

Pima County Board of Health  
Community Health Advocacy Committee Meeting  
Minutes  
April 27, 2011  
Room 1106, Abrams Building  
3950 S. Country Club Road  
Tucson, Arizona 85714

1. CALL TO ORDER:

Dr. Horwitz called the meeting to order at 1:04 p.m.

Mr. Schlueter called the roll as follows:

Ms. Allen - absent  
Dr. Brumm  
Dr. Fulginiti  
Ms. Gonzales  
Dr. Horwitz  
Ms. Trowbridge

A quorum was established.

2. DEFINE COMMUNITY HEALTH ADVOCACY COMMITTEE PURPOSE

Dr. Horwitz solicited opened discussion for ideas regarding what the Committee's purpose should be. One suggestion offered was that the Committee should look at specific disease prevention / disease control issues; look at what needs to be done to address a specific issue; and present a proposed budget. The suggestion included focusing on how to best influence the Board of Supervisors to improve our community's health. The Committee referred to suggestions sent to them by County Administrator Huckelberry and discussed they should look closely at them and decide if and how they would undertake his suggestions. Policy and lobbying for policy were also brought up as potential directions.

University Physicians Hospital came up during discussion. Dr. Fulginiti pointed out that he serves on the board that governs the hospital and would have to excuse himself from any decisions concerning the hospital. Board membership on other health related bodies, or attendance at their open meetings was generally viewed by the Committee as positive and possibly something to pursue. Committee members stated that their experience is that local medical professionals know very little about the Board of Health.

One of the topics offered in Mr. Huckelberry's communication was the State's reduction of the Arizona Health Care Cost Containment System (AHCCCS). Local hospitals expect serious negative ramifications from this reduction. Another Mr. Huckelberry suggested topic was expanded behavioral health services, but the Committee struggled with what they could do in either of these suggested arenas. There were concerns that giving advice may not bring about any change. One suggestion related to the AHCCCS cuts was to gather statistics; contact the head of the Arizona Hospital Association; research the projected fallout; and then go from there. The Committee compared taking on large overarching issues versus specific smaller topics, but generally agreed that the most important factor is the ability to make a

difference. Educating the public on ramifications of the current health system dismantling trend was another topic touched on during this conversation.

Health Department Director Sherry Daniels suggested that in the wake of AHCCCS cuts many people will not know where to go for services and some will just not seek services. Helping connect people with low cost or sliding scale services is something for the Committee to consider. She also said there is a movement wherein medical providers, primarily oncologists, are providing a percentage of service or treat a certain number patients for free, presenting that movement as a possible avenue of relief for the Committee's consideration.

Ms. Daniels was specifically asked for more ideas and responded that she would like to see advocating for a State requirement for immunization documentation being required in child care settings; presently certain immunizations are required, but not the documentation. She said that during a disease outbreak it is difficult to assure actual immunity, and documentation makes the level of immunity more measurable. She touched on "cocooning" (adults closely associated with an infant getting immunized to protect the infant) and asked how we advocate for adults to get immunized. Additionally, Ms. Daniels said that in dealing with the legislature it is important to connect with the right legislator or go through the right community advocate to effectuate change. Discussion affirmed that forming the right partnerships is very important in influencing change.

Dr. Horwitz requested that Committee members individually decide on two to four specific, attainable objectives they want the Committee to focus on and forward them to him for the next meeting's discussion.

3. POSSIBLE HEALTH ADVOCACY INITIATIVES

A number of possible health advocacy initiatives were touched on as part of item 2, Define Community Health Advocacy Committee Purpose. The course of dialogue made it impractical to dissect the discussion into separate narratives.

4. COMMUNITY HEALTH ADVOCACY COMMITTEE MEETING SCHEDULE

Dr. Horwitz established that the next Committee meeting will be at 2:00 pm on May 25, 2011.

5. CALL TO AUDIENCE

There were no speakers from the audience.

6. ADJOURNMENT

The meeting adjourned at 2:39 p.m.