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## Governance Committee

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April 5, 2021

**Chair:** Janae Duncan

**Present:** Heather Borski, Dr. Sarah Woolsey, Jeff Coombs, Lloyd Berentzen, Janae Duncan, Gary Edwards, Brian Hatch, Jerry Edwards, Rich Saunders, Jordan Mathis

**Visitors:** Braden Ainsworth, Brook Dorff, Benn Buys, Jesse Martinson, Nichole Shepard, Brent Packer, Laurie Baksh, Mark Jones, Gregory Williams, Chris Nelson, Mark Watterson

**Voting Members:** Heather Borski, Dr. Sarah Woolsey, Janae Duncan, Jeff Coombs, Brian Hatch

**Co-Chairs:** Janae Duncan & Lloyd Berentzen

### Minutes

Approve minutes from March 15, 2021 Governance meeting.

**Motion to approve minutes:** 1st: Jeff Coombs 2nd: Dr. Sarah Woolsey

**Voting Members:** Heather Borski, Dr. Sarah Woolsey, Janae Duncan, Jeff Coombs, Brian Hatch

### Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children - Chris Nelson

- This program currently resides in the Utah Environmental Public Health Tracking Network with passive surveillance and minimal active education.
- This application is for a new 5-year grant that will bolster the Childhood Blood Lead Surveillance program increasing education and testing. Primarily Surveillance.
- The grant award is based on state population and Utah is eligible for \$300,000.
- Staffing:
  - Existing Project Manager
  - Existing Health Program Specialist
  - New Hire - One Epidemiologist
- Travel has been allocated for delivery of materials and in person trainings as needed.
- Project objectives:
  - Improve the use of surveillance and data systems.
  - Improve the rates of children less than six years old with blood lead levels greater than or equal to the CDC blood lead reference values of 5 micrograms per liter.
  - Work with informatics and EpiTrax to create new data entry profile to report information and make data more accessible.
  - Create two new education programs would be started:
    - Inform pediatric healthcare providers to encourage testing during well child visits.
    - Increase education and available resources to parents of children two years old or younger regarding the effects of lead exposure.
- Local health department participation is needed to accomplish the project objectives.
- Local health departments would receive funding modeled after the Environmental Services contract.
- Funding would be distributed evenly between the local health departments and a contract would be created requiring the following:
  - Blood lead levels are reported as per the injury reporting rule.
  - Follow up activities are coordinated with Department of Health.

- A child lead risk survey is done when the health department is notified of an elevated blood lead level.
- Training for these requirements may be done virtually.
- Follow up information given to health department quarterly or annually
- Information is given to parents/guardians or referred to the Department of Health for resources on the effects of lead exposure and the availability of free screening.
- Department of Environmental Quality Request:
  - When a child's blood level meets a certain threshold, an environmental assessment is requested and completed.
- Training for these requirements may be done virtually.
- Funds may not be used for free screening and testing.
- Option for year one:
  - Every local health department stands ready and as we understand the surveillance and number of cases, adjustments may be made moving forward.
- Notice of support letter from Local Health Officer's Association is required to apply.

**Motion to approve Agenda with letter of support: 1st:** Jeff Coombs **2nd:** Heather Borski

**Voting Members:** Heather Borski, Dr. Sarah Woolsey, Janae Duncan, Jeff Coombs, Brian Hatch

#### **A Comprehensive Public Health Approach to Asthma Control Through Evidence-Based Interventions - Nichole Shepard (Handout)**

- This continuation application is for year three of a five-year CDC grant cycle for \$550,000.
- This application is due April 30, 2021.
- Funding period is September 1, 2021 through August 31, 2022.
- The goal of funding is to support progress toward expanding the reach, quality, effectiveness, and sustainability of asthma control services by strengthening leadership, infrastructure and expanding the six EXHALE strategies.
  - 1) Self-management education.
  - 2) Extinguish smoking and secondhand smoke.
  - 3) Home visits for trigger reduction and asthma self-management education.
  - 4) Achievement of guidelines based medical management.
  - 5) Linkages and care coordination.
  - 6) Environmental policies best practices to reduce asthma triggers from indoor, outdoor, and occupational sources.
- CDC requests to continue with focus on the same high burden areas to accelerate progress towards goals.
- Required activities:
  - Expand capacity and access to comprehensive asthma care, both medical and community based.
  - Encourage team-based asthma care and the adoption of medical based guidelines.
  - Use surveillance and evaluation for program improvement.
  - Monitor population trends and establish linkages across public health and healthcare systems.
  - Reduce asthma attacks, deaths, ED visits, hospitalizations, and missed school/workdays.
- The proposal is to remain with Salt Lake County and Utah County due to the established infrastructure and the ongoing home visiting services.
- Other activities:
  - Hosting the asthma task force.

- Home visiting network.
- Host and communication about recess guidelines and notifications regarding air quality.
- Responsible for implementing a strategic statewide plan and a strategic evaluation plan.
- Surveillance business cases in development with data from the home visiting program to develop ROI's and cost savings analyses that help support further expansion.
- A stock albuterol policy has been implemented and is under evaluation until Fall 2021.
- Annual communication plan.
- Coordination services with partners.
- **Budget:**
  - Local health departments - \$130,000 (24%)
    - Salt Lake County health department - \$65,000
    - Utah County health department - \$65,000
  - Health systems (UPIQ) - \$77,420 (14%)
  - School nurses - \$5,000 (1%)
  - UAP - \$337,953 (61%)
    - Personnel - 2.68 FTE
    - Evaluation surveillance tools, curriculum development, training, recess guidance, and other software tools.
- The Asthma Home Visiting Program is a twelve+ month program:
  - Currently based on three visits and may expand this for high-risk individuals.
  - Visit one - Learning asthma symptoms, triggers, medication, and inhaler technique.
  - Visit two - Asthma triggers home walkthrough and assessment. This can be done virtually.
  - Visit three - Discuss progress and controlling asthma and reducing triggers.
  - Six months - Follow up phone call.
  - Twelve months - Follow up call.
- 80% decline in average missed workdays.
- 51% decline in average missed school days.
- 41% reduction in average unplanned doctor visits.
- 51% reduction in episodes requiring an oral systemic corticosteroid.
- 75% reduction in asthma related ED visits.
- 87% reduction in asthma related hospital stays.

**Motion to approve Agenda: 1st:** Jeff Coombs **2nd:** Heather Borski

**Voting Members:** Heather Borski, Dr. Sarah Woolsey, Janae Duncan, Jeff Coombs, Brian Hatch

#### **Emerging Issues in Maternal and Child Health - Laurie Baksh (Handout)**

- This is the third-year renewal of a five-year for the Maternal Mortality grant.
- This funding comes from the Federal Preventing Maternal deaths act to support maternal mortality review committees.
- The funding amount is \$374,743 for each year of the five-year grant.
- Utah and Wyoming partnered on this grant as a joint state submission and Wyoming will receive \$65,000 through a subaward process.
- Utah's existing Maternal Mortality Review Committee now acts as the review committee for both states.
- Responsibilities:

- Conduct data linkages within one year of death.
- Conduct multidisciplinary case reviews through the Maternal (Perinatal) Mortality review Committee.
- Document committee decisions and recommendations for prevention.
- Responsible for improving data quality, completeness, and timeliness.
- Analyze data and share findings with stakeholders to inform policy and prevention strategies to reduce maternal deaths.
- The remainder of funding will be used for program staff.

**Exempt.**

**Voting Members:** Heather Borski, Dr. Sarah Woolsey, Janae Duncan, Jeff Coombs, Brian Hatch

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

- New grant opportunity due April 9<sup>th</sup> through the Health Resources and Services Administration
- Emerging Issues in Maternal and Child Health grant.
- One year funding period for a single year project up to 250k and 6 awards are available to applications.
- Program goal is to increase state and or local level organizations abilities to respond effectively to emerging issues affecting maternal and child health populations
- 3 grant objectives:
  - 1) Strengthen state and/or local level organization's capacities under at least one of the following areas:
    - a. Data, informational systems, workforce development, or strategic partnerships.
  - 2) Demonstrate innovative approaches to address emerging issues at the state or local level that affect maternal and child health populations.
    - a. Innovative approaches should compliment and enhance current activities.
  - 3) Implement strategies to sustain capacity improvements beyond the period of performance.
- The proposal is to target workforce development and the emerging issue of maternal mental health.
- Levels of self-reported anxiety and depression are increasing dramatically among women who have delivered a live-born infant in the state of Utah.
- The Maternal Mental Health Referral Network website was launched last year.
- Providers who have received at least 8 hours of training in perinatal mood and anxiety disorders to apply to be listed on this website where women may find services in their areas.
- Free trainings will be provided throughout the state to increase areas of service beyond the Wasatch front.
- There is a need for a part time employee to coordinate and provide outreach to providers to ensure they are aware of trainings.
- A provider will be contracted through a bid process with state purchasing to conduct the trainings.
- A summit will be coordinated at the end of the year for any interested collaborators.

**Motion to approve - 1st:** Heather Borski **2nd:** Jeff Coombs

**Voting Members:** Heather Borski, Dr. Sarah Woolsey, Janae Duncan, Jeff Coombs, Brian Hatch

#### **Other Agenda Items:**

- E-Cig Funding Reductions Continued Discussion - Braden Ainsworth and Janae Duncan

- A discussion and guidance that came from GOMB and state finance was to do a proportional cut.
- A proposal was made to reduce the unspent or underspent amount first.
- This proposal was not approved, and a proportional cut is required.
- Pulling funds back may result in a breach of contract for local health departments.
- A meeting will take place to discuss this issue further.

**No vote needed.**

- Governance Presentation Materials - Jerry Edwards and Janae Duncan
  - Governance agrees that a template would be helpful.
  - Possible items to be included in template:
    - Budget
    - Local health department involvement and role
    - Staffing requirements
    - Percentage of funding going to local health departments.
  - Local health department involvement with budget creation would be helpful.
  - If there is a role for local health departments, presenters may present at Governance prior to budget creation to discuss local involvement and present budget at a future Governance meeting.

**No vote needed.**

**Next Meeting - April 19, 2021 - 12:30pm - Room 401/Google Meet**

**Motion to Adjourn**

**Motion to Adjourn - 1<sup>st</sup>: Jeff Coombs**

**Voting Members:** Heather Borski, Dr. Sarah Woolsey, Janae Duncan, Jeff Coombs, Brian Hatch