 Custer & Lemhi Counties

Cindy Johnson 2104
 EHS Sr.
 Food Program

Merrill Hemming 2111
 EHS 2
 Food and Water Programs

Steve Adams 2102
 EHS Sr.
 Waste Management
 Custer and Lemhi Counties

Nathan Taylor 2110
 Environmental Health Supervisor

Raymond Keating 2100
 EHS 2
 Jefferson/Clark Counties

Dan Wallace 2101
 EHS 2
 Bonneville County

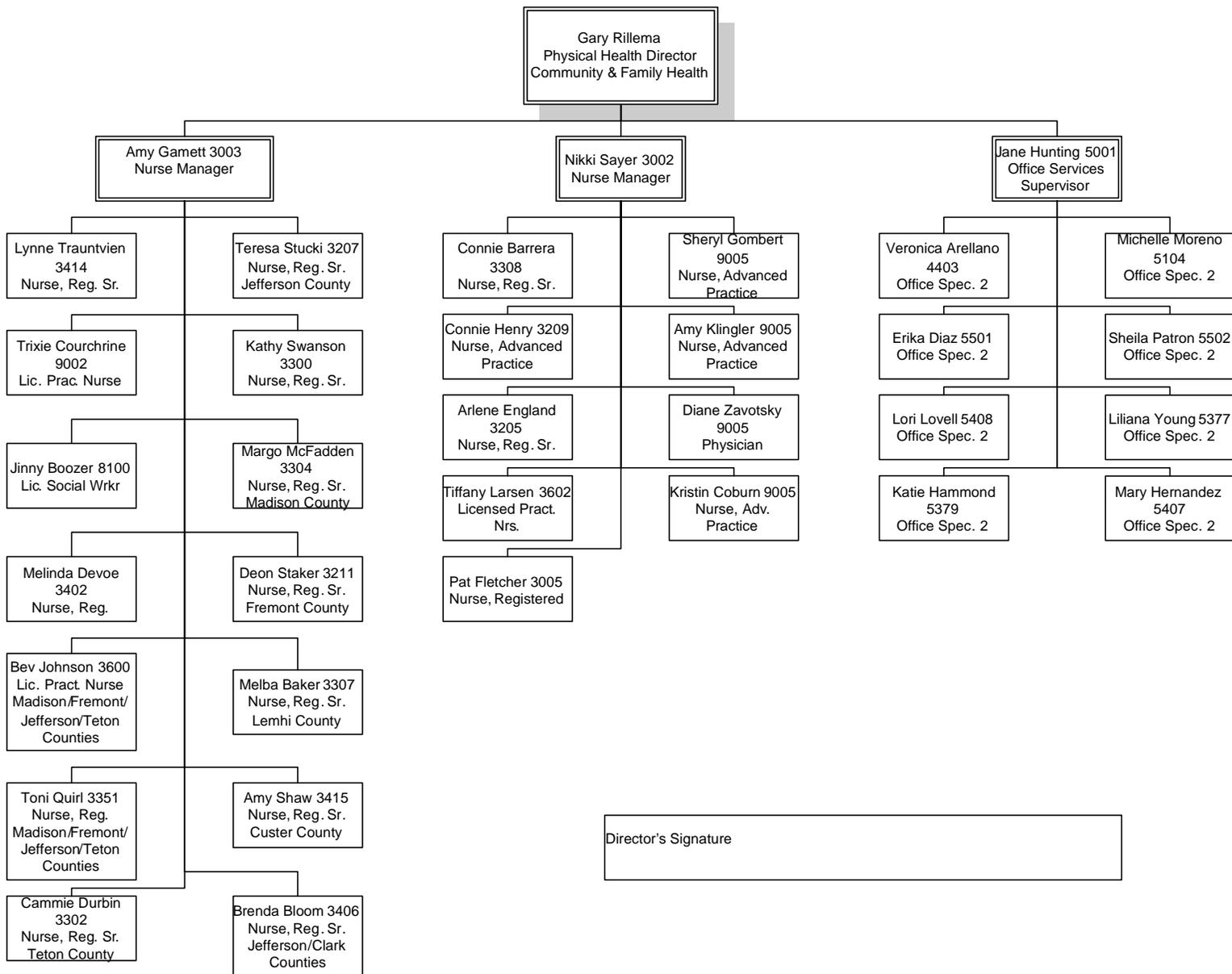
Michael Dronen 2107
 EHS 2
 Teton County

Vacant 2103
 EHS 2

Owen McLaughlin 2106
 EHS 2
 Fremont County

Director's Signature

Division of Family and Community Health Services



DIVISION OF HEALTH PREPAREDNESS,
PROMOTION, & SURVEILLANCE

Tamara Cox 7001
Division Director
Public Health Program
Manager 2

Pat Kishiyama 7005
Administrative Assistant

SURVEILLANCE SECTION

PREPAREDNESS SECTION

PROMOTIONS SECTION

Ken Anderson 1603
Epidemiologist

Mike Taylor 7003
Epidemiologist

Holly Peterson
7007
Nurse Reg. Sr.

Troy Nelson 7006
Planner

Marilyn Anderson
7008
Trainer

Timalee Geisler
1002
Health Education
Spec. Sr.

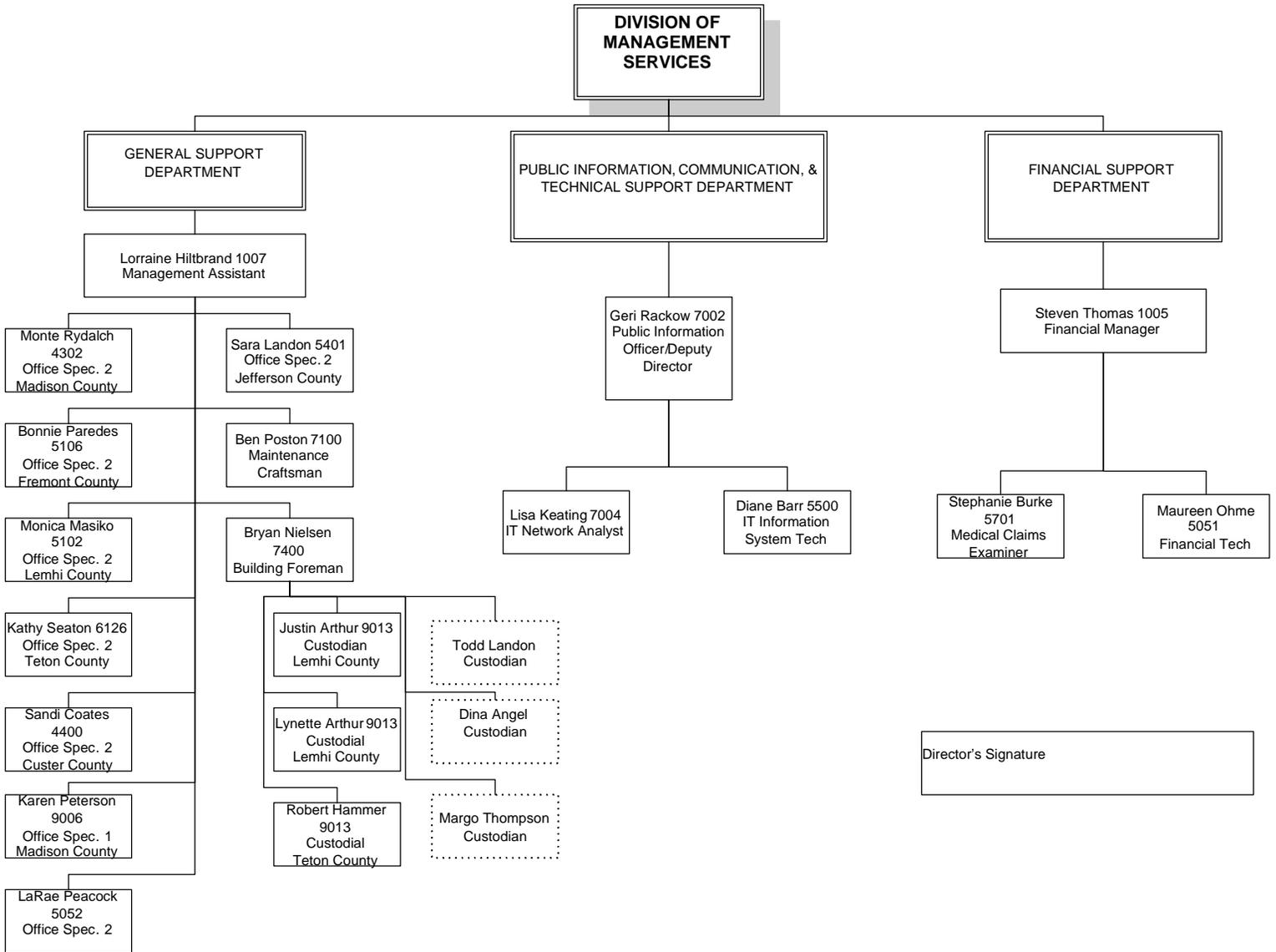
MaryAnn Brown
1004
Health Education
Spec.

Elyse Baird 8300
Dental Hygienist

Kaylene Craig 1006
Health Education
Spec.

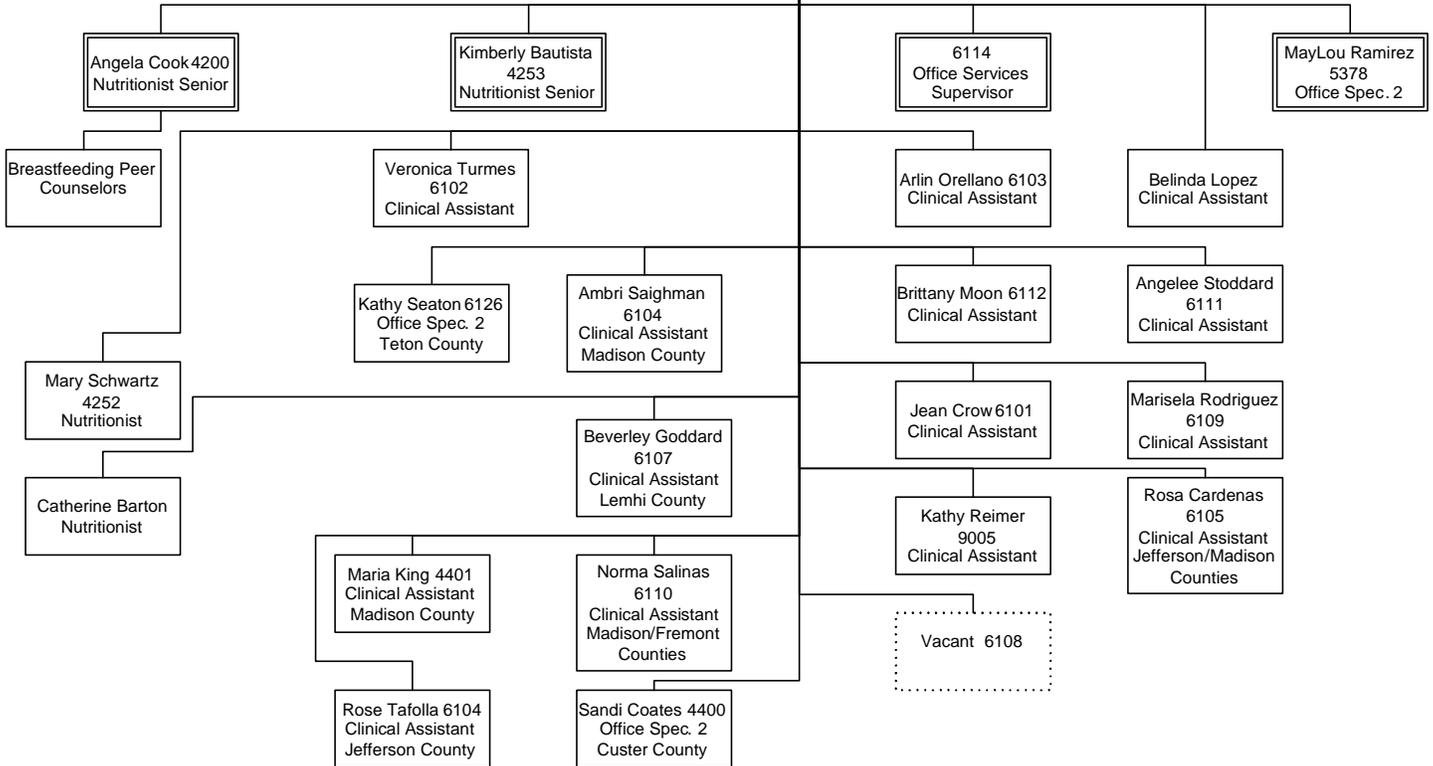
Mimi Morgan 9006
Health Education
Spec.

Director's Signature



DIVISION OF NUTRITION

Veena Sohal 4101
Division Director
Public Health Manager 2



Director's Signature

DIRECTOR RESPONSIBILITIES

By Statue:

39-413. DISTRICT HEALTH DIRECTOR -- APPOINTMENT -- POWERS AND DUTIES. A district health director shall be appointed by the district board. The director shall have and exercise the following powers and duties in addition to all other powers and duties inherent in the position or delegated to him or imposed upon him by law or rule, regulation, or ordinance:

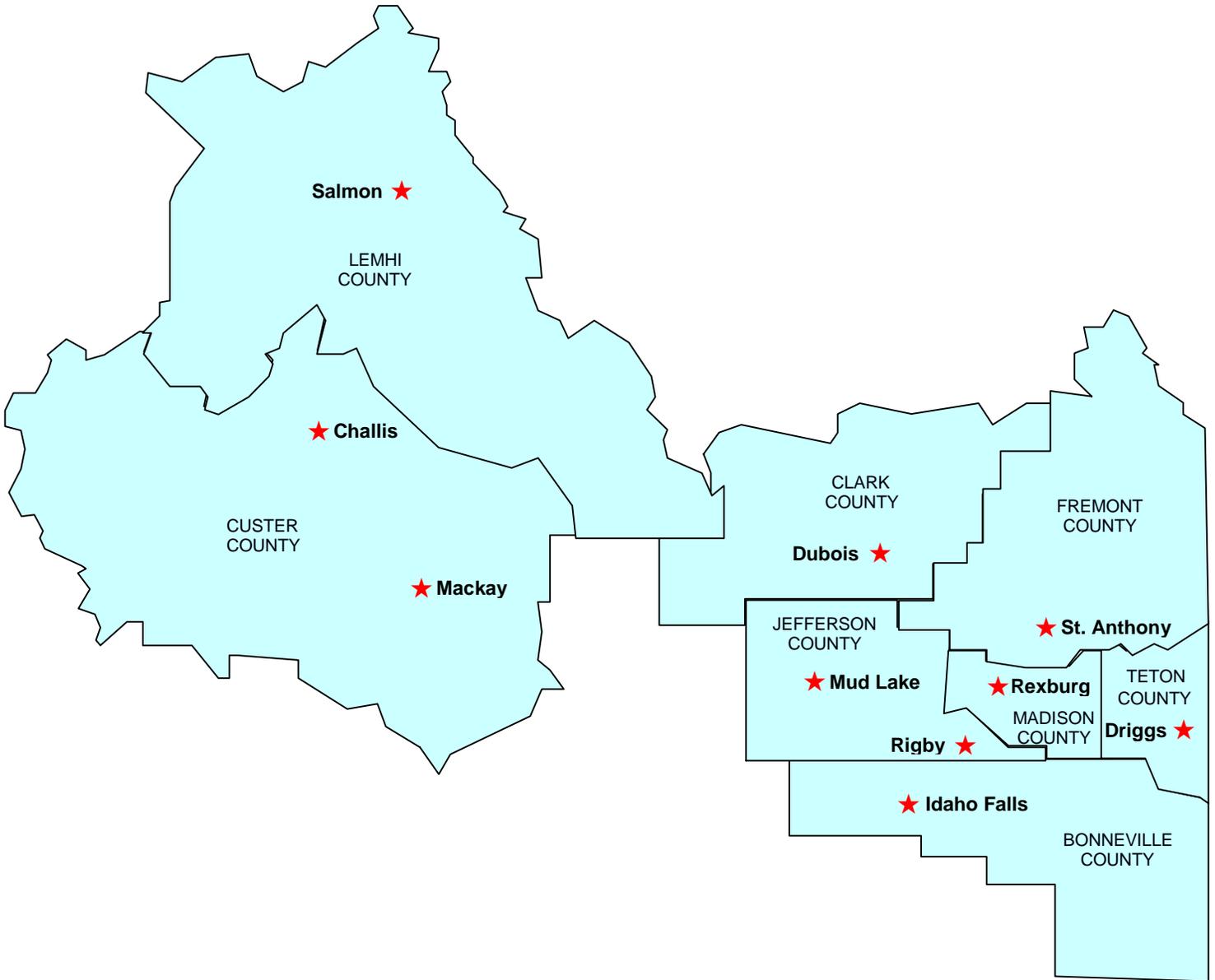
- (1) To be secretary and administrative officer of the district board of health;
- (2) To prescribe such rules and regulations, consistent with the requirements of this chapter, as may be necessary for the government of the district, the conduct and duties of the district employees, the orderly and efficient handling of business and the custody, use and preservation of the records, papers, books and property belonging to the public health district;
- (3) To administer oaths for all purposes required in the discharge of his duties;
- (4) With the approval of the district board to:
 - (a) Prescribe the positions and the qualifications of all personnel under the district health director on a nonpartisan merit basis in accordance with the objective standards approved by the district board.
 - (b) Fix the rate of pay and appoint, promote, demote, and separate such employees and to perform such other personnel actions as are needed from time to time in conformance with the requirements of chapter 53, title 67, Idaho Code.
 - (c) Create such units and sections as are or may be necessary for the proper and efficient functioning of the duties herein imposed.

By Administrative Responsibility:

In reality, the responsibilities of the district director are much broader and include such things as:

- Preparation and oversight of district budget
- Leadership
- Human Resource Management
- Ensure competent/trained workforce
- Allocation of financial, physical and human resources
- Ensuring compliance with laws and regulations
- Contract compliance
- Cooperative collaboration with other agencies be they Federal, State or Local
- Member of Council of District Directors (CODD)
- Influencing Legislation and regulations
- Promotion of public health and the health district

MAP OF DISTRICT OFFICES



EASTERN IDAHO PUBLIC HEALTH DISTRICT SATELLITE OFFICES



Bonneville County
1250 Hollipark Drive
Idaho Falls
522-0310



Clark County
420 West Main
Dubois
374-5216



Custer County
1050 N Clinic Road
Challis
879-2504



Fremont County
45 South 2nd West
St. Anthony
624-7585



Jefferson County
380 Community Lane
Rigby
745-7297



Lemhi County
801 Monroe
Salmon
756-2122



Madison County
314 North 3rd East
Rexburg
356-3239



Teton County
139 Valley Centre Drive
Driggs
354-2220

2009 – 2013 STRATEGIC PLAN

ANNUAL PERFORMANCE REPORT

DISTRICT BUDGET PROCESS

Fiscal Timetable (Budget Timetable)

- March-April: Finance committee meets with Director and gives direction for budget.
- April-May: Director prepares budget and presents to District Board of Health.
- May-June: By the first Monday in June, District Board of Health sends preliminary budget request to the counties and District Budget Committee.
- Before June 30: Budget Committee (chairman of each county commission) holds a hearing and meets to approve budget.
- July 1: Fiscal year begins.

How are we Funded?

The districts have several funding sources; however, they can be lumped into the following categories:

1. County Contributions
2. State Contribution
3. Contracts
4. Fees

County Contributions

The District Health Department's basic funding is derived from county contributions. Each county's share of the District budget is prorated based on 70% population and 30% taxable market value. (Idaho Code 39-424)

In April or May of each year the director prepares a budget for the upcoming fiscal year and presents this budget to Eastern Idaho Public Health District's Board of Health. The Board reviews the budget and either approves or modifies the presented budget. As required by law, the budget approved by the Board, which includes an estimated cost to each county, must be submitted to the District's Budget Committee by the first Monday in June. On or before the first Monday in July, the Budget Committee is required to hold a meeting and public hearing on the proposed budget of the District. The budget shall be agreed upon and approved by a majority of the Budget Committee, which then becomes binding upon all counties within the district.

Note: The District Budget Committee is comprised of the chairman of the Boards of County Commissioners located within the district.

State Contribution

The State legislature appropriates funds to the Districts for basic health services. Originally, the law required a match of county money pledged; however, the law has been changed so that the Legislature may appropriate whatever amount they wish.

Following the approved budget, the districts are required by law to submit a request to the legislature for money to be used to match funds contributed by the counties pursuant to section 31-862, Idaho Code, for the maintenance and operation of the district health departments.

Contracts

The Board may contract with other governmental or public agencies to render services to or for such agency in exchange for a charge reasonably calculated to cover the cost for rendering the service. Most of the district's contracts are written with either the Department of Health and Welfare or Department of Environmental Quality. The money they use to contract with comes from Federal Block Grants funds that are directed to the state for services. The major portion of the districts budget is made up of contracts.

Fees

The Board may also establish a charge to render services to or for entities other than governmental or public agencies for an amount reasonably calculated to cover the cost for rendering such services. User fees for services are a critical part of our funding. This is a reflection of the limits that have been placed on our other funding sources. However, in no cases do we refuse services to someone who cannot pay for services. A number of the district programs have a fee attached to them. Examples: septic, land development, immunization and family planning.

STATE STATUTES REGARDING BUDGET

39-422. PUBLIC HEALTH DISTRICT FUND -- ESTABLISHMENT -- DIVISIONS --

FISCAL OFFICER -- EXPENDITURES. (1) There is hereby authorized and established in the state treasury a special fund to be known as the public health district fund for which the state treasurer shall be custodian. Within the public health district fund there shall be seven (7) divisions, one (1) for each of the seven (7) public health districts. Each division within the fund will be under the exclusive control of its respective district board of health and no moneys shall be withdrawn from such division of the fund unless authorized by the district board of health or its authorized agent.

(2) The procedure for the deposit and expenditure of moneys from the public health district fund will be in accordance with procedures established between all district boards and the state controller. All income and receipts received by the districts shall be deposited in the public health district fund.

(3) Claims against the divisions of the health district fund are not claims against the state of Idaho. Claims against an individual health district are limited to that district's division moneys.

39-423. BUDGET COMMITTEE OF PUBLIC HEALTH DISTRICT.

The chairmen of the boards of county commissioners located within the public health district are hereby constituted as the budget committee of the public health district.

The district board will submit to the budget committee by the first Monday in June of each year the preliminary budget for the public health district and the estimated cost to each county, as determined by the provisions of section 39-424, Idaho Code.

On or before the first Monday in July, there will be held at a time and place determined by the budget committee a budget committee meeting and public hearing upon the proposed budget of the district. Notice of the budget committee meeting and public hearing shall be posted at least ten (10) full days prior to the date of said meeting in at least one (1) conspicuous place in each public health district to be determined by the district board of health. A copy of such notice shall also be published in the official newspaper or a generally circulated newspaper of each county of such public health district, in one (1) issue thereof, during such ten (10) day period.

The place, hour and day of such hearing shall be specified in said notice, as well as the place where such budget may be examined prior to such hearing. A summary of such proposed budget shall be published with and as a part of the publication of such notice of hearing in substantially the form required by section 31-1604, Idaho Code.

On or before the first Monday in July a budget for the public health district shall be agreed upon and approved by a majority of the budget committee. Such determination shall be binding upon all counties within the district and the district itself.

39-424. COST OF MAINTENANCE OF DISTRICT -- APPORTIONMENT TO MEMBER COUNTIES. The manner of apportioning the contributions of the counties as part of the budget of the health district, created pursuant to section 39-423, Idaho Code, shall be as follows:

(1) Seventy percent (70%) of the amount to be contributed by the counties shall be apportioned among the various counties within the health district on the basis of population. The proportion of the total population of each county as compared to the total population of the health district shall be the proportion by which such county shall share in the contribution of county funds for the maintenance of the health district, pursuant to this subsection. The population will be determined by the last general census when applicable. When a general census number is not applicable, population shall be estimated for each county by the state department of commerce and such estimated population number shall be certified to each health district by not later than April 1.

(2) Thirty percent (30%) of the amount to be contributed by the counties shall be apportioned among the counties within the district on the basis of taxable market value for assessment purposes. The proportion of the total taxable market value for assessment purposes of each county as compared to the total taxable market value for assessment purposes of the health district shall be the proportion by which such county shall share in the contribution of funds for the maintenance of the health district, pursuant to this subsection. Total taxable market value for assessment purposes shall mean the total taxable market value for assessment purposes as computed by the county assessor for the preceding full calendar year. Taxable market value for each county shall be certified to the health districts by the state tax commission for the preceding year.

39-425. GENERAL STATE AID TO DISTRICTS -- PROCEDURES. (1) Every year, the districts shall submit a request to the legislature for money to be used to match funds contributed by the counties pursuant to section 31-862, Idaho Code, for the maintenance and operation of district health departments. The matching amount to be included in the request shall be a minimum of sixty-seven percent (67%) of the amounts pledged by each county, as adopted as part of the budget for the health districts during the budget formulations, as provided for in section 39-423, Idaho Code. If the determined amount of participation by a county would exceed the amount which could be raised applying the maximum levy prescribed in section 31-862, Idaho Code, that county's participation shall be reduced to the maximum amount which can be raised thereby.

(2) The foregoing provision shall not limit the legislature from authorizing or granting additional funds for selected projects in excess of the percentage of participation of general aid granted all health districts.

(3) General state aid to the various health districts shall be made available from state appropriations, and shall be distributed in the following manner:

(a) The amount appropriated to the health districts shall be divided based upon the formula developed and administered by the board of trustees of the Idaho district boards of health.

(b) One-half (1/2) of the amount appropriated shall be remitted to the public health trust fund on or before July 15; and

(c) The remaining one-half (1/2) of the amount appropriated shall be remitted to the public health trust fund on or before January 15.

(4) The liability of the state of Idaho to the public health districts and the public health district fund and its divisions is limited to:

(a) The funds actually authorized and granted to the various public health districts as provided in subsection (1) of this section; and

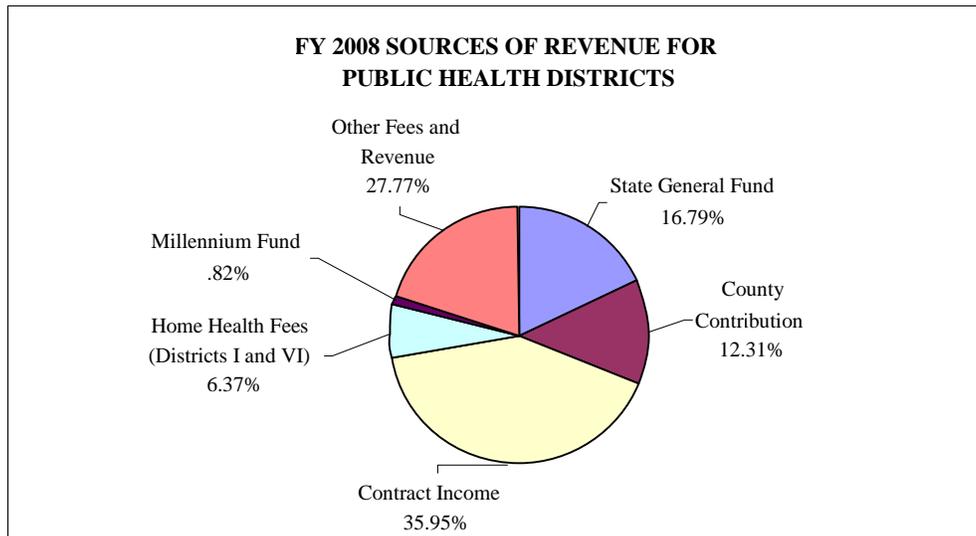
(b) The funds actually authorized or granted to the various public health districts as provided for in subsection (2) of this section; and

(c) The funds due the various health districts in payment of legally authorized contracts and agreements entered into between the departments of the state of Idaho and the various public health districts.

(5) If revenues to the state treasury are insufficient to fully meet appropriations, and reductions in spending authority have been ordered pursuant to law, the amount of moneys to match revenues contributed by the counties, pursuant to section 39-423, Idaho Code, which has been appropriated pursuant to this section, shall be reduced by the same percentage rate as other general account appropriations

STATEWIDE BUDGET FOR PUBLIC HEALTH

The Public Health Districts are asking for \$11,748,000 in State General Funds, with \$985,300 being a fund shift request to the State for FY 2009. This funding is necessary to support the projected 29 percent increase in the employer share of medical cost; one percent change in employee compensation; general and medical inflation cost, while at the same time maintaining the current level of Public Health services. The fund shift to the State would increase by \$356,800 for each one percent increase in change in employee compensation greater than the one percent recommended in the Budget Development Manual. Sources of revenue percentages within each Public Health District vary according to its unique needs. The summary pie chart and table below show estimated FY 08 dollars for the period ending June 30, 2008:



Cumulatively, the Public Health Districts received about 29% of their funding from the Counties and the State Legislature. Contracts originating primarily at the federal level account for 36% of the funding, and user fees and other revenue amount to 35%.

FY 2008 REVENUE FOR PUBLIC HEALTH DISTRICTS		
State General Fund	10,270,900	16.79%
County Contribution	7,533,200	12.31%
Contract Income	21,996,300	35.95%
Home Health Fees (Districts I and VI)	3,897,700	6.37%
Millennium Fund	500,000	0.82%
Other Fees and Revenue	<u>16,991,300</u>	<u>27.77%</u>
TOTAL	61,189,400	100.00%

STATEWIDE PERFORMANCE MANAGEMENT REPORT

FISCAL YEAR 2009 DISTRICT BUDGET

IDAHO ASSOCIATION OF DISTRICT HEALTH BOARDS (IAB) STRUCTURE

The seven public health districts were created under the provisions of Chapter 4, Title 39, Idaho Code. The respective Boards of Directors of the said public health districts determined that the ability to fulfill the statutory duties and those functions of their respective health district would be best served by the formation of a statewide association of the Boards of Directors of the seven health districts. Therefore, the respective members of the Boards of Directors of the seven public health districts of the State of Idaho did voluntarily associate themselves together to form Idaho Association of District Boards of Health (IAB).

It was determined that the business affairs of the association would be managed by a Board of Trustees in conformity with Idaho Code 39-411. A Trustee shall represent the district board as a member of the IAB's Board of Trustees. IAB's Board of Trustees shall have the authority to allocate appropriations from the legislature to the districts. The IAB Board of Trustee shall develop and administer a formula for the allocation of legislative appropriations.

The objective of the association in addition to the statutory responsibility is to:

- Promote the exchange of information between the district health boards.
- Coordinate policies and programs among the respective district health boards.
- Obtain assistance in making and processing federal and state grant applications.
- Furnish aid to each district health board in the performance of its statutory powers and duties.
- Assist each district health board in establishing, amending, or enforcing rules and regulation regarding health in their districts in a uniform and consistent manner throughout the State of Idaho without compromising each district health boards' ability to meet the special needs of their individual districts.

The IAB meets at least annually, usually in mid June. The meeting location rotates throughout each of the seven health districts.

TRUSTEES - IDAHO ASSOCIATION OF DISTRICT HEALTH BOARDS

CHAIR

District I – Panhandle Health District

Chris Beck
(208) 415-5103

District II – North Central District Health

Gary Morris
(208) 790-3100

District III – Southwest District Health

Bill Brown
(208) 455-5300

District IV – Central District Health

Betty Ann Nettleton
(208) 375-5211

District V – South Central District Health

Marvin Hempleman
(208) 737-5900

District VI – Southeastern District Health

Carolyn Meline
(208) 233-9080

District VII – Eastern Idaho Public Health District

Mark Trupp
(208) 522-0310

BYLAWS - IDAHO ASSOCIATION OF DISTRICT HEALTH BOARDS

ARTICLE I NAME

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

ARTICLE II PURPOSE

The purpose of this Association shall be:

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

ARTICLE III MEMBERSHIP

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

ARTICLE IV FINANCING

Funding for the Association shall be provided by the seven (7) Public Health Districts on an equal basis.

ARTICLE V
OFFICERS of the ASSOCIATION

Section A. Officers

1. The Chair of the Association shall be the chair of the Board of Health for the district hosting the annual Association meeting.
2. The Board of Trustees shall consist of the following:
 - (a) The Chair shall be the Trustee from the hosting District where the annual meeting will take place.
 - (b) A Vice-Chair shall be a Trustee from the District which hosts the next annual meeting.
 - (c) A Secretary which will be the District Director from the hosting district. The secretary shall have no vote.
 - (d) Trustees, a District Representative, which has been appointed as a Trustee in accordance with Idaho Code 39-411.

The Board of Trustees shall conduct the affairs of the Association in accordance with the purpose and bylaws of the Association and directives adopted by the Association. As issues arise between Association meetings, decisions of the Board of Trustees shall constitute interim decisions of the Association. During the annual meeting, the interim decisions of the Board of Trustees will be reported to the Association by the Chair and ratified by a vote of the Association membership.

3. State Association of Local Boards of Health (SALBOH) Representative:
 - (a) The SALBOH Representative is a Board of Health Member elected by the Association.
 - (b) As a representative of the Association, expenses for travel to the annual SALBOH and National Association of Local Boards of Health (NALBOH) meetings shall be reimbursed by the Association.

Section B. Term

The new Chairs, Vice-Chair, and Secretary of the Association shall take office at the conclusion of the annual meeting and shall serve until the conclusion of the next annual meeting. The SALBOH Representative shall take office at the conclusion of the annual meeting and shall serve a three (3) year term.

Section C. Duties of Officers

1. The Chair of the host board of health for the Annual Association meeting shall preside at the annual and special Association meetings.
2. The Chair of the Board of Trustees shall preside at all special meetings and conference calls of the Board of Trustees.
3. The Vice-Chair shall:
 - (a) Preside at all meetings of the Association in the absence of or at the request of the Chair.
 - (b) Perform such other duties as may be required.
4. The Secretary of the Board shall:
 - (a) Record minutes of the Association and Board of Trustees' meetings.
 - (b) Conduct correspondence as directed by the Chair.
 - (c) Keep bylaws current for reference.
 - (d) Send all notices in accordance with these bylaws.
 - (e) Report recommendations and actions of the Board of Trustees to the Association.
 - (f) In the absence of the Chair and Vice-Chair, call the meeting to order and preside until immediate election of a temporary Chair.
 - (g) Perform such other duties as may be required.
5. The Trustees shall:
 - (a) Represent their district boards as a member of the Board of Trustees. Recognizing that new, as well as amendments to existing public health laws, standards, regulations and rules arise between annual Association meetings, representing their respective District Boards includes providing their Board's position on such laws, standards, regulations and rules to the Board of Trustees.
 - (b) Have authority to allocate appropriations from the legislature to the health districts. (IC 39-411)
 - (c) Develop and administer a formula for the allocation of legislative appropriations. (IC 39-411)
 - (d) In the event a Trustee cannot attend, an alternate Board Member from his/her District SHALL represent that District at meetings and on conference calls.

6. The SALBOH Representative:

- (a) Shall serve as the NALBOH contact for Idaho's SALBOH.
- (b) May attend the annual SALBOH and NALBOH meetings and provide a written summary of each meeting to be shared with the chairs of the seven (7) public health district boards of health.
- (c) May present key ideas generated from the meetings to the Association during the Annual business meeting.

Section D. The Conference Office

- 1. The Conference Office shall serve as custodian of the Association records.
- 2. It shall have custody of, and be responsible for, all funds and securities of the Association.

**ARTICLE VI
ANNUAL MEETING AND SPECIAL MEETINGS**

Section A. Purpose.

To fulfill the objectives of ARTICLE II of the bylaws.

Section B. Date and Site.

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

Section C. Special Meetings.

Special meetings of the Association may be called by the Association Chair or by the majority of the members of the Board of Trustees, provided all members are notified not less than seven (7) days before the date of the meeting.

Special meetings of the Board of Trustees may be called by the Chair of the Board of Trustees or by two (2) members of that Board, provided all members are notified not less than seven (7) days before the date of the meeting.

Section D. Voting.

Voting at the annual meeting and at special meetings shall be limited to the membership in attendance and by proxy of the absent members.

Proxy means authority to vote as the designee sees fit. The designee shall submit written documentation as how he/she wishes to be represented. (e.g. the proxy has been given permission to vote their best judgment base on the situation or the proxy has permission to vote exactly as they say.)

Section E. Quorum.

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

ARTICLE VII PARLIAMENTARY AUTHORITY

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

ARTICLE VIII AMENDMENTS

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

- 1988 Adopted at the annual meeting of IAB.
- 5/93 Adopted by the Board of Trustees on 7/8/93.
- 5/95 Adopted by the Board of Trustees on 5/2/95.
- 5/95 Adopted at the annual meeting of IAB on 5/4/95.
- 6/08 Adopted at the annual meeting of IAB on 6/30/08

ARTICLE IX RESOLUTIONS

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

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

GOVERNMENTAL AFFAIRS COMMITTEE BYLAWS

1. Advance public health on behalf of the various regional Health Districts.
2. Advance a uniform public health agenda as established by the Board of Trustees.
3. Advise the Trustees on public policy issues relating to health and the Health Districts.
4. Analyze information and advise the Trustees and others as directed.
5. Advise, supervise, and communicate with the Legislative Advisor.
6. Make legislative and executive contacts, including testimony, to advance the goals of public health.
7. Present budget information to the Legislature and others to advance public health.
8. Communicate with the Trustees on an “as needed” basis and seek their counsel on major policy questions, or budget items.
9. Establish uniform legislative communication with the local Boards of Health, their Directors, and their respective Legislators.

COMPENSATION OF BOARD MEMBERS

District Board of Health members are entitled to compensation while actively engaged in Board functions. Members are paid for meal and lodging expenses and \$75 per day while on Board business. Mileage and meal reimbursement is based on the State’s Travel Policy and Procedures. The meal reimbursement rate is currently \$7.50 for breakfast, \$10.50 for lunch, and \$16.50 for dinner with the total day not to exceed \$30.00.

The District is only able to pay for the Board member. Board members will need to pay for any expenses, including meals and motels incurred when family members travel to Board functions.

LIABILITY COVERAGE FOR BOARD

Under Idaho Code, Board of Health members are considered employees; therefore, entitled to the protection afforded by a comprehensive liability insurance plan. This pertains to any liability which may be incurred relative to Board acts and decisions.

CREDITED STATE SERVICE

Board of Health members earn credited state service in the State’s retirement system while serving.