

Pima County Board of Health Minutes
April 24, 2019
Abrams Building, Room 1108
3950 S. Country Club Road
Tucson, Arizona 85714

1. **CALL TO ORDER:**

Mr. Horwitz called the meeting to order at 3:00 P.M.

Attendance was as follows:

Board Members:

Mr. Bin An – Absent

Mr. Richard Elías – Absent

Mr. Rene Gastelum

Mr. Charles Geoffrion, Vice President

Ms. Mary Lou Gonzales

Dr. Paul Horwitz, President

Mr. Mike Humphrey

Mr. Miguel Rojas

Dr. Gail Smith

Ms. Carolyn Trowbridge

A quorum was established (8)

Non-Board Members:

Dr. Francisco García, Assistant County Administrator, Pima County

Dr. Marcy Flanagan, Pima County Health Department Director

Ms. Paula Mandel, Pima County Health Department, Deputy Director

Presenters:

Dr. Paloma Beamer, Associate Professor with the University of Arizona

Dr. Marc Verhougstraete, Assistant Professor with the College of Public Health,
University of Arizona

Dr. Nancy Johnson, Chief Executive Officer, El Rio Health

Dr. Sudha Ram, Director, INSITE Center for Business Intelligence and Analytics,
University of Arizona

Rebecca O'Brien, Program Manager, Pima County Health Department

2. **PLEDGE OF ALLEGIANCE**

Mr. Mike Humphrey led the Board in the Pledge of Allegiance.

3. **MINUTES ADOPTION**

- Adopted Board of Health March 27, 2019, minutes with a revision that Ms. Carolyn Trowbridge was present but arrived late.

The motion was made and seconded (Dr. Horwitz / Mr. Gastelum) that the March 27, 2019, minutes be adopted with revision. Motion carried 8-0

4. **DIRECTOR'S UPDATE**

- Dr. Flanagan shared with the Board that her last day with the Health Department will be June 7, 2019, and will start with Maricopa County as their Health Officer on June 10, 2019. Once the transition is in place the Board will be notified.
- Dr. Flanagan updated the Board that the Health Department and our non-governmental agency partners have been working to house over 7,000 asylum seeking families since January 7, 2019, in Pima County. On Friday, April 19, 2019, U.S. Customs and Border Protection began bringing families from El Paso, Texas to Pima County. This surge created a capacity problem with our non-governmental agencies. A joint effort between the County and City occurred and subsequently decided to open up the El Pueblo Center and the Mulcahy YMCA to house individuals. The Health Department has been coordinating efforts at the Mulcahy YMCA in providing meals, assisting with travel arrangements, transportation to the airport or bus terminals, and acute health needs (medication, dehydration, fatigue, feet blisters, anxiety, etc.). Dr. Flanagan has requested that the Health Department staff not share these locations due to pseudo-media attempting to gain entrance and safety of staff and the individuals that are being housed. The Benedictine monastery can only be used until August, 2019, because the building has been sold and will begin renovations. The Health Department is working with government agencies to determine a long-term solution and identifying a centralized location with staff that can assist with services from arrival to departure. Staff are getting paid for their time and the Health Department is funding this cost. Dr. Flanagan requested that if the Board knows of anyone that would like to volunteer to contact the Health Department, however Spanish speakers are essential.

Dr. García shared that these individuals are for the most part healthy. Food is prepared using a variety of methods including purchasing pizzas, using the Juvenile Detention Center's kitchen, and utilizing items for the Sheriff's commissary.

Mr. Humphry inquired if this is a humanitarian crises, can federal moneys be applied for. Dr. García indicated that all efforts have been exhausted at the local level in terms of asking for federal assistance. The Medical Reserve Corp has been contacted however at this time there hasn't been any assistance provided toward this effort.

Mr. Rojas inquired if TUSD has been contacted as there are buildings that might be available. Dr. García indicated that TUSD, Sunnyside, and other districts have been contacted. The issue is opening up a vacant school to get it ready for use is a large investment along with liability concerns. The TCC is not the best place as there are use restrictions.

5. **PFAS REPORT UPDATE:**

- Dr. Flanagan introduced Paloma Beamer, Associate Professor with the University of Arizona and presented on emerging contaminants which is a term used for chemicals that are measured in drinking water. Almost all contaminants are synthetic. In the 1970's the Toxic Substance Control Act grandfathered in 80,000 chemicals used in the US without having their health effects tested. To date, 1,000 chemicals have been tested for toxicity, 90 are regulated in drinking water, and 115 creates a public health concern and are unregulated. Tucson Water is one of the leading experts in water use because we're in the desert. Water in Tucson has a long history of contamination particularly in the south

side. A project was developed to inform the citizens of Tucson of concerns. This project is a three-part series that reviews chemicals of particular concerns in Pima County water systems: Trichloroethylene (TCE), 1,4-dioxane, and per- and polyfluoroalkyl substances (PFAS). Currently PFAS is being studied because it's the most pressing.

Things to know about PFAS: it is persistent in the environment (does not breakdown easily), has a high potential for human exposure, and is potentially associated with numerous health effects. PFAS are a class of over 3,000 manmade chemicals that were first produced in 1947 for industrial use to create foams and slick coatings to be water and oil repellent. PFOA's and PFOS were phased out of production by 2015. Once in the environment they're highly mobile, they do not degrade, they accumulate in our fatty tissues in our bodies. Human exposure occurs through diet, household products, stain protection on upholstery, coated dental floss, workers are exposed in production facilities, and firefighters.

Health concerns to the vulnerable populations include immunocompromised individuals, those living near a PFAS manufacturer, pregnant women/breast feeding, intake of young children due to the increase of food and water per body weight basis.

There's little research of drinking water and PFAS. Most studies are focused on blood associated with health outcomes in the US. Studies out of West Virginia and Ohio of 60,000 people were contaminated near a chemical plant revealed high cholesterol, thyroid disease, pregnancy-induced hypertension, low birth weight, and ulcerative colitis. PFOA and PFOS are possible carcinogens.

Dr. Beamer introduced Dr. Marc Verhougstraete who presented on the guidelines for PFAS in water which come from the U.S. Environmental Protection Agency (USEPA) and the Agency for Toxic Substances and Disease (ATSDR). The USEPA lifetime health advisory is 70 ppt for individual or combined PFOA and PFOS in drinking water. This concentration is not definitive between safe or unsafe conditions. This provides a margin of protection for individuals throughout life from possible adverse health effects. This EPA level is non-regulatory and not enforceable.

The ATSDR began research and provides a mandatory reporting limit of 18 ppt for combined PFOA and PFOS in drinking water and based off studies of exposed pregnant mice (affected motor function in offspring) and examined in-utero and postnatal exposure to PFOA (accumulated in bones, affected bone cells, indirectly impacted bones through increased body weight). Tucson Water adopted an internal operating target level of 18 ppt for combined PFOA and PFOS.

The most vulnerable drinking water systems are near contaminated sites including facilities using PFOS, firefighting training areas, military bases, and wastewater treatment plants. The Unregulated Contaminant Monitoring Rule (UCMR) is different than routine monitoring in that the results are to be submitted to USEPA. In the 2013-2014 cycle, the USEPA tested six PFAS chemicals throughout US drinking water systems. PFAS compounds were found in more than 13 states including Arizona.

Identified were four of the six PFAS substances detected above minimum reporting levels (MRL) in Arizona. Six Arizona public water systems were responsible for all MRL

exceedances with the average exceedances being 101 ppt above MRL's. Two of these were in Pima County; Tucson Water and Metropolitan Domestic Water Improvement District (DWID). The next UCMR is currently underway and will include additional PFAS compounds, City of Tucson, and the Metropolitan DWID.

There are three main sources of PFAS in Tucson's Water: Davis Monthan Air Force Base, City of Tucson Water Department wells blending with CAP water, and Marana Water. Tucson Water and Marana have tried to remove the PFAS but still exceed levels.

Individually, the way to mitigate the risks is by utilizing point-of-use water filtration systems that meet NSF international standards and remove PFAS below 70 ppt. NSF certified brands include Aquasana, Culligan, and eSpring. These three brands use Granular Activated Carbon and reverse osmosis.

Ms. Trowbridge inquired when Davis Monthan Air Force Base began removing the PFAS. Dr. Beamer indicated this information is still being researched using newspapers and other platforms however direct contact has not been made.

6. THE HISTORY AND CURRENT STATUS OF EL RIO:

- Dr. Flanagan introduced Nancy Johnson who presented on the history of El Rio. El Rio's co-founding partner is the University of Arizona Family and Community Medicine. In 1970, El Rio opened to serve patients as El Rio Santa Cruz Neighborhood Health Center, Inc. El Rio is a federally qualified health center that receives grants under section 330 of the Public Health Service. In 1974, El Rio became a not-for-profit and was managed by a Board of Directors. In 2010, El Rio was accredited for both clinical and diagnostic laboratory services and is a level 3 patient centered medical home. In 2017, El Rio became the first health center in Arizona to achieve bronze level advocacy from NACHC. In 2018, El Rio was recognized as leaders in LGBTQ Healthcare Quality Index.

El Rio has 11 campuses, is the 24th largest health center in the nation, employs 1,300 individuals, has over 106,000 patients which 35,000 are children, 58% women, 42% men, 51% AHCCCS, 15% uninsured, 34% private insurance/Medicare, and the Centralized Call Center receives 70,000 calls per month.

El Rio's mission is, "Improving the health of our community through comprehensive, accessible, affordable, quality and compassionate care". Services include behavioral health, dental, wellness, family medicine, midwifery, OB/GYN, pediatrics, pharmacy, physical therapy, x-ray, ultrasound, specialized care, and transportation.

El Rio's budget is \$160 million and last year contributed approximately \$10.5 million back into the community. El Rio has a joint LLC with Tucson Medical Center and opened another brand of health care called Health-On-Tucson which provides same day care and walk-ins are welcome.

El Rio's Strategic Plan Pillars are growth, recruitment and retention, sustainability, and community partnerships.

7. **DR. RAM'S TOOL FOR TRENDING DISEASES META DATA:**

- Dr. Horwitz introduced Dr. Ram who presented on Leveraging Data Science for Prediction. Dr. Ram leads the Interdisciplinary Research Center at the University of Arizona that strives to create a smarter and better world using big data by using network science that can be applied to health care. Predictions can be made at a population or individual level. This research has social implications which begins by identifying a prediction problem. This is accomplished by repurposing data.

In Texas for example, Electronic Health Records (EHR) were reviewed and utilized to make a 48-72 hour prediction of asthma patients that would visit hospitals to ensure appropriate staffing and medical supplies. The EHR data was about 50% accurate. Other data was gathered from Google, Twitter, air quality sensors, and weather changes. All of this data was gathered and Machine Learning Techniques were developed that sift data points that learn the data to predict how many people will show up to an Emergency Room with 80% accuracy. These predictions were published and provided to hospitals.

These predictions can be used for public health surveillance in Pima County including influenza, vector borne diseases, and heat related illnesses.

Some of the lessons learned creating these predictions is to focus on defining the problem, use out-of-the-box thinking, don't think of big data as a single dataset, repurpose and combine different data, use the granularity of the data effectively, and preserving privacy.

8. **TOBACCO 21 SUMMARY FINDINGS:**

- Rebecca O'Brien provided an update on tobacco bills currently in the Arizona Senate.

HB 2357:

- 1) An alternative to the SB1147
- 2) Adds smoking device to the definition of smoking as it relates to the Smoke-Free Arizona Act
- 3) Includes electronic smoking devices in the definition of tobacco product as it relates to the sale and use of tobacco by minors
- 4) Currently in a holding pattern in the Senate

SB1147:

- 1) Increases the age to purchase tobacco from 18-21 with exemptions for military and individuals who are at least 18 on Oct 1, 2019
- 2) Preempt cities, towns, and counties from regulating tobacco in regards to sales and marketing
- 3) A stakeholder meeting was held recently. No change in the status as a result

9. **CALL TO AUDIENCE:**

There were no speakers from the audience.

10. **SUMMATION OF ACTION ITEMS AND PROPOSED AGENDA ITEMS:**

Dr. Horwitz reminded the Board to email him with items for the agenda.

11. **ADJOURNMENT:**
The meeting adjourned at 5:10 P.M.