



**BOARD OF DIRECTORS
MEETING
March 24, 2009**

**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
Bruce Cooper, M.D., Medical Director
Carrie Cortiglio, Policy Analyst
Richard Cox, Communication Director
Deborah French, Development Coordinator
Lorraine Haywood, Finance Director
Laura Mai, Accountant
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

CALL TO ORDER; INTRODUCTIONS; APPROVAL OF AGENDA

President Joe Hendrickson called the meeting to order at 5:56 p.m. Approval of a Resolution for Signators was added to the meeting agenda under the Discussion & Action section. Also added was a brief discussion to consider dates for a Board Mini-Retreat and the Executive Directors Report.

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

PUBLIC COMMENT

None.

DISCUSSION & ACTION

Policy/Legislation

- **HB-1293: Hospital Provider Fee** – This bill would assess a fee on hospitals and use that money to draw down federal matching funds that could fund a variety of initiatives including

expansions of the public health insurance programs. The bill makes sense and appears to offer many benefits. The possible concern with this bill is that there are many unknowns about how the fee will work in practice. The bill leaves the amount of the fee to the discretion of the Medical Services Board and allows the Board to determine if any hospitals can be excluded from the fee assessment or subject to a reduced fee. It is not possible at this stage to determine how big a redistributive effect the bill will have and what hospitals will win or lose under the measure. Also, the bill insures that increased reimbursements for Medicaid and CICP, the quality incentive payments to hospitals, and the administrative costs be covered by the new revenue before any of the eligibility expansions could be implemented. It is unclear what, if any, of the eligibility expansions can be achieved by the bill.

Even with those concerns in mind, however, the net effect of the bill would be that it would draw additional federal funding at a time when the state is in great need of new revenue streams. The result will likely be a redistribution of revenue, increasing payments to hospitals with a higher proportion of Medicaid and uninsured patients and thereby helping them to continue to serve the uncompensated care population. It is also likely that at least a portion of the potential eligibility expansions of Medicaid and CHP+ could be funded through the bill, thereby reducing the number of the uninsured which is a high priority of the Health District's policy goals. In the worst case, hospitals will get increased reimbursement which might help hold down costs; in the best case, there will be an increase in those covered by health insurance. Staff recommendation is to support this bill to bring in more federal dollars to expand public health insurance programs.

Dr. Thorson expressed the concern that the funding "streams" may not be permanent, and in particular that after the tax was passed, it would be possible for the regulations at the federal level that allow matching draw-down to change, while the state could potentially decide to leave the assessment in place.

**MOTION: To SUPPORT House Bill 09-1293.
Motion/Seconded/Carried (3-Yes; 1-Abstain Steve Thorson)**

- **SB-131: Physical Activity in Schools** – The bill would require students in public schools to engage in a certain amount of physical activity each week. After the pro/con analysis was written, the bill was amended by the House Education Committee. The amendment removes any requirements and substitutes "is encouraged to" language for "shall" in the language of the bill. The change in language essentially weakens the bill as it would not ensure action on the part of school districts to implement changes to their physical activity policies. After brief discussion, the Board decided not to take any action on this bill.
- **Updates on other Bills**
 - **SB 87** – aims to increase accountability for Special Districts. As of right now there are some new proposed notification provisions, but most of them are actions that we already perform. There is still the requirement to send mail ballots to everyone on mail ballot request lists but this only applies to metropolitan areas at this time.
 - **SB 228** – is the Arveschoug-Bird repeal. The Governor has not yet taken a position on the bill. The business community is actively opposing the bill because of elimination of transportation funding via the SB1 transfer if the 6% limit is repealed. The major issue is that without the 6% limit and the mandatory transfers to transportation funding,

transportation funding could take an enormous hit. A main compromise is to put a transportation allocation/base into the General Fund budget that would rise and fall in any given year along with all the other items allocated through the General Fund. A coalition is working to negotiate with the business community and House sponsors to try to reach a compromise on the transportation issue and hopefully bring the Governor along. The bill passed the Senate in the same form in which it was filed.

- Rep. Ann McGihon resigned her seat on the House Health and Human Services Committee; Randy Fischer was appointed as her replacement, though it may be temporary.
- **HB 1273** – This is the Colorado Guaranteed Health Care Act, sponsored by Rep. Kefalas. The Board previously directed staff to monitor this bill. The bill has moved out of House Business Affairs and Labor to House Appropriations. The final vote was 5-4 with 2 absent, including House BAL Chair Joe Rice.
- **HB 1143** – This bill would allow HMOs to offer limited benefit plans. Staff sent testimony on behalf of the Board to the Senate strongly opposing the bill. The bill was significantly amended in Senate in an effort to keep people/employers from dropping coverage they already have.
- **HB 1094** – This bill concerns cell phone use while driving. It is now in Appropriations and is likely to stay there until after the Long bill is drafted.
- **HB 1020** – This bill to expedite re-enrollment in public medical programs is also sitting in Appropriations.
- **HB 1091** – This bill would require that CO Alarms be installed in residential properties and has sailed through the legislature. The bill stipulates that the seller of any single- or multi-family residence on or after July 1, 2009 have CO alarms installed. CO alarms must also be installed if there are any alterations to a home requiring a building permit.

Report on the Adult Influenza Immunization Program

This time last year, a review was presented to the Board of the Health District's Adult Immunization program. The Board decided at that time to have the program proceed for another year, to have it implement some different strategies to better meet its goals and objectives, and to continue monitoring its efforts. This report provides an overview of what the program has accomplished over the years as well as challenges and successes.

The greatest challenge is that the program saw a steady decline in immunizations between 2002 and 2007. Partly responsible for the decline were: regional trends where more retail vaccinations are found in the community and vaccinations are being offered at lower costs; having a clinic model, which can be at a disadvantage compared to opportunistic (retail) vaccination sites where you can shop and get a shot; raising immunization rates among those with low incomes, while not impossible, is challenging; and holding private clinics (organizational contracts), while it is effective at increasing numbers served, do not always target high-risk individuals. There are also considerable program planning challenges in a program based on such an unpredictable service, such as vaccine shortages, delayed deliveries of vaccines, fluctuating price and procedures for vaccines, unpredictable media attention, and changes in public perception of risk. These challenges make it difficult to consistently meet targets and budgetary projections.

On the positive side, flu immunizations make good public health sense in reducing a significant preventable disease burden, there is still 64% of the recommended population unvaccinated, it is one of the few cost effective (and for some populations, even cost *saving*) health interventions

that exist, vaccination services through the Health District are available to *all* Health District residents, we've had consistent success in reaching high-risk populations, and we continue to be the lowest cost provider in the community and the *only* provider advertising and offering a sliding fee scale up front.

2008 was the first year since 2002 that we had an increase in vaccinations - a 40% increase over the previous year – and exceeded our target by 13%. One strategy that was implemented that helped to increase vaccination numbers was to contract with organizations to provide vaccinations to employees. It was effective in increasing participation, lowering the cost/shot, and in the end it helped fund other clinics. Other strategies that have been considered but not yet tried include utilizing the Health Van, trying new locations in the community, utilizing a “Vote ‘n Vax” strategy where vaccinations are offered at voting sites, and holding consumer focus groups to learn from the consumers themselves what strategies might be useful to reach particular populations.

Overall, the program pays for itself. There would be no “extra” dollars in the budget if the Board were to choose not to continue the program. If the Board chooses to continue the program into 2009, a program goal of 1,200 vaccinations would be attainable and the program would be financially self-sustaining if we do the same or greater level of private contracts with organizations, if all factors remain similar to 2008, and if we continue a “high-intensity” focus.

Board Discussion: The Board expressed its appreciation to staff for all the work they do with the adult immunization program and for the well-done report. While there appears to be a proliferation of vaccination providers in the community, and a goal of the Health District is to not duplicate services that already exist, the Board was hesitant to jump to discontinuing the program because that the program has had some notable successes and is budget neutral, though discontinuation is one possibility. If discontinued, because the program is budget neutral, there would be no “extra” funds in the budget that could be utilized and one position may have to be reduced.

One question was whether the Health District is covered through its liability policy for this program; the response was that yes, we are covered, and also have the advantage of some limited governmental immunity for our services.

The board indicated interest in determining whether we could focus more on specific areas, such as: low income, low-served populations; high-risk populations (such as kids, the elderly, those with health conditions); and on countering negative publicity. They were not supportive of continuing it without some new strategies.

The Board asked staff to consider what other options for the use of the resources might be available. Brainstormed possibilities included utilizing staff to work with the local media outlets to provide unbiased, well-researched information to the public concerning flu shots as well as referrals to places that provide vaccinations, educating physicians on generic alternatives, vouchering shots, or other opportunities.

Should the program be continued, the Board would want to see the proportion of high risk and/or low income people served increase. One comment was that it might be understandable to use

private clinics if they are the vehicle by which we can effectively provide more immunizations to those in the high risk/low income categories.

The Board asked staff to work on possible answers to these two questions:

- 1) Is there anything we can do to better succeed with the low income (and high risk) populations, and
- 2) Is there anything besides immunizations that we can do that would be more effective in impacting health (given that we would likely need to find more funding).

They indicated that they would consider continuing the program if it were to focus more on reaching high-risk and low-income populations, populations that may not utilize retail providers.

Resolution 2009-3 to Approve Signators for 1st National Bank Account

Staff have been looking at different options to do fundraising and how to manage donations and gifts. A process is being developed to allow individuals to submit on-line donations and the PayPal system, which has notable security features, appears to be the best way to accomplish this. In order to institute the change, a separate bank account is needed to receive donations and keep them separate from other Health District funds. The Health District already has an account that is currently open that was previously used for health claim funding. The account has a zero balance and hasn't been used in many months. Staff have already sought input and approval from the auditors to use the account for this purpose. This resolution allows the account to be turned into a regular checking account and approves the signators allowed to sign checks or authorize fund transfers on this account.

**MOTION: To approve Resolution 2009-3 as presented.
Motion/Seconded/Carried Unanimously**

PRESENTATIONS

News from Washington

Earlier this year, Ms. Plock and Ms. Cortiglio attended conferences in Washington D.C. addressing the issue of national health care policy reform. Health care reform and the stimulus package were popular topics at these conferences. Ms. Plock provided a brief outline of common themes and messages heard at the conferences that included:

- The time is now for health care reform
- Health care reform is being closely tied to economic reform
- The health care reform attempted will be universal but not single payer

They also attended presentations on the topics of what happened to our economy, how to finance health care reform, what other health care changes might be possible, and tactical lessons from history for the President. There was also a presentation on the economic recovery bill and what it might do for health care. (See handout for additional information.) Overall, there was an upbeat feeling of hope, that changes can be made – perhaps not everything that everyone wants, yet there are some objectives that are attainable.

Oral Health Care Funding

Deb French, Development Coordinator, provided an overview of the Health District's oral health care funding efforts. The inability of many individuals in our community to afford dental care has always been a concern of Health District Board members and staff. In the past, some donated funds trickled in designated towards helping such individuals, and in 2007, the Board established

an oral health care assistance fund for adults and another for children. Soon after that, the Health District became involved with “Project Smile.” Project Smile is a program sponsored by members of the North Fort Collins Business Association and provides funds to screen and treat children at Irish Elementary. The North Fort Collins Business Association approached the Health District with their idea and asked if we would do the screenings and some of the follow-up care with children identified having dental problems. Project Smile later added Centennial High School, an alternative high school in the local school district, to the program. A benefactor in the community, who prefers to be called “A Friend of the Health District”, heard of the program and donated \$20,000 to the Health District to help provide care to these children and youth, as well as fund our oral health assistance package. Through the Project Smile program, 574 kids were screened and 116 treated at the Health District.

While we have been grateful for the opportunities to improve dental health in children in our community, we recognized, however, that there is an even greater need among adults for assistance with paying for needed dental services. Staff approached our “Friend” to see if they would be willing to donate funds for adults. Our “Friend” was more than happy to help and said that if we could raise \$20,000 they would match it with another \$20,000.

With this opportunity came the obligation to initiate an effective fundraising plan. In the past, our resource development efforts have concentrated mostly on grantwriting, so this type of fundraising is a different approach for us. Staff have stepped up to the challenge and begun efforts to establish fundraising strategies and defined a 4-legged approach to fundraising:

- 1) Develop internal infrastructure - includes determining how to bring in and manage funds received, applied for and received Enterprise Zone designation which allows a donor to obtain a 25% state tax credit on their donations to the fund, developing policies and procedures and a marketing campaign)
- 2) Build a Donor Base - developing a list a possible donors and holding “Get-to-Know-You” events which tour the Health District’s dental facility)
- 3) Donor Solicitation – sending out direct mailings, articles in the Compass newsletter, presentations to faith community, business community, service organizations, etc. to get the word out about us and what we’re trying to accomplish
- 4) Host Key Events – staff have been creative in coming up with a brand name for the campaign – “Tooth Fairy Fund for Grown-ups” – as well as coming up with ideas for fundraising events, such as “Choppers for Choppers” (a possible collaboration with Thunder Mountain and their annual Labor Day event), “Miles for Smiles” bike, run, or walk event, etc.

Thus far, with just one Compass article, the fund has raised just over \$6,000, thanks to generous donations from a couple of Board members and the Larimer County Dental Society as well as other community members. Although we have some challenges with the current economic times, we are confident that we will be able to raise a significant amount of money.

Ms. Plock mentioned that we may be asking the Board – present and past members – for their help in this process. Staff also thanked Ms. Thielen for informing them of the Enterprise Zone certification.

OTHER REPORTS AND DISCUSSION

Health District Water Shares

Chris Sheafor, Director of Support Services, prepared a memo for the Board concerning Health District-owned water shares. The shares were acquired as part of the property purchase at Timberline and Harmony in 1992 and came to the Health District during the split with Poudre Valley Health System in 1994. The memo addresses three issues concerning the water shares: 1) clarification of control and ownership of the water shares (the lease agreement does not specifically mention water shares); 2) valuation – how much are water and tap fees worth today; and 3) options, if any, as far as the sale or lease of water from our shares.

Because of the drop in development in the locations of our shares, people are not looking for water to tap and, at this time, there does not appear to be much demand. The City actually has a surplus right now.

The Board expressed their appreciation for the information. It was noted that the water shares are a significant asset. There appear, however, to be two remaining issues: 1) to be certain that we preserve ownership (more research on the issues of adverse possession and claim abandonment is in order), and 2) whether there might be opportunities to lease water for purposes such as irrigating parks or re-filling lakes. Staff will do more research and bring back their findings to the Board.

PVHS Liaison Report

STAFF UPDATES & REPORTS

Final Report(s) from APHA

Ms. Plock provided a handout briefly summarizing some of the sessions she attended at the most recent American Public Health Association (APHA) conference. Topics of sessions attended included: public health communication, early detection and intervention for the prevention of psychosis, oral health, health care reform, and immunization issues.

MHSA Partnership

Lin Wilder, Director of Community Impact and Health Promotions, provided a brief overview of Partnership happenings.

- Staff are preparing for holding a community key leaders meeting in June.
- Research for the early identification and prevention priority has been completed. Information gathered is to be compiled into a report and efforts to move forward in this priority will commence.
- Staff have also been working on how to better serve those individuals with complex needs by talking with people in the community to find out what is currently available and what is still needed.
- The Community Dual Disorders Team (CDDT) is in the process of pulling together first-year results on how the program has worked for the last year. Staff of that program are also assisting Larimer Center for Mental Health (LCMH) staff to complete an application for a SAMHSA grant for the CDDT program.
- The Policy group has been keeping an eye on the state budget and economic situation. The Behavioral Health Commission bill recently died at the sponsors' hand.

Oral Health Initiative Project

The first meeting of the Oral Health Initiative Steering Committee is happening tomorrow. Staff continue to work on a draft report that summarizes results of interviews and research. Staff are also working on a “digital storytelling” project which is a method, utilizing photographs and voiceover, to tell a story about real people – their story in their own words and voice. Such visuals are short yet can be quite impactful. Another storytelling project is also being developed for the CDDT project. Ms. Plock and consultant Michael Felix are scheduled to meet with two more important individuals this week – one is an associate professor with the CU Dental School and the other is the regional HRSA (federal) oral health expert.

CONSENT AGENDA

- Approval of the Meeting Minutes of the February 24, 2009 Board Meeting.
- Approval of January and February 2009 Financial Statements

**MOTION: To approve the consent agenda as presented.
Motion/Seconded/Carried Unanimously**

Dr. Thorson brought up a request to receive meeting minutes – even if only in draft form – earlier, mentioning that it’s difficult sometimes to remember what happened at a meeting by the time minutes are received. While there have been no issues with the contents of the minutes, Dr. Thorson feels it would be helpful to him in his “fiduciary responsibilities.”

The board briefly discussed the process and timeline. Other board members felt that receiving minutes in the board packet was appropriate. It was, however, agreed that the goal be to for the Board to receive meeting minutes by the next regular board meeting and, if possible, to avoid delays where more than one or two sets of minutes are in the packets. It was also mentioned that board members always have the option to pull a set of minutes off the consent calendar should they have any question or correction about anything in a set of board minutes.

In response to a Board question on the financials, staff clarified the “Board of Directors Expenditures” “purchase services” line item in the January Financial statement. Most of the expenditure was due to payment of liability insurance for Board members which is due each January.

ANNOUNCEMENTS

- April 1, 11am – 1pm – Health District Employee Appreciation Day Luncheon at Northside Aztlan Center.
- April 10, 7:00 am – Board of Directors Special Meeting
- April 28, 5:30 pm – Board of Directors Regular Meeting

Three of the Board members have a conflict with the April 28 board meeting date. Ms. Stirling will work with Board meetings to find another meeting date around that time.

Board Mini-Retreat

Staff will also be communicating with the Board members to schedule a Board Mini-Retreat sometime in June or July - definitely before September to have a strategic plan by the time the budget process begins.

Mr. Hendrickson complimented Dr. Thorson on an extremely well done presentation he gave that was seen on the City’s Channel 14.

EXECUTIVE SESSION

MOTION: To go into Executive Session for the purpose of discussing personnel matters pursuant to §24-6-402(4)(f) of the C.R.S.
Motion/Seconded/Carried Unanimously

The Board retired to Executive Session at 8:45 p.m.

The Board came out of Executive Session at 9:02 p.m. No business was transacted during the Executive Session.

ADJOURN

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

The meeting was adjourned at 9:04 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 for March 24, 2009 Board Meeting)

Lee Thielen, PVHS Board Liaison