

**PIMA COUNTY**

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**HEALTH DEPARTMENT**

## 2020 Current State Review

Strategic insights on public health and the Pima County Health Department from community members, stakeholders, staff, and subject matter experts

December 2020

Prepared for: Pima County Health Department

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# Executive Summary

This report reflects the combined personal and professional perspectives of Pima County Health Department (PCHD) employees, external stakeholders, community members, and subject matter experts (SME) in the field of public health. Through a series of targeted surveys and strategic interviews, more than 2,100 Pima County stakeholders and 33 public health subject matter experts we consulted in order to better understand the internal, external, theoretical, and applied factors of public health that should be considered as PCHD begins its strategic planning process in 2021.

## Summary of Key Findings & Recommendations

### Finding #1

**More should be done to listen to and communicate with Pima County community members.**

#### Key Recommendations

- Prioritize and invest resources in telling the stories of Pima County's community
- Previous methods have not captured vulnerable populations
  - Rural populations with little or no connectivity
  - Aging population with few tech skills and/or mistrust of technology
  - Individuals experiencing homelessness
  - AI/AN populations who don't want to be "counted"
- Embed PCHD staff or community partners in neighborhoods to open communication lines and build trust

### Finding #2

**A strong PCHD presence in Pima County's diverse neighborhoods will play a crucial role in the effective distribution of COVID-19 vaccinations.**

#### Key Recommendations

- Identify people who are well respected in specific communities to act as vaccine champions
- Prioritize methods for understanding and communicating with Pima's diverse population

### Finding #3

**PCHD's tactical response to COVID-19 has paved the way for continued and increased collaboration with local healthcare facilities.**

#### Key Recommendations

- Continue weekly meetings with local hospitals and facilities throughout the pandemic and even beyond
- Build off these relationships to form meaningful working groups to address gaps in surveillance systems and data sharing

## Finding #4

**Opportunities exist for PCHD to strengthen and grow its working relationships with academic institutions.**

### Key Recommendations

- Leverage connections with academic institutions to participate in internship and workshare programs to fill gaps in staffing
- Leverage the unique knowledge of local faculty to help with policy, communications, and community-building activities
- Collaborate with academic institutions to identify and acquire mutually beneficial funding opportunities
- Research and consider the ROI of a shared Health Data Network

## Finding #5

**Stakeholders and community members see three health issues as top priorities for PCHD:**

- Behavioral Health
- Substance use Disorders
- Diabetes

## Finding #6

**Stakeholders and community members see three social determinants as top priorities for PCHD:**

- Schools & Educational Opportunities
- Economic & Financial Issues
- Health Equity & Anti-Racism

## Finding #7

**PCHD resources, staffing model model, and recruitment policies and practices are inadequate to meet the evolving needs of its staff.**

### Key Recommendations

- Ensure that leadership is leadership is empathetic, science-based, and respectful of its staff and community
- Reevaluate communication and decision-making structure
- Take an empathetic, people-centered approach to problem solving
- Work with Human Resources and administrators to understand ways of modernizing recruitment and hiring processes and requirements

## Additional Considerations

*“I think you've got to start by seeing yourself as the chief health strategy within your community, that anything that is health related, harms people, hurts people, helps people is yours, around health. It's a leadership role. [It's] not necessarily that you do everything, you just have to make sure that it gets done.”*

*- Public Health Professional*

There are several organizations, government agencies, and citizens that could play a role in expanding the reach of efficacy of PCHD’s public health initiatives. The following table outlines potential key partners identified by PCHD staff that could make the department more effective.

Suggested Key Partners	
Town/City Government	EPA/Department of Environment Quality (DEQ)
DEA/Customs	Criminal just providers (probation, parole, defense)
Law Enforcement	Libraries
Fire Departments	Families of all types
Healthcare providers (primary care, hospitals, mental health, community health centers)	Schools (preschools, public, charter, post-secondary)
Sonoran prevention workers )addiction treatment)	School nurses
Department of Transportation	Community organizations

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## Methodology

Data was collected for this review through three distinct surveys which targeted various stakeholder groups and interviews with 33 local, state, and national SMEs in the field of public health. These two methods ran concurrently through the majority of this discovery phase but began to intersect in early November when the three surveys were closed and their initial results were released. These initial survey findings were then used to guide the remaining interviews with SMEs in order to collect feedback, insights, and strategies on addressing themes unearthed in the survey results.

This report is a synthesis of the data and insights collected from September 28 to November 30, 2020 and references some, but not all, statistics and findings collected during this time. For detailed summaries of the surveys, please see “Strategic Planning Surveys” report.

## Surveys

For all surveys, respondents completed the survey using an online platform between September 28 and October 17, 2020. All surveys were designed to be anonymous, with no identifiers requested and no attempts made to re-identify individual respondents. Quantitative responses were analyzed using frequencies and percents. An open coding approach identified relevant themes from open-ended questions.

### Internal Stakeholder Survey: 137 Respondents

Respondents	Question Topics	Recruitment Strategy
Employees of the PCHD (English language only)	Mission, vision, value, operational tenets, and services	Email request to employees from leadership with multiple requests for follow-up

### External Stakeholder Survey: 466 Respondents

Respondents	Question Topics	Recruitment Strategy
Community organizations and key partners identified by the PCHD (English language only)	Social and environment issues, health care services, health priorities, and services	Email request to known contacts using existing contact information and listservs

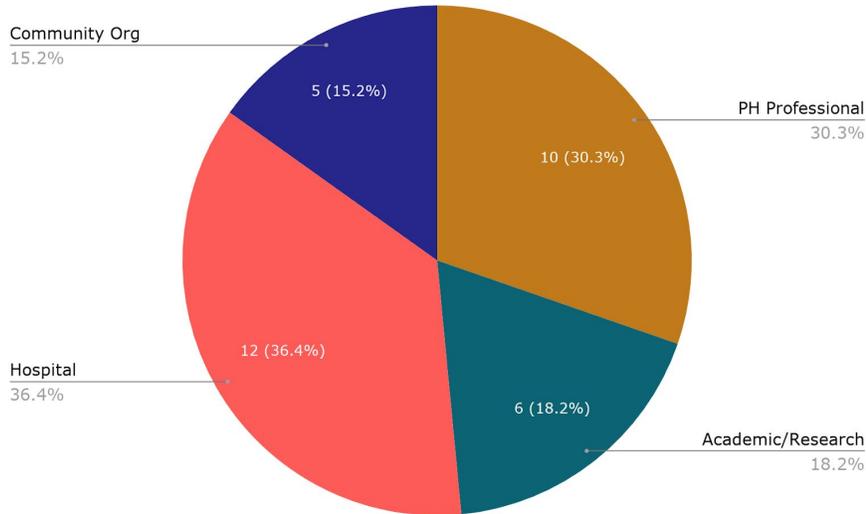
### Community Survey: 1,528 Respondents

Respondents	Question Topics	Recruitment Strategy
Pima County community members (English and Spanish languages)	Social and environment issues, health care services, health priorities, and services	Survey link posted on social media channels and websites

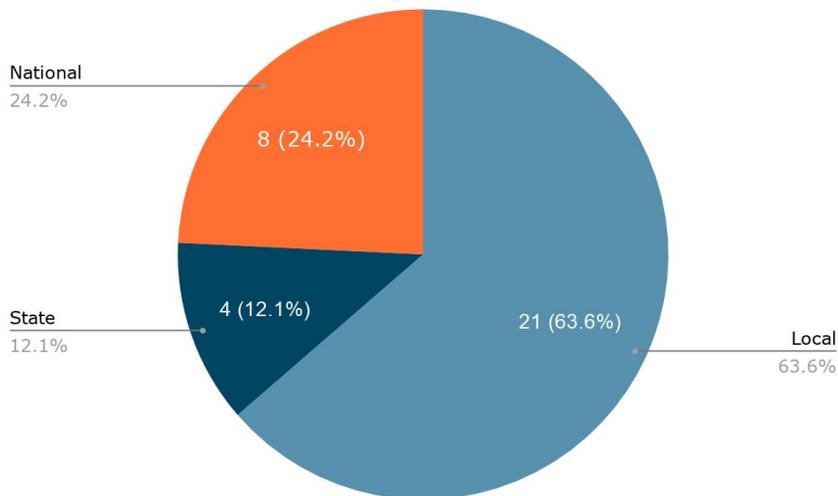
## SME Interviews

From October 7 to November 30, 2020, 33 interviews were conducted with local, state, and national public health SMEs from four key focus areas. A basic set of questions for these interviews were developed in conjunction with PCHD leadership. These questions were refined and adapted based on previous information gained and the focus area of each SME.

**Experts were interviewed from four key areas, including Public Health Professionals; Academic/Research; Providers & Hospital Leaders; Community Organization Leaders**



**The majority of interviewed SMEs were within or near Pima County, but public health professionals with state and national perspectives were also consulted.**



## Output

Key findings and insights from these discovery methods were synthesized into

- Findings & Recommendations Report
- Draft SWOT analysis of Strategic, Tactical/Programmatic, and Operational domains

## Limitations

These surveys and interviews were conducted during the COVID-19 global pandemic, an event which taxed the physical, intellectual, and emotional capacity of both public health workers and their communities. This limited the ability of key stakeholders, community members, SMEs to participate in this discovery process.

Only one Spanish-language community survey was returned, as compared to over 1,500 English-language surveys. To ensure broader representation of Spanish-speaking community members, future survey administrations may consider alternate approaches to survey dissemination and advertising.

# Findings & Recommendations

## Finding #1

More should be done to listen to and communicate with Pima County community members

*“To be a good or great public health department, I think, one has to be proactive about what issues are going on with the community. There's a lot of things you can't anticipate, but I think that for some of the things you can. I think having the capacity to respond to certain things, whether that's having capacity that's always available, or having the ability to sort of flex up and flex down.”*

- Public Health Academic/Researcher

Public health SMEs consistently agreed that a great health department is one that is viewed as trustworthy and responsive by its community. To build this trust, it must:

- Proactively maintain awareness of the population's needs
- Actively demonstrate value to the community
- Enable health equity

Based on feedback from PCHD employees and results of the surveys employed for this review, opportunities exist to solidify the connection and relationship with community members to better understand their needs:

- Lack of community awareness/buy in/trust is the third highest obstacle facing PCHD (tied with leadership and policy/politics).
- Among PCHD staff, community engagement was the number one initiative that should be invested in moving forward.

*“[We should be] listening to our community. Our arrogance creates a barrier. We believe we know better (are better) than the community we serve. There is a disassociation between our work and the community we serve. We need data, but we do not invest in obtaining good data processes systems. there is a plan to change this, however, it is only a plan at the moment. There have not been any people hired to do this work.”*

- PCHD Staff

Demographic results of recent surveys highlight the disparity in collected data. The tables below provide contrast survey respondents with US Census Bureau Data<sup>1</sup>:

### Age Demographics

	% Survey Respondents	% Pima County Residents
Under 18	0%	20.6%
18 - 64 years	53%	59.1%
65+ years	38%	20.3%
Prefer not to say/skipped	9%	N/A

### Race Demographics

	% Survey Respondents	% Pima County Residents
White only	76%	84.8%
Black or African only	1%	4.2%
AI/AN only	1%	4.4%
Asian only	1%	3.3%
Pacific Islander only	~ 0%	.2%
Multiple Races	2%	3%
Prefer not to say/skipped	19%	N/A

### Hispanic Origin Demographics

	% Survey Respondents	% Pima County Residents
Hispanic, Latinx, or Spanish	14%	37.8%
Non-Hispanic/Latinx/Spanish	69%	51.2%
Prefer not to say/skipped	17%	N/A

Public health SMEs agree that using virtual surveys are helpful tools in gaining information quickly, but do not capture the entire story of a community.

<sup>1</sup>U.S. Census Bureau QuickFacts: Pima County, Arizona <https://www.census.gov/quickfacts/fact/table/pimacountyarizona/LND110210>

*“You got to go to the hood, and get to the neighborhoods; you've got to get community organizations that reach into those communities. You start by having a diverse staff of your own having outreach workers, you know, those communities and have town halls and forums in those communities to hear their voices. You gotta go to them, they're not going to come to you.”*

*- Public Health Professional*

It is also critical to understand that quantitative data is only one piece of a complete view of what is happening in a community. Community narratives and awareness are necessary to have an equitable approach to talking about health data and public health issues:

*“I think most health departments feel they under communicate, would love to have more communications professionals and more sophisticated communications professionals. They may have somebody who's very good, but that doesn't mean that you're pushing information into a barber shop, and a black community, which is the way the buzz really gets spread around. So when we're talking communication, I don't mean just the formal, media type communication, but driving deep into the neighborhood.”*

*- Public Health Professional*

Reporting this information back to the community in an equitable way is also an important factor in building trust and ensuring health equity:

*“Simply publishing a chart that says black folk are more likely to get sick than white folk and leaving it at that can be regarded as a type of stigma; you are labeling them as higher risk, higher cost. You're not explaining the factors. If you explain it solely in terms of behavioral risk factors, then you've taken that stigmatization, and you've added, okay, not only are they a poor risk as a population, but they're poor risk because they're behaving so poorly. You've additionally stigmatized that community.”*

*- Public Health Professional*

## Recommendations

- Prioritize capturing and telling the stories of Pima County’s diverse community
  - Use an iterative, human-centered design approach to continuously engage and refine these
- Reevaluate how and how often community stories and data are being collected
  - Invest resources in expanding community outreach
- Do not rely solely on virtual surveys to collect data on the community. This method will likely not be able to capture to needs of your most vulnerable populations, such as
  - Rural populations with little or no connectivity
  - Aging population with few tech skills and/or mistrust of technology
  - Individuals experiencing homelessness
  - AI/AN populations who don’t want to be “counted”
- Embed PCHD staff or community partners in neighborhoods to open communication lines and build trust
- Partner with university and community organizations to craft relevant, impactful, respectful messaging

## Finding #2

A strong PCHD presence in Pima County’s diverse neighborhoods will play a crucial role in the effective distribution of COVID-19 vaccinations

*“They should be all about getting people vaccinated. Whatever that means, whatever it takes, whatever help we need with. They should be pushing and facilitating vaccinating everyone who lives here.”*

- Hospital Leadership

Public health SMEs agree that PCHD’s ability to identify community partners and make meaningful connections with its diverse populations will dictate how successful it is in vaccinating its community against COVID-19. Channeling information through vaccine champions in highly vulnerable and hesitant populations will break down cultural barriers and ease mistrust, which will help increase vaccine uptake and curb the continued spread of COVID-19 in 2021.

*“We’ve got to get ahead of it. We need to be the first out the gates to start providing information about what we know, we need to be really honest about the uncertainty about the information that’s there, the information that’s not known. We need to work with the trusted community networks that we have.”*

- Public Health Academic/Researcher

*“We cannot wait until the vaccine is here, to start developing the messaging, it has to be done.”*

- Public Health Professional

### Recommendations

- Identify people who are well respected in specific communities to act as vaccine champions
- Prioritize methods for understanding and communicating with Pima’s diverse population
  - Focus on understanding attitudes health care workers, particularly ones with a history vaccine hesitancy
  - Focus on younger populations who have grown up with around
- Be prepared with policy decisions and guidance around
  - School entry requirements
  - Extracurricular/sports participation
- Leverage academic/research partners to build strategy and messaging
- Focus on vulnerable and underserved populations, particularly Tribal and Latinx communities

## Finding #3

### PCHD's tactical response to COVID-19 has paved the way for continued and increased collaboration with local healthcare facilities

In general, SMEs felt PCHD's support, guidance, and direction during the early stages of the COVID-19 fell short of what was required. For example, instead of receiving guidance from the county, hospitals looked to state and federal partners for information on PPE and data on new cases and mortality rates.

*"At the early stages of COVID it always felt like they were kind of on the back foot and not really leaning in to direct. I honestly feel like they kind of got overwhelmed by COVID. And, you know, whether that's doing contact tracing or, you know, partnering with the hospitals around surge management, or surge supplies, I think Pima was just overwhelmed by the magnitude of things."*

- Hospital Leadership

Although hospitals were somewhat critical of PCHD's actions early on, they also acknowledge that limitations outside the county's control, like funding, played a major part in their actions:

*"There hasn't really been a sense that the county has a whole lot of infrastructure to bring to bear on the situation. Honestly, it is not their fault; I'm sure they're horrendously underfunded. My impression is that seems like they don't have the resources or the funding or the firepower to really move in and take over a situation."*

- Hospital Leadership

Despite some early criticism, local and state SMEs feel PCHD's current practices around COVID are increasingly successful and that its work during the pandemic has made it stronger and more effective:

*"I think they've gotten better. I think COVID has made them better, because they've understood their role. So I think there's two different health departments: There's the health department before COVID and the health department today."*

- Hospital Leadership

*"The testing sites, I think, have been strategically placed and responsive in the pandemic, whereas some other counties haven't done as good a job. It seems like there is a lot of thought about trying to reach the most vulnerable [people], trying to ensure that policies are in place that reach out and really, actually try to balance the competing challenges we're facing, both from the pandemic itself, but also from the other side."*

- Public Health Academic/Researcher

## Recommendations

- Further efforts to share data, best practices, and ideas by continuing to coordinate weekly meetings with local hospitals and facilities throughout the pandemic and even beyond
  - Hospital leaders and providers appreciate the coordination of these meetings and find them invaluable
- Build off these relationships to form meaningful working groups to address gaps in surveillance systems and data sharing

## Finding #4

Opportunities exist for PCHD to grow its working relationships with academic institutions.

*“Another [way to be a great health department] is by having a good relationship and good working arrangements with academia (in your case with the College of Public Health). Use the faculty to help you craft your policy priorities and implement them, and inform them. So a really good partnership with academia is key.”*

*- Public Health Professional*

Every public health SME involved in academia mentioned a desire to have a closer working relationship PCHD. Several opportunities exist to create mutually beneficial collaborations between University of Arizona and PCHD, including:

- Collaborative grant research and writing
- Access to data in exchange for analysis
- Supplementing understaffed initiatives with students
- Strategic communications
- Health policy development

*“One of the things that I see a need for is that it shouldn't just be the College of Public Health at the University, right? There's so many health-related folks, from health communications folks in the communications departments to the climate change modeling folks that can look at climate change projections specifically for Pima County and make them do some workups; to the water resources folks who are looking at availability of clean water in the future.”*

*- Public Health Academic*

Leveraging these relationships can also help create innovative ways to acquire and share data. Some national public health SMEs discussed the benefits of creating a distributed data network with its community partners. These are often set up by tertiary research universities to rapidly accumulate data from overlapping institutions, but are also being used at a regional level to impact surveillance efforts.

*“Health departments that really want to partner academically, or have multi-institutional arrangements that extend beyond their jurisdictions will offer to participate. On the one hand, they collaborate with a university or universities, and another with public health institutions and nonprofit organizations that can move money and governance outside of what might be viewed as a proprietary self interested entity.*

*I think a lot of the important action in both data access, analytics, and community action, are going to happen in those cross-institutional arrangements, community partners, community-based organization level, and often in terms of your action arm, as well as the informatics and Epi capacity of universities.”*

*- Public Health Professional*

### **Recommendations**

- Leverage connections with academic institutions to participate in internship and workshare programs to fill gaps in staffing
- Leverage the unique knowledge of local faculty to help with policy, communications, and community-building activities
- Collaborate with academic institutions to identify and acquire mutually beneficial funding opportunities
- Research and consider the ROI of a shared Health Data Network
  - This could be leveraged to receive federal funding towards piloting a shared digital reporting infrastructure program, particularly as it relates to pandemic preparedness

## Finding #5

Key health services, issues, conditions, and behaviors to address:

1. Behavioral Health
2. Substance Use Disorders
3. Diabetes

*“For the last 10 years, I've been doing interviews with people in the community about what people need, what they're interested in. And what they see is the biggest problem in Tucson, and I think overwhelmingly, that if you look at all different populations, the one thing that threads through it is mental health.”*

- Public Health Nurse

### Behavioral/Mental Health

Behavioral/mental health emerges as a top concern among respondents to all three surveys as well as interviews with SMEs, including in terms of primary health concerns, health care services needing improvement, and substance use and abuse as a specific factor and health condition needing improvement.

For external stakeholders and the community, behavioral health was the number one issue. The importance of behavioral health was further reinforced when considering the leading causes of death in Pima County. The community respondents ranked intentional self-harm/suicide the 4th highest priority condition, and external stakeholders ranked it the 2nd most important condition. Internal stakeholders expressed similar opinions, ranking intentional self-harm/ suicide as the 4th highest priority condition.

The largest issue facing BH in Pima County is the lack of access to facilities and continuity of care. According to hospital and community leaders, there are currently no equitably accessible behavioral health services in Pima County. Major issues include:

- Few facilities and providers
- High cost of care
- Inadequate or no infrastructure for processing suicidal and acute patients

*“There aren't enough mental health services anywhere in this community for anybody. Unless you're very wealthy and you want to leave town and go pay for someplace, the mental health services are woefully lacking.”*

- Hospital Leadership

## Impact on Youth + Adolescent Populations

Youth and adolescent populations that intersect with Hispanic, Latinx, and LGBTQ+ are especially impacted by lack of BH programs and requirements around receiving treatment. Within this population, certain subsets struggle with unique issues:

### Alcohol + Substance Use

- Time limits on inpatient facilities
- No successful outpatient programs for adolescents

### Cultural Stigma + Sensitivity (not limited to youth and adolescent populations)

- Hispanic and Latinx communities still struggle with stigma around BH and treatment
- Tribal members living off reservation struggle to find BH resources that are sensitive to their historical trauma and identity

### Sexual Orientation + Gender Identity

- According to some community organization leaders, adolescents must have parental consent to be treated, but LGBTQIA+ often come from hostile homes and/or struggle with homelessness and cannot safely obtain this

*“A lot of times they're for patients that need to be committed involuntarily, there is a significant delay in that. There is oftentimes some juggling around and some overall finger pointing when it comes to who should take care of those types of patients. And any help that the Pima County Health Department could offer in that process, I think would be a significant public health service.”*

*- Hospital Leadership*

## Substance Use Disorder

*“You can't find a program for a teenager. We have lots of nurses here whose children have gone through drug and alcohol problems, and they get put into a facility for a few days and discharged with no follow up. There is no appropriate or successful, ongoing program for teenagers with drug and alcohol abuse.”*

*- Hospital Leadership*

Consistent with concerns about behavioral health generally, substance abuse (including alcohol, illicit drugs, and prescription medication misuse), was the second highest ranking issue for external stakeholders and community respondents. The high ranking was consistent across all categories of key stakeholders. Substance abuse was the second highest for educational stakeholders, health care stakeholders, and all other stakeholder types. Additionally, substance abuse death was among the leading diseases / conditions that external stakeholders and community respondents identified as a priority for Pima County. Similarly, internal stakeholders ranked substance abuse deaths as third in terms of top priorities.

## Diabetes

For all three respondent groups, diabetes was the highest ranked disease or conditions that should be a top priority for the County. Multiple health behaviors that contribute to diabetes were noted by the external stakeholder and community respondents as needing improvement in the community. These were: eating habits / unhealthy body weight, physical activity, seeking general health care services, and tobacco usage.

None of the aforementioned behaviors were identified as the most important behaviors in the county, but each was mentioned by between 15% and 40% of respondents. Likewise, cardiovascular disease, which shares many of the same risk factors as diabetes and is frequently a comorbid condition, was the 2nd highest ranking priority condition for the community respondents, 3rd highest for the external stakeholders, and 2nd highest for the internal stakeholders.

As with other health issues, Native and Tribal populations are also impacted by this disease which is compounded by food deserts and lack of education:

*“Diabetes associated disease is the number one killer here on the Nation. But it is a consequence of lack of education, lack of adequate food, transportation, you know, people don't aren't able to buy fresh fruits and vegetables locally. So the consequence is diabetes. But that's just like the rest of the United States, it is a disease of poverty.”*

*- Hospital Leadership*

## Finding #6

Key health social determinants of health (SDOH) to address:

1. Schools & Educational Opportunities
2. Economic & Financial Issues
3. Health Equity & Anti-Racism

*“It’s really about empowerment versus enablement, long-term enablement for people.”*

*- Hospital Leadership*

External stakeholders and community respondents were aligned in their identification of economic and financial issues as top priorities. For both sets of respondents, the top three issues related to educational opportunities, affordable housing, and economic opportunities. Notable given the events of the spring & summer of 2020, racism and health equity were identified by external stakeholders as issues in need of improvement as well.

### Education

Education was a high priority for external and community stakeholders in Pima County. For the external stakeholders, it was the number one social or environmental issue. However, this was weighted by the large proportion of external stakeholders that reported educational settings as their primary workplace. Among those representing education organizations, more than 4 out of 10 respondents indicated schools/education as a priority. This was generally higher than respondents representing other organizations. Those outside educational settings rated schools/education slightly lower, but still important. Schools/educational opportunities were the third most frequently identified issue for community respondents.

### Economic & Financial Issues

The next most commonly reported social and environmental issues were related to finances and income. For community respondents, the number one reported social issue was economy/job opportunities and the second issue was cost of living/affordable housing. For external stakeholders, these were the third and second most common issues, respectively. In addition, when asked which public health issues and innovations should be the targets of increased investments from Pima County, the number one issue for both community respondents and external stakeholder respondents was affordable, safe, and healthy housing.

Some differences existed in these issues by self-reported ethnicity. The percentages of community respondents that identified as Hispanic or Latinx reported the economy/job opportunities and cost of living/affordable housing more frequently than those who reported they were non-Hispanic. The same trend was true in the case of identifying affordable, safe, and health housing as an innovation for Pima County to consider investing more time and resources.

*“Lack of a good job, the need for education and job training are a lot of the challenges we see. If they had a job, a lot of these other challenges would go away. To even afford, you know, an apartment and you know, use Sun Tran, or what have you. I don't really know what the health department has been doing in those areas.”*

- Hospital Leadership

### Transportation to Medical Appointments

Issues with transportation are just one of the many concerns that stem from financial hardships facing Pima County. Even in urban areas, like downtown Tucson, finding a way to get to appointments keeps many people from acquiring treatment. SMEs across all roles attribute this to Pima County's limited public transportation system and poor walkability as key factors in this issue.

Some hospitals work around this issue by arranging their own transportation services for patients, but the financial and logistical strain means these options are limited and may not guarantee critical follow up appointments are attended.

*“A lot of times, patients that are discharging need to go to some sort of post acute center or something else along those lines, and unless we can arrange some sort of transport for them, they don't get to that next level of care in a timely manner. That's something that would be hugely helpful for our health system, and for our patients, especially.”*

- Hospital Leadership

*“It's pretty frequent. If we have 480 patients here today, there will be at least 10 that we'll have to help get home today.”*

- Hospital Leadership

### Potential Actions:

- Several hospital leaders welcome the opportunity to partner with PCHD to increase the availability of transportation services to medical appointments. Their ideas include:
  - Partnering with facilities and organizations who already offer transportation services to understand their business models and best practices
  - Leveraging PCHD's current surveillance systems resources to expand transportation services

## Health Equity & Anti-Racism

Among internal stakeholders, the number one reported public health issue and innovation deserving more investment was health equity/anti-racism. These were also frequently identified as public health issues and innovations worthy of increased investment and social issues needing improvement in Pima County.

Among sub-groups of community respondents, health equity and racism also emerged as one of the top-five issues to be addressed. These sub-groups included non-white, Hispanic, and lesbian/gay/bisexual/questioning respondents. Additionally, in the community respondent group, the percent of individuals reporting racism/inequity/social justice as an issue to address varied by age. Larger proportions of younger respondents indicated the issue needed improvement in Pima County.

Proactively addressing these issues through policy, infrastructure, and cultural sensitivity should be a priority for PCHD moving forward.

*“To be a great [health department] I think it has to have an extremely strong ethic of equity. You know, working to overcome what are pretty much fixed barriers that people have to getting healthy; that would be structural racism, among others. A health department that's oblivious to those factors is not looking deeply enough into its data.”*

*- Public Health Professional*

### Addressing Health Equity Through Cultural Sensitivity

Both local and national community leaders identified ways that public health, both in Pima County and nationally, often alienate its most vulnerable populations, including the Hispanic, LatinX, Tribal, and LGBTQIA+ communities, including:

- Translating messages that do no account for linguistic and cultural nuances
- Collecting personal information without consideration for cultural and gender identity
- Local community and hospital leaders identified some ways in which PCHD is already working to combat these issues, but also offered some insight into other challenges that need to be addressed

### **Tribal Affiliations & Trust**

One example where PCHD is proactively addressing health equity through cultural sensitivity is its work with local Tribal partners to create templates that keep in mind the historical trauma and mistrust felt by American Indians:

*“There's about 6000 members that live on the reservation, but there's about 4000, maybe a little more now that live outside the reservation in Pima County where the county health department has jurisdiction. A lot of them are sometimes reluctant to tell anybody, even county officials, that they're even a member of a tribe. So they might just say, you know, 'Native American' or they might just say 'Other' so they're not listed.*

*Recently, we met with the County and made a suggestion on how they could actually to word it so that it would not be threatening, and also to, to educate them that when anybody asked that question, to remind them that the reason they're asking is because the county is working with a tribe, and the tribe wants to provide more services to those folks that are positive. They found that very useful, so we're actually trying to change their demographic templates to reflect that.”*

*- Hospital Leadership*

### **Area for Improvement: Spanish Translations**

One area for improvement is ensuring communications that are translated to Spanish account for cultural nuance and varying degrees of health literacy:

*“The problem with most translations is that they are just translating the words, not the expressions, not not connecting. It's a language that tastes artificial. It's not very connecting, because it's not culturally oriented. It's not about just using the words in Spanish, it's trying to think from a cultural perspective which expressions are more powerful or not?”*

*- Local Community Leader*

*“We need to really, really become familiar with our community and where the literacy levels are at so that all the information that's put out is understood. That was one of the things that was not happening. When the pandemic came out, there were all these terms being thrown out there, which nobody knew what they were, they were like scientific terms. Our community is just not at that level.*

*Just to give you an example, when someone is diagnosed with cancer, a lot of our people don't know what 'metastasized' is. Those [are the] kind of things that we need to become a little bit more sensitive about.”*

*- Local Community Leader*

### **Area for Improvement: Safe Spaces & Gender Affirming Documentation**

PCHD can also implement and advocate for documentation and communications that are gender affirming and respectful of sexual identities:

*“Folks are misgendered and [using] wrong pronouns; or because my legal name is on official documents, they're being [referred to] as their dead name. I don't know if the county is considering inclusion or gender affirmation.*

*When we're trying to refer people to medical services, that's one big thing is like, we try to do our best to making sure that we're going to find a place that we know that it's trusted, that they're going to get the care that they need, but also be affirming at the same time. Is that the County? I don't know.”*

*- Local Community Leader*

## Finding #7

PCHD resources, staffing model model, and recruitment policies and practices are inadequate to meet the evolving needs of its staff.

*“Being able to recruit and hold on to talented people [makes a great health department]. Your health department is only as good as the team that they have in place. So creating a collaborative work environment that people enjoy working in, creating an environment where people are free to express ideas, and experiment with them. Creating an environment where people feel comfortable, that they can make mistakes, and that it won't be punished, they won't be punished for it, because you want to engender an environment where people are creative and try new things and not every new thing is going to work. That's one of the hallmarks of an effective health department.”*

*- Public Health Professional*

Based on survey responses, it is clear that many staff members are disenfranchised with PCHD's policies and communication tactics. Public health SMEs agree that a diverse, engaged staff is key to innovation. SPCHD staff identified several operational issues, including:

- Unilateral and siloed communications
- Lack of training and employee development
- Inconsistent departmental priorities and policies
- Prohibitive recruitment policies
- Outdated technology

After competitive pay, Internal communications & transparency and resources are the leading issues staff would like addressed.

These compounding factors are and will continue to be a roadblock for PCHD as it seeks to be an innovator in public health.

*“[We] need more ways to address problems. What do we need to really combat racism and achieve justice? How do we do more on nutrition and trans fats to change consumer behavior?”*

*- PCHD Staff*

## Recommendations

- Ensure that leadership is leadership is empathetic, science-based, and respectful of its staff and community
- Reevaluate communication and decision-making structure
  - Consider moving to an agile approach to management, which focuses on bottom-up communication
- Take an empathetic, people-centered approach to problem solving
  - Coordinate facilitated listening sessions to better understand the dissatisfaction identified in the Internal Stakeholder Survey
    - Use these sessions to collaboratively problem solve issues related to siloed communications
- Work with Human Resources and administrators to understand ways of modernizing recruitment and hiring processes and requirements
  - Depending on Pima County's org structure, these conversations may be able to help other county-funded departments. Partnering with these departments to understand mutually beneficial changes to hiring policies will be critical

# APPENDIX A: SWOT Analysis

## DRAFT: Strategic SWOT Analysis

<b>Strengths</b>	<ul style="list-style-type: none"> <li>• Capable, well informed community, hospital, and academic partners who want to work closely with PCHD</li> <li>• COVID-19 testing strategy</li> <li>• Strategic communications and meetings with hospital leaders and providers</li> </ul>
<b>Weaknesses &amp; Opportunities</b>	<ul style="list-style-type: none"> <li>• Early COVID-19 response</li> <li>• Community assessment strategy</li> <li>• Health equity response</li> <li>• Consistent role-to-role/agency-to-agency partnerships</li> </ul>
<b>Threats</b>	<ul style="list-style-type: none"> <li>• COVID-19</li> <li>• Lack of community awareness/buy in/trust</li> <li>• Local government/board of supervisors</li> <li>• Preparedness</li> </ul>

## DRAFT: Operational SWOT Analysis

<b>Strengths</b>	<ul style="list-style-type: none"> <li>• Caring, hard-working staff that is deeply committed to serving its community.</li> </ul>
<b>Weaknesses &amp; Opportunities</b>	<ul style="list-style-type: none"> <li>• Training for Consumer Health &amp; Food Safety</li> <li>• Competitive pay</li> <li>• Business operations</li> <li>• Organizational development</li> <li>• Performance improvement</li> <li>• Outdated technology</li> </ul>
<b>Threats</b>	<ul style="list-style-type: none"> <li>• Funding</li> <li>• Internal politics</li> <li>• Outdated policies</li> <li>• Insufficient staffing</li> <li>• Low staff morale</li> <li>• Perceived lack of job opportunities and career growth both internally and Pima county at large</li> <li>• Inconsistent policies and priorities</li> <li>• Decision making processes</li> <li>• Siloed communications</li> <li>• Data silos</li> <li>• Recruitment and retention issues</li> <li>• Staff burnout</li> </ul>

## DRAFT: Tactical/Programmatic SWOT Analysis

<p><b>Strengths</b></p>	<ul style="list-style-type: none"> <li>● WIC Program</li> <li>● Immunization Program</li> <li>● Health &amp; Food Safety Inspections</li> <li>● COVID-19 testing implementation</li> </ul>
<p><b>Weaknesses &amp; Opportunities</b></p>	<ul style="list-style-type: none"> <li>● Public health preparedness</li> <li>● Communicable disease investigation</li> <li>● Environmental health</li> <li>● Public health clinics</li> <li>● Teen Mobile</li> <li>● HIV/STD services</li> <li>● Youth health and safety</li> <li>● Mental/behavioral health</li> <li>● REACH program</li> <li>● Community outreach, prevention, and education</li> <li>● Social determinants</li> <li>● Affordable housing</li> <li>● Education opportunities</li> <li>● Affordable/nutritious food</li> <li>● Substance use disorder</li> <li>● Diabetes</li> <li>● Suicide</li> <li>● Cardio/heart disease</li> <li>● Economy/job opportunities</li> <li>● Health insurance plans and services</li> <li>● Social determinants of health</li> </ul>
<p><b>Threats</b></p>	<ul style="list-style-type: none"> <li>● COVID-19</li> <li>● Lack of data</li> <li>● Preparedness</li> </ul>