



**BOARD OF DIRECTORS
MEETING
January 26, 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

ABSENT: Lee Thielen, PVHS Board Liaison

STAFF PRESENT: Carol Plock, Executive Director
Julie Abramoff, Nurse Educator, Health Promotion
Cheryl Asmus, Evaluation Specialist
Jim Becker, Resource Development Coordinator
Bruce Cooper, M.D., Medical Director
Carrie Cortiglio, Policy Analyst
Richard Cox, Communication Director
Lorraine Haywood, Finance Director
Dianne Moeller, Dietician/Nutritionist
John Newman, Clinical Services Director
Cheri Nichols, Nurse Supervisor, Health Promotion
Jen Ramsey, Program Assistant, MHA Partnership
Chris Sheafor, Support Services Director
Nancy Stirling, Assistant to Executive Director
Lin Wilder, CI & HP Director
Kristan Williams, Health Promotion Coordinator

CALL TO ORDER; INTRODUCTIONS; APPROVAL OF AGENDA

President Joe Hendrickson called the meeting to order at 5:55 p.m. All present introduced themselves. Changes to the meeting agenda included: adding "Health Care Reform" under the Discussion and Action section, and a report on upcoming state issues under the Updates and Reports section. The Quarterly Program Summaries was removed from the Updates and Reports section.

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

PUBLIC COMMENT

None.

PRESENTATION & DISCUSSION

Impacting Obesity Locally – Part 2

Ms. Carrie Cortiglio, the Health District's Policy Analyst, provided Part 2 of a 3-Part presentation on obesity. The first presentation reported on recent report findings concerning obesity from the Center for Disease Control and Institute of Medicine and results of interviews with CanDo and the Poudre School Food Program Manager. The presentation for this evening centered around facts and issues about obesity drivers and interventions, and the third presentation will review the Health District's nutrition and weight management programs. (It was noted that Ms. Thielen was in South Carolina and that the presentation was being taped so she could view it at a later date.)

While there was a huge amount of information to sift through, and everyone has an opinion about the causes and potential interventions regarding obesity, staff purposely approached it looking for the evidence and the most promising practices. Dr. Cooper explained that any time the Health District has looked at complex issues, such as obesity, or other issues we look at in the community health survey, these complex conditions have myriad possible solutions. Our goal is to look first at root causes, then to find the solutions that have the best chance of impacting those causes. When we look at potential solutions, the first question is "what is most likely to make the biggest difference," and "what is not likely to be done by others in the community?" What has become clear is that there are some factors that are bigger in causation than others. Thus we have winnowed down possible options for the Health District to consider - to those solutions that directly address the major root causes and are not being addressed by others, even though there may not be robust evidence for potential solutions.

The "social-ecological model" was introduced as a framework for thinking about obesity and how it might play out in a given individual's life. Multiple factors influence people's weight at various levels. At the individual level, factors such as genetics, ethnicity, attitude, gender, and beliefs impact a person's weight. At the micro level, family, relationships, co-workers, and peers are influencers. At the meso level, the community, faith communities, neighborhoods, schools, etc. make an impact. Finally, at the macro level government, policy, society, technological change and cultural norms all play a role. Any and all of these factors work together to influence weight.

An interesting new approach is to examine the spread of obesity in a large social network framework. As social networks were studied, the results showed that the chance of becoming obese increased 57% if a friend became obese in a given interval; among adult siblings, if one sibling became obese, there was a 40% increase in likelihood of obesity in other siblings; and if one spouse became obese, the likelihood the other spouse would also become obese increased by 37%. It appears that the closer in relationship individuals are with other individuals who are becoming obese, the more likely obesity might also impact them. While social networking can impact individuals negatively, it may also be true that it can be used to create positive impact – i.e., health improvement in one individual might spread to others - and therefore public health interventions targeted toward social networks could yield greater results than anticipated because positive health behaviors could spread beyond the targeted audience.

At the macro level we see examples daily where technology, the food industry, and food marketing are shaping the food landscape. In food design, the food industry has created "hyper-

palatable” foods by layering fat, sugar, and salt (ingredients that humans are predisposed to favor) on top of one another. Food marketing can be deceptive in how products are labeled and advertised – for example, using terms like “healthy” or “whole grain” when the product is full of other health challenges, such as sugar. Portion sizes have doubled or tripled over the last 30-40 years, and research shows that people tend to eat what is in front them, not thinking about whether it is an appropriate portion size. Twenty years ago, a typical 8 oz coffee with sugar and cream had 45 calories; now a 16 oz mocha coffee has 350 calories. As food technology has changed over the years – i.e., ability to turn corn into a sweetener, which doesn’t cost much – we’ve seen a close to 50% increase in calories from added sugars and fats in the U.S. diet.

While there is not much evidence about the amount of impact cultural norms have on obesity, big changes in our economic culture can be seen as one of the larger drivers of the obesity epidemic. Within the last 30-40 years we’ve seen a dramatic increase in two-earner families and people working further and further away from home and spending more time in their cars. Such change has resulted in greater reliance on take-out, prepared and convenience foods which are about half of our daily calories today and are light on vegetables and whole grains and high in fats and sugars.

When looking at the socio-economic model, what we do in one place matters someplace else. A person with a genetic pre-disposition to weight gain (individual level) impacted strongly by food marketing (macro level) can have a rapid increase in BMI – resulting in heavier people gaining weight faster. When lack of knowledge [of healthy options or skills] exists along with economic change, you find people who cook less, who rely on convenience/fast foods, and who have kids who don’t learn how to cook because it’s not being modeled in their homes.

In the area of physical activity, it is important to examine what is known about changes to the physical activity environment. Since the 1950’s, there has been a marked decrease in work-related activity, and an increase in people engaging in more sedentary behaviors such as driving more, television viewing, etc. Overall, the physical activity picture is pretty complex. For example, some populations are more active than other populations. There are those who report that there has likely been a net decrease in overall activity, but it is not as well documented as, and has been outpaced by, the changes in the food environment.

While there is not a huge body of literature concerning obesity within a lifespan, we do know that U.S. adults have been gaining about 1-2 pounds per year since the start of the obesity epidemic. We also know that there are health consequences of weight gain in adulthood, with medical costs relating to obesity being around \$117 billion dollars, and, alarmingly, we are seeing more adult-onset ailments from obesity occurring in children. To prevent age-related weight gain, most people would need approximately 45-60 minutes per day of physical activity to prevent the transition from normal weight to overweight. Prevention, a key area of focus noted by the Board, is different than other health issues. Prevention for obesity actually happens across the age spectrum: it is *both* keeping kids at a healthy weight, and *also* slowing down the rate of weight increase over a lifetime. We are all at risk, throughout life, of gaining too much weight.

Overall, the take home message is that: the obesity problem is incredibly complex with a multitude of contributing factors; there is compelling evidence that the food environment has changed so dramatically over the last 30 years that it alone could account for the obesity

epidemic; and there is less robust evidence that the physical activity landscape has changed as dramatically and can account for an equal portion of the rise in obesity. In fact, changes in the food environment swamp our ability to compensate with physical activity.

At the last presentation, staff reviewed information from documents they researched, including the CDC's community strategies and the Institute of Medicine's Actions for Local Governments, which offer guiding principles on what communities could be doing to address obesity. Staff provided for the Board a brief outline of 24 strategies along with information on what is already being done in the community. When considering the strategies, staff asked "Who is at risk in our community? What could we be doing? What are potentially the most impactful and effective strategies?, and What is already being done which can be crossed off the list?"

CanDo is a coalition in our community that is working on many of the suggested strategies already. The Live Well Colorado grant funds healthy activity and living and has been implemented in Loveland. CanDo has drafted strategic plans for both Loveland and Fort Collins that address obesity-related issues in various community areas, such as schools, work environments, health care, faith communities, etc.

In sifting through the 24 strategies, and removing those that are already being or soon to be implemented and those that would be considered to have very little in the way of evidence, three areas were noted that could be targets for focusing potential Health District efforts: portion size, school foods, and sugar-sweetened beverages. Ms. Cortiglio discussed "What would an intervention look like?" and the challenges in each of these areas:

School Food

- Improving the quality of school meals and increasing participation
 - Training kitchen staff to do more cooking and using less frozen and processed foods
 - Changing the amount of time allowed for lunch
 - Efforts to boost participation (educating parents and kids)
- Challenges
 - Large investment of time, money (for the food as well as the training) and staff
 - Need for buy-in from principals, teachers, kitchen staff, and parents
 - Would require a large collaborative process for which we don't currently have a framework in place

Portion Size

There is very good evidence that increasingly larger portion sizes are a huge driver of the obesity epidemic. There is not yet evidence around effective interventions. Decreasing portion size would reach everyone at risk. Potential interventions are:

- Education
- Encouraging independent restaurants to offer smaller portions
- Legislation around menu-labeling
- A campaign to encourage people to take home half of their meal
- Challenges:
 - Customers highly value larger portions – they get a lot for their money
 - Restaurants and other food purveyors make more money from larger portions

Sugar-sweetened Beverages (SSBs)

Consumption of sugar-sweetened beverages has increased dramatically by 135% between 1977 and 2001. By 2002, 30% of the population was consuming 25% of their daily calories from beverages. In 2004, adolescents consumed 13% of daily calories from SSBs. Calories from SSBs are poorly compensated by reduction of dietary intake elsewhere and liquid calories are often consumed on top of other dietary calories. Potential interventions are:

- A campaign to raise awareness around the issue of SSB.
- Change policies around beverages served in childcare settings.
- Create worksite interventions to change beverages served and available.
- Support a statewide beverage tax if and when it becomes feasible.
- Discourage home consumption of SSB via a physician intervention.
- Policy changes at city and county facilities – improve access to drinking water combined with a campaign to promote water consumption.

In summary, staff has done much to whittle down an enormous amount of information to a few potential recommended approaches/interventions. There is robust evidence that sugar-sweetened beverages contribute to obesity. If the Health District should decide to move forward in any of these areas, there is still a lot of work needing to be done – for example, research of target populations and intervention designs and interventions from other fields. No matter what direction we might choose, there are possible collaborations with community partners. It is important to remember that in order to impact the growing challenge of overweight and obesity, any community needs to undertake a wide variety of interventions. While much of physical activity is being addressed, the food environment is getting less attention and may be an area in which the Health District could make a significant impact.

Board members noted the quality of the presentation and indicated their hope that it will be presented to many more audiences.

DISCUSSION & ACTION

Resolution 2010-01 to establish Board of Director Meeting Days, Times and Locations

Ms. Plock asked if the Board would consider moving the June meeting date to the 5th Tuesday, June 29, as she is planning to be out of town the week of June 22. Also noted was the move of the April meeting date from the 20th to the 27th. The April meeting was originally scheduled for the 20th as it was thought that the conference rooms used for the board meetings was going to be used for early voting for the Special District elections, which is no longer true.

MOTION: To approve changing the April and June Health District Board of Directors 2010 meetings to April 27 and June 29.
Motion/Seconded/Carried Unanimously

Healthcare Reform

Efforts are happening across the country to try to rejuvenate efforts to pass national health reform despite the outcome of the recent Massachusetts elections. Coalitions are calling upon people to send messages to their federal legislative representatives and encourage them to not give up on health reform. While the Senate bill is not perfect, it is the first chance in 15 years to get health reform legislation passed and it could be another 15 years (or more) before the country might get another chance if they don't pass it this time around. The current legislation would make a major impact on the health of the community, including: providing health coverage for 30 million currently uninsured people (nationally), no one being dropped or exempted from coverage, elimination of pre-existing conditions, no one runs out of coverage in a lifetime, out of

pocket limits, no annual limits on insurance benefits, coverage for mental illness, and much more. Options for legislators are to either let it die, pass the Senate bill, or pass the Senate bill as is and then go through a “reconciliation process” where amendments can be made to the bill which would not require a majority vote.

The board discussed the possibility of communication Health District support. The Board was in agreement that the issue falls within the Health District’s mission to “improve the health of the community” and would expand health coverage to a huge number of people. They decided to support national health care reform and to engage in grassroots lobbying to a limited extent, by encouraging our natural partners to contact their legislators as well.

MOTION: To direct staff to communicate to all Colorado members of the federal House, to urge support for health reform by voting in favor of the Senate’s health reform bill and using the reconciliation process to make changes; and also contact the Health District’s “natural partners” to urge them to contact their federal legislators to encourage them to support national health care reform.
Motion/Seconded/Carried Unanimously

State Legislation

In addition to federal health reform, staff has been monitoring state proposed legislation and are already seeing bills come forward that address issues of concern and interest to the Health District:

- *Primary Enforcement of Seatbelts* is likely to come back; the Board has been strongly in favor of it in the past.
- *Medical marijuana* is looking to be a big issue this year. Senator Romer is conducting a hearing tomorrow. In addition to being discussed at the state level, there are also conversations going on locally around medical marijuana dispensaries. To understand the issue and its implications, there is much information to be gathered and reviewed before asking the Board to take any position on this. Staff will draft a pro/con analysis for the Board’s review and consideration.

In the meantime, an option is to invite a representative of Fort Collins Police Services to present on what is going on in the community with medical marijuana. A question was raised about whether there might be any possible implications for the Health District’s prescription assistance program. While it would not affect our services, since medical marijuana is not a medical prescription like other medications, it does highlight the issue of regulation. Currently, regulations are not clearly identified or being adhered to which is most likely one of the factors contributing to the increase in dispensaries we’re seeing around the state and in the community. The Board expressed interest in learning more about the specifics of the legislation coming forward on the issue, how it would impact us locally, and having a brief presentation on evidence of medical marijuana as a treatment.

- *Mental illness/substance abuse crisis response*. At this week’s Mental Health & Substance Abuse Partnership’s Policy meeting, the group discussed a bill that sets up a triage system for crisis response, mostly via a 24-hour hotline. The Partnership has put much effort into developing a restructured crisis response system for our community and are concerned about how this legislation, if passes, might impact those efforts. A briefing is being prepared for

Representative Kefalas to describe the local crisis response history and what is going on currently in our community.

- Other issues in legislation:
 - HB 10-1008 prohibits the consideration of gender in insurance rating in the individual market
 - HB10-1160 Allows insurance carriers to provide discounts and incentives if enrollees achieve certain health outcomes
 - Representative John Kefalas has a couple of bills he is sponsoring. One has not been filed yet while the other one, requiring that insurance policies be written in “plain” language, has been filed.
 - Overall, because of the huge budget deficits, there is going to be a lot of discussion on bills to balance the budget.

UPDATES & REPORTS

Beacon Community Cooperative Consortium Opportunity

At the last meeting, Ms. Plock informed the Board that she and Dr. Cooper had participated in a preliminary meeting to talk about whether our community wants to try for the Beacon Community Cooperative Agreement Program. This agreement would give the community between \$10-15 million dollars to accelerate a health information technology infrastructure which would move us into meaningful health information exchange among providers in northern Colorado. Mike Bloom, Director of the Northern Colorado Health Alliance, asked us to help convene a group of key health providers to discuss the agreement opportunity and learn their thoughts on it and what some challenges might be. The biggest challenge is the extremely short timeline. The community first heard about the Beacon opportunity around December 10. A letter of intent was required to be sent by January 7 and an application submitted by February 1. A meeting of the key health providers was held on January 6. We were pleased that PVHS and McKee recognized the need to exchange certain health information across health systems and were willing to overlook their usual competition and participate in applying for the agreement. While the group was in agreement to move forward with the letter of intent and the application, there are a lot of unanswered questions still to be researched and answered. A document was distributed to the Board providing an overview of the Beacon Program’s intent and requirements and the community’s mission, goals and desired partners for the agreement.

Ms. Plock mentioned that she previously met with President Hendrickson to brief him on what participating in the application process might require of staff time and efforts. Mr. Hendrickson, based on interest expressed from the board at the last meeting, approved staff working on this process. Part of the research for this process showed that the majority of providers in the community are already utilizing some form of health information exchange system; 62% of practices, and 91% of physicians responding are using electronic health records. One board member noted that the funds from this agreement, if our community was fortunate enough to receive them, would greatly expand and coordinate systems and improve patient care throughout the region. Another reminded the board that the concept is enormously more difficult to achieve than it seems.

Ballot Issues of Concern to Special Districts: SDA Article

Included in the meeting packet for the Board's review was an excerpt from the Colorado Special District Association's newsletters providing analysis of proposed measures that would impact state tax incomes to special districts. The board did not discuss the article.

Board Elections Timeline

2010 is an election year for the Health District. There will be 3 slots to be filled this year. Nominations will be accepted between February 3 and 26.. In March a Candidate Orientation will be provided for the nominees. Mail-in ballots will be distributed in April and election day is on May 4. Recent changes by the state no longer allow early voting for special district elections, thus early voting will not be an option to voters as in years past. There will be two locations available for voters – one at the Health District office building and the other at church located Harmony and Lemay.

Mental Health & Substance Abuse Partnership Update

Ms. Lin Wilder, Community Impact and Health Promotion Director, gave a brief update on the latest activities of the Mental Health & Substance Abuse Partnership. Much work is being devoted towards foundation building on new priorities, including talking to people in the community, doing research, etc. Staff is working on setting a date for the first Early Identification and Early Intervention task force meeting. The composition of that task force is an important piece and will include the Superintendents from Thompson Valley and Poudre Valley school systems.

One of the Partnership's ongoing priorities has been to continue to make improvements in the criminal justice system around an ATU/detox center. Staff has met with Gary Darling, the County's Criminal Justice Services Director, to determine where things stand regarding this priority, and are gathering background information and looking at possible mechanisms for funding. Efforts are being made to move forward with putting together a task force on this issue.

CONSENT AGENDA

- Resolution 2010-02 to establish a designated Public Place for Posting of Meeting Notices
- Approval of December 14, 2009 Board meeting minutes
- Approval of November 2009 Financial Statements

MOTION: To approve the Consent Agenda as presented.
Motion/Seconded/Carried Unanimously

ANNOUNCEMENTS

- February 12, 7:00 am – Board of Directors Special Meeting
- February 23, 5:30 pm – Board of Directors Regular Meeting
- March 12, 7:00 am – Board of Directors Special Meeting

ADJOURN

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

The meeting was adjourned at 8:56 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

(Absent)

Lee Thielen, PVHS Board Liaison