

Pima County Board of Health Minutes

January 27, 2021

Teleconference / MS Teams Meeting / In-person

Abrams Building, Room 2359

3950 S. Country Club Road

Tucson, Arizona 85714

1. Call To Order

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

Attendance:

Mr. Bin An - Absent

Mr. Rene Gastelum - Absent

Mr. Charles Geoffrion, Vice President

Ms. Mary Lou Gonzales

Dr. Paul Horwitz, President

Mr. Mike Humphrey

Dr. Kathryn Kohler

Mr. Miguel Rojas

Dr. Gail Smith

Ms. Carolyn Trowbridge

A quorum was established (8)

Non Board Members:

Dr. Francisco Garcia, Deputy County Administrator, Pima County, Absent

Dr. Theresa Cullen, Pima County Public Health Director

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

Presenters

Mr. Mark Person Person, Pima County Health Department, Program Manager

Ms. Amanda Monroy, Pima County Health Department, Special Staff Assistant

Ms. Jennie Mullins, Pima County Health Department, Program Manager

2. Pledge of Allegiance

Due to Teleconference Meeting the Pledge of Allegiance was not conducted.

3. Minutes Adoption

- Adopted Board of health Minutes December 16, 2020

A motion was made and seconded (Mr. Rojas/ Mr. Geoffrion) that the December 16, 2020, Board of Health Minutes be adopted as presented. The motion carried 8-0.

4. Call to Audience

- No speakers for call to the audience

5. Director's Update

- Dr. Cullen started her report by reviewing current COVID-19 data. The death data and hospitalization report was emailed to board prior to meeting. Dr. Cullen shared that COVID-19 cases seem to be plateauing but death data has not plateaued yet. Hospital availability has improved, around 15 beds are available in ICU every day. When it comes to testing it has seemed to drop off this week.
- Dr. Cullen shared it is believed that we will reach 100,000 doses this week.
 - Target is to give 6,000-7,000 vaccinations a day.
 - There are currently five vaccination pods in the County.
- Dr. Cullen acknowledged a lot of chatter on social media on how to get registered. A call center has been stood up for folks without internet to schedule appointments. TMC has provided a certain number of slots to schedule for those without internet. PIMA COUNTY HEALTH DEPARTMENT is still trying to figure out what to do about second shots from other counties.
- Mr. Rojas asked if Pima County needs military assistance to administer the vaccine.
- Dr. Cullen Responded that 13-14 people came in from FEMA this week to help. PIMA COUNTY HEALTH DEPARTMENT also has a lot of volunteers that are coordinated with the State. TCC and U of A are using people who work for them to staff facilities. A request to the State was made to help set up Rillito. If we were to stand up Rillito now we would need to pull immunizations from other sites, so that is why it has not been stood up. The accelerated vaccine plan requires that Rillito be stood up to reach the maximum number of vaccines administered.
- Mr. Humphrey said he read in paper that the state is not offering assistance but read somewhere else that they did offer assistance but that the county had refused it and wants to know which the case was.
- Dr. Cullen responded that she thinks the impression we refused help came from a comment she made during a Southern Arizona Leadership call she was on with Dr. Christ. When asked if state help was wanted to set up large stadium, she said right now we don't have enough vaccine, so it is premature. That comment may have led to the mixed reporting. Pima County is able to administer all the vaccine they are able to receive and are ready to run a large POD site if they have enough vaccine to do so. She went on to mention the CDC has pushed out \$65.6 million as part of the appropriations bill from early January. Last Friday, a document was submitted to ask for funding from this pile.
- Mr. Rojas asked what the procedure for acquiring vaccine is.
- Dr. Cullen responded that there is a software tool the Health Department can log into that shows the allocation. Once PIMA COUNTY HEALTH DEPARTMENT knows their allocation in a rapid time period they decide how to allocate that vaccine allotment. She mentioned that there is not much transparency in how the State is allocating vaccine. When health workers were getting vaccinated, vaccine numbers were distributed by proportion of health care workers in the area. No one knows what calculations are occurring now. Pima County sent their

accelerated plan to the state on January 8th. The plan had a minimum and maximum of what could be distributed in Pima County.

- Mr. Geoffrion stated Pima County is 13% of the Arizona population but is receiving 10% of total vaccine received and wondered if Pima County is doing everything it can to get more vaccine.
- Dr. Cullen responded that Pima County is advocating as much as they know how. Everyone in the Health Department is working as hard as they can. PIMA COUNTY HEALTH DEPARTMENT is advocating as much as it can and knows how to, mentioning that advocacy needs to occur higher up.
- Mr. Rojas asked what is higher up, who does BOARD OF HEALTH need to communicate with to advocate?
- Dr. Cullen responded County Administration has been a huge advocate. She defers to Dr. Horwitz and the Board of Health for further advocacy. That these supply issues are a national issues, Pima County is not the only place struggling. There is very little transparency in allocation at a state level and it is not known where the allocations to the stadiums is coming from.
- Dr. Horwitz asked if DC decides state allocation and who at the state level decides the county allocation.
- Dr. Cullen responded that at a state level she is not sure how allocations are being made, other counties have also expressed concern over the lack of transparency. Ideally we would be told how much is given to each county. Whoever allocates at national level uses the software system Tiberius, PIMA COUNTY HEALTH DEPARTMENT does not have access to this software system. The software system they log into to see their allocation is a different system.
- Dr. Horwitz asked if Dr. Cullen meeting regularly with other directors from across Arizona and if six weeks between doses the new recommendation?
- Dr. Cullen responded that she meets twice a week with them and the concern over the lack of transparency is shared by other counties. When it comes to time between doses six weeks in between shots is not the new recommendation but rather something that could be done if needed.
- Dr. Cullen then provided a department update not related to COVID-19 focused on the strategic planning process. This plan is looking at areas the department wants to be working in, organizational charts, and what are ways the department can improve. Fifty five new temporary positions were created in the department to help with COVID-19 and vaccine needs. These temporary positions are for 6-12 months. Multiple interviews have occurred to fill these positions. These positions will be dedicated to only working on COVID-19.
- Ms. Gonzales shared that she appreciates the work that Dr. Cullen is doing and appreciates the news conferences.
- Dr. Cullen shared that Supervisor Villegas was very insistent that the health department had a public presence that would reflect what's going on and it is because of her support this is occurring and she is appreciative for that.

6. A proposed Resolution By The Board of Health To The Board of Supervisors Requesting Their Support In Asking The State of Arizona To Impose a Statewide Mask Mandate

- Mr. Humphrey gave an introduction to the topic.
 - Masking is more crucial now than ever and there is a need for consistent policy. Science is telling us masks are important. The proposed resolution is asking that the Board of Health request to the Board of Supervisors to petition Governor Ducey to put in place a statewide mask mandate.
- Dr. Horwitz clarified that this is asking for continuity in the rule, so there is not patchwork of enforcement across Arizona.
- Mr. Humphrey agreed that these rules are tricky and hard to enforce but this should not stop us from suggesting that this is what we should do as a community. Governor Ducey not including a face coverings mandate in his executive orders gives people an excuse not to do it.
- Dr. Horwitz agreed, adding that it is important to stress even after getting vaccinated we are still going to have to wear masks. Masks are not going away after vaccination.
- Mr. Geoffrion proposed a friendly amendment:
 - He requested wording be added that says masks be required until science no longer recommends them as necessary.

The motion was made and seconded (Mr. Rojas/Mr. Geoffrion) that the friendly amendment be accepted and that the Board of Health request the Board of Supervisors support in petitioning Governor Ducey to put in place a statewide mask mandate.

The vote was called by name and the motion carried 7-1.

7. Update on Suicides And Overdoses In Pima County

- Mr. Person shared the interactive data dash boards for both suicide and overdose deaths. This was shown live on the computer. The data that was shared with the group was from 2015-2020 for both overdose deaths and suicides.
- Mr. Person started his presentation by going over the overdose death data for 2015-2020. Mr. Person shared that 2019 is when the data really strayed away from its regular patterns. The swing that occurred was unusual to see and not consistent with past data. In 2019, there were 441 drug overdose deaths. In previous years, it hovered around the mid to high 200's, 2019 is an all-time high in tracking this data. Non-pharmaceutical fentanyl and methamphetamine make up majority of the deaths reported.
- Dr. Horwitz asked how many overdose deaths are accidental versus intentional?
- Mr. Person responded that a majority of overdose deaths this year were accidental, about 4.5% were suicides. It is usually 8-10% suicide, so this number has gone down. Fentanyl is a major contributor to overdose deaths. Fentanyl is a household name now and it is very unpredictable. The unpredictability is what makes it so fatal.
 - 2018-2019 is when you see pill pressed fentanyl make its way onto the scene.
 - Fentanyl can have a high potency and is easy to conceal.
- Mr. Person added that there were big peaks in 2020 in overdose deaths and April/May is where the increase began and June is where it was peaking to unheard of levels before falling.

- Dr. Horwitz asked if it is more potent drugs leading to the fatalities and if NARCAN is able to be used with methamphetamine.
- Mr. Person responded that NARCAN only works on opioids, it does not work on stimulant overdoses. The number one factor in the increase of overdose deaths is the potency and availability of non-pharmaceutical fentanyl and methamphetamines. Increased isolation and reduction in social interactions caused by the pandemic are other factors contributing to the increase of overdose deaths. Mr. Person showed the Board of Health how drug types have changed over the last four years and that in 2019 you see fentanyl use take off. Heroin use generally stays consistent since there really is not a change in IV drug users. In 2019 into 2020, you see people in their 20's hit particularly hard by overdose deaths and majority of these deaths were fentanyl related.
- Dr. Smith asked where the non-pharmaceutical fentanyl is coming from and what is making it more potent and if people who are addicted to fentanyl were once prescribed fentanyl.
- Mr. Person responded that fentanyl is not a frequently prescribed drug. The drug is getting shipped through drug cartels. There has been an increase in seizures of fentanyl. Local fentanyl is coming up here from Mexico. Mr. Person also shared that a lot of these overdose deaths are polysubstance. It is hard to tell which substance caused the death. When reviewing witness statements, there may be more information revealed on how the death may have come about.
- Dr. Horwitz shared that originally fentanyl was manufactured in China then shipped to Mexico. Cartels found it so lucrative that they learned how to start producing the drug themselves. That unlike cocaine, there is no incentive to cut it to make it less potent due to the process of how it is manufactured. This leads to really high potency fentanyl being produced.
- Dr. Smith asked if fentanyl cheaper than other drugs.
- Mr. Person responded it is one of the more accessible drugs since it is easy to conceal, exchange and is relatively cheap. Cocaine and heroin are much more expensive to buy.
- Dr. Horwitz asked if fentanyl is being used inside the prison population.
- Mr. Person responded that he cannot speak to all prisons but he can to the jail and local prison here in Tucson. It's rare to see overdose deaths in general and that there is not fentanyl overdose trend occurring in our local prison or jail. Mr. Person pointed out that 40-50% of overdose deaths had one or more charges in the past that were drug related. Common to see deaths following releases from custody rather than in custody
- Mr. Geoffrion asked if there has been an uptick in selling and providing drugs.
- Mr. Person responded saying arrest went down in 2020 due to a variety of environmental changes. Mr. Person went on to share that African American and Native Americans are the two most impacted groups by drug overdose deaths in last four years. These two communities were hit particularly hard in 2020 and a health advisory was sent to partners who provide counseling and medication support, and groups that work closely with these two populations.
- Mr. Person went on to share the suicide data dash board information. The rate of deaths by suicide have not changed drastically like overdose deaths have. There is still an unacceptably high number of suicides and 2019 was a record setting year hitting people in their 20's hard. In 2020, the rate was not as bad as 2019 but will finish around 230 which is still extremely high. In 2020, the biggest change was seen in those under 18 and those in their 50's. In 2020, two youth under 12 and eleven under 17 committed suicide an increase from 2019. The change in this age

group was influenced by the change in environment when the pandemic hit. This is known through witness statements and notes. Mr. Person mentioned they are currently working on a way to capture quantifiable data from suicide notes. There were a lot of danger indicators being accelerated during the pandemic. Firearms continue to be the most used method and in 2019 their use went up a bit.

- Mr. Humphrey mentioned what he was hearing in the community was that suicides had gone up drastically in 2020.
- Ms. Gonzales asked if there is data available on if they visited a provider the month before committing suicide.
- Mr. Person responded that there currently is no fatality review committee for suicides. A committee should be on its way. These types of committees are now mentioned in ARS and funding just needs to be identified. Mr. Person and his team right now do as much electronic surveillance as they can. The data that Mr. Person does have access to is who was enrolled in Medicaid at time of death. This data will show if the person was listed as GMH or SMI. Nearly 50% of suicide decedents had past mental health enrollments in Medicaid. This does not mean that they were receiving services at time of death.
- Mr. Humphrey wondered since guns make up over 60% of suicides, would this committee be able to look at type of gun used and where the gun was obtained.
- Mr. Person responded that right now they are able to circle back to law enforcement to see who the owner was and the type of firearm used. Mr. Person mentioned he is interested in finding out which suicides involved a gun purchase close to the day of death. With this data there are good protective factors that could be put in place as an intervention in those instances. Mr. Person mentioned concern over how the gun debate stigmatizes people with mental illness, neglecting the mental health victims of firearms.
- Mr. Person pointed out that there are racial and ethnic disparities present in who is committing suicide. Historically there is a high rate of suicides per 100k seen amongst Native Americans and White non-Hispanics. Recently, there have been shifts in African American community which has been seeing an increase in suicides over the last two years.
- Dr. Horwitz asked if mode of suicide is pretty uniform across age groups and if as you get older are suicides more related to terminal illness.
- Mr. Person responded that yes, we do see people with chronic disease or advanced age committing suicide and they usually leave pretty intimate testimony behind. Adults have more access to firearms and more males use firearms. With kids, you see more hangings and asphyxiation. In 2020, there was a good number of kids who used firearms.
- Ms. Gonzales asked what plans for prevention are.
- Mr. Person responded that there are several current methods of prevention.
 - Continued surveillance
 - Send advisories out to impacted communities
 - Send what they are able to give to providers working in suicide prevention
 - Incorporate the data that is being collected into educational materials
 - Suicide prevention education in schools
 - Mental health first aid training.
- Mr. Geoffrion asked if they track sexual preference in the data.

- Mr. Person responded that those in the LGBTQ community are at extremely high risk. Unfortunately current death certificates are not inclusive of that data. Sexual preference data can only be gathered through investigation.

8. Community Engagement Plan And Community Advisory Committee

- Ms. Monroy from PIMA COUNTY HEALTH DEPARTMENT shared an overview of the draft community engagement plan. She covered the basic components of the plan which the BOARD OF HEALTH previously received. Her presentation covered the need to address vaccine hesitancy in the community and the need to tailor messaging to fit the community. It was also mentioned the need to make sure youth are actively reached out to and engaged. The goal the plan is working towards is:
 - By June 30, 2021 Pima County residents will have access to accurate, accessible and relevant information and communications that raise community awareness, increase community participation and improve vaccine acceptance.
 - The following objectives were shared:
 - Planning and rollout to general public will be guided by a time-limited, broad-based Community Advisory Committee including representatives from underserved communities/groups that are harder to reach
 - By June 2021, Pima County residents, especially high-risk groups, have access to culturally appropriate information and vaccination sites in the community
 - By June 2021, youth (13-21) in Pima County are actively engaged and leading efforts to promote information and resources on COVID-19 and the vaccination program that is created for youth and by youth
- Ms. Monroy shared a key finding from the PIMA COUNTY HEALTH DEPARTMENT strategic Planning Survey. The finding found a strong Health Department presence in Pima County's diverse neighborhoods will play a crucial role in the effective distribution of COVID-19 vaccinations.
- Dr. Horwitz asked if June for the objectives too late.
- Ms. Monroy responded that in the plan the timeline is shown that this work starts in February/ March. June is the when we want to have a significant portion of these programs rolled out. Wide reach into community by June is the goal since this is when we are going to see more of the general population getting vaccinated.
- Ms. Gonzales asked if they are going to use media like Spanish radio and TV to get message out.
- Ms. Monroy responded that a broad range of ideas and strategies are in the plan and they do include targeted media. Another key part is community engagement plan is to make sure we are engaging with the community and treating them as experts.
- Ms. Trowbridge stated that the format for the community advisory group can be used for far more than just COVID-19. This can be a good model for further community engagement.

- Dr. Cullen responded that COVID-19 is an exemplar model to why we need to do this work at community level and with community engagement. Subsequently be able to role this into most of what we do in health department.
- Mr. Geoffrion wanted some clarity on goals mentioned in the draft plan, specifically related to total population vaccinated and vaccine hesitancy. He mentioned that trying to get 65% of resident confident by June 30th and 60% successfully receive dose by December 2021 was not high enough. He urged the department to set goals as high as possible.
- Dr. Cullen responded that she agrees, the 60% vaccine received data point needs to reflect the 80% that is in accelerated plan. Dr. Cullen shared she is not sure about confidence to get vaccine being raised. She is willing to raise it. The department will go back and look at both data points. Dr. Cullen mentioned more feedback on plan is welcomed to help provide guidance. Dr. Cullen shared this is a concurrent effort with vaccination. Right now people cannot get the vaccine because of supply. She argued that working on a community engagement plan is critical component for high vaccination rates.
- Dr. Horwitz brought up that during the interview process for Dr. Cullen this was one of main goals, and COVID has thrown us into it, this was something that was wanted to be worked on.
- Dr. Cullen responded that community engagement is how you make significant lasting community change.
- Mr. Humphrey commented that community outreach should not just be a health department thing, every hospital and agency should be pushing the idea to get vaccinate.
- Dr. Cullen agreed and that is why PIMA COUNTY HEALTH DEPARTMENT has multiple paths of engagement through schools, business, clinical and hospital care, and rural fire departments. Those venues are activated for vaccine delivery. With community engagement, the point of doing it is not just to get vaccine delivered but to engage people in a path of wellness. This is not to distract from delivering vaccine. Most of those groups right now what they want is to get vaccines delivered.
- PIMA COUNTY HEALTH DEPARTMENT has looked into who has registered for vaccination based on the Social Vulnerability Index. Dr. Cullen shared there is a discrepancy already occurring in who is getting vaccinated. This is not based on hesitancy but greater reflection of poverty and how the vaccine is accessed. Working to do more outreach in communities seeing this type of disparity.

9. Ethics Committee Update- Standing Item:

- Ms. Mullins from PIMA COUNTY HEALTH DEPARTMENT shared that the ethics committee has been meeting virtually over the past month reviewing the 1B group. Some additions and amendments have been made based on the committee's feedback. One change that was made per the committee's suggestion was vaccinating faith leaders who minister to the sick. She shared that a sub-committee was formed to discuss how an exemption process may work. At next ethics meeting they will be discussing groups that currently are not mentioned in the plans and looking for more guidance on how to make things equitable and accessible.

- Dr. Cullen Shared that Pima County is the only Department with an ethics committee. This committee is still young but has been a wonderful opportunity to make sure we are not just pulling decisions out of thin air.

10. Declaring Racial & Ethnic Inequities & Income Inequality In Pima County To Be a Public health Crisis- Standing Item

- Dr. Cullen shared that racial and ethnic inequities are present in vaccination that in no state is the immunization rate reflective of members of the African American Community. This could be in part to that racial and ethnic data not being collected at the time.

11. Summation of Action Items and Proposal of Future Agenda Items

N/A

12. Adjournment

The motion was made and seconded (Mr. Rojas/Dr. Horwitz) that the January 27, 2021 meeting adjourn. Motion carried 8-0.

The meeting adjourned at 5:10 PM.

The next meeting is scheduled for February 24, 2021, at 3:00 P.M.