



**BOARD OF DIRECTORS
MEETING
February 23, 2010**

**Health District Building
Conference Room**

MINUTES

BOARD MEMBERS PRESENT: Joe D. Hendrickson, President
Celeste Holder Kling, Vice President
Bernard J. Birnbaum, Secretary
Steven J. Thorson, Treasurer
Lee Thielen, PVHS Board Liaison

STAFF PRESENT: Carol Plock, Executive Director
Cheryl Asmus, Evaluation Specialist
Bruce Cooper, M.D., Medical Director
Carrie Cortiglio, Policy Analyst
Richard Cox, Communication Director
Lorraine Haywood, Finance Director
John Newman, Clinical Services Director
Chris Sheafor, Support Services Director
Nancy Stirling, Assistant to Executive Director
Lin Wilder, CI & HP Director
Kristan Williams, Health Promotion Coordinator
Ernie Williamson, Preventive Medicine Resident

OTHERS PRESENT: Gloria Hutchinson, Public

CALL TO ORDER; INTRODUCTIONS; APPROVAL OF AGENDA

President Joe Hendrickson called the meeting to order at 6:14 p.m. Discussions on the local marijuana ordinance and a resolution regarding a Poudre School District mill levy to increase physical activity in schools were added to the meeting agenda. President Hendrickson also suggested adjourning the board meeting prior to the focus group discussion with PVHS, since the focus group topic was not related to Health District business, which was agreed to by the Board.

MOTION: To approve the agenda as amended.
Motion/Seconded/Carried Unanimously

PUBLIC COMMENT

None.

BOARD DECISION ITEMS & POLICY UPDATES

House Bill 10-1147: Bike Helmet Law

Rep. John Kefalas' bill concerning making it a requirement that children up to 18 years of age wear a helmet when riding or operating a non-motorized transport was heard this afternoon by the Transportation Committee. Staff received a "strong support" position from President Joe Hendrickson which was submitted at the hearing. Ms. Cortiglio listened in on the hearing which included testimony from 5 individuals supporting the bill. One was a youth from this area who was hit by a car while riding her bicycle. While she did suffer a brain injury, she was wearing a helmet which most likely saved her life. At one point during the hearing an amendment was offered which would have stripped the bike helmet piece. The proposed amendment lost. The bill passed the Committee with just a few minor changes to clarify language. It now continues to 2nd reading in the House.

MOTION: To ratify President Hendrickson's position to STRONGLY SUPPORT House Bill 10-1147 regarding the use of helmets by minors who are riding or operating a non-motorized transport such as a bike or skateboard.

Motion/Seconded/Carried Unanimously

Ms. Kling mentioned that her son, when he was 12 years old, was struck by a truck and dragged 45 feet. He is alive today because he was wearing a helmet. Ms. Kling is willing to write a letter of support and share her story.

Senate Bill 10-109/House Bill 10-1284: Medical Marijuana

At this time, there is only an analysis of Senate Bill 10-109. The bill is coming up soon on the House calendar. Staff has conveyed to our local legislators that a Board position is coming and that the Board is supportive of the regulations concerning an "established" physician-patient relationship. The bill has passed the Senate and is now onto the House.

MOTION: To STRONGLY SUPPORT Senate Bill 10-109 regarding medical marijuana.

Motion/Seconded/Carried Unanimously

The House bill, HB 1284, is scheduled for Committee hearing. This bill concerns medical marijuana dispensaries and would put limitations on their services and locations. While an analysis of this bill is not yet available, the board had a general discussion about the issue.

One concern about marijuana dispensing is the issue of food being processed with marijuana in it, but not being subject to any inspections or safety regulations. There is great confusion about whether food with marijuana in it should be regulated as food, or as a drug delivery vehicle, and so far no state agency is regulating it at all. There have been incidents of food safety – in Denver, there was a place producing such items as marijuana brownies in a building that had no running water. The potential for food contamination issues is very real, and there should be regulations for food safety.

The board noted the importance of sharing what we know about the impacts of marijuana, such as the following: a) can cause panic attacks and anxiety; b) has a history of being abused by adolescents; c) can lead to dependency; d) inhibits driving ability; e) unregulated food can lead to illness; f) may draw crime into neighborhoods, growers, and/or dispensaries; g) poor electrical systems can cause fires.

The Fort Collins City Council will be meeting on March 2 to discuss the proposed regulations of local medical marijuana dispensaries. Staff members haven't had the opportunity to review the text of the ordinance yet. In addition to considering limitations and regulations of dispensaries, the Council will also have discussion on the issue of grandfathering existing dispensaries. Staff would like to know the Board's opinions which can be conveyed to City Council on March 2.

In summary, the general opinion of the Board concerning dispensaries is that if they have to exist, the Board believes that each area of the production and dispensing of medical marijuana be carefully and tightly regulated – including regulation of the dispensaries, the growers, caregivers, and the physician-patient relationship. Dispensaries should only be located in industrial areas and not in neighborhoods or near schools. Also, there are public health concerns and issues that relate to the production, dispensing, holding, and use of medical marijuana that need to be addressed.

Senate Bill 10-110: Seat Belt Bill

Since the Board last met and discussed this bill the primary enforcement of seat belt law was stripped out of the bill. What remains of the bill now concerns child restraints and is intended to make enforcement of restraint for children easier. It gets rid of the age 4-6 booster seat provision and now says that children up to age 8 can use a seat belt which crosses the child's body appropriately for safety. Staff is recommending that the Board change their previous position of "strongly support" to just "support".

MOTION: To SUPPORT Senate Bill 10-110 as it is currently written and express to legislators that the Board would have preferred and strongly supports the primary enforcement of seat belts .
Motion/Seconded/Carried Unanimously

House Bill 10-1160: Wellness Incentives

A bill that passed last year that allows insurance carriers to have wellness programs; this bill would allow reduced rates for achieving specific health outcomes. This issue has raised concerns (at the national as well as state level) that some people, who are unable to achieve those outcomes for reasons out of their control (for example, due to a condition or a medication they are taking), would be discriminated against. Ms. Cortiglio spoke with Rep. Kefalas informing him of our concerns with this bill. Although the bill was not expected to come out of committee, it did emerge, but with some wording change – changed "health factors" to "health risk factors." The changes do not appear to allay the concerns. It's on the House calendar for 2nd reading this week. Although the Board has not received an analysis of this bill, Ms. Cortiglio suggested speaking to Rep. Fischer and letting him know of our concerns and issues. The Board indicated its consensus agreement to that suggestion.

House Bill 10-1252: Breast Cancer Screening

The bill, originally meant to reject the USPSTF screening guidelines for breast cancer screening, was pulled from the House HHS Committee hearing calendar. Staff is working on drafting a fact sheet to clarify USPSTF screening guidelines (who they apply to, what they actually recommend) and working on language to help people understand the reasons behind their recommendations, including the trade offs of screening.

Behavioral Health Bills

There have been very few bills relating to behavioral health this session. One bill that was filed last session has come back. It concerns the formal institutionalization of the behavioral health task force. In the last session, the sticking point was language around powers of the Transformation Council. That language is not included in this bill.

Poudre School District Mill Levy to Increase Physical Activity in Schools

The local Board of Education is planning to submit in the November election a mill levy to raise money for schools. CanDo, our local coalition working to prevent obesity in our community, has for the last year taken on the challenge of trying to convince the Board of Education to include in the mill levy funding that would be used to increase and enhance physical education activities in schools. The Board of Education will be making a decision by the end of March. The Health District has been asked to testify in favor of this. Dr. Bruce Cooper is willing to make a statement on behalf of the Board.

Ms. Cortiglio, upon request from CanDo, performed in 2007 a policy analysis of school-based policies around nutrition and physical activity. Part of the analysis looked at the evidence behind physical education as it relates to preventing or decreasing obesity. The evidence regarding PE has not changed much; the studies are not numerous and not all of them are rigorous, but there are some general conclusions that can be made. While there is no good evidence that physical activity in schools impacts BMI, physical education classes taught in schools *have* been shown to be effective in improving physical activity levels and fitness. Recommendations for how much time children should be involved in physical activity in schools are 150 minutes per week in grade school, and 225 minutes a week for middle and high schools. Fifty percent of that time should be spent in moderate or vigorous activity. Compared to those recommendations, the amount of time children spend in physical education in Poudre School District is about 28-60 minutes per week in elementary school and varies greatly for secondary - generally one semester requirement. Colorado is one of about a dozen states that does not require PE in secondary schools.

CanDo reports that about 25% of kids they have tested in our local schools are overweight or obese based on BMI measurements.

The question was asked about whether increased physical activity improves academic performance; Ms. Cortiglio reported that while the studies don't necessarily consistently report improved academic performance, increased physical activity in school doesn't detract from academic performance, even with the added time spent on the activity, and may enhance it to some extent.

Staff proposes that what could be said to the Board of Education is that: physical activity improves fitness, improves activity, doesn't detract from academic performance, and may actually improve academic performance.

The Board expressed support in advocating for including increased physical activity in the mill levy and letting the community know that the Health District values physical activity. Dr. Cooper is authorized to testify on behalf of that position. President Hendrickson expressed that while he is supportive of getting kids to be more active, as an ex-school administrator he is not sure how the schools will be able to implement such activities into the schools with the current curriculum and standards requirements – logistics will be a barrier.

MOTION: To support the inclusion of dedicated funding to increase and enhance physical education in the schools in the mill levy being proposed by the Poudre School District's Board of Education.
Motion/Seconded/Passed [Hendrickson Abstained]

Public Comment

Ms. Gloria Hutchinson, a Fort Collins resident, arrived to this meeting after the Public Comment section of the meeting, however was invited by the Board to take a couple of minutes to speak at this time. She expressed her appreciation to the Health District's work, particularly in the area of primary and mental health care integration. She stated that she used to be a health director at a clinic in Fort Collins and recognizes the importance of addressing and caring for both the physical and mental health of individuals, and would like to help.

National Health Care Reform: Increasing public understanding

Ms. Plock provided a brief update on national health care reform. President Obama has come out with a proposal that is similar to the Senate bill but has some changes. It includes many of the key elements that they were so close to getting before. Democrats are moving towards a reconciliation process to move reform efforts forward, however it is uncertain whether they can get enough House votes to do this. The President is convening a bipartisan meeting, including Democrats and Republicans, to discuss his proposal and see if there are some areas of agreement to help move this forward. In order to do reconciliation, the House must pass the Senate bill first.

Staff is considering ways to get information out to people that would help them understand what is in the bill. Congresswoman Betsy Markey has expressed a willingness to host a phone-call meeting with constituents similar to her town hall meetings. Mark Wallace, Director of Weld County Public Health and Environment is also willing to participate in this. The format of the meeting is still being worked out. Ms. Plock is also considering writing a "Soapbox" article for the Coloradoan that would outline what is included in the bill. A suggestion was made to put this article on the Health District's web site as well. The Board expressed support for these efforts.

UPDATES & REPORTS

Influenza Immunizations: Regular, H1N1

Ms. Lin Wilder, Director of Community Impact and Health Promotions, provided an update on the recent flu immunization season. She reviewed the activities and pilot projects that were planned for the season, including: flu vouchers for Prescription Assistance and Smoking Cessation clients; focus on high-participation clinics, and vaccination "block parties" in areas where low-wage businesses are located. The season had a number of challenges, however. The community's shift in focus to responding to H1N1 outbreak was the greatest interruption. In addition, vaccines were delayed in being delivered due to the national shift in priorities, local pharmacies/flu vaccine providers ran out of vaccine, a blizzard resulted in rescheduling many clinics devoted to City and County employees, and there was low seasonal flu activity.

With the vouchering pilot, we were able to negotiate a \$14 per dose deal with 5 pharmacies. Vouchers were offered to 275 smoking cessation clients and 700 PA clients. 99 vouchers were actually issued and 74 of them were used (due to pharmacy shortages, 25 of the vouchers were voided). There was some success in reaching the lower-income population in that in '08, 11% of flu shot clients received their shots under a sliding-fee, while in '09, that percentage rose to 15%.

This year, focus was placed on locations where we had achieved high participation in the past. Attendance to public clinics increased 82%. Private clinic average attendance increased 23%. However, the at-risk population receiving shots declined from 75% last year to 67% this year for those who did not use vouchers (virtually all those with vouchers would be considered part of the at-risk population due to income). Full pay cost of shots was \$25.

While revenue for this season's flu immunization program was less than 2008 by \$3,334, expenses were also less by \$3,162 compared to 2008. Things that enabled us to do that were the receipt of 300 free doses from the State, the purchase of 500 doses from RVNA (so we could fulfill the contracts with City and County); and personnel costs half of 2008 costs due to fewer clinics. Voucher costs also kept expenses lower.

In looking ahead to 2010-11, staff is working on further ways to increase the shot rate among the low-income population, using such strategies as continuing to issue vouchers and perhaps expanding their availability; potentially doing the employer "block parties" that could not be done this year due to lack of vaccine; and competing for a joint contract that might include the city, county and school. Staff will also be monitoring and considering how H1N1 inclusion in the seasonal vaccine will effect interest. Dr. Birnbaum mentioned perhaps looking into negotiating vaccinations with Family Medicine Center and other providers where those providers could hand out Health District vouchers to their clients. Some thinking needs to go into how that might work – perhaps give limited number of vouchers to providers? Staff will work on some numbers and get back to the Board on this idea.

In summary, the seasonal flu immunization program: exceeded target, increased efficiencies, was able to weather vaccine delays, maintained a break-even on budget, and experienced small success with the voucher pilot program.

During the County's response to H1N1, approximately 17,128 persons were vaccinated via the mass vaccination clinics and Health Department clinics. An additional 4,819 individuals were vaccinated at other distribution points such as physician offices, CSU, etc., for a total of nearly 22,000 vaccinations. Ms. Plock spoke with Dr. LeBailly recently, who believes that these numbers are only those that went through the CIIS registration system, and that the actual number of shots given locally is likely much higher – perhaps as much as 20% of the population.

Obesity Measures, State and National (Report from Livewell CO)

First Lady Michelle Obama's "Let's Move" obesity initiative rolled out last week. The President's health reform proposal also includes obesity prevention pieces. Issues such as portion sizes, cutting back on dairy, and cutting back on sugar sweetened beverages are all issues that are starting to be promoted by the federal government. The FDA is also making changes around packaging, and the Child Nutrition Act (which covers school breakfasts and lunches) may extend new rules to competitive foods. The Health District may want to help advocate for those changes that seem indicated based on research.

Practice Upgrade: Digital Radiography in Dental

Item postponed due to shortness of meeting time left.

Using the SCRUM Process for Data Improvement

Item postponed due to shortness of meeting time left.

4th Quarter Program Reports Summary and Executive Director Report

Early Identification & Early Intervention is one of the newest priorities of the Mental Health & Substance Abuse Partnership. The first task force meeting was held with 22 people in attendance, including the Superintendents from both Poudre and Thompson Valley school districts, a child psychiatrist, heads of agencies, people who are on the front lines of serving kids and parents, consumers, and advocates. It appears that the project has the right people at the table, the right approach, the right staffing, and is heading in the right direction. There is a lot of potential for long-term transformation in this area.

CONSENT AGENDA

No consent agenda.

ANNOUNCEMENTS

- March 12, 7:00 am – Board of Directors “Special” meeting
- March 23, 5:30 pm – Board of Directors Regular meeting

The March 23 meeting is likely to be postponed due to key staff and board members not able to attend.

ADJOURN

MOTION: To adjourn the meeting.
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 8:10 p.m.

Respectfully submitted:

Nancy L. Stirling, Assistant Secretary

Joe D. Hendrickson, President

Celeste Holder Kling, Vice President

Bernard J. Birnbaum, Secretary

Steven J. Thorson, Treasurer

Lee Thielen, PVHS Board Liaison