UTAH COUNTY
BOARD OF HEALTH

151 SOUTH UNIVERSITY AVENUE
PROVO, UTAH 84601

MINUTES
July 27, 2026

Members Present:			
Carl Hanson, Chair	X	Sonia Pineda	Excused
Jeffrey Ogden, Vice-chair	Excused	Ryan Schooley	Excused
Christopher Gordon	X	Bill Wright	X
Amelia Powers Gardner	X	Francine Jensen	X
Jordan Singleton	X	Rick Nielsen	Excused
Scott Smith	X		

Others present:

Tyler Plewe	UCHD Deputy Director
Heather Murrish	UCHD Secretary
Zachary Zundel	Deputy County Attorney

Number of people in attendance: 24

1. Welcome by Carl Hanson, Board of Health Chair

2. Approval of minutes from May 18th, 2026

Minutes were delayed due to not having a full quorum. They are approved after item number 6, the 2025 Annual Report Presentation

MOTION: Francine Jensen motioned to approve the minutes from the May 18, 2026, Board of Health meeting, seconded by Dr. Scott Smith. No discussion. Motion carries and approved unanimously.

3. UCHD Finances Update

Tyler provided an overview of the current financial status. With 45% of the fiscal year remaining, all indicators show that the budget is on track. The majority of expenses

continue to come from wages. While a few categories appear overspent at this time, this is due to early spending and grant-related activity. These variations are expected and do not indicate any concerns.

4. UCHD Compliance Audit

Tyler informed the Board that preparations are underway for the upcoming state audit. The department undergoes an internal county audit every year, but state audits occur less frequently and covers a broader scope. Once the audit is completed, Eric or Tyler will report any findings to the Board.

5. EOQ Recognition

Tyler reviewed the Spring and Summer Employees of the Quarter and expressed appreciation for their outstanding contributions. He also shared a recent success story from the WIC program, highlighting an instance in which both the WIC and Nursing teams collaborated to provide vital support that greatly benefited an infant in need.

Tyler then recognized Dr. Miner, who was also selected for acknowledgment. Dr. Miner has served with the Health Department for more than 32 years. During his remarks, Dr. Miner spoke about viewing the community as a patient, emphasizing the importance of prevention and maintaining long-term community health. He reflected on his extensive experience performing immigration exams, noting that the work helps support immigrants and keeps him closely connected to the community.

Prof. Hanson asked Dr. Miner about trends he is seeing within the immigrant population. Dr. Miner explained that many immigrants are arriving through sponsorships by children and spouses, while another group consists of refugees seeking asylum. He also noted that each immigration applicant is required to complete an I-693 form for screening and data collection purposes.

Prof. Jensen and Dr. Jordan Singleton also expressed appreciation for both the Nursing and WIC departments. They acknowledged the significant impact these teams have on the community and emphasized how their dedicated work helps strengthen families and improve overall community well-being.

6. 2025 Annual Report Presentation

Tyler presented the 2025 Annual Report. Vital Records issued about 23,000 birth certificates and 5,000 death certificates, and the American Fork office has closed, with services now in Saratoga Springs.
Communications saw an increase of over 10,000 video views, supported by the new media room and improved website security and accessibility.
Environmental Health monitored nearly 500,000 emission tests and added 275 new food facilities, continuing to grow by 1.5–2 FTEs yearly. Emergency Response maintained national standards through PPHR approval.
Health Promotion distributed 46 pharmacy toolkits, supported six disease-management clinics serving 65,000 residents, reached 11,000 through tobacco-prevention services, loaned 26 radon monitors, and expanded home visitation to 660 clients. Vaccination and school nursing programs remain stable.
Mosquito Abatement trapped 146,000 mosquitoes and used AI mapping to identify 75,000 more storm drains, contributing to state and national innovation awards.
Senior volunteers remain above 200% of grant requirements. WIC served over 132,000 clients. Following the American Fork closure, Saratoga Springs is serving about 3,800 more clients and Provo about 1,550 more. The County has purchased land in Eagle Mountain, Saratoga Springs, and Santaquin to support future facilities and transportation planning.

7. Annual Open and Public Meetings Act (OPMA) Training

Kallie Hoffman, a law clerk from the Utah County Attorney's Office, presented the annual Open and Public Meetings Act (OPMA) training. The purpose of OPMA is to ensure transparency in government by requiring that actions and decisions are made openly and are accessible to the public. This transparency supports accountability and responsible governance.
During the presentation, Dr. Singleton asked, "What is a quasi-judicial deliberation?" Commissioner Powers Gardner explained that the Board of County Commissioners sometimes acts like a court rather than a governing body. One example is when someone appeals a denied GRAMA records request. Denials may occur because a record contains private information or is part of an active investigation. When an appeal is filed, the Commissioners act as a judicial panel, which allows them to discuss the matter privately without a publicly noticed meeting, similar to how a court reviews a case.

Utah County Health Department Attorney Zachary Zundel added clarification that the Board of Health does not have situations where it acts in a quasi-judicial role. The Board is not involved in purchasing decisions or other procedural matters. The only circumstances under which the Board is likely to hold a closed meeting are related to professional competency.

8. Adopt Retail Food Compliance and Enforcement Regulation

Environmental Health Bureau Director Karl Hartman presented a new regulation for the Food Safety Division. He clarified that nothing in the proposal is new; all requirements already exist in the FDA-approved Food Code, which has been adopted by both the State of Utah and Utah County. The goal of this regulation is not to create new rules or penalties, but to establish a consistent and uniform program so all inspectors follow the same process when restaurants are out of compliance.
In the past, inspectors conducted follow-up inspections, but the outcomes after failed inspections varied. The proposed system establishes a standardized process that ensures every inspector takes the same steps when an establishment needs to be placed on a corrective action program. This improves consistency, fairness, and public protection when serious food safety problems are not effectively controlled.
The vast majority of restaurants will not notice any change. The regulation does not add or change food safety requirements; those are already established by the FDA Food Code and incorporated into Utah law. Instead, it creates a clear framework for how the department responds when existing requirements are not met.
Utah County currently regulates approximately 2,080 retail food establishments. This regulation is not designed to punish establishments for violations, but to provide a consistent response when problems are serious enough to cause failed inspections, or when violations continue despite repeated opportunities for correction. Examples of issues that lead to failed inspections include employees repeatedly not washing hands, food held at unsafe temperatures, improper cooling practices, inadequate cleaning and sanitizing of food-contact surfaces, or significant cross-contamination. Repeated priority violations also indicate a lack of effective managerial control.
After a failed routine inspection, corrective directives (CDs) are issued along with a follow-up inspection. Under the new system, inspectors focus not only on correcting the violation but also on determining why the issue continues to occur and what management systems will be implemented to prevent recurrence. Solutions may include staff training, monitoring temperature controls, developing written

procedures, management verification, equipment repairs, or increased involvement from ownership.

Only continued failure will move an establishment further through the process, which may include additional follow-up inspections, Notices of Violation, compliance conferences, and, if all other interventions fail, a permit status hearing. Of the 2,080 establishments, an estimated 400 (20%) may require at least one follow-up inspection per year. Approximately 100 (5%) are expected to progress beyond the first follow-up, and only about 26 (1.3%) may reach the next stage. Less than 1% may ever reach a permit status hearing. This means most establishments will not experience any change in their inspection process.

There is one important exception: if an inspector identifies an imminent health hazard that presents immediate danger, such as sewage overflow or operating without water, the department does not use the progressive process. Immediate action is taken.

This regulation gives inspectors and businesses a clear and predictable enforcement system. It establishes consistent expectations for inspectors, promotes equitable treatment of establishments, provides multiple opportunities to demonstrate sustained compliance, and allows the department to show that stronger enforcement actions follow a measured, transparent, and consistent process.

Dr. Singleton asked whether a different inspector completes follow-up inspections. Karl explained that the same inspector returns, though a supervisor may be involved depending on the situation.

Mayor Bill Wright asked if the general public is notified when a restaurant has problems. Karl responded that the public can now access inspection information by scanning a QR code displayed on the restaurant's permit. In cases of imminent health hazards that result in temporary suspension, a "closed" sign is posted on all doors.

Prof. Hanson asked for confirmation that the regulation would standardize the process and ensure inspectors handle cases consistently. Karl confirmed that it does and noted that it also increases transparency for businesses.

Mayor Wright asked whether inspectors have flexibility within the structure. Karl replied that inspector training allows them to identify patterns and apply professional judgment, which supports consistent application of the regulation.

Dr. Smith asked how inspections are determined. Karl explained that inspections are risk-based according to how food is handled. Establishments are ranked in a four-tier system, with higher-risk facilities receiving more frequent inspections. Tier 1 establishments receive routine inspections, while higher-risk facilities may be inspected three to four times per year, always unannounced. Tyler added that public

complaints will accelerate inspection timing. For example, sushi restaurants are inspected more often than gas stations. Higher-tier establishments also pay higher fees.
Dr. Singleton asked for examples of Tier 4 facilities. Karl responded that Tier 4 includes establishments serving highly susceptible populations, such as hospitals, or facilities that perform specialized processes like reduced-oxygen packaging, which increases the risk of listeria or clostridium botulinum.

Motion: Dr. Singleton motioned to approve the Adopt Retail Food Compliance and Enforcement Regulation, seconded by Mayor Bill Wright. No Discussion. Motion carries and approved unanimously.

9. Determine interest in Board of Health Tour at the Bingham Family Clinic

Prof. Jensen informed the Board that the Bingham Family Clinic has reached full capacity. This shows that awareness of the clinic is increasing and that it is becoming a valuable resource for the community. She encouraged Board members to continue sharing information about the clinic and its services.
An email will be sent to Board of Health members later in the week to gather availability for scheduling a possible tour of the clinic.

10. Employee Changes

Tyler informed the Board that the biggest change in staffing from May to July involved the school nurses. Of the 61 employees who left the Health Department, 54 were school nurses. Most of these nurses were hired by the school districts during the transition.

11. Other Items

Tyler provided an update on the current measles situation. Wastewater monitoring has not shown any measles indicators at the Timpanogos Treatment Facility. There were detections in South County; however, because South County wastewater includes areas outside Utah County's jurisdiction, the exact location cannot be confirmed. The absence of measles in Timpanogos wastewater is a positive sign.
Tyler also reported on Cyclospora. Currently, there is no definitive information to share. While there are six positive cases in Utah County, it is not yet known whether they are connected to the wider outbreak. It will take a couple of weeks to receive

confirmation from the CDC. So far this year, there have been ten cases, which is higher than usual. Individuals presenting with gastrointestinal symptoms are being asked to complete testing. The department remains on alert for Cyclospora. Contact tracing efforts have been challenging, as staff have not yet been able to reach all positive cases.
Dr. Singleton commented that increased public awareness may be contributing to higher testing rates.

12. Public Comment

No public comments.

MOTION: Commissioner Powers Gardner motioned to adjourn the meeting, seconded by Dr. Smith. No Discussion. Motion carries and approved unanimously.

Eric Edwards, MPA, MCHES	Carl Hanson
Executive Director / Local Health Officer	Chair
Utah County Health Department	Utah County Board of Health

Best Innovative Use of Technology Award
*https://www.utahcounty.gov/news/607/utah-county-wins-best-innovative-use-of-technology-award

Digital Counties 2026 Winners
* https://www.govtech.com/digital-counties-2026-500-000-999-999-population-category

Utah County Health Department Restaurant Inspection Reports
*https://inspections.myhealthdepartment.com/utah-utahcounty