

MARICOPA COUNTY BOARD OF HEALTH MEETING MINUTES

Monday, April 22, 2019 at 3:00 pm
301 W. Jefferson Street, 10th Floor, Phoenix, Arizona 85003
Board of Supervisors Conference Room

President Hughes called the meeting to order at 3:01 p.m.

ROLL CALL:

Members Present:

Don Cassano
Henri Cournand
Robert MacMillan
Kristen Acton
Andrew Rascón (via phone)
Nedra Halley
Don Hughes
Debra Baldauff
Bill Gates

Members Not Present:

Ex-Officio: Max Porter

CALL TO THE PUBLIC:

President Hughes announced that we have speaker slips for anyone wishing to speak on any action items. Speakers will be called after the item is heard. Each speaker will have 2 minutes to speak. No speaker slips were received.

DISCUSSION/ACTION ITEMS

1. Approval of Minutes: President Hughes asked for a motion to approve the BOH minutes from the BOH Meeting held on February 25, 2019. Motion was made by Mr. Cassano to approve the BOH minutes as presented. Motion was seconded by Mr. MacMillan and all were in favor. The motion passed unanimously.

2. Fee Waiver Applications

Ms. Jeannie Taylor

Ms. Jeannie Taylor presented 27 fee waivers for review and consideration of approval. A summary sheet document was provided.

Motion to approve the 27 fee waivers applications was made by Ms. Halley, seconded by Mr. Cassano and all were in favor. The motion passed unanimously.

3. Approval of expedited process rulemaking for the following rules:

**Gregory Verkamp
Kimberly Butler**

A. AQ-2017-012

Rule 314 (Open Outdoor Fires and Indoor Fireplaces at Commercial and Institutional Establishments)

The Maricopa County Air Quality Department (MCAQD) is proposing to revise Rule 314 to clarify what types of open outdoor fires are allowed in Maricopa County, when each type of fire is allowed, and which requirements are associated with each type of fire, to incorporate MCAQD policies related to agricultural flame cultivation and firefighter training during restricted burn periods and to make other changes to improve and clarify the rule.

B. AQ-2019-002
Ordinance P-26 (Residential Woodburning Restriction Ordinance)

The MCAQD is proposing to revise Ordinance P-26 to clarify the types of fires and woodburning devices that are subject to Ordinance P-26, to prohibit the use of any fuel other than seasoned wood and to make other changes to improve and clarify the rule.

Gregory Verkamp and Kimberly Butler presented 2 rules for approval of expedited process. Mr. MacMillan was concerned because this is impacting so many people. President Hughes spoke up stating that Air Quality has done everything in they can do to get the word out. This is the beginning of the process and EPA will ultimately have to approve the rule. They want to get this process completed before our no burn season starts.

Motion to approve expedited process rulemaking for AQ-2017-012, Rule 314 (Open Outdoor Fires and Indoor Fireplaces at Commercial and Institutional Establishments) and AQ-2019-002, Ordinance P-26 (Residential Wood burning Restriction Ordinance) was made by Mr. Cournand, seconded by Ms. Halley. The motion passed with 8 votes in favor and 1 (Mr. MacMillan) against.

4. Approval of expedited process for the following Enhanced Regulatory Outreach Process (EROP) Case:

Ken Conklin

EROP Case ES-2019-001/Maricopa County Transfer Station Fee Revisions

Ken Conklin and Brian Kehoe presented *EROP Case ES-2019-001/Maricopa County Transfer Station Fee Revisions* for approval of expedited process.

Approve the proposed Maricopa County Environmental Health Code (MCEHC) revision for the Enhanced Regulatory Outreach Program (EROP) Expedited Process.

The Department has not received comments either for or against this EROP case. In addition, no stakeholders attended the April 3, 2019 stakeholder meeting. Approximately 175 flyers were handed out at the transfer stations for about 2 weeks informing citizens about the stakeholder meeting.

Staff recommends the Board of Health approves this MCEHC revision proposal for the EROP Expedited Process.

Transfer station operational expenses have increased as a result of additional citizen demand, which in turn has caused a revenue deficit for Maricopa County Waste Resources and Recycling (MCWRR). To maintain compliance with A.R.S § 49-741, which requires providing or ensuring solid waste public facility services are available for citizens, MCWRR fee changes are proposed.

This MCEHC proposal is following the EROP policy and workflow process. In accordance with the Maricopa County Resolution, "Moratorium on Increased Regulatory Burdens," the County Manager authorized the Department to proceed with this case in early February 2019. Also, the Board of Supervisors were briefed by March 2019.

Handouts included County Manager Case Approval Memo and the Presentation from the Stakeholder Meeting on April 3, 2019.

County Manager Case Approval Memo states: County Manager Approval – Enhanced Regulatory Outreach Process (EROP) Case ES-2019-001 – Fee Proposal for Transfer Stations Located within Maricopa County.

In accordance with the "Moratorium on Increased Regulatory Burdens" Resolution C-44-13-104-M-02 adopted by the Maricopa County Board of Supervisors on January 10, 2018, the Environmental Services Department is seeking your approval to initiate changes to the Maricopa County Waste Resources and Recycling fees charged to citizens for the use of waste transfer stations.

This proposal qualifies for County Manager approval under the moratorium, as these changes will increase fees to use transfer stations within Maricopa County. The new EROP case would be ES-2019-001 – Fee Proposal for Transfer Stations Located within Maricopa County, and will follow the EROP policy and workflow.

Maricopa County has more than 72,502 citizens that rely on our six transfer stations located in the more rural areas of the county because they have no access to municipal trash services. Increases in costs associated with disposal of trash, economic impacts and increased demand have caused a deficit in revenues and expenses for the county. In an effort to continue to comply with A.R.S. § 49-741, Environmental Services is proposing a change in the Waste Resources and Recycling fees. Maricopa County Internal Audit has recommended that the department review its current budget and fee structure in order to fully or partially recover the county's cost in the transfer activity (TRAN). The current fees have not been adjusted for more than 10 years and have caused an imbalance of more than \$408,000 in expenses and revenues for the past 3 fiscal years.

This adoption is necessary to provide adequate and timely services to the citizens of Maricopa County and recover the County's cost at its transfer stations. We are requesting your approval to move this proposed revision forward in accordance with the Maricopa County Resolution, "Moratorium on Increased Regulatory Burdens."

Maricopa County Proposed Transfer Station Fees

Residential Rates (Household Trash)

	Fee Year 1	Fee Year 2
Passenger Car/Station Wagon	\$4/Load \$5/Load	\$6/Load
Vans/Sport Utility Vehicles	\$6/Load \$7/Load	\$9/Load
All Pickup Trucks * * for loads below cab height and not extending beyond the end of the bed of the vehicle	\$8/Load \$11/Load	\$12/Load
Trailers (10 feet long/2 feet high)	\$8/Load \$11/Load	\$12/Load
BAGGED TRASH	\$2/BAG	\$2/BAG

Green Waste Rates (Tree trimmings, wood, grass and weeds)

	Fee Year 1	Fee Year 2
Passenger Car/Station Wagon	No Increase	No Increase
Vans/Sport Utility Vehicles	No Increase	No Increase
All Pickup Trucks * * for loads below cab height and not extending beyond the end of the bed of the vehicle	No Increase	No Increase
Trailers (10 feet long/2 feet high)	No Increase	No Increase

Appliances & Large Items

	Fee Year 1	Fee Year 2
Furniture, Sofa/Chair, Mattress	No Increase	No Increase
All Appliances	No Increase	No Increase
Cathode-Ray Tube containing items (CRTs)	\$5/item \$13/item	\$21/item

We accept CFC (Freon) containing appliances, however they must be evacuated, compressor removed and tagged in accordance with EPA regulations prior to your visit for disposal. Documentation of that removal must be provided

<https://www.maricopa.gov/3366/accepted-items-fees>

The proposed fees will be implemented over two years.

Mr. Courmand asked if they could quantify the shortfall. Mr. Kehoe responded that they currently take in approximately \$290,000 in revenue and costs to operate the 6 transfer stations is over \$700,000 per fiscal year. The shortfall is \$400,000 - \$450,000 per fiscal year. Mr. Courmand asked by adding the additional fees how much does that close the gap? Mr. Kehoe responded that the cost recovery would be about 51%. Mr. Courmand asked what the increase fees would be to get to a full cost recovery. Mr. Kehoe responded that for a full cost recovery all at once they would have to increase costs by over 200%. They didn't want to increase the fees by that much, they didn't think it would sit well with people so they went with the phased approach.

President Hughes asked after the second fee increase goes into effect you're still going to be \$250,000 short. Who makes up the \$250,000, the County? Mr. Kehoe replied the County General Fund.

Ms. Acton stated this proposed plan is good in theory, was there another proposed plan that included a fee increase over the next 3-4 years that covered all your costs instead of a partial band-aid? No, we did 3 different scenarios. We do full cost recovery, one with about 75% and one with 51% and the one that seemed to get the most traction was the one with 51%. Ms. Acton asked in two years we'll have to adjust again? Mr. Kehoe replied in two years we can review and see where we're at, if our costs have reduced or it's possible that we could operate at less of a loss than we do currently. Unless we close facilities down which we don't intend to do I don't see our costs going down.

Mr. Cassano stated that it's important to provide the services at a cost that people will use it. It's a balance, you don't want the fees to be too high. If they're too high you run the risk of illegal dumping that cause other issues and potential health hazards.

Mr. Kehoe mentioned that it is hard to bench mark against as compared to other municipalities (counties and cities) as most have scales and when someone brings in two tons they pay for two tons. They do not have scales so it's harder to figure out.

Darcy Kober the Director of Environmental Services added that the 51% increase was 100% because of what you said. In looking at what we thought was palatable but would also not create a problem for folks and cause an illegal dumping issue in the area or folks keeping it in their property and then potentially having other public health implications as a result of that.

Darcy also explained that as part of this evaluation I want to also add that we are also looking at a more sophisticated POS (Point of Sale) System. A system that could potentially give us some of that additional information in the next couple years. Currently it's a pretty basic accounting system that they have at these transfer stations. We don't have scales and we have looked at the investment of scales and it was \$100,000 per location. We have to weigh that level of investment also but we are looking at increasing the Point of Sale System to start to characterize the waste a little bit more. Even if it is still by car or truck or whatever but to look at what type of waste is in the vehicles so when we look at this in the future we have additional information on the type of waste.

Mr. Courmand brought up that this is consumer buying. If I asked you to pay a dollar more for an apple you're going to have a bigger reaction than if ask you to pay a dollar more per car. When looking at the numbers, on year two for example when you are changing it to nine dollars why not change it to a flat ten dollars and the six dollars why not make it seven or eight. If I'm going there and I know that it's over five dollars I will more than likely bring a ten dollar bill. If the charges are six dollars vs. seven or eight and if I get back three vs. four it's not really that big of a difference. Don't tag them right now but on year two get a little more. I know you can't look at every scenario but if you change the numbers

some you can get closer to where you need. I'm really uncomfortable with knowing your just kicking the can and in a couple years you'll still be a quarter of a million to the bad. If you ease into it on year one and get a little more aggressive on year two it can help get you where you need to be. Last I checked we are having more population so I'm assuming that's going to exacerbate the issue that much more.

Motion to approve expedited process for the EROP Case ES-2019-001/Maricopa County Transfer Station Fee Revisions was made by Mr. Cassano, seconded by Dr. Baldauff. The motion passed with 5 votes in favor and 3 (Mr. Courmand, Mr. MacMillan and Ms. Acton) against.

Discussion Items:

1. Public Health Report

**Max Porter
Dr. Rebecca Sunenshine**

- I. Human Resources
- II. Communication
- III. Infrastructure
- IV. Strategic Planning
- V. Programs
- VI. Disease Update
- VII. Future Topics

Max Porter and Dr. Rebecca Sunenshine presented the Director's Public Health Report.

Max passed out the press release from April 16, 2019 announcing the appointment of the new Public Health Director. Maricopa County is pleased to announce the appointment of Marcy Flanagan, DBA, MPH, MA as its new Public Health Director effective June 10, 2019. Flanagan currently serves as the director of Pima County Department of Public Health. Marcy will be here to present the Public Health Report at our next meeting in July.

President Hughes thanked Max and Rebecca for all the hard work they have done to step up over the past year and a half transition period. It's been greatly appreciated.

Max went over the Shared Use Facility RFP

(<https://www.bidsync.com/bidsync-app-web/vendor/links/BidDetail.xhtml?bidid=2037686&roundId=null>)

Maricopa County Department of Public Health (MCDPH) is seeking partnerships with schools, hospitals, local governments, community-based organizations, private employers, faith-based organizations, and other property owners who would like to share their facilities for the purpose of increasing access to spaces where community residents are able to:

- play, exercise, and take part in recreational activities; and/or
- grow healthy food and/or participate in nutrition-related activities

The total amount of funding for this project is \$90,000. MCDPH will accept proposals on an open and continuous basis until the available amount has been reached. MCDPH expects that applicants will submit proposals, attend a planning workshop, submit action plans for approval, and that invoices will be submitted and dated no later than June 28, 2019. However, the implementation of the project is expected to take place beyond June 28, 2019. Respondents may submit proposals with project budgets of up to \$5000 per host site (not per entity).

Full details and a copy of the request for quote (RFQ) are attached or can be received by contacting Cheryl Rentscheler, Procurement Officer @ (602) 506-6886 or at Cheryl.rentscheler@maricopa.gov

Interested candidates must submit their response to Cheryl Rentscheler as soon as possible but no later than May 31, 2019. Responses may be submitted either by mail or email.

In the Finance meeting Scot mentioned the OPIOID grant that we're applying for. This is a little different than most things. Most of the time when we apply for a grant we are going up against the entire nation which is approximately 3141 counties and county equivalents. When you think about competing for an open grant like that it gets very difficult. This is not quite like that, it's a non-competitive grant. This is a cooperative agreement. The federal government did a research study to see where the hot spots were with OPIOID deaths, OPIOID use and with other struggles with OPIOIDs. It will go to each State and to the largest Local Health Department. For Arizona they funded the State for all of the rural counties and they also funded Maricopa County separately. This cooperative agreement will bring in another 2.5 million dollars to us at the start of September.

We're excited about this, because we know there is a problem and we currently don't have funding to address it. It's a struggle to know there is a problem that you need to do something with and not have the ability to touch it. This will allow us to work in that area. The main focal points of this cooperative agreement is that you have to be working with other organizations. They don't want us to create a program that will eat up funding on administration. They want us to work with organizations that already exist, to augment them, to support them and to help their programs to grow. As the grant is awarded we will be able to tell you about the 5 areas we will be working in.

President Hughes brought up the fact that other potential monies will start coming in from all the OPIOID lawsuits. Oklahoma has already settled and it will probably be spread. There will be lots of money available coming in from different sources. As part of this grant we may want to be thinking about what do we do when additional money comes in whenever it comes in.

Max said we are aware that should be happening and that's one of the reasons we're excited about this. It will allow us to establish a foot print of what we want to do when the money comes in. You've heard it often that our department is not funded like a lot of others throughout the country. I like that and the reason is it makes us utilize and think about where we're spending our money and do it effectively and efficiently. The last thing you want to do is have a large influx of money and then spend it stupidly or not have a plan moving forward. That's why we're excited about this program coming in so that we can establish a footprint and a direction that we want to go when the larger funding comes in.

There are 5 different areas that you have to hit with this agreement, you have to address how you will address each one and who you will be working with in each one. Once that's approved we will have a presentation for the board on the OPIOID grant itself so you understand it and what we're doing. When you see programs popping up perhaps not with the Counties name or our name you'll know that you have a hand in it and why we're doing it.

Mr. Cournand asked if you only work with not for profit or for profit organizations for the grant. Max explained that everything we do is through an RFP (request for proposal) process and the result of that process any organization could be awarded, they could be not for profit or for profit. There is a scoring criteria and it's who fits the criteria the best.

Max continued to the next topic, WIC. Scot mentioned we had a decrease last year with our WIC program. This next year we will have static funding. They set our case load at 48,000 a month and I feel we can hit that. How I feel we can hit that is last week we had a meeting with the NOAH organization. NOAH (Neighborhood Outreach Access to Health) is the Honor Health's FQHC (Federally Qualified Health Center) provider system, they have 5 locations. What we struggle with, with WIC is all of our money is going to rent at different places, brick and mortar locations. We're dealing with mothers today that don't really care about going someplace, they are fine with meeting with you virtually, they're fine with meeting with you on their iPhone. With WIC you have to have a touch point with the child, you have to be able to hold the child. For WIC they need to get length/height, weight, and finger stick – hemoglobin/hematocrit levels. Our feeling is these Moms have to take their families into primary care and that's hard enough for them. We feel if we use the doctors to do the touch point and then they connect with us virtually. Then the rest of the enrollment for the WIC program can be done virtually with the Mom. The Mom wins, the FQHC wins and so does the WIC program. This isn't done anywhere else in the Country and this is something we are trying to pilot here. NOAH is excited about it. We are hoping to have this in place by June. The State is on the fence about it but they will get off of it because they will see that it will work. We need to be able to address the Mothers of today and we're excited about this so we can increase our numbers and our impact in the community. By our next meeting in July it will have started so we will be able to show you how it's working.

Dr. Rebecca Sunenshine went over the current Hepatitis A outbreak. A little over a year ago we had a Hepatitis A outbreak we were able to stop it in about three months. It was predominately among individuals experiencing homelessness. Since that time San Diego had a massive outbreak with over 5 or 600 cases. Which they managed to quell. Different areas have had outbreaks. Pima County started in 2018 and they're up to well over 100 cases at this point. So we have been watching for an outbreak to start here. In just the last couple of months we started seeing a pickup in cases here. Predominately among individuals experiencing homelessness and use illicit drugs and it's also stretched to those that have been incarcerated. 77% both use illicit drugs and have an unstable housing situation. There are a total of 35 cases to date in Maricopa County. Hospitalization rate is 94%, I've never seen an outbreak with a hospitalization rate like that. Even nationally the hospitalization rate is 60 something percent so we're clearly just capturing the tip of the iceberg. There's something that's keeping these people from coming in to seek care earlier so we're getting the sickest ones.

What have we done about the outbreak? We are working closely with Correctional Health who is integrating screening for homelessness and illicit drug use into their process. We're giving them Hepatitis A vaccine and they're vaccinating this population.

The cases are very hard to reach so actually trying to vaccinate contacts has not been effective. The strategy that CDC (Centers for Disease Control) recommends and that we have also found to be the most useful is to get the population at risk vaccinated. That's a national strategy. Correctional Health is doing that.

We are working with other harm reduction partners (people who are routinely working with individuals with substance use). Partnering with them and offering Hepatitis A vaccine. Recently we've had meetings with Banner, St. Luke's, Honor Health and Dignity. Banner is already planning to implement screening and vaccination of all those at risk individuals starting the 24th, which is huge. St. Luke's, Honor Health and Dignity have agreed to integrate that screening process into their Emergency Departments (ED's). Which is a big deal because ED's don't usually vaccinate except for tetanus. We have a meeting with MIHS next week. We're also planning to reach out to Abrazo so we'll have all of the major hospital systems.

We're also having a partners meeting on the 24th to meet with everybody that currently works with individuals with homelessness and substance use to try to figure out the best way to get to these programs. A lot of them live in homeless encampments and they don't necessarily go somewhere to seek services. We don't have the infrastructure to go out to them so we're hoping to latch on to existing infrastructure and get out there, maybe give them vaccine. We have a couple fire departments are really excited about going out there. They are already EMS so they're trained to vaccinate, the doctors are willing to give standing orders and they routinely go to these homeless encampments.

Mr. Cournand asked if anyone has given any push back, have any hospitals said "No".

Dr. Sunenshine responded that she has never had an easier sell in her entire life, the answer has been yes every single time. We have spent a fair amount of money on vaccine. What we've offered to all of them was 100 doses to get them started. We did a financial case and we looked at 2017 Hepatitis A hospitalization among adults. There were 25 inpatient and 6 ED visits. The charges range from \$2700 for ED visits to over \$68,000 for hospitalization with an average of \$21,000. The cost of a Hepatitis A vaccine is \$42 per dose. I made the business argument. For some folks they need to hear the business argument to push them over and for some folks it's in their mission. Like Dignity, it's in their mission to support this population. We have had no push back, it's really great. We're excited about the community response.

Question was asked, is Steward on board? Dr. Sunenshine responded, yes they were actually the first. They are the ones that are affiliated with Mesa and Chandler Fire. They are coming to our partners meeting and they're the ones who talked about going out into the Community. Which is great because we have two EPI centers one is in Central Phoenix, around St. Joe's and the other one is out in the East Valley along the light rail in East Mesa and Chandler area. We're very excited, it's not a good thing but we're excited about the Community response.

Max Porter added our expenditure rates right now are about \$15,000 per month. We expect that to continue for a while.

Dr. Sunenshine stated that right now a lot of people have not had the vaccine demand so we're holding back on ordering more. When they get their programs up and running they may need help with vaccine. Correctional Health has been our biggest one that we've needed to give vaccine to. Also Native Health has mobile units that go out into the Community. We're just trying to keep everyone supplied.

President Hughes asked if you already have Hepatitis A, does the vaccine help them?

Dr. Sunenshine responded, Hepatitis A is really an acute illness and if they've had Hepatitis A in the past they don't need the vaccine. That's one of the questions that we're asking them to ask in the screening. Have you ever had Hepatitis A before and have you ever been vaccinated for Hepatitis A. All of them are entering the data into ASIIS which is our immunization registry so that everyone can look them up to see if they've been vaccinated.

Ms. Acton asked is there a booster that you recommend after?

Dr. Sunenshine responded, there's no booster necessary. The first dose of Hepatitis A vaccine is 95% effective at preventing disease. So we're just trying to get one dose into these people. Our biggest push back has been with the individuals themselves. This particular population is not fond of government and they're somewhat resistant to medical care in general so that's been the most challenging part.

Immunization update. Our numbers are down again, we are at 92.7% of Maricopa County kindergarteners are up to date on their MMR vaccine. That's compared with 93.1% last year. We lose about ½ of a percent per year. 95% of the population needs to be immune to have that extra layer of protection that is herd immunity. So we are well below that and we're continuing to fall below it. It is definitely due to an increase in personal belief exemptions. We are one of only about 17 states that allow you to sign a piece of paper to get that exemption. We have gone from 5.9% last year up to 6.5 % this year of parents that have at least one personal belief exemption for a vaccine. This is the fourth consecutive year that our personal belief exemption rate has increased.

The good news is that they did implement that vaccine education module. Public Health has enlisted a bunch of volunteer schools and we've gotten whole school systems to participate. That started at the beginning of this past school year. We're hoping that by requiring parents to at least be educated with science based education about vaccines that we can bring that number down. This is the first year for the implementation of the education module and we should have those results in November.

Mr. Cournand asked when you're saying immunizations are you saying measles, mumps immunizations or are you saying flu vaccine?

Dr. Sunenshine responded I'm talking about school required immunizations which are measles, mumps, rubella, chicken pox but not flu, flu is not required for school. They are very specific to what the Advisory Committee on Immunization Practices (ACIP) requires. It's the absolute minimum, ACIP recommends a few more immunizations that are not included in the Arizona school requirements.

Mr. Cournand asked at what point, at what number do you become exceptionally concerned?

Dr. Sunenshine responded that she has been there for a year and a half now. There was an article that came out that looked at all of the major cities in the US and they took percentages of unvaccinated kindergartners and multiplied it by the sheer number of kindergartners and it named Phoenix as the number one hot spot for a measles outbreak. So we've just been lucky. CNN asked us to do a press interview two weeks ago on why we haven't had a measles outbreak.

Mr. Cournand asked, is there somewhere in between we haven't had an outbreak so we don't have to go overly draconian or do we need to have an outbreak before there are stipulations put in place. Max Porter responded, honestly I think we'll have to have an outbreak before anything is truly done here. This last legislative session that is still going on there were I believe 8 immunization bills dropped. The majority of them would make our situation worse. The severity of this I don't believe has been grasped by everyone that needs to understand it. So yes I do believe we're going to need to have an outbreak before anything changes here.

Mr. Courmand asked, how confident are you in how well these measles cases or what have you are reported? Aren't there communities that don't necessarily or won't necessarily hit your reporting radar?

Dr. Sunenshine responded no. We will never miss a measles case because if it gets diagnosed it has to go through a laboratory. All labs are automatically forwarded to the State Health Department which comes to us and we investigate every single one. So we're not going to miss an outbreak for sure. If I had to predict what's going to happen and this is similar to what happened in New York. There are certain populations that tend to co-locate and there are certain schools that have 50-60% vaccination rates. It tends to be the charter schools and the private schools so we're going to have someone who goes to Europe, there's tons of measles in Europe, that will come back and expose one of these charter schools or private schools that have terrible immunization rates and it will happen that way or it will be someone who has traveled to another location. I think it will happen in the next year or two.

President Hughes asked wasn't that the cause in the State of Washington?

Dr. Sunenshine responded yes, it's always a traveler. Measles has been eradicated from the United States since the year 2000 so all of our cases are travel associated.

Measles is the most infectious disease there is. It has the highest household, if the whole household is unimmunized there is a 95% chance of getting infected.

Pima County had a confirmed measles case that exposed 100 people in Maricopa County just in the last month or two. The good news is we haven't had a single measles case from that. We're had a lot of suspected case that we've been testing but we haven't identified one, we've gotten lucky. We're up to 555 cases in the United States this year, worldwide it's going up. If you just look at Europe, it's tripled from that same time last year. It's exploding exponentially. Madagascar is leading and has had 800 deaths since September of 2018.

Pima County has implemented the phenomenal program based on some legislation that was passed in 2017, the stock inhaler program. It's legislation that says that every school can get people trained to administer albuterol inhalers to any child who is having difficulty breathing regardless of whether they have an asthma diagnosis or regardless of whether they brought their own inhaler. Asthma has an incredible incident rate in schools. A lot of kids are undiagnosed and a lot of parents don't bring a separate inhaler to school, it's very expensive to do that and kids leave their inhaler behind all the time. Pima County has a really successful program that lead to 20% reduction rate in 911 calls for respiratory distress, a 40% reduction in emergency transports for not breathing to hospitals and it decreased absenteeism overall. We went ahead and started implementing the program. It's basically training two school personnel, it can be school nurses but they don't have to be health trained at all. There has to be at least two per school and they go through and on-line training program on how recognize respiratory distress and it's a very clear protocol on how many puffs of albuterol to give. All they have to do is report to the Health Department that they administered it and we're good to go. This is similar to 2013 there was an epinephrine bill so we're also throwing in training on epinephrine and we're getting them certified for both at the same time. We've identified grants from Banner to give lower income schools inhalers and spacers. A spacer is a device that makes it easier for the kids so all they have to do is inhale. A local company created a cardboard reusable spacer that's just a couple dollars each and they're donating them to schools. We're really excited about the program. University of Arizona has done an estimate that this will result in a State wide \$900,000 cost savings. Due to reduced transports to the Emergency Room and school absenteeism. We've so far implemented it in 34 schools, 19 public, 12 charter and 3 private.

ADJOURNMENT: There being no further business, **motion to adjourn the meeting was made by Ms. Halley, seconded by Mr. Cassano and motion was passed unanimously.** The meeting was adjourned.