1. CALL TO ORDER:

Dr. Horowitz called the meeting to order at 3:00 pm.

Attendance was as follows:

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

A quorum was established.

2. PLEDGE OF ALLEGIANCE

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

3. MINUTES ADOPTION

- Adopt Board of Health October 28, 2015 Minutes

The motion was made and seconded (Mr. Geoffrion/Dr. Smith) that the October 28, 2015 Minutes be adopted as written. The motion carried 8-0.

4. Director’s Update and Report on Accreditation

Dr. Francisco García, Health Department Director addressed the Board to provide them with an update on PHAB Accreditation site visit. The site visit has been confirmed for March 8 & 9. The Governance meeting which includes County Administration, BOS and the BOH will take place during the morning of March 9 in the Abrams 1st Floor Conference Rooms. Alan Bergen will confirm the exact time and notify the BOH and also provide the members with talking points for the meeting tailored specifically for them.

Ending Poverty Now Initiative:

Dr. Francisco García introduced Bonnie Bazata, Ending Poverty Now Initiative Program Manager to address the Board on the Ending Poverty Now Initiative. This Initiative is part of the Economic Development plan passed by the BOS last summer. Poverty negatively affects every outcome in our community from Health and Education outcomes to the ability to get, keep and attract self-sufficient wage jobs and Community sustainability. About 1/5 of the population in Pima County lives in poverty; 1 in 4 in Tucson; 1 in 3 are children and about half the population live close to 200% of poverty
threshold. Tucson is 7th out of 100 cities for concentrated poverty with 70% living in high poverty neighborhoods and research shows concentrated poverty is very difficult to escape especially when intergenerational poverty factor is added. Children of color experience poverty at the highest rates with one in 3 living in poverty as compared to white children. A report by the Robert Wood Johnson Foundation states that ‘a child’s life expectancy is predicted more by his/her zip code than genetic code.” In 2013, the American Academy of Pediatrics named poverty as “one of the greatest threats to children’s health” which is a shift by the health community away from the usual disease driven model. Poverty is likely to define many children’s life trajectories in the harshest terms: poor academic achievement, high dropout rates, and health problems from obesity and diabetes to heart disease, substance abuse, and mental illness.

Researches are now looking at the stress of poverty and how it affects body, brain and behavior and liken it do the effects of pulling an all-nighter and consume mental resources with as much as 13 points in their IQ.

Poverty impacts Pima County government significantly committing significant resources that impact thousands of residents from the Health Department to One Stop to Community Action Agency to the Jail to transportation.

There are four approaches to shift away from managing poverty to reducing it. These four approaches are preventing poverty, alleviating suffering, aiding transition to economic stability and addressing structures in a community.

Pima County is taking the leadership role in the EPN model and is building a partner network, resource coordination with nonprofits and faith community and bundling services.

6. **Access to Care – New Open Enrollment**

Kim Tham, Pima County Health Department Enroller addressed the BOH to update them on the Health Insurance Options under the Affordable Care Act enacted in 2010 to help those uninsured gain access to affordable healthcare. Some of the changes the ACA brought are: no health insurance denials or increased premiums because of pre-existing conditions or gender; young adults can stay on their parent’s health insurance plan until age 26; new and expanded ways to get health insurance; provisions for financial assistance to help make health insurance plans affordable; increase access and emphasis on preventative care. Some new standards added are: minimum value standard; large employers must offer coverage; affordability standard; establish standard health insurance coverage; holds health insurance company accountable. The health insurance options under the ACA are: AHCCCS (Arizona’s Medicaid Program) provides health insurance for low income individuals and families with low or no out of pocket costs; Arizona’s Federally Facilitated Health Insurance Marketplace: Employer health insurance; Pearce Crops coverage, Veterans benefits or AI/AN Health Services.

The HD and the Access to Care team has been active in community engagement in order to lead a concerted effort to reduce the number of uninsured, educated residents in Pima County. This has been done in two main ways. The first is leading the Pima County Coalition Team made up of approximately 2 dozens partners that reach out to uninsured residents and help them get access to care. The second way is through a new program which began this past February that offers education and enrollment assistance run out of four of the HD clinics.

Ms. Tham shared a letter addressed to Tom Betlach, AHCCCS Director regarding Arizona’s Application for a new Section 1115 Demonstration sent from the Pima County enrollment Coalition who support
only those changes that will improved member’s health outcomes and asks that CMS give careful consideration to both intended and unintended consequences of Arizona’s proposed Waiver. The Coalition states that the proposed cost sharing, lifetime limits, elimination of non-emergency transportation and work requirement provisions related to AHCCCS Cares and AHCCCS Works are barriers to care which will result in poorer health outcomes and increase the number of uninsured. She asked the BOH for their support Dr. Horowitz moved endorse the recommendations in the letter written by the Coalition; this was seconded writing by Ms. McComb-Berger. Ms. Trowbridge proposed that the BOH write three letters: one to the Governor, one to CMS and one to the BOS in which the BOH suggests to the BOS they also write a letter to the Governor and CMS; which the BOH voted on and seconded. A vote by the BOH was unanimous.

7. **Proposed Changes to PCHD Code/Ordinance**

   o **Code 6.04.070 Licensing** –

     Kim Janes, Division Manager - CHAD updated the BOH on changes to PACC Code 6.04.070 Dog vaccinating, licensing and permitting procedure and fees within county limits. PACC determined they did not want to eliminate spay/neuter fees in the ordinance, changes were made to the code that exclude areas which would interfere with fees derived by spaying and neutering animals. This ordinance will be presented to the BOS on January 19 and the BOH does not need to take any action on this code.

   o **Update on Chapter 8, Food, Pool and Fees** –

     David Ludwig, Program Manager - CHFS updated the BOH on the proposed changes to Chapter 8.04 Health Code which covers all the health permits regulated by CHFS with the biggest part of the changes occurring in the fee structure He also handed out copies of the updated 8.08 Food Code and briefly mentioned the proposed changes to the 8.32 Pool Code as he plans on coming back to the BOH on January 27 to present final versions before they go to the BOS on 2/16.

   o **Proposed New Ordinance, Point of Sale Tobacco Retailers** –

     Greg Rivera, Program Manager - TCD updated the BOH on the changes to the new Point of Sale Tobacco Retailers Ordinance that is going before the BOS on January 19th. Ms. McComb-Berger made a motion to endorse the Ordinance and Ms. Smith seconded. A vote by the BOH was unanimous.

8. **CALL TO AUDIENCE**

   There were no speakers from the audience.

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

   As Dr. Horowitz and Ms. Trowbridge had to leave before the end of the meeting, Mr. Geoffrion gave a summary of the agenda items.

10. **ADJOURNMENT**

    The meeting adjourned at 5:30 p.m.