MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., Board President
Molly Gutilla, MS DrPH, Board Secretary
Joseph Prows, MD MPH, Board Treasurer
Faraz Naqvi, MD, Liaison to UCH Health-North/PVHS Board

Staff Present:
Carol Plock, Executive Director
Karen Spink, Assistant Director
Bruce Cooper, Medical Director
Richard Cox, Communications Director
Brian Ferrans, Community Impact
Lorraine Haywood, Finance Director
Sue Hewitt, Evaluation Coordinator
Laura Mai, Assistant Finance Director
Dan Sapienza, Special Projects

Chris Sheafor, Support Services Director
Nancy Stirling, Assistant to Board & ED
John Newman, Dental Services Director
Lin Wilder, Community Impact Director
Alyson Williams, Policy Coordinator

Others Present:
Dawn Putney, Toolbox Creative
Tom Campbell, Toolbox Creative
Sara Kurtz, Eide Bailly

CALL TO ORDER; APPROVAL OF AGENDA
President Michael Liggett called the meeting to order at 4:02 p.m. There were no changes to the meeting agenda.

PUBLIC COMMENT
None.

DISCUSSION WITH VENDOR
Health District Public Awareness Consultation: Goals, Outcomes
At a previous board retreat, the board expressed interest in finding ways to best increase public awareness and understanding of the Health District, its services, projects and roles in the community and designated some funds for outreach consultation. Toolbox Creative was selected to assist us in looking at what we do and provide us with their analysis and recommendations. Ms. Dawn Putney and Mr. Tom Campbell of Toolbox Creative attended this meeting to hear directly from board members their perspectives and opinions concerning public awareness of the Health District. Board members responded to the following questions:

- How do you think the Health District is currently perceived in the community?
- A challenge has been in describing the Health District to people – would like a 4 sentence answer that quickly explains what the Health District does.
- Sometimes people don’t know the difference between the Health District and the Health Department.
- There’s a perception that we take care of people who fall through the cracks; we are watching out for those who aren’t served by “the system” (i.e., health facilities, hospitals). But there is also a misperception that that is all we do, and that ‘the system takes care of the rest.’ There is ignorance of all that we do.
- I tell people that we are so lucky to have a health district here, it’s a unique organization and valuable resource that impacts local community health.

- When people ask you to describe the HD and the work it does, what do you say?
  - List out the services/programs we provide – dental care, mental health, health coverage assistance, advance care planning, smoking cessation, policy positions on legislation, etc.
  - Describe the relationship we have with UCH and the local hospital. A lot of people are surprised that we own and are stewards of those assets for the people.
  - The research and evaluation the Health District does, efforts to make data informed decisions.

- Three years from now, we’ve accomplished the goals we set out once get through assessment, and board is tickled with what is happening. Due to increased public awareness, what does that look like?
  - Everyone has access to medical care, including mental health and substance use disorders coverage.
  - When the general public sees an issue, they ask: what is the view of the Health District?
  - The Health District is viewed as leaders in health.
  - People know about us and trust us; believe that we are knowledgeable, factual, and lend clarity to complex issues that affect everyone; we look at policy issues.
  - We are considering the local realities: insurance, economy, impact of influx of people.
  - The health district is known as compassionate, caring about other human beings, and the public agrees that paying attention to these issues are a good investment of tax dollars.

- When you talk about the HD, are you asked how the HD is funded? – Sometimes, not that often. We sometimes discuss property tax (important for people to know how their money is being used).
- Do you ever have to explain what Northern Larimer County is? – Yes – its boundaries are close to school district boundaries.
- Do people understand who they would send us for what? People need to know more about what resources are here.
- If more people know about us and are referred to us, would we be able to handle the capacity? – Good question. It depends on the program.
- Fort Collins is a tough media town, since we don’t have our own TV. Social media works sometimes, but is not the total answer. Do you feel that media represents you
accurately? - Don’t really know; the Coloradoan gets things largely right most of the time. Media doesn’t often include us. The existing channels are really crowded. It’s important to make a “splash” different somehow to catch people’s attention. Word of mouth is important for the Health District.

- What about the name and logo? Any concerns about the name? For example, the Food Bank made the decision to re-brand, but to keep their name. A new name would need to be really good. What do you think of your current ‘brand’?
  o Like the logo; don’t like to adjust to new things all the time
  o Change branding only if you get more clarity
  o The tag line of “enhance the health of the community” is noble and likely gets a positive reaction – but is there a way to add ‘what’ and ‘how’?
  o The name confuses us with the health department, but in prior efforts to change it, the Board determined that clarity in who and what we are was important, so opted to keep it. It is hard to find a name that tells the community who we are and what we do. The board would be interested in hearing some options; not sure whether to change the name or not.
  o There can be some confusion in re-branding. If we decide to re-brand, would like it to bring more clarity than confusion – don’t just change for the sake of change.

- What about the Health District’s Mission statement – to enhance the health of the community?
  o It’s good but then you have to follow with what we actually do; it might be helpful to have impact statements – statements that tell the impact the HD is having on our community.
  o Though it is unfortunately politically charged, one approach is that health is a human right and the HD is working on human rights through health.
  o What could be a greater asset/compliment to a community than working on health in order to create a community that is a happy and healthy place to live?

Ms. Putney thanked the board for their input and let them know that they can contact her if they think of anything else they would like to add. The next step will be meeting with and interviewing staff and key stakeholders and then presenting some ideas and recommendations for the board to consider.

DISCUSSION AND ACTIONS
2017 Audit and Financials Statements
Ms. Sara Kurtz from Eide Bailly, the Health District’s auditor, attended to review and report on the financial statements and results of the audit for the year 2017.

Highlights of the report include:
- The total net position is almost the same as last year.
- Assets for the Health District exceeded liabilities and deferred inflows of resources by $13,688,920, a decrease of 0.4% ($54,745) over the prior year.
- Significant changes in revenue include:
  o Property tax revenue increased 5.2% ($320,136) over 2016.
  o Specific ownership tax revenue, derived from vehicle registrations, increased 19.3% ($101,125).
Grant revenue increased 54% ($326,907) over the prior year due to two large grants (CAYAC, ACP) that were awarded in late 2016 being fully operational in 2017.

- Approximately $9 million of the revenues received in 2017 were used to provide health services to residents of the Health District.
- The ‘general government’ increase was mostly a reclassification, not a real increase; in prior years, the treasurer’s fees taken out of our property tax allocations were netted in the financials; in this year, there was a change in reporting that put that amount into the statements differently.

Overall, Ms. Kurtz noted that it was a clean audit with unmodified opinion – the best opinion an organization can receive. There were no mistakes to report, the audit was conducted in accordance with the scope and timing agreed to, there were no significant difficulties to report, they did not note any corrected or uncorrected misstatements, and there were no disagreements with management.

The Board thanked Ms. Kurtz and Finance staff for their work and for a clean report.

Determining Process for Making Appointment for Board Member Vacancy

Recently, Ms. Deirdre Sullivan resigned her position on the board. State Statute and Board Bylaws state that a vacancy on the Board will be filled by appointment by the remaining directors. The appointee would serve until the next regular election, at which time the vacancy will be filled by election for any remaining unexpired portion of the time. The board has 60 days to complete the process or could lose their right to appoint. Included in the packet is a proposed process and timeline for finding a replacement, which is based on a previous historical process, with some minor adaptations. In addition to the proposed process for the board’s review and consideration is a Draft Ad for the “Call for Candidates” and Board Applicant Questionnaire.

The Board was in agreement with the process. After discussion, they made the following changes:

Questionnaire

- Strike Questions #2, #3, #5, and #7.
- Move references to end of the questionnaire.
- Allow applicants to submit a resume/CV with their application. Note that submitted resumes/CVs will become public record.
- Reorganize the cover/application page to the questionnaire. Add information outlining Board qualifications.

Ad

- Clarify when the term actually begins for the new member.
- Restate to say “ideal attributes of the candidates shall include…”
- “Qualified candidates may be interviewed…”

The Candidate application process will be announced by Friday, June 29 and documents made available via the Health District’s web site and at the Health District offices and will be due for consideration by end of work day on July 16.
Discussion: Annual Board Retreat Timing
The Board agreed that they would prefer to wait until the new board member is selected before determining a date for the annual board retreat, and the Board is open to considering Saturdays if necessary.

UPDATES & REPORTS
Legislation & Policy
Ms. Alyson Williams, Policy Coordinator, reviewed the following with the Board:

Federal Farm Bill Update
The Senate’s version of the Farm Bill passed the Senate Committee 20-1 on June 13; it is possible there will be a vote before the July 4 recess. It is unknown whether they will allow or limit amendments.

The House version of the bill passed on party lines, although many moderate Republicans voted No. If it turns into a major difference between the House and the Senate versions, the issue could be postponed to next year with a one-year extension of the current Farm bill.

State Issues – Legislative Session Wrap-Up
For the benefit of the new board members, Ms. Williams reviewed how the Health District prioritizes bills into 3 priorities:

- Priority 1 Bills – issues with a potentially significant impact on the health status of the community, the health systems or issues of concern the Health District is working to improve, or Health District operations.
- Priority 2 Bills – issues that impact (but much more minimally) the health status of the community, the health systems and concerns we are working on, or Health District operations.
- Priority 3 Bills – other health issues.

Ms. Williams reviewed which bills of note passed and which failed, noting also some bills which weren’t previously discussed. Notable bills that passed include HB 1039, which will change the date of special district elections; SB 136, allowing brokers who help people sign up on the exchanges to charge fees; and SB 024, expanding access to behavioral health care providers through loan repayment in shortage areas.

The theme for next year’s legislative session? Much uncertainty! Upcoming elections and what is going on at the federal level could impact which legislative issues may come forward. Likely topics to return next year are drug prices, health care costs (and the interaction between the two), and healthcare transparency bills; possibly e-prescribing and advance care planning.

2018 First Quarter Report and other Executive Director Updates
Ms. Plock distributed to the board members copies of the 1st Quarter Program Report. The bottom-line of the first quarter is that most programs are exceeding their targets (it was noted that the targets for this quarter are the same for the first quarter of 2017 as this year’s targets have not yet been approved). Programs not exceeding targets at this point are dental (but is increasing) and tobacco. Tobacco, however, may be rebounding. Staffing was reduced for the program at the beginning of the year, but now we are getting so many referrals from providers and hospitals that we are needing to increase our capacity again.
Other Updates:
- Vendor Toolbox Creative is working with us on the substance use disorders public awareness project. This has turned into a dynamic project – first they led us through a “mind jam” which several of our partners were invited to attend so could have input from the people who work directly with consumers, as well as consumers themselves and law enforcement. They are doing interviews and focus groups, and outcomes are being used to develop potential messaging. Next phase will be to test the messages.
- Nerdy Minds, the vendor working with us on the Healthinfosource restructuring project, has been working on understanding our concept and needs. We have been conducting focus groups with consumers and professionals; the results will come soon to the board. Nerdy Minds will use that information in the development of a blueprint with options for the next version of healthinfosource.com.
- Health District Public Awareness – Toolbox Creative is also working with us as consultants for our public awareness project. They will be interviewing people in the community and staff to gather information about perceptions and awareness of the Health District, then will work with staff on recommendations for increasing public awareness, which will come to the board in the future.

UCHealth-North/PVHS Board Liaison Report
Dr. Naqvi attended a recent joint UCHealth meeting (includes representatives from each system entity). He stated that, overall, UCHealth is doing tremendously well, with healthy profitability and billions in revenues. The system is growing in every single sector they are involved in. Areas of focus for the system include: market share; implementing innovation, such as wearables on patients; population health; and an accountable care model for moving forward with the Medicare population. It was noted that the rural hospitals are not as growth oriented, and that much of the success of the system’s financial performance is dependent on our region. In terms of risk that may be coming: one is growing costs for capital expenditures, which could become an issue if growth tapers. Other risks are what might happen in an era of well-funded health services disruption from massive national entities that are merging to creating entirely new models.

PUBLIC COMMENT (2nd opportunity)
None.

CONSENT AGENDA AND MINUTES APPROVAL
The May minutes were pulled from the Consent agenda because not all members were present at that meeting.
- Approval of the May 2018 Financials.
- Approval of the Updated Financials for January thru April 2018 and Final December 2017 Financials.

MOTION: To approve the Consent Agenda as amended.
Motion/Seconded/Carried Unanimously Vote - Unanimous
• Approval of the May 22, 2018 Board Meeting Minutes. Vote – passes 3-0

MOTION: To approve the May 22, 2018 Board Meeting Minutes as presented.
Motion/Seconded/Carried (Passes 3-0) Naqvi abstained; not in attendance

DECISION
• Approval of the May 1, 2018 Board Meeting Minutes.

MOTION: To approve the May 1, 2018 Board Meeting Minutes as presented.
Motion/Seconded/Carried (with two of the 3 members of the board present who participated in this meeting, since the other board member is no longer on the board – Naqvi and Liggett - Approved 2-0)

ANNOUNCEMENTS
• July 24, 4:00 pm – Board of Directors Regular Meeting (extended meeting)

ADJOURN

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

The meeting was adjourned at 6:00 p.m.

Respectfully submitted:

Nancy Stirling, Assistant to the Board of Directors

Michael Liggett, President

[Absent]

Deirdre Sullivan, Vice President

Molly Gutilla, Secretary

Joseph Prows, MD, MPH, Treasurer

Faraz Naqvi, MD, UCHHealth-North (PVHS) Board Liaison