



P I N A L ♦ C O U N T Y
wide open opportunity

**Pinal County Public Health Services District
Annual Report FY 2010-2011**

The mission of the Public Health Services District is to provide disease prevention, health promotion and nutrition services to the residents of Pinal County so they can live healthy and productive lives.

Submitted October 5, 2011
By Thomas Schryer, Director



INTRODUCTION

FY 2010/11 provided the Pinal County Public Health Services District (PCPHSD) with a great deal of opportunity and challenges. Over the past several years, Federal and State funding for public health has been drastically cut. Thankfully, the 2007 decision by the Board of Supervisors to create the Public Health Services District ensured that core public health services were preserved. Pinal County has been able to achieve and maintain a childhood immunization rate of 83% and has maintained a strong communicable disease surveillance and response system. This past year we investigated more than 3,200 suspected cases of communicable and sexually transmitted diseases, and provided Community Health and Women Infant and Children (WIC) services to over 100,000 people, despite the fact that Pinal County WIC experienced the same decline in participation that has been seen nationally and throughout the state of Arizona.

Beginning in early 2012, Pinal County will operate new clinics in the communities of Maricopa and San Tan Valley. The addition of these clinics will provide access to public health services for more than 100,000 Pinal County residents, and will ensure that more than 70% of residents have a public health clinic within 10 miles of where they live. These clinics are projected to nearly double the number of clients that PCPHSD serves each year.

We are particularly proud of the continual progress in the area of public health preparedness. This year Pinal County received Project Public Health Ready recognition from the National Association of City and County Health Officials. This is a standard only 10% of public health departments in the nation have met. Additionally the CDC once again performed an evaluation of our strategic national stockpile distribution readiness plan and scored Pinal County with 97 out of 100 possible points. This is one of the highest ratings in the nation.

Without a doubt the stagnant economy will continue have a significant effect on our communities and on the District's ability to deliver quality services. The staff of PCPHSD has shown great resiliency these past couple of years and has risen to the challenge of providing excellent services in a time of reduced resources. I am confident that PCPHSD staff will continue to meet the challenges ahead in the coming years.

Respectfully,

Thomas D. Schryer, MBA
Director of Public Health

PUBLIC HEALTH SERVICES DISTRICT

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PINAL COUNTY PUBLIC HEALTH SERVICES DISTRICT

FY 2011-2012 STRATEGIC GOALS

Strategic Goal 1 Improve Childhood Immunizations

By 2012, Pinal County Public Health Services District will achieve and sustain an immunization coverage rate of at least 80% in the children 19- to 35- months of age cohort for: 4 doses of DTaP vaccine, 3 doses of Hib vaccine, 1 dose of MMR vaccine, 3 doses of hepatitis B vaccine, 3 doses of polio vaccine, 1 dose of varicella vaccine (4:3:1:3:3:1 vaccination series) thus reducing the risk of childhood illness as evidenced by:

- 80% childhood immunization coverage rate achieved and sustained

Strategic Goal 2 Public Health Accessibility

By 2012, the Pinal County population will experience better access to Public Health services as evidenced by:

- 70% of the Pinal County population will have a Public Health service with 10 miles of where they live.

Strategic Goal 3 Public Health Preparedness

By 2012, Pinal County Public Health Services District will maintain a Cities Readiness Initiative preparedness level score about 90% upon completion of the annual local technical assistance review conducted by the Centers for Disease Control and Prevention's Division of Strategic National Stockpile as evidenced by:

- 90% or greater Cities Readiness Initiative preparedness level score will be maintained.

Strategic Goal 4 Substance Abuse Education

By 2012, the percentage of students who use alcohol, marijuana, methamphetamines and prescription medications in grades 8, 10 and 12 will be less than or equal to the state average, as published by the Arizona Criminal Justice Commission, Arizona Youth Survey.

Strategic Goal 5 Nutrition Services

By 2013, Pinal County Public Health Services District will provide WIC services to 8800 participants per month, and Diabetes Support Groups will serve 400 county residents per month.

Strategic Goal 6 Communicable Diseases

By 2012, Pinal County Health Services District will limit morbidity and mortality associated with infectious diseases for the residents of Pinal County as evidenced by:

- 95% of all reported cases of infectious disease investigations will be initiated within recommended time frames.

Strategic Goal 7 Cost of Services

By 2014, reduce cost per client visit by 10%.

**PINAL COUNTY
BOARD MEMBERS AND SENIOR PERSONNEL**

Board of Directors

Pete Rios
District 1

Bryan Martyn
District 2

David Snider
District 3, Chairman

County Manager

Fritz Behring

Assistant County Manager for Health and Human Services

Lisa Garcia

Pinal County Public Health Services District Advisory Council

David Towle.....President, District 3 Representative
Rita Nader.....Vice President, District 3 Representative
Pete Rios.....Board of Supervisors Representative
Barbara BrownCity Council Representative
Douglas Parkin, MDPhysician at Large
Zola Hall/Martha GonzalesDistrict 1 Representative
Lawrence R. Ross, MD.....District 1 Representative
VacantDistrict 2 Representative
Dodi Freeman.....District 2 Representative

Director of Public Health

Thomas Schryer

Public Health Services District Medical Director

Dario Lizarraga, MD

Public Health Leadership

Graham Briggs.....Communicable Disease Control
Kandi Harris.....Central Support and Accounting
Andrea Huerta.....Public Health Operations
Kore ReddenPublic Health Protection
Rosanna Ringer.....Nutrition, Education & Outreach Services

PUBLIC HEALTH SERVICES DISTRICT BUDGET

Budget for July 1, 2010 - June 30, 2011		
A.	HEALTH EDUCATION	\$873,662
	Cardiovascular Disease Prevention	\$68,680
	Local Tobacco Education Project	\$334,980
	Public Health District Diabetes	\$68,498
	Public Health District Health Education	\$401,504
B.	NUTRITION SERVICES	\$1,812,809
	Nutrition Services	\$2,000
	Women, Infants, & Children	\$1,251,576
	WIC Services - Maricopa Clinic	\$174,946
	Commodity Supplemental Food Program	\$37,358
	Breastfeeding Peer Counseling	\$190,000
	Farmer's Market Program	\$2,125
	Public Health District WIC	\$154,804
C.	MATERNAL & CHILD HEALTH	\$37,312
	Community Nursing Services	\$37,312
D.	CHRONIC DISEASE - CANCER	\$309,273
	Women's Cancer Control Project	\$219,437
	Public Health District Well Woman	\$89,836
E.	COMMUNICABLE DISEASE	\$2,653,338
	Tuberculosis Prevention & Control	\$23,400
	Sexually Transmitted Disease	\$10,017
	HIV Prevention & Control	\$23,714
	Immunization Services	\$103,269
	Immunization Donations	\$191,466
	Immunization Services - ARRA	\$57,699
	Public Health District Immunization	\$1,003,183
	Preparedness & Response to Bio-Terrorism	\$423,510
	City Response Initiative	\$116,318
	Public Health Emergency Response H1N1	\$305,350
	Public Health District Infectious Disease	\$140,688
	Public Health District TB Management	\$106,103
	Public Health District STD/HIV Management	\$148,621
F.	FAMILY PLANNING SERVICES	\$825,308
	Family Planning Services	\$314,200
	Family Planning AHCCCS	\$43,482
	Family Planning Donations	\$2,900
	Family Planning Fees	\$7,800
	Folic Acid	\$10,000
	Public Health District Family Planning	\$446,926
G.	GENERAL LOCAL HEALTH DEPT ADMIN	\$1,420,389
	Public Health District Human Resources	\$500
	Public Health District Birth Certificates	\$56,364
	Public Health District Death Certificates	\$59,640
	Public Health District Fleet Maintenance	\$20,500
	Public Health District Budget/Finance/Purchasing	\$338,213
	Public Health District Executive Management	\$940,172
	Research and Development	\$5,000
H.	TRANSPORTATION SERVICES	\$138,230
	Local Transportation Assistance 2002	\$137,230
	Transportation Services	\$1,000
		\$8,070,321

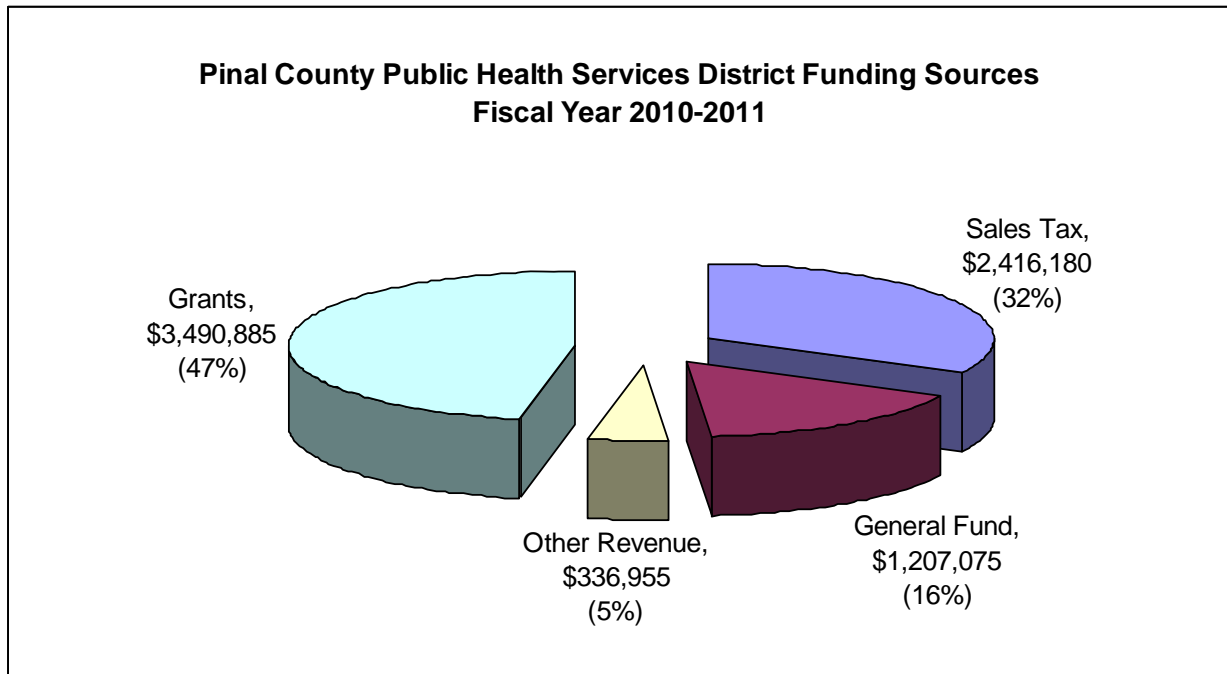
Source: AS400/JDEdwards Accounting System, Pinal County Public Health Services District as of August 31, 2011.

The Public Health Services District began collecting sales tax in October 2007. The breakdown for fiscal year 2010-2011 tax revenue, funding sources and budget versus expenditures are as follows:

Pinal County Public Health Services District	
Tax Revenue July 1, 2010 - June 30, 2011	
July	\$ 224,326.16
August	\$ 156,443.06
September	\$ 181,416.98
October	\$ 190,964.25
November	\$ 193,351.06
December	\$ 227,540.27
January	\$ 182,324.16
February	\$ 223,414.63
March	\$ 234,357.02
April	\$ 195,812.62
May	\$ 193,517.79
June	\$ 212,711.81
Total	\$ 2,416,179.81

Projected Revenue FY 2010-2011
\$2.46 million

Actual Revenue
\$2.42 million



Budget versus Expenditures for July 1, 2007 - June 30, 2008			
	Budget	Expenses	Difference
Personnel Services	5,798,559	\$ 4,447,208	\$ 1,351,351
Employee Related Expenses	1,811,566	\$ 1,305,701	\$ 505,865
Professional & Outside Services	152,201	\$ 164,895	\$ (12,694)
Travel Expenses	167,129	\$ 148,368	\$ 18,761
Other Operating	1,692,353	\$ 867,684	\$ 824,669
Capital	726,687	\$ 101,596	\$ 625,091
Indirect	227,239	\$ 183,165	\$ 44,074
Total	\$ 10,575,734	\$ 7,218,617	\$ 3,357,117

Budget versus Expenditures for July 1, 2008 - June 30, 2009			
	Budget	Expenses	Difference
Personnel Services	5,775,841	\$ 4,630,954	\$ 1,144,887
Employee Related Expenses	1,676,945	\$ 1,359,214	\$ 317,731
Professional & Outside Services	134,260	\$ 131,790	\$ 2,470
Travel Expenses	175,448	\$ 83,712	\$ 91,736
Other Operating	1,103,250	\$ 744,327	\$ 358,923
Capital	126,093	\$ 154,387	\$ (28,294)
Indirect	530,648	\$ 512,764	\$ 17,884
Total	\$ 9,522,485	\$ 7,617,148	\$ 1,905,337

Budget versus Expenditures for July 1, 2009 - June 30, 2010			
	Budget	Expenses	Difference
Personnel Services	5,222,445	\$ 4,170,217	\$ 1,052,228
Employee Related Expenses	1,510,340	\$ 1,222,001	\$ 288,339
Professional & Outside Services	456,449	\$ 222,492	\$ 233,957
Travel Expenses	89,849	\$ 50,522	\$ 39,327
Other Operating	1,112,686	\$ 690,086	\$ 422,600
Capital	49,500	\$ 29,025	\$ 20,475
Indirect	425,385	\$ 368,589	\$ 56,796
Total	\$ 8,866,654	\$ 6,752,932	\$ 2,113,722

Budget versus Expenditures for July 1, 2010 - June 30, 2011			
	Budget	Expenses	Difference
Personnel Services	4,425,793	\$ 3,996,396	\$ 429,397
Employee Related Expenses	1,472,834	\$ 1,275,272	\$ 197,562
Professional & Outside Services	724,590	\$ 447,033	\$ 277,557
Travel Expenses	40,764	\$ 57,062	\$ (16,298)
Other Operating	958,981	\$ 852,916	\$ 106,065
Capital	68,670	\$ 13,598	\$ 55,072
Indirect	378,689	\$ 367,638	\$ 11,051
Total	\$ 8,070,321	\$ 7,009,915	\$ 1,060,406

Source: AS400/JDEdwards Accounting System, Pinal County Public Health Services District as of August 31, 2011.

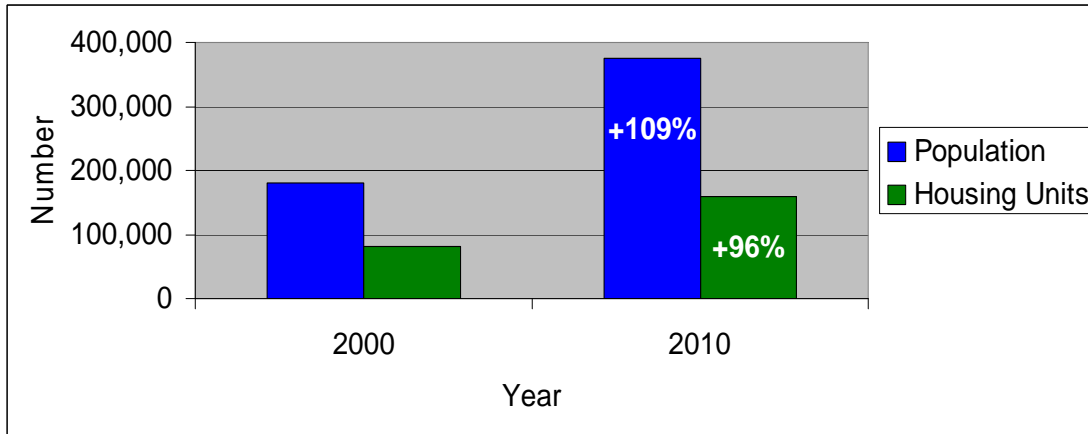
Funding Cuts

Grant	Funding Cycle	Amount of Cut	Date	Staff Involved	Eliminated / Cut
Preparedness & Response to Bio-Terrorism	September-October	\$ 17,978.00	August 2010	0	Cut
Tobacco Education and Prevention	July-June	\$ 10,045.00	July 2010	0	Cut
Public Health Physical Activity	April-March	\$ 68,683.65	April 2011	1	Eliminated
Women, Infants, and Children (WIC)	October - September	\$ 40,045.00	March 2011	2	Cut
Total		\$136,751.65		3	

Source: AS400/JDEdwards Accounting System, Pinal County Public Health Services District as of August 31, 2011.

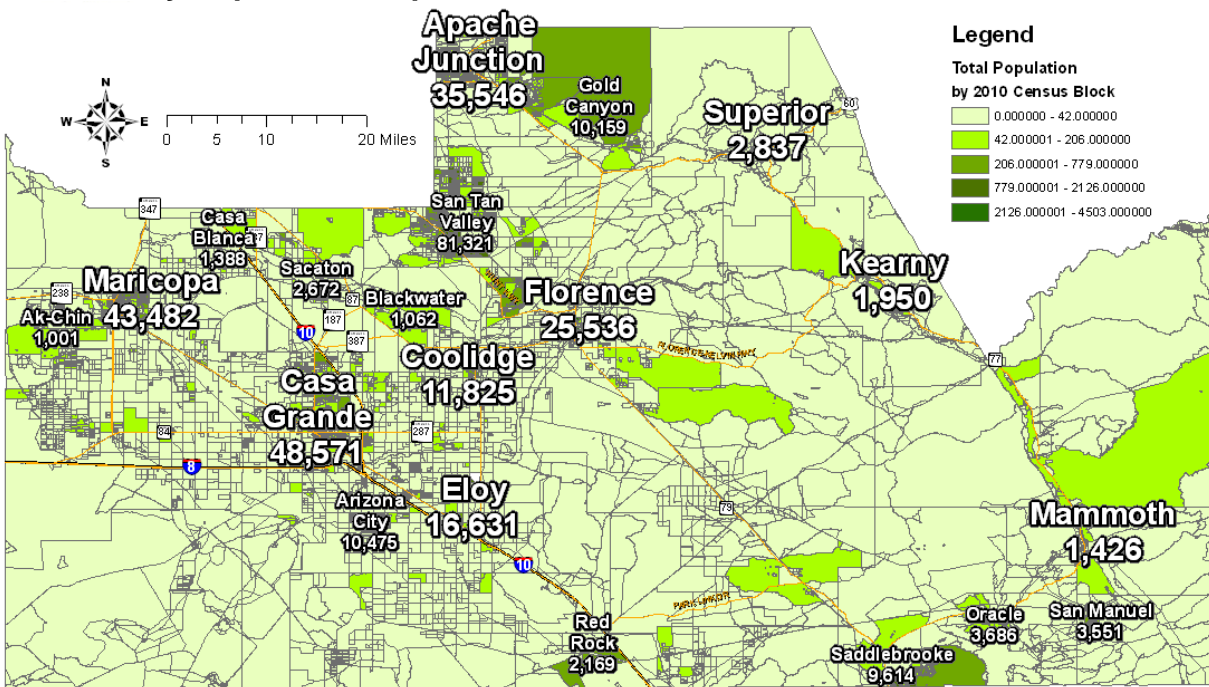
PINAL COUNTY SOCIOECONOMIC AND COMMUNITY HEALTH PROFILE

Pinal County Population Growth, 2000-2010



Pinal County is the second fastest growing metro-central county in the U.S., behind Kendall County in Illinois. Pinal County’s population grew by 109% from 179,720 in 2000 to 375,770 in 2010, with a concurrent 96% increase in housing units. The rest of Pinal County’s demographic profile remains similar to Arizona and the U.S.

Pinal County Population Map, 2010



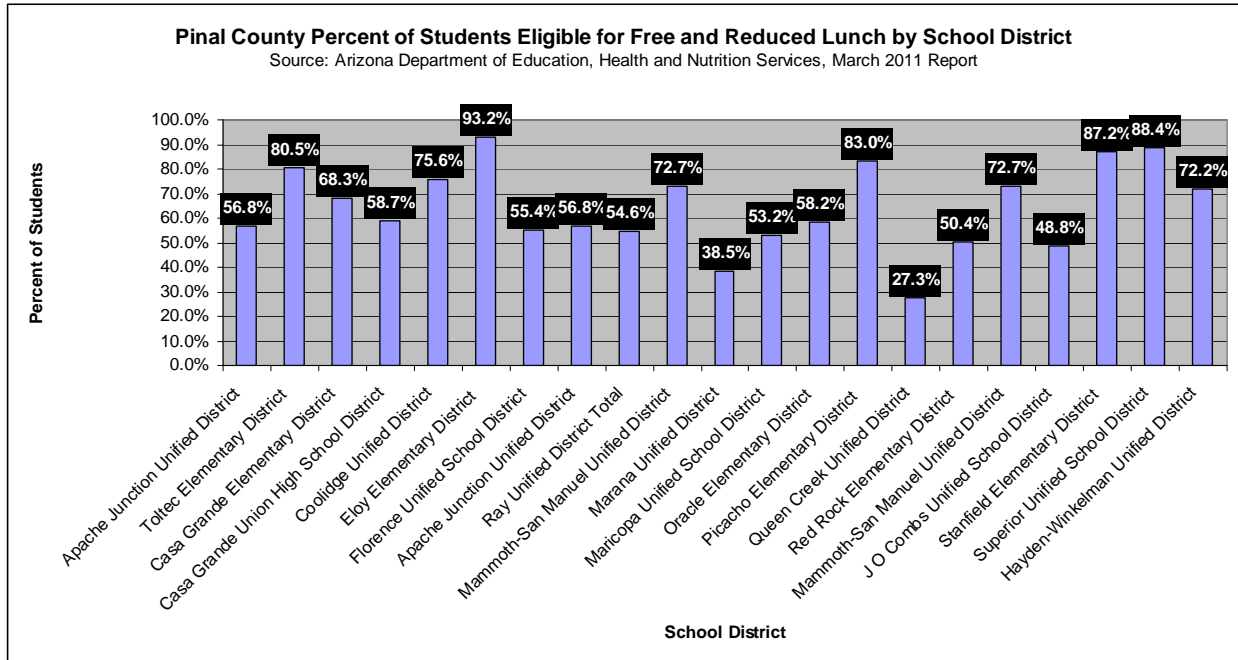
Source: U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, National Vital Statistics System. Available online at: <http://quickfacts.census.gov/>

Pinal County Demographic Profile

People QuickFacts	Pinal County	Arizona	U.S.
Population, 2010	375,770	6,392,017	308,745,538
Population, percent change, 2000 to 2010	109.0%	24.60%	9.70%
Population, 2000	179,720	5,130,607	281,424,602
Persons under 5 years old, percent, 2009	8.00%	7.90%	6.90%
Persons under 18 years old, percent, 2009	26.50%	26.30%	24.30%
Persons 65 years old and over, percent, 2009	13.80%	13.10%	12.90%
Female persons, percent, 2009	47.80%	49.90%	50.70%
White persons, percent, 2010 (a)	72.40%	73.00%	72.40%
Black persons, percent, 2010 (a)	4.60%	4.10%	12.60%
American Indian and Alaska Native persons, percent, 2010 (a)	5.60%	4.60%	0.90%
Asian persons, percent, 2010 (a)	1.70%	2.80%	4.80%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	0.40%	0.20%	0.20%
Persons reporting two or more races, percent, 2010	3.80%	3.40%	2.90%
Persons of Hispanic or Latino origin, percent, 2010 (b)	28.50%	29.60%	16.30%
White persons not Hispanic, persons, 2010	58.70%	57.80%	63.70%
Living in same house 1 year ago, pct 1 yr old & over, 2005-2009	75.50%	79.40%	83.80%
Foreign born persons, percent, 2005-2009	10.90%	14.70%	12.40%
Language other than English spoken at home, pct age 5+, 2005-2009	23.80%	27.90%	19.60%
High school graduates, percent of persons age 25+, 2005-2009	83.30%	83.90%	84.60%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	18.00%	25.70%	27.50%
Veterans, 2005-2009	28,921	550,681	22,894,578
Mean travel time to work (minutes), workers age 16+, 2005-2009	31.7	24.9	25.2
Housing units, 2009	148,032	2,752,991	129,969,653
Homeownership rate, 2005-2009	77.40%	68.30%	66.90%
Housing units in multi-unit structures, percent, 2005-2009	6.70%	20.70%	25.90%
Median value of owner-occupied housing units, 2005-2009	\$169,700	\$218,400	\$185,400
Households, 2005-2009	108,345	2,248,170	112,611,029
Persons per household, 2005-2009	2.54	2.76	2.60
Per capita money income in past 12 months (2009 dollars) 2005-2009	\$21,526	\$25,203	\$27,041
Median household income, 2009	\$49,088	\$48,711	\$50,221
Persons below poverty level, percent, 2009	13.70%	16.50%	14.30%

Source: U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, National Vital Statistics System. Available online at: <http://quickfacts.census.gov/>

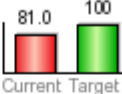





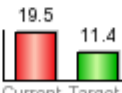

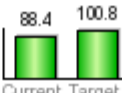


The school districts we serve in Pinal County face large percentages of students eligible for free and reduced lunch programs. The chart below shows that, although the 2010 Census reports only 13.7% of people live below the federal poverty level in Pinal County, according to the number of students eligible for school free and reduced lunch the percentage of those living in poverty is higher than the 2010 Census estimates:



The lack of health care providers available in Pinal County also influences the health status of the community and places a greater demand on Public Health services. With continued population growth, increasing poverty levels, and a lack of health care providers, Public Health must strategize ways of meeting accessibility gaps and increasing coverage in underserved areas to meet the demand for services.

Community Snapshot and Healthy People 2020

In partnership with Arizona Department of Health Services and Arizona counties, the Arizona Health Matters website was created to be a source of non-biased data and information about community health. The website offers a community dashboard that provides a snapshot of health and disease indicators for Pinal County. Additionally a Healthy People 2020 tracker allows communities to assess their health status and build an agenda for community health improvement. The indicators presented below show how Pinal County is measuring up to the Healthy People 2020 national health targets.

Indicator	Current and Target	Data	Since Prior Period	Status
Access to Health Services				
Adults with Health Insurance	Current: 81.0 percent Target: 100 percent			 TARGET NOT MET
Children with Health Insurance	Current: 88.9 percent Target: 100 percent			 TARGET NOT MET
Cancer				
Colorectal Cancer Incidence Rate	Current: 36.7 cases/100,000 population Target: 38.6 cases/100,000 population			 TARGET MET
Food Safety				
E. coli Incidence Rate	Current: 0.6 cases/100,000 population Target: 0.6 cases/100,000 population			 TARGET MET
Salmonella Incidence Rate	Current: 19.5 cases/100,000 population Target: 11.4 cases/100,000 population			 TARGET NOT MET
Heart Disease and Stroke				
Age-Adjusted Death Rate due to Coronary Heart Disease	Current: 88.4 deaths/100,000 population Target: 100.8 deaths/100,000 population			 TARGET MET

Source: Arizona Health Matters: Healthy People 2020 Tracker. Data derived from U.S. Census Bureau, Arizona Cancer Registry, ADHS Vital Statistics, Arizona Criminal Justice Commission Arizona Youth Survey. Available online at: <http://www.arizonahealthmatters.org/>

Indicator	Current and Target	Data	Since Prior Period	Status
Immunization and Infectious Diseases				
Tuberculosis Incidence Rate	Current: 7.9 case/100,000 population Target: 1.0 case/100,000 population	 Current Target		TARGET NOT MET
Injury and Violence Prevention				
Age-Adjusted Death Rate due to Firearms	Current: 16.5 deaths/100,000 population Target: 9.2 deaths/100,000 population	 Current Target		TARGET NOT MET
Age-Adjusted Death Rate due to Motor Vehicle Collisions	Current: 13.5 deaths/100,000 population Target: 12.4 deaths/100,000 population	 Current Target		TARGET NOT MET
Pedestrian Death Rate	Current: 2.1 deaths/100,000 population Target: 1.3 deaths/100,000 population	 Current Target		TARGET NOT MET
Maternal, Infant and Child Health				
Babies with Low Birth Weight	Current: 6.6 percent Target: 7.8 percent	 Current Target		TARGET MET
Infant Mortality Rate	Current: 7.3 deaths/1,000 live births Target: 6 deaths/1,000 live births	 Current Target		TARGET NOT MET
Mothers who Received Early Prenatal Care	Current: 85.6 percent Target: 77.9 percent	 Current Target		TARGET MET
Preterm Births	Current: 9.6 percent Target: 11.4 percent	 Current Target		TARGET MET

Source: Arizona Health Matters: Healthy People 2020 Tracker. Data derived from U.S. Census Bureau, Arizona Cancer Registry, ADHS Vital Statistics, Arizona Criminal Justice Commission Arizona Youth Survey. Available online at: <http://www.arizonahealthmatters.org/>

Indicator	Current and Target	Data	Since Prior Period	Status
Mental Health and Mental Disorders				
Age-Adjusted Death Rate due to Suicide	Current: 20.3 deaths/100,000 population Target: 10.2 deaths/100,000 population			
Substance Abuse				
Teens who Use Marijuana	Current: 15.1 percent Target: 6.0 percent			
Tobacco Use				
Teens who Smoke	Current: 17.0 percent Target: 16 percent			

Source: Arizona Health Matters: Healthy People 2020 Tracker. Data derived from U.S. Census Bureau, Arizona Cancer Registry, ADHS Vital Statistics, Arizona Criminal Justice Commission Arizona Youth Survey. Available online at: <http://www.arizonahealthmatters.org/>

INFECTIOUS DISEASE AND EPIDEMIOLOGY

The Infectious Disease and Epidemiology Section was created in July 2007, immediately following the approval of the Pinal County Public Health Services District. The duties of the program consist of:

- Identifying cases and contacts of diseases that represent a threat to the public's health;
- Ensuring treatment for those affected;
- Identifying and limiting risk factors for disease;
- Identifying and eliminating the source of outbreaks; and
- Providing education to county partners and the public concerning these diseases and their prevention.

The overall goal of the section is to limit or interrupt transmission using these methods to decrease the overall morbidity and mortality associated with communicable diseases in the county.

After the section's inception, emphasis was placed on increasing surveillance for cases and clusters of disease by increasing reporting by medical providers, schools, infection control programs, other county agencies, and the public. As reporting has increased, the section's ability to directly impact the health of the community has also increased. While surveillance continues to increase and the mechanisms for reporting remain in place, the focus of the section is now able to shift to directly impacting the public's health through intervention efforts including: case and outbreak investigations, unexplained death investigations, treatment of cases and contacts to interrupt transmission, identification of sources of infection, and education concerning infection prevention. The section is comprised of the General Infectious Disease, Tuberculosis, and Sexually Transmitted Disease Control Programs.

Major Accomplishments

- The Infectious Disease and Epidemiology Section investigated a total of 3,271 laboratory confirmed cases of reportable disease during the fiscal year.
- Treatment and prophylaxis were provided for exposures to rabies, pertussis, syphilis, tuberculosis, and other infectious diseases.
- Seven outbreaks were identified and investigated; transmission was successfully interrupted for each outbreak.

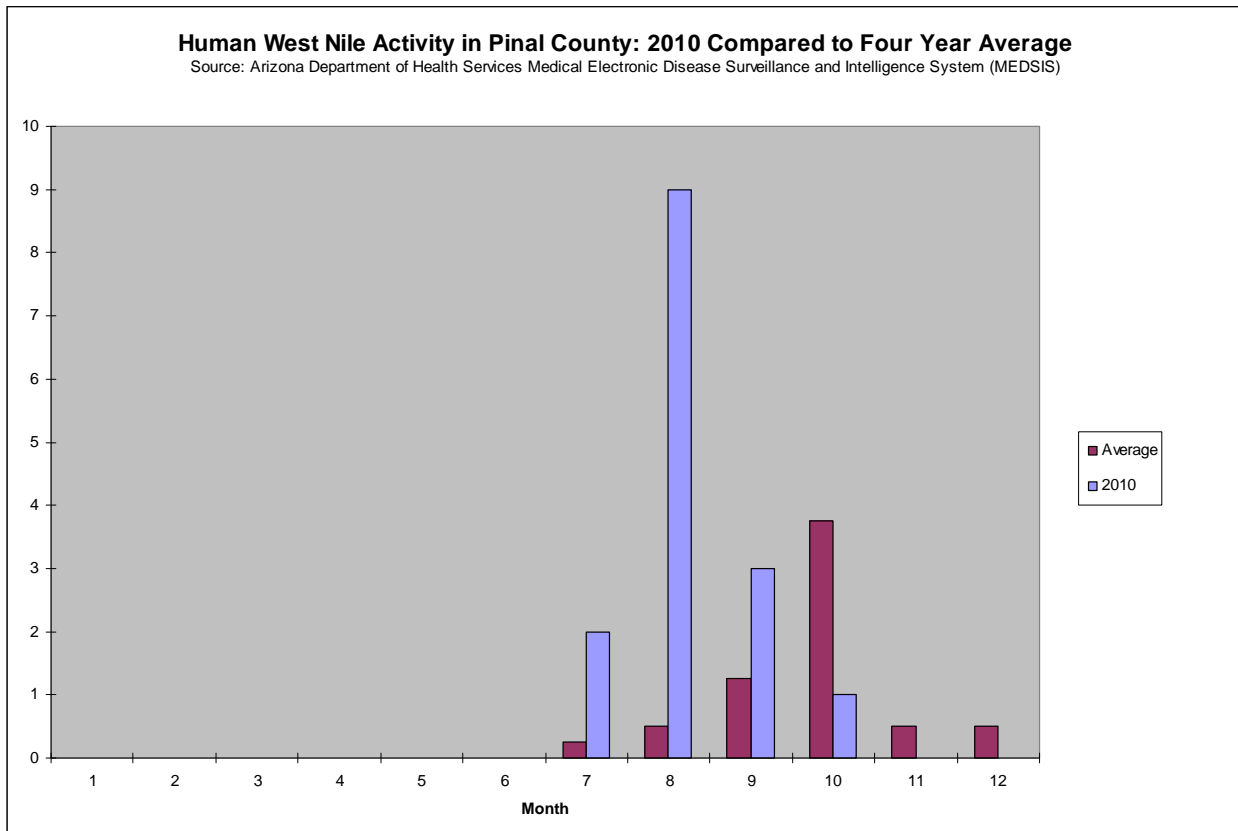
General Infectious Disease Control Program

This program is responsible for the surveillance and response to approximately 85 diseases that medical providers are required by law to report to the local health department in Arizona. The program investigated 2,289 laboratory confirmed cases of infectious diseases including enteric, invasive, vaccine preventable, vector borne,

environmental, antibiotic resistant, and airborne diseases (not including STD and TB). Contact investigations are initiated whenever a potentially infectious case of disease is identified. The investigation consists of identifying people that may have been exposed, providing education to those at risk, evaluating the contacts for disease, and recommending or providing therapy to prevent disease. Additionally, this program collects and analyzes data related to other reported cases of disease to better identify risk factors associated with each disease and identify potential outbreaks.

Highlights

West Nile Virus



During the summer of 2010 a rapid and unexpected increase in numbers of West Nile Virus (WNV) cases occurring in Pinal County residents was identified (see figure above). Geographic analysis showed that cases were concentrated in the north and northwestern areas of the county. Maricopa County also identified a significant increase in cases in the southeast area of the Phoenix metropolitan area. Due to this increase, over expected and historical norms the Centers for Disease Control and Prevention (CDC) was contacted. A team of experts was dispatched by CDC to assist in investigating the situation. A number of measures were instituted to attempt to decrease illness and spread due to WNV including:

- Pinal County Public Health conducted active surveillance to classify additional human cases and identify places of exposure;
- Pinal County Environmental Health conducted mosquito trapping and testing to identify areas with environmental virus activity ;
- Data sharing between the departments identified areas of high activity, these areas were prioritized for fogging to control spread of the virus in the mosquito population;
- CDC conducted an analysis of cases to determine additional risk factors for disease;
- CDC trapped and performed testing on mosquitoes to determine species involved and potential for pesticide resistance;
- A campaign using local television and print media was conducted to educate the public on symptoms of the disease, when to seek medical attention, risk factors, and prevention strategies to avoid illness.

Fifteen human cases were ultimately diagnosed in Pinal County including several severely ill neuro-invasive cases. No fatalities were reported in Pinal County in 2010.

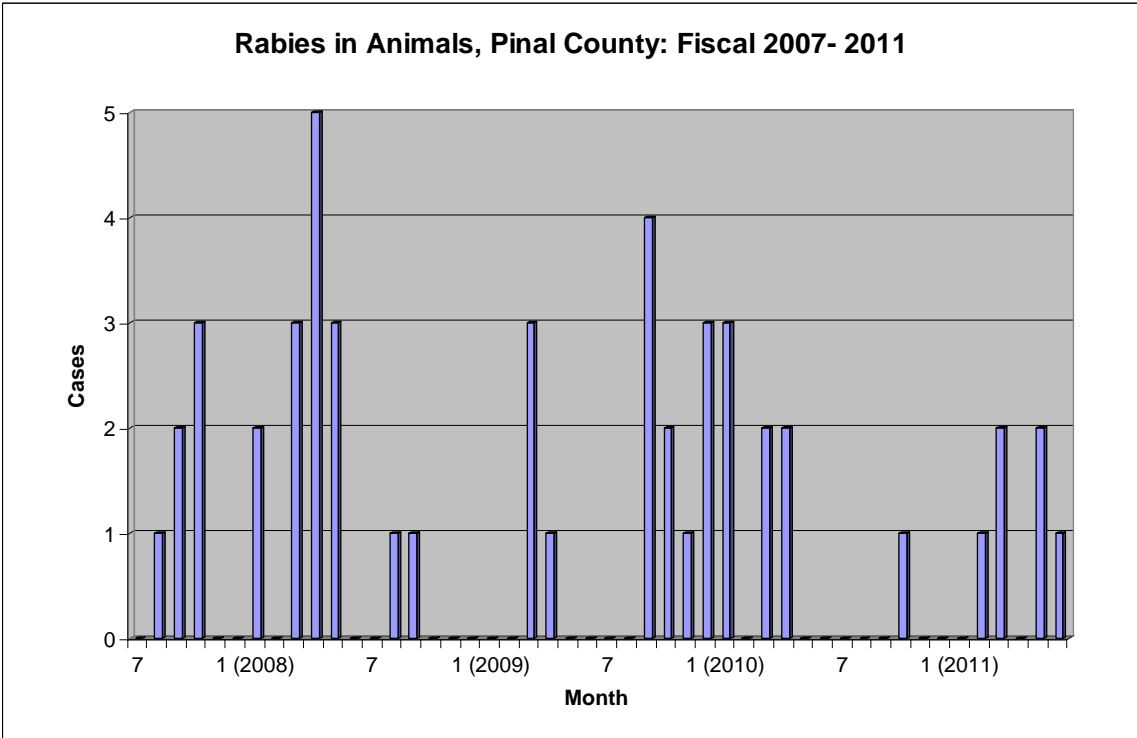
Varicella

In December 2010, multiple cases of varicella (chickenpox) were identified in students that attended the same elementary school in Pinal County. While chickenpox is not a severe disease for most, it can be a serious or even potentially fatal disease for some, particularly for infants and those with compromised immune systems. Preliminary analysis determined that the potential existed for spread of illness in the school's under-vaccinated and unvaccinated children. With ongoing transmission occurring in the student population, an outbreak was declared. Pinal County Public Health coordinated a school-based mass vaccination clinic to provide varicella vaccinations free of charge to children at risk. Vaccination served to increase the overall or "herd" immunity of students in the school and lessen the likelihood of ongoing transmission between students. Unvaccinated students that declined immunization were withheld from school until the outbreak was declared over, according to the school's exemption policy. After transmission was successfully interrupted, the school was able to return to normal practice. More details concerning the school-based mass vaccination clinic in response to the varicella outbreak are provided in the Public Health Emergency Preparedness and Response section (page 46).

Rabies

Rabies is a viral disease that all mammals are susceptible to. It is spread through the bite of infected animals and is fatal in humans once symptoms appear. However, with prompt medical care and prophylaxis the risk of acquiring disease after exposure is reduced to almost zero. Rabies is most common in wild animals such as bats, foxes, and skunks in Arizona. Due to vaccination efforts, rabies affects domestic animals only rarely in Arizona. Pets are protected from disease by rabies vaccination, but are susceptible if unvaccinated. The Infectious Disease and Epidemiology works actively with the Pinal County Animal Care and Control Department, Arizona Game and Fish Department, and Arizona Department of Health Services to conduct rabies risk assessments after animal bites. The program is tasked with coordinating testing of animals that are available and determining risk for rabies in individuals that have been exposed whether the animal is available for testing or not. Once an assessment is made, rabies prophylaxis may be recommended and conducted through a private clinical provider or through county public health clinics. During this fiscal year identified cases of rabies occurred primarily in the south and eastern areas of the county during the winter months, including:

- Six cases of rabies were identified in skunks and bats;
- Two significant human exposures were identified and recommended for rabies prophylaxis, including one resident exposed to a rabid cow out of county; and
- Seven domesticated animals were exposed to rabid animals.



Source: Arizona Department of Health Services

Pertussis

Pertussis, also known as whooping cough, is a preventable disease due to the availability of a vaccine that is recommended for children and available for adults. Immunity wanes over time and it is common for adults to acquire pertussis once the effect of the vaccine wears off. For adults the disease often appears as an annoying cough that goes away on its own after a month or more, but for young children this disease can be fatal. As immunity in the population changes pertussis becomes more or less common, with a peak in activity once every three to five years. Pinal County is currently seeing a peak in activity with much more pertussis documented than during an average year. For the fiscal year, Pinal County Public Health investigated 82 reports of suspected pertussis and confirmed 24 of those cases. For each case a contact investigation is initiated. The case is interviewed to ascertain where the exposure occurred and who the case may have exposed in turn. Antibiotics are recommended to anyone identified that may be at risk of contracting pertussis. Routine vaccination is recommended for all children and adults that may come into contact with young children.

Tuberculosis (TB) Control

For fiscal year 2010-2011, 109 cases of tuberculosis were identified in Pinal County, including:

- 58 active, infectious cases
- 51 latent cases



What is the difference between a latent infection and active disease?

Latent infection with TB is not contagious and causes no symptoms or illness. However, 10% of those with latent infection will progress to active disease at some point in life.

Active disease due to TB is contagious and will cause symptoms and disease that will lead to death without months of antibiotic treatment.

Treating latent cases of disease prevents them from potentially progressing to active disease and spreading it to others. Additionally, young children that acquire latent infection are more likely to progress to active TB more quickly and suffer more serious outcomes including TB meningitis and death. Contact investigations are initiated whenever a potentially infectious case of TB is identified. The investigation consists of identifying people that may have been exposed, providing education to those at risk, evaluating the contacts for disease, and recommending or providing therapy to prevent disease.

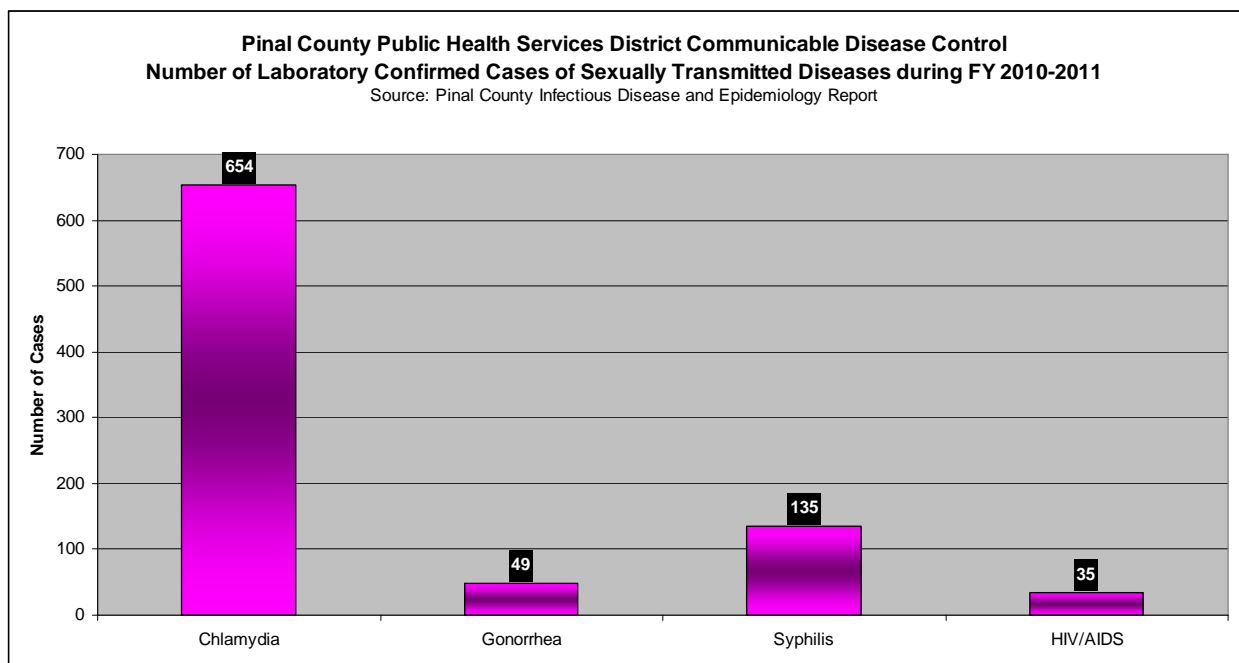
Sexually Transmitted Disease (STD) Control

For fiscal year 2010-2011, 873 laboratory confirmed cases of sexually transmitted diseases (STDs) were identified including:

- 654 cases of Chlamydia
- 49 cases of gonorrhea
- 135 cases of syphilis
- 35 cases of newly diagnosed HIV/AIDS infection

A case investigation is initiated for each suspected case. This consists of confirming the diagnosis made by a medical provider, making an attempt to contact the case to ensure appropriate treatment is provided, and identifying any potential contacts. Contacts are tested and given treatment if needed through Public Health. Any contacts that test positive become cases and a case investigation is initiated. Pregnant cases of STD are prioritized for follow up due to the potential risk of disease to the fetus during pregnancy and birth. The most severe outcomes are associated with congenital syphilis and can include critical birth defects and potentially death. Left untreated syphilis can cause severe disease including blindness, cardiovascular disease, neurological disease, and eventually death. Because of this syphilis is the highest priority STD for treatment.

Additionally, 35 cases of newly diagnosed HIV/AIDS were identified. All newly diagnosed community cases were given education, referred to specialists for HIV case management, and had a contact investigation conducted.



CLINICAL SERVICES

Pinal County Public Health Services District (PCPHSD) offers a variety of community health nursing services. Clinical services include Immunizations, Family Planning, and Well Woman HealthCheck services. All services are provided to Pinal County residents, so they can have access to immunizations, breast and cervical cancer screening, family planning and contraception counseling and methods, STD and HIV testing, counseling, and treatment or referral.

Immunizations

Over the last century, the introduction of immunizations has had a significant impact on public health. Immunizations help prevent and control the spread of vaccine preventable diseases, such as diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, Haemophilus influenzae type b (Hib), hepatitis A and B, chicken pox (varicella) and several others.

The Vaccines for Children (VFC) Program is a federally funded program that provides vaccines at no cost to children less than 19 years of age who might not otherwise be vaccinated because of inability to pay. It was implemented in 1994 as a new entitlement program to be a required part of each state's Medicaid plan and allocated through the Centers for Medicare & Medicaid Services to the Centers for Disease Control and Prevention (CDC). CDC buys vaccines at a discount and distributes them to grantees—i.e., Federally Qualified Health Centers (FQHCs), state and local health departments. Children who are eligible for VFC vaccines are entitled to receive pediatric vaccines that are recommended by the Advisory Committee on Immunization Practices.

VFC is cost-effective, eliminates barriers and safeguards public health locally and globally, as evidenced by:

- Immunizations prevent 10.5 million cases of infectious illness and 33,000 deaths in the U.S.^{1,2}
- For every dollar spent on vaccinating a child, there is a direct savings of \$6.30 in medical costs and \$18.49 in indirect savings.^{1,2}
- VFC eliminates the major barriers to childhood immunization, including vaccine availability, cost, and accessibility.³
- Despite safe and effective vaccines, many kids do not receive immunizations on time and are at risk to become infected and spread disease. In 2008 a preventable measles outbreak in Arizona, in which measles was transmitted to 13 people including 1 case in Pinal County, cost more than \$800,000 to control.⁴

¹ Zhou, et al, "Economic Evaluation of Routine Childhood Immunization with DTaP, Hib, IPV, MMR and Hep B Vaccines in the United States," Pediatric Academic Societies Conference, Seattle, Washington, May 2003.

² Ross Rapoport, "CDC: Immunizations High But Shot In Arm Still Needed," Cox News Service. 1 August 2003.

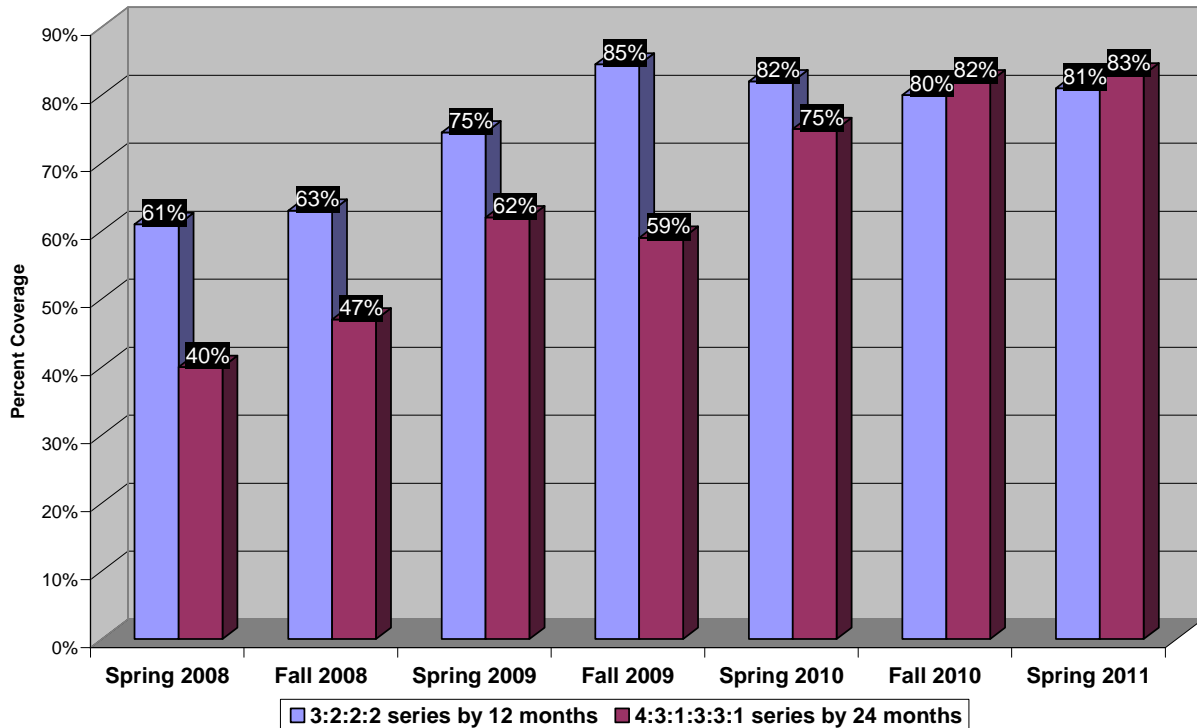
³ Standards for Child and Adolescent Immunization Practices, Pediatrics 2003;112:958-963. Retrieved online at: <http://www.pediatrics.org/cgi/content/full/112/4/958>

⁴ First Things First website: <http://www.azfff.gov/>

The charts below illustrate the increase in vaccination series in Pinal County among children ages 12 to 23 and 24 to 35 months from Spring 2008 to Spring 2011:

Pinal County Health Department Immunization Coverage Rates for Children Ages 12 to 23 Months and 24 to 35 Months Up-to-Date on Vaccinations

Source: Arizona Department of Health Services, Arizona Immunization Program Office, CoCASA Assessment



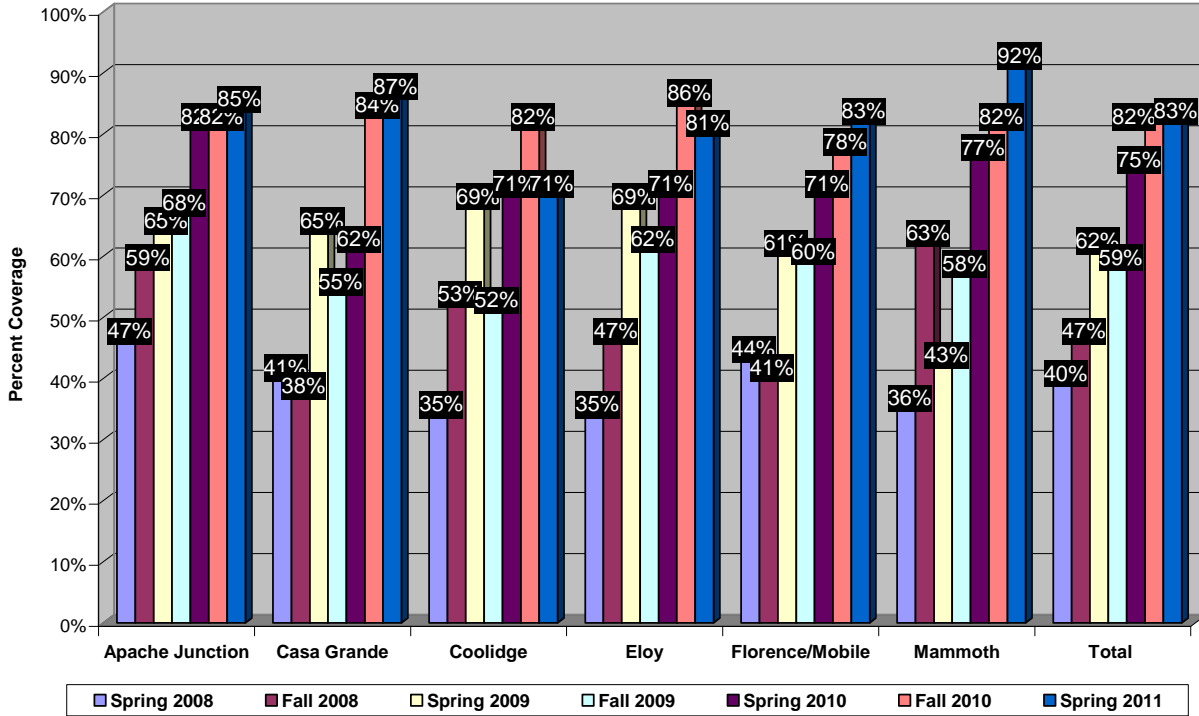
Major Accomplishments

- In April 2011, The Arizona Partnership for Immunizations (TAPI) publicly recognized PCPHSD with Hot Shot and Daniel T. Cloud Awards; these prestigious awards were given in recognition of all Public Health Staff whose tireless work and innovative strategies have improved immunization coverage levels.
- As of Spring 2011, our overall Pinal County Public Health childhood immunization coverage rate for 24 to 35 months of age cohort was at 83% as reported by the Arizona Department of Health Services (ADHS); this is the second highest immunization rate among Arizona counties.
- Immunization coverage levels for Pinal County have improved drastically over the last few years, as shown in the graphs below, which display coverage of the 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, and 1 Varicella vaccination series.
- Along with improved rates of immunization coverage in children, Pinal County Public Health Clinics also saw an increase in immunizations during FY 2010-2011, as evidenced by:
 - 7,335 patients receiving vaccinations; and

- 16,860 total vaccinations administered to patients between the ages of 0 to 18 years old. (**Source:** Arizona State Immunization Information System (ASIIS), VFC Provider Profile Report from July 1, 2010 to June 30, 2011.)

**Pinal County Health Department Immunization Coverage Rates for Children Ages 24 to 35
Months Up-to-Date on 4:3:1:3:3:1 Vaccination Series by Clinic Site**

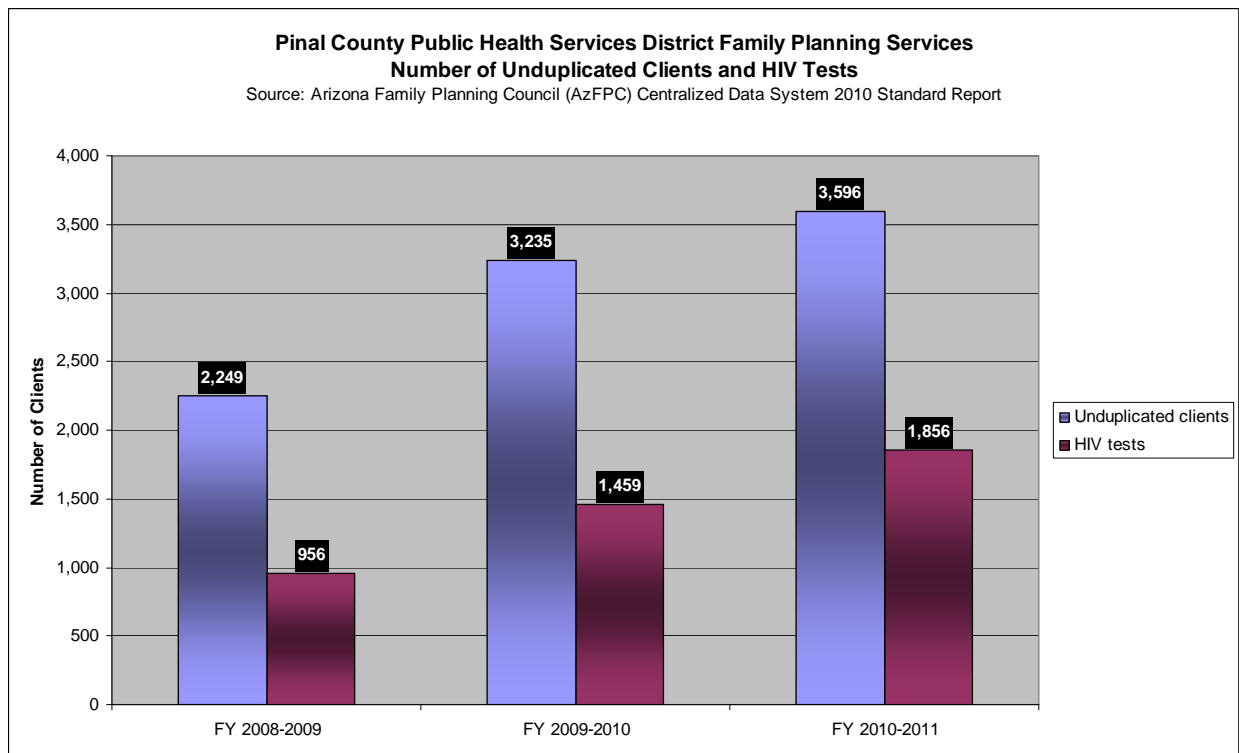
Source: Arizona Department of Health Services, Arizona Immunization Program Office, CoCASA Assessment



Family Planning Services

Family Planning services assist women and men, including teenagers, in maintaining their reproductive health. Services are offered to clients who do not have insurance or whose insurance does not cover Family Planning. Services are confidential and fees are based on family income and the number of individuals living in the household. No one is refused service because of an inability to pay.

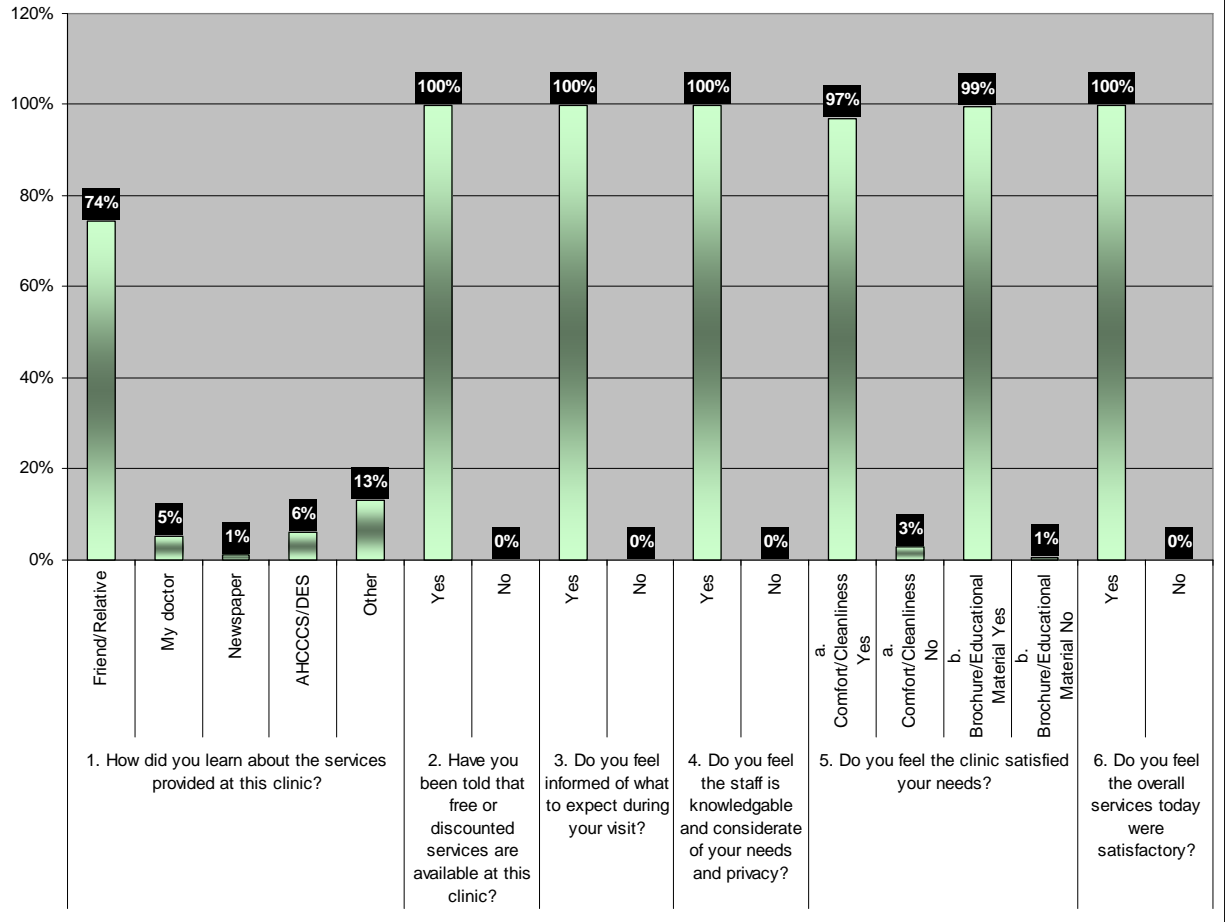
The PCPHSD Family Planning Program provides family planning services to fertile low-income adults and adolescents regardless of gender or place of residence in Arizona. Although PCPHSD provides services to all qualified clients regardless of income, Title X funding is utilized to target services to clients with an income at or below 250% of the Federal Poverty Level (FPL).



Major Accomplishments

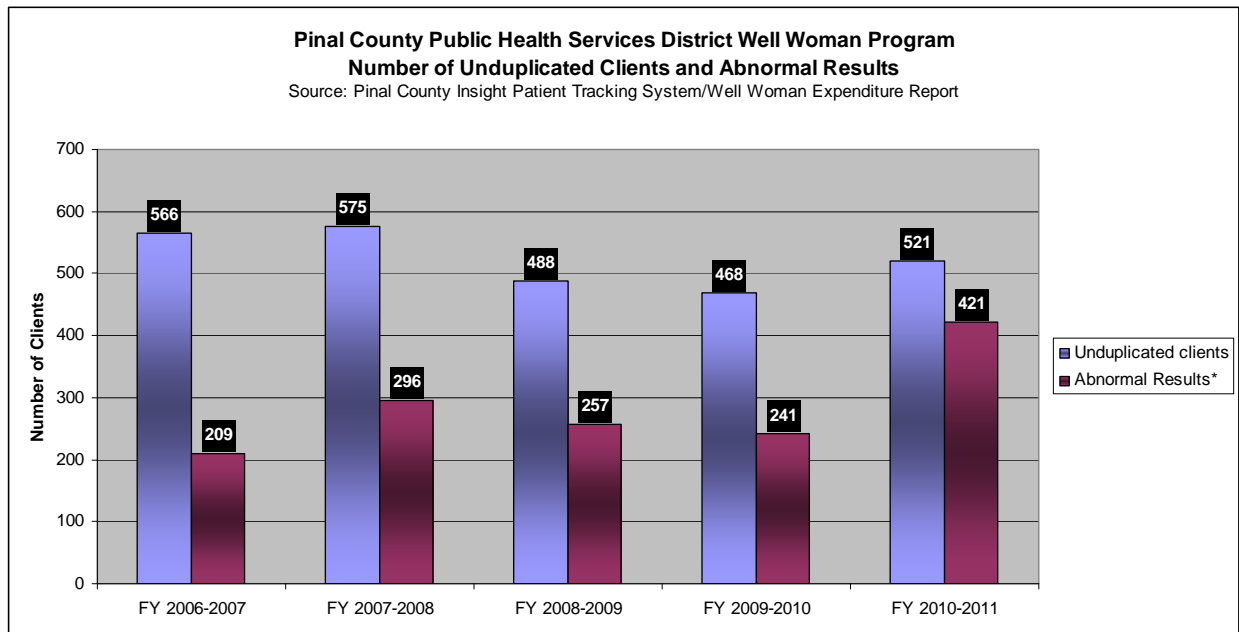
- During FY 2010-2011 PCPHSD achieved 92.9% of contracted number of unduplicated clients and 341.8% of contracted number of HIV tests.
- PCPHSD was awarded Title X Expansion funds from the Arizona Family Planning Council for supplemental funding to expand family planning clinical service delivery and increase our HIV test caseload.

**PCPHSD Family Planning Clinic Survey Summary
July 2010 - June 2011**



Well Woman HealthCheck Program

The Well Woman HealthCheck Program (WWHP) was established in 1993 as part of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) administered by the Centers for Disease Control and Prevention (CDC). The Well Woman HealthCheck Program is a state-wide program that provides free cancer screening to women that qualify. In Pinal County, the WWHP funding comes from the Arizona Department of Health Services (ADHS), and grant funds are used to help low-income, uninsured, or underinsured communities including migrant workers pay for services provided through this program. The Pinal County Public Health Services District offers a comprehensive breast health program through their Well Woman HealthCheck Program throughout Pinal County. The program provides outreach, education, physical examinations, screening, diagnostic procedures, transportation services and patient navigation/guidance through the breast health system.



*May include mammography, biopsy, surgical consult, ultrasound, colonoscopy, repeat pap, and/or MRI.

Major Accomplishments

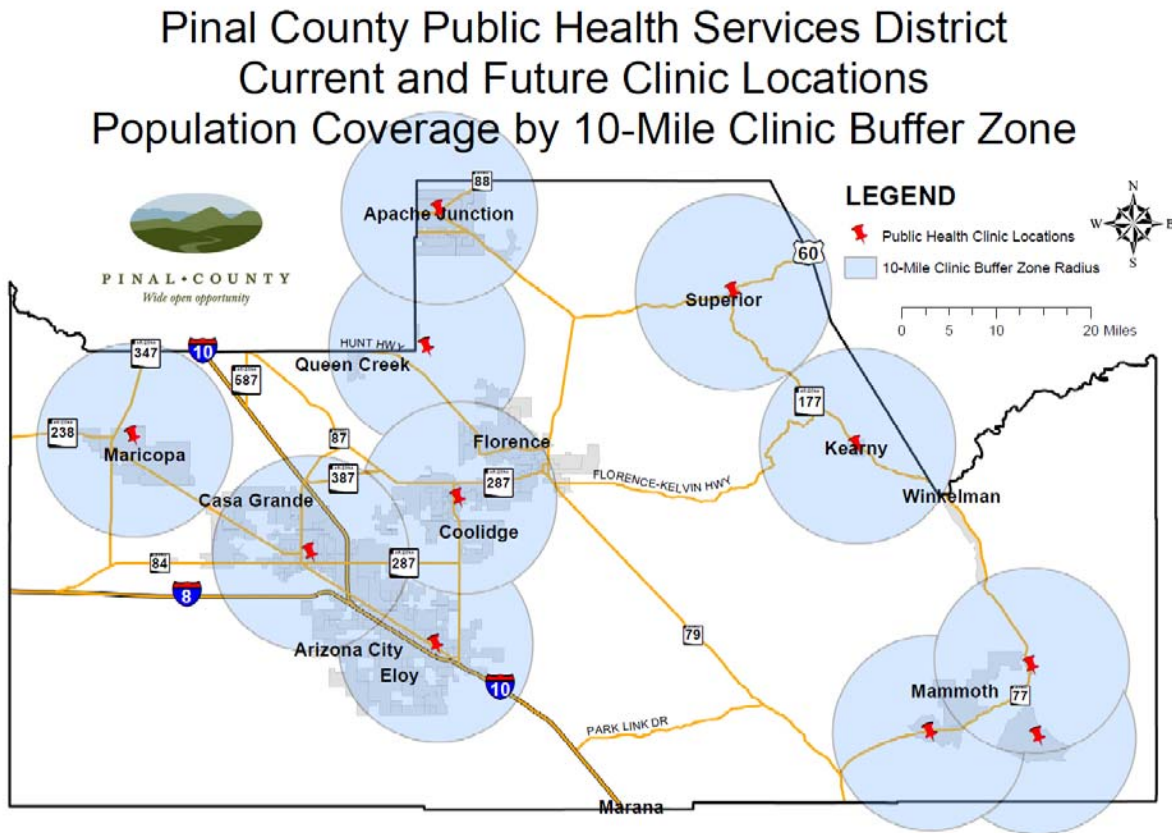
- 521 unduplicated female clients were seen in the WWHP during FY 2010-2011.
- Additionally, 424 clients (81%) required authorization for a procedure related to an abnormal result, including diagnostic mammography, biopsy, surgical consult, ultrasound, colonoscopy, repeat pap, and/or MRI.

CLINIC OPERATIONS

Expansion of Public Health Services

Accessibility of clinic services plays a vital role in successfully accomplishing public health initiatives. Currently, over 44% of the residents of Pinal County do not have a public health clinic within 10 miles of where they live; a large portion of this population lives in the most populous areas of the county in San Tan Valley and Maricopa. Conservative estimates show that the addition of two new clinics in San Tan Valley and Maricopa will increase the population served by a public health clinic within 10 miles of where they live by 138,745 people (37% of Pinal County's total population). These new clinics have the potential to increase the impact PCPHSD has on the health of Pinal County citizens by increasing the number of clients who receive public health services by 65%.

The following map represents the population coverage served by Pinal County Public Health Clinics with the current operating clinics and the two new clinics set to open in late 2011 and early 2012:

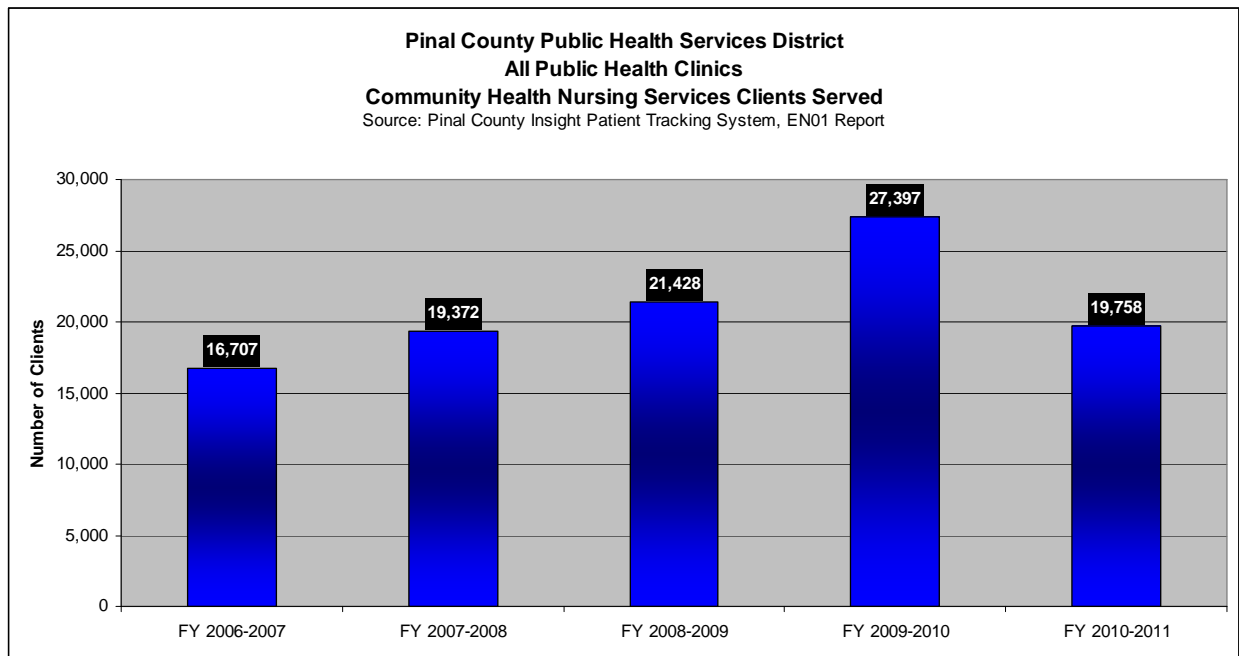


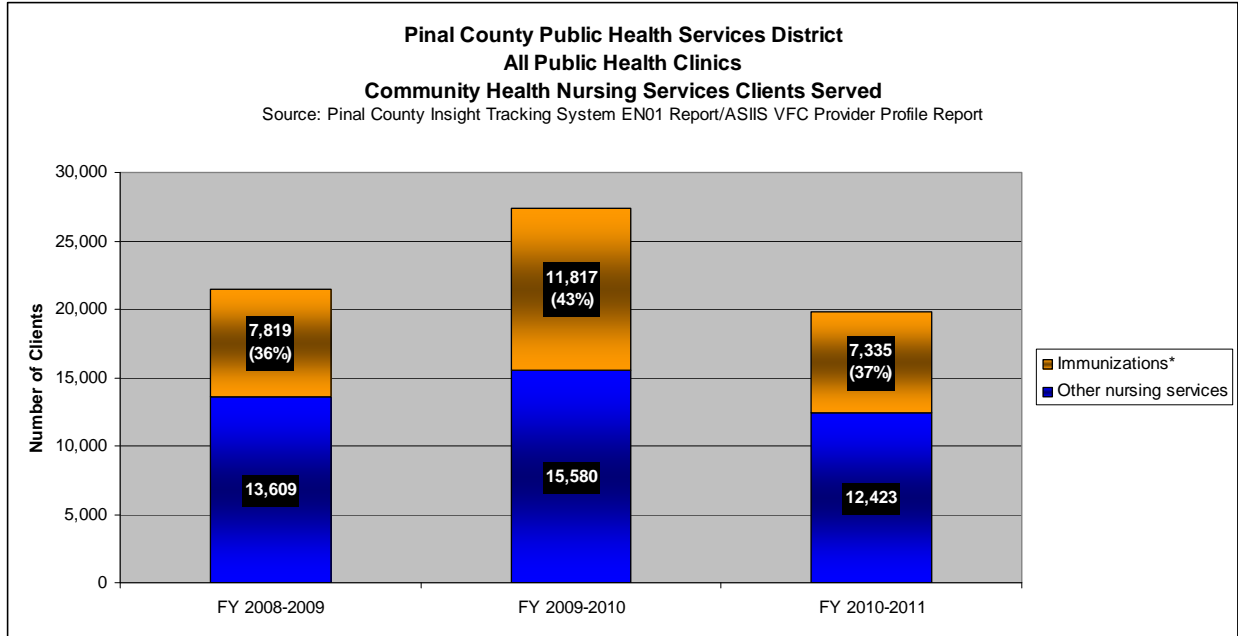
Source: U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, National Vital Statistics System. Available online at: <http://quickfacts.census.gov/>

Clinic Utilization

While accessibility to clinic services is a key priority for PCPHSD, efficient clinic operations must accompany this initiative. The Health District conducts an internal audit of the current resource allocation and clinic utilization among all its clinics on a monthly basis. The analysis provides measures that allow for any necessary modifications in staffing and clinic hours and locations in order to increase clinic utilization, achieve optimum resource allocation, reduce patient waiting times, increase patient volume, and create greater customer satisfaction.

With the growth of Pinal County, PCPHSD observed a steady increase in client volume in Community Health Nursing and Women, Infant and Children (WIC) services; FY 2009-2010 represents a peak in client volume for both community health nursing and WIC services. The graphs below demonstrate an increase in nursing client volume during the height of the H1N1 outbreak in FY 2009-2010, also evidenced by increased immunizations services.

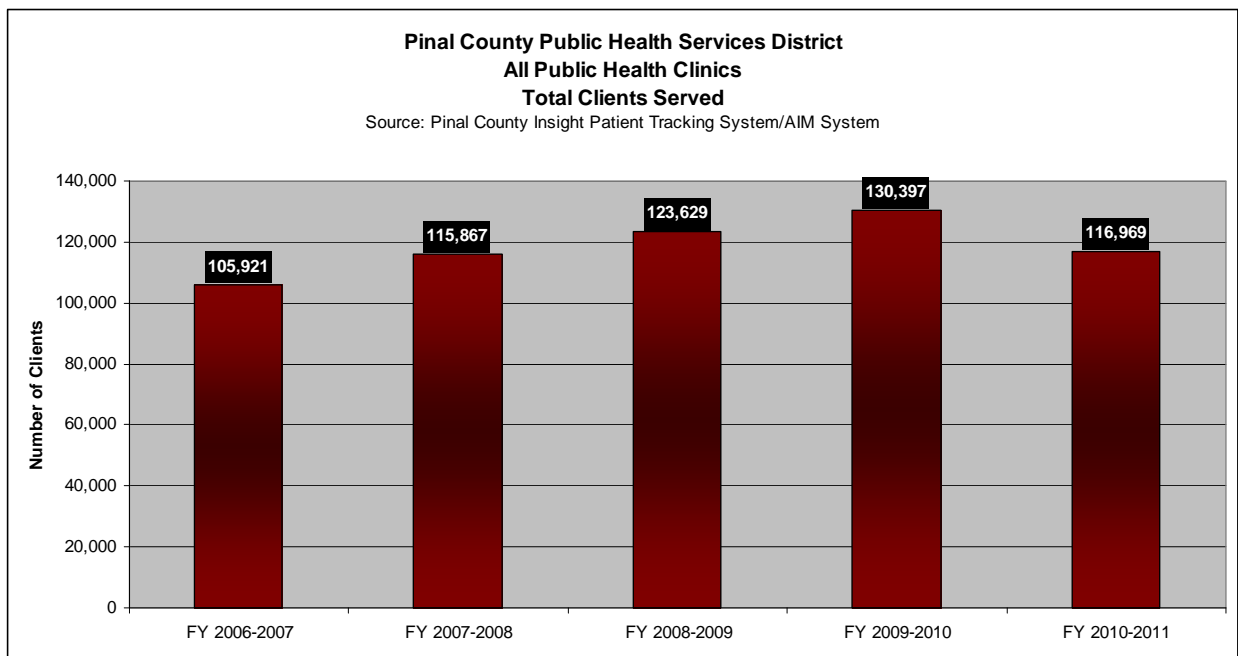
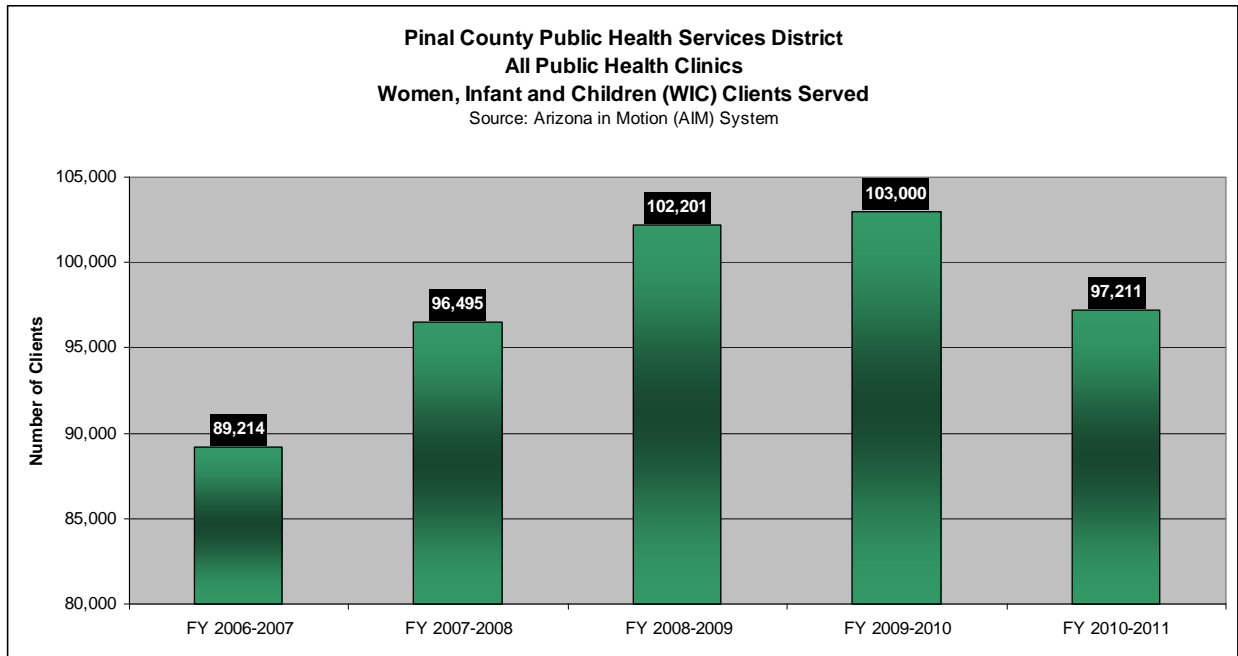




*Immunizations include patients with both VFC eligible and ineligible vaccinations; totals do not include Kearny.

Due to the peak of the novel H1N1 outbreak during late 2009, there appears to be a dramatic increase in community health nursing services in FY 2009-2010 and a decline in services thereafter. After separating immunization services, including novel H1N1 vaccinations during this time period, from other nursing services, it is clear the proportion of immunizations administered during the height of H1N1 increased to 43% of all nursing services provided to clients during FY 2009-2010. However, immunizations returned to 37% of nursing services during FY 2010-2011, which is similar to FY 2008-2009 prior to the peak of H1N1. Despite what appears to be a 28% decrease in the overall volume of nursing clients, other nursing services only declined 20% from FY 2009-2010 to FY 2010-2011 following the H1N1 outbreak.

The charts below demonstrate the WIC clients served as well as the total PCPHSD clients served, including all nursing and WIC services. Despite a 10% decrease in total PCPHSD clients, there was only a 6% decrease in WIC clients served in FY 2010-2011 compared to FY 2009-2010. Total client volume in FY 2010-2011 looks similar to FY 2007-2008, which may represent an efflux of Pinal County residents to other places or a slightly improving economy where Pinal County residents require less community health or WIC services. It noteworthy that the total PCPHSD clients served is 116,969 people, which represents 31% of the population in Pinal County according to the 2010 Census.

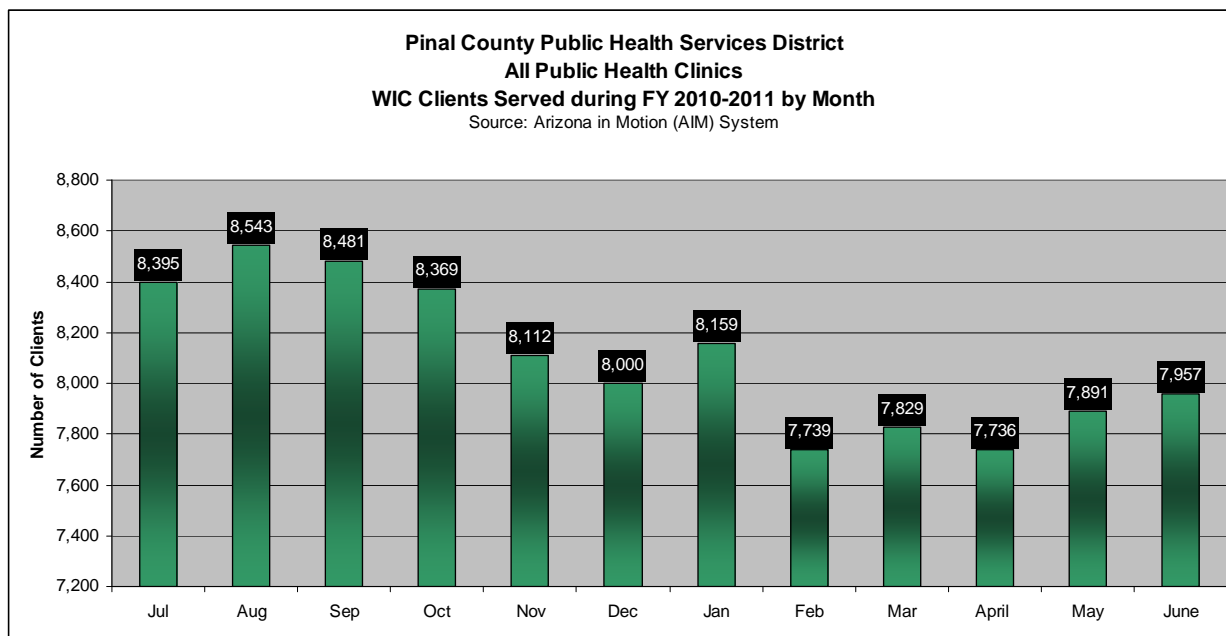


PUBLIC HEALTH NUTRITION

Women, Infants and Children (WIC)

WIC provides nutrition education and a monthly food package to low income pregnant, post partum, and breastfeeding women, infants, and children under age 5 who have a nutrition risk.

The following chart illustrates the number of WIC clients served by PCPHSD during FY 2010-2011 by month:



In the last year, the percentage of clients eligible for WIC services has declined in Pinal County. This decrease in client volume may be due to the economic downturn which has caused many eligible clients to leave the area. WIC staff continue to conduct aggressive outreach to newly eligible WIC clients in Pinal County.

Major Accomplishments

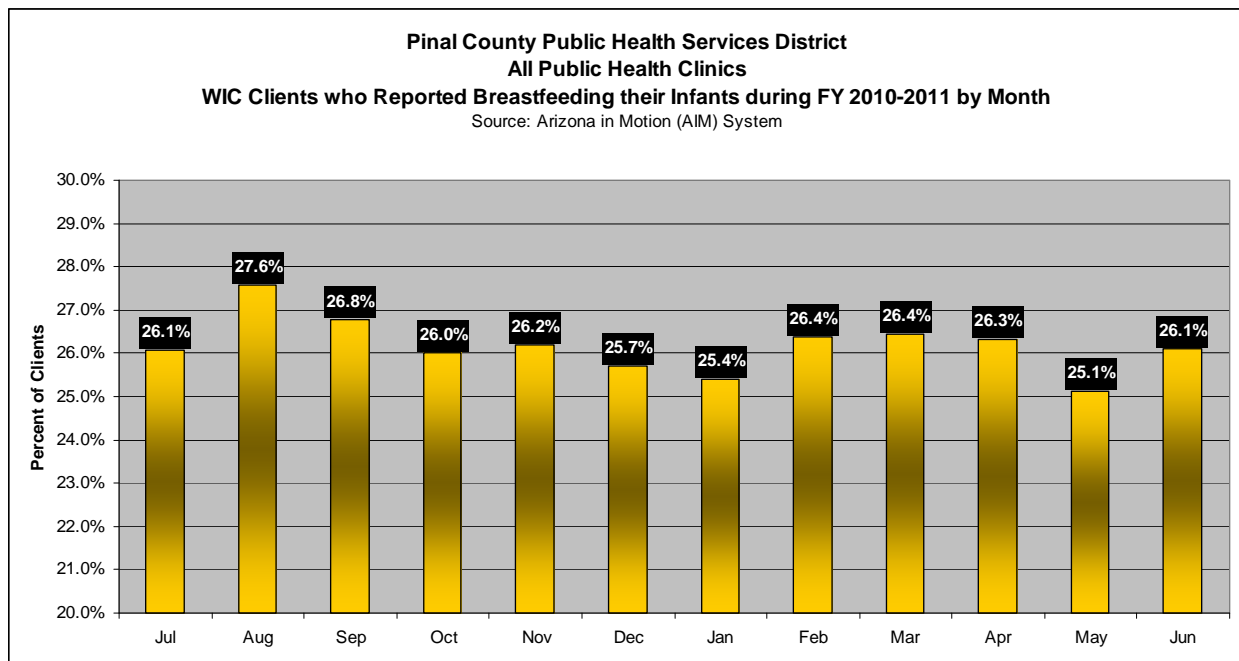
- During FY 2010-2011, 97,221 WIC clients were served with nutrition education and food package (women, infants, and children);
- 15,891 CSFP clients were served with food boxes (women, children, and elderly);
- 5,722 clients were served by the BFPC Program, including 3,377 phone calls, 734 one-on-one breastfeeding support counseling sessions, 1,380 mailings, and 205 who attended monthly breastfeeding classes;

- WIC staff distributed Farmer’s Market Coupons to 600 women and children and 433 elderly clients so that they were able to purchase fresh fruits and vegetables; and
- 3,247 WIC participants received high risk nutrition counseling from the WIC Nutritionist.

Breastfeeding Peer Counselor (BFPC) Program

The BFPC Program is a vital component to WIC as breastfeeding has been shown to improve the health of both the mother and the infant. Residents who are eligible for WIC services are also eligible to receive counseling from an International Board Certified Lactation (IBCL) Consultant through the BFPC Program. Breastfeeding Peer Counselors continue to conduct outreach to increase knowledge about the benefits of breastfeeding and provide support to breastfeeding mothers.

The graph below demonstrates the rate of breastfeeding reported among WIC clients with infants by month in Pinal County:



Community Supplemental Food Program (CSFP)

The Community Supplemental Food Program provides a monthly food box to low income pregnant, post partum, and breastfeeding women, children under age 6, and elderly age 60 plus.

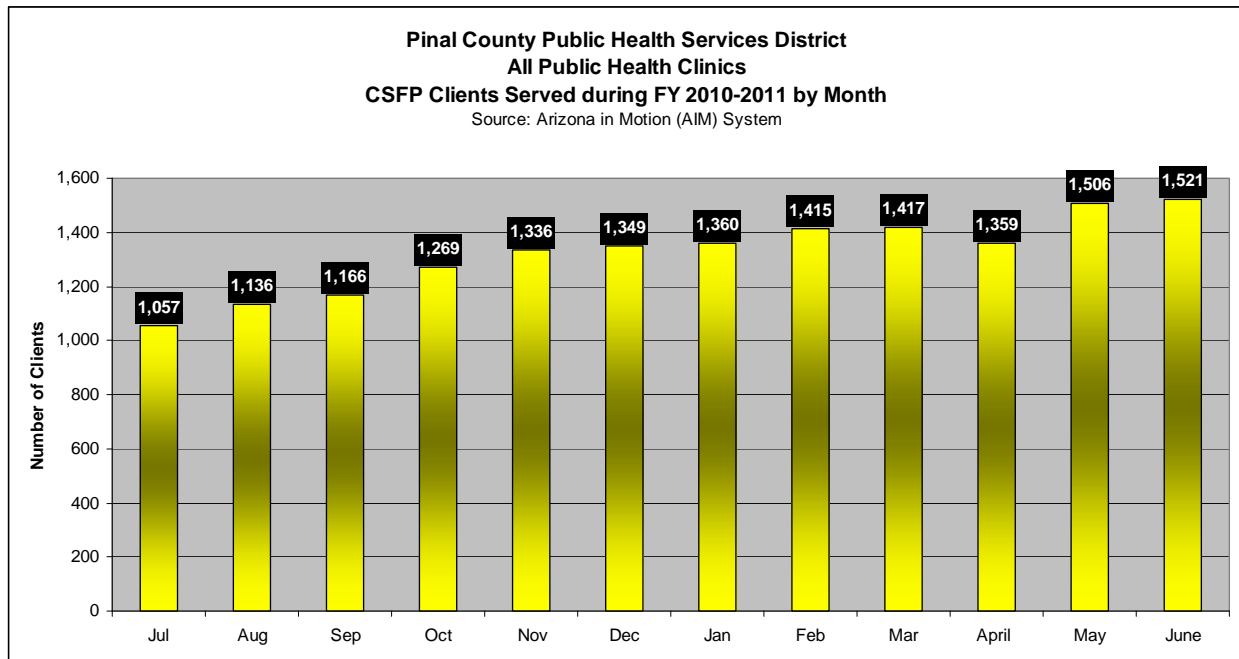


What is provided in a food box?

Food boxes contain 40 pounds of pre-packaged food including:

- Canned meat
- Canned fruit
- Powdered or canned milk
- Cheese
- Canned vegetables
- Canned juice
- Hot or cold cereal
- Bonus items: beans, rice, or macaroni

The following chart illustrates the number of CSFP clients served by PCPHSD during FY 2010-2011 by month:

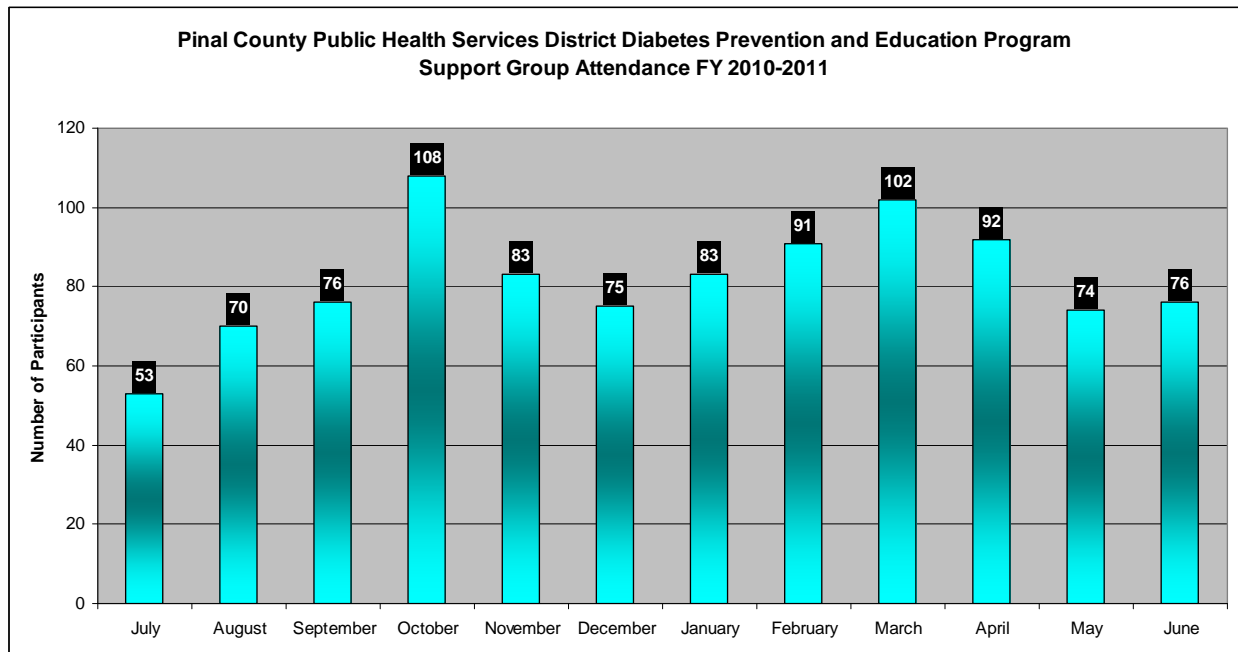


Diabetes Prevention and Education Program

The Diabetes Prevention and Education Project began in October 2008. Diabetes Support Groups are held monthly for Pinal County residents in seven locations, including Apache Junction, Casa Grande, Eloy/Toltec, Florence, Mammoth, Maricopa, and San Tan Valley. Support groups provide monthly discussion topics about diabetes education along with health tips, prevention information, nutrition information and recipes; these support groups empower individuals and families to help them manage their chronic conditions.

Curriculum for Diabetes Support Groups 2010-2011

Month	Support Group Topics
July	Managing Your Diabetes Conversation Map
August	Blood Glucose Monitoring
September	Diabetes Checkups: Why You Need Them & How to Prepare
October	Diabetes Medications & Sick Days
November	Managing Your Diabetes with Healthy Eating
December	Surviving the Holidays with Diabetes
January	Diabetic Foot Care
February	Diabetes & The Heart
March	The Seven Wonders of Diabetes Management
April	Diabetic Eye & Kidney Health
May	Diabetes, Depression & Stress
June	Healthy Eating Conversation Map



The Diabetes Program Coordinator, the sole staff person dedicated to this project, is qualified as a Healthy Living Leader by the Arizona Living Well Institute, which certifies this person as an expert who may host Chronic Disease Self Management groups in the community as well as train lay leaders to host groups. The Diabetes Prevention and Education Project participates in several outreach activities throughout the year, including health fairs and other community events. In addition, the Pinal County Public Health District sponsors an annual diabetes health fair every November. Diabetes prevention and education information, including a risk factor test for diabetes and referrals to primary care providers, are provided to health fair participants and other interested community members.

Major Accomplishments

- The Diabetes Prevention and Education Project outreach activities, including the Annual Diabetes Fair, served 1,223 people.
- Diabetes Support Groups were provided to 983 residents, a 239% increase in participants since the initial year of the program, at the following locations and dates on a monthly basis:

<p>Apache Junction 1st Tuesday at 10:00 A.M. AJ Senior Center 1035 N. Idaho Apache Junction, AZ 85119</p>	<p>Mammoth 2nd Thursday at 1:00 P.M. Mammoth Town Hall 125 N. Clark St. Mammoth, Az 85618</p>
<p>Casa Grande 4th Wednesday at 3:00 P.M. Casa Grande Public Library 449 N. Dry Lake St. Casa Grande, AZ 85122</p>	<p>Maricopa 4th Thursday at 3:00 P.M. Maricopa Public Library 41600 W. Smith-Enke Rd. Maricopa, Az 85139</p>
<p>Eloy/Toltec 3rd Thursday at 10:00 A.M. Adult Center 3925 N. Shira St. Toltec, AZ 85131</p>	<p>San Tan Valley 2nd Tuesday at 6:00 P.M. CAC – San Tan Center 2474 E. Hunt Hwy, Ste. 100 San Tan Valley, AZ 85142</p>
<p>Florence 1st Thursday at 10:00 A.M. Dorothy Nolan Senior Center 330 N. Pinal St. Florence, AZ 85132</p>	

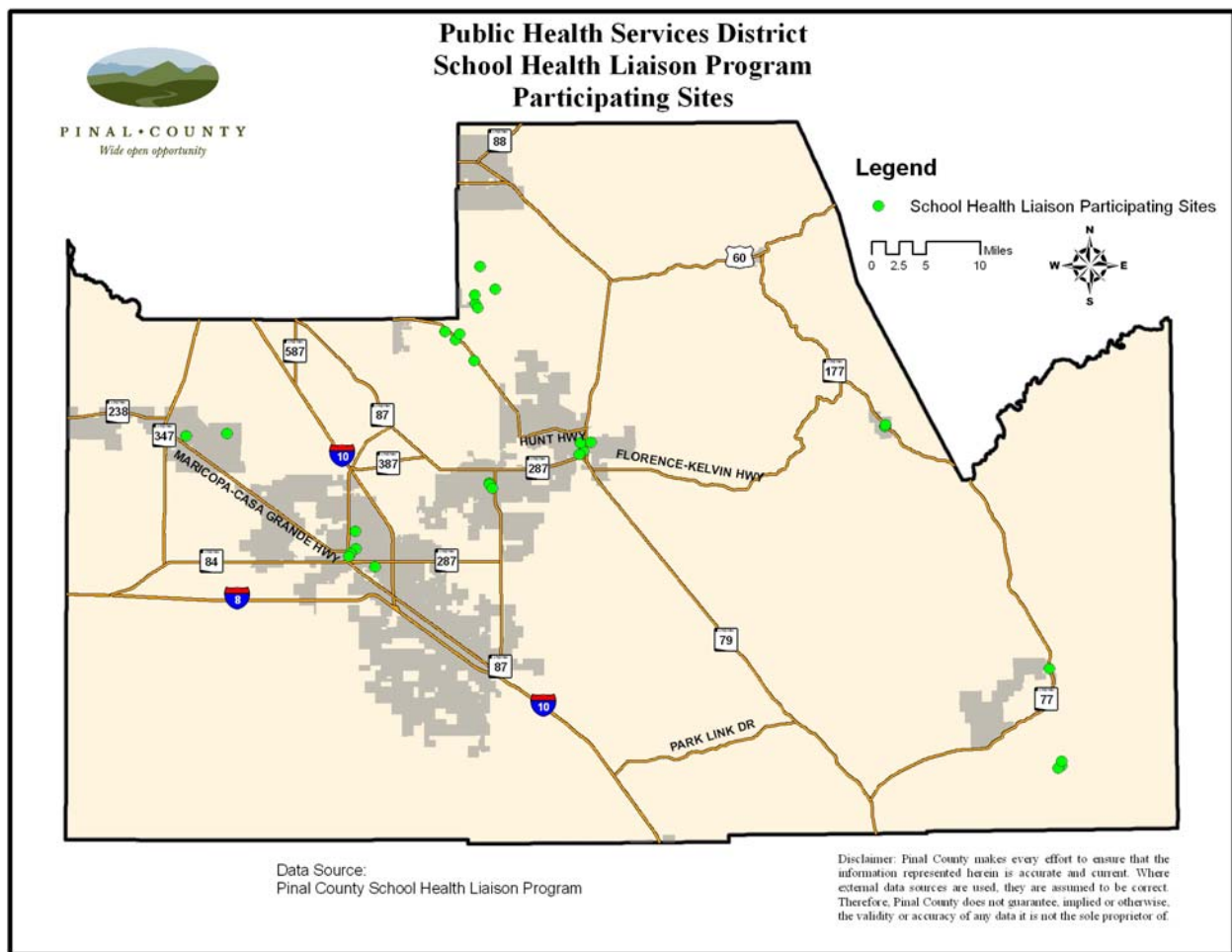
PUBLIC HEALTH EDUCATION AND OUTREACH SERVICES

School Health Liaison Program

Background

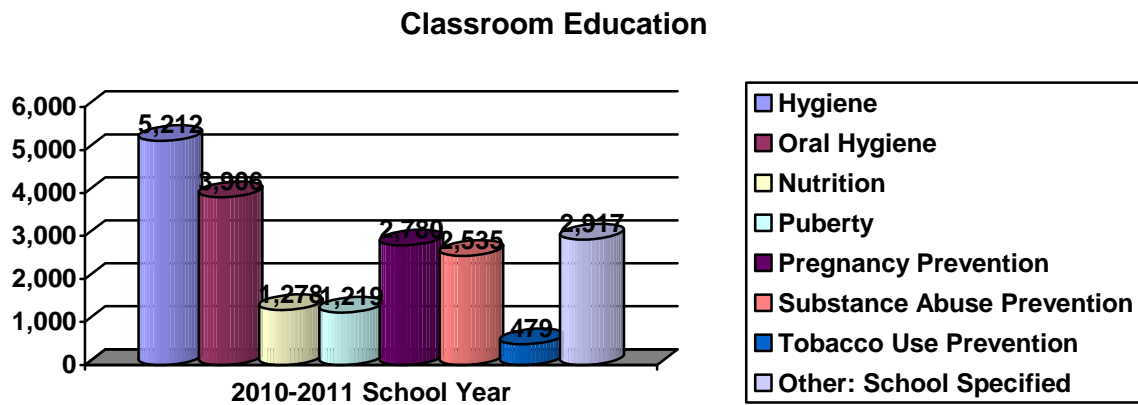
The School Health Liaison Program is a program of the Pinal County Public Health Services District which has been made possible by the Pinal County Board of Supervisors' approval of the creation of a Public Health District. The program is funded by the Public Health District and the ADHS Bureau of Tobacco and Chronic Disease. The goals of the program are to:

- Improve the efficiency and span of Public Health services available to Pinal County residents, specifically school-aged children and their families;
- Help school districts maintain optimal health and safety conditions for students; and
- Provide a reliable “point person” for school administrators to obtain available services to meet their site’s public health needs.



Deliverables

A unique aspect of the School Health Liaison Program is that school staff determine health education priorities based upon the Public Health needs of their school. In addition to services that are offered universally, such as health articles for parent newsletters, links to Public Health programs, and information about communicable diseases, the Program tailors Public Health education to meet the needs of the school. As the graph below indicates, hygiene as a disease preventative measure was a high priority among most schools. Public Health programs that schools have benefited from in the past were often requested, as well.



Source: Pinal County Public Health Services District School Health Liaison Program Annual Report

Major Accomplishments

The fundamental role of the Program is to support core Public Health functions; school Health Liaisons provide schools a direct link to Public Health and provide outreach to individuals and groups that may have had limited knowledge of or access to services. Working with school nurses to monitor communicable disease incidents and absence rates ensures the Infectious Disease and Epidemiology Section of Public Health is alerted to potential outbreaks as early as possible.

- For example, Program staff helped to coordinate back-to-school immunization clinics which resulted in 444 Pinal County students receiving immunizations prior to the beginning of the school year. PCPHSD responded to an outbreak of varicella (chicken pox) at a local elementary school with an on-site clinic which resulted in the immunization of 112 students
- In addition, hygiene education provides the opportunity to teach students to prevent the spread of germs. During the 2010-2011 school year 5,648 students in 23 schools received hygiene education.

Although curricula vary widely in terms of the number of classroom sessions required, all areas showed a substantial gain in knowledge. Simple subjects such as hygiene education require only one lesson and follow up reminders from the classroom teacher. More complex subjects, such as substance abuse prevention require a number of sessions and may include booster lessons in the subsequent grade.

Classroom Education Provided

- **Hygiene Education**

Prior to the class, only 46.9% of students surveyed could identify three ways to avoid spreading germs. After the class, 97.5% of students correctly identified three ways to avoid spreading germs.

- **Oral Hygiene Education**

Prior to the class, only 47.3% of students were able to identify three things they could do to keep their teeth healthy. By the end of the class 89% accurately identified at least three ways to keep their teeth healthy.

- **Nutrition Education**

Serving size is a difficult concept for many students to grasp. At the completion of the program, 86.7% of students knew that about 8 bites is considered one serving size of fruit. At pre test only 25.8% of students chose the correct answer.

- **Puberty Education**

The number of students that could identify three changes that occur among both boys and girls during puberty increased by 70.5% (from 24.7% at pre test to 85.2% at post test).

- **Teen Pregnancy Prevention**

At pre test, 41% of middle school students could identify three appropriate refusal statements. By the completion of the program, 81% of students knew three ways to say no to unwanted advances.

- **Substance Abuse Prevention**

The Program noted a 51.5% increase in students that could correctly identify at least four health consequences of using drugs or alcohol (from 40.6% at pre test to 92.1% at post survey).

- **Tobacco Use Prevention**

The Program noted a 58.1% increase in students that could correctly identify four health consequences related to tobacco use (from 24.6% at pre test to 82.7% at post test).

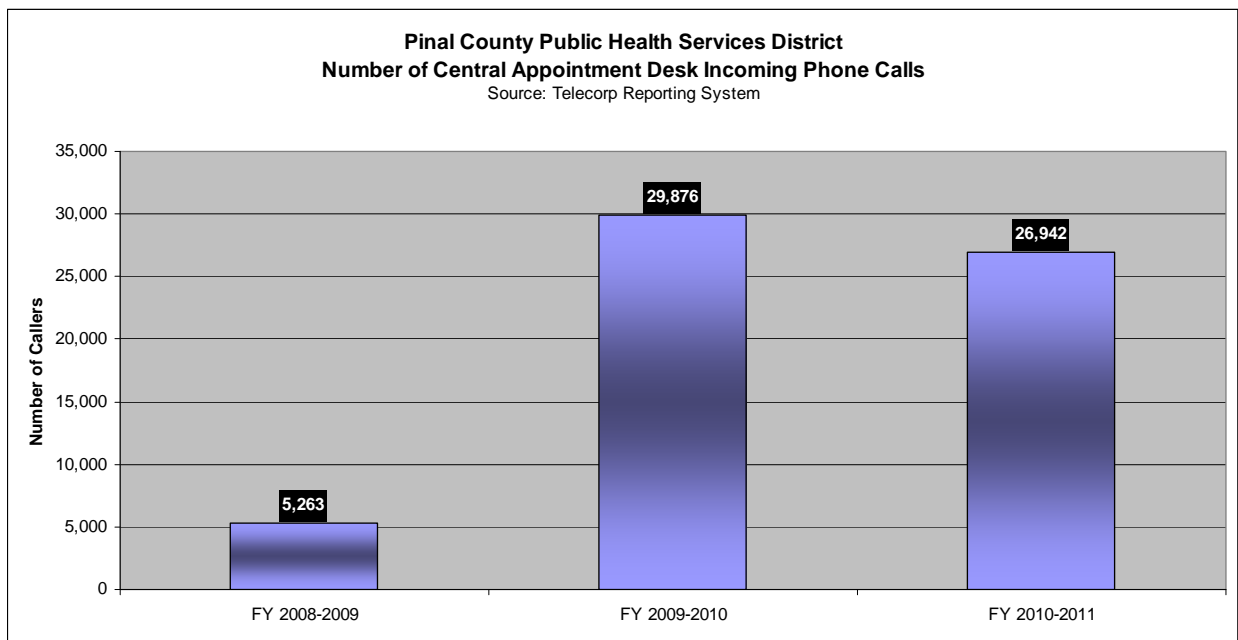
- **Health Presentations**

An overwhelming 92.8% of students felt the information covered in the class was important to them and 96.2% of students rated the information easy to understand.

PUBLIC HEALTH SERVICES CENTRAL APPOINTMENT DESK

The Public Health Central Appointment Desk (CAD) was established in March 2008. The main objective for the CAD is to centralize phone calls and to provide appointment scheduling for the Public Health Mobile Unit and Public Health Clinics throughout Pinal County. The CAD provides scheduling for all Woman Infants and Children (WIC), Well Woman HealthCheck, and Family Planning appointments. From July 1, 2010 to June 30, 2011, with 4 employees, the CAD received 26,942 calls. Despite limited staff, callers experienced a wait time of only 2 minutes on average.

For general information, or to schedule appointments for WIC, Well Woman HealthCheck, or Family Planning, please call the Central Appointment Desk toll free at 1-866-960-0633, Monday through Friday from 8:00am to 5:00pm. Immunizations for children are free of charge and are available without an appointment at any of the clinic locations.



PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE (PHEPR)

The Public Health Emergency Preparedness and Response (PHEPR) Section was created to prepare and respond to public health threats and emergencies from various sources, such as natural disasters, disease outbreaks, bioterrorism events and chemical terrorism events. Several focus areas include but are not limited to planning and readiness activities, disease surveillance and enhancement, risk communications, public information and training and education.

The PHEPR Program identifies and develops procedures to enhance disease surveillance and public health response to biological and chemical threats as well as natural disasters. In addition, program staff actively collaborates with state and federal agencies, emergency management, law enforcement, first responders, medical facilities and Tribal agencies in developing response plans, presenting training and educational programs and providing information to the public about biological and chemical agents and events which may impact the health of county residents.

The program encompasses two federal grants from the Centers for Disease Control and Prevention (CDC):

- Public Health Emergency Preparedness Grant (PHEP)
- Cities Readiness Initiative Grant (CRI)

Public Health Emergency Preparedness

Under the PHEP grant, the Emergency Preparedness and Response Section accomplish several annual deliverables that focus on all-hazards preparedness planning. For the 2010-2011 grant year, all counties were required to submit the Project Public Health Ready to the National Association of County and City Health Officials (NACCHO). NACCHO represents local health departments. The Project Public Health Ready (PPHR) is a competency-based training and recognition program that assesses preparedness levels to respond to any public health emergency. It builds preparedness capacity and capability through a continuous quality improvement model. The PPHR criteria are the only known national standards for local public health preparedness and are updated annually to incorporate the most recent federal initiatives. Each of the three PPHR project goals—all-hazards preparedness planning, workforce capacity development, and demonstration of readiness through exercises or real events—has a comprehensive list of standards that must be met in order to achieve PPHR recognition.

The Emergency Preparedness and Response Section planning staff spent countless hours to compile very detailed, comprehensive planning documents that addressed all of the PPHR criteria. PCPHSD received PPHR recognition in May 2011. The reviewers were quite impressed with the submission and acknowledged the significant amount of effort. Out of 2,001 health departments, only 198 (10%) have the PPHR designation.

The CDC Cities Readiness Initiative (CRI) and Strategic National Stockpile (SNS)

Pinal County was recognized as a CRI/SNS applicable county in August (2008). Funding enabled the Health District to focus attentions on enhancing the preparedness levels in relation to mass prophylaxis.

The Cities Readiness Initiative (CRI) is a federally funded effort to prepare major US cities and metropolitan areas to effectively respond to a large scale bioterrorist event. CRI facilitates the transformation of federal, state, city, county, and civilian entities to become fluid in performing supply chain processes to move stockpiled antibiotics to end-user populations. It focuses on a 48-hour time frame to dispense antibiotics to all affected populations after initial exposure.

Major components required to complete mass prophylaxis:

- Established infrastructure
- Identifying all populations and demographics
- Obtaining prophylaxis and supplies needed
- Stockpiling all supplies
- Designating sites to conduct mass prophylaxis
 - **Points of Dispensing Sites (PODS)**

The Centers for Disease Control and Prevention (CDC) Cities Readiness Initiative (CRI)/Strategic National Stockpile (SNS) Local-Technical Assistance Review is a national score card for preparedness during SNS-related events. The CDC audits all components of the county's SNS preparedness plans. Out of 100 points possible, the county must receive a minimum score of 70 in order to continue receiving funding for preparedness planning. There are 72 cities that meet the criteria for this funding. There are two counties in Arizona that receive this funding (Maricopa and Pinal). At the state level, the CDC also audits the Arizona Department of Health Services preparedness plans and assigns a score to the state.

The following capabilities are audited during the Local Technical Assistance Review (L-TAR). Each capability carries a certain weight of the score as indicated by the percentage:

- Baseline Data
 - Provides data on local population, demographics, number of PODS, number of staff and volunteers.
 - GOAL: 100% of the population prophylaxed in 48 hours
- Developing a SNS Plan (3%)
- Management of SNS and Command/Control (10%)
- Requesting SNS (3%)
- Tactical Communication (3%)
- Public Information and Communication (7%)
- Security (10%)
- Regional/Local Distribution Site (14%)

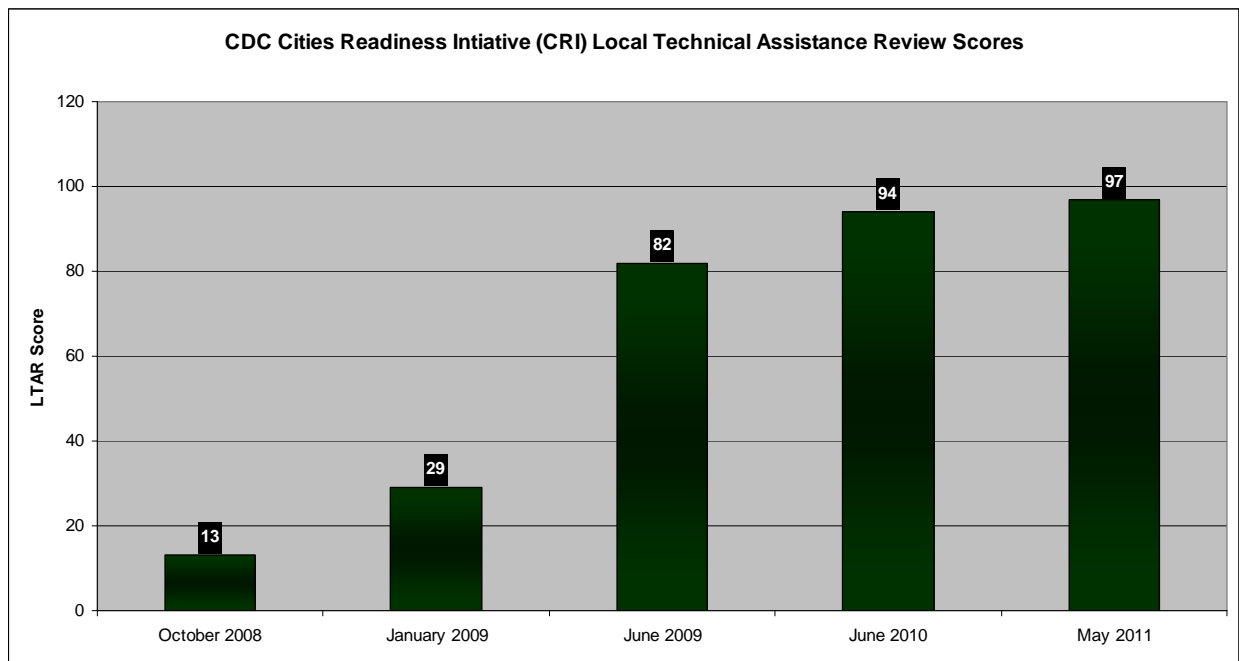
- Controlling Inventory (3%)
- Distribution (10%)
- Dispensing Prophylaxis (24%)
- Treatment Center Coordination (3%)
- Training, Exercise, and Evaluation (10%)

Major Accomplishments

The PHEPR section conducted outreach activities to increase preparedness levels in the community, including a full-scale exercise in April 2011 simulating a public health emergency involving a mock distribution of medications from the CDC's Strategic National Stockpile. The exercise tested the organization's ability to dispense medication to their employees, their employee's families, and to their clients housed at their facility.

The CDC performed the Local Technical Assistance Review in May 2011. The Health District is proud to report Pinal County received a score of **97 out of 100** possible points for the CDC site evaluation for strategic national stockpile capability. This is a 3% increase from last year's score and a 746% increase from the initial audit.

The following chart illustrates the rapid progression of reaching such a high score:



2010 School-Based Immunization Clinic Mass Vaccination Exercises

Collaborative efforts between the Clinic Operations, the Emergency Preparedness and Response Division, and the School Health Liaison Program resulted in PCPHSD

conducting twelve back-to-school immunization clinics during the months of July and August 2010. Because there was funding available through residual H1N1 Planning funds and deliverables to be completed for the CDC CRI Grant, these clinics were considered full-scale exercises. No health district funds were spent.

PCPHSD set out to complete the following objectives:

- Provide required childhood vaccinations for school-aged children in major school districts within Pinal County.
- Decrease demand in the existing Public Health clinic facilities and hopefully with the healthcare providers throughout the county.
- Increase accessibility of immunizations for the public.
- Increase preparedness levels and mass vaccination skills of the Public Health staff.
- Master clinic set up and efficient through-put design.
- Assess through-put of multi-vaccinations.
- Apply the Incident Command System to a real-life event.

The following schools throughout the county hosted the immunization clinics. The numbers represented the number of school-aged children that received back-to-school immunizations at each facility:

- Florence K-8: 66
- Walker Butte: 155
- Eloy: 0
- Desert Winds: 29
- Maricopa High: 28
- San Manuel: 8
- J.O. Combs: 68
- Kearny: 21
- Coolidge: 18
- Mesquite: 14
- Cottonwood: 11
- McCartney: 26

A grand total of 444 school-aged children received back-to-school immunizations. On average, each child received up to 3 vaccines. As a result, there were approximately 1,332 doses of vaccine administered.

Varicella

Additionally, in a varicella outbreak identified in a school served by our School Health Liaison Program in November 2010, PCPHSD was able to respond within the appropriate incubation period with a school-based mass vaccination clinic. The response was a collaborative effort between five Pinal County Departments, including PHEPR, Infectious Disease and Epidemiology, School Health Liaison Program, Clinic Operations, and Pinal County Office of Emergency Management. Following the identification of 13 cases and conference calls with the school superintendent, a mass vaccination clinic was held on December 9, 2010. With parents' permission, PCPHSD offered free varicella vaccination to students that had no history of the disease, no previous varicella vaccination, or only had one dose of varicella vaccination (two doses offers up to 99.6% protection whereas one dose offers 85.7%). Through collaboration with school officials, the results of the PCPHSD mass vaccination clinic were as follows:

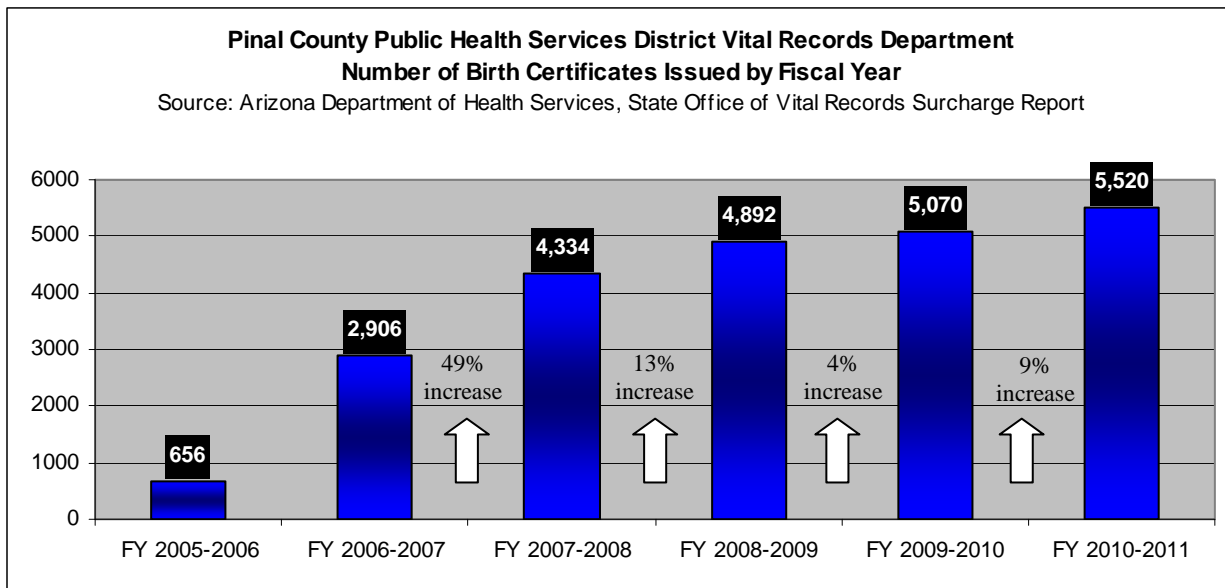
- 112 students were vaccinated;
- 130 students were evaluated (some did not receive the vaccine because the parent stated the child had received a second dose and proof was provided; and one student did not receive the vaccine due to a health issue);
- ~12 exempt students received vaccination;
- Through-put time (from entrance to exit, not including escort travel time to and from classroom) was 2 minutes, 15 seconds per child.

VITAL RECORDS

The Public Health Services District Vital Records Department is responsible for issuing certified copies of birth certificates for anyone born in the state of Arizona after 1950, as well as maintaining and issuing certified copies of death certificates, including fetal death certificates and certificates of birth resulting in stillbirth events.

It is important to note that the Vital Records Department is not responsible for tracking births or deaths in Pinal County. The number of certified birth and death certificates does not reflect the number of actual births and deaths occurring in the county. However, the general public can obtain certified copies of birth or death certificates originating in any county in Arizona via the Health District's Vital Records Department.

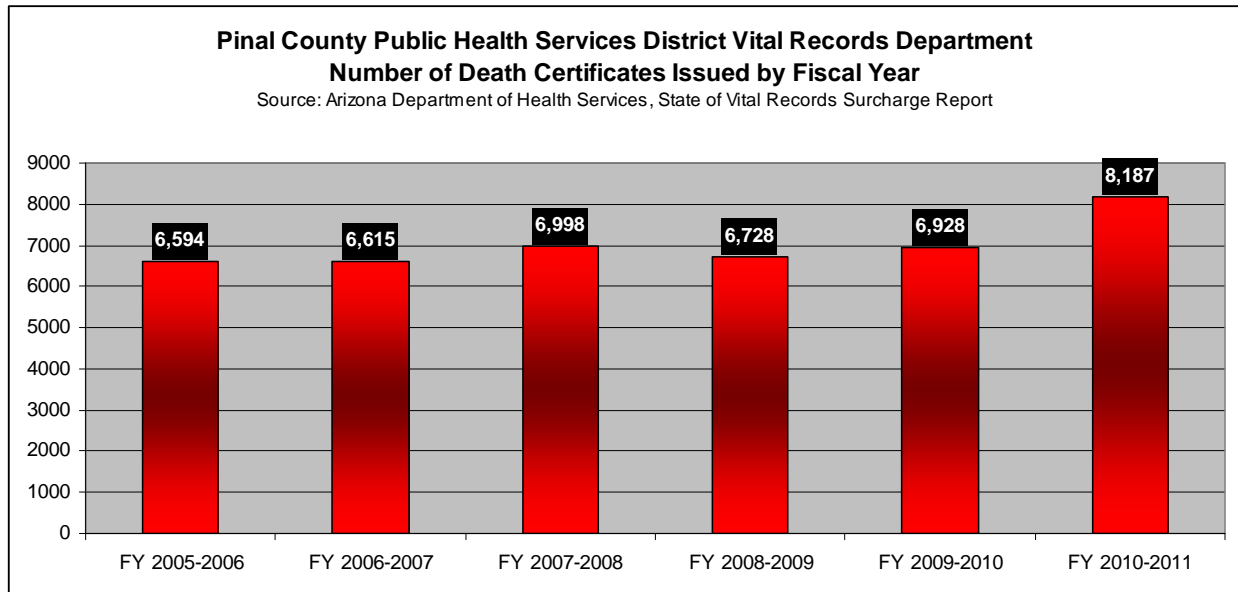
Birth Certificates



Major Accomplishments

- Annual Totals:
 - 656 certified birth certificates were issued in 2005-2006;
 - 2,906 certified birth certificates were issued in 2006-2007;
 - 4,334 certified birth certificates were issued in 2007-2008;
 - 4,892 certified birth certificates were issued in 2008-2009;
 - 5,070 certified birth certificates were issued in 2009-2010;
 - 5,520 certified birth certificates were issued in 2010-2011, which is a 9% increase from the previous fiscal year.

Death Certificates



Major Accomplishments

- Annual Totals:
 - 6,594 certified death certificates were issued in 2005-2006;
 - 6,615 certified death certificates were issued in 2006-2007;
 - 6,998 certified death certificates were issued in 2007-2008;
 - 6,728 certified death certificates were issued in 2007-2008;
 - 6,928 certified death certificates were issued in 2009-2010;
 - 8,187 certified death certificates were issued in 2010-2011, which is an 18% increase since the previous fiscal year.