

Approved
December 14, 2016

1. CALL TO ORDER:

Dr. Horwitz called the meeting to order at 3:02 pm.

Attendance was as follows:

Mr. An
Mr. Elías - Absent
Mr. Emich - Absent
Mr. Gastelum
Mr. Geoffrion
Ms. Gonzales
Dr. Horwitz
Mr. Humphrey
Mr. Rojas - Absent
Dr. Smith
Ms. Trowbridge

A quorum was established.

2. PLEDGE OF ALLEGIANCE

Mr. Geoffrion led the Board in the Pledge of Allegiance.

3. MINUTES ADOPTION

- Adopt Board of Health September 28, 2016 Minutes

The motion was made and seconded (Mr. Geoffrion / Dr. Smith) that the September 28, 2016 Minutes be adopted as written. Motion carried 8-0.

4. HOLIDAY SCHEDULE DISCUSSION

Dr. Paul Horwitz, Board of Health President discussed the holiday schedule with the Board in which they voted to have the next meeting on December 14th, 2016; thereby combining the November 23 and December 28 meetings.

5. COMMUNICABLE DISEASE UPDATE

Dr. Francisco García, Health Department Director stated he is spending a lot of time on Vector Borne Diseases due to the first case of locally transmitted Zika Virus from Sonora, Mexico. Arizona faces a high risk from travelers who return to the state with Zika virus infections, but the goal is to quickly identify such cases to prevent the spread of the mosquito-borne disease. The County is working with Local Health Officials to help them understand what the testing requirements are for travelers who are visiting Mexico that are pregnant. Mosquito prevention is a key component to reducing the chances of individuals getting Zika Virus. The first case of Flu has also occurred in Pima County which is the 6th Flu case state wide, first 5 were in Maricopa County. Dr. Garcia stated the county did a lot of community Flu outreach to inform the public where they can get the Flu shot. Dr. Garcia briefly spoke on the awareness of rabies in Pima County and that the community should stay away from wild life to prevent infection and to make sure pets are up to date with vaccinations.

6. HEAT RELATED ILLNESS

Dr. Paul Horwitz, Board of Health President informed the Board that Charles Geoffrion, Board Member and Dr. Francisco García, Health Department Director will both speak on heat related illness. Mr. Geoffrion gave a quick background of his experiences with heat related illness. He showed the Board images of how global warming is affecting the global surface temperatures. In order to stay safe, we would have to prevent global average temperatures from rising more than 2° Celsius (3.6° Fahrenheit) above what they were before the industrial era. Not to do this is taking a dangerous risk for the future. Rising temperatures can cause rapid sea-level rise, risk of crop failure, collapse of coral reefs, acidification of oceans, severe storms and drought, heat waves and flooding. Mr. Geoffrion stated that NASA scientists say 2016 is on track to be the warmest year in modern history, with 2015 and 2014 ranking as the second- and third-warmest. Temperatures hit 90°F or higher in Tucson two out of every five days each year and last year's average temperature of 71.6°F was the second hottest on record in the city. The Tucson region has been identified as one of the top ten U.S. urban areas that is likely to experience a significant increase in average daily temperature, including multiple summer days when the heat levels exceed 105 degrees Fahrenheit or higher. Mr. Geoffrion said the purpose of this analysis of trends in global warming is to inform the Board of Health of the potentials and the need for preparedness if average temperatures reach levels that create heat-related health issues for which County resources and planning will be required.

Dr. Francisco García, Health Department Director stated Arizona has big seasonal fluctuations of cool to warm to hot temperatures, signaling to people that warmer weather has come. Instead, we typically increase in temperature from March through August, before cooling off beginning in September/October. The steady increase acclimatizes us but also gives us the misperceptions of being "heat tolerant." Low humidity does not allow for persons to perspire, which is a physical indicator to our minds we are losing water. Therefore, we may rely upon the "thirst" mechanism to tell us we need water. This thirst mechanism may be impaired because of age (older adults/elderly) or because of medication, or we discount the need to hydrate (toughing it out or so engaged in activity, we forget to drink). Hot temperatures in June combined with low humidity conditions increases the possibility of having a heat-related illness. Without humidity, we physically may not sweat signaling that we are losing water so we may become dehydrated without perceiving it. Dr. Garcia said Arizona will experience more heat-related illnesses while we are acclimating to higher daily temperatures. At the highest temperatures, people should stay indoors in a cool environment more than outdoors to avoid heat illness. In Arizona, psychologically we are socialized to think "hot" as temperatures over 105°F. That could explain why there are fewer cases of heat-related illness as we stay indoors above 105°F.

Dr. Garcia informed the Board of the current status of Heat Related Illness for 2013-14 as he is still working to update the 2015-16 information; 560 potential heat relate illness cases, 25 excluded (miscoded, duplicated), 515 total records analyzed, 412 were emergency room cases with 103 hospitalized, 66% primary diagnosis was heat-related illness and there were 5 deaths. Pima County identifies Heat Related Illness emergency visits through hospital discharge database, which determine circumstance and contributing factors via review of individual ED and inpatient records. The majority of heat related illness cases are between the ages of 20-69 years of age. There is a high number of cases from individuals between the ages of 20-34, which reflects on the group's tendency to be outdoors for a variety of reasons like recreation, occupation, household chores, etc. and therefore more likely to be exposed to heat and affected by heat. Male construction workers from the ages of 20-50 are at high risk and the elderly age of 70 years and up are too due to household chores, such as yard cleanup and gardening, recreational activities, such as walking. Outdoor activity accounts for 60% of heat-related illness visits to the ER. 40% hospital visits are from 3 groups: Homeless, Substance abuse, Mental illness. The Health Department is putting together 3 sectors the team will approach for prevention of Heat Related Illness; they are Public Safety and Public Health, Clinical Providers and Administration

and Community Organizations. These sectors will discuss prevention strategies and collaborate together to optimize the effect on preventing heat-related illness. They would target the high risk populations to provide the community with outreach information on Heat Related Illness.

7. NATIONAL CONFERENCE INFORMATION SHARING

Dr. Paul Horwitz, Board of Health President introduced to the Board Kristin Barney, Program Coordinator and Kelli Stephens, Special Staff Assistant Senior. Kristin provided an overview of the National Association of County and City Health Officials (NACCHO), its goals and mission whereby, NACCHO seeks to improve the public's health and be a voice for change for local health department members and the core values that are focused on equity, excellence, participation, respect, integrity, leadership, science & innovation. Ms. Barney informed the Board that 40 PCHD employees attended the National Association of County and City Health Officials (NACCHO) 2016 conference in Phoenix, AZ from July 19 – 21, 2016. The conference theme was "Cultivating a Culture of Health Equity." Ms. Barney stated the department will provide a NACCHO Experience that will give employees who weren't able to attend the conference the opportunity to experience and learn about sessions, activities and concepts provided at the NACCHO conference. NACCHO Experience presenters will provide two general sessions to provide a summary of the key note speaker sessions, and four NACCHO track sessions.

Ms. Stephens presented to the Board the NACCHO track sessions: Track 1- Assess and Investigate; Track 2- Building relationships and alliances; Track 3- Shifting public awareness and consciousness and Track 4- Transforming locals from within. Ms. Stephens provided examples of each track, including a process employed by a health department who identified populations who use cooling centers by collecting data through cost-effective surveys to developing local-level behavioral risk factor surveillance system outcome data, to be used to better serve its community. Ms. Stephens provided another example about health departments can use stories to increase awareness, shift consciousness, and initiate data analysis to develop evidence-based programs. Finally, Ms. Stephens discussed concepts used by health departments to ensure health departments employ and maintain a strong, functional, and effective workforce to deliver new programs and services, and that allow health departments to remain key public health leaders in their communities. The next year's conference will be held in Pittsburgh on July 11-13, 2017 focusing on bridging the gap from clinical medicine and population health.

8. CALL TO AUDIENCE

There were no speakers from the audience.

9. SUMMATION OF ACTION ITEMS AND PROPOSED AGENDA ITEMS

Dr. Horwitz gave a summary of the agenda items. The September 28, 2016 Minutes were adopted as written.

10. ADJOURNMENT

The meeting adjourned at 5:15p.m.