

**2024 MPS Attestation Checklist**  
**Salt Lake County Health Department**  
**July 27, 2025**

**Local Health Officer (LHO)**

- ☐ Meets education and experience requirements (R380-40-5(1)).  
*Dr. Angela Dunn, a physician board-certified in Preventive Medicine and licensed in the State of Utah, served as our Executive and Medical Director until February 2024. Dorothy Adams was appointed Interim Executive Director immediately thereafter and later assumed the permanent role for the remainder of 2024. Ms. Adams holds a degree in Resource Economics from the University of New Hampshire and a Master of Public Administration from the University of North Carolina at Chapel Hill. She is also a licensed Environmental Scientist. These qualifications met the requirement for a Local Health Officer (LHO) to hold a master's degree in public health, nursing, or another health-related discipline, public administration, or business administration from an accredited school. With 38 years of experience at the Salt Lake County Health Department—including more than 11 years in a senior administrative role—Ms. Adams also fulfilled the requirement of at least five years of full-time professional experience in public health, with a minimum of three years in senior administration.*
  
- ☐ Performs duties required in R380-40-5 (2), (3), (4), (5), (6).
  - ☐ LHO functions as the executive and administrative officer;
  - ☐ LHO reports to and receives policy direction from the local board of health;
  - ☐ LHO coordinates public health services in the district;
  - ☐ LHO presents the budget to the board of health for review and approval;
  - ☐ LHO reports to the board of health at least annually
  
- ☐ LHO shall ensure that an ongoing planning process is initiated and maintained that includes a mission statement; community needs assessments; problem statements; goals, outcomes, and process objectives or implementation activities; evaluation; public involvement; and use of available data sources.  
*Each year, department leadership creates a document in conjunction with department management that states our department's goals, mission, key performance indicators (KPI), and quality improvement (QI) projects. The KPIs and QI projects are monitored throughout the year, with an end-of-year document that tracks what we accomplished and what we are still working on.*
  
- ☐ LHO shall ensure that fiscal management procedures are developed, implemented and maintained in accordance with federal, state, and local government requirements.  
*The Health Department had a fiscal manager that oversaw all of these responsibilities. In addition, the Department was overseen by a Human Services Department fiscal manager, who also ensured these requirements were met.*

- ☐ LHO or designee who is a physician or osteopath licensed to practice medicine in Utah shall supervise and be accountable for medical practice conducted by local health department employees. If the local health officer is not a physician or osteopath licensed in Utah, he shall appoint a medical director licensed to practice medicine or osteopathy in Utah to supervise and be accountable for medical practice conducted by local health department employees. *Until February 2024, the Health Department was overseen by an Executive Director who also served as the Medical Director. Upon her departure, the department entered into a contract with Dr. Angela Dunn to continue providing medical direction until the department appointed a new Medical Director. To date, Dr. Dunn remains the contracted Medical Director.*

#### **Local Board of Health**

- ☐ Performs duties outlined in 26A-1-109 (Boards) and 26A-1-110 (LHO).
- ☐ A local health department shall have a board of health with at least three members. *The Salt Lake County Board of Health had at least 3 board members. See current roster here: <https://www.saltlakecounty.gov/health/board/>*
- ☐ An employee of the local health department may not be a board member. *The Salt Lake County Board of Health did not have a local health department employee serving as a board member. See BOH roster.*
- ☐ The health officer of the local health department appointed pursuant to Section 6A-1-110 or Section 26A-1-105.5 may serve as secretary to the board. *Executive Assistant to the LHO served as administrative support to the Board.*
- ☐ Regular meetings of the board shall be held not less than once every three months. *The board met 10 times in 2024. See meeting minutes: <https://www.saltlakecounty.gov/health/board/>*
- ☐ Establishes policies as necessary per R380-40-6 (2a). *Board voted on policies as necessary during BOH meetings.*
- ☐ Adopts an annual budget per R380-40-6 (2b). *2024 budget was presented September 7, 2023, and approved by a unanimous vote.*
- ☐ Monitors revenue and expenditures per R380-40-6 (2c). *Zachary Stovall and Jiten Joshi, SLCoHD Fiscal Managers, gave regular updates at BOH meetings. (See meeting minutes: [Board of Health Information](#))*
- ☐ Oversees compliance of the LHD with R380-40 per R380-40. *Local Health Officer presented Director's Report with program updates regularly in meetings.*

- ☐ At least annually evaluates the performance of the LHO per R380-40-6 (2f).  
*Board members were provided with an opportunity to provide written feedback for LHO.*
- ☐ Reports at least annually to the county/counties of the LHD the health status of the LHD's residents per R380-40-6 (2g).  
*Annual Report is done yearly. The 2023 Annual Report has been completed. The 2024 report should be completed in early August and will be available here: <https://www.saltlakecounty.gov/health/about/#reports>*
- ☐ Assures an annual independent financial audit is conducted and reviews and accepts the health department's audit findings per R380-40-6 (3).  
*An independent auditor completed an annual audit of Salt Lake County, of which the Health Department is a participant. No findings were issued for 2024.*

### **LHD Personal and Population Health Services**

- ☐ LHD employs a registered nurse, licensed in Utah, with the education and experience to supervise, evaluate, and be accountable for the LHD's nursing practice. R380-40-6(4).  
*SLCoHD employed Kami Peterson, RN, MS, as the Nursing Director. Kami is a registered nurse with a master's degree in community health and has over 37 years of experience in public health nursing.*
- ☐ LHD employs a person with education and experience to direct health education and promotion activities [R380-40-6(5)], and provides the services identified in R380-40-7(1).  
*SLCoHD Director of Community Health, Jeff Smart, has a master's degree in public administration and over 20 years' experience in health promotion.*
- ☐ Each local health department shall provide health education and health promotion services to include conducting community health assessments, identifying leading causes of disease, death, disability and poor health; and implementing evidence-based services to address the identified priorities.

*The Infectious Disease Bureau managed and treated cases of tuberculosis, perinatal hepatitis B, hepatitis C, Creutzfeldt-Jakob Disease, and sexually transmitted infections. Its responsibilities included disease reporting, surveillance, assessment, epidemiological investigations, and the implementation of control measures as outlined in state disease plans.*

*The Home Visiting Bureau supported high-risk families through educational programs focused on maternal and child health. These evidence-based interventions included assessments of maternal mental health, child development, intimate partner violence, and substance use. The goal was to improve pregnancy outcomes, promote preventive health practices, support child development, and encourage economic self-sufficiency.*

*The WIC Bureau (Women, Infants, and Children) helped protect the health of low-income pregnant, postpartum, and breastfeeding women, as well as infants and children up to age*

*five who were at nutritional risk. Services included providing nutritious food, education on healthy eating and breastfeeding, and referrals to health care services.*

*The Immunization Bureau provided vaccines that protected against more than 25 life-threatening diseases, helping individuals of all ages lead longer, healthier lives. Vaccination was a cornerstone of public health, offering individual protection, community-wide disease prevention, and critical defense for those who could not be vaccinated due to medical conditions. Vaccines also contributed to global health security and the fight against antimicrobial resistance.*

*The Prevention Bureau partnered with over 20 community-based organizations in providing evidence-based services across the lifespan. All services addressed prioritized risk and protective factors identified in the community health assessment. Community Health prioritized health education and promotion in creating healthy homes, schools, communities, and individuals.*

*The Tobacco Education Program trained healthcare providers on CDC best practices for addressing nicotine dependence, advised youth groups on tobacco policy development in their communities, and partnered with the substance use disorder program to braid funding from both programs to administer more robust grants to community-based organizations through the Prevention RFA.*

*Lead poisoning data indicated that children coming to Utah with refugee status more frequently had elevated and dangerous blood lead levels. To address this challenge, the Lead Poisoning Prevention Program translated materials into the most common refugee languages and employed interpretation services. The program worked with refugee resettlement agencies and employed a member of a refugee group (Community Health Worker) to address lead issues among women prior to and during pregnancy.*

*The department worked with Common Spirit to update the existing Community Health Assessment (CHA) in the summer of 2024, with focus group discussions conducted through the fall. The resulting information was also shared with the University of Utah and Intermountain Health through focus group discussions they conducted. The information collected through the assessment process was intended to inform a Community Health Implementation Plan (CHIP), to be completed in 2025.*

- ☐ LHD employs an individual with training and experience in epidemiology [R380-40- 6(7)] and provides services outlined in R380-40-7(2) and (4).

*The Department had an entire bureau dedicated to epidemiology. The bureau was managed by Mary Hill, a trained epidemiologist with 26 years of experience, and included 15 additional epidemiologists, two public health nurses, two epi technicians, and two data specialists with varying levels of skill and expertise in surveillance, analytics, outbreaks, investigations, and data collection. Reportable diseases, emerging diseases, and clusters of illness were investigated, mitigated, and documented according to the Communicable Disease Rule (R386-702) and state disease plans. Mary also represented Salt Lake County in the UT-EPI, Epidemiology Affiliate Group, a*

*nonprofit professional organization affiliated with the Utah Association of Local Health Departments. The affiliate voted on changes to state disease plans and ensured that local health departments used the best methods for disease control and prevention. The Epidemiology Bureau also provided after-hours emergency support for local healthcare practitioners and facilities regarding infectious disease control. One of the main functions of the program was to provide real-time support for communicable disease threats to the healthcare infrastructure in Utah. Partnerships were maintained and fostered within the community to ensure that public and group facilities of various types were safe from communicable disease threats to Salt Lake County residents.*

- ☐ Each local health department shall provide evidence-based communicable disease prevention and control services to include reporting, surveillance, assessment, epidemiological investigation, and appropriate control measures as defined in State disease plans for reportable communicable diseases and other communicable diseases of public health concern.

*The Department responded to every reportable communicable disease and communicable disease threat outlined in Utah Code by following state disease plans that were agreed upon by all local health jurisdictions and authorities in the state of Utah. By using these disease plans, the program ensured a standardized and coordinated response to prevent and control reportable communicable diseases in Utah. Salt Lake County epidemiologists helped create these evidence-based approaches, drawing from peer-reviewed journals, national and international infectious disease authorities, and homegrown studies that included sections specific to reporting, surveillance, assessment, epidemiological investigation, and appropriate control measures. In addition, Salt Lake County participated in RESP\_NET, a comprehensive program within the CDC that investigated and provided national and local surveillance data on influenza, COVID-19, and RSV since 2010.*

- ☐ Assures availability of health services by assessing services and providers, identifying gaps and barriers, meeting with community partners to assure and improve services, providing services identified as priority through local needs assessment (as approved by board of health). R380-40-7(3)

*Community Coalitions staff provided data and assessments to support 13 city-based coalitions, facilitated processes to help them identify priorities based on these data, and provided education to implement evidence-based interventions.*

*The Healthy Lifestyles Employee Wellness Program issued Park Rx prescriptions as evidence that incorporating nature into daily life improved physical, mental, and social well-being. As county agencies were scattered throughout the valley—and with many employees working from home—the team created a podcast series to share valuable health information from experts in the field.*

*The Community Health Prevention Bureau continued to conduct community needs assessments for Substance Use Disorder Prevention, which included community coalition engagement, stakeholder meetings, and focus groups. These groups consisted of community leaders, social service organizations, SUD prevention experts, coalition*

*members, elected officials, and all previous subcontractors. The Prevention Bureau partnered with 21 community-based organizations to provide evidence-based services across the lifespan. All services addressed prioritized risk and protective factors identified in the community health assessment. Community Health prioritized health education and promotion in creating healthy homes, schools, communities, and individuals.*

*The Clinical Services Division provided affordable care to under-resourced clients by offering services on a sliding fee scale, helping to reduce financial barriers. Many programs included income limits to prioritize care for the most vulnerable populations. Public health clinics were strategically located throughout Salt Lake County to ensure convenient access, and additional services were delivered through outreach clinics and home visits to reach at-risk groups. The division used data to identify underserved or high-risk populations and directed targeted interventions and outreach efforts to address gaps in care.*

- ☐ Provides all public health services in response to community needs, within an approved budget, in compliance with federal, state, and local laws, regulations, rules, policies and procedures, and accepted standards of public health, medical and nursing practice. Evaluates programs for effectiveness and impact. R380-40-6(8)(a) and (b)

*All departments complied with all federal, state, and local laws, regulations, policies, procedures, and recognized public health standards. Programs were regularly evaluated for effectiveness and impact to meet funder requirements and ensure program integrity. The WIC, Home Visiting, and Immunization programs were routinely audited by funding agencies to verify compliance with federal and state regulations. In addition, program supervisors and peer reviewers conducted regular internal audits to assess adherence to program standards and implement corrective actions when needed.*

- ☐ Provides evidence-based services based on community health assessment and planning to address at a minimum: maternal and child health services; injury control services; and chronic disease control services. R380-40-7(6)

*The Clinical Services Division prioritized maternal and child health, injury prevention, and chronic disease control through a range of targeted services for women and children. Key programs included WIC, which provided nutritional support to promote healthy pregnancies and child development; home visiting services, which addressed perinatal and infant mental health, conducted health and developmental assessments, offered injury prevention education, and connected families to essential resources; and immunizations, which protected against infectious diseases and supported long-term health. These efforts worked together to improve health outcomes, reduce preventable injuries, and lay the foundation for lifelong wellness.*

*In 2024, the Injury Prevention Program provided evidence-based services to reduce injuries and deaths related to falls, suicide, and motor-vehicle crashes. Services included teaching evidence-based curriculum for fall prevention (Stepping On). Risk factors for suicide were*



*addressed through QPR training and promotion of protective factors through partnerships that worked to increase community connectedness and change social norms regarding help-seeking behaviors for mental health. The promotion of seat belt use and correct use of car seats and booster seats for children worked to reduce injuries and deaths related to motor-vehicle crashes.*

- ☐ Assures the registration of live births, deaths, and fetal deaths that occur in the jurisdiction. R380-40-7(5)

*The Department had a vital records program that worked in tandem with the State of Utah Office of Vital Records and Statistics to provide registration of live births, deaths, and fetal deaths that occurred in Salt Lake County. The program collaborated with hospitals, birthing centers, and mortuaries to provide these services to anyone seeking an available Utah vital record.*

### **LHD Environmental Health Programs**

- ☐ Employs an environmental health scientist, registered in Utah, with the education and experience to supervise, evaluate, and be accountable for the LHD's environmental health activities [R380-40-6(6)] and ensures there is a program that meets the requirements of R380-40-8.

*The Environmental Health Director, Ron Lund, has been a registered licensed environmental health scientist in Utah since 2001 and has renewed this license every two years as required by law. His current license expires May 31, 2027. The Director has a Master of Public Health from the University of Utah and has worked in Food Protection, Water Quality and Hazardous Waste, as an after-hours responder, and enforcement coordinator for the Department.*

- ☐ Each local health department shall ensure that there is a program including the maintenance of an inventory of regulated entities or complaints for:

- ☐ Food safety consistent with R392-100, R392-101, R392-103, R392-104, and R392-110;

*The Health Department had an inventory of permitted establishments and conducted inspections and responded to complaints applicable to the Rules. Inspections were completed on a risk-based system for over 5,400 establishments. Approximately 9,200 inspections were completed last year. Permitting and inspections were conducted for agritourism, microenterprise home kitchens, temporary events, and residential childcare facilities.*

- ☐ schools consistent with R392-200;

*The Health Department had an inventory of schools and completed inspections for the school rule and food safety. These inspections were completed for the school sanitation rule and included a food inspection.*

- ☐ recreation camps consistent with R392-300;

*The Health Department uses an environmental database that tracks inspections, complaints, payments and more. The Health Department maintains a database of complaints and the notes with information about actions taken to resolve the complaints are recorded. The database has records going back over 10 years.*

- ☐ recreational vehicle parks consistent with R392-301;

*The Health Department used an environmental database that tracked inspections, complaints, payments, and more. The Health Department maintained a database of complaints, and notes with information about actions taken to resolve the complaints were recorded. The database contained records going back over 10 years.*

- ☐ public pools consistent with R392-302 and R392-303;

*The Health Department had an inventory of over 1,300 permitted establishments and conducted inspections annually. The Department sampled pools monthly and responded to complaints applicable to the Rules.*

- ☐ temporary mass gatherings consistent with R392-400;

*The Health Department had an inventory of temporary mass gatherings and permitted, inspected, and responded to complaints applicable to the Rules.*

- ☐ roadway rest stops consistent with R392-401;

*The Health Department used an environmental database that tracked inspections, complaints, payments, and more. The Department maintained a database of complaints, and notes with information about actions taken to resolve the complaints were recorded. The database contained records going back over 10 years.*

- ☐ mobile home parks consistent with R392-402;

*The Health Department used an environmental database that tracked inspections, complaints, payments, and more. The Department maintained a database of complaints, and notes with information about actions taken to resolve the complaints were recorded. The database contained records going back over 10 years.*

- ☐ labor camps consistent with R392-501;

*The Health Department used an environmental database that tracked inspections, complaints, payments, and more. The Department maintained a database of complaints, and notes with information about actions taken to resolve the complaints were recorded. The database contained records going back over 10 years.*

- ☐ hotels, motels and resorts consistent with R392-502;

*The Health Department had an inventory of permitted establishments and conducted inspections and responded to complaints applicable to the Rules. The Department had*



### *169 active permits*

- ☐ indoor clean air consistent with Section 26-38 and R392-510;  
*The Health Department responded to indoor clean air act complaints and addressed them according to the Rules.*
- ☐ illegal drug operations decontamination consistent with R392-600;  
*The Health Department responded to illegal drug operations and oversaw contamination consistent with R392-600. The Health Department has a health regulation specific to chemically contaminated properties. In 2024, 288 properties were closed with 252 properties decontaminated.*
- ☐ indoor tanning beds consistent with R392-700; and  
*The Health Department had an inventory of 41 permitted establishments and conducted inspections at tanning establishments. The Department responded to complaints applicable to the Rules. The Department certified tanning operators working in a tanning establishment.*
- ☐ investigation of complaints about public health hazards, including vector control, to include inspections including corrective actions and an information system that documents the process of receiving, investigating and the final disposition of complaints.  
*The Health Department had a database to track complaints, investigations, and final dispositions. The Department used an environmental database that tracked inspections, complaints, payments, and more. The Department maintained a database of complaints, and notes with information about actions taken to resolve the complaints were recorded. The database contained records going back over 10 years.*

### **LHD Public Health Emergency Preparedness**

- ☐ Each local health department shall conduct public health emergency preparedness efforts. This shall include the following: conduct, or coordinate with emergency management agencies in the district to conduct, a community public health, medical, mental, and behavioral health hazard and risk assessment that considers populations with special needs to influence prioritization of public health emergency preparedness efforts;  
*The Emergency Preparedness Bureau conducted a Jurisdictional Risk Assessment (JRA) with internal and external partners and a Hazard and Vulnerability Assessment (HVA) with the healthcare coalition. These assessments will inform the next five years of planning, training and exercising for department staff and community activities.*

- ☐ establish partnerships with volunteers, emergency response agencies, and other community organizations involved in emergency response;  
*The Department maintained a robust Medical Reserve Corps (MRC) with the potential to surge to 2,500 volunteers and maintained relationships with jurisdictional emergency management organizations through participation in valley-wide EM meetings, medical managers meetings, and statewide EM meetings.*
- ☐ establish Memorandums of Agreement with response partners for assistance in emergency response;  
*The Department maintained Memorandums of Agreement with public safety, the Red Cross and VOAD; the Department also had a Master Mutual Aid Agreement through the SST Coalition.*
- ☐ identify public health roles and responsibilities in local emergency response;  
*Roles and responsibilities are included in the All-Hazards Plan maintained by the Department.*
- ☐ function as the lead agency for Emergency Support Function #8---Public Health and Medical Services;  
*The Manager of the Emergency Preparedness Bureau was the ESF #8 lead and actively participated in joint exercises with other agencies, bi-weekly staff meetings with SLCo Emergency Management, monthly meetings with valley-wide emergency managers, and ESF trainings.*
- ☐ maintain an all-hazards public health emergency operations plan that shall include priorities from hazard and risk assessment in R380-40-9(1)(a); hazard-specific response information for an infectious disease outbreak; and protocols or guidelines for dispensing of medical countermeasures, public health emergency messaging, non-pharmaceutical interventions, mass fatality response and requesting additional resources;  
*The Department maintained an all-hazards plan that included an infectious disease outbreak response plan (IDER), medical countermeasure dispensing plan (PODS), communications plan for public messaging, non-pharmaceutical interventions (PODS), a mass fatality plan, and a resource management plan, all of which were continuously reviewed and updated as part of regular duties.*
- ☐ maintain a continuity of operations plan that shall include employee notification, lines of authority and succession, and prioritized local health department functions;  
*The Department completed an updated Continuity of Operations Plan in Q1 2024.*
- ☐ annually test public health preparedness through an emergency response drill or exercise;  
*The Department regularly participated in drills and exercises with partner agencies and the healthcare coalition and conducted internal training,*

*workshops, and exercises internally.*

- ☐ ensure access to and annually test emergency response communications equipment and systems that will be used in public health emergency response;

*Through the Emergency Preparedness Bureau, the Department tested communication equipment on a routine schedule.*

*The EPB tested communications equipment as follows:*

- SST Coalition 800 MHZ radios – monthly radio check*
- HD Internal 800 MHZ radios – monthly radio check*
- Satellite Telephone Bridge – tested with SLCo EM monthly*
- SST Coalition call downs using the UNIS System*
- HD call downs to staff using the UNIS System*
- HD call downs to staff using Genasys*
- HD call downs to staff during real life events using InformaCast.*

- ☐ the local health officer and at least one other employee shall complete FEMA ICS-100, ICS-200, ICS-300, ICS-400, IS-700, and IS-800 courses.

*The LHO and Emergency Preparedness Bureau Manager completed all required courses.*

### **LHD Laboratory Services**

- ☐ Each local health department shall ensure the availability of laboratory capacity to support public health programs by maintaining an on-site laboratory, through agreements with the Utah Public Health Laboratory, or by agreements or contracts with private laboratories to conduct needed tests in a timely manner.

*SLCoHD had a contract with Richards Laboratories of Utah Inc for water sampling, ChemTech Ford for environmental sampling, and Utah Public Health Laboratory for clinical tests. In addition, the Epidemiology Program worked with local healthcare providers and facilities to ensure laboratory specimens were sent to UPHL in accordance with state disease plans for confirmatory testing required for infectious disease diagnoses.*

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Salt Lake County Health Department Director  
Dorothy Adams

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Dan Eckersley  
Salt Lake County Board of Health Chair