President MacMillan called the meeting to order at 3:02 p.m.

ROLL CALL:

Members Present:
Chairman Bill Gates
Debra Baldauff
Don Cassano
Paul Stander
Paula Banahan
Robert MacMillan
Scott Celley

Members Absent: Kristen Acton

Ex-Officio: Marcy Flanagan

1. CALL TO ORDER

   A. Roll Call
   B. Call to the Public

President MacMillan called the meeting to order at 3:02 pm, addressing the public advising all how to use the chat box to comment or add any questions for the agenda items. There were no requests known to speak at this time; all were informed that they would have the opportunity to type questions using the chat box, which will be acknowledged during and or after the meeting accordingly.

DISCUSSION/ACTION ITEMS:

2. Approval of Minutes

President MacMillan asked for a motion to approve the minutes from the Board of Health (BOH) meeting held on October 25, 2021. A motion was made by Mr. Cassano to approve the BOH minutes as presented. Mr. Celley seconded the motion. The motion passed unanimously.


Mr. Pitcairn provided an update for the Public Health Fiscal Year 2022 Budget Status Report. A memo was provided outlining the updates for the below listed funds.

   • Fund 100 – General Fund

Mr. Pitcairn noted that the memo for the fund 100 should indicate that the department received positions for FY22 not FY23. There were no questions pertaining to the general fund 100.
**Fund 265 – Public Health Fee Fund**

The forecast shows that the department was just coming in under budget and the department will keep an eye on the fund over the next couple of months before submitting an adjustment request. The Refugee fund is a state expense, not federal. When Refugees enter the country, they are placed on an emergency AHCCCS, which is how individuals are provided coverage as far as the Federal government because that’s reimbursed. Once individuals are put on emergency AHCCCS, Public Health bills this out using the AHCCCS Program through the insurance providers. If there is a program and AHCCCS does not pay, then yes, the federal government does reimburse, after the denial of the claim. Reimbursements were previously from the Refugee Medical Assistance Program, (the Federal Program), and then it was pushed over to AHCCCS in certain cases, now it’s almost 100 percent from the AHCCCS reimbursement. There were no additional questions pertaining to fund 265.

**Fund 296 – State & Local Recovery Funds/American Rescue Plan Act (ARPA)**

A share of fund 296 supports the finance and rent infrastructure needs of the rest of the COVID related grants. Other major “buckets” of funding include COVID isolation housing (hotel), technology needs for Epidemiology and Public Health, PPE supplies, and an additional regional public health facility in Goodyear, recently purchased. There were no questions pertaining to fund 296.

**Fund 532 - Grant Fund**

The COVID-related grants are direct federal, or federal fundings passed through the state, and fall into three categories: 1) Epidemiology and Disease Investigations; 2) Immunization; and 3) Health Equity and Disparities. Spending for many of the non-COVID grants is still recovering from the effects of the pandemic. An example was provided such as the Dental Sealant grant. The biggest challenge filling positions, recruitment has still provided applicants for most of the positions, however it’s possible that the number of applicants and qualified applicants are affecting recruitment. The labor rate for personnel has increased throughout the nation and one concern is that a lot of the standard operational grants are flat-funded. Human Resources (HR) has done several market studies increasing compensation to help with recruitment. As increases come in, they are struggling to exercise those compensation increases because it doesn’t fit within their funding. This is not a good thing or a bad thing, it’s simply something that impacts recruiting and grants will need to be addressed in order to have their service levels maintained at the same rate, they’re going to have to increase their compensation and reimbursement rates to Public Health to coincide with the increases. The department is struggling with the recruiting pool, as well as the entire nation. The department has loads of funding coming, and yes, some of the grants over the years have been level funded and obviously, cost salary, cost have increased over time, so that becomes quite a squeeze on some of the grants. During the end of a three or five-year cycle, the grant contract may be adjusted for pay increases. A few have already received some adjustment with compensation and reimbursement rates, mid contract. The department is expecting changes at the end of the contracts for next year. There were no additional questions pertaining to fund 532.

*(refer to memo and report summary attached to meeting agenda)*
Mr. Hautzinger provided the Board with an update of the Environmental Services Department Fiscal Year 2022 Budget Status Report. A memo was provided outlining the updates for the below listed funds. Environmental Services has relocated to the main county building located at 301 West Jefferson on the 5th floor.

- **Fund 100 - County General Fund**

  Mr. Hautzinger reported on Fund 100 as outlined in the Environmental Departments report. There were no questions pertaining to fund 100.

- **Fund 290 – Environmental Tire Fund**

  Fund 290 FY 22 trend has reversed through the second quarter of FY 22 which was due to higher second quarter revenues distributed from the State of Arizona through the Tire disposal tax. The memo provided outlines the updates for the tire funds. The theory is that the state distributed the revenue as a result of higher disbursing because of a lag. Although not confirmed, the department is trying to get more communication with the state to see these trends out. The Quarter 3 report will hopefully provide more information. There were no legislation changes. There were no additional questions pertaining to fund 290.

- **Fund 506 – Environmental Fee Fund**

  As predicted in the quarter 1 report, Fund 506 was revenue was much stronger these past three months in the 2nd quarter and created a positive variance in the fund. There were no additional questions pertaining to fund 506.

  *(refer to memo and report summary attached to meeting agenda)*

A. **Air Quality Department**

Mr. Verkamp directed the board to the department’s memo and agenda action item requesting to approve the initiation of regulatory change for rule 205 - AQ-2021-004 titled “Emission Offsets Generated by Voluntary Mobile Source Emission Reduction Credits”, which was previously distributed to the board for their review. The rule requires action to be recorded by the members of the board.

**Approve initiation of regulatory change for the following rule 205 – AQ-2021-004:**

**AQ-2021-004**

Rule 205 (Emission Offsets Generated by Voluntary Mobile Source Emission Reduction Credits)

Maricopa County is currently designated as a nonattainment area for both the 2008 and the 2015 ozone National Ambient Air Quality Standard. In ozone nonattainment areas, the Clean Air Act requires owners and operators proposing to construct a new major source or make a major modification to obtain emission offsets before the project may commence. Currently, insufficient emission reduction credits exist in the Arizona Emissions Bank for large businesses to use as emission offsets. The purpose of this rulemaking is to create a new economic development rule which will provide a mechanism for the creation of more emission reduction credits, specifically mobile source emission reduction credits (MERCs), for use as emission offsets.

The purpose of the rulemaking is to create a new economic development rule, which will provide a mechanism for the creation of more emission reduction credits, specifically, what are called mobile source emission reduction credits, or MERCs as people often refer to them, for use as emission offsets. On January 10th a stakeholder workshop was held to discuss the proposed rule. The department is in the process of evaluating the comments
that were received during the workshop. In addition, the department is also in the process of discussing the rule with the EPA to obtain their feedback as they move forward in the rulemaking process. Including the EPA in the process is crucial to ultimately getting approval of rule 205 from the EPA. Air Quality intends to host at least one more workshop after further discussions with the EPA and will eventually return before the board to request a recommendation to the Board of Supervisors. Air quality is requesting for the board of health’s approval to initiate the rulemaking.

It was noted that the record retention for emissions date back for a five-year period. In order to calculate the baseline emissions, the two most recent and representative years are what’s considered a normal operating condition and you can go back as far as five years. Using the example of individual plants keeping a 10-year record keeping, the board suggested during times of economic downturn, the five-year record keeping is not the best. Air Quality will evaluate the board’s suggestion and report back to the board on its findings. President Macmillan questioned if there was a mobile source regarding emission credits, or if it was something new? Mr. Verkamp referred to Rule 204, mobile source, like on-site equipment, there wasn’t on-road, it was all off road, like baggage handlers at the airport as an example. Mobile source is new, and the department is looking at on-road vehicles, such as this rule, which is going to focus on fleets of vehicles, captive fleets. A discussion was had pertaining to the city fleets that operate within the non-attainment area or the delivery companies, (UPS, FedEx) that have these fleets of vehicles and decide to modify them to be more efficient vehicles and pollute less, which is the focus of those types of fleet vehicle. A comment was had at the workshop regarding including credit for VOC or PM 2.5 reductions, the department is looking at modifying the rule to allow for credit for other pollutants beyond NOx. The department reviewed two rules and showed there wasn’t a lot or any use of them. A discussion about old fleets not having a GPS was had, and a question about whether a statement like an affidavit from mileage records can legitimize area use being in the ozone non-attainment area, the credits have to be justified as being taken. This issue came up during a workshop, the idea that does every fleet vehicle have to have a GPS installed, the department is in the process of reaching out to that stakeholder to see what they propose as alternatives. But, as far as recordkeeping and the GPS, the mileage, in order for the EPA to review and approve, they have to determine that the MERCs are enforceable. It was also noted that the new vehicles must be used the same way the generator was using the replaced vehicles. The department would need to get it approved locally; however, it won’t be usable until the EPA approves it. There were no additional comments had.

President MacMillan asked if anyone wanted to make a motion to approve initiation of regulatory change for Rule 205 - AQ-2021-004. Mr. Celley made a motion to approve Rule 205 and Mr. Cassano seconded the motion. All were in favor.

5. Fee Waiver Applications Fifteen (15) permit fee waiver approval requests

Robert Stratman

A. 01-24-22 Fee Waiver Staff Report.pdf
B. 01-24-22 Fee Waiver Application Summary Sheet.pdf

The department received 15 Permit Fee Waiver applications and staff determined that all met the criteria outlined in the Environmental Health Code. The criteria - an operator of a charitable non-profit establishment, which operates predominantly for the poor distressed or underprivileged that may apply to the Board of Health for the waiver of a permit. A waiver may be granted only if the operator maintains a current 501 (c)3 tax-exempt status and demonstrates that the payment of the said fee will cause a financial hardship. In addition, a waiver of fees associated with the administering and issuance of a food employee certificate in compliance with Arizona revised statute, Article 41-1080, may be granted to a current student enrolled in a K through 12 culinary arts school program or similar curriculum based programs requiring food employee certificates. The sponsoring school district must demonstrate to the board of health that payment of said fees will cause financial hardship. All 15 fee waiver applications reviewed this quarter appear to meet the criteria. The department is asking for the board’s approval of the 15 fee waiver application summary sheet labeled P1-P13 and C1 through C2. The
department has two different application types that are reviewed. 1) Permit side, and yes, schools who do serve food to students are required to get a permit from the department, 2) Classes K-12 Culinary Arts program, those are not required, if it’s done as a part of classrooms, typically to obtain a permit. However, some of the services they provide help students obtain a Food Handling Certificate, a lot of the programs will prepare students for work. Students working in a food establishment must have a certificate, schools providing the programs, and coordinating with the department to provide the training to then subsequent certificates to meet the criteria. It’s not the students being served; it’s the student in the program who would need to meet the criteria. Any school that can meet the criteria would qualify for the fee waiver, and it’s not that the students they’re serving are the underprivileged or poor; it’s the students that are obtaining the certificates that fall into that category that are receiving the food training certificates. Most schools don’t have a 501(C)3, so it’s not expected that all schools within the county would apply or meet the criteria, and that’s where the fee waiver comments relate to the permits. The fee waiver for the certificates is related to the students in those classes receiving that training. So, there’s a potential differentiation there between who is being served and what the training is for. Therefore, it’s not expected that there would be a considerable increase in fee waivers because not every school in the county would meet the fee waiver criteria.

(memo and report summary attached to meeting agenda)

President MacMillan asked if there was a motion to approve the 15 fee waiver applications presented as P1 through P13 and C1-C2. A motion was made by Mr. Celley to approve the fee waiver applications labeled as P1 through P13, and C1-C2. The motion was seconded by Mr. Cassano. All were in favor, the motion carried.

Discussion Items

6. Public Health Report

   A. Human Resources
   B. Communications
   C. Infrastructure
   D. Strategic Planning
   E. Programs
   F. Disease Update
   G. Health Status/Community Health Needs Assessment (CHNA)
   H. Future Topics

Ms. Flanagan provided the board with the COVID-19 case updates for Maricopa County.

**COVID-19 Update**

- Maricopa County case count 10,482 as of last week, the county has had over 16,000 cases in just one day
- Maricopa County hit over 1 million cases,
- Maricopa County related Covid deaths 14,304 (increased with surge of the Omicron cases)
- Hospital Positive patients’ cases trends upward, but not as high as last winter
- Hospital cases are not as high as last year, possibly because there is a vaccine available now, which has helped, also Omicron isn’t having severe outcomes as previous training, specifically, the Delta variant. The case count usually lags about two weeks behind the county’s case count. The hope is that the hospitalizations level off and start trending down as well.
- Hoping that Maricopa County has reached our peak and cases begin to trend downward.
• Rate of transmission per 100,000 residents, benchmark for January 2nd through the 8th was 1775 per 100,000, the following week increased to 2008 per 100,000 which put the county community spread rate twenty times higher, once Omicron took over the case rates exploded.

In review of the last few weeks of December, first weeks of January shows that the county was up as high as 36% of test positive cases, which indicates that there is not enough testing in the county. Rapid over the counter test are hard to come by, same day appointments have become difficult for most to get into a provider office for testing.

(A more detailed report is attached to the agenda)

Children and Schools

One in six cases are among children here in Maricopa County. When the Delta variant began in April. And these were our percent of Kobe cases among children less than 18. It really increased, when school went back in session, you saw in August, you see that it's come down a little bit. We know that part of the reason it came down November, December, is they had their fall, and winter breaks happening. So, it has started to go up slightly. However, we're not to where we were in August 2020 when school went back in session, which is a good thing, mainly due to with the vaccine now being available for all school aged children, which happened at the beginning of December.

• Children account for 7% of hospitalizations
• Newly identified school outbreaks continued to rise
• As of 1/19/22 - there were 363 ongoing school outbreaks
• The county is now under the 363 cases reported

(A more detailed report is attached to the agenda)
NEW CDC Guidance

Up To Date on COVID Vaccines

The message to get vaccinated and stay up to date was encouraged.

**Up to date** – means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

**Fully vaccinated** – means a person has received their primary series of COVID-19 vaccines.

Ms. Flanagan continued to report on new isolation guidance, quarantine: **Not Up to date on COVID vaccines, Up to date on COVID vaccines and Quarantine: Exposed & Confirmed COVID as shown below.** (Full presentation is attached to the agenda)
New Isolation Guidance

**Quarantine: Not Up To Date on COVID Vaccines**

- **IF YOU**
  - **Tested positive for COVID-19 or have symptoms, regardless of vaccination status**
  - Stay home for at least 5 days
  - Stay home for 5 days and **isolate** from others in your home.
  - Wear a well-fitted mask if you must be around others in your home.
  - Ending isolation if you had symptoms: **End isolation after 5 full days** if you are fever-free for 24 hours (without the use of fever-reducing medication) and your symptoms are improving.
  - Ending isolation if you did NOT have symptoms: **End isolation after at least 5 full days** after your positive test.
  - If you were severely ill with COVID-19: You should isolate for at least 10 days. Consult your doctor before ending isolation.

- **Take precautions until day 10**
  - **Wear a mask**
  - Wear a well-fitted mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a mask.
  - **Avoid travel**
  - Avoid being around people who are at high risk.

- **Quarantine for at least 5 days**
  - **Stay home**
  - Stay home and **quarantine** for at least 5 full days.
  - Wear a well-fitted mask if you must be around others in your home.
  - **Get tested**
  - Even if you don’t develop symptoms, get tested at least 5 days after you last had close contact with someone with COVID-19.

- **After quarantine**
  - **Watch for symptoms**
  - Watch for symptoms until 10 days after you last had close contact with someone with COVID-19.
  - If you develop symptoms: **Isolate** immediately and get tested. Continue to stay home until you know the results. Wear a well-fitted mask around others.

- **Take precautions until day 10**
  - **Wear a mask**
  - Wear a well-fitted mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a mask.
  - **Avoid travel**
  - Avoid being around people who are at high risk.
Quarantine: Up To Date on COVID Vaccines

No quarantine
You do not need to stay home unless you develop symptoms.

Get tested
Even if you don’t develop symptoms, get tested at least 5 days after you last had close contact with someone with COVID-19.

If you develop symptoms
Isolate immediately and get tested. Continue to stay home until you know the results. Wear a well-fitted mask around others.

Take precautions until day 10
Watch for symptoms until 10 days after you last had close contact with someone with COVID-19.

Wear a mask
Wear a well-fitted mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a mask.

Avoid travel
Avoid being around people who are at high risk

Quarantine: Exposed & Confirmed COVID

No quarantine
You do not need to stay home unless you develop symptoms.

Watch for symptoms
Watch for symptoms until 10 days after you last had close contact with someone with COVID-19.

If you develop symptoms
Isolate immediately and get tested. Continue to stay home until you know the results. Wear a well-fitted mask around others.

Take precautions until day 10

Wear a mask

Wear a well-fitted mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a mask.

Avoid travel
Avoid being around people who are at high risk

Contact the Public Health office should anyone need additional information or visit the www.maricopa.gov/covid website for more information.
New Federal Initiatives

- **At-home test kits**
  - The White House started the “At-home test kit program” with the goal of providing free rapid at-home test kits to every household in America
  - Individuals can go to: [www.COVIDTests.gov](http://www.COVIDTests.gov) to order their kits
  - Test kits usually ship 7-12 days after ordering

- **Free N95 masks for public**
  - The Biden Administration is making 400 million N95 masks available to Americans for free.
  - Masks will come from the Strategic National Stockpile & will be available for the public to pick up at tens of thousands of local pharmacies and community health center sites across the country.
  - The Administration is starting to ship masks at the end of this week, and masks will start to be available at pharmacies and community health centers late next week. The program will be fully up and running by early February.
  - This is the largest deployment of personal protective equipment in U.S. history.

- **Important message (Masks)**
  - Any mask is better than no mask.
  - CDC continues to recommend that you wear the most protective mask you can that fits well and that you will wear consistently.
  - Masks and respirators are effective at reducing transmission when worn consistently and correctly.
  - Some masks and respirators offer higher levels of protection than others, and some may be harder to tolerate or wear consistently than others. It is most important to wear a well-fitted mask or respirator correctly that is comfortable for you and that provides good protection.
  - While all masks and respirators provide some level of protection, properly fitted respirators provide the highest level of protection.

### Mask Recommendations

- Well-fitted respirators provide the best protection.
- Wear the highest quality respirator or mask that has the correct fit, protection, and comfort for you.
- High quality respirators are important if you are older, immunocompromised, not up-to-date on your COVID19 vaccinations, or in higher risk situations.

Ms. Flanagan responded to questions at the conclusion of the presentation.
What were the relative percentages among patients hospitalized?
  - The county is seeing that upwards of 80, and more times, not locally. What they've heard from the CEOs or CMOS is that they're seeing 90% of the hospitalizations or more are unvaccinated individuals. The vast majority of hospitalized cases are in those who are unvaccinated.

What were the most up to date numbers on the percentages of those vaccinated in Maricopa County using those definitions presented?

What the county is working on now is trying to extrapolate that data from the AHCCCS System, which is the statewide system that tracks vaccines, unfortunately, what happened early on is the weight tracking was done for covert 19 vaccine. It wasn't really categorized in these series and booster and knowing what means up to date for some individuals as opposed to others for instance; if someone is immunocompromised, they have recommended more doses for those individuals. So, at this point, public health hasn't been able to separate the data to show the up to date versus fully vaccinated.

The numbers of individuals who are fully vaccinated and Maricopa County were right around that, 55%, it’s unknown if that number is based on fully vaccinated. Public Health doesn't know how much of that 52 or 55% is up to date, meaning that they have their boosters as well. The public health team is really trying to work with the ADA just to make sure that they can have accurate data on that, but unfortunately there is no way to currently with the way numbers are pulled, the data and information from the Arizona DHS to differentiate between the two, but the department is working on that.

What is the quarantine within congregate settings, are the recommendations for jails and group homes?
  - The information is different, the presentation relates to the general public. Long-term care facilities and assisted living retirement communities, share congregate housing. There are other considerations, and that's all available on the county’s website as well as the CDC website, especially in those situations, because it's typically considered an outbreak situation when cases happen in those settings. It's not just an exposure, like a community exposure or family exposure. You're typically having an outbreak, and so those are treated differently.

  - The recommendation is for everyone to be tested when a family member in close contact tests positive.
  - Maricopa county has seen more infection in children than early on in the pandemic when another household member was positive
  - The bigger contributing factor is that there is more spread happening in children
  - Omicron has affected more children, then other variants at the beginning of COVID
Public health conducts a community health needs assessment (CHNA) every 3-5 years. Maricopa County commonly conducts this report every 3 years. Ms. Cardenas provided the purpose of the CHNA and continue to present the information using the presentation slides attached to the agenda emphasizing how COVID-19 impacted the data.

An outline of the presentation reported on consisted of:

- Collaboration for Health Improvement
- CHNA Partnership Process
- COVID-19 Impact Survey
- Focus groups and Summary of Participants
- Impact on Mental, Physical and Behavioral Health
- Primary barriers to accessing healthcare in communities
- Impact on Addition/Substance Abuse/ Food Insecurity
- Vaccine options and Qualitative Analysis

Purpose of CHNA

- MAPP: Mobilizing for Action through Planning and Partnership
- Comprehensive data collection of a community to identify strengths, needs, and health priorities.
- Establishes the priorities for the development of a Community Health Improvement Plan (CHIP).
- Required of all tax-exempt hospitals as part of the Patient Protection and Affordable Care Act.
- Influences allocation of funds and resources for health improvement
- Conducted every 3 years
During the focus groups conversations provided that there were a lot of concerns surrounding the vaccine.

- Long term side effects
- Fertility, brushed vaccine development
- FDA approval
- Vaccine cost

There was a lot of confusion in the community, especially some of the harder to reach communities, that they had to pay for the vaccine. Some doctors, offices, clinics, and places that were providing the vaccine, unfortunately, hadn't ironed out all the bugs and billing, and so sometimes people would receive a bill, and then they would tell their friends and their neighbors, how they were charged when it was a mistake. And that's not what was supposed to be happening. There was often some confusion there. The group saw a lot of folks that just didn't perceive themselves to be high risk. At this point, most everyone has heard a story of someone who was surprised they got COVID, and they died, comments usually followed that “they always seem so healthy, we never thought”. Unfortunately, that has been something that has affected so many people, and then when asked about how people were getting information. Doctors and primary care providers still are a strong influence because most people have trust again in their doctors and primary care faith and faith leaders, and community leaders and elders.

The results of the community data collection efforts, can be accessed on the website: www.maricopahealthmatters.org
MCDPH created snapshots for each of our five regions as well as county wide. Several cities were included that also were able to collect sufficient data to have their own profile. This is a huge benefit to the city. The data is a rich source of information of the community and also uses to leverage. When they write grants or submit proposals for any type of project, they really can show this. So, the department receives a lot of buy in from the community, organizations, hospitals and municipalities because of this work.

**Next Steps...**

Data driven funding & resource allocation.

- RFP – Regional Funding to address Health Disparities, focus on priority issues by region up to $12.5 million
- RFP – Countywide Funding to address Health Disparities, focused on Access to Healthcare up to $1.5 million
- Establish Community Advisory Boards per region to develop and inform Regional Community Health Improvement Plans.

MCDPH received 26.5 million dollars, from the Center for Disease Control to address health disparities. The department is in the process of open request for proposals to provide regional funding to address health disparities. Public health is allocating 12.5 million to be distributed within the five regions approximately 2.5 million per region and 1.5 million for county-wide initiatives that address access to health care, the regional ones are health disparities. So those that get funded are going to come together and create these regional community advisory boards to really get more information on the community, and really work with them to develop action plans, and really help public health get back on track. The department expressed being excited that this work is really leading to some educated data, driven decisions, funding and resource allocation ends. Ms. Cardenas referred the board to the flyer distributed to the public. Community members were involved in the pre-conference bids asking various questions. There were almost 140 participants on the call expressing interest in applying for funding.

Mental health was identified as a big issue considering that most individuals had changes in their job or employment status. Risk factors like obesity has been a topic of concern during the pandemic. The department has seen some short-term negative impact from obesity and the ability to try to reverse those trends. At the conclusion of the CHNA report, the board expressed their appreciation for all the work that goes into producing the data presented and that it provided a broader view of the community needs.

**Announcements and Current Events**

None

**Adjournment**

There being no further business, Mr. Cassano made a motion to adjourn the meeting and Ms. Balduff seconded the motion. The motion passed unanimously. The meeting was adjourned at 5:00 p.m.