



UTAH COUNTY
BOARD OF HEALTH

151 SOUTH UNIVERSITY AVENUE
PROVO, UTAH 84601

MINUTES
July 28, 2025

Members Present:			
Carl Hanson, Chair	X	Sonia Pineda	X
Dr. Jeffrey Ogden, Vice-chair	X	Ryan Schooley	Excused
Dr. Christopher Gordon	X	Julie Fullmer	X Electronic
Amelia Powers Gardner	X	Francine Jensen	X
Dr. Jordan Singleton	X Electronic	Wendy Dau	Excused
Dr. Scott Smith	X		

Others present:

Eric Edwards, MPA, MCHES UCHD Executive Director
Tyler Plewe UCHD Deputy Director
Juli Van Ginkel UCHD Secretary
Zachary Zundel Deputy County Attorney

Number of people in attendance 20

- 1. Welcome by Carl Hanson, Board of Health Chair**
- 2. Approval of minutes from May 19, 2025**

MOTION: Dr. Jeffrey Ogden motioned to approve the minutes from the May 19, 2025, Board of Health meeting, seconded by Dr. Scott Smith. No discussion. Motion carries and approved unanimously.

- 3. Employees of the Quarter Presentation**

Eric Edwards highlighted the Health Department's Employees of the Quarter through a slideshow, recognizing the outstanding contributions of Janette Bell, Kaylie Lake,

Diana Reinart, Laith Mohammed, and Sonia Dale. He extended his sincere appreciation to the Health Department staff for their continued dedication and exceptional work. The recognition concluded with a round of applause in appreciation of the team's efforts.

During the presentation, Dr. Scott Smith inquired about the source of the \$25,000 grant secured by Kaylie Lake. In response, Carrie Bennett clarified that the funding was awarded by the Utah Cancer Action Network (UCAN).

4. Utah County Health Department Finances Update

Eric addressed the Board of Health to express his desire to provide updates on the Health Department's finances at every board meeting, even though the Minimum Performance Standards are only formally required once per year. He emphasized the importance of regular communication and transparency. He noted that while 46% of the calendar year remains, the Health Department still retains 66% of its budget. Eric attributed this to the divisions' ongoing efforts to identify and implement cost-saving measures. He also acknowledged the County Commission's support in addressing wage inflation and promotions, which has enabled the department to better support and retain staff. Eric pointed out that 70% of the department's costs are personnel-related rather than equipment-based. He explained that the red items on the budget sheet represent capital projects, while ISF (Internal Service Fund) expenses cover items such as rent, computer support, utilities, and internal administrative services.

Carl Hanson asked about the potential impact of the President's new budget and MAHA on the department's finances. Eric responded that while there was concern in April 2025, federal funds distributed through the state are still being received. However, future funding remains uncertain. He emphasized that the department's current efforts to "tighten the belt" are intended to prevent the need for staff reductions in the future. Examples include restructuring positions when grants end and redistributing responsibilities when vacancies occur. Dr. Christopher Gordon inquired about the impact of individuals not seeking Health Department services. Eric noted that, at present, there has not been a significant reduction in service demand, but more data will be available by year-end.

Dr. Scott Smith asked for clarification on Sections E and F of the budget, which cover Restricted and Other funds. Eric explained that these funds are used for essential needs such as chemicals for Mosquito Abatement. Commissioner Amelia Powers Gardner added that these sections serve as a contingency, since government budgets must allocate every dollar. Use of restricted funds requires approval from two commissioners, while the "Other" category typically covers one-time purchases, such as office supplies.

Eric concluded by commending the division directors, bureau directors, and staff for maintaining a healthy budget position despite limited resources and a growing population. Commissioner Powers Gardner also reminded the Board that Utah County property taxes do not adjust for inflation, only for population growth. She noted that while inflation has been significant, it does not affect the county's tax structure.

Carl Hanson emphasized the critical role of Linnea Fletcher's Health Promotions division, noting that it is primarily funded through grants. He stressed the importance of these programs to the community, particularly the potential consequences if the department were to lose its prevention-focused initiatives.

Dr. Jeffrey Ogden contributed to the discussion by referencing the "waterfall" allegory, a project management methodology where each phase flows sequentially from one to the next—requirements, design, implementation, testing, and maintenance. He used this analogy to underscore the importance of preventative care, emphasizing that proactive efforts today are essential to improving long-term health outcomes. He cited data from the recent CMS Qualcomm Quality Conference, noting that 43% of adults in the U.S. are obese or have obesity-related conditions, which account for 80% of Medicare and Medicaid health costs nationwide. He stressed that this must be a key focus area for public health.

Commissioner Amelia Powers Gardner highlighted how Eric and the Health Department have leveraged Qualtrics to better understand community needs and tailor services that promote healthier living. This data-driven approach has helped the department align its efforts with the priorities of the population it serves.

5. TB Program Update

Michael Leman recently provided an update on the Tuberculosis (TB) program, focusing on strategies to reduce costs while maintaining essential public health services. The primary objective is to distinguish between services that the Health Department is required to provide and those that can be managed by external providers. Required services include the treatment of active TB cases, contact tracing, and follow-up for Class B TB cases—such as individuals entering the country who test positive. In contrast, the treatment of Latent TB Infection (LTBI), which has historically been provided by the department, is not mandated and represents a significant portion of the program's cost.

To address this, Michael has been working with Mountainlands, Merrill Gattmeyer, and other primary care providers to shift LTBI treatment responsibilities outside the department. Additionally, by not filling vacant or time-limited positions, the program has already achieved a cost reduction of nearly \$100,000.

The school testing program was also evaluated. Approximately 500 tests are conducted annually, with only 10% returning positive results. Of those, only two to three individuals begin treatment, and even fewer complete it. Notably, no active TB cases have been identified through this program. Both Michael and Commissioner Amelia Powers Gardner questioned the cost-effectiveness of continuing this component of the program in its current form.

As an alternative, Michael supports a hybrid approach that maintains essential services while prioritizing education and communication with patients. Dr. Jeffrey Ogden suggested involving medical students to assist with the program, which could help reduce costs. Education on TB symptoms and risk factors, along with strong communication channels, is seen as a more impactful and sustainable strategy.

To identify high-risk individuals, nurses use data from the World Health Organization (WHO), which lists countries with TB rates of 20 or more cases per 100,000 population. Dr. Scott Smith emphasized the importance of screening immunosuppressed

individuals, and Michael agreed that nurses could ask more targeted questions to better protect this vulnerable group.

In terms of staffing, the Nursing Department has adapted by reassigning roles, with Michael assisting directly with patients. While some positions remain unfilled, they are still included in the staffing plan to allow flexibility as the program evolves.

Commissioner Amelia Powers Gardner also highlighted the effectiveness of school nurses in identifying active TB cases and recommended expanding their training to other staff members.

6. Healthy Place Index Presentation

Linnea Fletcher presented the Healthy Places Index (HPI), a mapping tool developed by the Health Department in collaboration with the Department of Human Services and the Alliance for Public Health. This tool compiles over 200 data points from a wide range of sources to assess community conditions and health and well-being indicators. The HPI can be broken down by various geographic levels, including counties, small area data groups, school districts, congressional districts, and census tracts. It is designed to raise awareness about local health disparities and guide strategic planning. In the Utah-specific version of the HPI, darker green areas indicate healthier communities, while darker blue areas represent less healthy ones. This visual tool allows public health professionals to align health priorities with geographic and demographic data.

The National Association of City and County Health Officials provided a list of key indicators that, when paired with the HPI's 200 data points, helped identify and prioritize top health concerns for both improvement and strategic planning. One example presented was a slide showing bike lane access across communities. Areas with more bike lanes tend to have higher physical activity levels, contributing to better overall health. Health Promotion teams can use this data to collaborate with city planners and provide input during the development of active transportation plans. Linnea noted that rural areas may appear less healthy in this metric due to fewer bike lanes, though these are often farming communities with different activity patterns.

Another slide focused on broader community conditions, including chronic diseases, health behaviors, and mental health. The HPI is also used in suicide prevention efforts. Health Promotion teams utilize the tool to identify areas in need of postvention planning—support provided to communities and families after a suicide occurs. The HPI also guided the placement of suicide prevention signage along park trails. This work was recently presented to local mayors at the Council of Governments (COG) meeting.

In the area of diabetes prevention, staff member Kate Dinks collaborated with the Pace Clinic in Springville to identify patients at risk for or currently living with diabetes. The goal is to enable early intervention through testing and lifestyle support. As a result of this partnership, 349 patients were screened—a 250% increase from the previous year—with 11 new diabetes diagnoses made through the screening process. Linnea also provided links to the HPI tool for further exploration.

During the discussion, Dr. Scott Smith raised concerns about insurance companies' reluctance to cover hemoglobin A1C testing. Linnea responded that the risk

assessment tool, which includes a 10-question screening, offers a strong starting point and can lead to referrals for lifestyle change programs. Commissioner Amelia Powers Gardner added that Wasatch Behavioral Health now screens patients for prediabetes and diabetes, recognizing that stabilizing a patient's physical health can significantly improve mental health outcomes. This proactive approach aims to identify risk factors earlier and improve overall patient care.

7. School Nursing Opioid Initiative

Lenay Porter and Heather Chatwin presented a school-based prevention program developed for the Utah County school district, funded through opioid settlement dollars. Their task was to create a nurse-led, in-school prevention initiative using an evidence-based curriculum. In January 2025, they began training school nurses with a strong foundation in prevention principles, including understanding risk and protective factors, implementing and evaluating programs, and selecting research-backed strategies. After reviewing several options, the team selected the Botvin LifeSkills Training program, a free, evidence-based curriculum shown to reduce tobacco, alcohol, and drug use among adolescents. The program emphasizes interactive lessons and peer resistance skills.

Data from the SHARP (Student Health and Risk Prevention) survey revealed that vaping is currently the most significant issue among students, particularly in the 8th grade. As a result, the first presentations targeted this age group. Although the Botvin materials were somewhat outdated, school nurses were trained to deliver updated content. So far, the program has been piloted in two Provo middle schools. Collaboration with the Health Department's Health Promotion team helped address implementation challenges and align strategies. Feedback from teachers during the pilot was positive, indicating that students were engaged and learning effectively. Key lessons from the pilot included the importance of consistent support from teachers and administrators, the need to adapt curriculum for different age groups and learning styles (including language considerations), and the value of ongoing nurse training and professional development. The team is developing six total lesson modules, with upcoming topics including prescription drug misuse, advertising, assertiveness, biofeedback, and communication. A student feedback form is also being created to assess program impact.

In response to a question from Francine Jensen, Mekel Jones noted that each middle school has approximately 1,000 students, with the program focusing on 8th graders—reaching an estimated 5,000 students. Dr. Jeffrey Gordon asked why 8th grade was chosen, and Heather explained that SHARP survey data showed higher 30-day and lifetime vaping use in that age group. He also inquired about program effectiveness, to which Heather responded that a student survey is being developed to evaluate outcomes. Dr. Jeffrey Ogden suggested incorporating teacher observations as an additional assessment method. Heather Chatwin added that vape detectors in school bathrooms may also provide indirect data on behavior changes.

Mekel shared that school nurses have expanded their reach this year and are using classroom time to teach refusal skills and peer pressure management. Wendy noted that the SHARP survey is conducted every two years, providing updated insights. Carl

Hanson asked if Mekel was familiar with the state's evidence-based workgroup, suggesting it could offer valuable resources and possibly support a comparison group. Mekel confirmed that Botvin is a state-mandated program and that collaboration with the group would be beneficial, though data privacy remains a concern.

Dr. Scott Smith asked about parent involvement and communication. Heather explained that because the program is part of the standard 8th-grade health curriculum, no additional parental notification is required. However, Dr. Smith recommended providing parents with information about what their children are learning to encourage family engagement. Heather agreed and mentioned that the next lesson on prescription drugs might benefit from broader county-level initiatives. Eric Edwards acknowledged the value of Heather's explanation and emphasized that the county is also pursuing broader efforts funded by settlement dollars and grants. These include social media messaging aimed at both parents and students to raise awareness of risks.

Mekel clarified that she serves as the Opioid Response Coordinator for the county and oversees the use of prevention funds. While school nurses focus on student education, the county is also working on community-level initiatives such as medication self-disposal, take-back events, pharmacy education, and provider training. Carl Hanson supported the idea of targeting both students and parents, noting that most children have easy access to substances at home. Eric Edwards concluded by stating that this is just the first stage of a multi-phase initiative. Stage two will incorporate feedback to strengthen the program annually, with the goal of creating a comprehensive, multifaceted approach. He referenced Dr. Jeffrey Ogden's "waterfall effect" analogy, emphasizing that early intervention in schools can lead to broader, long-term community health improvements.

8. ***Tobacco Policy Update SB61***

Dakota Froisland and Zachary Zundel presented an update on the new tobacco policy and recent developments in state law. Dakota began by reviewing the evolution of tobacco-related legislation in Utah, particularly efforts to prevent youth access to harmful materials, especially through electronic devices. Senate Bill 61 (SB 61) introduced several provisions, the most significant of which granted the Health Department expanded authority to conduct more detailed inspections. This includes access to safes, cabinets, and other locked storage areas—areas previously off-limits during inspections. The bill also prohibited the sale of flavored e-cigarettes, allowing only tobacco and menthol flavors. Enforcement of this provision requires that products be listed on the Utah State Tax Commission registry and meet specific FDA Premarket Tobacco Product Application (PMTA) approval standards.

Although three related bills were introduced, all initially failed. However, Senator Plumb's bill was later revived in March due to ongoing litigation between the state and the Vape Association. A temporary court order blocked enforcement of certain provisions, including the expanded inspection authority, citing potential constitutional concerns. With guidance from a federal judge and Utah Health and Human Services, enforcement was allowed to proceed under carefully defined parameters.

Dakota noted that Utah County has over 200 businesses selling tobacco products, including 23 dedicated smoke or vape shops. In response, the Utah Department of Health and Human Services issued an educational letter to all retailers statewide. The Utah County Health Department adopted a similarly educational approach, sending multiple communications—both physical and digital—and hosting in-person learning sessions to raise awareness. This strategy proved effective: all 23 vape shops were found to be in compliance with SB 61 during inspections. Dakota emphasized that this approach not only fulfilled enforcement responsibilities but also helped build stronger relationships with local retailers.

Zachary Zundel added that consistency and fairness are critical as the policy continues to evolve. He is working to ensure that documentation is regularly updated to reflect changes in inspection procedures and enforcement strategies. Zachary will also continue monitoring the ongoing litigation and incorporate any legal updates into future policy revisions. These updates will be discussed in upcoming meetings as the situation develops.

Dr. Scott Smith asked whether retailers were aware of the legal changes. Zachary confirmed that the vape industry was well-informed, largely due to lobbying efforts and legal representation. Additionally, multiple letters were sent from both state and local health departments. Sonia Pineda inquired whether inspections were announced or unannounced. Zachary clarified that general inspections are unannounced to prevent retailers from concealing non-compliant products, though some specific inspections may be scheduled. Dr. Christopher Gordan asked whether mystery shoppers or underage inspectors were used. Zachary responded that no such methods are currently employed in this enforcement process.

9. Employee Changes

Eric Edwards shared recent employee changes, expressing the sadness felt with the departure of Dan Miller, who will be greatly missed. At the same time, he highlighted a positive step forward with the addition of Jason Bird, who brings strong skills and a fresh perspective to the team. Eric also acknowledged our newest hires, emphasizing the wealth of experience they bring and the value they add to our department.

10. Other Items

Dr. Scott Smith, a member of the Highland City Council, raised concerns about underage individuals riding unregistered motorcycles known as Cirons, asking whether there is any tracking or data available on the issue. Eric Edwards confirmed that these vehicles are indeed unregistered, and Commissioner Amiela Powers Gardner added that it is a serious concern—sharing that her own child was injured in an incident involving one. Eric noted that the Utah Highway Safety Office does collect relevant data, which could be paired with injury prevention efforts to explore potential advocacy at the state level. Linnea Fletcher confirmed that the state is aware of the issue, and mentioned that the Bear River Health Department in Logan is collaborating with local universities to investigate further. Eric asked Zachary to consider forming a small sub-group of board members to look into the matter, and Zachary confirmed that such a

group could be formed as long as it does not constitute a quorum.

MOTION: Commissioner Amiela Powers Gardner motioned to strike item 12, seconded by Sonia Pineda. No discussion. Motion carries and approved unanimously.

11. Public Comment

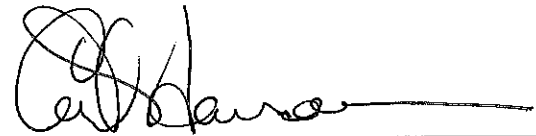
Ezra Nair, the Utah County Administrator attended the meeting with members of his team as part of their outreach to various divisions within the department. He shared with the Board the resources available to assist parents in need and emphasized their openness to provide support. In response to a question from Carl Hanson about whether the Human Services Division is part of the Health Department, it was clarified that the division operates under the county.

12. Approve and set a date, time and location for closed meeting to discuss the character, professional competence, or physical or mental health of an individual or individuals for today's date, at this location, following the completion of the regular agenda.

MOTION: Francine Jensen motioned to adjourn the meeting, seconded by Dr. Jeffery Ogden. No Discussion. Motion carries and approved unanimously.



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



Carl Hanson
Chair
Utah County Board of Health