

**Weber-Morgan Board of Health
Minutes of Meeting
March 24, 2025**

The Weber-Morgan Board of Health held its regular meeting on March 24, 2025, in the Health Department Annex conference room at 455 23rd Street. The meeting was called to order at 4:00 pm. With Chair Angela Choberka presiding.

BOARD MEMBERS PRESENT:

Angela Choberka	Kevin Eastman
Ali Martinez	Sharon Bolos
Bonnie Wahlen	Tiffany Bears
Frank Brown	Vaughn Nickerson
Gina Butters	Cheryle Allen - Virtual
Neal Berube	Dr. Lee Schussman - Virtual

BOARD MEMBERS ABSENT:

Ken Johnson

STAFF MEMBERS PRESENT:

Brian Cowan	Amy Carter	Brian Petersen
Michela Harris	Autum Whitten	Skyler Pyle
Lekelsi Talbot	Cami Sullenger	
Lori Buttars	Heidi Niedfeldt	
Scott Braeden	Ryan Klinge	
Bryce Sherwood	Sherrie Waters	
Jarelyn Cox	Jeri Boren	

OTHERS PRESENT:

Lauren Thomas
Leonard Call

Welcome and Introductions- Angela Choberka

Angela Choberka calls the meeting to order at 4:02 p.m. and welcomes those in attendance.

New Employee Introduction

Information Only

Brian Cowan introduces new employee Brian Petersen who has a Master's Degree in Public Health and joined the Community Health division as a Health Educator.

Thank You's for Outgoing Board Members

Information Only

Brian Cowan expressed gratitude to the four outgoing board members whose terms have ended. He acknowledged their service and announced that each would receive a commemorative plaque. The members recognized were Jared Anderson, Leonard

Call, Dr. Andy Jensen, and Jacob Taylor. Brian appreciated the chance to thank Leonard Call personally, who was in attendance

Approval of Board of Health Minutes of January 27, 2025 Motion Passes

A **MOTION** is made by **Dr. Lee Schussman** and **SECONDED** by **Bonnie Wahlen** to approve the minutes as written. A roll call vote was taken and all were in favor. The **MOTION** passes unanimously.

Attestation

Motion Passes

Brian Cowan introduces the attestation in preparation for an audit that is conducted by the DHHS to demonstrate that the Weber-Morgan Health Department is meeting the minimum performance standards. Brian starts by explaining the details of the requirements for local health officers, including education, experience, and the role of the medical director. Brian Cowan outlines the minimum requirements for local boards of health and local health officers per State Statute 26A, requiring a least three members serving three-year terms. Including electing a Chair and a Vice Chair, meeting at least quarterly, adopting bylaws, and overseeing public health rules and enforcement. He discusses the health officer's responsibilities, including budget preparation, vital records management, and community health assessments. Brian Cowan describes the community health assessment and the tools used, such as My Sidewalk[®]. He explains the community risk assessment, which delves deeper into health-related issues in the area. The community health improvement plan (CHIP) is introduced, highlighting the steps taken to address identified health issues. Brian Cowan emphasizes the importance of community partnerships and stakeholder involvement in the health improvement plan. He details the staffing requirements for the health department, including registered nurses, certified health education specialists, and environmental health scientists. He explains the availability of health services and the importance of assessing service gaps and barriers. The health department's role is in providing public health services and evaluating their effectiveness. Brian Cowan highlights the importance of evidence-based services and the role of the vital records office, and the health department's reliance on contracted laboratory services for medical and environmental health testing. He explains the process of conducting public health emergency preparedness efforts and the certification of these plans. The health department's emergency preparedness planners and their role in maintaining current and effective plans. Brian Cowan emphasizes the importance of community partnerships in emergency preparedness and response. Brian Cowan outlines the health department's continuous improvement infrastructure, including stakeholder engagement and data collection. He discusses the use of surveys and community feedback to prioritize health improvement efforts. The health department's focus is on mental health, chronic disease prevention, and social determinants of health. Brian Cowan explains the role of the health department in grant funding and the development of community-based programs. A **MOTION** is made by **Ali Martinez** and **SECONDED** by **Sharon Bolos** for approval of the minimum performance attestation review. A roll call vote was taken and all were in favor. The **MOTION** passes unanimously.

Safe Kids 25th Anniversary

Information Only

Jann Fawcett expressed appreciation for the opportunity to present. She introduced the Safe Kids Coalition, highlighting its mission to prevent childhood injuries, the leading cause of preventable death and disability in children up to age 25. She shared that the coalition began in 1997 as a chapter of Safe Kids Utah, under the global Safe Kids Worldwide organization. In 2011, it became an independent coalition with its own branding and continued support from the Weber-Morgan Health Department, which serves as the lead agency. Jann emphasized the coalition's growth, now with 28+ partner organizations, and its strong collaborative efforts, including the annual Safe Kids Day. She expressed excitement about the coalition's continued impact and expansion. Jann introduces Jeri Boren. Jeri provided a detailed history and evolution of Safe Kids Day, which began in 2000 in a small parking lot and has since grown into a large-scale community event. By 2005, attendance reached around 1,000, and due to continued growth, the event moved locations multiple times, eventually settling at the Newgate Mall, where it now benefits from indoor space, ample parking, and a safe environment. Despite challenges during the COVID-19 pandemic, the coalition adapted by hosting virtual and hybrid events, ensuring sponsors and community members remained engaged. Attendance has since returned with 4,500–5,000+ people annually. Jeri shares that the Event promotion is wide-reaching, over 34,000 flyers are distributed to schools and organizations; social media, banners, and posters are also used. Although attendees ask for emails, surveys that are conducted show that flyers are still the most effective method of communication. Jeri explains the importance of sponsorship funds for the event, the various sponsorship levels, and the support of different aspects. Jeri emphasizes community connection, offering access to police, fire departments, and hands-on activities in a positive, trust-building setting. She states that the survey feedback from both participants and exhibitors has been overwhelmingly positive. Families appreciate the educational booths, and exhibitors value the opportunity to engage with the public. Safe Kids Day provides meaningful experiences for families, some of whom do not typically have access to events or activities like movie theaters or character visits. She states that the coalition works year-round to extend messaging beyond the event, through Safe Kids summer campaigns, school outreach, and addressing social determinants of health. A special recognition was given for the 25th anniversary of the event, celebrating a quarter-century of impact and everyone's involvement in every year's planning. Jeri states the coalition invites community participation, including volunteers, and promotes bilingual outreach materials both in English & Spanish.

Director's Report

Information Only

Brian Cowan updates the board on the upcoming Utah Association of Local Boards of Health Conference that is being held April 8–9 at Thanksgiving Point. He informs the board that registration may be closed, but last-minute accommodations can be made. Several board members are attending, and Brian will be presenting on onsite wastewater. Brian Cowan reminds the board of the National Association of Local Boards of Health (NALBOH) Conference, scheduled for October 6–8 in Savannah, Georgia. He notifies the board that the health department will cover board members' expenses. Dr. Johnson, Michela, Lauren, and Brian are already planning to attend.

Brian gives an update on the measles national situation: 378 confirmed cases in 18 U.S. states. No confirmed cases in Utah as of now, though investigations are ongoing. He states the public concern has led to a spike in questions about MMR (measles, mumps, rubella) vaccination, especially from adults. Brian explains the vaccination guidance. If fully vaccinated, you have had 2 doses of MMR/MMRV in your lifetime, and if you were born before 1957, likely exposed naturally. If born between 1963–1967, you may have received a less effective vaccine. A booster might be recommended, and if born after 1989, more likely had two doses and are fully vaccinated. He continues with vaccinations of children and the timeline of when they would receive a vaccination. First dose at 1 year, second dose between ages 4–6, and he states schools help with vaccine reminders. Brian states that there is a current vaccine uptake in Utah; he states 80%+ of children are vaccinated, short of the ideal 95% needed for strong community protection. Brian emphasized ongoing monitoring and community outreach, and the health department will continue to update the board on any changes. Frank Brown emphasized the importance of strong communication between the health department and the medical community, especially during public health incidents. He noted that from his perspective, there is often a lack of clear guidance from the health department on crucial details, like testing procedures, turnaround times, and next steps. He referenced past situations like monkey pox, where clearer communication and support from the health department were especially helpful. Frank urged the department to use these opportunities to review and improve their response processes, ensuring frontline providers know exactly what to do and feel supported. Brian notifies the board of measles vaccination rates and Amy Carter mentions she recalled that Utah's current measles vaccination rate is around 91%, with the goal being 95% for optimal community protection. Brian continues with the legislative session highlights. He mentions new state budget line item: of approx. \$88,000/year secured for local environmental health work through the Department of Environmental Quality and replaces the previous contract-based system, creating more stability. He also announces a \$10 million state match for federal emergency preparedness grants to support ongoing emergency planning programs statewide. Brian informs the board of the legislation affecting public health, HB 84 Vaccinated Food Classification. Food intentionally containing vaccines is now considered a drug and requires a prescription. Not currently applicable to humans, but addresses emerging research. HB134 – Food Cart may be moved with an electric bicycle. HB 160 – Environmental Health Scientist Licensing: Removes requirement for degrees from accredited colleges, though licensing exams still follow national standards. HB 282 – Vaccine Exemptions in Schools, exemptions now apply K–12 previously had to be renewed in 7th grade but now can be carried all the way through 12th grade. Vaccine exemption do not expire. HB 294 – Infectious Disease Procedure Amendments, limits the health department's power to issue public health emergency orders without local elected official approval. Individual orders (e.g., TB isolation) are still within the local health authority. SB 315 – Microenterprise Kitchen Amendments, home-based food businesses can now store food for 72 hours, if proper time & temperature controls are followed. Senate Resolution S.C.R. 4– recognizes loneliness & isolations public health priorities, and designates the last Saturday of April as Utah Community Health Day.

No Chair report.

Meeting adjourns 5:26 pm