

Present:

Troy Wood, Chair
Brian Cook, Vice Chair
Dr. Gary Alexander
Lorene Kamalu, Commissioner
Dr. Ryan Stewart
Dr. Colleen Taylor
Scott Zigich

Excused:

Ann Benson
Mayor Randy Lewis, Immediate Past Chair

Department Staff:

Brian Hatch, Director of Health
Kaylee Crossley, Assistant to the Director
Dave Spence, Deputy Director, Health
Rachelle Blackham, Division Director, EHS
Marcie Clark, Community Outreach Planner
Neal Geddes, ATTY
Logan Hyder, Epidemiologist
Maggie Matthews, Epidemiologist
Isa Perry, Davis4Health Coordinator
Sarah Willardson, Bureau Manager, CD/EPI

The meeting of the Davis County Board of Health (Board) was held Tuesday, May 11, 2021 at the Davis County Health Department, Multipurpose Room, 22 South State Street, Clearfield, Utah. The meeting was called to order at 7:33 a.m. by Mr. Troy Wood.

Welcome

Mr. Wood welcomed the Board and staff to the meeting.

Minutes (Action)

The minutes of February 9, 2021 were presented and reviewed.

Commissioner Lorene Kamalu motioned to accept the minutes of February 9, 2021. Mr. Brian Cook seconded. The vote was unanimous.

Reappointment Recommendations (Action)

Mr. Brian Hatch presented an executive committee recommendation to reappoint Dr. Ryan Stewart, Dr. Colleen Taylor, and Mr. Scott Zigich to the Board, whose terms are ending on July 31, 2021. Mr. Brian Cook will finish out his last term in July. Mr. Hatch, Mr. Wood, and the other Board members expressed gratitude to Mr. Cook for over 20 years of service.

Commissioner Kamalu motioned to approve a letter to the commission requesting reappointment of Dr. Ryan Stewart, Dr. Colleen Taylor, and Mr. Scott Zigich. Mr. Cook seconded. The vote was unanimous. Mr. Hatch will submit the recommendation to the commission. A new nominee for the Board will be presented during the next Board meeting.

Open Burning Regulation (Action)

Ms. Rachelle Blackham reviewed the history of the current Open Burning Regulation and stated that it is no longer needed for the following reasons:

- The Davis County Code of Ordinance for Fire and Burning was recently amended in 2020 and covers unlawful and permissible fires, declaration of open burn, recreational fires, fire bans, and liability and enforcement.
- Utah Administrative Code R307-202 which addresses air quality, emissions standards, and general burning was amended in 2019, and includes exclusions to an open burn, prohibits the burning of trash, and outlines how to get an open burn permit through the fire districts.

- Our current Davis County regulation includes open burn permits, which should be done in coordination with fire districts and the Department of Environmental Quality. The regulation also addresses agricultural or horticultural burning, recreational fires, and penalties. These are all addressed now by the above code of ordinance and administrative code.
- South Weber is the only city which allows open burn permits. They only had 3 applications which were approved for open burn in 2019 and had 20 permits approved in 2020.
- Partners were contacted, including the Department of Environmental Quality, Davis County fire marshall, fire districts, and the Utah Department of Public Safety and gave approval for not having a separate health department regulation.

Ms. Blackham recommended archiving or rescinding the Open Burning Regulation. Mr. Wood asked if the default regulation required the same things that we require, or if it was lighter or more restrictive. Ms. Blackham stated that everything covered in our regulation is already covered by the ordinance or state rule. Our regulation does not require us to do the permitting, but referred to other agencies. Mr. Hatch stated that ordinances in the county apply to unincorporated areas. When the ordinance was first enacted, there was a greater unincorporated area, and it became a mix of cities. A countywide regulation was needed at the time, but now things have progressed and now the state is making a statewide effort. It is time to pull out of it because we are not doing the permitting. We can default to the state and county ordinances.

Mr. Cook made a motion to rescind the regulation and then archive it for historical purposes. Dr. Gary Alexander seconded. The vote was unanimous.

Open Meetings Act Training (Information)

Mr. Neal Geddes of the Davis County Attorney's Office provided the Board with a yearly training on the Open and Public Meetings Act in Utah. He reviewed three pieces of new legislation:

- Senate Bill 72 from Senator Lincoln Fillmore prohibits a public body from taking a vote in a closed meeting, except to close the meeting. The purpose of a closed session is to deliberate and discuss, and formal action needs to be taken in an open setting.
- House Bill 293 from Mike Peterson requires state bodies to post approved minutes of open meetings on the Utah Public Notice website. They are subject to all of the same posting requirements as all of the other public bodies under the act. If we provide it online, we should post it on our website too. We conduct our business in the open, and should be as transparent as possible.
- Senate Bill 125 from Senator David Buxton addresses the greater need to meet electronically, and states that public bodies can get together and hold electronic meetings, but need an anchor location (physical location) for the public to attend the meeting. It provides for exceptions to this, such as if doing so will create substantial risk or if the location has been closed. In such cases, you are required to let the public know how to attend remotely. If you use an exception, you must state the reasons why.

Mr. Hatch asked if the provisions to meet electronically were new. Mr. Geddes stated that they were clarifications. Mr. Cook asked how a closed meeting could be held if anyone could join remotely. Mr. Geddes stated that if you go into a closed session, then you have to find a way to shut people off and then rejoin, which can be difficult. When using breakout sessions, it can be hard to know if you are closed. Procedures need to be in place to ensure that it is truly a closed meeting.

Mr. Geddes reviewed important definitions in the act:

- Public body means any administrative, advisory, executive, or legislative body of the state or its political subdivisions that:
 - Is created by Utah Constitution, statute, rule, ordinance, or resolution
 - Consists of 2 or more persons;
 - Expends, disburses, or is supported in whole or in part by tax revenue; and
 - Is vested with the authority to make decisions regarding the public's business

Commissioner Kamalu wondered if UAC would be considered a public body. Mr. Geddes asked if it was supported by tax revenue. Mr. Hatch asked if they paid dues for it. Commissioner Kamalu stated that members pay dues and that it is also supported by sponsorships. Mr. Geddes stated that they facilitate, but are tangential.

Mr. Hatch asked if the Board's executive committee meeting would be considered a public body. Mr. Geddes stated that it would be considered a public body if there were two or more, however, to be considered a meeting, you have to convene with a quorum president and must be meeting with the quorum, which is a majority of the Board members. There is an exception for conducting administrative items only instead of taking action.

- Anchor location means the physical location from which an electronic meeting originates, or the participants are connected.
- All meetings are considered open to the public unless it is closed for certain, limited reasons (see presentation attachment for the five most common reasons). It is rare for us to need to go into a closed session.

Mr. Geddes stated that we are required to keep minutes and recordings, and that they are both part of public records. During a closed session, you may continue to keep minutes and still report it, but it would be a protected record. It needs to state on record where we are, who is present and absent. There is an exception when discussing the character, professional competence or physical or mental health of an individual.

CHIP Progress Report: ACES/Trauma (Information)

Ms. Marcie Clark presented the Board with an update on ACES/Trauma, one of our Community Health Improvement Plan (CHIP) priorities. Mr. Hatch shared that the Board has heard a lot about our COVID response efforts, but we have also been working on other priorities, and Ms. Clark has kept this going. Ms. Clark shared that Commissioner Kamalu knows a lot about this priority too. ACEs stands for Adverse Childhood Experiences. There are three realms of ACEs: household, community, and environment.

Ms. Clark shared important information on how the pandemic has affected our community:

- Davis Behavioral Health usually has 300 new clients every month. It has now increased to 700 a month.
- Safe Harbor, our domestic violence shelter, has experienced increased calls, and the intensity of the calls has increased.
- Open Doors has seen a dramatic increase in the demand for rental assistance.

Ms. Clark shared information on groups in the county that address ACES/Trauma:

- The Davis County Human Services Committee meets every other month, and provides direction and input of the ACES/Trauma direction and priority. They have been meeting throughout the pandemic.
- The Human Services Cabinet meets every other month as well. Directors, CEOs, and health officers make up this cabinet. Commissioner Kamalu stated that they are governmental type institutions, including the Department of Workforce Services, Community Action, Davis Tech, Davis Behavioral Health, Davis School District, and Davis County Health Department. It is a group that is institutionalized, not private. It was recommended to her as a step forward for the county, and helps to align and prioritize funding. It has been a newer thing over the last two years.
- There is a bigger, inclusive group of Human Services Directors too.
- Davis Links provides a monthly resource forum to help providers become aware of services.

The three priorities for the Davis County Human Services Committee are: health, safety, and stability. They are becoming trauma informed, respond appropriately, and prevent retraumatization. The outcome goal of the ACES/Trauma priority is that Davis County is a trauma-informed community that prevents ACEs; builds resilience in individuals, families and communities; provides a safe, supportive, and connected environment; and provides access to treatment for those who have experienced trauma. Short and long-term objectives to accomplish this goal are outlined in the CHIP. One of these objectives, completing a county violence, abuse, and trauma assessment, was recently finished. This assessment started in 2018 with a stakeholder meeting, and was delayed because of staff turnover and COVID.

The Davis County Violence, Abuse, and Trauma Assessment has now been completed and provides county data, recommendations, SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis, and a comprehensive resource directory. Ms. Clark thanked Ms. Maggie Matthews, Ms. Logan Hyder, Ms. Isa Perry, and an intern for their efforts to complete this assessment. The directory provides information and data about violence through the lifespan. This includes child abuse, school violence, workplace violence, interpersonal violence, human trafficking, and elder abuse. It is heavy information, but we hope that it will provide a way to prevent this in the future. The assessment is available on the health department's website. Ms. Clark shared that one theme throughout the assessment is ACEs. The more ACEs you have, the more likely you are to be a victim of violence and a perpetrator of violence.

Ms. Clark shared that a second objective was also completed, which was to organize an annual community resilience symposium. This was the third symposium that we have done and it was held virtually and shortened to three hours because of the pandemic. It was offered for free and the purpose was to build ACEs awareness, become a trauma-informed community, and increase self-care. There were 682 people who pre-registered, 526 people participated, and it was recorded and made available online, and there have been 1,412 views so far. This has grown and having a virtual component helped. There was great reach, including: human services, education, law enforcement, healthcare systems, and organizations that serve specific populations. Participants joined throughout the state. In our last symposium, there were 300 participants at the Davis Conference Center in person. People find it beneficial to their professional work and personal life, as shown by evaluation comments from the symposium. They are currently planning the 2022 symposium, and will be offering it virtually and in a shorter format again. They are working on other objectives too to address this priority.

Commissioner Kamalu shared that Ms. Clark is a great support to their efforts in human services and is very good at what she does. Mr. Wood thanked Ms. Clark for her efforts. Mr. Hatch shared that this focus started before the pandemic, and the pandemic took everything and brought it to light. We identified it as a huge priority previously, and we will be working on it for quite some time. As we are recovering, we are working on getting upstream, and shifting to a model of prevention instead of focusing on crisis only. We have been held up as a model for other communities, and we have support from the Commission and the funding to grow it through the American Relief Act funding and other funding coming in. We may be asking the Board to help support Commissioner Kamalu as we prioritize funding. There is a lot of work to be done, and we need to keep this partnership together because no one agency can fix this. Commissioner Kamalu shared that the cabinet includes the only shelter in our county, and we have been learning that it takes a supportive and healthy environment and culture to make changes. We have a good community, but we also have plenty of problems in our county, and we want to figure it out and start preventing these problems.

COVID-19 Response Update (Information)

Health department staff presented on various pieces of the COVID-19 Response. Mr. Hatch stated that this group has been buried in data and has been producing fabulous things that the community has used. He asked them to present to recognize the work of staff. They have put in the tireless hours.

Ms. Maggie Matthews presented surveillance data:

- Davis County had our first COVID-19 case in March 2020, as well as the first death.
- We had a surge in the summer, ramped up in October, and had a huge increase in cases from then until the middle of January.
- Our cases plateaued in mid-February of 2021 and things have been looking better.
- Our percent positivity follows closely with our cases. In the beginning, our percent positivity was high because testing availability was limited. Since then, testing has increased.
- There are two different testing types reported, 1) Person over person, which uses an event time frame, and 2) Test over test, which counts every test done (one test per person, per day). The trends are the same over time with both methods.
- Our hospitalizations follow case counts, so as we have surges, we have higher hospitalizations. There is also a lag from onset to severe illness.

Mr. Hatch pointed out that from late February until now, our hospitalizations have stabilized and asked Mr. Wood what that means to the hospital. Mr. Wood stated that they have averaged one to two patients for the last couple of months. He said that it does not feel overwhelming now. They have a process and system, they have PPE, and now know how to care for them. They have the tools and understanding. It still taxes the system, but is an ongoing tax. They are trying to solve different types of problems while maintaining care of the patients. Mr. Hatch stated that that is an important piece for our public to understand. Now we are better prepared and able to handle that level. If we backtrack, then it becomes difficult for our healthcare system again.

Mr. Wood stated that the deaths have not followed hospitalizations. There have been less deaths, less use of ventilators, and we are better at treating it. It is still a problem and people are still just as sick as those who had it earlier, but we are better at treating it and there is less of it, so we are more equipped. Ms. Matthews stated that the length of hospital stays have decreased too.

- Mortalities, deaths due to COVID-19, have followed case counts. When case counts are higher, deaths are higher. Our mortality rate has been low as of late. All deaths are ruled by the Office of the Medical Examiner.
- For our case rates by age groups, the under 16 group typically has lower rates. They are less likely to get tested or have symptoms. Our 80 and up group is taking precautions. The 16 to 29 group is leading the pack in rates of cases.
- We saw a surge in the summer among the Hispanic and Latino population. They were heavily impacted. As we have moved into the new year, this has improved.

Mr. Hatch stated that ethnicity as a measure itself was not the cause for this. It can be attributed to their situation and environment. They were not able to stay home and work from home. They were impacted differently because of their employment. Commissioner Kamalu stated that sometimes they have bigger households which makes it harder to stop it from spreading. Ms. Matthews also stated that there are cultural differences with gatherings and families.

- When looking at rates by race, our white population is the largest in the county. When looking at data for other races, they make up smaller percentages for our population, so when even one household is impacted, it creates a giant increase in their rates.
- There are hundreds of variants and we monitor variants of concern. We are worried about those with higher virulence, those more likely to result in severe illness, and those resistant to treatment. We are currently monitoring for the UK, California, South Africa, India, and Brazil variants. Davis County has not had any India or South Africa variant cases at this time.
- There have been 56 breakthrough cases in Davis County, which happens when someone has been completely vaccinated, but gets COVID-19. This is not concerning to us. The vaccine is around 95% effective and we expect to see some breakthrough.

Mr. Wood asked how many might be false positives. Ms. Matthews said that it is definitely possible and recommends that anyone who has been vaccinated and gets a positive antigen test, to also get a PCR test too because it is more accurate. This helps to reduce false positives. Mr. Wood asked if most of those cases had a PCR follow up and Ms. Matthews said yes. As far as she knew, all but two had PCR follow up. Mr. Hatch stated that they are shifting to breakthrough being less important, unless they are hospitalized. Ms. Matthews stated that as of May 1, the CDC moved to only doing surveillance based on hospitalizations and death for these cases.

- When looking at variants over time, we had a lot of California variant cases in the beginning, and have now moved to the UK variant. Variants are not randomly sampled. They are identified through breakthrough cases, those who have traveled, individuals who have had contact with a confirmed variant case, and through some random sampling of hot spots.
- There is about a three week delay for whole genome sequencing, so data is backfilled.

Ms. Matthews paid tribute to the unsung heroes. This has been a community and health department effort. Everyone in the community has done a huge job to help, from those isolating and quarantining, policy making, and others taking on loads from those who are responding to COVID.

She thanked everyone for helping to address COVID in a variety of ways. We have had:

- 6,930 - School Related Cases
- 369 - Outbreaks

- 214 - Healthcare Facilities Impacted
- 46,963 - Contacts
- 38,048 - Cases (more than 10% of Davis County's population)

Our 14 day case rates are looking better, our hospitalizations are low, and the death rate has been low. She shared overall rates throughout the pandemic (see slides).

Mr. Wood stated that this has been so important all the way through. He said it was great to see it and thanked the health department for doing it. It has helped calm people down, know when to take action, and showed progress. Mr. Hatch thanked Ms. Sarah Willardson and Ms. Matthews for all that they have done.

Ms. Logan Hyder presented vaccination data:

- There have been 202,505 vaccines administered to date. We started administering vaccines in mid-December. Other providers have also been helping and have administered 99,140 vaccines.
- We started our mass vaccination drive-through clinic in January and have received recognition from state leadership and the CDC. We have also formed partnerships because of this resource.
- Our demand was highest in mid-April. We administered 3,322 vaccines on our busiest day. Since then, the demand has been tapering off, and we are switching to an outreach based model.

Mr. Wood asked if there were around 400,000 people for our county population. Ms. Hyder stated that we have 355,481 people for our total population. For our eligible population, those 16 and older, there are 255,152 people. Mr. Wood stated that we were in the 35% range then for the total population vaccinated who are eligible.

- Right now, only those 16 and older are eligible. However, the FDA approved Pfizer for 12-15 year olds yesterday. Tomorrow, the CDC advisory committee meets and they will give their recommendation.
- Early on, there was a restriction to wait 90 days to get vaccinated if you had had COVID-19. That is no longer a limitation.
- Barriers have also been removed so that individuals do not have to stay in the county where they reside to receive it. They can now choose their own provider.
- There are three approved vaccines: Pfizer, Moderna, and J&J (Janssen). The majority of doses given to county residents by the health department and partners have been Pfizer. It is a huge asset for the younger population because it is the only vaccine approved for that age group.
- As of yesterday, 119,091 Davis County residents are fully vaccinated.
 - This is 33.5% of the total population that have been fully vaccinated.
 - If we look at the total percentage of those who are eligible that are vaccinated, it goes up to 46.7%.

Mr. Wood said that we are shooting for herd immunity at 70% of the total population. Mr. Hatch stated that herd immunity is less of a driving push, but instead, making sure that we are protecting those at highest risk. The demand is gone, and it will be hard to reach that percentage. We want to make sure that we target those areas and get rid of any barriers. Commissioner Kamalu asked if people are considered to be fully vaccinated two weeks after the second dose. Ms. Hyder stated that for this data, it includes those who have had both doses, or one dose of J&J.

- Our older populations were prioritized for receiving vaccination, and just above 90% have had at least a first dose.

Commissioner Kamalu said that it is a great achievement to have such a high percentage vaccinated. The drive-through really helped. Ms. Hyder said that the call center helped too. It made a difference to have a real person helping. Commissioner Kamalu agreed, and the call center was able to pop up quickly because of election volunteers.

Mr. Hatch asked Ms. Hyder to share the data for those 50 years of age and up. Ms. Hyder stated that when you factor in the second dose data and J&J data, that the vaccination rate for 50 and up is 70%, which is the herd immunity goal.

- There are some gaps in vaccinations by race. This has prompted the state and the county to release equity plans. This has helped to inform our outreach model. When we released equity plans, and when vaccines opened to 16 years and older, vaccinations increased.
- When looking at vaccinations by zip code, the rate of eligible population vaccinated is highest in Farmington and Kaysville/Fruit Heights, and lowest in Clearfield, Clinton, Sunset, West Point, and Layton.

Mr. Hatch shared that we are collaborating with the University of Utah to do a hesitancy study in Clearfield, Sunset, and Clinton. As we move away from a mass clinic model, we are focusing in on the hard to reach populations

- About a third of the population is fully vaccinated. The majority have been done through our mass vaccination clinic.
- There are underserved communities that need our help to get vaccinated. We need to go to them.

Mr. Wood asked if we would have to do this again with revaccination, and if the health department was gearing up and planning for it. Mr. Hatch said that we are prepared for it. We can do mass vaccination efforts again. We have considered how successful the drive-through has been and have thought of doing flu clinics that way in the future. We are ready for it if it hits us again. His biggest concern is how long we can keep the staffing in place. We are planning on through the end of the year with our current response. Moderna is looking at a booster dose for variants, and we are still waiting to hear what will happen. We are rapidly moving away from government vaccination and shifting it back into the healthcare sector. There are still some limitations with the vaccine. After you open a vial, you have six hours to use it, which is difficult for healthcare providers.

Ms. Isa Perry and Ms. Kaylee Crossley presented on vaccine health equity:

Mr. Hatch shared that we are one of the only health departments that had very little negative coverage of people accessing vaccine. In a large part, this was due to Ms. Perry and the team that we set up to help people navigate the system. Ms. Perry shared the definition for health equity: Everyone has a fair and just opportunity to be as healthy as possible, regardless of race, ethnicity, gender, income, location, or any other factor. It is about removing obstacles and barriers, and giving people the things that they need to thrive.

Ms. Crossley talked about using Community Health Workers (CHW), who are trusted members of the community that serve as frontline public health workers, who are connected to different groups in our community, to meet needs, reduce barriers, and connect individuals with resources.

- The health department began using three senior services staff as CHW in 2020 to reach our senior population.
- Before the call center was set up, CHW served on a team that assisted seniors with scheduling vaccination appointments, including responding to over 800 voicemails, and answered questions about vaccinations, and connected people with needed services.
- CHW helped to schedule homebound vaccination appointments. We began accepting referrals for homebound vaccinations in January 2021 and our vaccination clinic teams started visits in February and have provided 316 homebound vaccinations so far and we are continuing to accept referrals, not just for seniors, but for anyone experiencing a barrier that would make it difficult to leave their home to get vaccinated.
- Our homebound vaccination teams went to homes in every city in the county, and had the greatest number of visits in Clearfield (94 people).
- Our vaccination teams also provided 62 vaccinations at long-term care facilities before the state implemented a referral system.

Ms. Perry shared the Davis County Vaccine Health Equity Plan. The goals of the plan include:

- All Davis County residents who want a vaccine can get one.
- Davis County residents have equitable access to resources throughout the COVID-19 vaccination process.

Lieutenant Governor Deidre Henderson leads the equity efforts at the state level and they released an equity plan in March, and we have been part of Changing the Curve state workgroups to make sure that we are addressing equity in a good way and taking all perspectives into consideration.

On March 17, 2021, we had a Davis County stakeholder meeting with a good turnout and received good input from our partners on barriers and all of the populations that we needed to put extra effort into reaching.

Ms. Perry shared the four strategies of the Davis County Vaccine Health Equity Plan:

1. Accurately Collect & Report Data
2. Communicate Current & Credible Information
3. Reduce Barriers at Mass Vaccination Clinics
4. Reach Those Who are Not Willing or Able to Get Vaccinated at Mass Vaccination Sites

Commissioner Kamalu asked if businesses and other organizations could arrange for vaccine outreach.

Ms. Perry answered that they could and that we are working with several businesses right now.

Ms. Perry provided an update on our call center:

- The call center began operating on January 15. Temporary election workers were given 12 hours of notice to come and help and they showed up. Commissioner Kamalu shared that it was the Clerk Auditor's idea to use election workers because we needed them rapidly and they were already approved.

- The health department received over 14,000 calls in one day to all of our lines, including the call center.
- Appointments were limited at the time, so call center staff took down contact information for those who were unable to get an appointment. There were more than 6,000 on the list who were in the 70 and up age group. They were able to call them back within seven days to schedule appointments.
- The call center has received 25,684 calls to date.
- We average 30 operators and support staff each day. Our volume is decreasing, so our election workers have begun phasing out, and we have had COVID support staff there every day now.
- We have had two locations, the Election Office Warehouse and the Computer Training Room in the Administrative Building in Farmington.

Commissioner Kamalu stated that the county was always ready in advance for every opening of a new group, but when the new governor came into office, then there was not as much notice. Ms. Perry agreed and said that we would get slammed every Thursday when the governor had a press briefing, but would adapt and respond. We had amazing support from the county with the election workers, Information Systems, and Facilities. They all helped to create a great environment to work out of and support our residents. The staff were friendly and professional.

- We launched a Spanish support line on March 11, right before we opened to the general public.
- We received over 675 calls and have 7 staff who speak Spanish.
- We also have our website in Spanish and our scheduler in Spanish.

Ms. Crossley talked about past outreach efforts:

- We have worked with eight different groups so far: Davis Behavioral Health Journey House, Davis County Employees, Davis County Jail, Layton Utah Mission, Midtown, Pioneer Adult Rehabilitation Center (PARC), St. Rose of Lima Catholic Church, Utah Pacific Islander Health Coalition (UPIHC).
- From these efforts, we were able to give 1,724 1st doses and 1,146 2nd doses.
- Our CHW have helped in these efforts by reaching out to businesses, developing community partnerships, reaching out to family and friends, participating in clinics, doing neighborhood outreach, and using social media.

Ms. Perry shared that 10 outreach clinic sites are scheduled for mid April. We are working on bringing the vaccine to anyone that is willing to get it, which includes outreach events and targeted outreach to address gaps. Our goal is to have similar coverage rates throughout the county.

Dr. Stewart asked if there had been thoughts on outreach at high schools for that population. Mr. Zigich shared that by the end of the week, we should have 2,700 high school students vaccinated. Mr. Hatch facilitated vaccination clinics at all 9 high schools and they have been extremely successful. They are working on second dose clinics soon. Mr. Hatch added that as those 12 and older are able to receive vaccination, we plan to roll out clinics through the summer and continue vaccination efforts to prepare for going back to school in the fall. Vaccination is one of the hardest lifts to educate and get the community over the finish line. This will be at least a two year response for us.

Mr. Hatch stated that the effort goes all the way down. He shared that Speaker Wilson texted him the other day about trying to get a vaccine appointment for his daughter. He referred him to the call center and he said that our staff have superior customer service. This has been difficult and people are not all happy, but our staff have stayed the course. They are supportive and helpful. The call center is a shining star and people are having fun amidst the difficulty.

Mr. Hatch shared that the endgame policy made all current policy go away. We are in a good place with policy. Last week, we hit the criteria to have everything lifted, except in schools, they will carry on until the end of the school year. Things are shifting to more local control and we do not foresee changes in policies. We are in a moderate transmission and there are strong recommendations for people, businesses, and events, but they are just recommendations at this point. Davis County is still doing really well. The shift from Governor Cox is more personal responsibility and we are hopeful that our county will carry on that personal responsibility as a protective factor. We are focusing our efforts on things that can make a difference.

Mr. Zigich expressed gratitude for Ms. Willardson, Ms. Wendy Garcia, and Ms. Matthews. The Davis School District staff access them every day, sometimes multiple times a day. He shared that Mr. Hatch is always there, providing great information and direction, and they are grateful for the health department.

Director's Report (Information)

Mr. Hatch shared that in the legislative session, there was a bill that combines human services and the health department at the state level. We will see some changes occur from this. We are hopeful that there is a good outcome that will come from it, but we need to be diligent in keeping an eye on it and making sure that the local systems are not disrupted.

Mr. Wood would like a copy of the presentations. They will be made available to everyone.

Budget Report (Information)

Bypassed this update due to time constraints.

UALBOH (Information)

Mr. Hatch shared that they are planning a UALBOH conference for the fall. It will likely be held in Richfield, and will most likely be focused on the equity roadmap and aligning with the governor's efforts.

Chair's Report (Information)

Bypassed this update due to time constraints.

Commissioner's Report (Information)

Bypassed this update due to time constraints.

Adjournment

The meeting was adjourned at 9:13 a.m.

**NEXT MEETING: August 10, 2021
7:30 a.m.**