

Community Health Assessment of Globe, Miami, San Carlos

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Immersion Weekend August 2018



Introduction

- Explored, assessed, and compared the communities of Miami, Globe, San Carlos by conducting a windshield survey, attending panel discussion, and performing additional research
 - Developed an understanding of community and region history
 - Analyzed current data and statistics
 - Demographics, physical environment, health status, and impact and implication for healthcare
- Created a foundation for development of a scholarly project



EAHEC
Scholars
guided by
community
members while
conducting a
windshield
survey in
August 2018



History & Culture

GLOBE:

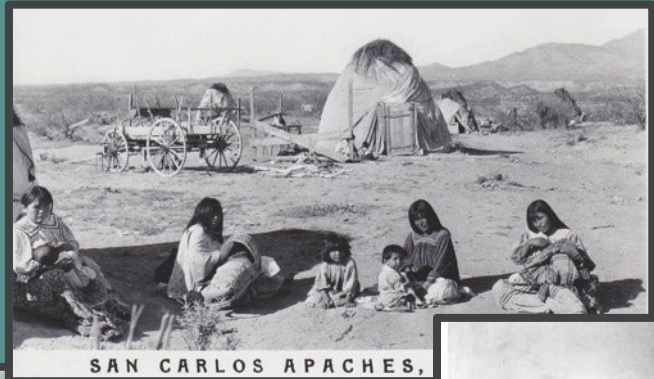
- Globe was founded in 1876 as a mining town and was incorporated in 1907
- Silver was the first mineral to be mined, and by the late 1880's copper predominated

MIAMI:

- Miami was founded in 1907 and first developed by the Miami Land and Improvement Company, primarily due to the large porphyry deposits (there was a new process that was developed at that time that allowed copper to be extracted from porphyry ore)

SAN CARLOS:

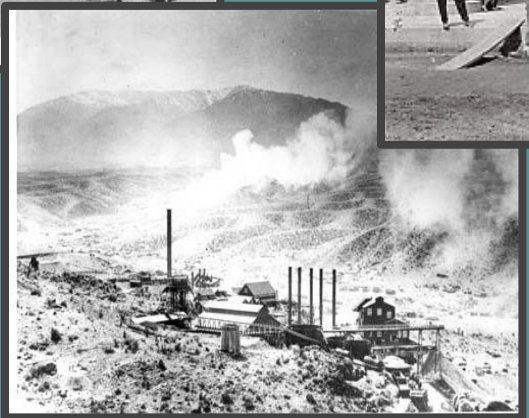
- Historically there were seven Apachean tribes, and the Western Apache included the White Mountain-San Carlos.
- After the Indian Reorganization Act in 1934, the San Carlos Apache formed their own government and were then recognized as the San Carlos Nation



SAN CARLOS APACHES,



PHOTOGRAPHIC CO.

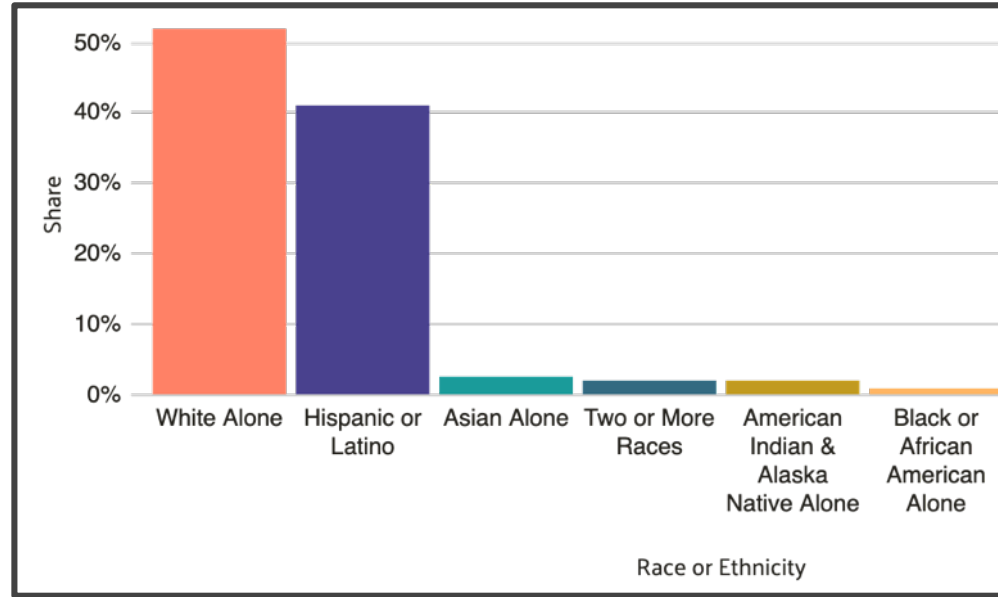
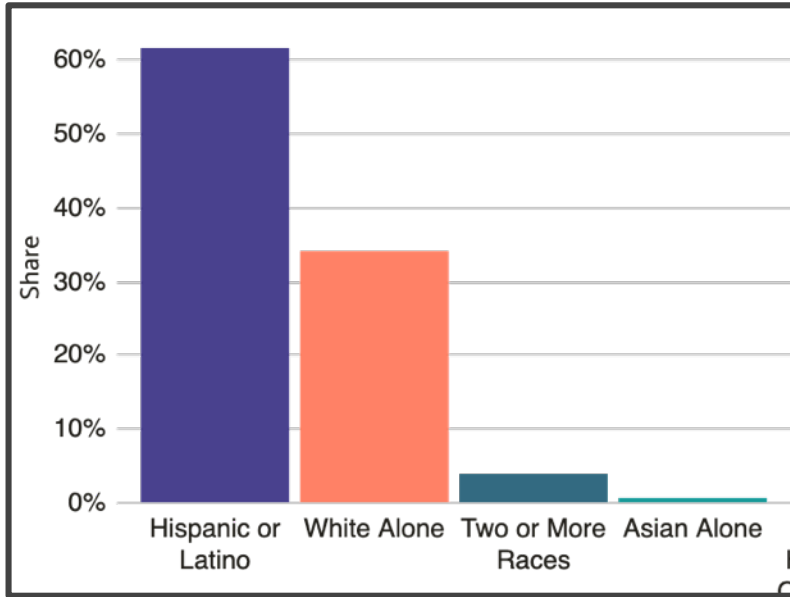




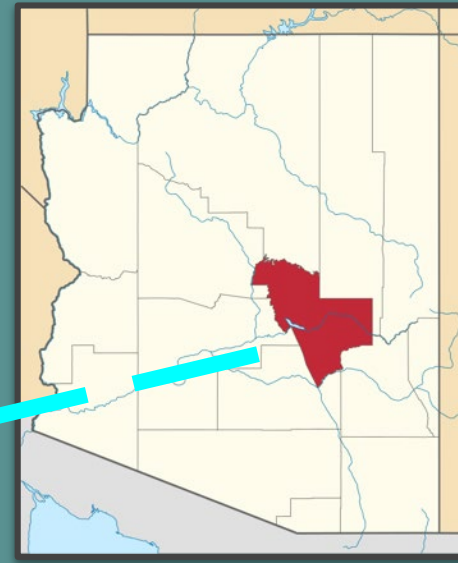
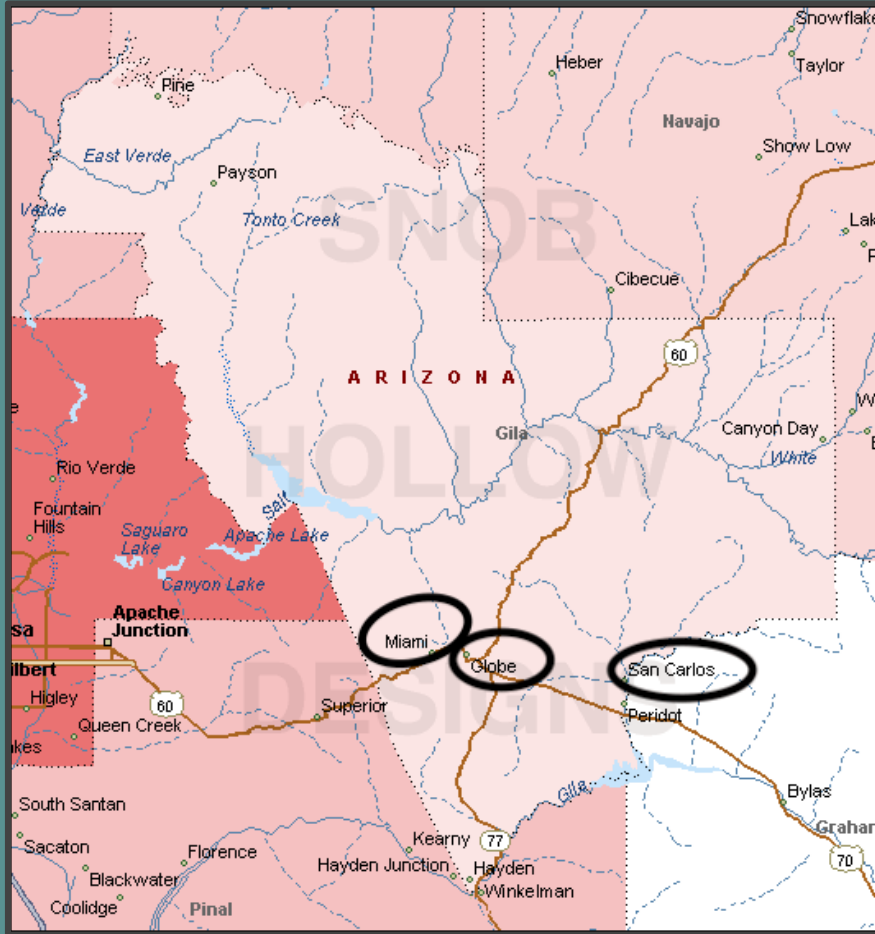
Statistics & Demographics

	Population	Median Age	Median Household Income	Poverty Rate	Most Common Education Level Achieved
Globe	7,369	44.5	\$42,557	20%	22.6% have a high school diploma
Miami	2,153	36	\$36,298	25.8%	24.7% have a high school diploma
San Carlos	10,218	N/A	\$26,875	3.6%	26.7% have a high school diploma

Race and Ethnicity Comparison



The majority of Miami's population, shown on the left, identify as Hispanic/Latino. This is in contrast to Globe's population, shown on the right, which is predominately White. San Carlos residents identify as Native American.



- Globe (18.23 sq mi) is located in Gila county in southern Arizona, approximately 100 miles directly north of Tucson
- Miami (0.88 sq mi) is directly adjacent to Globe
- The San Carlos Indian Reservation is approximately 20 miles east of Globe. It is 1,834,781 acres and covers three counties: Gila, Graham, and Pinal



Physical Environment and Utilities

- Mine tailings (ore waste) are visible throughout both towns, as mining is the dominant industry in the area
- The area suffered from poor air quality prior to 1999, but the quality has improved significantly between then and 2009
- Water
 - Miami & Globe: Arizona Water Company (AWC) - deep groundwater aquifers
 - San Carlos Reservation: Central Arizona Project and Arizona Water, private wells
- Sewage
 - Miami & Globe: city sewers
 - San Carlos: septic tanks (not annually checked)



Health Status Themes

- High incidence of sexual health related problems including:
 - STIs
 - Unplanned pregnancy
- High incidence of chronic conditions including:
 - Obesity
 - Diabetes
 - Hypertension/heart disease
 - Hyperlipidemia
- High incidence of mental health issues including:
 - Substance abuse teens and adults
 - Suicide



Access to health facilities and insurance status

- Limited access to primary and specialty care, virtually no mental health services, multiple hospitals in the area
 - Hospitals: Cobre Valley & San Carlos
- The majority of the Globe and Miami populations are insured, while the San Carlos population is not
 - Insurance status impacts accessibility of health services and is a predictor of health outcomes



Impact of Rural Setting on Healthcare Delivery & Outcomes

- Globe, Miami, and San Carlos are classified as medically underserved, which means there are fewer than required medical services. This in turn impacts:
 - Wait time to receive care
 - Number of provider options for patients to choose between
 - Longer distance to be traveled to access speciality care
 - Increase in indirect cost to patients due to necessity of travel
 - Progression and worsening of health conditions, as well as cause potential irreversible complications due to lack of access to care



Impact of Rural Setting on Healthcare Delivery & Outcomes

- Additionally, rural settings traditionally have less access to mental health care. In the Globe, Miami, and San Carlos areas these repercussions present as:
 - Higher incidence of substance use disorder (prescription opioids, alcohol, other street drugs)
 - Increase rates of addiction, substance use related death, accidents due to intoxication
 - **Alarmingly high rate of overdose and overdose caused death**

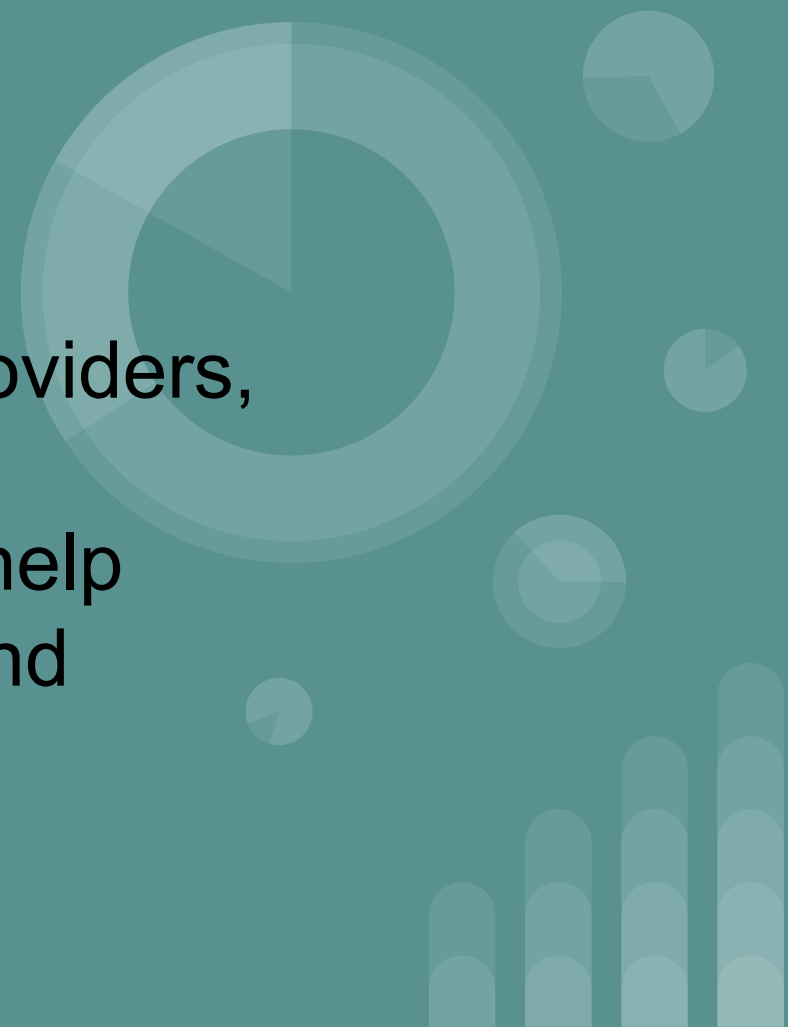


How can we reduce the rate of overdose deaths?

- Increase community education on the realities and dangers of substance use disorder
- Create treatment and detox facilities
- Teach emergency personnel and family members how to recognize overdose case and administer naloxone effectively
- Increase law enforcement presence to curb or stop the inflow of illicit substances
- Follow good controlled substance prescription practices

Scholarly Project

To increase awareness of resources available for providers, pharmacists, residents, firefighters, and police to help combat the opioid crisis and improve outcomes.



Resources for Providers



THE ARIZONA PAIN AND ADDICTION CURRICULUM CLINICAL RESOURCE COMPENDIUM

UPDATED 2019

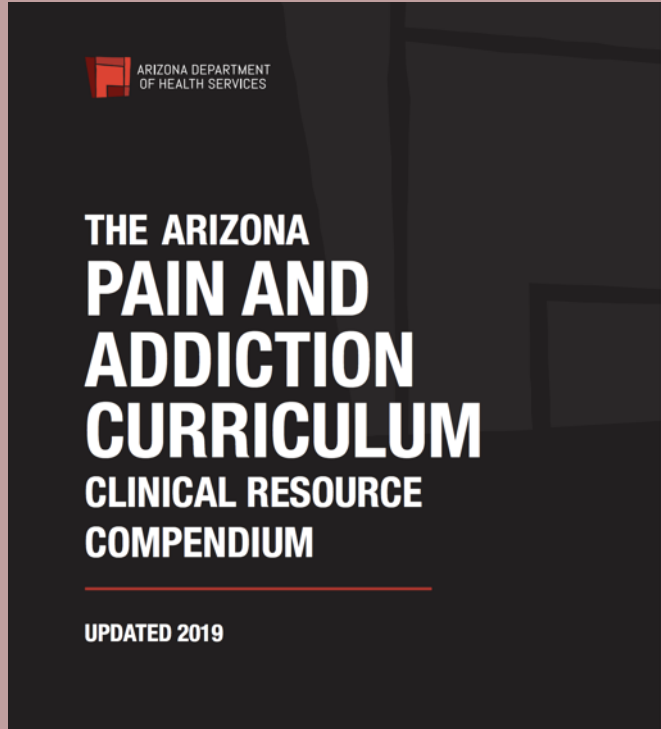
- Initially developed for a CME event provided by Arizona Department of Health Services.
- Now to be utilized by providers as a resource
 - Screening tools
 - Reference tables
 - Guidance when managing patients with pain and addiction

FOREWORD

This *Resource Compendium* is intended to be a practical clinical reference for providers who are treating pain and opioid use disorder in the State of Arizona. It includes a range of materials from the standard reference tables of false positives in urine drug screens to Arizona-specific state laws and consultation services.

All resources included in this compendium come from verified, reputable agencies. Some agencies based their materials on other published studies; original sources are included in the notations on each page.

Of note, this *Resource Compendium*, along with the editions of *The Arizona Pain and Addiction Curriculum* and *2018 Arizona Opioid Prescribing Guidelines* are public materials. They are nonproprietary and can be copied and distributed freely.



Some of What's Included In the Resource:

- Clinical evaluation tools
- Opioid and Benzodiazepine Pharmacology
- How To's
 - Approach a patient
 - Diagnose Opioid use disorder
- Naloxone
 - Standing Orders
 - Training for patients on use of Naloxone
- Arizona Laws and Regulatory Summary
 - A.R.S. 36-2228 - Provides immunity for Physicians and nurse practitioners who issue standing order

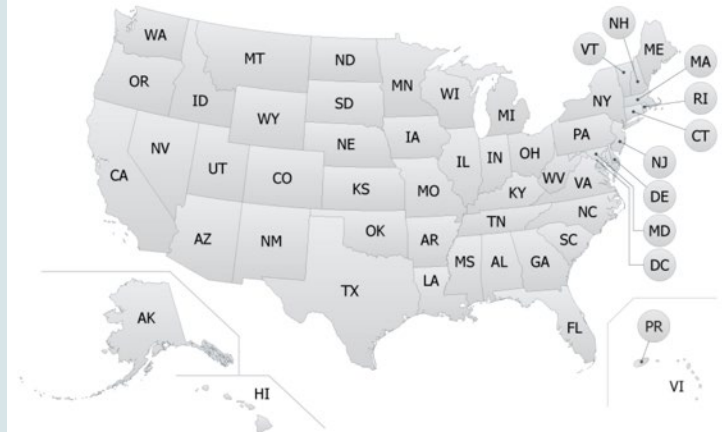
How to find a Medication Assisted Treatment (MAT) Provider



Buprenorphine Practitioner Locator

Find practitioners authorized to treat opioid dependency with buprenorphine by state.

Select a state from the map or use the drop down lists to view all of the practitioners waived to provide buprenorphine for the treatment of OUD in a city, state or zip code. To update the contact information for your waiver, complete the [Update Practitioner Profile form](#).



Resources for Pharmacists

Standing Order:



STANDING ORDERS FOR NALOXONE

This standing order is issued by Dr. Cara Christ, MD MS (NPI #1639369036), Director of Arizona Department of Health Services. The standing order authorizes any Arizona-licensed pharmacist to dispense naloxone to any individual in accordance with the conditions of this order.

Dispense one of the three following naloxone products based on product availability and preference.

- For intranasal administration in children ≥ 5 years or ≥ 20 kg; adolescents; adults
Dispense: NARCAN™ 4mg/0.1mL nasal spray
Sig: For suspected opioid overdose, administer a single spray of Narcan in one nostril. Repeat after 3 minutes if no or minimal response.
Refills: PRN x 1 year
OR
Dispense: 2mg/2mL single dose Luer-Jet prefilled syringe. Include 1 Luer-lock mucosal atomization device per dose dispensed.
Sig: For suspected opioid overdose, spray 1 mL in each nostril. Repeat after 3 minutes if no or minimal response.
Refills: PRN x 1 year
- For intramuscular injection in children ≥ 5 years or ≥ 20 kg; adolescents; adults
Disp: 0.4mg/mL in 1mL single dose vials. Include one 3cc, 23g, 1" syringe per dose dispensed.
Sig: For suspected opioid overdose, inject 1mL IM in shoulder or thigh, PRN opioid overdose. Repeat after 3 minutes if no or minimal response.
Refills: PRN x 1 year
- For intramuscular or subcutaneous injection in children ≥ 5 years or ≥ 20 kg; adolescents; adults
Disp: EVZIO™ 2mg/0.4mL auto-injector, #1 Two-pack
Sig: For suspected opioid overdose, follow audio instructions from device. Place on thigh and inject 0.4mL. Repeat after 3 minutes if no or minimal response.
Refills: PRN x one year

Cara Christ, MD MS, Director of Arizona Department of Health Services

Effective date 11/07/18, Expiration date 11/07/20

Douglas A. Ducey | Governor Cara M. Christ, MD, MS | Director

FAQ:



Frequently Asked Questions (FAQs) Pharmacist Reporting

What am I required to report?

Pharmacists are required to report naloxone doses dispensed to the Prescription Drug Monitoring Program (PDMP). See [Reporting](#) for information on required reporters, health conditions to be reported, and reporting systems.

When are we required to report? As in, how long is the acceptable timeline between an incident and when we must submit the report?

Our request of you, and our goal as a Department, is for all reporters to submit a report within 5 business days. We understand that this may not always be possible, but request your assistance in obtaining timely and potentially life-saving data.

Does the reporting mandate include weekends?

For the purposes of reporting under Emergency Rule 9 A.A.C. 4, "business day" means the period from 8:00 a.m. to 5:00 p.m. Monday through Friday, and excluding state holidays.

Why is this now reportable?

On June 5, 2017, Arizona Governor Doug Ducey declared a [Public Health State of Emergency](#) due to the opioid epidemic. More than two Arizonans die every day due to opioid-related overdoses. An [Enhanced Surveillance Advisory](#) went into effect June 15, 2017 as a first step toward understanding the current burden in Arizona and to collect data to best target interventions. On October 9, 2017, emergency rules for opioid-related reporting were put in place.

Am I required to report every dose of naloxone I dispense?

No. Naloxone doses dispensed are required to be reported if they are in response to a suspected opioid overdose or provided for patients who may be at risk of an opioid overdose. If naloxone is dispensed for another purpose, like to reverse IV sedation or anesthesia, it does not need to be reported.

Do I need to report naloxone doses administered and/or dispensed in the situation where a physician retrieves naloxone from an automatic dispenser for a suspected opioid overdose (e.g. in the Emergency Department)?


Pharmacists are only required to report doses of naloxone they personally dispense and NOT the administration of naloxone (see [Reporting](#)). Therefore, in the situation where a physician retrieves naloxone from an automatic dispenser, there is no reporting required from the pharmacist.

Updated December 8, 2017

Douglas A. Ducey | Governor Cara M. Christ, MD, MS | Director

Resources for Law Enforcement/Fire/EMS

A.R.S 362228

NALOXONE REQUEST FORM			
 First responder agencies (i.e., law enforcement/corrections, fire/EMS) whose staff have completed opioid overdose recognition and treatment training consistent with ADHS or AZ-POST standards, and do not have a mechanism to bill patients for naloxone administration, are eligible for free naloxone.*			
AGENCY INFORMATION	Agency Name: _____		
	Agency SHIPPING Address- NO PO Box: _____		
	Agency Director Name: _____		
	Agency Size: _____		
	Tribal Agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Agency's 2016 Estimated Service Population: _____			
AGENCY TYPE			
<input type="checkbox"/> Federal LE	<input type="checkbox"/> State LE	<input type="checkbox"/> County LE	<input type="checkbox"/> Municipal LE
<input type="checkbox"/> Fire Non-Transport	<input type="checkbox"/> Fire with CON	<input type="checkbox"/> Private Ambulance	<input type="checkbox"/> County Ambulance
NALOXONE PROCEDURE		Agency has a Naloxone Storage, Handling and Administration Procedure/Policy in Effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
TRAINING INFORMATION	Naloxone Contact & Phone: _____		
	Contact Email: _____		
	Training Date(s): _____	Number of Staff Trained: _____	
	Total Staff Trained To-Date: _____		
Training Used ADHS/AZPOST Curriculum?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
NALOXONE REQUESTED	Description: Naloxone (Narcan) 4mg Dose Nasal Spray 2-Pack	Quantity Requested: _____	
AGENCY DIRECTOR SIGNATURE			Date: _____

You may submit completed application multiple ways:

- Email Form & For Questions: azonoid@azdhs.gov
- Fax: 602-364-1494 Attn: Naloxone Distribution, Office of Injury Prevention
- Mail: ADHS Office of Injury Prevention
Naloxone Distribution Program
150 N. 18th Ave., Suite 320
Phoenix, AZ 85007

*Free naloxone contingent upon continued Federal and State funding and available supply.

Rev. 6/20/18

- Allows LE officer or EMT to administer naloxone.
- Requires a standing order issued by physician or nurse practitioner.
- There is a statewide standing order for officers who have completed training
- Mandates training on proper administration of naloxone before LE or EMT may administer naloxone.
- States that LE or EMT may administer to a person if officer believes that the person is suffering from opioid-related overdose.

Resources for Law Enforcement/Fire/EMS



ARIZONA DEPARTMENT
OF HEALTH SERVICES

PREPAREDNESS

February 3, 2020

Subject: Naloxone Leave Behind Program

Dear Arizona EMS Agencies:

Arizona law permits EMS agencies who have responded to an individual experiencing an opioid-related overdose ("at-risk person") to leave behind pre-packaged, intranasal naloxone (Narcan®) if the EMCT believes that it can be used in the future by the at risk person, family members, or friends to reverse an opioid overdose. The naloxone leave behind kit should include instructions on when and how it should be administered.

[A.R.S. § 36-2266](#) is written broadly and allows the administrative medical director of an EMS agency to write a protocol for a naloxone leave behind program for patients or family members who may be at high risk for overdose. This is at the discretion of, and requires the approval from, the agency's administrative medical director.

An EMS agency that is interested in implementing a naloxone leave behind program, but does not have administrative medical direction, may approach the Department for assistance if they qualify under [A.R.S. § 36-2202\(K\)](#).

Sincerely,

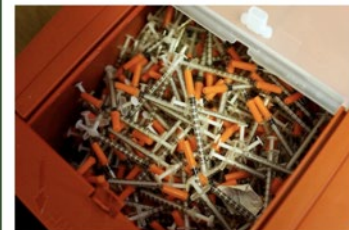
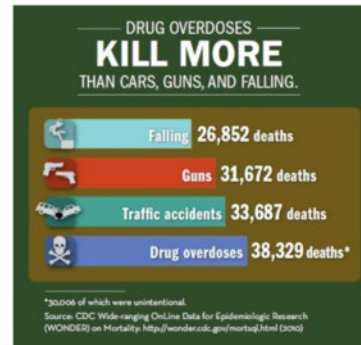
Terry Mullins, Chief
Bureau Chief
Bureau of EMS & Trauma System
Arizona Department of Health Services

Gail Bradley, M.D., FACEP, FAEMS
Medical Director
Bureau of EMS and Trauma System
Arizona Department of Health Services

Douglas A. Ducey | Governor Cara M. Christ, MD, MS | Director

Bureau of Emergency Medical Services and Trauma System
150 North 18th Avenue, Suite 540, Phoenix, AZ 85007-3247 P | 602-364-3150 F | 602-364-3568 W | azhealth.gov
Health and Wellness for all Arizonans

USE OF NALOXONE BY LAW ENFORCEMENT FOR OPIOID OVERDOSE



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

A background on Naloxone aka Narcan



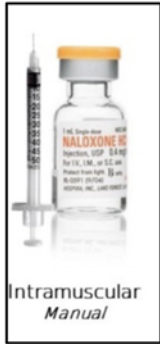
- What is naloxone?
 - Naloxone, also known as Narcan®, is a drug to treat the effects of opioids and can save the life of someone overdosing on opioids. The enhanced surveillance also allows us to track how many times naloxone has been dispensed by a pharmacist or given to someone who may be suffering from an opioid overdose.
- What is the difference between naloxone administration and dispensing?
 - Naloxone Dispensing is when a pharmacist provides a package and/or “kit” of naloxone/Narcan® to someone for them to have and keep for their use in an emergency (or in case a friend or family members needs it). Pharmacists may also dispense naloxone to certain community-based organizations so that the organizations can then provide the kits to people who may need them. ADHS’s
 - Naloxone/Narcan® administration is the act of getting a medication (in this case naloxone) into a person's bloodstream.

How is naloxone administered?

- Depending on the packaging, naloxone/Narcan® can be administered in one of three ways:
 - (1) Via a mist sprayed into a person's nose; (for the out-of-hospital setting)
 - (2) Via an injection directly into a person's muscle usually in the top of their upper thigh or in the muscular portion of their upper arm or shoulder; (for the out-of-hospital setting)
 - (3) Via a needle that has been placed into a person's vein, usually on the inside of their arm. (for certified/licensed healthcare professionals)

Naloxone

4 Types of Naloxone



Click on the Naloxone you will be using to learn more

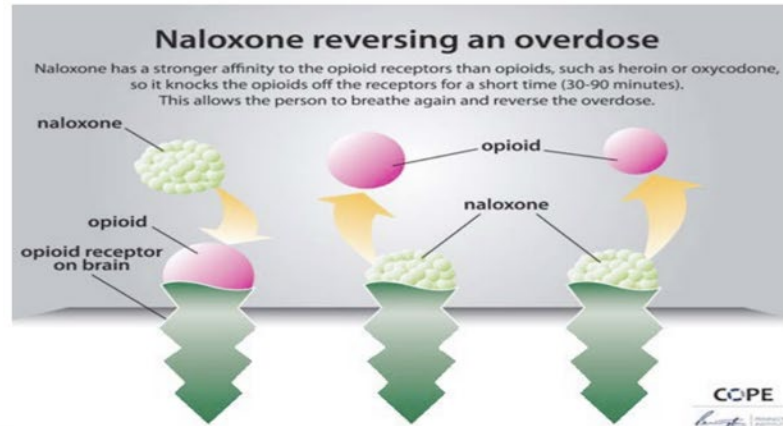


ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

How Does It Work?

- Blocks effects of opioids on brain
- **Temporarily** reverses respiratory and CNS depression







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