Utah Leads Together

Utah’s plan for a health and economic recovery

Prepared by the Economic Response Task Force

This economic response aims to protect lives and livelihoods. It provides a dynamic plan for a dynamic situation. The data and measures that inform this plan will be monitored daily and the recommendations will be updated as required.

April 17, 2020

VERSION 2
Utah leaders are confident that as this pandemic ends, Utah will emerge even stronger. This plan provides confidence and clarity. It gives residents and businesses the guidance they need to remain vigilant while re-engaging and succeeding economically.

This *Utah Leads Together* economic response report conveys Utah’s coordinated, statewide plan to address the COVID-19 health and economic crisis. It features the decisions of the governor, Legislature, local government, public health experts, and business and community leaders. The plan provides clarity, direction, and confidence during an unprecedented time.

This version of the *Utah Leads Together* plan builds upon Version 1 by recommending actions for Utahns to take; reaffirming the urgent, stabilization, and recovery economic phases; and introducing promising new data tools that will help Utah transition from the urgent to the stabilization phase.
My fellow Utahns,

In the weeks since we released the first version of *Utah Leads Together*, we have gained a deeper understanding of the impact of COVID-19. We now know firsthand that this disease does not respect state boundaries or one’s station in life. We have lost those we hold dear, and too many of our friends and family members find themselves struggling economically.

Despite these challenges I remain optimistic. My optimism is not founded in wishful thinking, but rather studied observation. I am inspired by how Utahns have banded together. Indeed, our community response epitomizes our state’s symbol: The Beehive. We have been industrious and innovative for the sake of our community – not for the sake of self.

Our heroic health care workers stand on the frontlines of this battle, working tirelessly and around the clock. These professionals and those who support them deserve our gratitude, respect, and admiration. On behalf of the people of Utah, I express sincere thanks for your service.

I express appreciation for Utah businesses as they apply grit and determination to power through this difficult time. I have been impressed by your innovative problem solving and your efforts to support employees and community members in the face of economic peril.

Utah is known around the globe for our collaborative spirit. Utah must continue to lead through partnership and problem-solving. I thank our public and private partners, legislative leaders, local health departments, counties, and cities for your vital and continued service.

Finally, you see countless examples of Utahns helping Utahns and Utahns helping other states. You’ve reached out to vulnerable populations in our state. You’ve donated protective equipment to help our medical professionals. You’ve adopted new practices of social distancing that cut against our natural tendencies to come together physically. But despite our physical distancing, we are united as Utahns and as citizens of this great country.

I encourage Utahns to take this *Utah Leads Together* plan and make it your own. As we face these challenges, I am confident we will continue to draw upon and be strengthened by our goodness. Our distinctive desire to engage, to care for, to protect, and to lift one another sets us apart. As one Utah, I know we will adapt, innovate, and emerge even stronger.

– Governor Gary R. Herbert
The *Utah Leads Together* Plan begins with the premise that every Utahn plays a role in Utah's recovery. We lead together. This leadership requires Utahns to continue to take three major actions:

1. **Follow public health guidelines**
2. **Stay engaged with the economy**
3. **Assist those in need**

Under the leadership of Gov. Gary Herbert and the Utah Legislature, and with input from local government, the Utah Economic Response Task Force prepared this second version of Utah's health and economic recovery plan. It provides Utah businesses and residents with clarity and specifics about Utah's plan for a full health and economic recovery.

**Version 2 of the *Utah Leads Together* plan builds upon Version 1, released March 24, 2020, by introducing promising new data tools. These tools will help Utah transition from the urgent phase to the stabilization phase as we move towards full reactivation of the Utah economy. This reactivation can only occur if Utahns vigilantly follow public health guidance.**

**Phases of Reactivation**

The *Utah Leads Together* plan recognizes that markets correct, recessions end, and prosperity returns. We expect Utah's economic reactivation to continue to follow three phases: urgent, stabilization, and recovery.

**Urgent Phase Update**

Utah entered the urgent phase in mid-March, 2020 when it became apparent that the COVID-19 virus had begun to spread throughout the community without obvious points of origin. The state swiftly enacted urgent public health measures such as school closures, dine-in option closure, the Stay Home, Stay Safe directive, limitations on gatherings and line formations, travel limitations, limitations on elective procedures, and a moratorium on residential evictions for tenants impacted by COVID-19.

The strict social distancing measures and increased testing that Version 1 of the *Utah Leads Together* plan called for are working. We base these assessments on these indicators:

- **Hospital Capacity** – The rate of new hospitalization in Utah has dropped since the beginning of April. Intensive Care Unit bed utilization has stabilized at 16%. The maximum utilization rate in one area of 53% is expected to be on a downward trajectory.
- **Transmission Rate** – Utah’s transmission rate is down. In mid-March, unmitigated transmission rates exceeded 2.5. As of early April, Utah’s transmission rate has generally been below an estimated critical threshold of 1.0.

**COVID-19 Cases** - As of the first week of April, lab tests confirmed over 2,600 cases of COVID-19 in Utah. Each of Utah’s 13 health districts reported cases, with Salt Lake, Utah, and Davis counties accounting for about 85% of cases. The outbreak led to 238 hospitalizations and 21 deaths as of April 17.

The social distancing measures, while protecting public health, created significant economic disruption. Businesses shuttered, thousands of Utahns lost their jobs, and retirement savings evaporated.

COVID-19’s economic impacts also touched every part of the state. In the three weeks beginning March 16, over 81,000 Utahns (about 5.1% of the employed labor force) filed a claim for unemployment insurance. Nationally, about 9.6% of the employed labor force filed a claim.

Salt Lake, Utah, and Davis counties posted approximately 70% of Utah’s initial claims. Grand, Garfield, and Summit counties experienced the most considerable impacts relative to their employed populations. The leisure and hospitality sector endured the greatest impact, both in gross claims and relative to sector jobs.

Figures 1 and 2 include employment impact by county and industrial sector.
Figure 1: COVID-19 Economic Impact in Utah by County
COVID-19 initial claims as a percent of employed population

Note: COVID-19 initial claims are initial unemployment insurance claims between March 16, 2020 and April 5, 2020.
Sources: Utah Department of Workforce Services and U.S. Bureau of Labor Statistics

Figure 2: COVID-19 Economic Impact in Utah by Sector

<table>
<thead>
<tr>
<th>Sector</th>
<th>COVID-19 Initial Claims</th>
<th>Claims % of Feb. Jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural Resources and Mining</td>
<td>433</td>
<td>4.9%</td>
</tr>
<tr>
<td>Construction</td>
<td>3,102</td>
<td>2.9%</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>3,173</td>
<td>2.3%</td>
</tr>
<tr>
<td>Retail and Wholesale trade</td>
<td>9,948</td>
<td>4.4%</td>
</tr>
<tr>
<td>Transportation and Utilities</td>
<td>2,899</td>
<td>4.2%</td>
</tr>
<tr>
<td>Information</td>
<td>1,259</td>
<td>3.1%</td>
</tr>
<tr>
<td>Financial activities</td>
<td>2,041</td>
<td>2.3%</td>
</tr>
<tr>
<td>Professional and business services</td>
<td>10,978</td>
<td>5.0%</td>
</tr>
<tr>
<td>Education and healthcare</td>
<td>11,021</td>
<td>5.1%</td>
</tr>
<tr>
<td>Leisure and hospitality</td>
<td>18,366</td>
<td>11.2%</td>
</tr>
<tr>
<td>Other Services</td>
<td>4,033</td>
<td>9.3%</td>
</tr>
<tr>
<td>Government</td>
<td>760</td>
<td>0.3%</td>
</tr>
<tr>
<td>Out-of-state Employer</td>
<td>690</td>
<td>-</td>
</tr>
<tr>
<td>Unknown</td>
<td>12,541</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>81,244</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

Note: COVID-19 initial claims are initial unemployment insurance claims between March 16, 2020 and April 5, 2020.
Sources: Utah Department of Workforce Services and U.S. Bureau of Labor Statistics

Goal: Provide Utah businesses and residents a clear and specific plan for Utah’s health and economic recovery.
FEDERAL AND STATE UPDATE

Version 1 of the Utah Leads Together plan anticipated swift and significant federal economic assistance. The federal government acted with pace and power. Among other actions, Congress and the president passed the Coronavirus Aid, Relief and Economic Security Act (CARES Act). This unprecedented federal stimulus provides $2.2 trillion in assistance to America’s health care system, small businesses, individuals and families, and large institutions (such as the airline industry and national security critical companies). Among the most important components of the CARES Act are these:

- **Paycheck Protection Program** – Provides 100% federal-guaranteed loans to eligible businesses. According to the Governor’s Office of Management and Budget (GOMB), this program will benefit tens of thousands of Utah businesses (and their employees) by bringing more than $3.1 billion in cash assistance.

- **Direct Financial Help for Workers and Families** – Provide every American earning less than $75,000 a payment for $1,200 and $500 for each dependent. Americans earning more will receive a phased down amount. GOMB estimates Utah will receive a total of $2.5 - $2.8 billion in direct payments from the federal government from this program.

- **Support for Patients and Health Care Workers** – Ensures COVID-19 diagnostic tests are covered free of charge (regardless of insurance), expands telehealth for COVID-19 related services, and provides billions of dollars in additional funding for personal protective equipment (PPE) and medical supplies.

- **Federal Reserve Support** – Provides up to $2.3 trillion in loans to support economic recovery. These actions include supplying liquidity to financial institutions supporting the SBA’s Payroll Protection Program, purchasing loans through the Main Street Lending Program, expanding the size and scope of corporate credit facilities and asset-backed securities, and establishing a Municipal Liquidity Facility.

In addition to federal actions, Utah state government acted immediately to create the Utah Leads Together Small Business Loan Program. In the first tranche, 500 applicants received $6.1 million in loans, ranging from $5,000 to $20,000, with 0% interest for up to five years. The Governor’s Office of Economic Development has now opened round two of funding, where an additional $4.9 million of loans will be available for small businesses, including non-profits.

Utah leaders anticipate additional federal assistance will be forthcoming.

LOCAL GOVERNMENT INVOLVEMENT

Utah’s county and municipal governments provide critical services to Utahns and play an important role in every phase of Utah’s economic reactivation.

This Utah Leads Together plan contemplates that the governor, Utah Legislature, and local governments (including local health departments) will work closely with Utah businesses to reactivate the Utah economy. Each entity plays an important role in moving Utah from the urgent, to the stabilization, and to the recovery phase.

Utah counties, cities, and towns have identified five principles to guide their actions in partnership with the state:

**Principles:**
1. Follow and implement federal, state, and local health department health guidelines
2. Coordinate and cooperate across the various levels of government
3. Ensure a federally supported, state managed, and locally executed plan that reflects a “no one size fits all” approach
4. Engage and inform residents, non-profits and businesses of health recommendations and financial assistance
5. Adapt processes to minimize service disruption and continue local government functions

Local Governments Making a Difference

Utah cities and counties are known for their innovative spirit. Today, more than ever, we see examples across the state of that innovative spirit making a difference in the lives of Utahns.

- Online recreation classes
- Virtual libraries, online story times, and curbside library services
- Home meal delivery for seniors
- Drop-off locations for face covering donations
- Building inspections by video
- Suspending water shut-offs for past due accounts
- Hiring unemployed residents to assist with additional projects, such as building trails
- Business surveys and personal guidance to support businesses
The Economic Response Task Force recommends significant state action to support Utah businesses and employees. We cannot avoid the economic disruption caused by COVID-19, but we can choose to manage it wisely.

The Task Force offers the following ideas for state and local government consideration.

- **Protocols** – Provide specific public health protocols aligned to each color-coded health guidance scheme

- **Seal of Approval** – Set up a “seal of approval” system for businesses that are trained and comply with health protocols. This could include a certificate/sticker that businesses could prominently display for public review. This certification would serve as an incentive for businesses to take health protocols seriously and to instill public confidence in those businesses

- **Liability** – Address business liability issues related to COVID-19

- **Assist with Federal Programs** – Assist and emphasize access to business and household assistance from federal programs
  - Paycheck Protection Program
  - Unemployment Insurance for those laid off or furloughed
  - Fund performance-based contracts to help small businesses get federal help

- **Business Assistance** – Using CARES Act funding controlled by the state to provide short-term assistance to help businesses that fall through the cracks of federal programs (loans and/or grants)
  - Short-term rent assistance for businesses and people
  - Operating capital
  - Consider offsetting a portion of unemployment insurance rate increases for employers
  - Other

- **Personal Protective Equipment (PPE)** – Ensure businesses and their employees have access to PPE and other items “regular” businesses will need to comply with safety protocols, including potentially building a supply chain within Utah

- **Regulations** – Relax business regulations, like those for advertising for restaurants

- **Education** – Provide parents flexibility in work schedules and opportunities to telework

Figures 3 and 4 provide information for utilizing federal resources and a summary of small business loans available to Utahns.

### Five Principles for the Full Reactivation of the Utah Economy

1. **Vigilance**
   - Minimize economic harm and avoid a resurgence of the virus

2. **Data-informed judgment**
   - Track key economic and health indicators that will guide judgment calls about the reactivation of the Utah economy

3. **Respect for geographic differences**
   - Recognize economic regions, counties, and communities face different circumstances

4. **Care for the vulnerable**
   - Take extra precautions with the most vulnerable

5. **New protocols for safety**
   - Accelerate reactivation of the economy by making maximum use of available protections (masks, temperature testing, fumigations, health inspections, etc.)
**Figure 3: Five-Step Process for Utilizing Federal Resources**

Programs and agencies to mitigate risk, protect employees and provide support during COVID-19

Revised April 10, 2020

<table>
<thead>
<tr>
<th>What To Do / Things To Consider</th>
<th>Highlights</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong> DO YOUR RESEARCH</td>
<td>Learn more about the range of programs available.</td>
<td>The CARES Act is a $2 trillion aid program to provide emergency assistance and health care response for affected individuals, families and businesses.</td>
</tr>
<tr>
<td><strong>Step 2</strong> APPLY TO THE LOAN PROGRAMS</td>
<td>EIDL: Economic Injury Disaster Loan PPP: Paycheck Protection Program</td>
<td>EIDL - Provides small businesses with working capital loans of up to $2 million to overcome the temporary loss of revenue. PPP - Designed to help small businesses keep their workforce employed, focused on payroll and approved operating expenses.</td>
</tr>
<tr>
<td><strong>Step 3</strong> KNOW THE TAX AND LABOR RAMIFICATIONS</td>
<td>IRS deadline Families First Coronavirus Response Act (FFCRA)</td>
<td>Internal Revenue Service announced the new deadline for personal and business federal tax filings will be July 15, 2020. FFCRA requires small employers to provide Emergency Paid Sick Leave and Emergency Paid Family Leave, requires employer-sponsored group health plans to cover testing, and boosts state unemployment funds.</td>
</tr>
<tr>
<td><strong>Step 5</strong> KEEP TABS ON CHANGES</td>
<td>Visit the state’s website for the most comprehensive information on these and other programs.</td>
<td></td>
</tr>
</tbody>
</table>

Source: Economic Development Corporation of Utah
## Figure 4: Small Business Loans
Available Through the CARES Act and the Utah Governor’s Office of Economic Development (GOED)
Revised April 10, 2020

<table>
<thead>
<tr>
<th>EIDLs</th>
<th>PPP</th>
<th>Utah Leads Together</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic Injury Disaster Loans</td>
<td>Paycheck Protection Program</td>
<td>Small Business Bridge Loan</td>
</tr>
<tr>
<td>$10B Available (US)</td>
<td>$349B Available and Committed (US)</td>
<td>$11M Available (Utah)</td>
</tr>
</tbody>
</table>

### Overview
- EIDLs are administered and approved by the U.S. Small Business Administration (SBA).
- In the PPP, loans are backed by the SBA through local lenders.
- The Small Business Bridge Loan is available through GOED.

### Who Is Eligible
- **EIDLs**
  - Small businesses (<500 employees)
  - Sole-proprietors
  - Independent contractors
  - 501 (c) 6 organizations and more
- **PPP**
  - Small business and non-profits (<500 employees)
  - Sole-proprietors
  - Self-employed & freelance workers
- **Utah Leads Together**
  - < 50 employees (including non-profits)
  - Must be established before January 1, 2020
  - Must have employees on payroll for whom they’ve had payroll taxes withheld

### Amounts & Terms
- **EIDLs**
  - Maximum grant: $2M
  - Interest: 3.75% (2.75 for non-profits)
  - Duration: Up to 30 years
  - Deferment options available
- **PPP**
  - Maximum Grant: Lesser between 2.5x payroll or $10M
  - Interest: 1% fixed
  - Duration: 2 years
  - Defer for 6 months
- **Utah Leads Together**
  - Maximum Grant: $20,000
  - Interest: 0%
  - Duration: 60 months
  - Defer for 12 months
  - 25% of funding for rural UT

### FYI
- EIDLs offer a bridge loan program of $10,000 to cover immediate costs and is forgiven if certain criteria are met.
- No personal or collateral guarantee is required
- Forgiveness granted if 75% of funds are used on payroll operating expenses within 8 weeks of receiving
- Round two opened April 13 - 16.

### How To Apply
- EIDLs:
  - www.sba.gov/disaster
  - Available now
  - https://covid19relief.sba.gov/#/
- PPP:
  - Apply with an SBA-approved lending institution:
    - https://www.utah.bank/advocacy/resources/covid-19/ppp-banks
    - www.utahscreditunions.org
- Utah Leads Together:
  - https://utahgoed.secure.force.com/goed/PtlCase

### Who Can Help
- Small Business Development Centers (SBDCs) and Business Resource Centers (BRCs) statewide
- Small Business Development Centers (SBDCs) and Business Resource Centers (BRCs) statewide
- GOED staff - log a help request at https://coronavirus.utah.gov/business

Source: Economic Development Corporation of Utah

For more resources and one-on-one assistance from the Rapid Response Team, visit coronavirus.utah.gov/business
ECONOMIC REACTIVATION

Utah faces the likely reality of significant economic disruption until herd immunity occurs or a vaccine and treatment are discovered. These expected economic “stops and starts” will come in waves as the contagious path of the virus picks its course. Without intervention, these interruptions will do tremendous harm to Utah businesses, individuals, and families. For this reason, state leaders agree that the COVID-19 crisis is not a short-term problem, but rather a new risk Utah must learn to manage.

Managing the public health risk requires the state to identify, contain, and mitigate the spread of the virus, while simultaneously reactivating the economy step-by-step. Assessment, testing, proactive tracing, and field testing instruct this process. Guided by a carefully developed operational dashboard and a color-coded health guidance system, the state can focus public health measures on specific areas and individuals and avoid blunt, statewide economic disruptions like the state is experiencing right now.

The state will provide specific direction to Utah residents and businesses through a color-coded health guidance system. It can be used in each of the economic phases.

The guidance system includes four levels of activity: red, orange, yellow, and green. Each level is guided by a rigorous measurement system so policymakers can safely determine when a different color of health guidance applies. Utahns should think of the guidance system as a dial that can be turned up or down by area (region, county, city, or community) based on the health risk.

Red is the level of guidance Utah functions under right now. It’s STAY HOME, STAY SAFE, only essential travel, and specific restrictions, such as no gatherings, limitations on high-risk individuals, limited food service, and no personal care services.

Each level of guidance after red becomes progressively less restrictive and more economically engaged. Every level protects public health.

This color-coded guidance can be applied during the economic phases to protect health, bolster confidence, and provide more economic certainty. It is possible for one area of the state to be under the orange guidance and another under the yellow, all while being in the stabilization or recovery phases. Figure 5 provides an explanation of the relationship between the economic phases and color-coded health guidance.

The color-coded guidance system was put together under the leadership of GOMB, the Utah Department of Health, with assistance from the nationally prominent health advisory firm Leavitt Partners, to provide specific direction to Utah residents and businesses.

Each level requires Utahns to adhere to these rules of conduct:

1. **Common Sense and Personal Responsibility** – Public health guidance cannot anticipate every unique situation. Residents and businesses must take personal responsibility to be informed and take actions based on common sense and wise judgment that will protect health and support economic reactivation.

2. **Protective Hygiene and Cleaning** – Utahns must practice protective hygiene and cleaning regimens to minimize the risk of the virus. These include but are not limited to the following:

   a. Wash hands with soap and water for at least 20 seconds as frequently as feasible
   b. Use hand sanitizer after interactions with people or objects
   c. Cover coughs or sneezes into the sleeve or elbow, not hands
   d. Clean high-touch surfaces (buttons, door handles, counters, etc.) regularly
   e. Avoid touching your face
   f. Refrain from hand shaking

3. **Follow Guidance** – Public health and economic opportunity are intrinsically linked. Utahs must strictly follow the health guidance of each color or risk backtracking and causing greater economic harm.

4. **High-risk Populations** – High-risk populations and those around them must follow a specific set of instructions issued by the Utah Department of Health.

With these rules of conduct in place, Figure 6 provides the general characteristics of each color of guidance as recommended by the Economic Response Task Force. Refinements to this guidance will be made by the governor with input from a legislatively supported commission.
The *Utah Leads Together* plan includes three economic phases (urgent, stabilization, and recovery) with an overlay of four colors of public health guidance (red, orange, yellow, and green). The economic phases are statewide, include an anticipated timeline, and convey the expected path to full economic reactivation. The public health guidance is regional and not bounded by time.

The color-coded health guidance system is designated by the governor with input from a statutory board of health and economic experts staffed by GOMB who have access to a detailed dashboard of monitoring, testing, and hospital utilization data. These data include health, social, and economic measures. The guidance can be applied anytime and anywhere to address virus flareups or hotspots.

This versatile system will help Utah manage the health and economic risk over the next 24 months or until a medical solution is discovered. It is possible and even likely that multiple guidance colors will be designated by region, county, city, or community at the same time. It is also possible that areas within the state will move from orange to yellow to green and back again based on the characteristics of the virus and our actions.

The phases, timeline, and maps below show the relationship between economic phases and hypothetical examples of how the public health guidance colors could be applied.

### Economic Phases

<table>
<thead>
<tr>
<th>URGENT</th>
<th>STABILIZATION</th>
<th>BEGIn RECOVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 16 2020</td>
<td>Estimated late April or early May</td>
<td>Estimated fall 2020</td>
</tr>
</tbody>
</table>

### Expected Timeline

- March 16, 2020
- Estimated late April or early May
- Estimated fall 2022

### Hypothetical examples of how public health guidelines could be applied

- **State Example**
- **Regional Example**
- **County Example**
- **Community Example**

- **Red** means high risk and is the level of guidance Utah is in right now.
- **Orange** means moderate risk for everyone, but high-risk individuals.
- **Yellow** means low risk for everyone, but high-risk individuals.
- **Green** means a new normal risk for everyone, but high-risk individuals.

In every color of guidance, high-risk individuals operate under specific instructions issued by the Utah Department of Health.
### Figure 6: Industry Summary of Color-Coded Health Guidance

Initial recommendations of Economic Response Task Force

<table>
<thead>
<tr>
<th>Select Industry</th>
<th>High Risk</th>
<th>Moderate Risk</th>
<th>Low Risk</th>
<th>New Normal Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Employer Guidelines</strong></td>
<td>Employers exercise extreme caution, with employees working remotely, evaluating workforce concerns, and enacting strategies to minimize economic impact. Businesses that necessitate on-site work should monitor workforce for symptoms and well-being.</td>
<td>Employers exercise extreme caution, with employees working remotely, evaluating workforce concerns, and enacting strategies to minimize economic impact. Businesses that necessitate on-site work should monitor workforce for symptoms and well-being.</td>
<td>Employers encourage flexible working arrangements (rotating shifts, remote, etc.). Comply with distancing guidelines. Increased cleaning regimen of high-touch areas. Monitor employees for symptoms and well-being.</td>
<td>All businesses are open and operating under stricter hygiene and cleaning regimen. Monitoring health of workforce and customers.</td>
</tr>
<tr>
<td><strong>Retail (Including grocery stores &amp; pharmacies)</strong></td>
<td>Essential retail (e.g. grocery) create safe environment for customers &amp; staff w/ frequent reminders on distancing and hygiene. Monitor patrons and employees for symptoms. Employees wear face coverings.</td>
<td>Create safe environment for customers &amp; staff w/ frequent reminders on distancing and hygiene. Monitor employees for symptoms. Employees wear face coverings.</td>
<td>Exercise discernment, establishing principles for safe environment &amp; public trust. Monitor employees for symptoms and encourage face coverings.</td>
<td>Operate under heightened hygiene &amp; cleaning standards. Monitor employees for symptoms.</td>
</tr>
<tr>
<td><strong>Hotel, Tourism, &amp; Accommodations</strong></td>
<td>Limited operations. Take extreme precaution for staff &amp; guests.</td>
<td>Take precautions with shared spaces, w/ increased cleaning regimen. Self-serve buffets closed. Employees wear face coverings.</td>
<td>Businesses take precautions with shared spaces. Increased cleaning regimen.</td>
<td>Industry open w/ precautions for staff &amp; guests.</td>
</tr>
<tr>
<td><strong>Events &amp; Entertainment</strong></td>
<td>In-person operation of this industry is allowable under strict social-distancing restrictions, increased cleaning regimen and group size must allow for all distancing guidelines to be followed within each event venue.</td>
<td>In-person operation of this industry is allowable with strict social-distancing requirements and increased cleaning regimen. Operational protocols in place to ensure safe distancing restrictions are met.</td>
<td>In-person operation of this industry is allowable with strict social-distancing requirements and increased cleaning regimen. Operational protocols in place to ensure safe distancing restrictions are met.</td>
<td>Large groups allowed. Mass gatherings follow proper safety procedures &amp; precautions for monitoring symptoms.</td>
</tr>
<tr>
<td><strong>Gyms</strong></td>
<td>Fitness centers &amp; gyms are closed.</td>
<td>Fitness centers &amp; gyms are recommended to be closed. If open, fitness &amp; gyms should follow space &amp; cleaning guidance.</td>
<td>Fitness centers &amp; gyms open with specific space and cleaning supply guidance.</td>
<td>Gyms open with some cleaning supply guidance.</td>
</tr>
</tbody>
</table>

Source: Utah Governor’s Office of Management Budget and Utah Department of Health
For detailed industry-specific guidelines, visit coronavirus.utah.gov.
As we continue efforts to understand the characteristics of the coronavirus and move through a phased approach to reactivate the economy, special emphasis must be placed on behaviors that help protect high-risk individuals. This will enable the public health strategy to transition from guidelines that affect entire populations to targeted interventions that protect high-risk individuals.

A robust plan is being developed for at-risk populations that fall within the following categories:

- Individuals who are currently receiving government services
- Individuals who have high-risk health conditions but want to return to work
- Individuals who are served in long-term care facilities such as assisted living centers, nursing homes, etc.
- Individuals who work with at-risk populations
- Individuals who are at risk (due to age or other factors) and are home bound or who choose to stay home, stay safe

“High-risk individuals” include those over 65, those living at senior living facilities, and those of all ages with underlying medical conditions, including chronic lung disease, asthma, heart conditions, severe obesity, chronic kidney disease, liver disease, or otherwise immunocompromised (undergoing cancer treatment, smoker, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune-weakening medications).

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### Specific Instructions for High-Risk Populations

**How we can protect high-risk individuals:**

- Wearing face coverings/masks when within a 6-foot distance of others
- Asymptomatic individuals follow proper hygiene standards and physical distancing guidelines, especially around high-risk individuals
- Limited visitation to hospitals, nursing homes, or other residential care facilities
- Retail settings create an established window of time for high-risk groups to come in without pressure from crowds
- Pharmacies waive prescription delivery fees for high-risk individuals
- Workplaces minimize face-to-face contact, assign tasks that allow high-risk individuals to maintain a 6-foot distance from other workers or customers, or allow them to telework

**How high-risk individuals can protect themselves:**

- Limit travel; if telework is not possible, limit travel to work-related travel only
- Limit visiting friends or family without urgent need
- Limit attending gatherings of any number of people outside your household or residence, especially with other high-risk individuals
- Do not visit hospitals, nursing homes, or other residential care facilities
- Those who are, or work with, vulnerable populations should undergo daily screening/symptom monitoring and should be tested if they develop symptoms. High-risk populations should take extra precaution to avoid close contact with multiple people, including having the same caretakers whenever possible
- Households with vulnerable individuals should consider providing more intensive precautions and should conduct themselves as if they are a significant risk to the vulnerable individual, including wearing a face covering or mask and washing hands frequently before interacting with the person, such as by feeding or caring for the person. If possible, provide a protected space for vulnerable household members, and ensure all utensils and surfaces are cleaned regularly

By taking extra precautions, we can protect even the most vulnerable around us, and stay healthy together.

Source: Utah Department of Health
MEASURES AND TOOLS

MEASURES

In order to begin the safe transition back to our day-to-day quality of life and vibrant economy, Utah’s decision makers must address a series of key questions. These questions cannot be answered without the right measures and tools. With that in mind, the state has developed an intelligence portal that serves as a central data repository for:

- Survey data
- Local health department information
- Data collected through a mobile app
- DOMO’s dashboarding tools
- Data collected from large-scale, representative testing and tracing efforts

With this information in place, decision makers can be much more targeted and precise about where to deploy resources in order to ensure the state’s efforts have a bigger-and-bigger impact on successful outcomes.

Critical Questions

The critical questions to be addressed based on intelligence portal data include:

COVID-19

- Can Utah progress to less restrictive social distancing guidelines and reactivate more sectors of the economy?
- At what rate is the virus spreading? Has it stabilized?
- Do we need to deploy testing in a different location?
- Do protocols need to be strengthened or monitored to address any spikes in the virus’ growth?
- Can restrictions be relaxed if the growth rate can be managed within the capacity of the health care system?
- Will health care providers run out of capacity? When? Where?
- Are enough positive cases being detected to contain the spread?
- Are vulnerable populations properly protected and cared for?
- What is the prevalence of immune individuals in Utah and within different communities?
- Is more testing or the ability to better utilize existing testing capacity necessary?
- Are those individuals who have the virus but are not yet known to the system being identified?
- Has the spread of the virus been controlled or are additional transmission networks emerging?

- Is sufficient equipment available so people can go back to work and health care providers can provide needed services and tests?

SOCIAL AND ECONOMIC

- How is employment trending? What specific industries are in need of support?
- How are Utah’s social markers (mental and preventative health) tracking?

Intelligence Portal and Measures

The intelligence portal helps to answer these key questions by tracking six operational measures:

- Growth-rate proxy
- Hospital utilization
- Monitoring and detection
- Exposure source
- Economic performance
- Social indicators

Signal and Noise

While vast amounts of data are available, this plan recognizes the difference between background noise and the signal(s) for moving forward.

Too much data can distract decision makers from key data points that help to provide the focus and discipline needed to make the right decisions that yield the most benefit. If there is cause for concern around a specific key measure, decision makers will have the ability to dive deeper into the data as needed.

Privacy Protection

All user data collected will be treated as the property of the user. Personally identifiable information (PII) will be automatically deleted after 30 days and, furthermore, the user has full rights to opt-in or opt-out from participating in this data sharing system at any time. All data, inclusive of the de-identified data, will only be used for COVID-19 response efforts and research purposes. However, if a user releases information from the app or survey as part of a formal tracing investigation, this data will remain as public health records and will not be deleted.
Utah's efforts to contain the spread of COVID-19 are showing promising early results. The key public health measure outlined in Utah Leads Together is a proxy for the growth rate. This is measured by the trend of active cases—represented by new hospitalizations—over one reproductive cycle of the virus. The target proxy for the growth rate is to first observe a decreasing trend for one week (to reduce the current risk level from high to moderate), and ultimately to observe a decreasing trend for five weeks to reach a normal risk level. **Current data shows the growth rate has been decreasing for eight days.**

Utah is effectively flattening the curve to protect vulnerable populations and support frontline health care workers who provide care. This measure provides insight into how much available capacity exists in our health care systems for COVID-19 patients, and when it is at risk for exceeding the capacity threshold. Targeted utilization, and the next seven day projection, is not to exceed 90% of ICU bed utilization (leaving 10% capacity available). **Currently Utah has an average of 16% ICU utilization overall with the highest ICU utilization across all local health departments at 53%.**

Utah is among the highest states in testing capacity per capita. In total, more than 56,000 Utahns have been tested and a major tracing effort to augment this success has been implemented. Effective tracing methods help reduce transmission rates as positive cases are identified and those individuals who have met a positive case are contacted and quarantined. In order to ensure these efforts are staying ahead of the spread of the virus, a minimum number of positive cases must be identified per day — currently, the 7-day average for positive cases detected was 112 compared to a target range of 200 to 300. Additionally, in order to reach the target positive cases, a certain number of tests must be run based on the average rate of one positive per 20 tests. **Currently, the 7-day average of tests reported was 1,728 compared to a target range of 4,000 to 6,000.**

The exposure source further informs how and where the virus was contracted. With this information, targeted and surgical approaches can be used to identify and stop emerging transmission networks from forming, and indicate if stability has occurred as new transmission sources do not emerge over time. The target is to keep case exposure below 15% from sources like travel, healthcare facilities and community transmission for 7 to 14 days. **Currently, we are at 33%.**

Utah tracks weekly changes in unemployment claims and monthly changes in job growth and unemployment by industry. This data will be tracked by county throughout the state of Utah, and other measures will be considered as additional data becomes available. **Currently, jobs losses continue to mount.**

Utah will also closely monitor how citizens are impacted by tracking broader health indicators, such as incidence of suicide, domestic violence and mental health service requests. **Some social indicators show reason for concern.**

No single measure can be viewed within a vacuum. For example, if new admissions to hospitals in an area did not exceed thresholds and overall hospital utilization was low, a spike in active cases could possibly mean that the outbreak occurred within a demographic that had moderate symptoms and would recover like any flu patient would recover. In this scenario, changes to protocols may not be necessary. However, if an outbreak occurred within a population that was at risk of needing hospitalization, then decision makers would need to consider how to contain the outbreak quickly before it spread and overwhelmed the hospital system and caused avoidable deaths.
Utah’s success in combating the COVID-19 crisis comes not just from a strong health and economic response, but from an intensely focused and strategic operational response. This response is headquartered at GOMB where a professional staff manages the quantity, quality, and flow of assessments, testing, and tracing programs.

**Iceberg Metaphor**

GOMB has built several operational tools to help protect public health, while accelerating Utah’s economic reactivation. These operational tools can best be understood by considering the iceberg metaphor.

Icebergs can be viewed from two vantage points: above the water line and below the water line. The portion above the water line is visible and explicit. In the case of COVID-19 tools, it applies to those who present with symptoms. It also includes Utah’s extensive contact tracing, people who participate in TestUtah.com, and people who use the mobile app. All of these functions are critical to protecting public health and reactivating the Utah economy.

The tools “above the water line” are essential, but not sufficient. Testing above the water line excludes those whose symptoms are too mild, who may be asymptomatic (but contagious), who choose not to seek care, and who face barriers to seeking care. To view “below the water line,” the state needs a statewide, representative testing program so state leaders understand infection prevalence among all Utahns. This information can then inform targeted public health interventions that allow the Utah economy to stay in business.

The University of Utah has developed a methodology and operational plan to conduct large-scale, representative testing of all Utahns. The testing will be integrated with testing done through the TestUtah.com infrastructure, the mobile app, and the state data warehouse in order to reinforce the state’s reporting, tracking and tracing program. In this way, Utah will see the visible and hidden parts of the iceberg and be able to support the color-coded health guidance system.

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**The COVID-19 Iceberg**

**CHALLENGE**

- Infected that we know about
- Infected that we don’t know about

*Current estimates project that for every one diagnosed case, there are four infected people who go undiagnosed*

**SOLUTION**

- Testing and Tracing
  - TestUtah.com
  - Mobile App

*UTAH LEADS TOGETHER TESTING SYSTEM*

- Statewide
- Representative
- Guides targeted public health response by geographic area
Summary of Tools
The following tools support the Utah Leads Together plan:

- **Utah Leads Together Operational Dashboard** – The operational dashboard collects data from multiple sources to provide the most relevant measures and targets to guide decision makers in protecting both public health and the economy. Elements of this tool, called Utah Leads Together Dashboard, are viewable by the public at coronavirus.utah.gov.

- **TestUtah.com Citizen Assessment** – A health assessment survey is available on a voluntary basis for Utahns at TestUtah.com. Utahns are invited to use this survey tool to easily assess their symptoms and schedule testing (if needed) at a mobile testing location. The survey helps public health officials by providing data on virus prevalence as well as increasing the number of individuals who are tested.

- **Mobile Application** – Mobile applications are still under development that could work on the collaboration announced by Apple and Google to provide individuals with information about high-risk areas and provide public health officials with real-time community-transmission data, enhancing current efforts.

- **Testing and Proactive Tracing** – With the objective of detecting the undetected, the scale of both testing capacity and testing throughput are increasing to identify positive cases. As the number of positive cases increase, proactive tracing efforts will focus on finding the maximum number of individuals who have come in contact with a positive case and directing these individuals to quarantine or to receive appropriate medical care.

- **Large-scale, Representative Testing** – This random field testing will occur in two phases. Phase I will provide baseline information about disease prevalence. The University of Utah will test approximately 12,500 people at 25 locations around the state. Utahns will be tested for both the virus and virus antibodies (PCR/nose swab and IgG/serology). State leaders will learn the rate of disease prevalence, range of symptoms and outcomes, and disease rates among underrepresented groups.

  Phase II will provide ongoing information so the COVID-19 risk can be managed over time. Phase II includes 5,000 samples per month and will identify hot spots for the virus. The state can then move quickly to isolate infected people, trace and test contacts, and make targeted interventions.

The effort to fight COVID-19 in Utah is a massive undertaking that requires unique partnerships. A key element to the Utah Leads Together plan includes a robust ability for public health officials to test for positive cases of COVID-19. This testing capacity allows for more precise public health interventions that will help reactivate the Utah economy.

Utah has risen to among the top-states per capita in testing due to these significant and innovative public-private partnerships. As of early April, a total of 38,201 COVID-19 tests have been performed by various collection and testing labs throughout the state. This effort includes a near doubling of the state’s daily testing capacity with an eventual goal of handling 7,000 tests per day.

A few notable elements to this successful effort include:

- **#CrushTheCurve**: Supported by Utah’s tech industry, 70,000+ Utahns have completed a health assessment on www.testutah.com to screen for symptoms and encourage testing.

- **Expanding Testing Footprint**: 43 mobile testing sites by Intermountain Healthcare and University of Utah Health.

- **Remarkable Laboratory Efforts**: The Utah Public Health Lab, ARUP, Intermountain and Co-Diagnostics, among other laboratories, have powered this robust testing expansion.

Utah will continue to build on these partnerships to explore additional testing that will support the Utah Leads Together plan and Utah’s full economic recovery.
**Data Appendix A**

**Decision Matrix**

**Questions in this Decision Matrix**

- State: Unified Command
  - Make the right decisions
- State: Urgent Phase Task Force
  - Increase the number of individuals tested/positive tests
  - Increase tracing effectiveness
  - Ensure adherence to the protocol
  - Protect ICU bed capacity
  - Reduce infection risk from out-of-state entrants & inter-state travelers
  - Protect those that are most at-risk
- Healthcare Providers: Testing
  - How many tests are needed? What is the available supply of testing material?
- Healthcare Providers: Treatment
  - How many beds & other resources are currently utilized and needed?
- Most Vulnerable Populations
  - How many vulnerable people exist? How are they being protected?
- Citizens
  - Am I at risk? Should I get tested? Where should I get tested?

**Answers and Decision Points**

- **What is our focus?**
  - How many/much?
  - Who do we need to target?
  - Where do we focus efforts?
  - When do we implement?

- Why are we doing this?
  - **THE PROBLEM:** In a crisis environment, it’s difficult to obtain the right information at the right time to make the right decisions in a coordinated and synchronized manner. This lack of information causes uncertainty and confusion for groups at all levels—decision makers, responders, citizens, healthcare institutions, and businesses alike.

- **THE SOLUTION:** To make the right decisions, we need precise, focused efforts to deploy the necessary expertise and resources exactly where and when they are needed. To provide such clarity, a dashboard and this decision matrix have been developed to guide the decisions and actions that must be taken throughout Utah to ensure public health, healthcare capacity, and economic stability is protected.

- Provide the right information at the right time, two-way information flow
  - (Operational Dashboard & Data, Learning Model, Survey, Mobile App, Randomized Testing, Tracing)

- When should additional testing be deployed? What is the trigger?
- When do we need to utilize state surge capacity? What is the trigger?
- When do we need to further enforce the protocol? What is the trigger?
- When do we need to utilize surge or crisis standards of care capacity? What is the trigger?
## Decision Matrix
### System and Process Measures

| State: Unified Command | **THE CORE 4 MEASURES - Making the right decisions**<br>Data Tool: Governor's Summary on the Operational Dashboard<br>1. Proxy of the Transmission Rate: The number of COVID-19 cases generated by a single patient. This is approximated by the change in new daily hospitalizations over the reproductive cycle of the virus. 2. Hospital Utilization: The % of hospital beds utilized by COVID-19. 3. Monitoring & Detection: The number of positive cases to be identified per day. 4. Exposure Source: Identify how and where individuals are infected. | **Who do we need to target?**<br>Data Tool: Operational Dashboard | **Where do we focus efforts?**<br>Data Tool: Operational Dashboard | **When do we implement?**<br>Trigger Point: Any trigger point below | **What is our focus?**<br>Data Tool: Operational Dashboard | **How many/much?**<br>Data Tool: Operational Dashboard | **When do we implement?**<br>Trigger Point: Any trigger point below |
|---|---|---|---|---|
| State: Urgent Phase Task Force | Objective: Provide the right information at the right time, two-way information flow<br>(Operational Dashboard & Data, Learning Model, Survey, Mobile App, Large-Scale Field Testing, Tracing)<br>Data Tool: Operational Dashboard | **Who do we need to target?**<br>Data Tool: Operational Dashboard | **Where do we focus efforts?**<br>Data Tool: Operational Dashboard | **When do we implement?**<br>Trigger Point: Key process measures turn red with enough lead time to respond | **What is our focus?**<br>Data Tool: Operational Dashboard | **How many/much?**<br>Data Tool: Operational Dashboard | **When do we implement?**<br>Trigger Point: Key process measures turn red with enough lead time to respond |
| Healthcare Providers: Testing | Objective: Increase the number of individuals tested/positive tests<br>Key Process Measure: Number of positive cases per day. Utilize at least 90% of testing capacity<br>Process Measures: 15% positivity overall, 10% positivity for targeted testing (ex: hot spots informed by large-scale field testing), testing process cycle time < 24 hours (by testing facility), number of healthcare workers getting tested<br>Data Tool: Operational Dashboard | **Who do we need to target?**<br>Data Tool: Operational Dashboard | **Where do we focus efforts?**<br>Data Tool: Operational Dashboard | **When do we implement?**<br>Trigger Point: Key process measures turn red with enough lead time to respond | **What is our focus?**<br>Data Tool: Operational Dashboard | **How many/much?**<br>Data Tool: Operational Dashboard | **When do we implement?**<br>Trigger Point: Key process measures turn red with enough lead time to respond |
| State/Local Health Dept/State Call Center: Tracing | Objective: Increase number of individuals identified from tracing efforts (Detect the Undetected)<br>Key Process Measure: 30% of positive cases identified by contact tracing<br>Process Measures: LHD contact cycle time, case closure cycle time, contacts identified per positive case, cases in WIP (under investigation), rate of contacts that become positive cases (identifies super spreaders), time to deploy state surge resources<br>Data Tool: Operational Dashboard | **Who do we need to target?**<br>Data Tool: Operational Dashboard | **Where do we focus efforts?**<br>Data Tool: Operational Dashboard | **When do we implement?**<br>Trigger Point: Key process measures turn red with enough lead time to respond | **What is our focus?**<br>Data Tool: Operational Dashboard | **How many/much?**<br>Data Tool: Operational Dashboard | **When do we implement?**<br>Trigger Point: Key process measures turn red with enough lead time to respond |
| State/Local Health Dept/State Call Center: Quarantine & Isolation | Objective: Ensure adherence to the protocol<br>Key Process Measure: 95% compliance rate to the protocol<br>Process Measure: Communication of protocol by staff, quality of protocol communication<br>Data Tool: Operational Dashboard | **Who do we need to target?**<br>Data Tool: Operational Dashboard | **Where do we focus efforts?**<br>Data Tool: Operational Dashboard | **When do we implement?**<br>Trigger Point: Key process measures turn red with enough lead time to respond | **What is our focus?**<br>Data Tool: Operational Dashboard | **How many/much?**<br>Data Tool: Operational Dashboard | **When do we implement?**<br>Trigger Point: Key process measures turn red with enough lead time to respond |
| Healthcare Providers: Treatment | Objective: Protect ICU bed capacity<br>Target: Bed Utilization remains below the 85% threshold<br>Data Tool: Operational Dashboard | **Who do we need to target?**<br>Data Tool: Operational Dashboard | **Where do we focus efforts?**<br>Data Tool: Operational Dashboard | **When do we implement?**<br>Trigger Point: Bed utilization is projected to be the threshold | **What is our focus?**<br>Data Tool: Operational Dashboard | **How many/much?**<br>Data Tool: Operational Dashboard | **When do we implement?**<br>Trigger Point: Bed utilization is projected to be the threshold |
| State: Travel | Objective: Reduce infection risk from out-of-state entrants & inter-state travelers<br>Target: Transmission from traveler point of contact threshold; 15 infected entrants per day<br>Data Tool: Operational Dashboard | **Who do we need to target?**<br>Data Tool: Operational Dashboard | **Where do we focus efforts?**<br>Data Tool: Operational Dashboard | **When do we implement?**<br>15 or more infected entrants per day. | **What is our focus?**<br>Data Tool: Operational Dashboard | **How many/much?**<br>Data Tool: Operational Dashboard | **When do we implement?**<br>Trigger Point: 15 or more infected entrants per day. |
| Most Vulnerable Populations | Objective: Protect those that are most at-risk<br>Target: Exposure from healthcare remains below 5%<br>Data Tool: Operational Dashboard | **Who do we need to target?**<br>Data Tool: Operational Dashboard | **Where do we focus efforts?**<br>Data Tool: Operational Dashboard | **When do we implement?**<br>Trigger Point: Healthcare exposure reaches 5% or higher | **What is our focus?**<br>Data Tool: Operational Dashboard | **How many/much?**<br>Data Tool: Operational Dashboard | **When do we implement?**<br>Trigger Point: Healthcare exposure reaches 5% or higher |
| Citizens | Objective: Citizens have the right information at the right time to make the right decisions<br>Process Measures: Adoption rate of the mobile app (2-0.5 million), retention rate, daily & monthly active users (DAU & MAU), milestone rollout (% of participants that take the next recommended action), social distancing adherence<br>Data Tool: Operational Dashboard | **Who do we need to target?**<br>Data Tool: Operational Dashboard | **Where do we focus efforts?**<br>Data Tool: Operational Dashboard | **When do we implement?**<br>Trigger Point: Low adoption and low adherence. Retention rate of app is low | **What is our focus?**<br>Data Tool: Operational Dashboard | **How many/much?**<br>Data Tool: Operational Dashboard | **When do we implement?**<br>Trigger Point: Low adoption and low adherence. Retention rate of app is low |
| Businesses | Placeholder. Measures, Data Tool & Data Source are currently being defined | **Who do we need to target?**<br>Data Tool: Operational Dashboard | **Where do we focus efforts?**<br>Data Tool: Operational Dashboard | **When do we implement?**<br>Trigger Point: TBD | **What is our focus?**<br>Data Tool: Operational Dashboard | **How many/much?**<br>Data Tool: Operational Dashboard | **When do we implement?**<br>Trigger Point: TBD |
**Data Appendix B**

**Operational Dashboard**

**Proxy for the Growth Rate**

**See the Spread**

At what rate is the virus spreading? Has it stabilized? Should protocols be strengthened or relaxed to address spikes or stabilization in the virus’s growth?

**Target:** Proxy for the Growth Rate shows a decreasing trend over a one week period (to enter moderate risk level).  
**Status:** RED (currently at a 6 days decreasing trend).

**NOTE:** The growth rate is approximated by the trend of representative active cases (based on hospitalizations) over one reproductive cycle of the virus.

The values can be interpreted in the following way:

- An increasing trend indicates that the virus is still growing.
- A decreasing trend indicates that the virus is decreasing.

Hospitalization cases will retroactively update to their first positive test date as current cases are confirmed in the hospital. Therefore, the most recent days, while shown, may not represent the full count due to potential delay in recortning.

**Hospital Utilization**

**Protect for Care & Recovery**

Will healthcare providers run out of capacity? When? Where? Can restrictions be relaxed if the growth rate can be managed within the capacity of the healthcare system?

**Target:** Bed Utilization (and projection) remain below the 85% threshold  
**Status:** GREEN

**Trigger Point:** If the bed utilization projection will hit the threshold, then ask:

- How quickly do we need to respond?  
- Is the proper surge capacity in place?  
- Are the current measures in place working?  
- Do we have control over the spread?  
- Are we containing the spread?

**NOTE:** Targets will be updated to account for the response time needed to implement mitigation measures, like adding surge capacity.

**Monitoring & Detection**

**Detect the Undetected**

Are we detecting enough positive cases to contain the spread? Where do we need to detect more positive cases?

**Target:** Positive cases identified per day TBD  
**Status:** RED

**Trigger Point:** If positive cases are less than the target, then evaluate testing capacity...

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Source: Governors Office of Management and Budget.
Data Appendix B (continued)

Are we utilizing testing capacity enough to find the targeted positive cases?

Target: Meet capacity and scale capacity to 7,000 tests per day.
Status: RED

Trigger Points:
- If test results reported are significantly less than testing capacity...
- Should we encourage more people to get tested by changing the testing criteria?
- Should we test the at-risk populations further? (healthcare workers, long-term care facilities, other frontline workers)
- Should we deploy more testing in potential hot spots?

NOTE: The positive test target value will update based on changes in hospitalization rate.

Exposure Source
Know Where to Go

Do we have control over the spread or are additional transmission networks emerging? Are we finding individuals who have the virus but are not yet known to the system?

Target: Maintain Known Contact > 85% for Most Recent 7-Day Range
Status: YELLOW

Trigger Points:
- If healthcare is increasing...
- Are our protective measures working?
- If travel is increasing...
- Are more travel restrictions needed?
- Are more screening measures needed at entry points?
- If known contact is decreasing...
- Are more social distancing measures needed?
- If community is increasing...
- Are more social distancing measures needed?
- Is contact tracing an effective containment measure?

Otherwise, if known contact is decreasing and stabilized beyond the target, what restrictions & measures can be lifted and closely monitored?

NOTE: Currently collecting high-level exposure source information, but will start to gather more granular information over time.

Economic Indicators
PLACEHOLDER

[CURRENTLY BEING DEVELOPED]

Social Indicators
PLACEHOLDER

[CURRENTLY BEING DEVELOPED]

For more information and details on the measures above, refer to the Governor’s Summary Dashboard—Full Description document.
Fiscal and Economic Measures

Between 2009 and 2020, Utah and the nation experienced the longest, sustained economic expansion in history. Utah created over 400,000 jobs, and unemployment dropped to a historic low. Utah used this time to build up significant reserves that can help support the economy and mitigate impacts to critical public services like education, public safety, transportation, and public health and social safety-net programs.

Utah’s official rainy day funds (budget reserve and disaster recovery accounts), “working” rainy day funds (cash appropriated for buildings and roads that can be replaced with borrowing), and unemployment insurance trust fund balance were at record levels at the beginning of 2020. These reserves are in addition to immediately available options like reprioritizing current budget allocations and drawing on operating reserves.

The fiscal toolkit diagram below shows state budget experts’ recommended sequencing of resource use in an economic downturn. The temporal budget balance (matching ongoing expectations with more reliable revenue sources and using one-time windfalls for spending of limited scope) is the first resource that should be tapped; formal rainy day funds are the last.

At the national level, the Federal Reserve continues to take immediate and aggressive monetary policy action to encourage economic activity, preserve liquidity, and protect the financial system. The U.S. government is enacting significant fiscal policies to assist individuals, businesses, and state and local governments.

This data appendix includes an accounting of Utah’s reserve funds and federal monetary and fiscal policy, which are important elements in Utah’s economic recovery, as of the latest accounting on April 15, 2020. Portions of these balances are encumbered, which will be reflected in future reports.

**Utah’s Fiscal Toolkit**

Source: Office of the Legislative Fiscal Analyst

**Cumulative Utah Jobs Gains**

Source: U.S. Bureau of Labor Statistics

**Utah and U.S. Unemployment Rates**

Source: U.S. Bureau of Labor Statistics

**Rainy Day Funds**

Source: Utah Governor’s Office of Management and Budget and Utah Office of the Legislative Fiscal Analyst

**Cash-funded Buildings and Roads**

Source: Utah Governor’s Office of Management and Budget and Utah Office of the Legislative Fiscal Analyst

**Unemployment Insurance Trust Fund February Balance**

Source: U.S. Department of the Treasury
U.S. Monetary and Fiscal Response as of April 16, 2020

**Monetary**

**March 3**: Federal Open Market Committee (FOMC) cut Federal Funds Rate (FFR) 50 bps to 1.00-1.25%; unanimous decision

**March 9**: NY Fed increased overnight repo offering from $100B to $150B and increased two-week term repo operations from $20B to $45B

**March 11**: NY Fed increased overnight repo offering from $150B to $175B and added three one-month term repo operations at $50B

**March 12**: NY Fed switched reserve management purchases from T-bills to all Treasury securities, introduced weekly one-month and three-month term repo operations at $500B each

**March 15**: FOMC meeting
- Cut FFR 100 bps to zero lower bound (0.00-0.25%); Mester dissented
- Restarted Quantitative Easing (QE); increased Treasury and mortgage-backed securities (MBS) holdings by at least $500B and $200B
- Cut primary credit rate (discount window) 150 bps to 0.25%
- Depository institutions may borrow from discount window for 90 days, repayable & renewable by the borrower on a daily basis
- Reduced reserve requirement ratios to 0.00%
- Reduced rate on standing U.S. dollar liquidity swaps

**March 16**: Regulatory agencies encouraged banks to use discount window

**March 17**: Federal Reserve Board (FRB) established Commercial Paper Funding Facility and Primary Dealer Credit Facility

**March 18**: FRB established Money Market Mutual Fund Liquidity Facility

**March 19**: FRB expanded U.S. dollar liquidity swap arrangements to nine

**March 20**: FRB and other major banks further enhance swap lines by increasing frequency of 7-day maturity operations from weekly to daily

**March 23**: Created Primary Market Corporate Credit Facility and Secondary Market Corporate Credit Facility to support corporate bond markets
  - Revived the Term Asset-Backed Securities Loan Facility

**March 31**: Created FIMA Repo Facility

**April 9**: Up to $2.3 trillion in loans to support the economy
- Bolster the Small Business Administration’s Paycheck Protection Program (PPP) by supplying liquidity to participating financial institutions
- Ensure credit flows to small and mid-sized businesses with the purchase of up to $600 billion in loans through Main Street Lending Program
- Increase the flow of credit to households and businesses through capital markets, by expanding the size and scope of the Primary and Secondary Market Corporate Credit Facilities as well as the Term Asset-Backed Securities Loan Facility.
- Create Municipal Liquidity Facility that will offer up to $500 billion in lending to states and municipalities.

**Fiscal Responses**

The U.S. Government is enacting significant fiscal policies.

**Phase 1: $7.8B**

*Targeting*: Vaccines, R&D  
*Status*: Passed

**Phase 2: $100-125B**

*Targeting*: Sick leave, unemployment insurance  
*Status*: Passed

**Phase 3: $2.2T**

*Targeting*: Direct checks, loans to small businesses and highly impacted industries, state aid  
*Status*: Passed

**Phase 4: $46B**

*Targeting*: Supplemental budget for federal agencies, additional aid  
*Status*: In Progress

Source: Wells Fargo Securities and Federal Reserve
Population and Business Characteristics

Percent of Population Aged 65 and Older

State of Utah: 11%

Source: Kem C. Gardner Policy Institute Single-Year of Age and Sex Estimates, 2018 Vintage

Nonfarm Firms, Employment, and Wages by Size, Q1 2019

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<td>$1,067</td>
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<td>$1,911</td>
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<tr>
<td>1,000 &amp; Over</td>
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<td>520,480</td>
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<td>$6,552</td>
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<tr>
<td>Total</td>
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<td>100.0%</td>
<td>1,543,492</td>
<td>100.0%</td>
<td>$18,116</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Notes: The number of firms is a count of employers. If an employer operates at multiple worksites, it is counted as one firm for purposes of this table. 2/ For the firms which had zero employment in March, there were wages paid during the quarter to employees who worked in January and/or February.

Source: Utah Department of Workforce Services
General Guidelines for Employers

Best Practices

- **Workplace coordinator** – Identify a workplace coordinator who will be responsible for COVID-19 issues and their impact in the workplace
- **Contactless pay options** – Encourage contactless pay options if possible; otherwise, immediately use disinfectant wipes on the screen and keypad
- **High-risk populations** – Those who are or work with high-risk populations, should undergo daily screening/symptom monitoring and weekly testing. High-risk populations should take extra precautions to avoid close contact with multiple people.
- **Electronic connections** – Use online conferencing, email, or the phone instead of in-person meetings, even when people are in the same building
- **Group gatherings** – Employees and customers should not congregate in groups; if your business involves a waiting area, customers should wait outside or in their cars
- **New policies** – Identify essential employees, business functions, and other critical inputs (e.g., raw materials suppliers, subcontractor services/products, logistics required to maintain operations); determine appropriate new policies
- **Emergency response plan** – Establish an emergency communication plan with key contacts and backups, chain of communications, and processes for tracking and communicating; share the response plan with employees and communicate expectations
- **Employee contact list** – Ensure every employee’s contact numbers and emergency contact details are up to date; ensure a plan is in place to reach employees quickly
- **Instructions for employees and customers** – Make regular announcements to remind employees and/or customers to follow distancing guidelines and use floor markings to mark appropriate distance (6 ft)
- **Digital files** – Encourage digital files rather than paper formats (e.g., documentation, invoices, inspections, forms, agendas)
- **Preparedness** – Be informed about government and industry pandemic preparedness
- **Workforce education** – Educate workforce about the threat of the pandemic, what the business is doing, and what they should do to protect themselves and their families
- **CDC checklist** – Develop (or engage a current) pandemic planning task force and review the CDC’s business checklist
- **Essential functions** – Identify company’s essential functions and the necessary employees to perform them
- **Reserve supplies** – Consider what reserve supplies might be necessary to stockpile (e.g., cleaning supplies, gloves or other protective equipment, “to-go” containers)
- **Utility planning** – Consider the possibility of interruptions to water or power that might force closure
- **Prepare for absenteeism** – Not only sick employees will stay home; others may need to care for the sick or children if schools close; those employees should notify their supervisors
- **Signage** – Provide signage at each public entrance to inform all employees and customers that they should:
  - Avoid entering if they have a cough, fever, or feel generally unwell
  - Maintain a minimum of 6 ft distance
  - Sneeze/cough into a cloth or tissue
  - Not shake hands or engage in any unnecessary physical contact
  - Wear face coverings

Cleaning & Hygiene Guidelines

- **Etiquette** – Promote etiquette for coughing, sneezing, and handwashing; avoid touching face, especially eyes, nose, and mouth; place posters that encourage hand and respiratory hygiene
- **Face coverings** – Face coverings should be worn by employees and patrons in accordance with CDC’s recommendations, especially when difficult to maintain 6-foot distance
- **Air circulation** – Ensure adequate air circulation and post tips on how to stop the spread of germs
- **Sharing of equipment** – Discourage workers from sharing resources or other work tools and equipment, when possible
- **Environmental cleaning** – Make a list of high-touch surfaces requiring routine disinfecting and perform routine environmental cleaning (e.g., workstations, countertops, handrails, doorknobs, break rooms, bathrooms, other common areas), either twice a day or after each use. Keep a logbook of cleaning regimen. Those cleaning should:
  - Wear gloves
  - Clean surfaces with soap and water if dirty before disinfecting
  - Use EPA-registered household disinfectant, diluted bleach, or alcohol solutions
- **Disposable wipes** – Provide disposable wipes so that commonly used surfaces (e.g., doorknobs, keyboards, remote controls, phones, desks, keypads) can be wiped down by employees before each use; provide no-touch trash bins
- **Laundry** – Use warmest appropriate water setting, dry items completely, do not shake dirty laundry, and launder sick person’s items separately
- **Disinfectant** – Make hand sanitizer, soap and water, or effective disinfectant readily available at or near the entrance, at checkout counters, or anywhere else where people have direct interactions. Provide additional pop-up handwashing stations or facilities if possible (e.g. showing houses, construction sites)
- **PPE** – Personal Protection Equipment (PPE) should not be shared and should be disposed of properly
- **After gloves** – Wash hands after using gloves.

Symptom Monitoring

- **Sick employees** – Employees who are sick or who appear to have symptoms should be separated from other employees and customers immediately and sent home; immediately clean and disinfect areas the sick employee visited.
- **Monitor symptoms** – Monitor employee symptoms, especially fever. If employees need to take simple medications acetaminophen, ibuprofen, or aspirin, they should take temperature beforehand.
- **Awareness** – Train managers/leadership to spot symptoms of COVID-19 and to be clear on relevant protocols
- **COVID-19 confirmed case** – If an employee is confirmed to have COVID-19, employers should inform fellow employees while maintaining confidentiality; fellow employees should self-monitor for symptoms for 14 days.
Local Government Involvement

Utah’s county and municipal governments provide critical services to Utahns and play an important role in every phase of Utah’s economic reactivation. The following guidance informs local government actions during each of the economic phases:

Urgent Phase:
- Keep city halls, county buildings, and courthouses “open for business” and ensure that core city and county functions continue
- Close facilities, events, public spaces in adherence to state and federal guidance about mass gatherings
- Exchange data and communicate with state and local health departments
- Examine electronic meetings procedures and adapt meetings and hearings
- Engage with residents to provide accurate information as city and county functions adapt
- Review staffing policies and protect city and county employees through best practices, including staggered shifts, sanitation barriers, and telecommuting
- Identify vulnerable populations and work with partners to assist them in financial assistance, housing, or necessities
- Help businesses and non-profits by notifying them via economic development and licensing offices of federal, state, or local assistance programs
- Innovate customer service and communication on land use applications, bill payments, library services, and other local government services
- Implement CDC guidance to assist first responders and guarantee public safety services
- Coordination among, cities, towns, counties, local health departments, and the State of Utah about public health orders
- Revisit budgets to align with real impact data on sales tax, property tax, motor fuel tax, and other affected revenues
- Assess city/town/county-wide needs regularly
- Communicate regularly with residents, non-profits, and businesses so they understand the stabilization process, the needs of the city/town/county, and how they can work together
- Analyze the fiscal impact of direct expenditures and reduced revenues from COVID-19 in order to pursue reimbursements from the CARES Act and other stimulus packages
- Coordination among cities, towns, counties, local health departments, and the State of Utah about public health orders
- Coordinate with State and local health departments about guidelines and timelines for returning to more robust place of business operations.

Stabilization Phase:
- Begin sanitization of closed public buildings and other facilities to prepare for re-opening
- Continued support for successful federal, state, and local programs assisting residents, vulnerable populations, non-profits, and businesses
- Update residents on modified or restored city and county functions and services
- Collaboration among neighboring cities, counties, and local health departments for successful regional transition
- Revisit budgets to align with real impact data on sales tax, property tax, motor fuel tax, and other affected revenues
- Assess city/town/county-wide needs regularly
- Communicate regularly with residents, non-profits, and businesses so they understand the stabilization process, the needs of the city/town/county, and how they can work together
- Analyze the fiscal impact of direct expenditures and reduced revenues from COVID-19 in order to pursue reimbursements from the CARES Act and other stimulus packages
- Coordination among cities, towns, counties, local health departments, and the State of Utah about public health orders
- Coordinate with State and local health departments about guidelines and timelines for returning to more robust place of business operations.

Recovery Phase:
- Return city and county facilities and activities to regular business hours and operations
- Restore public meetings to normal process with continued social distancing
- Enhance the quality of life of residents by reopening public facilities, re-scheduling postponed events, and reinstating programs such as recreation centers, organized sports and activities, and senior centers
- Communicate with residents about normalized city and county functions and services
- Pursue reimbursements for “necessary expenditures,” revenue shortfalls, and other fiscal needs from the CARES Act or other stimulus programs
- Revisit budgets to make necessary adjustments and amendments
- Invest in necessary infrastructure and other public services
- Implement recently innovated municipal services and practices
- Update local government functions with innovative and effective processes utilized during crisis
- Update municipal and county ordinances to reflect the lessons learned during the crisis
**Glossary of Terms**

**Community spread/ transmission:** Community spread means people have been infected with a disease in an area, including some who are not sure how or where they became infected.

**Contact Tracing:** Identifying and following up with individuals who may have come into contact with a person infected with Covid-19.

**Coronavirus:** Coronaviruses are a group of viruses that are fairly common both in people and animals. Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes coronavirus disease 2019 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

**COVID-19:** The name of the new coronavirus.

**Droplet transmission/spread:** Transmission or spread of an infectious disease through an infected person's cough or sneeze. It is usually spread between people who are in close contact with one another (within about 6 feet).

**Epidemic:** A disease can be declared an epidemic when it spreads over a wide area and many individuals are taken ill at the same time.

**Pandemic:** A pandemic is a type of epidemic with greater range and coverage than an epidemic, or an outbreak of a disease that occurs over a wide geographic area and affects an extremely high percentage of the population.

**Flattening the curve:** Slowing the spread of disease so that fewer people need to seek treatment at any given time. The curve represents the number of cases over time, and a slower infection rate means a less stressed healthcare system, fewer hospital visits on any given day and fewer sick people being turned away.

**Flattening the dip:** Reducing the economic impacts associated with the necessary public health response to flatten the curve.

**High-risk:** People or groups of people may be considered at high risk for getting an infection or disease and becoming seriously ill based on several factors, including their health status (i.e., heart, lung or kidney disease, diabetes, weakened immune system, pregnancy, obesity), age, and living environment (long-term care facility).

**Isolation:** Separating and restricting the movement of sick people who have an infectious disease from those who are healthy. Isolation restricts the movement of sick people to help reduce the spread of disease. This may occur at home or in healthcare facilities.

**Quarantine:** Separating and restricting the movement of well people who may have been exposed to an infectious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. This also helps reduce the spread of disease.

**Mass gathering:** Events attended by a number of people large enough to strain the response resources of the community or area where it is being held. These events usually do not allow for individuals participating in the events to keep a distance of at least six feet from one another.

**Personal Protective Equipment:** Equipment worn to minimize exposure to hazards that cause injuries and illnesses. With respect to Covid-19, for non-healthcare workers this may include a mask or face covering, glasses, and disposable gloves.

**Serology Testing:** Serology testing may be used to detect antibodies against SARS-COV-2 in the blood to provide evidence that an individual has been exposed to the virus. While experts are still learning much about this “novel” coronavirus, there is early hope that exposure to the virus and antibodies in the blood stream may lead to an immune response against the virus.

**Shutdown order:** A requirement from a government agency to close a business. The State of Utah has not issued a shutdown order.

**Social distancing:** Measures taken to reduce person-to-person contact in a given community, with a goal to stop or slow down the spread of an infectious disease. Measures include working from home, keeping a distance of six feet between individuals, closing offices and schools, canceling events, using telemedicine, and limiting mass gatherings.

**State of emergency:** A declaration by a local, state or federal government that allows for that government to take steps to respond to an emergency by using special powers to divert funding from one area to another and to get funding from the federal government. Utah proactively declared a state of emergency on March 6, 2020.

**Stay Safe, Stay Home:** An order or directive issued by a state or municipality directing its residents and businesses to engage only in essential travel or business. The State of Utah issued a “Stay Safe, Stay Home” directive on March 26, 2020, which will run through May 1, 2020. Various local municipalities have issued Stay Safe, Stay Home orders.

**Transmission rate:** The rate of how quickly a disease spreads. This is determined by how many people each individual with the virus is likely to infect and the time between one person developing the symptoms of a condition and a second person becoming infected and developing symptoms.
Utah Economic Response Task Force

Governor Gary Herbert, State of Utah
Lt. Governor Spencer Cox, State of Utah
Stuart Adams, President of Utah State Senate
Brad Wilson, Speaker of the House
Derek Miller, Salt Lake Chamber, Economic Task Force Chair
Scott Anderson, Zions Bank
Allyson Bell, Senator Lee’s Office and federal delegation liaison
Lori Belnap Pehrson, Northrop Grumman Corporation
Carine Clark, Silicon Slopes
Kristen Cox, Governor’s Office of Management and Budget
Cameron Diehl, Utah League of Cities and Towns
Spencer Eccles, The Cynosure Group
Kaitlin Eskelson, Visit Salt Lake
Brandy Grace, Utah Association of Counties
Val Hale, Governor’s Office of Economic Development
Justin Harding, State of Utah
Clark Ivory, Ivory Homes
Ben Kolendar, Salt Lake City
Sarah Lehman, Utah Stem Action Center
Jill Remington Love, Utah Department of Heritage & Arts
Darin Mellott, CBRE
Scott Peterson, Utah Funds of Funds
Jon Pierpont, Department of Workforce Services
Steve Starks, Larry H. Miller Group of Companies
Steve Styler, Rural Partnership Board
Cydni Tetro, Forge DX and Women’s Tech Council
Vicki Varela, Utah Office of Tourism
Craig Wagstaff, Dominion Energy
Don Willie, St. George Area Chamber of Commerce

Utah Industry Resource Committee

Association of General Contractors
Associations Solutions
AT&T
Ballard Spahr, LLP
BioUtah
Century Link
Clegg Automotive group
Comcast
Building Owners and Managers Association
Dental Tech Companies
Department of Workforce Services
Essential Oils Industry
Fidelity Investments
Fintech Utah
Funeral Directors Association
Holland and Hart
Impact Utah
Institute of Real Estate Management
Intermountain Healthcare
LHM Group of Companies
Merit Medical
Mountain West Brands
National Federation of Independent Businesses
New Car Dealers of Utah
Outdoor Recreation
Parson Behle & Latimer
Petzl North America
Price Realty Group
Real Estate Management Industry
Regence
RioTinto
Rocky Mountain Power
RV Dealers of Utah
Salt Lake Chamber
Salt Lake County Area Restaurant Association
Savage Industries
Scrap Metal Association
Ski Utah
The American Council of Engineering Companies of Utah TravelPass Group
UCAIR
Union Pacific Railroad
University of Utah Health
Used Car Dealers of Utah
Utah Advance Materials and Manufacturing Initiative
Utah AFLCIO
Utah Apartment Association
Utah Arts
Utah Asphalt Pavement Association
Utah Association of Certified Public Accountants
Utah Association of Counties
Utah Association of Health Underwriters (UAHU)
Utah Bankers Association
Utah Beauty Schools Owners Association
Utah Beer Wholesalers
Utah Beverage Association
Utah Cable and Telephone Association
Utah Credit Unions
Utah Cultural Alliance
Utah Dental Association
Utah Event Industry
Utah Farm Bureau
Utah Food Industry Association
Utah Food/Retail Association
Utah Gas Station and Convenience Store Retailers (UMPRA)
Utah Home Builders Association
Utah Independent Agents
Utah Independent Agents
Utah League of Cities and Towns
Utah Manufacturers Association
Utah Manufacturing Extension Partnership
Utah Medical Association
Utah Medical Equipment Dealers
Utah Mining Association
Utah Nonprofits Association
Utah Petroleum Association
Utah Podiatric medical Association
Utah Realtors Association
Utah Restaurant Association
Utah Retail Merchants Association
Utah Rural Electric Cooperatives
Utah State Bar
Utah State University, Utah Manufacturing Extension Service
Utah Taxpayers Association
Utah Tourism Association
Utah Trucking Association
Utah’s Gas Station and Convenience Store Retailers (UPMRA)
Visit Salt Lake
WCF Insurance
Women’s Tech Council
World Trade Center Utah