

**Health District**  
OF NORTHERN LARIMER COUNTY  
**BOARD OF DIRECTORS**  
**REGULAR MEETING**  
**February 23, 2021**

**Health District Office Building**  
120 Bristlecone Drive, Fort Collins  
Remote Meeting

**MINUTES**

**BOARD MEMBERS PRESENT:** Joseph Prows, MD MPH, Board Treasurer  
Celeste Kling, J.D., Board Secretary  
Molly Gutilla, MS DrPH, Board Vice President  
Faraz Naqvi, MD, Liaison to UCH-North/PVHS Board

**ABSENT:** Michael D. Liggett, Esq. Board President

**Staff Present:**

Carol Plock, Executive Director  
Chris Sheafor, Support Services Director  
Brian Ferrans, CIT Director  
James Stewart, Medical Director  
Lorraine Haywood, Finance Director  
Karen Spink, Assistant Director  
Laura Mai, Asst. Finance Director  
Dana Turner, Dental Director  
Richard Cox, Communications Director

**Staff Present:**

Kristen Cochran-Ward, MH/SU Director  
Suman Mathur, Evaluator & Data Analyst  
Alyson Williams, Policy Coordinator  
MJ Jorgensen, CIT Project Impl. Coordinator  
Rosie Duran, LHC Coordinator  
Ida Cossitt-Glesner, Public Policy Specialist  
Pam Klein, Connections Project Specialist  
Anita Benavidez, Executive Assistant

**Public Present:**

Anna Fuller

**CALL TO ORDER; APPROVAL OF AGENDA**

Director Celeste Kling, Board Secretary called the meeting to order at 4:07 p.m. because Vice President Molly Gutilla was having technical difficulties. Vice President Gutilla joined the meeting during the COVID-19 Status presentation.

Ratification of letters to local legislators regarding H.R. 535 and S. 91, the Special Districts Provide Essential Services Act, was added to the Policy section. The January 26, 2021 Board Meeting minutes were removed from the Consent Agenda.

**MOTION:** To approve the agenda as Amended  
*Moved/Seconded/Carried Unanimously*

**PUBLIC COMMENT**

None

**UPDATES & DISCUSSION**

**COVID-19 Status**

Dr. Stewart provided an update on COVID, presenting the national overview that although cases are

falling in most states, the U.S. now has sadly had 500,000 COVID-related deaths. Like the rest of the country, Colorado's cases are still trending down, with a 70% reduction in cases since December, and drops in hospitalizations and deaths. In Larimer County, about 15% of adults have had at least one dose, with 67% of those aged 70+ receiving their first dose. 7 day case rates remain in the yellow stage, and have flat-lined there since early February. The County rate of positive tests is at 4.5%.

There are two new vaccines coming up for emergency approval in the U.S.: Johnson & Johnson's single-dose and AstraZeneca. Both are 100% effective at preventing hospitalizations and deaths, and 65-85% effective in preventing any kind of illness. Despite variants making COVID more contagious, the US is at its lowest reproduction number since the beginning of the pandemic, at .80, which leads to slower spread.

Using the number of first doses and confirmed COVID cases in Larimer County, a back-of-the-envelope estimate is that about 38% of our community now has some immunity. There is emerging evidence around the efficacy of the first dose of vaccine, indicating potentially greater than 85-90% efficacy two weeks after the first dose. The United Kingdom is prioritizing first dose delivery and extending the delay to twelve weeks for the second dose, and France is recommending a single vaccine dose for those who have had COVID-19. Pfizer has new data that shows standard freezer temperatures may be sufficient for a limited time of storage.

On the other hand, a recent Vital Statistics Surveillance report indicates US life expectancy has dropped by one year, with disparity in people of color. Declines in preventive care such as cancer screenings are impacting health status; the medical community will have to pick up the pieces when COVID is under control.

### **Health District as COVID-19 Vaccination Provider**

Suman Mathur reported that the Vaccine Team has been very busy the past in preparing for and holding vaccine clinics. The Health District was asked in late December by the State/CDPHE to become a vaccine provider. Application was made in late January with a very quick approval. The first shipment of vaccine arrived on February 9 and the first Health District vaccine clinic occurred on February 11 and 12, with 108 doses delivered. The appointment for the second shot is made as people leave the clinic. Staff has been notified that another 200 doses will arrive tomorrow and the clinic will run Thursday and Friday this week.

In coordination with LCDHE, the Health District is working to vaccinate Tier 1B.1 moderate risk health care providers, Health District clients 70+ (with special focus on those without internet) and 65+, as well as other community members aged 65+ referred to the Health District by the State COVID vax hotline. There is additional outreach to Meals on Wheels clients.

The model for our clinics is built from our model for influenza vaccinations. Front desk and evaluation staff have been trained to handle the non-clinical aspects while the clinical staff includes Dr. Stewart, both Health District nurses Julie Abramoff and Cheri Nichols, PRNs, and volunteer medical providers from the community. Bilingual materials are being created and bilingual staff identified. There are weekly calls at both County and State levels and we have access to free transportation for clients. Challenges include a limited and unpredictable supply of vaccine; only 2-3 days of lead time from finding out whether we will receive vaccine to starting clinics; reaching clients aged 70+; managing phone traffic; and the lack of a centralized scheduling process with a universal waitlist.

In the future, we would like to have regular clinics 1-2 days/week (including offering vaccines to our own clients as they fit the priority phases), and an additional 1-2 days/week in mobile clinics with

special populations (i.e., Murphy Center/Homeward Alliance, Northern Colorado Health Network, BIPOC Alliance, Red Feather Lakes, etc.), is coordinating with Salud, and is focusing on equity.

A board question related to what is known about vaccine hesitancy. Things are evolving; in our own community survey last summer (before there were any approved vaccines), about 66% would take a vaccine if it were offered, while 25% were unsure. We know that hesitancy is quite different than those who decline completely, and that education about the safety of the vaccines can make a significant difference. The BIPOC Alliance, and the black and Latinx communities are working on options for outreach, including using trusted messengers. Staff are having conversations to see how the Health District might be able to help amplify the messages without getting in the way. Short videos are being planned, and Salud invited 9News to come next week for a press conference, with leaders being vaccinated on site.

### **Larimer Health Connect**

Rosie Duran, Larimer Health Connect Coordinator, provided an update to the Board on the Open Enrollment period for the marketplace during the pandemic. Numbers were down slightly, as was the case across the state; in part because so many people qualified for Medicaid during COVID (11,000 in Larimer County), and once on, they are not being dropped until the emergency is over. The team reached 800 unduplicated households with a total of 1,300 encounters, 239 of whom were uninsured for at least the past 60 days. At least 395 were known enrolled in the marketplace.

From the start of COVID, IT moved quickly to assure that staff could work remotely – from being sent home on a Wednesday, and being back up and running remotely by the next Tuesday. Customers were a little hesitant to do video appointments at first, so staff created a video to share before hand. Some clients who were uncomfortable or unskilled with the virtual environment, were seen “in-person” at the Mason Street conference room with special precautions. Some customers loved virtual appointments, so some level of virtual options are anticipated to continue in the future.

We found that our customers were experiencing more challenges than before. Compared to prior years, customers faced increased unemployment, loss of income, and no child care/school. They found themselves focused on survival – needing to meet basic needs. Insurance choices were affected; many changed providers in order to save money. Barriers to care remain the same – cost, access to care, and in this year, there were many new technology and system issues, requiring many clients to come back to complete the process. Sometimes Connect for Health CO phone lines didn’t work, or customers had password re-set challenges. Many customers became frustrated, and many let their plans auto-renew, even if that plan wasn’t the best one for their needs.

Outreach continued to those ‘eligible but not enrolled’ throughout Larimer County, utilizing both print and digital forums including Google, Facebook and Instagram, as well as sharing information with partners who serve this population. With less access to in-person outreach, the future will include working with school districts, coffee shops, and working with communications specialists to reach the most people possible. A new national uninsured enrollment period began February 8 and will run through May 15, while Colorado started their efforts one week earlier. Coverage starts the first of the following month. Staff is requesting additional funds from Connect for Colorado for the purpose of marketing and outreach, and the team continues to develop health insurance literacy education classes.

### **PRESENTATION & ACTIONS**

Policy Coordinator Alyson Williams reviewed both State and Federal activity.

#### ***State Legislative Proposals***

State legislators have been in session for 11 days, with 263 bills introduced; 1 bill killed; and 2 issues

with a position.

HB21-1075: Replaces the term “Illegal Alien” with “worker without authorization” as it relates to public contracts for services.

**MOTION: To strongly support HB21-1075: Replace the term “Illegal Alien”**  
*Moved/Seconded/Carried Unanimously*

SB21-009: Reproductive Health Care Program includes contraceptives and family planning service for undocumented individuals. Its features have evidence of reducing unplanned pregnancies, and is cost saving. It also requires coverage of a one-year supply of oral contraceptives at a time for all Medicaid beneficiaries, rather than one month at a time.

**MOTION: To support SB21-009: Reproductive Health Care Program**  
*Moved/Seconded/Carried Unanimously*

SB21-025: Family Planning Services for Eligible Individuals expands Medicaid from 133% FPL to 250% FPL only for family planning services to individuals who are not pregnant. It has been done in multiple other states, again with impact on unplanned pregnancies, lower abortion rates, and cost savings.

**MOTION: To support SB21-025: Family Planning Services for Eligible Individuals**  
*Moved/Seconded/Carried Unanimously*

Senior Dental Program (SDP) Restoration of Funding: is under consideration by the Joint Budget Committee (JBC). In FY19-20, the SDP had an increase in its appropriation from \$3M to \$4M; in budget balancing actions for FY20-21 due to COVID, the JBC decreased the appropriation back to \$3M. The proposal is to restore that \$1M funding to SDP.

**MOTION: To strongly support the restoration of funding of \$1M to the Senior Dental Program, raising its appropriation from \$3M to \$4M.**  
*Moved/Seconded/Carried Unanimously*

Update on restoring the Medicaid Adult Dental Benefit from \$1,000 to \$1,500: We have conveyed the need to the JBC and our local legislators. The JBC is awaiting figure setting for the budget, anticipated on March 4. On April 8<sup>th</sup>, the Long Bill begins; it looks positive that this may be included.

### ***Federal Policy Issues***

#### **Special Districts Provide Essential Services Act**

With Board President approval received in the interim between meetings, a letter was sent to Colorado federal legislators encouraging support of the “Special Districts Provide Essential Services Act H.R. 535, S. 91, sponsored by Colorado Senator Michael Bennet. The Act would include funding for special districts in the potential COVID stimulus package being considered at the federal level; it was considered important because other local government entities are anticipated to have guaranteed funding, but special districts were not specifically mentioned. The letter needs board ratification.

**MOTION: To ratify the letters sent to legislators, supporting the ‘Special Districts Provide Essential Services’ Act, H.R. 535, S. 91.**

*Moved/Seconded/Carried Unanimously*

#### **COVID Relief/Stimulus Package**

Health-related legislation in the proposed COVID Relief package includes premium tax credits to those >400% FPL; zero dollar premiums for those with incomes below 150% of FPL; Federal funding covering 85% of COBRA premiums to September 30, 2021; and Medicaid Expansion with a 2-year increase in FMAP (90% of all expansion costs) when a state expands, resulting in huge savings for

those states that haven't already expanded Medicaid. It would also add a cap of 8.5% on health insurance expenditure for those with incomes over 400% FPL. Ms. Plock noted that these are groundbreaking enormous changes that have been estimated to result in an increase of 4-5M people becoming insured across the country, if passed as proposed.

Other COVID Legislation includes direct stimulus payments of \$1400, with the same \$75K/\$150K income threshold; a one time minimum wage increase of \$15/hour; housing assistance; food security through strengthening WIC; child care, head start and an overhaul of the child tax credit; public health support including vaccines, testing, PPE, stockpiles, and workforce; funding for schools; and PPP and other business grants and loans. It is 592 pages long and unlikely to make it through both the House and the Senate in its current form.

## **UPDATES & REPORTS**

### ***Executive Director Updates***

The Call for Board Candidates has been posted, an email sent to all of last year's candidates, and posting on social media. An email will be sent tomorrow to diverse organizations in the community. Applications are due March 11, and will be sent to the Board on March 12. The Board will hold a brief special meeting to determine which of the candidates, if any, will be interviewed. The selected individual is expected to be appointed to the Board either the regular meeting in March or the first meeting in April – the appointment must take place by the end of April.

The Isolation/Recovery and Quarantine service (IRQ) has moved back to Myrtle where, despite recent maintenance, more repairs were necessary. The Myrtle site is seeing a steady rate of use, at the rate of 3-5 individuals per day. Staff have been advocating to the county and state getting vaccinations to those experiencing homelessness, in order to prevent the spread, but have not yet been successful.

Ms. Plock reported that we anticipate participating in Unite Colorado, a software platform and methodology of accomplished streamlined referrals and care coordination across a wide variety of organizations. In North Carolina, it is considered to be a major tool in their equity effort – because of its effectiveness in connecting people more quickly and effectively to the services they need. Staff will present on this tool in one of the upcoming Board meetings. A Board member inquired about the intersection between HealthInfoSource and Unite Colorado. HIS is about having a comprehensive list of behavioral health options, and an easy way to search, while Unite Colorado provides the smooth process for making referrals for a broader range of community services, and closing the communication loop to be sure the person connected to services. We are looking into how the two can best integrate.

In recent conversations with Kevin Unger and John Santisteven, the constant theme was all about vaccines; it is impressive how high their commitment is to vaccinations for our community. Salud is one of 250 Federally Qualified Health Centers initially selected to receive significant amounts of vaccines per week (800-1,000 doses), directly from the federal government. They are planning clinics for targeted populations as they receive their first allocation in the next couple of weeks. Staff at both organizations, like ours, continue to feel stretched, exhausted, and a little burnt out; both are working on ways to support their staff while continuing to meet the still intense needs of the community.

Ms. Plock provided a brief update from the National Health Policy Conference. Staffers from Capitol Hill reported that the top priority is to “get the virus under control,” and that “there is a lot to be done in health care, not just on COVID – and a lot can be bipartisan.” Presenters indicated that legislation this year is likely to be transformational for access to health care, and make major strides in equity. In addressing structural racism, presenters consistently reported that biggest equity solution opportunity

would be to get states who hadn't expanded Medicaid to do so, followed by increased subsidies for families for health insurance, adequate diagnoses of disease, more attention and services for addiction, and removing immigration status as a barrier to health coverage and care. A likely bipartisan legislative change could be a shift in payment for telehealth, allowing audio only as well as video. Other bipartisan efforts could include an increase in mental health treatment, and data streamlining.

There were two sides to what people had observed during COVID: on the one hand, an unprecedented level of innovation (telehealth, testing, lockdowns, open data sharing, etc.), but on the other hand, as the university hospital in Newark reported, the difficulty of jockeying for PPE, competing on a regular basis with richer systems for needed resources, seeing ratios of staff to patients like never before, experiencing EDs full beyond capacity, and observing the worst of inequity. The hope that came out of this conference is that the new administration will work to try to right those wrongs.

### ***Liaison to PVHS/UCHealth North Report***

Director Naqvi reported that UCHealth is closely watching its experience to determine COVID's financial impact, and whether it will be temporary or a more permanent recalibration. Admissions, outpatient care, and ortho patients are all down. There has also been a significant reduction in cardiovascular and neurosurgery volumes, though the assumption is that this volume will bounce back at some point. ED visits are down, but the acuity is higher; it looks like there is a shift where people are going more to their provider's urgent care, and less to ED. UCHealth received funding from the CARES Act, but ended up not needing it; it will be paid back by April. Nursing costs have escalated, partly due to competition, particularly in critical care nursing; the question is whether those are temporary trends or are here to stay. There is a push for unionization of the workforce, which would add more employee costs; it won't be determined until later in the year.

The organization is providing about 30K vaccines per week and every patient 70+ in their system has been contacted. They have vaccinated 90% of the teachers in their allocation group. The system is committed to providing vaccinations due to recognition of their importance, despite the fact that they don't have assurance that they will be reimbursed for the cost – they are paying for staff, space, etc., which adds to the financial stress. It has been difficult to get advance information from the state to do adequate planning. A Board member asked if their board receives reports on community benefit spending; there has not been a recent report. We will request that Dr. Unger address this in his presentation to the Board in April.

### **PUBLIC COMMENT (2<sup>nd</sup> opportunity)**

None

### **CONSENT AGENDA**

- Approval of the November 10, 2020 and December 11, 2020 Board Meeting Minutes
- Approval of the November 2020 Financials

**MOTION: To approve the Consent Agenda as Amended**  
***Moved/Seconded/Carried Unanimously***

### **ANNOUNCEMENTS**

- March 9, 2021, 4:00 pm, Board of Directors Special Meeting
- March 23, 4:00 pm, Board of Directors Regular Meeting
- April 13, 4:00 pm, Board of Directors Special Meeting

This was Board Director Faraz Naqvi's last meeting with us. Staff and the Board shared their best

wishes as Dr. Naqvi moves to Switzerland. Comments included: sincere thanks for his commitment and dedication in service to the Board; appreciation for the additional time it took to be the UHealth Board Liaison; gratitude for his intellectual calculations that provided insight when making decisions; sincere appreciation for his wisdom, calm manner, voice of reason and good humor. The community values the work he has done, including working with others to develop community geriatric medical services when before there were very few. Dr. Naqvi noted that the leaving is bittersweet and that he is deeply thankful for the opportunity to work with this group.

**ADJOURN**

**MOTION: To Adjourn the Meeting**  
*Moved/Seconded/Carried Unanimously*

The meeting was adjourned at 6:10 p.m.