UTAH COUNTY BOARD OF HEALTH

151 SOUTH UNIVERSITY AVENUE
PROVO, UTAH 84601

MINUTES
July 26, 2021

Members Present:			
Jeff Acerson, Chair	Excused	Ryan Schooley	X
Ann Anderson, Vice-chair	X	Sam Jarman	X
Gaye Ray	Excused	Carl Hanson	X
Mark Donaldson	Excused	Amelia Powers Gardner	X
Jordan Singleton	X		

Others present:

Eric Edwards, MPA, MCHES	UCHD Executive Director
Julie Dey	UCHD Secretary
	Number of people in attendance 19

1. Welcome by Ann Anderson

2. Approval of the minutes from May 24, 2021

   MOTION: Carl Hanson made the motion to approve the minutes from March 22, 2021, as written which was seconded by Jordan Singleton and passed by unanimous vote.

3. Introduction of new board member Shane Farnsworth

   Eric Edward's introduced Shane Farnsworth to the Board of Health. He is the Alpine School District Superintendent. He has been with Alpine School District for 23 years.

4. Introduction HIPAA Compliance Officer/Nurse Practitioner, Michael Leman

   Mike Leman introduced himself. He was an ER nurse for approx. 12 years. He has been working for Intermountain Healthcare/WorkMed for three years as a nurse practitioner. Mike went to Westminster College for grad school.

5. Results of Utah County Employee Engagement Survey – Tyler Plewe, UCHD Deputy Director

A survey was performed by Utah County Government Human Resources regarding employee satisfaction. There were several categories surveyed such as leadership, communication, safety, compensation, benefits, teamwork, etc. The Health Department had 279 employees that responded to the survey which is almost 90 percent. The employees of the Health Department had higher job satisfaction than the county average for each of the 29 questions on the survey. A copy of the Health Department's Employee Satisfaction Survey presented by Tyler is included in the minutes.

Tyler spoke to the board regarding areas to improve such as providing opportunities for promotion or career development.

Amelia Powers Gardner commented, "Historically, opportunities for promotion or career development within Utah County have been traditionally horrible at this. We haven't trained supervisors. We didn't even have a learning management system until last year. Amelia said she is happy the Health Department is willing to look at career development because advancement opportunities are going to be small because Utah County is not a huge organization, but you can comp out a lot of that by giving people training. The training helps the employees being trained and it helps us as a county because employees perform better."

Amelia encouraged the Health Department to use the learning management system (Relias). Some areas of focus: communication, time management, leadership, supervisory teamwork. The Relias trainings don't cost the departments anything.

Ann Anderson suggested that the Health Department celebrate the high satisfaction rates during the most difficult year we have gone through.

Tyler said this speaks highly to the management structure we have in each division. It was a tough year, no doubt, but the management levels that we have in each division is awesome.

Carl Hanson echoed that and said, "Great job. Those satisfaction numbers are impressive." Referring to the Relias learning system, Carl said, "All accredited public health academic programs in the state are required to mandate training programs for the local public health workforce. We have not done that great of a job of getting that off the ground in this county, but there is a movement afoot. We are collaborating with the other institutions in the state that are accredited to do an assessment of what the needs are among the public health workforce regarding training. It is just a matter of pulling the trigger with the data and then developing the system to get it done. Obviously, it sounds like you have some great, free, internal learning system available. We need to do that, we want to do that, we need to work better to get it done."

Eric Edwards said, "This assessment is great, but it is useless unless we do something about it. We can tie our Utah County Commission and the Utah County Budget Office of which Commissioner Gardner was our Clerk Auditor and was a big part of the county switching over to a performance-based budget. We can tie our performance-based budgeting into this as well. I think this is valuable if we, at senior level management, listen and take it to heart and meet and work with everyone to come up with productive solutions that our workforce is asking for."

6. Approve and authorize the Health Department's updated Vital Records fee schedule

MOTION: Amelia Powers Gardner made the motion to approve the Vital Records Fee Schedule which was seconded by Ryan Schooley and passed by unanimous vote.

7. Approve and authorize the execution of a resolution amending written procedures governing electronic meetings of the Utah County Board of Health

   Ben VanNoy, Utah County Attorney, gave context to the amendment. Per state law, all public meetings can be held electronically with certain conditions being met. The state, during the last legislative session, made an amendment to allow the meetings to be online completely. In the past, there had to be an anchor location, where it was an actual location so the public could come and attend. So, what we are doing here with the amendment is changing our procedure to track with state law. The county commission has already done this as well. The change is on the second page, item 3-d. This is the procedure the board needs to go through if the chair determines that there shouldn't be an anchor location (if it is in the best health and interest of the public) they can make that determination to say, "no anchor location, we are going strictly online." The procedure to notify the public is described.

   Ryan Schooley asked, "Is there an option for the public to attend electronically?"

   Ben answered, "If there is no anchor location, then 'no.' That is a determination that the chair makes and only lasts for 30 days, and then it can be redone. Otherwise, if there is an anchor location, (even during Covid, we did have an anchor location because there wasn't another option otherwise) then, 'yes' the public can attend in person; if not, then we have to let the public know how to attend electronically."

MOTION: Amelia Powers Gardner made the motion to approve the execution of a resolution amending written procedures governing electronic meetings of the Utah County Board of Health which was seconded by Jordan Singleton and passed by unanimous vote.

8. Public Comment:

   Charlie Parkinson and her son Bode. Ms. Parkinson stated that she was giving public comment to represent Bode and advocate for him. Bode has viral induced asthma, so last year he was homeschooled. The year before we did online school as well. He needs to go to school. Because of his condition, it makes it really hard to not send him with a mask, and last year when he did go with a mask, he was bullied. Bode attended school the last two weeks when students were not required to wear masks, and he was bullied. I know there is a big political issue, but he is a child, and there needs to be masks in school so that he can attend. I have come here to ask you to please consider children, like my son, who really need to go to school and have that social interaction and not be bullied for wearing masks.

   Eric Edwards responded by saying, "This is a polarizing topic right now and I know that the state legislature is currently meeting to speak to that. The legislature, as you know, has spoken on the issue and as of April, when certain thresholds were met. The state legislature did limit the ability

for local health departments and jurisdictions and local education authorities – limiting the ability to do public health orders beyond 30 days in addition to those limitations on masking orders. The school manual from last year is gone. We are waiting to see what will be put forth in the coming days. It will not be like it was. Their action is speaking more towards the true spirit of public health which is to educate and to inform people with the best information we have so that they can make informed decisions for themselves and their families."

Ryan Schooley asked a clarifying question, "From what I have read, hasn't the legislature sort of taken that decision making power away from this board?"

Amelia Powers Gardner explained, "The board could make a public health order for 30 days."

Charlie Parkinson said, "Dr. Angela Dunn said today that she recommends that all kids under 12 and under wear masks to school indoors."

Eric said, "What Angela Dunn was saying is the CDC's recommendation. We are waiting for further guidance from the state. The state of Utah is going to work on a media campaign for the issue you brought up - about respecting individual voice, be kind and not bully."

Shane Farnsworth spoke to Charlie Parkinson and Bode and said, "I am sorry that happened to him. And to me it is not a mask issue. We are always going to have a mask or something that identifies a difference with an individual. We need to develop acceptance for individuals with differences, embrace those differences. It is unfortunate in homes that the issue becomes politicized and children take on the divisive nature of that political discussion and then treat others that way. I would encourage you to work with your teachers and school administration to address the bullying – that is something that we have control over and can take measure into effect. The virus, the vaccination, the mask thing may be out of our control, but we can definitely address the issue – the issue is the bullying, I and encourage you as an advocate for your child to take that issue up with your school and get it addressed."

Eric said, "One more step that all parents can take is to contact their state lawmaker, representative, state senators."

Charlie said, "Honestly, I am coming here to ask you guys for help. I am not trying to get out of my lane here, but you guys are the doctors, you are the health department, so I would hope that you would put pressure on the government and legislature to make the changes that might be necessary to save lives."

Shane Farnsworth said, "We have our school principals working with our parents with individual requests and concerns. We are working to create safe places for the students whether that is a classroom where more students are going to be masked and other options. Parents need to work with their local schools to address this. It is hard for us to dictate at a district level, especially at a secondary school where they are moving from multiple classrooms, certainly those accommodations are being addressed by the local administration."

Amelia Powers Gardner said, "We see the 'net on both sides' creating options for people so they can go to the areas they feel most comfortable in."

Charlie asked Shane Farnsworth, "Are they providing online options for children K-6 this year?"

Shane replied, "Absolutely, and we are trying to improve those and make them better and better as more students access those and we learn what works and what does not work. It is a continual process to improve the online offering. We have a team of our best teachers who have spent a significant time developing online resources for parents that are tied to the core curriculum for parents who choose that option."

8. Microenterprise Home Kitchen Act, Utah Health code by Quincy Boyce, UCHD Bureau Director

Quincy Boyce is a Bureau Director for Food Safety in Environmental Health here at UCHD. Quincy read to the board a headline from Forbes magazine from April 2021: "A new landmark law in Utah legalizes selling home cooked meals. Under a groundbreaking new law, Utah will let home chefs sell their home cooked meals directly to the public, legalizing a type of homebased business that is technically against the law in 48 states. Simply put, Utah's microenterprise home kitchen act will let almost anyone turn their own kitchen, oven, or backyard grill into a restaurant incubator."

Quincy provided highlights and background to this new bill which was passed in the 2021 Utah Legislature. Background: In 2018, the Utah Legislature passed what is known as the Food Freedom Act HB144. Soon after that, in 2020, the Agritourism Food Establishment Act was passed. Now in 2021 we have the Microenterprise Home Kitchen Bill. We are seeing a trend to legitimize what we sometimes refer to as the underground food network or the black market.

With the Microenterprise Home Kitchen Bill, we are now bringing the underground food network out of the shadows, and we are having some input and some say in how they prepare and present food. This could be a good thing; however, it will put a burden on local health departments and certainly our health department. I have already received many calls with many people who are interested in getting involved with this Microenterprise Home Kitchen.

Highlights:

- HB94 Microenterprise Home Kitchen Amendment was introduced in the 2021 general session.
- The bill creates permitting guidelines for Microenterprise Home Kitchens and orders the Utah Department of Health to develop a 'Rule.'
- Considerable regulatory constraints were written into the bill.
- California has a similar bill called or nicknamed the 'Tamale Bill.' The difference between California and Utah is that California has an option to opt out, so local health departments can say, 'no, we don't have the resources to initiate this bill.' Currently only one county in CA has opted in. California law has an annual revenue limit associated with their bill as well as meals served per week. Utah's bill copied language from California's but truncated words/language that dramatically changes the meaning. For instance, requirements related to water, plumbing, drainage and waste and all sections pertaining to backflow prevention are stated in the California law. Whereas in Utah, we are exempt from requirements pertaining to water,

plumbing, drainage and waste. As you know, those are important components for any type of food production and processing.

- Many of the local health officers in the state have expressed some regret for not being more involved with the Utah bill. But as you know, they were all caught up in Covid, and this bill kind of snuck through.
- Utah's Microenterprise Home Kitchen bill will be the most liberal food freedom law in the United States. Other states are now wanting to pattern their laws after Utah's.
- This bill is currently in the 30-day public comment period as of July 15, 2021.
- The draft was approved by the Utah Department of Health and the governor's office and the OAR.
- The completed draft was sent to industry for comments and interestingly, none was received.
- The proposed rule draft was developed in a committee with licensed health department representation of which I was a part of, and our health department was a part of. So we did have some say.

Fees that will fall under the Board of Health's purview, quite possibly at the next Board of Health meeting: The bill allows licensed health departments to impose a fee for a Microenterprise Home Kitchen permit in an amount that reimburses the licensed health department for the cost of regulating this bill. The fees do not need to be uniform state-wide. The fee amount is not established in 'rule.' So, we will need to come up with some fees for this particular bill. An additional fee can be assessed for foodborne illness outbreaks of adulterated food investigations and inspections. A traditional plan review is prohibited, but a procedure review is required. An application must provide days and hours of operation as well as consent to enter the premises. There will be an initial inspection which will be similar to a 'pre-opening' inspection but must be done no more that a week before opening. Unscheduled inspections are allowed, but they must be done within three days or before/after opening or anytime during business hours as provided on the application. Subsequent inspections, routine inspections for repeat violations and other findings may be charged additional fees.

A few interesting things that are unique about this bill:

- Microenterprise Home Kitchens are exempt from the requirements of the food service sanitation rule that we are currently operating under for restaurants, unless otherwise stated in this rule.
- Food that is sold or provided to a consumer may not be consumed onsite at the Microenterprise Home Kitchen operation.
- Food that is sold or provided to a consumer shall be picked up by or delivered directly to the consumer.
- This does not allow a home resident to have a sit-down restaurant in their garage or their accessory dwelling unit or anything like that. This is just for the preparation of food that can be picked up by a customer or delivered by GrubHub or the enterprise themselves.
- The operator shall provide to the consumer with a notification that while a permit has been issued by the local health department, the kitchen may not meet all the requirements of a commercial retail food establishment. That is a restriction for the

Microenterprise Home Kitchen that they need to let the consumer know that they are not operating under the same guidelines and same rules as a normal food establishment.

- Some other requirements that have to be met are: time and temperature control, equipment such as handwashing facilities, wash, rinse and sanitize properly. There are things to inspect and verify.

The question was asked by Tyler Plewe, Deputy Director, UCHD, "What is the health department's ability to regulate and enforce the codes? Is it the same that we have for restaurants?"

Quincy answered, "Yes, we can still do follow up inspections, we can still issue violations and potentially suspend their permits."

Jason Garrett, Division Director of Environmental Health at UCHD, said, "I will speak to a bigger concern, depending on how popular this becomes, is our resources to perform the inspections. This has garnered a lot of attention and phone calls right now. Depending on how popular this becomes on top of our regular food facilities, we may not have the staffing to adequately cover the inspections.

Carl Hanson asked, "Could the fees offset that?"

Jason Garret answered, "Fees do not equate to that."

Amelia Powers Gardner, "The fee (for Microenterprise Home Kitchens – permits and inspections) is not set by the state. This is a fee we can set. You can easily work with the auditor's office to go through the process of creating a fee for it."

Quincy said, "The bills says we are mandated to charge a fee, 'The local health department shall impose a fee for a Microenterprise Home Kitchen permit in an amount that reimburses the local health department for the cost of regulating the Microenterprise Home Kitchen. It further states that in addition to a fee charged, if a local health department is required to inspect the Microenterprise Home Kitchen as a source of an adulterated food or an outbreak of illness caused by contaminated food and finds as a result of that inspection that the Microenterprise Home Kitchen the local health department may charge and collect from the Microenterprise Home Kitchen a fee for that inspection.'"

Regarding fees, Eric Edwards made the comment, "A *permit fee* is one thing that can be assessed to help figure this out and then a *response fee* for anytime there is a foodborne illness outbreak or anytime the health department needs to physically go and inspect."

Ann Anderson and Eric Edwards asked, "How soon will this go into effect after the 30-day public comment period which ends on August 14th? Does the rule immediately start at that point? If so, we need to get right on this to figure out what our fees will be and then modify it if we have a deficit."

Quincy replied, "My understanding is once it is out of public comment and depending on how that goes, I think the state's expectation is that we start issuing those permits."

Jordan Singleton asked, "Are there limits of how much food a Microenterprise Home Kitchen can prepare (such as dollar amounts, and number of meals prepared)?"

Quincy said, "There is a limit on how many permits we can issue for the health departments that are class I or class II and it is 15% of the amount of the establishments we have currently. That expires in June of 2022. Then there is no limit, and we would have to permit everyone who qualifies for a permit."

Eric Edwards commented, "This could eventually turn into a separate program for Environmental Health and the Food Bureau for home establishment inspection protocol. We already have limitations on what our staff can accomplish with existing food establishments with our number of inspectors to restaurants. This displaces us even more."

Ann Anderson asked, "What is the 15%? What kind of numbers are we looking at?"

Quincy answered, "We have approximately 2,500-3,000 food establishments in Utah County, so initially the 15% of that number we could issue; but again, it is going to expire in less than a year and then it could be a whole lot. I anticipate at least 10% of our inspectional roster to increase. Another thing that will be a challenge for us (*and I suspect most of these will be side gigs*) for these folks, we are typically an 8:00 am – 5:00 pm type of organization, so we are going to have to be looking at different hours and that sort of thing to try to regulate these folks."

Ryan Schooley said, "Restaurants need to have a food safety manager and then everyone needs to have a food handler permit; are the Microenterprise Home Kitchen going to be subject to the same rules?"

Quincy replied, "They are not required to have food handler permits, but they are required to have a food safety manager certificate. So that person who is doing the preparing needs to have a certificate. We assume this is going to be a one-man operation. I have seen these type of things become big deals and that is not the intent that they become a big business being run out of a home kitchen."

Ben VanNoy said, "As a board, you can make rules that are more strict than state law. We just have to have findings to support the 'why,' so the health departments are permitted to do that."

Quincy said, "I actually have direct experience with these types of inspections because I was part of the Cottage Food Program at Utah Department of Agriculture & Food. It was very, very difficult to go into a private home and do an inspection. It felt uncomfortable and at some point, we had to double up staff for the inspections. We couldn't go into the homes alone because you don't know what you are walking into. Everybody's idea of cleanliness is different inside of a home and so that will be a huge challenge for us."

Carl Hanson asked, "So what is the process we would have to go through to tighten this up?"

Ben VanNoy answered, "We would put together a proposed regulation to be presented to the board. It is a two-step process which would take two board of health meetings to approve that.

We would open it to public comment for the first board of health meeting and the second meeting would be approving/adopting the regulation which could be a four-month process."

Eric Edwards said, "The board may need to be flexible to respond to this as quickly as we can: A) so that Jason Garrett and the Environmental Health Division and the Food Safety Bureau has the ability to have the resources to be responsible and do our best at preventing any foodborne illnesses, and B) as we learn, we will have to modify and improve the resources, increase our fees, and to make changes that can be substantiated by findings as our legal counsel has educated us on. We can't just make changes, they have to be substantiative, and we have to have reasons for them. Since this is brand new, there is not a precedence."

Ben VanNoy said, "The next board of health meeting is two months away, in September, and we can always call a meeting sooner than that, but that would be up to the board."

Amelia Powers Gardner said, "I think before the next meeting, we should definitely have an application process and evaluation process to see what the fee should be since it will be going into effect, we will want that. If we have an application and a fee in place and we see that there are 400 people who have applied for that, well then that gives us the ability to justify adding positions."

Jason Garrett commented, "There are so many variables in setting the fee, it will be difficult to start. There are huge concerns with going into someone's home, and how much time we think an inspection will take."

Ann Anderson asked, "Are you holding conversations with counterparts in Salt Lake County or other counties that are obviously dealing with the same things. Is Utah County going to be clear up here and some other counties be clear down here?"

Quincy answered, "All the health departments are going to go to their attorneys. They have asked the attorneys to take a look at the bill.

9. Foster Grandparent Program – Cheri Tuckett, UCHD Program Coordinator

Foster Grandparents is a national program and is a part of AmeriCorps Seniors. There are over 200,000 AmeriCorps senior volunteers in the country.

In Utah County, the Foster Grandparent program has 45 senior volunteers. The volunteers work at 29 schools. The volunteers have provided 35,000+ hours of service this past year. Utah County Foster Grandparents is one of the original 21 pilot programs that started in the nation in 1965. We have been around for 56 years.

Foster Grandparents are senior volunteers who go into schools, and they work with children who have special needs or who just need that special one-on-one attention. The Foster Grandparents help with reading, practicing math skills, assisting with learning disabilities or physical disabilities. The volunteers help keep struggling students on task and provide encouragement academically and emotionally.

We know that having Foster Grandparents in the schools helps in many ways, not just the value of having someone there for the academic help. The intergenerational relations between the volunteers and students helps fill the generation gap and helps dispel stereotypes.

Based on a study by Americorp Seniors Group, seniors who volunteer are less lonely and depressed and have a higher sense of purpose. Their health is better, they live longer and more productive lives. They fall less and their memories are better than their peers. After just one year of services 84% of volunteers report stable or improving health. 88% of volunteers who felt a lack of companionship reported fewer feelings of isolation after becoming senior volunteers.

Foster Grandparents give children the much-needed attention that can change their lives. The volunteers are invaluable not only to those they serve, but also to the organizations where they serve.

Senior volunteers receive a small stipend of $3.00 per hour and they receive mileage reimbursement if they are driving to and from school. Foster Grandparents receive school lunch. Monthly trainings and social activities, field trips, recognition events to help the volunteers socialize together and to be a part of a big team.

In 2020 during Covid, the Foster Grandparents were pulled out of the schools. Americorps allow the Foster Grandparents to be paid their stipends the entire time they were out of school last year. This was a big relief to the volunteers because some of them count on their stipends. June 2021 was the first time we have had the volunteers all back together since Covid.

During Covid, the Utah County staff for Foster Grandparents and Senior Companions would contact the volunteers once a week. The volunteers were given goals to contact each other by contacting two people each week on their list. Once a month, we had a porch visit and took the volunteers a little treat/gift. This helped the volunteers stay engaged and active. We could actually lay eyes on them and see that they were ok. We have a book club reading program for the volunteers which counts as training and allowed them to do that during Covid. We also came up with a self-care project they could do during the year. Many participated in the project.

Even with all of the efforts, we lost some volunteers during Covid. We lost a few to health issues. We lost a couple to death. The good news is that all the volunteers are going back to school that can go back. We are working with our Public Information Officer to recruit new volunteers through social media.

Cheri requested the Board of Health members 'shout the senior programs to the mountains.' Please tell people you know about our programs, even if they are not qualified for the program, they know someone who is.

10. Senior Companion Program – Victoria Royeton, UCHD Program Coordinator

Senior Companions are volunteers aged 55 and older who provide assistance and friendship to individuals (usually seniors, but not always) who need help with daily living tasks such as shopping or paying bills or they may be homebound or socially isolated. The program aims to keep

individuals independent longer and provide respite to family care givers. Volunteers receive orientation, training, supplemental vehicle insurance while on duty and may qualify to earn a tax-free hourly stipend of $3.00 per hour.

Volunteers must fall into income guidelines as specified by AmeriCorps. The volunteers have to pass multiple background checks. They work 15-40 hours per week and have a vehicle. We free provide free transportation, companionship, and respite. We are the best kept secret in Utah Valley.

Covid brought challenges. Our volunteers felt a lack of sense of purpose and service. We are seeing some anxiety and depression and loneliness with our volunteers. During Covid the program lost some volunteers and some clients.

Solutions for the Senior Companion Program were working with local hospice programs to write letters to people in nursing homes who may have been socially isolated. We provided our volunteers with extra trainings on topics such as dementia, hoarding, exercise, elder abuse, and 'how to love your age.' Local support groups were started to reduce anxiety and depression related to isolation and hopelessness. We have an online support group, and we get together and talk about different topics.

The program received funding to get tablets and hotspots for our volunteers and clients so that we could still serve the most vulnerable. For example, we may have a respite client who can see and speak with their companion on the other end of the tablet. The silver lining with the tablets is our volunteer's received education of technology which opens the world up to them and provided a sense of, 'we'll figure this out together' while finding strength in adversity.

We installed 'sneeze guards' (clear plastic shower curtains) in the volunteers' vehicles between the front and back seats. So, the volunteers could drive the clients if they were each wearing a mask and were separated by the shower curtain.

Our new normal is still using technology (tablets) with our very vulnerable respite and hospice clients. We still provide our volunteers with any PPE (personal protection equipment) that they need or want.

Cheri and Victoria said that one hour of volunteer service is approx. $28 per hour which is a 207% return on the funds spent on the programs. The volunteers have provided nearly $2 million in service hours to the community between Foster Grandparents and Senior Companions.

11. Local Health Department Mobile Clinic

Eric Edwards explained to the board members that all 13 local health districts in Utah have received funding at the state/federal level to provide each local health district with $150,000 for the purchase of a mobile clinic.

The use of a mobile van will provide vaccination opportunities for vulnerable pockets of the community to have access to vaccinations. This health equity/Covid equity funding for a mobile clinic will help us reach our homeless populations, hearing impaired and the list goes on and on.

The mobile vaccine clinic will be used through Covid and beyond to provide clinical public health resources for people who suffer from a lack of transportation or poverty or whatever reason. We can take public health services and vaccinations to them.

The local health districts will coordinate together on a bulk purchase and hopefully will be able to bring the cost of the mobile clinics down.

Our health department will be working with BYU to identify health equity priorities through data collection and analysis. We will work with university expertise for key measures to identify disparities in vulnerable populations that need assistance.

12. Utah Covid Health Equity Grant for underserved populations

Eric Edwards explained that the health department has received a two-year grant for Covid Health Equity of approximately $685,000. The state has requested that we hire specialists for health equity which will all be grant funded positions. Some of the specialists will be hired for: Health Equity Epidemiology Clinician (RN), Health Equity Coordinator, Health Equity Communicator and lastly Health Equity Community Health Worker Specialists. The specialists that will be hired will work hand-in-hand with our current Covid Community Health Workers.

Amelia Powers Gardner asked if the funds from the Health Equity Grant could be used to purchase a vehicle for the senior programs since seniors are an underserved population. Eric said he will need to ask for approval from the Governor's Office of Disparity. Eric said, we also need to rely heavily on our university campus communities as there are disparities there as well. It has been requested that the health departments do some subcontracting with the funds, and so we have selected our two universities to be able to work on this effort for two years as well. Equal funds will go to BYU and UVU for help with policy and other potential opportunities. We will also find ways to work better with local hospitals.

We can also use funds from this grant for the Community Needs Assessment we perform every three years which identifies health equity gaps. Eric said he will approach the Utah County Commission and the board of health to utilize some of the funds for the assessment. We work with United Way on the Community Needs Assessment and have been doing this for approximately 40 years.

Eric said, we have not had the opportunity in the past to build bandwidth for health equity. I don't want to use the funds for just Covid. I want to see this address health equity within our health department across programs.

13. COVID-19 Vaccine Update

We are now in a high transmission index. The seven-day average, the 14-day case rate, and the state-wide ICU utilization now puts Utah County in the high transmission level. So, people may be thinking the pandemic is over. Utah County makes up 20% of the state's population and we have a higher rate of Covid than Salt Lake County does right now. Since June 1, 2021, we have had a 357% increase in our 7-day rolling average. Breakthrough cases are occurring but at a very small rate. Breakthrough means people who have been vaccinated and are still getting Covid is around 5%.

Dr. Flinders added that Covid is transitioning to becoming a disease of the unvaccinated. Statewide about 98% of the cases of Covid are in people who are not vaccinated. 99% of the Covid deaths are in people who are unvaccinated. So, the vaccines are working, we just have a difficult time in convincing people that it is not only in their best interest, but in the interest of all the population for people to be vaccinated to avoid these unnecessary deaths. Jordan Singleton reported on his experience of the past week and what has been happening with the hospitals and ICU beds in regard to Covid hospitalizations.

14. Employee Changes

Eric reviewed the employee changes with the board. Amelia Powers Gardner noticed quite a list of separations and asked if the health department is having retention issues. Eric answered by saying that the health department is having retention issues with the temporary Covid staff. Once the workers thought the pandemic was ending, a lot of them moved on to other permanent jobs elsewhere. We have also lost temporary Covid staff who are students. The separations are 90% Covid grant hired people who have separated.

15. Other Business

- Eric thanked Amelia Powers Gardner for her interview on a preventive West Nile Virus video.
- Local Boards of Health Symposium. Board members are invited to attend. Please let Julie Dey know if you would like to attend.

16. Public Comment

Julie Nance is a concerned parent who has two students and spoke to the board. Julie referred to herself as a parent and children have been immunized; however, the parent is immunocompromised. The parent (Julie) has been told by her doctor that she should proceed as if she in unvaccinated. She said that she has been treated as expendable throughout the pandemic. The only time she didn't feel expendable is when the governor closed the schools for a while and did a masked mandate for a while. The legislature definitely makes me feel that my life as no meaning whatsoever. The legislature has tied hands including the health department's; however, I do know that you have the power to make some mandates in conjunction with the county commission. So, I hope that you can work together with that. I also know that you soon (and correct me if I am wrong on any of this) you will be releasing your guidance to schools and the schools will all be making their plans. I don't know if a mask mandate in the schools is outlawed. I know they have outlawed so many things. I think you can make countywide mandates and possibly vaccine mandates in schools. I would encourage that you please, please do that

because there are many, many people besides just people like me who do feel expendable or that we feel people see us that way (expendable) and I would include every child under the age of 12. There are many people out there choosing not to get vaccinated. So if we have no masks in schools and no vaccine requirement, they are not going to be safe, especially those younger kids. So far, Covid has not been too bad for the younger kids and that is good, but we don't know that that won't change especially with the Delta and Delta+.

Others like me, our lives have value. Many have not been immunized by choice, but immunocompromised people who can't have the vaccine and every child under the age of 12 and every child whose parents won't take them to get the vaccine whether they want it or not; and then of course all the adults who won't or can't. I feel like the least we can do is a mask mandate in the county. I know that is very unpopular, but governments usually find it in the interest to protect minorities, so I don't know if you can consider the medically vulnerable a minority. I would encourage you to do whatever you can whether mask mandates or at least with guidance to the schools mandating vaccines (when the FDA approval happens), that would be what I ask.

MOTION: Amelia Powers Gardner made the motion to adjourn which was seconded by Ryan Schooley and passed by unanimous vote.

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

Jeff Acerson
Chair
Utah County Board of Health