

Pima County Board of Health Minutes  
February 27, 2019  
Abrams Building, Room 1108  
3950 S. Country Club Road  
Tucson, Arizona 85714

**Approved**

**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

Mr. Richard Elías – Absent

Mr. Rene Gastelum – Absent

Mr. Charles Geoffrion, Vice President – Absent

Ms. Mary Lou Gonzales

Dr. Paul Horwitz, President

Mr. Mike Humphrey

Mr. Miguel Rojas

Dr. Gail Smith

Ms. Carolyn Trowbridge – Absent

**A quorum was established (6)**

Non-Board Members:

Dr. Francisco García, Assistant County Administrator, Pima County – Absent

Dr. Marcy Flanagan, Pima County Health Department Director

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

Presenters:

Mr. Alan Bergen, Program Manager Senior, Pima County Health Department

Mr. Nicholas Cogdall, Special Staff Assistant Sr., Pima County Health Department

**2. PLEDGE OF ALLEGIANCE**

Mr. Bin An led the Board in the Pledge of Allegiance.

**3. MINUTES ADOPTION**

- Adopted Board of Health January 23, 2019 minutes.

The motion was made and seconded (Mr. Rojas / Dr. Smith) that the January 23, 2019, minutes be adopted as written. Motion carried 6-0

**4. DIRECTOR'S UPDATE**

- Dr. Flanagan updated the Board that since January 7, 2019, there have been 2,439 asylum seekers released in Pima County by Immigration and Customs Enforcement (ICE) to Non-Governmental Organizations (NGO). The Pima County Health Department (PCHD) continue to provide flu vaccines through the end of March. Dr. Flanagan met

with the Chief Medical Officer with the Department of Homeland Security and the Customs and Border Protection and discussed our collaboration with their detainment and processing at the Tucson Convention Center (TCC). All juveniles will receive a medical evaluation. Adults will receive an evaluation if there is a possible eminent health hazard with disease exposure or life threatening health issue who are then transferred to an emergency room, treated, released back to Customs and Border Protection then to ICE. ICE will then release the asylum seeker to an NGO who collaborates with the PCHD to provide services. The costs for the PCHD services and vaccines are being tracked however at this time, there is not a system for reimbursement.

It has been reported that only 21 asylum seekers have decided to stay here in Pima County. The rest stay in our community three to four days then relocate.

- Dr. Flanagan provided an update on the increase of congenital syphilis cases in Arizona. The Arizona Department of Health Services (ADHS) is campaigning education with medical providers and mothers to get tested during the first and third trimester. Our STI/HIV team has been working with our community partners to remind our OB/GYN and emergency room doctors to test for syphilis at these recommended times.

- Dr. Flanagan introduced Ms. Paula Mandel, Deputy Director for the Health Department who provided the Board with an update on the Hepatitis A outbreak. As of February 25, 2019, our Epidemiology team has investigated 126 cases. The following provides a breakdown:

- 106 confirmed cases.
- 16 cases were ruled out.
- Four cases are pending investigation.
- 71 percent have been hospitalized.
- 29 percent have been seen at the emergency room or as an outpatient.
- 16 cases have an age range of 18 and 44.
- 23 cases in the 45-64 age range.
- One case is 65 years old.
- The mean age is 36.
- 31 percent are female.
- 69 percent are male.
- 64 percent cases have used illicit substances.
- 26 percent are street homeless.
- 22 percent are both street homeless and using illicit substances.
- Three cases are in transition.
- Seven cases are in the jail.

Hepatitis A vaccine outreach within the community is ongoing with partnerships with Banner, TMC, Carondelet, Northwest Hospital, CODAC, La Frontera, methadone clinics, and homeless shelters.

- The PCHD has had 1,398 encounters vaccinating 805 individuals.
- 418 individuals have declined vaccinations.
- 175 were found to be fully immunized.

**5. TOBACCO 21 UPDATE:**

- Dr. Flanagan provided the Board with an update regarding the Tobacco 21 initiative. After discussions with the City Council and Board of Supervisors (BOS) some of the language was not used in the proposed ordinance due to the difficulty in enforcement. This included not smoking at bus stations, Uber and rental cars, and public lines. The language that is proposed is more likely to be approved by the City and County. If the City and County move forward with approving this ordinance, it will not be enforceable in Marana, Oro Valley, Sahuarita, and South Tucson. If the State was to enact Tobacco 21 then these four communities and the Nations would be included.

The PCHD is in the middle of conducting the community outreach meetings held in each BOS district and will end in March. Attendance in support of this ordinance change has been from the American Lung Association, Cancer Society, and Heart Association. All are in support of the license fees, inspections, and assessing fines should underage sales be made. Some are in support of banning Juuls because the nicotine levels are so high. Opponent attendance has been from the vaping business owners and have started petitions with signatures in opposition. There has been inquiries from the vaping community about what cessation products or services will be provided to the 19 and 20 year olds if the ordinance was to pass tomorrow. All feedback will be included in the report to the County Administration by mid-March with an anticipated date for the BOS agenda in June followed by a six month educational community campaign if approved with an effective date in January 2020. Overall the forums have been cordial and reasonable with good feedback. The general public attendance has been low and the PCHD are working to identify ways to obtain more attendance. Mr. Humphry has attended five meetings.

**6. STRATEGIC PLAN ANNUAL REPORT:**

- Dr. Flanagan introduced Mr. Alan Bergen, Program Manager with the Pima County Health Department who provided an update on the Strategic Plan Annual Report. The strategic plan was approved in March 2014. We are currently in the 5<sup>th</sup> year. Updates are provided quarterly with annual reports of successes achieved. The annual work plans were moved in year three to coincide with the County fiscal year. Review and revisions begin in August annually.

Last year's progress was done by our Community Health Services Division and our Cross Functional Operations Division and included 5 goals, 15 objectives, 20 strategies, and 82 tactics (activity). There were seven tactics completed, 75 were carried forward, and none were eliminated.

Goal 1 was to determine how to facilitate access to care for all Pima County residents with insurance and services. In 2017-2018 there were three objectives, 5 strategies, and 11 tactics. Four were completed, 7 carried forward and none were eliminated. Our Goal 1 accomplishments is to collect insurance status for all clinic clients through the electronic health records system which helps with analysis, training to gather this information, track primary care providers, develop standard processes for data collection for the diabetes prevention and self-management program, enrollment and education assistance at our clinics.

Goal 2 includes how to promote a safe, healthy, and prepared County which include: 2 objective, 3 strategies, 19 tactics. One was completed as it corresponds with the daily work. The represented divisions include the Community Health Assurance and Assessment, Community Health Services, and Cross Functional Operations. The accomplishments include: 10.3% increase in food inspections and 3.8% increase in total food and water inspections, 1,782 strategically placed mosquito traps, 7,327 children completed vaccinations, 29% of 13-18 year-olds completed HPV series, 1,425 adults received the flu vaccine, 86% participating schools completed an action plan that incorporated physical activity, 51 trainings were provided to schools on physical activity, 85 schools from 10 districts participated in the CDC's Child Scholl Health programming, 11 Chronic Disease Self-Management Prevention workshops, 7 student groups were trained to provide peer-to-peer tobacco education, 90 tobacco prevention education events were provided at 33 schools, Pima Community College became a 100% tobacco free campus, 752 second graders and 371 sixth graders received dental sealants, 845 kindergartners and 2,619 children received fluoride treatments, 4,384 women adopted or continued to use an effective FDA-approved contraception methods, 1,450 women screened for breast and cervical cancer, WellWoman provided 1,100 mammograms, 340 ultrasounds, 650 paps, 75 breast biopsies, and 95 colposcopies, WellWoman programming provided at two new sites, 3,637 clients tested for HIV, 26 public health emergency preparedness training and exercises conducted with community partners, PHEP staff completed Gap analysis of emergency response plans, 100% of staff identified in the public health incident management plan completed required trainings, PHEP Workforce Development Plan was developed.

Goal 3 includes how to stimulate collaboration across Pima County on issues of community health, safety, and well-being with 2 objectives, 4 strategies, and 20 tactics. The divisions represented are the Community Health Assurance and Assessment, Community Health Services, and the Cross Functional Operations. The accomplishments focused on our communications efforts. There is now a contract in place for media monitoring to assess value and frequency of media opportunity, hired new employees specializing in social media helped the department significantly, Healthy Pima has grown to over 500 members across over 100 unique organizations working on four of the community's top health priorities, a new Healthy Pima website was designed and launched, creating a more modern and user-friendly experience for community partners, the Website receives hits and views from Pima County Partners as well as other communities nationwide, PCHD is actively engaging with the UofA in an effort to become an academic health department by exploring opportunities for collaboration and joint steering committee was formed to advance the initiative.

Goal 4 includes reinforcing a public health workforce that is prepared and knowledgeable with 4 objectives, 4 strategies, and 13 tactics. The divisions represented are the Personnel and Cross Functional Operations. The accomplishments focused on 296 staff members participated in workforce development opportunities, 22 workforce development opportunities were offered to staff, the countywide learning management system is still in the pilot testing phase, for which the PCHD is a primary participant, PCHD's revised internship and volunteer program/website went live, PCHD introduced a pin appreciation program that recognizes staff while celebrating public health and the department's history, program budgeting training was provided to 33 staff, PCHD was on budget for the 5<sup>th</sup> year in a row.

Goal 5 includes fostering a culture of performance management and continuous quality improvement across PCHD with 4 objectives, 4 strategies, and 19 tactics. The division represented are the Cross Functional Operations. The Accomplishments were celebrating 2 years of being an accredited health department and successfully submitting the PHAB annual report, increased department performance improvement capacity by hiring a performance management coordinator and a quality improvement coordinator, revised the department's performance management framework and structure and began a pilot test of the new initiative with one program area from each division, formed a cross-function health equity steering committee to develop and overs the department's health equity program, held 2 SMART goals and objectives trainings for 22 staff as part of the workforce development program, produced 22 quality in action corners in the department weekly digest to educate staff on quality improvement, developed and implemented a monthly audit program of the electronic health records system to ensure quality, consistency, and protection of client information.

Moving forward we celebrate successes, track progress quarterly, focus on measureable outcomes, and meet quarterly with goal teams and tactic leads.

7. **COMMUNITY HEALTH NEEDS ASSESSMENT:**

- Dr. Flanagan introduced Mr. Nicholas Cogdall, Special Staff Assistant Sr., Pima County Health Department who provided a status report on the 2018 Community Health Needs Assessment (CHNA). The purpose of a CHNA is to create a tool for understanding the overall health status of a community which uses 22 health indicators to gain a comprehensive profile of Pima County. CHNA increases communication and collaboration among community partners and stakeholders by using a single document that helps to identify health areas that need to be addressed through programs, policies, or interventions. One item that was added to this most recent CHNA is a renewed focus of understanding the social determinants of health which are the key drivers of health in Pima County.

The importance of a CHNA is the Affordable Care Act requires non-profit hospitals to complete a CHNA every three years. The Public Health Accreditation Board (PHAB) requires public health departments to complete a CHNA every five years. The National Association of County and City Health Officials (NACCO) recommends that these non-profit hospitals and health departments work together to reduce redundancy and collaborate on one document every three years.

The CHNA is a coordinated effort that results in one document that addresses the requirements of the Affordable Care Act and national public health department accreditation with a unified message. The CHNA allows partners to develop and implement targeted strategies around the results and priority areas identified in the assessment. The contributing partners include:

- Banner Health
- Carondelet Health Network
- Community Food Bank of Southern Arizona
- Desert Senita Community Health Center
- Mariposa Community Health Center
- MHC Healthcare

- Pascua Yaqui Tribe
- Pima County Administration
- Pima County Health Department
- Tucson Medical Center

The 2018 CHNA timeline includes:

- February 2018: CHNA planning group convened.
- March – November: Data collection and synthesis from different avenues.
- September: 1<sup>st</sup> Community Forum convened to gather input and presented data to the community and received feedback which included possible gaps.
- October: Community survey was disseminated electronically in both English and Spanish to further gather community input.
- November: 2<sup>nd</sup> Community Forum convened with a well-attended meeting to prioritize the greatest needs in Pima County.
- January-February 2019: CHNA document draft is finalized.
- February 2019: TMC to finish formatting the document.
- March: Press release, CHNA is published.

The CHNA methodology includes secondary data analysis including:

- Synthesizing data from ADHS, Roberts-Woods Johnson, county health rankings, and other partners.
- Conducting interviews that collect proprietary information from 18 key informants.
- Five focus groups which consisted of approximately 9 participants.
- Two community forums
- Community survey

The CHNA key health priorities identified in 2018 are:

- Behavioral Health
- Obesity and Related Chronic Disease
- Access to Services which is delineated from access to care, access to insurance, access to transportation, provider hours of service, and coordination of care across providers.

The next steps of the CHNA is to publish the assessment report, develop a unified approach, and disseminate the plan with a press release that includes social media and other platforms.

Accidents and injuries remain a priority and were identified in the 2015 CHNA. Healthy Pima are addressing those task areas using a variety of different avenues. Additionally the vulnerable road user/motor safety group deals with pedestrian and bicycle accidents. The fall prevention coalition and youth violence prevention coalition continue to work on these priorities.

Substance misuse and anxiety and depression were one of the key areas identified in the 2015 CHNA. At present our substance and misuse and mental health alliance work on this area. Opioids and other substance abuse still remains a key issue and is one of the indicators that remains in the document.

**8. CALL TO AUDIENCE:**

There were no speakers from the audience.

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

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

**10. ADJOURNMENT:**

The meeting adjourned at 4:47 P.M.