

**Health District**  
OF NORTHERN LARIMER COUNTY  
**BOARD OF DIRECTORS**  
**REGULAR MEETING**  
**September 22, 2020**

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

**MINUTES**

**BOARD MEMBERS PRESENT:** Michael D. Liggett, Esq., Board President  
Joseph Prows, MD MPH, Board Treasurer  
Celeste Kling, J.D., Board Secretary  
Molly Gutilla, MS DrPH, Board Vice President

**BOARD MEMBER ABSENT:** Faraz Naqvi, MD, Liaison to UCH-North/PVHS Board

**Staff Present:**

Carol Plock, Executive Director  
Karen Spink, Assistant Director  
James Stewart, Medical Director  
Lorraine Haywood, Finance Director  
Laura Mai, Asst. Finance Director  
Lin Wilder, Community Impact Director  
Dana Turner, Dental Services Director  
Chris Sheafor, Support Services Director  
Kristen Cochran Ward, MH Connections Dir.

**Staff Present:**

MJ Jorgensen, Proj. Implementation Coord.  
Alyson Williams, Policy Coordinator  
Sue Hewitt, Evaluation Coordinator  
Jessica Shannon, Resource Development Coord.  
Anita Benavidez, Executive Assistant

**Public Present:**

Joyce Devaney  
Erin Hottenstein

**CALL TO ORDER; APPROVAL OF AGENDA**

Director Michael Liggett called the meeting to order at 4:00 p.m.

Changes to the agenda include striking the UCH-North/PVHS Board Liaison report and removing the May 26, 2020 Minutes from the Consent Agenda

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

**PUBLIC COMMENT**

None

**PRESENTATIONS & DISCUSSION**

**COVID-19:**

***Current Status of COVID-19***

Dr. James Stewart reviewed global, national, and state trends, noting that Colorado has moved to a “trending poorly” status. He noted that “COVID fatigue” has become an issue, repeating the quote that “A single death is a tragedy, a million deaths is a statistic” and the real concern that many are becoming desensitized to the sheer number of deaths. So far, around 200,000 people have died from COVID, a number that is staggering. The trends across the country for cases, hospitalized patients,

and deaths are going down; but there are still approximately 40K cases per day. Using the Cameron Peak Fire as an analogy, the ‘fire’ could dramatically shift. There is concern that rates could grow exponentially through a fall peak, with some projections for 378K deaths in the US by the end of the year. If those projections are accurate, COVID-19 will be the third leading cause of death in 2020, following heart disease at 647K deaths, and cancer at 599K.

Colorado may already be in a fall growth period; the state’s status has already shifted from the yellow category shown in August, to the ‘trending poorly’ red, and surrounding states have statuses even worse than us. The last two week trend shows a 71% increase in cases. Colorado’s rate of tests that are positive has increased from 2.9% in August to 4.2%, while Larimer County sits at 2.4% now in September.

Dr. Stewart introduced a new dial indicator that the State is now using to classify each county’s status of risk of COVID spread. The dial offers five different levels; Larimer County is currently in the ‘blue’ stage, which is the second to lowest risk.

There are no vaccines yet approved though there are some promising trials underway. Vaccines could come sometime between November, at the very earliest, and months (or years) later. They are likely to be a two-dose series. Once a safe vaccine is developed, it will be a massive undertaking to produce and distribute them – there will be billions of doses to be made. Projections are that most people in the US would have access mid-to-late 2021. The level of effectiveness is yet to be determined; if they are 50% effective, and 50% of the population get them, 25% of the population will be protected.

Other prevention will continue to be essential. Established protocols of mask wearing, washing hands, and watching your distance are necessary to stem the tide. The CDC has released a new resource for school decision making. A Board member mentioned a *New York Times* article recently published with research indicating that for each person lost to COVID, there are nine family members left behind.

### ***Quick Update: COVID and the Health District***

Ms. Plock noted the importance of the work the Health District has been doing in response to the COVID pandemic. One of our key programs is to help people get signed up for health insurance (Larimer Health Connect). A recent survey by HCPF and CDLE of those on unemployment insurance indicated a high level of people who are going without health insurance: With 5500 responses, 19% responded that they currently have no health insurance. Even more concerning, nearly half (46%) of those currently without health insurance, or who anticipate being uninsured, planned to go without health insurance. 20% of those currently uninsured planned to apply for Medicaid, while 9% planned to purchase it through the marketplace.

Connections and CAYAC remain key services particularly in the current environment. In recent discussions, we have heard that both the Banner and UCHealth hospitals are experiencing an increase in violent patient behavior, and a “round two” of the Community Health Survey indicates more people drinking and doing drugs at home.

Another key service in this time is assisting people experiencing homelessness (PEH). The Health District has entered into an agreement with the Larimer County Department of Health to immunize as many of the unhoused as possible for flu. The Fort Collins Food Bank will be the congregate site throughout the fall and winter; it is not clear yet how much Health District involvement may be needed for screening and hygiene. Two staff members have been assisting in connecting those who

are experiencing homelessness, who have the highest risk for COVID complications, and who are now living in the non-congregate shelter motel rooms, to the health care that they need.

The dental programs continues to serve clients at a scaled-down pace, carefully implementing PPE protocols. The staff's work has been amazing, although parents will be facing new challenges with schools announcing they will be going to hybrid models in October. For families with several children, this may create some complex challenges, with different ages going different days at different times. Leadership is encouraging staff to take time off, both because it is important for mental health and for reducing accumulated hours, but it will impact our work capacity, so patience continue to be important..

## **POLICY:**

### ***2021 Colorado Revenue Forecast and Budget Outlook***

New revenue forecasts were released on Friday from two different agencies – the Office of State Planning & Budgeting (OSPB) and the Legislative Council. Revenue contraction is a very deep V in 2020 with a slow climb back to 2019 revenues sometime in 2022. OSPB projects a \$1.6B deficit in '21-22, and a \$2.2 deficit in '22-23. The Legislative Council reports that the Unemployment Insurance Trust Fund could run out of solvency. Significant cuts are expected in the state budget. Furloughs for all state workers making more than \$50k/year were announced. These forecasts are being prepared with very little information, due to the impacts of COVID. The next forecast is expected in December. The economic outlook is improving but the crisis remains severe.

### ***Looking ahead to the 2021 Legislative Session***

The Colorado Consumer Health Initiative Workgroups have been focused on two key issues: the public option and Rx affordability. Both bills will be back in 2021 but content is unclear. It is also likely that the bill HB20-1294, replacing the term “illegal alien” with “unauthorized worker” in public contracts, will return. The Board would likely want to support the bill, but in discussion, requested that a definition around the term “unauthorized worker” be included, narrowing the term to immigration status.

### ***Federal Policy: Health Care Emergency Guarantee Act***

A bill that was mentioned in public comment in a prior session is a proposed federal House bill. It would provide additional health coverage during the COVID-19 pandemic. It proposes that the Federal government would pay all the costs of health care treatment for the uninsured, and out of patient costs for the insured. It would also prohibit surprise billing and medical debt collection, limit prescription drug prices, and waive late enrollment penalties. There is no score from CBO at this point, no estimate of cost, and no hearing; it is unlikely that one will be set at this time.

## **DISCUSSION & ACTIONS**

### ***Board Priorities after Triennial Review Retreat***

Ms. Plock reviewed the Triennial Review Process, which culminates in the Board setting Health District programming priorities for the next three years. It is a long process of collecting information through Community Discussion Groups, the Community Health Survey, a Health Burden Analysis for our community, the experience of our current programs, and specific reports on a variety of issues. This information is pulled together into a large notebook which is reviewed by the Board prior to their Triennial Retreat. The board discusses the findings and information, and brainstorms key issues for consideration. A list of their thinking is compiled for “Areas of Key Future Focus” – in two categories: Current Programs, and “Items that Would Require Additional Resources.” The board does a straw poll to indicate their leanings, and the results are brought back to this board meeting for discussion and decision, that will help guide the budget process.

Because this was an unusual year due to COVID, the board was careful to consider both how things are now, as well as the underlying status of things before COVID hit. The Board had two clear areas where the whole board was in agreement: 1) putting the work of Connections, both Adult and CAYAC, at the top of the list of program priorities, and 2) NOT prioritizing spending funds on addressing the indicators of increasing risks in safety in driving (particularly driving impaired by alcohol & marijuana) – although that may be addressed through educational means. There was more diversity in board thinking in the other areas.

On review of current programs, the two with lower priority included Heart Health and Advance Care Planning. Staff is identifying changes in those programs that could reduce costs, and requests that the Board wait to see the results of the budget draft before making decisions on those programs. Staff is also concerned about the very high burden of cardiovascular disease, as indicated by our Health Burden study, and believe that for the long run, it is important not to completely remove it from our priorities, while acknowledging that for this COVID period, other priorities rose higher. The Channel 9 physician, in a recent interview, noted that this is not the time to step back from preventive programs, particularly cardiovascular disease.

Dr. Stewart briefly reviewed some key points from the “Burden of Disease” analysis and invited the Board to take a deeper dive into that report. The community’s greatest health burden is heart disease, and it is one area where the Health District can make a significant difference. Heart disease saw a 25% increase from 1995 to 2019 and is the leading cause of death, followed by Alzheimer’s, COPD, Stroke, and Lung Cancer. The biggest player at the Health District that can impact that major burden is the Health Promotions team, with its work around the addiction of smoking, and the heart health work being provided by the nurses. Once we get past COVID, the team has identified some exciting ways to modify and evolve the existing structure into newer interventions and approaches.

When staff reviewed our current budget, only a little more than a third of the cost of Advance Care Planning comes from our operational budget. Given that this is a time when people are very serious about getting their advance directives completed, we may again be able to fund much of the project through reserves, maintaining it on temporary status.

The question before the board is whether the priorities matrix as presented is representative of the Board’s priorities in areas of emphasis and programming going forward, so that staff have a guide for development of the budget. It was noted that in this time of COVID, there may need to be greater use of reserve dollars than normal in order to maintain/develop priority programming. Each board member indicated their agreement with the list.

**MOTION: To adopt the list of priorities as listed on the Priorities Matrix as areas of emphasis for the next three years.**

*Moved/Seconded/Carried Unanimously*

***Upcoming Board Health Equity Presentation/Training/DiscussionTime***

Staff is preparing for a Board Health Equity presentation and training, followed by discussion. A nationally known speaker has been identified to present and facilitate the discussion of the Board’s role in health equity. After discussion, the Board approved a two hour work session to be added to the October meeting.

## **UPDATES & REPORTS**

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

Ms. Plock noted the remaining timelines for the budget process, which include the Board receiving the budget by October 15; a brief review of the budget in the October board meeting; the budget presentation and hearing in November, and final adoptions during the December meeting. This year, it has been particularly difficult to build the jigsaw puzzle of a budget in a year when we don't know what scenarios we will be facing, or when, so flexibility will be key. How we're doing on 2020's budget has been partly related to the fact that we didn't do the originally anticipated pay raises. We are keeping a close eye on this year's expenses/revenues and still hope to do some small raises before the end of the year. In other news, a link has been established on the website so that people can request to be informed of meeting notices. The Health District has opted out of the payroll tax deferrals offered as an option by the administration, for a variety of reasons that include that electronic payroll systems are not set up to do it, and it is unclear whether the deferrals would be forgiven, if employers would pay for it, or if the employee has to make it up starting in January.

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

None

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

None

## **CONSENT AGENDA**

- Approval of the August 25, 2020 Board Meeting Minutes
- Approval of the July 2020 Financials

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

## **ANNOUNCEMENTS**

- October 29, 4:00 pm, Board of Directors Meeting (includes a work session and regular meeting)
- November 10, 4:00 pm, Budget Hearing and Board of Directors Regular Meeting
- December 11, 4:00 pm, Board of Directors Regular Meeting

## **EXECUTIVE SESSION**

A motion was made to go into Executive Session.

**MOTION: For the purpose of addressing personnel matters pursuant to §24-6-402(4)(f) of the C.R.S., topic: Executive Director review**  
*Moved/Seconded/Carried Unanimously*

The Board retired to Executive Session at 5:30 p.m.

The Board came out of Executive Session at 5:50 pm. No decisions were made.

## **ADJOURN**

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

The meeting was adjourned at 5:52 p.m.