



MINUTES
September 25, 2023

Members Present:			
Carl Hanson, Chair	X	Ryan Schooley	X _{electronic}
Dr. Jeffrey Ogden, Vice-chair	excused	Dr. Michael Kennedy	X _{electronic}
Dr. Mark Donaldson	excused	Julie Fullmer	X _{electronic}
Amelia Powers Gardner	X _{electronic}	Francine Jensen	X
Dr. Jordan Singleton	excused	Wendy Dau	excused
Sonia Pineda	X		

Others present:

Eric Edwards, MPA, MCHES UCHD Executive Director
Juli Van Ginkel UCHD Secretary

Number of people in attendance 12

1. Welcome by Carl Hanson, Board of Health Vice-Chair
2. Approval of minutes from May 22 and July 31, 2023

MOTION: Dr. Michael Kennedy motioned to approve the minutes for May 22 and July 31, 2023. Sonia Pineda seconded Dr. Kennedy's motion, which passed unanimously.

3. Opioid Prevention Presentation by Heather Lewis

The Utah County Board of Health asked that we report on the opioid prevention efforts the Utah County Health Department has conducted in the past, what they are currently doing, and what plans are underway for the future. Heather Lewis, Prevention Program Manager, provided the requested presentation to the Board via PowerPoint (see attached prevention PowerPoint presentation).

The Utah County Health Department started working on this public health issue back in 2017 when the opioid overdose epidemic began. The alcohol prevention program dissolved and merged efforts with the Health Department around the start of the

pandemic. Through this new joint effort, we have been able to partner and combine efforts, drill down and get some impactful work done with the relationships that we have with our staff.

Heather started by introducing the prevention team that works together on this issue. We also have a strong relationship with all of the pharmacies across the county. The Health Department has created an educational opioid prevention packet that is shared with the pharmacies and other partners. She provided copies of the packet, and her team set up a table with materials they utilize for the Board to review. She described an example of a town hall with media at the Payson Hospital where a drop box was installed. This drop box allows the public to safely dispose of unwanted and unused opiate drugs. The partnerships that were established have been very beneficial to the effort.

Heather presented the following opioid prevention accomplishments:

- Established drop box locations all around the county.
- Media to heighten public awareness about the need to dispose of unused opiate drugs safely at the various drop box locations. Distribute pamphlets that contain all the safe drop box locations around the state of Utah.
- Utilized DisposeRX packets, a liquid you can pour into your drug container to render them unusable and then disposed of safely with no risk of harm to anyone. These are given to our pharmacies and to others as needed.
- Educate and heighten public awareness about the use of Naloxone to save the lives of overdose victims. Naloxone is distributed to the at-risk population for free, as well as to professionals and caretakers that interact with high-risk populations.
- Provide training and distribute Naloxone kits to law enforcement partners and school partners. We also provide Naloxone kits to treatment centers as a precautionary measure due to their high-risk clientele. Their clients are at the highest risk of overdose right after they leave the treatment center.
- Working with pharmacies to educate individuals getting prescriptions for opioid medications. This includes educating the public about the risks of storing or hiding opiates in unlocked locations and keeping them when they are no longer needed. Educate residents that if you no longer use them, you should dispose of them safely.
- Working with all three school districts in partnership to provide prevention curriculum in the classroom to educate students. This curriculum provides life skills so they will not have the need to use drugs to deal with difficult emotions. Students learn an alternative means to deal with their emotions and emotional regulation.
- Partnering with libraries to heighten awareness about our Naloxone program. We are also providing Naloxone kits to libraries in case they have a drug

overdose at their facility. This serves as a safety precaution for the at-risk population that tends to frequent our public libraries.

- Data shows that we have the highest use of pain medications for our new mothers. Educating our new moms about safe use of pain management, using it appropriately, and disposing of it when no longer needed.
- Offering parenting classes so they can do the same thing that the schools are doing with their students.
- Data shows our aging population has a higher prescription rate for pain management than the rest of the community. Our efforts with this population include letting them know the risk of younger family members stealing their opioid medications. Our message highlights the need to lock up their pain medications.
- Successful community level initiatives involve working with our local prevention coordinators who understand the specific needs of their community. We work with the board of Education on Red Ribbon Week tool kit to implement activities. This includes an evidence-based program that looks at underlying behaviors and provides skills to appropriately deal with those behaviors and lower risk of addiction.

Upcoming:

Utilize NarcX which is an onsite, non-retrievable, affordable, secure, compliant, and eco-friendly alternative to other drug drop boxes. Older drop boxes require law enforcement to come and pick up the disposed medications, track their storage, and ensure that they get incinerated. NarcX has a liquid that automatically renders the disposed opiate medications useless on site. The NarcX does not have the same complex disposal needs of the older drop boxes and can just be thrown away. Law enforcement is not required with NarcX so it is easier to deal with and more cost effective. We hope to have these installed at various locations around the county, such as our local health department buildings.

Our upcoming efforts will include Increasing strategies to develop youth Protective Factors to prevent opioid misuse. These Protective Factors include education, as there are higher rates of overdose death in those who did not finish high school. We seek to provide support, improve screening tools, train educators, provide early learning, and focus on student retention. Protective Factors surrounding healthcare access involve increasing access to pain management alternatives and proactive education and outreach. Protective Factors also decrease adverse childhood experiences (ACES).

Heather discussed the various outreach we have implemented through our social media channels. Please see PowerPoint presentation to see visual examples of social media posts. Our social media messaging allows us to get the opiate prevention information out to the public in a fun and cost-effective way.

Heather asked Board of Health members for any input they might have about how we can do a better job with our opiate prevention efforts. She asked if they were aware of

any other untapped partnerships, or resources that we are not currently taking advantage of.

Francine Jensen asked if we were currently working with the My Hometown Provo Initiative? It's a collaboration between the residents of South Provo, Provo City, and the Church of Jesus Christ of Latter-day Saints. This initiative focuses on the needs of at-risk kids and adverse childhood events (ACES) and Francine felt they would be interested in Heather's programs. Heather said she would investigate this resource. Heather stated that there are so many networks and people that we don't know about until it's brought to our attention, and we can find out who they are and start collaborating. We want to support the efforts of other agencies' initiatives and strengthen what we are doing.

Commissioner Amelia Powers Gardner mentioned a new stronger Narcan FDA approved drug called Kloxxado that is eight times more powerful than the traditional Narcan drug. Delivers twice the dose of Naloxone in milligrams without any additional cost to the agency administering to the patient. She suggested looking into this as a more cost-effective way to deliver lifesaving naloxone treatment to individuals in our community.

Dr. Carl Hanson stated that a book published in 2015, called "Dreamland" overviewed this issue, shedding light on prescriptive behavior. He wanted to know if the Health Department was monitoring prescriptive behavior through the DOPL system. Heather discussed that we do not have access to the controlled substance database (prescribers only). However, Physicians on the Utah County Board of Health mentioned in the last board of health meeting that a lot has already been done to by physicians and the health care system to help stop contributing to the problem. For example, just changing the drop-down menu of opiate prescriptions from 30 days to a 7-day supply has made a huge difference. Policies like this have been very helpful.

Dr. Hanson asked if the risk and protective factor framework was being used and has been applied to this issue? Heather explained that Coalitions and other professionals are applying this funding to utilize the risk and protective factors for substances across the board. For example, opioid dollars are supporting primary prevention in the classroom where it is delivered right to the students.

Eric Edwards asked Heather to explain how the Communities That Care framework was being leveraged. Heather described how experts within community partnerships are trained to build a community-led coalition to best meet the needs within that specific community. We have 8 CTC coalitions at present, and we hope to increase it in all the cities that want one. The fidelity measures from CTC gives the outcomes we are seeking to decrease substance use, decrease risk factors, and increase protective factors. The benefits also work at all levels across domains to keep kids safe and healthy why they are young. Helping them make healthier choices early on in life.

Sonia asked if resources were at any of our libraries in Utah County. Heather explained how we will work with any library willing to work with us. We both advertise the availability of naloxone, and we also trained all librarians to be able to train others and to be able to distribute to the public that need or request it.

Carl Hanson asked that we also try to apply CTC to other public health issues in the future. Board members were encouraged to share any ideas or other resources in the future to help address the critical opioid epidemic.

4. 2023 Mosquito Abatement Season Report/Public Request System by Eric Edwards and Dan Miller

Dan thanked the Utah County Commission for approving the use of emergency flood funding to invest in additional drone technology, purchase additional chemicals needed to treat habitat, and have the additional resources needed to respond for the high-water year.

The 2023 season was the second highest number of trapped mosquitos on record. Dan explained that 2023 has had the highest water level of Utah Lake since 2011. This created a lot of extra mosquito habitat. The population around the lake have built homes in places that used to be buffer zones. We now have prime mosquito habitat alongside prime human habitat. We do a lot of surveillance tied into service requests to guide our operations.

We have enhanced testing that helps us know where to apply our efforts most effectively and efficiently. We also have new drone technology that helps us to surgically strike concerning areas to prevent breeding areas and prevent larvae from entering the adult life cycles. Our field staff now identify concerns and send in service requests, which are immediately given to our Drone pilot, ATVs, and hand treatment with greater effectiveness. We have decreased the hours needed to conduct abatement services with these innovation efforts.

Dan also reported that we did not have a single positive human case of West Nile Virus during the 2023 mosquito season.

Dan described a new Qualtrics that was developed to automate the tracking of calls and emails for service requests. This project strategically guides our response efforts, provides better customer service, and decreases staff time required by our Administrative Associate. We hope to further test and refine this new Qualtrics tool during the 2024 mosquito season.

Please see attached PowerPoint presentation to see detailed data for testing, treatment, and decreased manhours for response efforts.

5. Cold Plunge Rule Presentation by Jason Garrett and Zachary Zundel

Mayor Fullmer had a family emergency and made a motion to continue/postpone the discussion for the Cold Plunge rule for the next Board of Health Meeting. Commissioner Gardner also wanted to see any potential bill files that might be currently developed surrounding Cold Plunge. Commissioner Gardner provided a 2nd to the motion. The motion to postpone the discussion passed unanimously.

6. Employee Changes.

Eric Edwards presented changes to the staffing plan over the past two months. Sonia Pineda asked for clarification on "time-limited" workers. Time-limited workers are those employees that work part-time and do not receive benefits. Carl Hanson asked if the vacant position responsible for the Drug Coalition had been filled. The position was filled in house by an existing employee. The difficult turnover experienced over the past year was discussed. This creates a constant challenge to train and have the professionals/expertise needed to provide the public health services.

7. Other Items

No additional items were raised by the Board. There was no public comment.

Francine Jensen made a motion to adjourn the meeting. Sonia Pineda seconded with a unanimous vote from the Board.



Eric Edwards, MPA, MCHES
Executive Director / Local Health Officer
Utah County Health Department



Carl Hanson
Chair
Utah County Board of Health