
Governance Committee

April 15, 2019

Chair: Lloyd Berentzen

Present: Dr. Marc Babitz for Dr. Joseph Miner, Jerry Edwards, Kim Beck, Heather Borski, Paul Patrick, Gary Edwards, Ralph Clegg, Randall Probst, Lloyd Berentzen, Jill Parker.

Visitors: Gary Mower, Joe Jackson, Cindy Burnett, Scott White, Laurie Baksh, Robyn Atkinson Dunn, Jenny Abernak, Kalynn Filion

Phone: none

Not Present: Dr. Joseph Miner

Voting Members: Dr. Marc Babitz for Dr. Joseph Miner, Heather Borski, Paul Patrick, Ralph Clegg, Randall Probst, Lloyd Berentzen

Co-Chairs: Paul Patrick, Lloyd Berentzen

Minutes

Approve minutes from April 1, 2019 Governance meeting.

Motion to approve: 1st: Randall Probst 2nd: Heather Borski

Vote Yes: Dr. Marc Babitz for Dr. Joseph Miner, Heather Borski, Paul Patrick, Ralph Clegg, Randall Probst, Lloyd Berentzen

Promoting Population Health Through Increased Capacity in Alcohol Epidemiology - Gary Mower

- Year 4 of a 5 year grant. \$150,000.
- Grant to support the building of capacity in alcohol epidemiology in state health departments to look at excessive alcohol use and harms related to excessive alcohol use.
- 80% of grant goes to FTE.
- Majority of funding remainder is to fund BRFSS questions, call back questions from the smoking survey and binge drinking questions.
- In 3 years, what has this grant done to reduce alcohol use in Utah?
 - Focus is on binge drinking, about 40% higher than anywhere in the US.
 - Sit on a lot of committees which helps inform their prevention efforts.
 - Collect data to assist people involved in prevention.
- 2009 10% binge drinking. Now at 13% so slowly increasing.
- Not aware of any statistics that support link between the increase in new alcohol licenses in certain locations and an increase in binge drinking.
 - An intern is currently doing research to look at mapping of facilities where alcohol can be purchased and associated harms that is still in process.

- Next year will apply for year 5 and then will apply for new grant if available.
- No return to Governance required next year but requesting return when applying for new grant.

Grant Remains Exempt: No Vote Needed

2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) - Cindy Burnett and Jenny Abernak (Handout)

- New 5 year grant cycle. Grant has been received in the past.
- Focus is to build capacity at state and a select group of local health departments to increase capacity to detect and respond to infectious disease threats.
- Applying for 17 out of the 23 different projects funded through ELC grant.
- Last year awarded \$3.8 million based on surveillance, laboratory, and informatics performance.
- After speaking with Epi Executive group, decided to apply for additional funding in the cross-cutting section for more flexible funding to use for a variety of infectious disease activities.
- Additional \$200,000 from the cross-cutting section. Awarded \$130,000 last year.
- National Syndromic Surveillance Program Grant (NSSP) used to be a separate grant but as of September 2019 will be rolled into the ELC Cooperative Agreement.
- NSSP funding was only open to 25 states but will now be open to all 50 states which could result in a cut in funding awarded.
- Applying for funding to become a regional laboratory for antibiotic resistance organisms and Rabies surveillance system to track samples and testing.
- Requesting \$7.9 million but anticipating about \$3.8 million.
- Local health department budget is built on the anticipated amount, not the requested amount.
- Legionnaires' Disease funding decrease due to CDC activity requirements related to cases and outbreaks.
 - Not all local health departments have outbreaks and/or don't fit with the activities.
 - The funding increase in cross cutting section will enable local health departments to do those investigations but allow flexibility to use funds outside of Legionnaires' Disease.
- Total amounts are provided but distribution has not been provided.
- If full amount is awarded, that could fund up to half of an FTE in each health department.
- \$260,000 for Hepatitis A is a section that CDC has states apply as a placeholder for CDC to award money in an emergency outbreak. (Amount is adjusted based on need.)
- Due May 10th.
- Dr. Babitz motions to approve and return to Governance with final amount to discuss distribution.

Motion to approve and return to Governance with budgets: 1st: Dr. Marc Babitz 2nd: Heather Borski

Vote Yes: Dr. Marc Babitz for Dr. Joseph Miner, Heather Borski, Paul Patrick, Ralph Clegg, Randall Probst, Lloyd Berentzen

STD Surveillance Network (SSuN) - Scott White (Handout)

- New 5 year grant, \$535,000 due May 15th. Total of 10 awards nationally.
- Have not been eligible for past funding but based on enhancements to EpiTrax and to the Salt Lake County clinic, now eligible to apply.
- Funding amounts are the ceiling amounts listed based on morbidity in Utah.
- Mandatory activities, \$250,000 are Strategies A and B.
- Strategy A - Protocol-based sentinel surveillance in STD clinics.
 - Establishing data linkage with Salt Lake county STD clinic and matching with HIV registry.
 - Ensuring HIV positive patients are receiving linkage to care services.
 - If HIV negative, is testing being done and given referral to prep?
 - Matching information already in EpiTrax.
 - Also requires one survey of 350 clinic patients per year.
- Strategy B - Enhanced Case-Based Population Surveillance.
 - Enhancing in high morbidity area, Salt Lake County recipient.
 - Specifically looking at gonorrhea via random sampling of cases and an enhanced investigation of cases by reaching out to providers as well as patient interviews.
 - Linking with HIV registry and treatment information.
- Various SSuN surveillance activities included in Strategy C.
 - Must apply for at least one but are currently applying for 4.
 - Separate budget justification and project narrative must be submitted for each.
- Strategy C - Activity 4: \$100,000 towards enhanced chlamydia investigations.
 - Random sampling of chlamydia cases, follow up with providers, and patient interviews.
 - Data linkage and submission to SSuN.
- Strategy C - Activity 5: Investigating early syphilis cases reporting neuro, ocular, & otic symptoms.
 - Asking providers and patients if there were any indications of those manifestations.
 - Documentation and submission to CDC.
- Strategy C - Activity 7: Implementation of HL7 case reporting through NNDSS.
 - Funding for message mapping guides informatics is planning on implementing.
- Strategy C - Activity 9: Surveillance focus activities of local interest.
 - Funding to work on quality assurance on negative data and utilize data.
- PTCP would require a half-staff position to do data linkage with HIV records, grant management, and assigned contracts.
- Informatics is meeting with the EMR provider for Salt Lake County which will give more information on their capabilities are and how that can be linked to EpiTrax.
 - Budget will be prepared following meeting based on enhancement needs.
- Salt Lake County is the only clinic that qualifies based on number of sexual health visits.
 - 5000 unique patient visits per year within one clinic.
- Linkage will work as a pilot for other local health departments.

Motion to approve: 1st: Lloyd Berentzen 2nd: Ralph Clegg

Vote Yes: Dr. Marc Babitz for Dr. Joseph Miner, Heather Borski, Paul Patrick, Ralph Clegg, Randall Probst, Lloyd Berentzen

Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees - Laurie Baksh (Handout)

- New 5 year grant. \$375,000 per year.
- Due May 8th. 25 awards given.
- Grant comes from recently passed Preventing Maternal Deaths Act.
- Response to rise in US maternal deaths. Primarily black women, 3 times more likely to die in child birth or in the year post-partum.
- One application per state. Applicants must provide evidence of authority to collect data from state statute and proof of statutory authority to access death certificates and medical records.
- Applicant must currently use maternal mortality review information application system MMRIA.
- Applicant states must have reviewed maternal deaths up to 2016 in their state.
- Utah has an active Maternal Mortality Review Committee and meets all criteria to apply.
- Grant is to support staffing and process of maternal mortality review.
- Requirements:
 - To maintain a multidisciplinary review committee.
 - To comprehensively identify maternal deaths.
 - To abstract available data to support multidisciplinary review.
 - To use the data from reviewed deaths for actionable interventions.
- Funding would allow continued work with hospital systems implement maternal safety bundles; Hemorrhage, Hypertension, and the Opioid Use Disorder Among Pregnant Women Bundle next.
- Multistate applications are allowed, Utah will be applying with Wyoming to increase funding for both states as funding is based on number of deaths.
 - This will allow WY to hire abstractor to abstract death cases and twice a year bring to UT Maternal Mortality Review Committee to review & expand knowledge/understanding.
 - Wyoming has no level 3 facilities, care, or expertise in their state for reviews.
- Research is showing that pregnancy impacts mental health and likelihood of using substances.
- Committee voted to classify all deaths that occur either in pregnancy or in the year post-partum, as pregnancy associated deaths.
- Maternal death rates in Utah are increasing. Top causes are overdose and suicide.
- Grant assists with establishing Maternal Mortality Review Committees in every state and standard methodology for review/identification of US maternal deaths for accurate death rate.
- Small portion of funding can be used for interventions. Implementation of safety bundles.
- Committee is represented by obstetrics and gynecology, perinatology, neonatology, pediatrics, Salt Lake County home visiting program staff, division of substance abuse and mental health staff, mental health experts, neonatal nurse practitioners, hospital patient safety staff, and nursing educators. Done for free by members.
- No rural representative on the committee but with funding, can use small amount for travel.

Motion to approve: 1st: Ralph Clegg 2nd: Heather Borski

Vote Yes: Dr. Marc Babitz for Dr. Joseph Miner, Heather Borski, Paul Patrick, Ralph Clegg, Randall Probst, Lloyd Berentzen

Well Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Program - Kalynn Filion (Handout)

- Year 2 continuation of 5 year grant due April 30th.
- Applying for \$1,140,000.
- CDC guidance stated request for level funding.
- FY19 started in March and reflects 1,382 women that will be served.
- FY20 reflects close to 2,000 women that will be served.
- Grant cycle stays the same 9/30-9/29 of subsequent year.
- Focus is to extend preventative health services to women who receive breast and cervical cancer screenings to receive additional services such as cardiovascular screenings, diabetes screenings, and health behavior support options.
- Focus of the program is the health behavior support options;
 - Health coaching, referral to Weight Watchers, self-monitor home blood pressure, and soon adding medication therapy management.
- Paying for existing required staff, cost of living increase, and 8% increase. No increase in staffing.
- Lloyd makes a motion recommending increased funding request to \$1,140,000 per the request of local health departments for cost of living and increase staffing. If this does not come through, equalize in a revised proposal.
- Ralph seconds motion.
- Health Coaching is the “Meet” of the grant. Required.
- Return to Governance requested and add to next agenda for vote.

Intent - Motion to increase request to 1,140,000. If this does not come through, equalize in a revised proposal back to Governance: 1st: Lloyd Berentzen 2nd: Ralph Clegg

Vote Yes: Dr. Marc Babitz for Dr. Joseph Miner, Heather Borski, Paul Patrick, Ralph Clegg, Randall Probst, Lloyd Berentzen

Other Agenda Items:

None

Next Meeting - May 6, 2019 – 11:30am – Room 401.

Motion to adjourn:

Motion 1st: Paul Patrick **2nd:** Ralph Clegg

Vote Yes: Dr. Marc Babitz for Dr. Joseph Miner, Heather Borski, Paul Patrick, Ralph Clegg, Randall Probst, Lloyd Berentzen