

MPS Attestation Checklist
Salt Lake County Health Department
April 20, 2022

Local Health Officer (LHO)

- Meets education and experience requirements (R380-40-5(1)).
Dr. Angela Dunn is a physician boarded in Preventive Medicine and licensed with the State of Utah.
- Performs duties required in R380-40-5 (2), (3), (4), (5), (6).
 - LHO functions as the executive and administrative officer;
 - LHO reports to and receives policy direction from the local board of health;
 - LHO coordinates public health services in the district;
 - LHO presents the budget to the board of health for review and approval;
 - LHO reports to the board of health at least annually
- LHO shall ensure that an ongoing planning process is initiated and maintained that includes mission statement; community needs assessments; problem statements; goals, outcomes, and process objectives or implementation activities; evaluation; public involvement; and use of available data sources.
- LHO shall ensure that fiscal management procedures are developed, implemented and maintained in accordance with federal, state, and local government requirements.
- LHO or designee who is a physician or osteopath licensed to practice medicine in Utah shall supervise and be accountable for medical practice conducted by local health department employees. If the local health officer is not a physician or osteopath licensed in Utah, he shall appoint a medical director licensed to practice medicine or osteopathy in Utah to supervise and be accountable for medical practice conducted by local health department employees.

Local Board of Health

- Performs duties outlined in 26A-1-109 (Boards) and 26A-1-110 (LHO).
 - A local health department shall have a board of health with at least three members.
The Salt Lake County Board of Health has at least 3 board members with a current roster of 14 members.
 - An employee of the local health department may not be a board member
The Salt Lake County Board of Health does not have a local health department employee serving as a board member. See BOH roster.
 - The health officer of the local health department appointed pursuant to Section 6A-1-110 or Section 26A-1-105.5 may serve as secretary to the board.

Administrative Assistant to the LHO serves as administrative support to the Board.

- Regular meetings of the board shall be held not less than once every three months.
The board met 15 times in 2021. See meeting minutes.
- Establishes policies as necessary per R380-40-6 (2a).
Board votes on policies as necessary during BOH meetings.
- Adopts an annual budget per R380-40-6 (2b).
SLCoHD presented 2021 budget in February 2021 meeting. 2021 budget was presented in September 2020 and approved by a unanimous vote.
- Monitors revenue and expenditures per R380-40-6 (2c).
Zachary Stovall, SLCoHD Fiscal Manager, gave regular updates at BOH meetings. (See meeting minutes.)
- Oversees compliance of the LHD with R380-40 per R380-40.
LHO regularly presents Director's Report with program updates regularly in meetings.
- At least annually evaluates the performance of the LHO per R380-40-6 (2f).
Current LHO was appointed mid-2021. Evaluation was not done in 2021 but will be completed yearly beginning 2022. Will evaluate LHO by December 31, 2022.
- Reports at least annually to the county/counties of the LHD the health status of the LHD's residents per R380-40-6 (2g).
Annual Report is done yearly. The 2020 Annual Report is almost completed and will be available here: [About Salt Lake Health - Health Department | SLCo](#). The 2021 Annual Report will be completed by August 2022.
- Assures an annual independent financial audit is conducted and reviews and accepts the health department's audit findings per R380-40-6 (3).
Salt Lake County Auditor's Office completes an annual audit of the Health Department.

LHD Personal and Population Health Services

- LHD employs a registered nurse, licensed in Utah, with the education and experience to supervise, evaluate, and be accountable for the LHD's nursing practice. R380-40-6(4).
The SLCoHD employs Kami Peterson, RN MS, as the Public Health Nursing Director
Education: Brigham Young University
Experience: 35 years of experience at SLCoHD
4 months as the Director of Nursing

*14 years as the Deputy Director of Nursing
14 years as the Bureau Manager for Home Visiting
16 years in other SLCoHD management positions*

- LHD employs a person with education and experience to direct health education and promotion activities [R380-40-6(5)], and provides the services identified in R380-40-7(1).
SLCoHD Director of Community Health, Jeff Smart, has a master's degree in Public Administration and over 20 years' experience in health promotion.
- Each local health department shall provide health education and health promotion services to include: conducting community health assessments, identifying leading causes of disease, death, disability and poor health; and implementing evidence-based services to address the identified priorities.

The Infectious Disease Bureau services are overseen by Malaykhone Kiphibane RN. Malaykhone has supervised Infectious Disease Bureau staff for 7 years and has over 16 years of infectious disease investigation experience. The bureau provides case management and treatment of tuberculosis, perinatal hepatitis B, hepatitis C, Creutzfeldt-Jakob Disease, and sexually transmitted infections. This includes reporting, surveillance, assessment, epidemiological investigation, and appropriate control measures as defined in State disease plans.

The Substance Use Prevention team assessed the 2021 Student Health and Risk Prevention (SHARP) Survey to prioritize problem behaviors, risk factors, and protective factors. (These priorities were integrated into the Request for Applications for contracted prevention services that was released in February 2022.) We funded two coalitions that each conducted community assessments to identify community-level priorities, goals, gaps, and strategies. We provided training and support to three coalitions and 17 service providers. SUD supported 29 contracts for evidence-based prevention programs.

The Tobacco Education Program trained healthcare providers on CDC best practices for addressing nicotine dependence, advised youth groups on tobacco policy development in their communities, and partnered with the Substance Use Disorder program to assess the braiding of funding from both programs to administer more robust grants to community-based organizations to provide evidence-based prevention programs.

Lead: Data indicates that those children coming to Utah with refugee status more frequently have elevated and dangerous blood lead levels. To address this challenge, the Lead Poisoning Prevention program translated materials into the most common refugee languages and employed interpretation services. Further, the program began to work with refugee resettlement agencies and employed a member of a refugee group (2022) to address lead issue among women prior to and during pregnancy.

As a part of our accreditation and evidence-based public health practice, the Community Health Division has supported the systemic effort to assess community needs and develop a Community Health Needs Assessment CHA (followed up with a Community Health Improvement Plan). The newest assessment is currently going on in conjunction with the U of

U and Intermountain Health (2022), but this assessment and planning process continues every year as we collect information from community members, agencies, and professionals, and prioritize resources and targets. A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health

- LHD employs an individual with training and experience in epidemiology [R380-40- 6(7)] and provides services outlined in R380-40-7(2) and (4).

The Department has an entire bureau dedicated to epidemiology. The bureau is managed by Mary Hill, a trained epidemiologist with 25 years of experience and has 13 other epidemiologists that vary in skill level and expertise in surveillance, analytics, outbreaks, and investigations.

- Each local health department shall provide evidence-based communicable disease prevention and control services to include: reporting, surveillance, assessment, epidemiological investigation, and appropriate control measures as defined in State disease plans for reportable communicable diseases and other communicable diseases of public health concern.

The Department responds to every reportable communicable disease and communicable disease threat in Utah Code by following state disease plans that are agreed upon by all local health jurisdictions and authorities in the state of Utah. By using these disease plans the program ensured a standardized and coordinated response to prevent and control reportable communicable disease in Utah. Salt Lake County epidemiologists help create these evidence-based approaches reported from peer reviewed journals, national and international infectious diseases authorities, and homegrown studies that include sections specific to reporting, surveillance, assessment, epidemiological investigation, and appropriate control measures.

- Assures availability of health services by assessing services and providers, identifying gaps and barriers, meeting with community partners to assure and improve services, providing services identified as priority through local needs assessment (as approved by board of health). R380-40-7(3)

In 2021, Healthy Communities staff provided data assessments to support (9) city-based coalitions, facilitated processes to help them identify priorities based on this data, and provided education to implement evidence-based interventions.

In 2021, the Healthy Lifestyles Employee Wellness Program provided evidence-based programs to reduce the health consequences of COVID-19. Programs included the Resilient You Now to provide education on bouncing back from stressful situations and stepping up to a higher plain of psychological growth and determination. In addition, the program issued Park Rx prescriptions as evidence attests that incorporating nature into our lives improves our physical, mental, and social well-being. As county agencies are scattered throughout the valley in addition to employees working from home, our team created a podcast series to share valuable health information from experts in the field. We created 309 minutes of content with 1,423 downloads from Healthy Lifestyles participants

The Opioid Prevention Program works closely with internal and external partners from across Salt Lake County to regularly review data and assess appropriate strategies to address changes in the opioid epidemic (overdose spikes, emerging substances, etc.). We provide training on recognizing overdoses and administering Naloxone, an evidence-based death prevention strategy, to government agencies, medical clinics, and nonprofit partners.

The TOP Star program helps early childcare facilities improve their nutrition, physical activity, and breastfeeding policies. Food insecurity has been mentioned frequently when discussing the nutrition portion of the TOP Star program. Many childcare facility directors and staff shared that food access has always been challenging for several families who attend their facility, but due to COVID and inflation, it has been particularly difficult. To overcome this challenge, TOP Star offered Salt Lake County childcare facilities the opportunity to apply for funding to buy a small fridge and shelving and start their own mini food pantries to help families in need. The pantries have proven to be a success. The program connected one childcare facility with a farmer in Sanpete County. The site director drives down regularly to get free turkeys and other food to provide to the families that attend her facility. This is just one of the many such success stories that have positively impacted our community.

In 2021, the Healthy Living team met with the Kearns Public Library and began the process to set up a blood pressure monitor lending library. This program aims to expand access to at home blood pressure monitoring and allow for expanded educational opportunities as well as additional clinical referrals.

Developed planning tools which identified gaps in public health and healthcare service delivery and highlighted community specific barriers using social determinants of health measures. Planning tools guided public health, health system, and community-based organization partnerships to prioritize and coordinate around community-specific needs.

- Provides all public health services in response to community needs, within an approved budget, in compliance with federal, state, and local laws, regulations, rules, policies and procedures, and accepted standards of public health, medical and nursing practice. Evaluates programs for effectiveness and impact. R380-40-6(8)(a) and (b)

The Clinical Services Division provides services to under resourced clients on a sliding scale fee to reduce financial barriers to care. Several programs have an income cap limiting services to those who are most vulnerable. Public health clinics are located throughout Salt Lake County to provide convenient access. Services are also provided to at-risk populations via outreach clinics and home visiting services.

Community Health complies with all federal, state, and local laws, regulations, rules, policies and procedures, and accepted standards of public health. The division evaluates programs as required by funders and program fidelity, for effectiveness and impact.

- Provides evidence-based services based on community health assessment and planning to

address at a minimum: maternal and child health services; injury control services; and chronic disease control services. R380-40-7(6)

The Clinical Services Division provides services to women and children to promote health and prevent injury these services include WIC (nutritional support), home visiting (perinatal and infant mental health, health and developmental assessment, injury prevention, resource referral) and immunizations to prevent infections disease.

In 2021, the Injury Prevention Program provided evidence-based services to reduce injuries and deaths related to falls, suicide, and motor-vehicle crashes. Services include teaching evidence-based curriculum for fall prevention (Stepping On). Risk factors for suicide are addressed through QPR trainings and promotion of protective factors through partnerships that work to increase community connectedness and changing social norms regarding help seeking behaviors for mental health. The promotion of seat belt use and correct use of car seats and booster seats for children work to reduce injuries and deaths related to motor-vehicle crashes

The Healthy Living Program worked closely with Salt Lake City to implement the Downtown Open Streets program, which closed city streets to cars, to encourage pedestrian and cycling usage. This program focused on identifying gaps in access to recreation during the COVID-19 pandemic and worked closely with partners to implement a community focused solution that addressed an immediate need as well as added benefit of chronic disease prevention.

- Assures the registration of live births, deaths, and fetal deaths that occur in the jurisdiction. R380-40-7(5)

The Department has a vital records program that works in tandem with the State of Utah vital records program to provide registration of live births, deaths, and fetal deaths that occur in Salt Lake County. The program collaborates with hospitals, birthing centers, and mortuaries to provide these services to all residents of Salt Lake County.

LHD Environmental Health Programs

- Employs an environmental health scientist, registered in Utah, with the education and experience to supervise, evaluate, and be accountable for the LHD's environmental health activities [R380-40-6(6)] and ensures there is a program that meets the requirements of R380-40-8.

The Environmental Health Director, Ron Lund, has been a registered licensed environmental health scientist in Utah since 2001 and has registered this every two years as required by law. This license expires May 31, 2023. The Director has a Master's of Public Health from the University of Utah and has worked in Food Protection, Water Quality and Hazardous Waste, after hours responder and enforcement coordinator by the Department.

- Each local health department shall ensure that there is a program including the maintenance of an inventory of regulated entities or complaints for: _____

- food safety consistent with R392-100, R392-101, R392-103, R392-104, and R392-110;

The Health Department has an inventory of permitted establishments and conducts inspections and responds to complaints applicable to the Rules. Inspections are completed on a risk-based system for 4,800 establishments. Approximately 6,000 inspections were completed last year.

- schools consistent with R392-200;

The Health Department has an inventory of schools and completes inspections for the school rule and food safety. These inspections are completed annually for the school sanitation rule and annually with a food inspection.

- recreation camps consistent with R392-300;

The Health Department uses CDP, an environmental database that tracks inspections, complaints, payments and more. Complaints are entered each day as they are received. The database has records going back over 10 years.

- recreational vehicle parks consistent with R392-301;

The Health Department uses CDP, an environmental database that tracks inspections, complaints, payments and more. Complaints are entered each day as they are received. The database has records going back over 10 years.

- public pools consistent with R392-302 and R392-303;

The Health Department has an inventory of over 1,200 permitted establishments and conducts inspections annually. The Department samples pools monthly and responds to complaints applicable to the Rules.

- temporary mass gatherings consistent with R392-400;

The Health Department has an inventory of temporary mass gatherings and permits, inspects, and responds to complaints applicable to the Rules.

- roadway rest stops consistent with R392-401;

The Health Department maintains a database of complaints where notes are entered. The database shows complaints that were resolved, and whether a warning letter or NOV was issued. Case development and other items to assist in knowing what steps were taken are included in the notes.

- mobile home parks consistent with R392-402;

Database tracking same as above.

- labor camps consistent with R392-501;

*Labor camps refer to to employer-provided housing that, due to company policy or practice, necessarily renders such housing a term or condition of employment.
Database tracking same as above.*

- hotels, motels and resorts consistent with R392-502;
The Health Department has an inventory of permitted establishments and conducts inspections and responds to complaints applicable to the Rules.
- indoor clean air consistent with Section 26-38 and R392-510;
The Health Department responds to indoor clean air act complaints and addresses them according to the Rules. Complaints are handled within 3 business days.
- illegal drug operations decontamination consistent with R392-600;
The Health Department responds to illegal drug operations and oversees contamination consistent with R392-600. The Health Department has a health regulation specific to chemically contaminated properties. Approximately, 400 properties are closed and go through decontamination each year.
- indoor tanning beds consistent with R392-700; and
The Health Department has an inventory of permitted establishments and conducts inspections at tanning establishments. The Department responds to complaints applicable to the Rules. The Department certifies tanning operators working in a tanning establishment.
- investigation of complaints about public health hazards, including vector control, to include inspections including corrective actions and an information system that documents the process of receiving, investigating and the final disposition of complaints.
The Health Department has a database to track complaints, the investigation and final disposition. The complaints are maintained by the CDP database which updates daily.

LHD Public Health Emergency Preparedness

- Each local health department shall conduct public health emergency preparedness efforts. This shall include the following:
 - conduct, or coordinate with emergency management agencies in the district to conduct, a community public health, medical, mental, and behavioral health hazard and risk assessment that considers populations with special needs to influence prioritization of public health emergency preparedness efforts;
The Department actively worked with various emergency management agencies to identify and respond to public health, medical, mental and behavioral health

hazards associated with COVID-19.

- establish partnerships with volunteers, emergency response agencies, and other community organizations involved in emergency response;
The Department maintained a robust Medical Reserve Corp (MRC) with the potential to surge to 2,500 volunteers and maintained relationships with several emergency management organizations.

- establish Memorandums of Agreement with response partners for assistance in emergency response;
The Department maintained Memorandums of Agreement with public safety, the Red Cross and VOAD; the Department also has a Master Mutual Aid Agreement through the SST Coalition.

- identify public health roles and responsibilities in local emergency response;
Roles and responsibilities are included in the All Hazards Plan maintained by the Department.

- function as the lead agency for Emergency Support Function #8---Public Health and Medical Services;

The Manager of the Emergency Preparedness Bureau is the ESF #8 lead and actively participated in exercises and meetings during 2021.

Historically, the HD has run our own exercises based on grant requirements, which may have required outside agency involvement, but not always. Moving forward, we will consistently partner whenever with other agencies whenever possible and have more internally focused exercises so our staff has a deeper understanding of ICS and emergency response language and structure.

- maintain an all-hazards public health emergency operations plan that shall include priorities from hazard and risk assessment in R380-40-9(1)(a); hazard-specific response information for an infectious disease outbreak; and protocols or guidelines for dispensing of medical countermeasures, public health emergency messaging, non-pharmaceutical interventions, mass fatality response and requesting additional resources;

The SLCoHD all-hazards public health emergency operations plan is in the process of being reviewed now. The last time this plan was reviewed was in 2017 when it was written. The annual review cycle is, in my determination, the minimum expectation since this is our main plan and is at the center of what we do. The current chain of command for review is EPB Planning Team >> EPB Bureau Manager>> Executive Director. However, our intent moving forward is to have the HD plans roll up into the County EM plans so we will need to incorporate them into the review the process.

- maintain a continuity of operations plan that shall include employee notification, lines of authority and succession, and prioritized local health department functions;
This information is included in the All Hazards Plan referenced above, and the

Department COOP plan which is reviewed every three years.

- annually test public health preparedness through an emergency response drill or exercise;

The Department typically conducts 2-5 small and large scale exercises annually, however exercises were on hold in 2021 due to actively responding to COVID-19.

Annually exercised skills have historically been based on grant requirements and may have included: ICS structure, command, communication, outside agency partnerships, mass community care, mass vaccination, hospital evacuation, logistics support, volunteer deployment.

- ensure access to and annually test emergency response communications equipment and systems that will be used in public health emergency response;

Through the Emergency Preparedness Bureau, the Department tests communication equipment on a routine schedule.

The EPB tests communications equipment as follows:

- SST Coalition 800 MHZ radios – monthly radio check*
- HD Internal 800 MHZ radios – monthly radio check (recently reinstated after break during COVID response)*
- Satellite Telephone Bridge – tested with SLCo EM monthly*

- the local health officer and at least one other employee shall complete FEMA ICS-100, ICS-200, ICS-300, ICS-400, IS-700, and IS-800 courses.

The LHO and Emergency Preparedness Bureau Manager completed all required course.

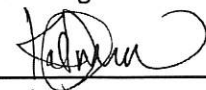
LHD Laboratory Services

- Each local health department shall ensure the availability of laboratory capacity to support public health programs by maintaining an on-site laboratory, through agreements with the Utah Public Health Laboratory, or by agreements or contracts with private laboratories to conduct needed tests in a timely manner.

SLCo HD has a contract with Richards Laboratories of Utah Inc for water sampling and Utah Public Health Laboratory for clinical tests.



Salt Lake County Health Department Director
Dr. Angela Dunn



Kalina Duncan
Salt Lake County Board of Health Chair