

# Meeting Minutes

## Board of Health Mtg - Logan, UT

Wed, Jan 10, 2024 1:00PM

### SUMMARY KEYWORDS

vaccine, year, report, health department, data, board, county, jordan, counties, utah, individuals, emissions, adverse events, program, people, emergency, recommendation, local health department, concern, continue

### SPEAKERS

Tim Keady, Blake Rose, Lindsey Harrelson, Jonathon Robison, Fred Hayes, Estee Hunt, Cheryl Atwood, Josh Greer, Daniel Diehl, Jordan Mathis, Commissioner Lee Perry, Randy Williams, Dr. Yohanna Vernon, Holly Budge, David Zook

**Board Members Present:** Lee Perry, Kevin Hall (virtual), David Zook, Randy Williams, Dr. Yohanna Vernon, Blake Rose, Cheryl Atwood, Cade Palmer (virtual)

**Not Present:** Bill Cox

### BRHD Staff Present:

- **Support Services** - Estee Hunt, Jordan Mathis, Josh Greer, Spencer George
- **Other Staff** - Jared Bohman, Jordan Miller, Holly Budge, Tanesha Holliday, Alicia Toscano, Grant Koford, Jonathan Robison

**Non-BRHD Present:** Fred Hayes - Virtual Attendance (Box Elder County Citizen), Lindsey Harrelson (W.A.B. Warming Center), Tim Keady (W.A.B. Warming Center), Daniel Diehl (Utah Mobile Emissions), Cameron Chappell (Rocky Vista University)

## Summary

- **Homeless shelter and community support.** [12:57](#)
  - Cheryl Atwood and Kevin welcome guests from the WAB Warming Center, expressing gratitude for community support and acknowledging increased demand for services due to cold weather.
- **Public Comment: Vaccine adverse events and emergency calls.** [32:33](#)
  - Fred Hayes shares information on vaccine adverse event reporting system (VAERS), lot to lot variability, and zip code data.
  - Speaker 4 reveals alarming health emergencies related to vaccines, with over 100 mentions of adverse events daily.

- **Mobile emissions testing for convenience and efficiency. [36:30](#)**
  - John Robinson and Daniel Dale discuss a mobile emissions testing service to address long wait times and lack of accessibility.
  - Mobile emissions testing program, leading the charge in Utah and inspiring other counties to follow.
  - Request to extend mobile emissions testing program to make it permanent.
  - Atwood and Mathis discuss extending a pilot program for emission testing, with Mathis recommending an indefinite extension.
- **Modifying public health policy with ethics committee changes. [55:47](#)**
  - Holly Budge presents modifications made to policy to include Board of Health in ethics review committee decisions.
- **Public health campaigns and social media analytics. [57:55](#)**
  - Estee Hunt provides an update on the media report for 2023, highlighting the success of the public health minute campaign and the increase in social media posts.
  - The radio station partnership has resulted in 6 public health minutes, with the goal of reaching a wider audience and providing helpful information to the community.
  - WIC enrollment has increased by 7.5% in the past year, with a total of 29.5% increase in mental health clients receiving therapy.
  - Analyzing website analytics due to Google Analytics changes, making direct comparisons to last year impossible.
  - Estee highlights an interesting trend in website analytics: 40,000 visits to the homepage, with 10,000 repeat visitors and 3900 visitors to the new UA page.
  - The COVID page is still being watched, with 2090 visitors and 100 negative sessions in the last 90 days, despite initial doubts about its relevance.
- **Public health department's duties and responsibilities. [1:11:41](#)**
  - Jordan Mathis highlights the Bear River health department's compliance with standards and exceeding expectations.
- **Vaccine adverse reporting systems and evidence standards. [1:17:50](#)**
  - Jordan Mathis presents on vaccine adverse events reporting systems, citing standards of evidence.
  - Jordan Mathis discovers a glaring error in pediatric vaccine adverse event reporting.
  - Jordan Mathis highlights the limitations of comparing vaccine data to the general population due to issues with making comparisons and underreporting.
  - Peer-reviewed studies cited in the report attempt to address these limitations by analyzing data from different age groups and vaccine types, but all acknowledge the challenges in making accurate comparisons.
  - Jordan Mathis highlights a study finding no association between COVID vaccination and increased mortality, despite residual confounding bias.
- **COVID-19 vaccine adverse events in Utah. [1:33:37](#)**
  - Jordan Mathis highlights that 2.3 million individuals in Utah have received at least one dose of the COVID-19 vaccine, with the 70+ age group leading the way in adoption.
  - In 2021, there was a significant increase in reported adverse events associated with COVID-19 vaccines in Utah, with 4600 of 5800 events occurring that year.
- **COVID-19 vaccine safety and approval processes. [1:49:26](#)**
  - Jordan Mathis concludes that the COVID vaccine has caused a significant drop in adverse events, with no further investigation required.

- Jordan Mathis highlights the importance of utilizing the highest level of evidence in implementing interventions to ensure public trust and prevent declines in immunization rates.
- Mathis expresses concern about the use of emergency use authorization (EUA) in vaccine development and approval, citing the need for robust clinical trials to ensure safety and efficacy.
- Jordan Mathis suggests writing a letter to the US Secretary of Health and Human Services to share the Bear River Health Department's recommendation on vaccine uptake.
- The group agrees to send a cover letter with the recommendation to the state director of the State Health Services Department to share with the governor.
- **Vaccine uptake and health department operations. [2:06:06](#)**
  - Board members discuss potential dates for a retreat and BOH training in Nashville, Tennessee.
  - Health department conducts mass vaccination exercise, focuses on underserved populations.
  - Flu vaccine uptake decreasing statewide, with younger and older populations having highest uptake.
  - Cheryl Atwood and others discuss the challenges of instilling trust in the medical community, particularly in regards to vaccinations.
  - Dr. Vernon mentions the importance of social media in shaping public opinion on vaccines, with some platforms hosting nuanced discussions and others spreading misinformation.
- **Local health department structure. [2:17:29](#)**
  - County authority on mental health and substance abuse is not allowed under state statute.
- **Restructuring local health and mental health services. [2:19:52](#)**
  - Jordan Mathis emphasizes that county officials must decide the direction of local health and mental health services, while the community can provide input.
  - Jordan Mathis emphasizes the need to minimize disruption to vulnerable populations during the transition.
  - Speaker 3 emphasizes the importance of coordinating mental health and substance abuse services for better service delivery and legal compliance.

## Meeting Minutes:

### **Cheryl Atwood** 13:50

Okay, we will get started. We have online Kevin & Cade. We will close the door. We have an opening ceremony and a pledge of allegiance by Lindsey Harrelson.

### **Lindsey Harrelson** 14:59

I'm the executive director for the William A. Burnard (WAB) warming center and this is our vice president of our board of directors, Kevin. We want to say thank you for your support. Any support that the community can offer us is greatly appreciated for the reason that we do and especially your

feedback as we continue to grow. I was just explaining that with this cold weather and this year more of our guests know that we're available. We're seeing more vulnerable population homeless community members, our community members are seeking shelter with the white one in the center. So thank you so much for having us here today. We sincerely appreciate you. Alrighty, do want to just talk real briefly about sort of last year, summer night, last year, winter season. Got some great people on our board. See them all there. You have the people who actually experienced homelessness are also waiting to have always experienced and there's not some really strong people.

**Tim Keady** 16:24

Pleasure to be here today. Members of the social work department CSU as well as myself and the user section I'll say yes to you in general. We do and then we've got into percent Jess in the greater density. paid staff is your first time 20 revenue that is pretty amazing to have a second year to be able to have the opportunity to have someone Executive Director begin doing this. I'll be quite blunt last year, looking to do this as a full time job again a full time job doing so so we know what Lindsay's doing. She's doing a great job. Some really cool things going forward. We expect really good things. services for our population that needs help. Will people participate with about 140 volunteers now? More than we had last year, a great number of people that live step forward to help us planning as well as just being we appreciate that. Great things going forward and you got some handouts. Your loneliness voluntarily on the website

**Lindsey Harrelson** 18:03

Introduction of WAB staff. I'd like to point out that our shelter allows animals because pets are really I don't know if any of you have pets. I have pets, and they're a huge part of our family. So this is Lily bug and Lily comes in and her dad is so sweet because he sleeps on the floor and then Lily sleeps on the cot. And it's just the sweetest thing. That I mean just really is my favorite. So, the Center did open early December 2022. Tim had told me that I was really amazed that it was wasn't supposed to open until this winter, but miraculously and I do think it's quite miraculous that all of the key players came together at the right time to open this center, this warming center for this vulnerable population and I'm grateful for that. We have served over 150 unique individuals. I believe that this year alone there are 56 unique individuals. New to the center between 18 to 20 Homeless serve nightly and right now I do believe that we're surpassing that where we're gonna get to unfortunately I like to say I wish I could work myself out of the job that we might get to 25 or more this time. So we do shelter pets and we're a low threshold facility and anyone is welcome as long as they can follow our guidelines. If they're not following our guidelines, though, that is unacceptable. And we take care of that appropriately because we want our other guests to feel safe. We want our volunteers and staff to feel safe and we have the community to feel safe. We offer guests a safe place to sleep, food beverages, quoting case management as case managers doing a great job and then vouchers to community resources. Logan City Police Department has been absolutely amazing and partnering, partnering with them and then making sure that either when folks are released to go. They bring them over to us and I really appreciate their willingness to support in that way. I've been very, very happy with their actions within a night in the life of volunteers and staff. Our inventory is outrageous. We have a volunteer who specifically oversees our inventory. That's really nice, but we ensure a safe environment and implement conflict resolution that happens quite often. Just the experience of being homeless is traumatic and then often our guests often but well,

okay often our guests have mental health and they struggle with living within the parameters of landlords expectations, and sometimes that's what happens to them and why they make it to the center. So helping guests understand where they're at what they're doing is part of our approach to interacting and then just communicating concerns. That's something that is a big part of the center because you're constantly working with unique individuals that come to us with their unique circumstances and how do we assist using empirically proven research best practices?

**Tim Keady** 24:31

Obviously you're welcome to come in and this is all documented. They have a document they sign. Because obviously respecting others' property is important. We have a place for medication. That they have access to. The weapons, drugs, alcohol, all of that gets left behind once you enter. You see cigarette breaks and restroom breaks for the animals. St. John's Episcopal Church has been amazing, as well as Father Samuel.

**Lindsey Harrelson** 25:33

We have a large number of the congregation that serves as volunteers. I attend church with them. They are very welcoming. The altruism of this community has been amazing. And even at times overwhelming. All of the donations that we get that's a good part of my day is just going around collecting donations. Thank you so much. I appreciate all of you. Code blue is a weather status that's called by the state that is called for each County - when the temperature is only forecasted to be below 15 degrees it doesn't even have to get there. When forecasted we can shelter 35% additional guests. However again father Samuel, He's so kind that I questioned and he was like you don't even have to ask this. Champ Hall has a maximum capacity of 48 and he's said you can open additional rooms just let me know that it's happening. So the Logan police emergency group has to bring us more guests. We can just pretty much open up the church and to take care of the guests. Again, thank you for your interest. We sincerely appreciate your invite to present. Tim has his fliers. Feel free to sign up for volunteer opportunities we have both on site and outside opportunities.

**Blake Rose** 30:25

You guys have any questions?

**Lindsey Harrelson** 30:28

Thank you. You're welcome. Thanks very much.

**Cheryl Atwood** 30:40

All right. So you do adopt the agenda. Any changes to the agenda?

**Dr. Yohanna Vernon** 30:49

Motion to adopt the agenda

**Randy Williams** 30:56

I second.

**Dr. Yohanna Vernon** 31:01

All in favor, aye.

**Cheryl Atwood** 31:03

I need a motion to adopt minutes.

**Blake Rose** 31:19

Motion to adopt the minutes from December 13, 2023 meeting.

**Randy Williams** 31:25

I second that motion.

**Cheryl Atwood** 31:31

All in favor.

**Dr. Yohanna Vernon** 32:01

Aye.

**Cheryl Atwood** 32:01

Turn the time to public comment.

**Jonathon Robison** 32:15

You're on Fred.

**Fred Hayes** 32:39

Right, I'm sorry. Have you been talking to me because I haven't been able to hear anything?

**Jordan Mathis** 32:53

Yes, you have three minutes for your public comment.

**Fred Hayes** 32:57

Okay. All right. Thank you. I've been coming to the board meetings, as you know, you've seen me a couple of times. I was motivated to bring some information to the board about the vaccine adverse event system, some startling information about lot to lot variability and that type of thing. massive numbers of adverse events that I made a mistake in the last meeting of stating that it could be searched by zip code, but it happened to kind of turn for the better because director Mathis and I both reached out to the CDC and discovered you know that I mean, they do have the data by zip code, but they're not releasing it. And so shortly after that, I came across a person in another state that that got some granularity in some health information by digging into the 911 call records and so we made brief contact with with Logan City Police Department and they accommodated a search and provided some statistics, which was a very easy thing to do. It's not it's not, doesn't dig deep like we could and should into the details of each individual report. But it did reveal and I'm just I've got I think the document you've got there on I'm on page two. There, there were a total of 11 133 mentions of words like shot booster, vaccine immunization, an adverse event and over the time period from March of 21 to the present. That represents basically a report every day. An emergency call every day, probably a life threatening emergency. That's health related and it's related to vaccines and I put this with the other various information I gave you the first time I came. It's an alarming thing. And I'm grateful for your service and I pray for your blessing. And I encourage us to derive this health organization to address emergencies when they come up. And we have a genuine emergency here.

**Cheryl Atwood** 35:49

Your three minutes are up. We appreciate your time and we'll take a look at your document.

**Fred Hayes** 35:52

Thank you and I don't know if y'all got it. I'll be happy to email it out to you again. Would you like me to do that?

**Jordan Mathis** 36:01

It is attached in the packet for everyone. I didn't get it until 10am this morning. Okay,

**Fred Hayes** 36:07

okay. Yeah, I didn't send it early. So except for the director. So thank you very much.

**Cheryl Atwood** 36:14

Thank you. All right. Next on the agenda is the global emissions pilot report and recommendations from Jonathan Robison and Daniel Diehl.

**Daniel Diehl** 36:31

Jordan, I just emailed you the presentation

**Jonathon Robison** 36:54

Okay, so we're going to talk about the Mobile Emissions pilot program, which was implemented about a year ago and now seeks to provide some updates. To start off, my name is John Robinson. I'm an environmental health scientist and air quality program manager for the Bear River health department. Joining me is Daniel Diehl and he is the owner and operator of Utah Mobile Emissions.

**Daniel Diehl** 37:25

I don't know if you remember me from last year. I originally kind of came up with this idea when I was getting my own emissions tested back in 2021, August 2021. And I kind of experienced some problems with long wait times at one place and had to go to another and get it. So I became curious, researched it, I didn't find any other options besides just a building and I tried to figure out why. That just kind of came down to two main problems that are in emissions. Testing equipment is difficult to move and the current requirements rules and regulations that each county has kind of prohibits against mobile testing. But as I talked with a bunch of different people trying to find out if this idea was something people would be willing to pay for I found a lot of favor for it. And also a lot of people express frustrations of again long wait times. So I found that that was a common theme. So my vision was to try and find a way to do mobile testing and provide a better and more convenient access to testing.

**Jonathon Robison** 38:37

And that's where Daniel reached out. And here in Cache county effective October 20 we partnered with Opus as our emissions vendor or inspection vendor and they have a portable system that's now used by element stations. So the tablets are very portable and meet perfectly along with his vision of providing that service to them.

**Daniel Diehl** 39:02

So as I went through and read, kind of going through each county's rules and regulations to try to find some way to adapt this idea of mobile. One of the main parts that prohibit its idea is this word and the definition at the beginning of the rules regulations, it says stationary. So this program station, stationary vehicle emissions maintenance station, so that's kind of like one word that kind of like was a pickup or a hold up to that part.

**Jonathon Robison** 39:26

So we came to the Board of Health meeting on December of 22. And pitched the ideas of changing the regulation here to allow for the implementation of the mobile program on a pilot basis. We could evaluate to see how it is in the long run, and then potentially look at expanding and changing the definition to allow for it on the basis. So one of the concerns that was raised by people internally raised by other counties is fraud, but you deal with something that's outside of the regular status quo. You never know how things are going to shake out. We had some other counties raise the concern of fraud and violating the pilot agreements are concerns of that taking place. And the way that we had it defined

in the pilot agreement was that it would operate solely here in Cache county boundaries. As I mentioned, other counties got a little hesitant as to if that was taking place or not. So I went in and personally investigated all of his emissions tests up to that date, and especially emphasized the points where the other counties raised concerns about the timeframes that they do. And I'm happy to say that there was no concern found in any of those inspections. I went as far as to verify through the DMVs database and dealership inventories to verify that the vehicles were located here in Cache county and everything was above water. So it came out very positive.

**Daniel Diehl 41:11**

That probably comes because as I've published a website, I have a website Utah mobile admissions. At the beginning, I got a lot of people from other counties, Salt Lake, Davis and stuff who started booking appointments. So I contacted them and told them unfortunately, I'm only limited to Cache county and I couldn't do it for you because I can't leave the county to perform any of these tests. So on my website, I put that I only serve as Cache county that helped eliminate a lot of the people investigating. Still not running any ads outside of cash counting. We still got over 500 likes for organic visits, website visits. Again, people just Googling it. They came across the website they investigated including our four companies from Salt Lake who wanted me to go down and like to test their fleet vehicles. So again, I had to reach out to him and tell him hey, I'm only limited to Cache County.

**Jonathon Robison 42:05**

The benefits of this program were provided to the community from March 1, which is when the pilot began to the end of 2023 and Mr. Diehl provided 595 inspections which puts him at roughly one and a half percent of all inspections conducted in Cache County. I think that that's quite remarkable for a startup for a pilot to reach that threshold of getting that number with just word of mouth. Having that website is part of why we're doing this is to increase availability of services to the public.

**Daniel Diehl 42:45**

A lot of the people that I've actually done the test for are working from home, a lot of older people who don't like to drive especially when it's poor weather conditions. A few people who are recovering from surgery. A few people who even live back out in Lewiston and Clarkston, I went out there and did the test for them to explore a lot of Cache County that way. And people also who had two vehicles so that I can test both vehicles at the same time. And another thing too is I've also done a few local dealerships; truck ranch, Mountain West motor and K & Auto in Smithfield. Every car that they sell they need to make sure that it has this emission testing done.

**Jonathon Robison 43:54**

For example, with the truck ranch by providing the service Daniels using a much more fuel efficient vehicle. Some of those heavier weight trucks so this is going to be reducing the emissions as far as those vehicles as well as those that are failing and getting those emissions out there on the road as they try to drive to a fixed station and providing that service. Additionally, we do get calls with people who have expired registrations on their vehicles. They're nervous about driving and getting pulled over. This is alleviated by the ability of a mobile initiatives program.

**Daniel Diehl 44:40**

Right now I mean this program, the mobile emissions program pilot program that we have, it's the first one in the US to be doing mobile initiatives. So if you were to Google just mobile missions, my website

is going to be the only one that pops up. So we're kind of leading the charge and trying to figure this out. The technology is now there, like we said with the tablets that allows us to do the testing. Some guy from Milwaukee, he's actually from Utah, but he lives in Milwaukee now reached out to me and he's working with the Health Department out there to also try to implement a program. So it seems like as we're leading this thing, other counties are not gonna be that far behind us and want to implement this service.

**Jonathon Robison** 45:21

I am happy to say that while this has been taking place there have been zero complaints that have come to me from the public regarding the mobile emissions program, everything that I've heard has been very positive. So that's been great to see.

**Daniel Diehl** 45:36

So there's a few Google reviews that people have left for me, so I'm just gonna read the top one. This is from Noah and he says... I think this is absolutely the best way to get your emissions tested. The scheduling and payment were a breeze and the entire process from start to finish only took six minutes, six minutes. Much better than having to wait an hour plus at the mechanic. The price was the same as the mechanic or dealership and I didn't have to leave my house. Daniel's professional, kind and great to work with. You're not getting your emissions tested with UMD Utah Mobile Emissions. What are you doing? 12 out of 10 stars

**Jonathon Robison** 46:18

So the reason we come here today is to talk about the plan moving forward. What we're hoping for is seeing the success of the mobile emissions program for this past year that it's been in operation. We would like to extend the pilot or the program so that we can make regulation changes to make it a permanent fixture of the Cache county Mobile emissions program. The main emphasis of that is just going to be mentioned on changing that definition. Just remove the word stationery and we removed that one word the rest of the regulation fits perfectly in line to allow the program. During this time, we have received inquiries from other stations that have been interested in opening up a mobile program as well. The one hindrance to those stations has been when I mentioned that it is a pilot status. It will expire on March 1. They have been concerned about joining in having those startup costs and fees not knowing what the future of the program will be. So we're coming for you today in hopes that we can get that extension to be able to make those regulations and make those changes to regulations. And move forward with a mobile emissions program on a permanent basis.

**Cheryl Atwood** 47:32

Jordan we do that in this meeting or do we need the language changed in the next meeting.

**Jordan Mathis** 47:37

We can extend the pilot. So that's really what we need. The language change would come back to the board and correct me if I'm wrong, but we come back to the board and then with a recommendation to the county council to change that ordinance, is that correct? And then the EPA DEQ and EPA have to sign off on it. So it's not a small process. That's why we need the extension pilot

**Cheryl Atwood** 47:59

Are we talking about a six month extension in your extension?

**Jordan Mathis** 48:04

My recommendation was that the board would extend the pilot indefinitely until it becomes permanent through a change in ordinance.

**David Zook** 48:13

I like that so that it doesn't have to be revisited. I have a couple questions. So you mentioned the cost is the same. This isn't the cost set by statute that we set the cost or does the state set the cost?

**Jonathon Robison** 48:29

So effective January 1 of this year or 2023. Excuse me, still thinking last year effective January 1, it went to a market based system for emission stations. It used to be capped at \$15 for a standard gas test on a voluntary tamper inspection. But that has since gone through a marketplace.

**David Zook** 48:47

And I'm just curious that I remember we talked about that now that you mentioned that people change their prices.

**Daniel Diehl** 48:54

Yeah, most places are \$30 or \$35. So I actually charged \$40. So I'm not exactly the same as everybody else. But yeah, most places are \$30 As of right now to get a mechanic last week, so

**Cheryl Atwood** 49:10

I just got mine done. And they do that on the spot registration. Is that something you would ever consider doing or is that too hard?

**Daniel Diehl** 49:18

No, I definitely would. I haven't yet at this point. They have some requirements I have to meet and so I have to go through the state to get that on the spot renewal but I've definitely been a part of that.

**David Zook** 49:28

You mentioned other places. We obviously have a three county area but it's just required for the other two counties.

**Commissioner Lee Perry** 49:36

In fact, that's what I was going to ask is, Jonathan, if you are ok if we start sending complaints to you? We have an inordinate number of vehicles being registered in Box Elder county with mailing addresses in Cache County and mailing addresses in Weber County. Amazingly enough, you know, we can't ask them what their address is. All they can do is when they come in they say My address is second south in Main Street and Brigham City which is where the temple is at then they say my mailing addresses such as Hyrum, Utah. You're like okay, and that's how they avoid the admissions tests. So we have an inordinate number of those coming through to beat the DMV office in Box Elder County right now, to avoid emissions testing, here in Cache as well as in your county. And even as far south as Utah County. They're coming up to Box Elder to register their vehicles. So something we're working on but we're gonna start asking our DMV folks to contact the health department's in those counties to let them know when they're suspecting that these people illegally register. I mean just trying to skirt the system and we know where they really live. But we can't, we can't say you don't really live there. It would take the county to do a little investigation to prove that the car is really where it should be. Is it actually being operated and maintained in the county it should be. So it'll be an interesting animal to see what happens.

**Jonathon Robison** 50:54

You can start to report those and I do receive semi regular emails from Hillary and she will send those vehicles that she has reasonably mismatched the address and there is actually a rule at the state level now they've modified it about a year ago, where the county can pursue those and fine up to \$1,000 for their property, not an compliance.

**Commissioner Lee Perry** 51:22

We are trying to look at that on our end and the legislature is hoping to make some changes there.

**David Zook** 51:26

Speaking of that, we used to have a car replacement program. I remember that was going to end, did it end?

**Jonathon Robison** 51:33

Yes.

**David Zook** 51:33

That's done now and then we also have a program where we would help people figure out how to make the repairs. Do we still do that?

**Jonathon Robison** 51:43

The same program was repair and replace.

**David Zook** 51:47

Okay, so we don't do either of those anymore. Is there a resource out there to do this or are there other resources that people have trouble passing? Is it just going to whatever mechanic or is or some kind of resource for people who get into that?

**Jonathon Robison** 52:03

So we do have what's called a waiver. It's not the same as the repair replacement. Assistance Program, but it allows people if they reach a certain repair threshold, currently, that set of \$200 if they've attempted to repair the vehicle and spend at least that \$200 towards those repairs to get it to pass an emissions test. They can get a one time waiver on their emissions. Essentially, it acts as a passing emissions test that one time with the hopes that the next time they're due for an emissions test two years beyond that, they will either have a vehicle fixed or replace the vehicle.

**David Zook** 52:46

And the only criteria is to spend \$200?

**Jonathon Robison** 52:49

That's all they spent at least \$200 attempting to fix the issues identified in the failed emissions test.

**David Zook** 53:01

If there aren't any other questions, I would make a motion that we extend the pilot indefinitely and also request that we put on our agenda the next step, so that we can do this permanently.

**Commissioner Lee Perry** 53:22

I'll second it.

**Cheryl Atwood** 53:25

Any questions or further discussion.

**Randy Williams** 53:27

I have a question. That's not related to you gentleman but it's pertinent to this conversation. Why did the current repair and replace program disappear? Just funding? What was the reason? Cars aren't my

area of expertise. But it just sounds like we're talking about there's a segment of population that may be using it to have a dire situation one time who don't have the funds to replace repair. So is that something that is even in our thought process? Have we tried to figure out a way for something to make capacity.

**Josh Greer** 54:08

The legislature has actually tried to run bills for the last five, six years even to match this repair and replace program that we have. I mean, language was almost word for word, but they could never get enough traction. That it would have been ongoing, there would have been a funding source allowing something like this to continue. But this was our program and was run off an EPA grant. Unfortunately, it's kind of unfortunate, but fortunately, this money was only available to us when we were in a nonattainment area. But we cleaned up our air. And so now the EPA says you're not going to get your money.

**David Zook** 54:51

Do you know if anyone's going to do a bill this year to try to establish that?

**Josh Greer** 54:55

I have no idea?

**David Zook** 54:57

If we find out that there is, I think maybe some of us would be willing to go advocate for that. And I think maybe some of our local legislators would be willing to as well.

**Jordan Mathis** 55:09

Next meeting we'll have a highlight of the totality of the program in our annual report for you to look at. It's pretty impressive what it was able to accomplish.

**Cheryl Atwood** 55:23

All in favor. Aye. All right. So I need to go make a phone call apparently. Holly Budge is up with the public health ethics review.

**Holly Budge** 55:39

As per our conversation that we had in December with our public health policy, we've made some modifications that you asked for. So if you have access to it in front of you, we've changed the language on page five, to where there is a bullet at the top of the page the forth bullet reads that "the ethics review committee will be expanded to include members of the Board of Health if the ethical issue being considered has the potential to change policy, or it could have political or funding implications. And those recommendations would need to be approved. by the Board of Health." And so we again, on that last page, page eight made the modification in the flowchart as well, that only with outcome three, would we request, again an ad hoc committee, including the Board of Health to be part of that committee, so that that deliberation could take place there and then it would come to the overall board for recommendation and the board would make a final vote. So hopefully David, that would alleviate your concern that we're not asking for another committee. We're just asking about these issues which maybe hopefully they'll never happen, but if they do we have a procedure we would follow. Does that seem reasonable with these changes? Can I move forward with the policy??

**Jordan Mathis** 57:16

This is something where we just wanted input for how to engage with the board on these issues and if you're comfortable, we'll just leave it in SOP format. I will be the one that would gauge when we would need to bring it to the board and ask for a member of the board to sit on that committee. If you're comfortable with that.

**Estee Hunt** 57:55

Alright, it looks like I'm up next. I'm here to give you the media report for 2023. You hopefully saw it in your packet and were able to take a minute to look at it. If you've already looked at I don't need to do much more than a quick summary. Our public health minute which is with our radio stations, our local radio stations, you've probably heard from some at the health department that gets on and it's kind of an advertisement. It works and it just tells people about programs. For example the repair and replace program that we were just talking about was featured in March. We contract well it's not really a contract, but we work with the radio station and if we do six, at least six public health minutes, which is something we actually have to pay for then they will give us a year's worth of give 'em Health which is weekly. We get to be part of a radio show. Essentially we do a pre recording. It's on Wednesdays you may have heard it as well and we have our staff go down, they do a pre recording regarding something that is in the news or noteworthy at that time of year and they record it. And so this is the campaign and these are the things that you can see up there that were taken that we actually addressed this year. You can see are just some statistics on newspapers this year. Internally this year, we have continued the monthly update that happens every month with all of our staff. The feedback from that is that it has been very helpful and and useful and we actually have a large amount of our staff who join and it's actually asked that everybody if they do not join they watch the recording at a more convenient time. So updates for the month are kind of given through there and every service area has a minute to kind of see what's going on. I don't want to say this too loud, but we did have zero GRAMA requests. So I'll just move on to the next page which is the social media analytics we do spend quite a bit of time on trying to get social media posts out there and those of you that follow us see that we're trying and you can see that there's stuff out there but this is a summary of the year what we actually did was social media. If you recall I spoke with all of you in August to give you a halfway year report. At that time we had less than 20 posts per month and I set a goal for 22 At least 22. And since that time, we've had 27 posts on average since August so we've been out there a little bit more. trying our best to be out there as much as we can. It's tricky, social media is tricky, as you all know. So one thing I do think is interesting as you see these statistics is this past year and I cannot and will not claim this has anything to do a social media, but there has been posts regarding WIC and regarding mental health and those are two things that are important at this time with increase in inflation and everything and we have seen an increase of WIC enrollment this past year of 7.5% which is a huge success. I actually talked to Jennie Murri the other day and she mentioned that we are now at numbers with WIC and that we were pre pandemic. So that's awesome for us to be able to help those people that are able to actually reach out and get the help that they need. So that is a win. And mental health clients that received mental health in the past year have increased by 29.5%. And we have actually I again, I cannot claim that this is due to social media. But I will say we do. We have tried hard to put some stuff out on social media that we do offer mental health therapy; we are not just there for substance abuse. So you know, we just throw that out there.

**David Zook** 1:02:14

you mentioned, are you saying ongoing enrollments or new enrollments are back to the level or overall participation?

**Estee Hunt** 1:02:21

Overall participation in WIC is higher? What was before pre-pandemic dropped quite a bit during that time, and it's taken three years to get that back to where it was.

**David Zook** 1:02:34

Is that because enrollments went down at that time or people just dropped out? No,

**Estee Hunt** 1:02:39

I think enrollment went down. I can't speak to that. Because I don't know. I could ask. We will have more of that actually at our next meeting when we talk about every program in the annual report. So just the analytics for our social media. You can see here our Facebook is continuously kind of gone down because again, as you see on social media, the things that are trending the most are reels and where people are moving and it's hard to do both all the time. In an effort to have this actually go up which it has since the fall. We have been trying to double post so we'll just take the reel and make it into a picture and then throw it on Facebook. Anyway, our Instagram reach has increased by 150% in the last year. So that was a success. Website analytics that's on our final page here for all of you to look at. This is a bit of an issue with website analytics. I don't know how many of you are familiar with this, but Google Analytics will usually run and it's what's been called the Universal Google Analytics. Well, this year it changed the GA4 and everything that was once universal is lost. So we cannot compare, unfortunately, last year to this year's because mid year is when GA4 took place. I reached out to the duo who is our website builder and tried to see what they can help me with and they said we're so sorry this is happening to everybody. So I don't have data in comparison to last year to show you kind of where we are trending. But what I did think was actually kind of interesting with our website analytics this year. Just recently, you can see this on this graph, What's kind of interesting is of course we have for the year 40,799 visits to our page okay for for this is actually not for the entire year because again GA for started so this was just since October 15 or something so like the last three months is all it could go back 90 days. So our homepage of course is our number one place where people visit. But our next one and this is actually very interesting is our new addition to our website, which is our UA or urinalysis testing the colors has really increased the amount of people that visit our website because every day instead of calling now they're actually going to our website and seeing the colors on there. And it changes every day and there's been a few glitches along the way but we finally got that but it is actually increasing a huge amount of people that visit our website. I was thinking like maybe we should along there like have some services. Hey, are you looking for WIC? Are you looking for immunizations like and have that be part of the page that they can just click on those buttons and easily access it because those people are already visiting our page. So anyway, kind of a thought maybe where we could go in future but that is something that helps kind of interesting. Another thing that I do think is interesting. Are those people that are returning so you can see Oh, are we still on the same graph? As you can see these 40,000 people 10,000 of those people are the users that are always coming back. So it's like four people, or it's four times these people are coming back within that quarter. So truly, there's about 10,000 people that are constantly looking at our website, not constantly, but they're the ones that visit

our website. And then in our UAE there's 3900 People that have visited that UAE page, but only 443 of those are one individual or different individuals. So they're just you know, they're the ones that are visiting that webpage. One thing I do think that was very interesting is our COVID page, which we weren't sure anybody was even looking at anymore is actually being watched. It's up here as number five, and there's 2094 people that actually have visited that page. So it's still something that the public wants to see. So we thank Tanisha for her work with that dashboard because she's done a lot of work with that and it is . I'm sure it's not easy. It's about my mindset that I'm so well done. Tanisha, do we know that those are individuals and not bots? I have no idea. Yeah, I don't know. If there's even a way to find that out. The question, I guess I could have Duo see if they can figure that out.

**Dr. Yohanna Vernon** 1:07:19

It was affected by the update too, because that's what my marketing guy told me was that GA4 would better be able to weed out the bots.

**Estee Hunt** 1:07:33

So on this last one, I just wanted to show you the way I have this one up here. The landing page you can go down one more Jordan. This one is actually showing you how people actually find our website. And most of them are actually actually googling Bear River Health Department. Then there's people that are linking to our website. And then finally it is actually people that come through social media and that is super small. So I cannot say or claim that social media is doing much and getting people to visit our website. I think the entire year there were like 365 people that came essentially from social media. I wanted to just note a couple of things about our media goals. Many of them are the same, similar to what we continue what we started kind of in the middle of last year. We're going to continue to utilize the radio for some education and public awareness and advertising, public health minute and give 'em health throughout 2024. We will continue with our Social Media Committee that we have here at the health department to meet monthly so that we can identify what needs to go out to the community with social media. And then I have to say I lost my helper. That was a big help for me with social media when I went out on maternity leave. And so the last three months, she's been gone and there's another individual that's kind of picked up some of those pieces and helped me but we're kind of limping along right now to get on social media. So I didn't want to go too far. But I just said four times a week is what we're hoping to get which gives us about 20 posts a month but in the past this last year it was 27 when we made that update. And one last thing I do want to let you know is that it is being required that we move over to a .gov domain by the end of 2024. So that is going to be a shift that we have to go through. It will affect a couple of things. Jordan knows a lot more than I do. But this is a process that we have to actually apply for to see if it's even available anymore. And that portal hasn't even happened yet. I've had to fill out and do all these things to get even going on this. It's going to be open and maybe you'll get it so at this point we're in a waiting game, but it has to happen by law. It will affect our emails and everything. So that is one of our goals for 2024 because it's being forced upon us. So that is our media report. Do you have any questions for me? I have a question for you, Jordan and I kind of talked and we're like is this even something you guys care about? If you don't like it, I'm not really sad. But he said if you don't we're just wasting your time. I can email you this once a year. Just let me know if you want me to keep doing this.

**David Zook** 1:11:01

Okay, love it.

**Randy Williams** 1:11:03

Estee this is awesome.

**Cheryl Atwood** 1:11:33

Thanks Estee, we do appreciate that report. Minimum performance annual attestation is next.

**Jordan Mathis** 1:11:41

Yeah, if you've been on the board for a little while, you know that we have to do this annually. So I'm gonna run through it pretty quick. But through administrative rule, we have to make sure that we're attesting to and the Department of Health and Human Services is required to Periodically come and audit us and make sure that we can provide documentation to ensure that our attestation is correct. But I'm just gonna run through these real quick and so that Cheryl and I could sign this. I guess I'll lead with the fact that I feel like the Bear River health department is not only meeting these standards, but is exceeding the standards. I do meet the requirement to be a health officer. And because I'm not a physician and we have Dr. Garg as our medical advisor, we can check that box. These the rest of these are these ones that are for the board health. It really outlines and says that we're fulfilling our duties before it's fulfilling their duties and 26A-109-110. Some of those are just the fact that we have to meet three times a year that you have to oversee our audit and our finances. That you can enact things like ordinances and regulations. It just gives the powers and duties of this board more than meets those requirements. A lot of these that you'll find under here are actually spelled out in there. So establish policies as necessary, adopts annual budget, monitors revenues and expenditures, oversees compliance with better performance, assures a process for ongoing planning, at least annually evaluates the performance of the local health officer, and reports at least annually to the county or county of the local health department status of local health department residents. We do that through our annual report and assures the annual independent financial audit is conducted and reviewed and accepts the health department's audit findings. Those are the major ones. I feel like the board does those things. So the rest of it is around local health departments, exercising our powers and duties. Once again, there's a whole section on the shalls and there's a whole section on may's. I won't go through all those but I think when needed we exercise those powers. A couple of things that are very specific is we have to employ our Registered Nurse, Mandy McBride is our nursing director and she needs this qualification to supervise all of those individuals. The next one employs a personal education experience to direct the health education and promotion activities Farrin Wiese, is that individual and he meets the requirements. Employee environmental health science scientists registered in Utah with education experience to supervise and evaluate that is Grant and he definitely meets that. Employs an individual with training and experience in epidemiology and provides a service outline that's actually Tanesha. And then assures the availability of services by assessing Assessing Services and provides identifying gaps and barriers meetings, meeting with the community partners to assure and approve services providing services identified as a priority through local health local needs assessment, our Community Health Improvement Plan or chip, meets that requirements cost some of our efforts to work with our FQHC identify things like gaps in sliding scale OB services, has been some things that the health department has been working on and working with partners provides all public health services in response to community needs within an approved budget and compliance with federal, state and local

laws, regulations and procedures accepted standards and public health, medical and nursing practice and evaluate programs for effectiveness. I think we are improving our ability to evaluate effectiveness as we continue to work with each of the service areas. So I feel like we meet that. Provides evidence based services on a community health is based on a community health assessment. We perform that assessment. We assure the registration of lives and death birth and fetal deaths that occur within our jurisdiction. We do have laboratory capacities; we have our water lab, a UA lab. And we also have contracts with other labs to make sure that we have access to those and then we also through our emergency services, we conduct public health emergency preparedness efforts that we staple. So as I said before, I feel like we meet this. It would be great to have a motion to accept this attestation and allow for Cheryl and I to sign on behalf of the board for the Utah Department Health and Human Services.

**Cheryl Atwood** 1:17:32

Anyone to make that motion?

**Commissioner Lee Perry** 1:17:36

I'll make the motion.

**David Zook** 1:17:38

I'll make a second motion.

**Cheryl Atwood** 1:17:41

Thank you, commissioner Lee for the first and David Zook for the second. Any further discussion? All in favor? Aye. Hey, next up, Jordan is exploring and understanding vaccine adverse reporting systems.

**Jordan Mathis** 1:18:04

Yeah, this was asked of me to go over this and do a little bit of research on this and I appreciate the help of Dr. Vernon and Randy to kind of take a look at this and give me some guidance on it. I'll kind of go over this first portion by just citing some of the initial claims made by Mr. Hayes. From his letter, dated back September 3 And then his presentation and the graphs. The first place you have to start is looking at standards of evidence. I'm not going to go through a ton of this. But there's well established, particularly with regards to medical evidence, things that need to occur for you to establish evidence and this pyramid, that you'll see in figure one, kind of goes through this tiered approach. The best evidence is found at the top of the pyramid, the worst evidence and least conclusive evidence is found on the bottom of the pyramid and so it goes through everything from background information and expert opinion. An expert can have an opinion we call that a hypothesis. But that has to be proved through study. Case series and case reports can also be used. That's where we're getting into more robust evidence where you actually have some comparison. And you have some control cohort studies which would include a larger population. And then, one of the gold standards, is a randomized control trial where we're randomizing the assignment of those individuals and having that control. Rather than just looking at offering like maybe an observational control, systematic reviews meta analysis and meta analysis, is really taking some of that lower level evidence pyramid and saying there's been good come from looking at this and we have a whole bunch of studies that try to look at the same question and answer that same question and doing that meta analysis and then using all that and establishing practice guidelines. One of the things that are important to that I'm just going to highlight if you look at these standards; it's important to know that at best, there's data taken by itself can loosely qualify as

low quality case series and case reports at best, and there's a lot of problems with various data, and I'll jump into the next section. Which kind of goes over what is VAERS data. It's a database co-administered by the CDC and the FDA. It's important to note that VAERS accepts reports from anyone. VAERS makes no judgment on a recording made into the very system. It's a national warning system. It's possible safety problems in the US for licensed vaccines. Okay? It's not designed to detect if the vaccine causes an adverse event, but it can identify unusual or unexpected patterns. So it really is kind of a warning system. Some of the strengths; It collects national data from all US states and territories. One of the strengths is that it accepts reports from anyone. It accepts information about the vaccine, the person vaccinated and the adverse event they're publicly available. And VAERS can be used as an early warning system to identify or signal rare adverse events. VAERS is a tool to identify potential vaccine safety concerns that need further study using more robust data systems. Now some of the limitations and these are important because they are pretty significant limitations. Without a comparison group, it's not generally possible to find out from various things that can cause an adverse event. You really have to have a comparison group to even draw correlation let alone causation. Many of the reports often lack details and sometimes contain errors. Various data is subject to reporting bias as serious adverse events are more likely to be recorded than non serious events, and numbers of reports may increase in response to media attention and increased public awareness. And various data cannot be used to determine rates of adverse events. So a couple things to pull out of there. I guess I have a couple of things that are directly from the VAERS website. There are instances where people have misrepresented reports of death following vaccination death caused by vaccines which is not accurate. There's accepts all reports and adverse health events following vaccination. Without judging whether vaccines cause the adverse event. Overall, a causal relationship cannot be established using the information from the report that I want to highlight. As I was going through and doing, looking at this data, and pulling out from VAERS, I noticed one glaring error and this is just one example of recording errors that get reported in there that this one is wildly inaccurate. It's either wildly inaccurate or there's some really bad practice happening in our community because as I pulled the risk by age across the nation, I just took a quick look at that. I found this and I actually consolidated this table, but this table represents zero to five years of age adverse events, that is that the adverse event was categorized as that between 2020 and 2021. Now the problem with that is you have to have some context for what was going on during that time. Pediatric vaccine for COVID had not even been approved at that point. So you have at least four deaths or four adverse events that were categorized as that, I should say, and reported into VAERS before this vaccine was even made available to this population. This is just one example of really bad data that goes into the system. I'm not saying all data is bad, but I'm saying there are errors.

**David Zook** 1:27:00

Is it possible kids got this?

**Jordan Mathis** 1:27:03

I'm not saying that's out of the realm of possibility. But if it was happening, it was happening against the advice of public health officials in the United States. Right. And whoever was administering that was not doing so according to the guidelines. So that happened. I mean, the dosage changed when you went to a pediatric dose. So I don't know what they were using for their guidance on anything like that. So that's

what I wanted to show. This was just something that just glared out at me. I'm like, Wait, what the heck? These pediatric people shouldn't be recording deaths associated with this in his age category. With the administration of it, because it wasn't approved.

**Jordan Mathis** 1:28:48

The individuals that received the vaccine were skewed heavily towards an older population. That's just the reality of it. I won't go through all this, but I think the thing that I want to mention is that without a comparison group, it's hard to make a determination of costs. Once again, the recording bias plays into it. And VAERS cannot be used to determine rates of adverse events. Those are really hard things for us to be able to do in particular interest with regards when we look at some of the data. Does the number of recorded deaths and vaccinated individuals exceed what we anticipate in the entire population in the same period and that's a good question, hard question to really determine because you can't have an apples to apples comparison. But you can try. And what is the reported median age between 50 and 56? Which is severely elevated about what the median age is for our total population? Who received their RNA, or mRNA vaccines? How does that impact the data? And how do we account for the impact of underreporting in the data? So with all that, rather than me trying to do that. Looking at a couple of different peer reviewed studies, and they're linked in there, in the footnotes you can take a look at him. All I did in this report was total what they said. And really all three of these reports tried to do that very thing, how does what we're seeing in the various data compared to what we would anticipate in the population. All of them cite the limitations of their ability to do that.

**Jordan Mathis** 1:32:59

So next, I wanted to jump in and based on Dr. Vernon's recommendation, I included a couple of different things. First, this is just a snapshot of the data collected in public health without reports around the disease. So you're looking at total cases reported, total hospitalizations recorded and total deaths recorded from COVID-19. The next one is Utah COVID vaccination data, this is broken out by jurisdiction and totaled there at the bottom.

**Jordan Mathis** 1:33:57

The second column. Total number of people right here is 2.3 million, so that's unique individuals that received at least one dose and then as you go up, people that completed the primary series, people that received the bivalent booster, and then the total doses administered was close to 6 million. But we're going to really focus on just people who received at least one dose.

So stratified by age, you can see once again, our 70 Plus were by and by large. They were the early adopters and the highest uptake of the vaccine. Now when we look, I just pulled it because we couldn't get zip code data just pulled Utah data for it. So here, here is the data, all VAERS events and I didn't want to go back forever. So I went back to pre pandemic so you guys can kind of see what we're seeing with regards to what you would anticipate with regards to recording VAERS. And you do see a huge increase in the number of VAERS records. In 2021 particularly and once again in 2022 or 2023. You do fall back to what is pretty close to what you would anticipate with these reports in Utah. When we look at COVID adverse events, here's what you're seeing, and here's what you're seeing: the breakdown. So, that last graph was total VAERS events in those years. This is just one associated with COVID 19 vaccines and you have about 6000 total events over those three years.

**Commissioner Lee Perry** 1:36:22

That's nationwide?

**Jordan Mathis** 1:36:25

It's all of Utah, sorry. So yeah, you can see the majority of those happened in 2021. That was reflected in that last graph. The majority of those 4600 of the 5800 happened in 2021 when vaccines became available the very first one. So in that year, you got 66. It was really late 2020. It was in December of 2020.

**Josh Greer** 1:37:01

It was really just like health care.

**Jordan Mathis** 1:37:06

So when you look at adverse events, we jumped to the most severe adverse event, the impact of death. And you look at that, and the total reported that were categorized as death in the state of Utah looking across those was 38. It is important to note that in 2023, you've had zero and there've been zero reports so that's associated with that. Sorry.

**David Zook** 1:37:49

38 people died from taking the vaccine?

**Jordan Mathis** 1:37:52

It's not saying 38 people died from taking the vaccine rather it's saying 38 people died somewhere in relation to receiving the vaccine and that was recorded.

**Jordan Mathis** 1:38:20

This is the same thing. It's just that this is nationwide. This chart is made of national data. And this one actually takes it and says here's the Pfizer here's the Moderna. So that goes back to the limitations right. And help if you read so, in this study, one of the other things that they recorded as far as the limitations is under COVID that backs 19 vaccine EUA emergency authorization. Regulations, healthcare providers are required to report deaths and life threatening adverse events after COVID-19 vaccines to various companies regardless of their potential association with vaccination. Health care providers are required to report that regardless of any association, so if somebody were to take the vaccine, and they were to die of a brain aneurysm they had to be reported. That physician was required to report that physician did what was required under the EUA they were required to record it. Cheryl Fred has his hand raised. Don't you want to take it? Oh,

**Fred Hayes** 1:41:18

I'm sorry. The feed got cut off for several minutes there. There was nothing. And I also wanted to add one correction. The vaccines didn't start until March of 21. In Utah, it was authorized in December. But they didn't start until the 21st of March.

**Dr. Yohanna Vernon** 1:41:48

So Fred, I got mine in early January of 2021. Because I'm a health care provider.

**Fred Hayes** 1:41:53

Worker. Yeah. Okay. Yes. Thank you for that clarification. But the general public Yes, March.

**Blake Rose** 1:42:02

Right, correct. Yeah,

**Jordan Mathis** 1:42:03

but there was data started with administration of any vaccine. So that's why we see data showing up and 20 and that's why I pulled data from 2020. Looking at the totality of other questions before we go on.

**Fred Hayes** 1:42:24

Yes, is this presentation available online?

**Jordan Mathis** 1:42:30

I'm presenting it right now.

**Fred Hayes** 1:42:31

I mean, the the PDF

**Jordan Mathis** 1:42:37

I wanted to wait till whether the board wanted to accept it as an official report, but I'm happy to send a copy.

**Fred Hayes** 1:42:48

Thank you.

**Jordan Mathis** 1:42:51

So we were at 38 total deaths over three years in Utah. Going to the next level, or just taking a look and saying well, how do those associated deaths report? How do they break out by age in Utah? That's why I put this category in there. You can see the majority of them do fall into older categories, with the youngest being 30 to 39. Total for between those two years. Once again, remembering that in 2023 we have yet to have a VAERS report that categorizes an event as a death. So when we look at this, jumping to the next level of severity, it's well the next level would be hospitalization. If you have to be hospitalized, that would be the next level of severity. Looking at that.

**Commissioner Lee Perry** 1:44:17

So the conclusion..

**Jordan Mathis** 1:44:20

as I looked at Mr. Hayes's data. What you presented on the board on those graphs. You can go back and you can pull out of VAERS. I personally didn't want to pull it in a CSV file. Because I didn't want to be accused of manipulating it in any way. So I just use the database. And that's what you see here. So it's not as nice as I'd like. But yeah, COVID does have an increased rate of reports. And this next table is a small portion of the representation that he showed by lock number and you can see that certain lot numbers did have so this is a lot number and this is by an event categorized by death. This table was huge. It was a gargantuan table. So what I did and I didn't put this in here too, but just so you guys know I did say well, out of curiosity, let's take the three top lots. So those three top lots that had the highest numbers of reports, adverse events that were categorized in death, and I said let's look at it. And let's look at it by provider type, by state and by age. And just tried to see if there was any trend I could see in there and the things that I found the most when you put on the filter and categorized it was the thing that rose to the top if I categorize it by the highest number was unknown provider and unknown state. Really, really bad data. Like that was the biggest number that was there. The only other big number that was in there was by age, and it was the 80 Plus category.

**David Zook** 1:46:33

Is each lot the same size?

**Jordan Mathis** 1:46:36

That I don't know. That was one of the questions and I will be honest, I spend a lot of time on this. But what I tried to look at David as I will assume that lots were big with these lots were all over the United States when you did actually look at the state. They were all over the place. They were and that's looking at all events that were associated. The one other thing when I looked at all events associated with these top three locks skills, I would say and this is really rough analysis but I said all these top three lots of deaths compared to all events associated with these lots. The decimal in the deaths accounted for 5.3% of all events associated with those three lots.

**Jordan Mathis** 1:47:43

So let me get back to some of the limitations. And it's my opinion that these limitations weren't taken into account in this or Hayes's analysis. There's severe limitations to the utilization of this data. But I'm not going to throw out his arguments completely based on the limitations to the data, because that doesn't take into account the strength of the various data that we've looked at. So if we just take the raw data, and there's limitations to this analysis, but I'm going to do a quick simple analysis for you and ask the question, was offering COVID 19 vaccine to all Utahns better than allowing herd immunity to occur through the natural spread of the virus across the population? And the simple way to do that is to go back to those tables and look at what the disease did. Cases, hospitalizations and death. And then to take vaccines administered and look at one dose administered. So 2.3 million. Look at the table. 2.3 million individuals received at least one dose in Utah. So you can look at that. And then you say what, of the vaccine adverse events that were recorded for you to talk about? If you just take raw data of reported cases, reported hospitalization as reported deaths and recorded adverse events. You get just the raw data with severe limitations. You get better outcomes with a vaccine than you get with allowing wild type COVID To spread through your population. So from a public health standpoint, which our burden is, yes, all interventions have some unintended consequences. And sometimes they're extremely unfortunate. And I don't deny the reality that that's the world we live in. But if we say the burden for public health is for us to say what we did was better than what was happening. If we put aside limitations to data, and we just take the raw data, it tells us that and it's supported by other peer reviewed articles that came to relatively the same conclusion. One of the things that is significant in 2023, you've seen that a huge drop off and you're still administering the COVID vaccine. It's not not happening, whether it's here or whether it's in private practice or pharmacies, it's still happening. And we'd gone back to relatively the same level of adverse events that we were seeing pre pandemic. I would have to say that no further investigation is required at this point. That's my recommendation to the board. I do want to recognize a couple of things. And I'm actually probably just gonna read this so public health is tasked with ensuring that any proposed intervention has a net positive outcome on the populations health the public health system as a whole, all the way from the FDA, CDC, Utah Department of Health and Human Services, caregivers, health departments must do more to ensure that the highest level evidence is utilized in implementing interventions, making recommendations, establishing public policy, or failing to do so. At every level it jeopardizes the public's trust, as such in an effort to encourage the use of the highest level of evidence and to begin reinstating the public's trust in the value of immunizations. This report strongly recommends that the US Secretary of the Department of Health and Human Services, stop the use of emergency use authorization for recommending and

approving future COVID vaccines. The Bear River Health Department leadership believes that the continued unjustified utilization of EUA is eroding the public's trust and the value of vaccines as a whole and leading to local and national declines in immunization rates. This decline and immunization rates makes our country and communities vulnerable to potential outbreaks of potentially devastating vaccine preventable diseases. That's, I guess, since I'm the author of the report, that's my opinion, and that's what I'm going to report to its emergency use authorization. We are no longer in a public health emergency. And shorten the window in which authorization happens. And sometimes not requiring robust clinical trials and things like that to occur under an EUA is detrimental and I think the use of just the word in the EUA although there are some standards.

**David Zook** 1:55:30

So that's your recommendation. Should we share that recommendation with who? Who makes that determination?

**Jordan Mathis** 1:55:47

ultimately it falls with with the US Secretary of the Department Health and Human Services,

**David Zook** 1:55:52

With your recommendation should we send a letter to the Secretary?

**Jordan Mathis** 1:55:58

I don't know that it would make any difference. If we were to do anything right now. And I mean with Governor Cox being where he's at and whether or not you could get other states that say Quick, give us a recommendation under the EUA that might work. That we've got to somehow instill greater public trust in what's going on. We're kind of at the bottom of the totem pole when it comes to these approval processes. We're kind of the delivery system, right? And so trying to make sure that those things happen at a higher level is really, really important because it all trickles down.

**David Zook** 1:56:45

What would your recommendation be?

**Jordan Mathis** 1:56:51

I racked my brain over this. My recommendation would be on how to actually make it make a difference but...

**Commissioner Lee Perry** 1:56:59

Can we make a recommendation that you send that recommendation that letter to the state director of the State Health Services Department to share with our governor that this is the opinion of Bear River Health Department?

**Jordan Mathis** 1:57:15

Yeah, I think so. I think we go through Tracy Groover.

**David Zook** 1:57:25

I think it is important for us to make sure that we're not using the authority or any level of governments in a way that endangers our public. So I like the idea of having a cover letter with this and sending it off and maybe it goes nowhere but at least we've done our part. I just want to thank you. I know I asked last time that you could explain to us what all this meant, and I really appreciate you putting all this work into this. I feel much, much better informed now after this Thank you.

**David Zook** 2:02:47

is a common practice in government. We do have emergency declarations like I issued an emergency declaration last year because of the flooding. We've done those things and sometimes we do reauthorize those emergency declarations. I worked for another agency years ago. We had an overseas declaration that we kept reauthorizing for years after the emergency, because we had to qualify for the continued federal funding that was coming our way. But at some point it lost its effectiveness to say we're declaring an emergency and it didn't make sense to call it that. And maybe that's something we can give them as some kind of a recommendation that there should be another phase maybe into rather than calling this still the same thing that would call in the middle of the actual emergency. Because I've often thought the same thing about our emergency declarations, cities and counties and state level reduces its effectiveness but the difference is we're not implementing measures continuously with our emergency declaration. It's only there so that we can continue to receive the funding to engage or respond to emergencies. So maybe that's another recommendation we get if you're going to keep authorizing that. There should be a phase or two subsequent phases that have particular criteria and different measures that are taken in response to that. So I would make a motion and then if the board is interested in doing so I'd make a motion to accept this report, with the changes that have been suggested.

**Randy Williams** 2:04:41

I Second that motion.

**Cheryl Atwood** 2:04:44

Any further discussion?

**Commissioner Lee Perry** 2:04:47

All right. Health Officer update.

**Jordan Mathis** 2:06:06

All right, let me run through this real quick. I wanted to let you know about the UALBOH conference and opportunity for members of the Board of Health to potentially attend. Typically one to two members can attend. It's August 12 through the 14th in Nashville, Tennessee. If you're interested in that, just please reach out directly to me. The board retreat. I got pulled data back from the majority of board members. The 17th or the 18th were the dates that work best. We are looking into just holding that down in paradise at the sportsman's paradise at White's ranch.

**Jordan Mathis** 2:07:24

Should we do this 17 I'll reach out to Blake

**Jordan Mathis** 2:08:59

We wanted to really focus this year on our electronic health record and improving that. We also wanted to look at our continuity of operations being able to operate as a health department while we have this exercise going on. We also wanted to exercise our incident command. We don't have an opportunity for that very often and we do utilize it. We also want to focus on underserved populations with our new drag up opportunity particularly and then support our individual family health and in flu vaccine delivery. We did it involving Brigham and Logan every Monday, starting October 6 to November 20. The ICS structure was exercised at each location with an incident commander and all other services were operational during those two hours. Here's kind of the outcome. Admittedly not great. As far as numbers go, we had a total of 179 individuals come through and that's broken down by those days.

What we really saw as really past six o'clock people weren't too interested. We had some but probably not worth the amount of time and effort that it took for us to stay open between six and seven.

**Jordan Mathis** 2:10:22

So the one thing that I did want to highlight and this goes right in line with our other report is we're seeing a decrease in overall flu vaccine uptake. This is statewide data, as you can see, and this is going back all the way to 2018 or 2000 2019. And we're seeing these declines in flu vaccine uptake. This is where our area we're trending in the same way you look at it, break it down by age. Thankfully the most vulnerable individuals are younger and older populations have the highest uptake that statewide once again, we compare about the same except we have more young individuals getting at a higher percentage of young individuals getting it than we do older individuals.

**Jordan Mathis** 2:11:13

And when you look at it by the provider type, private providers, by and large, provide the most of it. People are getting it from their health care provider. Pharmacies are second and then local health departments. That is a shift that we've seen over time. If you look at our area, the interesting thing is, the only people that are trending in a positive direction are pharmacies as you can see our flu uptake through our even in offering after hours wasn't great. So we are seeing a decrease. This is the same that everyone's seeing across the state. We obviously have some limitations in people willing to take up the vaccine, but we still have the obligation to figure out and exercise how we do better at delivering that mass. So we're going to continue to work on that.

**Cheryl Atwood** 2:12:46

Are our childhood immunizations, I'm assuming are down as well. A lot. And so what are doctors doing to help with that? I mean are those conversations happening and parents are just like no.

**Dr. Yohanna Vernon** 2:13:05

That's really controversial in the pediatric community because a lot of clinics I don't think anybody here in the valley is doing it but a lot of clinics are actually not allowing unvaccinated or under vaccinated kids in their practices. I've had a couple of people come to me lately, patients and saying you know that it doesn't instill trust when you just don't allow them in the clinic. So I think this is part of that whole conversation. Like I think there's just a general lack of distrust now and then when people just make blanket statements. You need to be vaccinated or you can't come here. I think that kind of increases some of that distrust because parents are jumping onto Facebook reading other stuff. So the question in the medical community is how we help instill that trust again. I mean, honestly, that's why Estee's job on Social media is so important. Because when the doctors aren't talking to other patients, these young ones are turning to tick tock, and Instagram, and they're willing to have the conversation like all of these tick tock errs in Instagram, are willing to have the conversations in the comments.

**Commissioner Lee Perry** 2:16:02

In fairness, you look at what Jordan has presented to us. And I was gonna ask you just say, you know, this was all your fault. Because if you look in 2021, the number of years reports that happened that year. The reason those beers report are steady, steady, nothing, and all of a sudden they spike like crazy. 2021 is because of this very thing people got on Facebook, social media, whatever and started saying, Hey, did you know you can go to this website and you can report any adverse effect and suddenly everybody in their dog knew about it. And guess what, I can go and report it. And then they

started and I saw some people say, do you know that you don't even have to have the shot and you can report adverse effects. I suggest you do that too. And I'm thinking really, this is a good idea. We're gonna put this out to the world and that's why nothing interferes. I trust nothing in that system whatsoever. Because that's like me putting a Facebook call out saying Do we think that? You know, Box Elder county will exceed Idaho next week? Because I can tell you there'd be 50 precipitously. Oh yeah, I'm sure it's gonna happen. Right.

**Cheryl Atwood** 2:17:23

Next item, the legislation?

**Jordan Mathis** 2:17:28

I have one other really, actually I just want to end with this thing and then I won't talk about anything else but the board needs to be brought up to date on this particular issue: As many of you know, we are. We are currently acting as the substance abuse authority over Bear River Mental health has the authority of mental health access. Operating in the manner we are not following code. Something has to change. Discussion is occurring and it is up to the counties. I do think it's an opportunity to really look at and say how do we improve the delivery of these systems? And that's what we have to really be focused on is how do we improve that in our community?

**Cheryl Atwood** 2:23:13

Are we the only Health district with this issue?

**Jordan Mathis** 2:23:17

We are the only health district with this structure yet. So with that, that's the end of my report. I don't have any legislation.

**David Zook** 2:23:30

I just want to say something about what you just said. I think this is a really big deal and I want all of us to understand that. Yeah, and it's a lot of work. I think it's gonna be a lot of work, a lot of discussions, a lot of figuring things out. But I also think it's critical because the fact that we're not delivering these two services, mental health and substance abuse in better coordination. I think it's not providing the highest level of service. I think some people have some questions about what the legal requirements are, we have to do certain things. So I'm not as concerned about whether or not we have to move forward in this way I think from a legal perspective, I think we have to move forward in this way from a service delivery perspective, because I think it makes sense and in the discussions we've had with the county representatives, my understanding is everybody's shared that feeling that this was the best way to do so. I just wanted to share that.

**Cheryl Atwood** 2:25:27

Alright, so the last item on the agenda, the session The Endemic Playbook.

**Jordan Mathis** 2:25:36

I think we need a table that

**Cheryl Atwood** 2:25:40

I just want to say this is a cool book. I really liked it.

**Jordan Mathis** 2:25:46

Start on chapter three and I'll get out a schedule to everyone.

**Cheryl Atwood** 2:25:50

All right. We need to move to a closed session to discuss a personal issue. So personal performance.  
Motion to move into closed session.

**David Zook** 2:26:18

I motioned to move into closed session.

**Randy Williams** 2:26:20

I second that motion.

**Cheryl Atwood** 2:26:22

All in favor.

## CLOSED SESSION

**David Zook**

I make a motion to follow directions in the closed session regarding salary adjustment.

**Kevin Hall**

I second that.

**Commissioner Perry:**

I make a motion to adjourn the meeting.

**Cheryl Atwood**

All in favor.

## Attachments

[Exploring & Understanding Vaccine Adverse Event Reporting System Data Report](#)