



**BOARD OF DIRECTORS
MEETING
May 25, 2010**

**Health District Building
Conference Room**

MINUTES

BOARD MEMBERS PRESENT: Celeste Holder Kling, President
Bernard J. Birnbaum, Vice President
Timothy S. O'Neill, Secretary
Steven J. Thorson, Treasurer
Joe D. Hendrickson, PVHS Board Liaison

STAFF PRESENT: Carol Plock, Executive Director
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
Emily Mayfield, Accountant
John Newman, Clinical Services Director
Chris Sheafor, Support Services Director
Nancy Stirling, Assistant to Executive Director
Lin Wilder, CI & HP Director

OTHERS PRESENT: Ernie Williamson, MD
Steve Collins, Sample & Bailey

CALL TO ORDER; INTRODUCTIONS; APPROVAL OF AGENDA

New board member, Tim O'Neill, was introduced. He is the Executive Director of Foothills-Gateway, a community center that serves people with mental and developmental disabilities. He was been with Foothills-Gateway for 18 years and in his capacity as Executive Director has been working to build key partnerships and relationships with other services in Larimer County. Mr. O'Neill has experience with the Health District, particularly as a member of the Steering Committee of the Mental Health and Substance Abuse Partnership. He is very happy to be a part of this group and hopes to add value to what we do.

The meeting was called to order at 5:50 p.m.

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

PUBLIC COMMENT

None.

DISCUSSION & ACTION

2009 Audit Report

Mr. Steve Collins, representative of Sample & Bailey, the Health District's auditor, provided the audit report to the Board, reviewing the Financial Statement and the Management Report. Mr. Collins reported that, in their opinion, the audit revealed very capable management, good oversight, good controls in place, and a strong financial picture. This year's audit went smoothly with no issues, and it is a clean audit opinion. Also, future statements will be simplified, because the complex accounting with the hospital ended in 2009. Mr. Collins briefly reviewed the contents of the Financial Statement and answered a couple of board questions.

Dr. Steve Thorson, the board's Treasurer, attended the meeting between the Executive Director, the Finance Director and the auditors. He noted that he was impressed and felt that both the staff and the auditor were knowledgeable, and that the audit looks very good.

Funds Recipient Discussion

Mr. Hendrickson brought before the Board an issue that had been raised to him: how would the Health District feel about receiving donated funds from a brewery? A micro-brewery approached the City of Fort Collins about selling beer at summer concerts, and it is the City's policy that it can be done, but only if the funds collected are donated to nonprofits. The micro-brewery (which has an employee who is a relative of Mr. Hendrickson's) is willing to designate the Health District's Tooth Fairy Fund as one of the nonprofit recipients of funds, but he first wanted to assure that the Board would accept the donation. After some discussion, it was the consensus of the Board to accept brewery donations for Health District services.

UPDATES & DISCUSSION

Results of Local Scan of Recommended Community Strategies to Prevent Obesity

Dr. Bruce Cooper, Medical Director, introduced Dr. Ernie Williamson, who has been working with the Health District as a Preventive Medicine Resident. One of Dr. Williamson's project was the "Community Measures Project," in which he researched data to illustrate how well the community is doing in respect to the CDC's Communitywide Strategies to Prevent Obesity. Dr. Cooper also commended Dr. Williamson for recently being awarded the Chancellor's Diversity Award for Outstanding Student, and for his volunteer work to minorities' interest in public health.

A recent report provided by the Gallup-Healthways Well-Being Index recognized Fort Collins/Loveland as THE least obese metro area in the country. However, since 1995, the obesity rate has increased from 8.8% to 16% today, so our community is following national trends in increasing obesity rates. The objective of the Community Measures Project is to identify and recommend a set of strategies and associated measurements that communities and local governments can use to plan and monitor environmental and policy-level changes for obesity prevention. The project looked at 6 main strategies and various measures within each category to determine how well our local community is doing in adopting recommended strategies and what gaps are evident. (See presentation slides for details.)

In summary, 29% of the measures have been met in our community; 46% have not; 21% are pending, and there are no comparisons for 4% of the measures. Dr. Williamson noted some model programs or policies from around the community, including such things as the

“Commercial-free Schools Act” in San Francisco, which has strong food and drink advertising and promotion limitations; a “Take ½ to Go” project promoted by the CO Department of Health and the Environment, which encourages people to take half of large restaurant meals home to eat later; and a policy within the NY City Health Code which bans bad beverages in licensed child care facilities, and limits juice consumption. He also noted that Fort Collins is unique in that 75% of our miles of streets have designated bike lanes and shared-use paths (although 95% of Boulder’s streets do).

Noted areas where our local community can improve in Community Measures include: no incentives for food retailers to provide healthy food items in underserved areas; and the lack of policies concerning the following: physical activity in schools, cost of healthier food items, local farm utilization, sale of less healthy food items in local government facilities, portion size limitation, advertising and promotion of less healthy food items and sugar-sweetened beverages to young children. The implications suggest that there are opportunities for our community to address noted gaps through proposed public health legislation and involvement in community-based efforts (such as ACHIEVE – Action Communities for Health, Innovation, and Environmental Change) to raise awareness and implement change.

The City of Fort Collins and CanDo applied for a 3-year grant to participate in ACHIEVE, sponsored by the Centers for Disease Control (CDC), which focuses on policy and environmental systems to manage health risk factors, including physical activity, as well as tobacco and quality preventive services. The goal of the grant is to assemble a team of community leaders who will receive special training on how to conduct strategic planning. Dr. Cooper, as a representative of the Health District, has been asked to participate in this group of community leaders. The intent of the ACHIEVE process will be to take the information that Dr. Williamson has presented and conduct more indepth information gathering and use the information for a needs assessment that is to be conducted between now and August. Dr. Cooper promises to provide periodic updates on this process as it unfolds.

Policy: Last Issues in 2010 State Legislative Session

Ms. Carrie Cortiglio, Policy Analyst for the Health District, provided a quick wrap-up of the recently ended legislative session.

- House Bill 2010-1284 concerning medical marijuana dispensaries passed and retains provisions that allow municipalities to ban dispensaries and to enact more stringent restrictions. The Fort Collins City Council has not in the past considered the option of banning dispensaries and likely will not consider it in the future. However, staff will continue to monitor the Council’s upcoming decision regarding whether it will grandfather in existing dispensaries (which the Health District opposes).
- Senate Bill 2010-109, concerning oversight of physicians who prescribe medical marijuana, also passed. The final bill did not include some of the stricter guidelines about access for medical marijuana patients under the age of 26. Minors under the age of 18, however, must now have parent approval through a notarized signature.
- House Bill 2010-1352, concerning lowering criminal penalties, passed in a format very close to the version initially introduced. The bill lowers some criminal penalties, usually around possession, and uses savings generated to fund drug treatment.
- Senate Bill 2010-110, Primary Enforcement of Seat Belt Law and House Bill 2010-1147 concerning safer nonmotorized transportation both passed although SB 110 did not

contain the primary seat belt provision and the final version of HB 1147 removed the requirement that minors wear a helmet while biking.

Ballot Measures

Three ballot measures are of concern in that they would make radical changes to the state's ability to raise revenue, property taxes, etc. They are Proposition 101 and Amendments 60 and 61. If passed, they will have enormous impact on public services. In brief:

- Amendment 60 has to do with property taxes. It would overturn all de-Brucings and halve school district property tax rates, directing the state (which faces a budget crisis already) to backfill.
- Amendment 61 prohibits state debt of any kind and severely restricts the ability of local governments to issue debt. It does not provide for local governments to have any kind of long term financing mechanism. At this time, it appears the measure may even go so far as to prohibit the common practice in state government of moving money between departments.
- Proposition 101 would reduce the Colorado state income tax rate by about one-quarter and eliminates most vehicle and telecommunications fees.

The Board was reminded of Health District limitations in addressing ballot issues, which includes that no staff time be spent on preparing an overall analysis of these initiatives since these are not considered matters of official concern (since they are broader than our local area). However, the Board can ask staff to pass along to them any analyses or write-ups for their review. The Board is also allowed to pass advocacy stances and distribute them through their normal means. If the board chose to, it could draft and approve an advocacy resolution on any of these matters, which would then be distributed by usual and customary means, which includes posting the resolution on the organization's web site. It appears that the Board can also draft and submit a letter to the Editor, but without staff assistance – but we will doublecheck on that. Board members are allowed to answer unsolicited questions, and may also do what they want around these issues on their own time, following state laws and regulations.

Health District staff may analyze the impact of these measures on the operations of the Health District, and may answer unsolicited questions by the Board or others. The question was asked whether staff may analyze what effect the measures would have on the community that we serve; that is unclear, and staff will need to check into the question.

The Board inquired about including resolutions and/or board positions in the Health District's *Compass* newsletter. At this point, the Health District Board does not have a history of including its positions on key issues in *Compass*, so that would not be appropriate at this time. However, staff will check into whether we would be permitted to initiate a "legislative corner" in future *Compass* issues.

MOTION: To OPPOSE Proposition 101 and Amendments 60 and 61 and request staff to pass along analyses of these initiatives (that have been developed by other organizations) to the Board members.
Motion/Seconded/Carried Unanimously

The Board will consider drafting a letter to the Editor of the Coloradoan at a later date when these issues are more well-known to the public; they noted that it will be important share their views before October.

The Board was also informed that Jon Caldera from the Independence Institute has petitioned and submitted a ballot issue, Initiative 45, that would essentially prevent Colorado from implementing health care reform by preventing the state from requiring anyone to obtain health coverage. Staff are in the process of monitoring and gathering information and will bring it to the Board when more is known.

SCRUM Process for Data Improvement

The Health District strives to efficiently address and solve problems. In addressing a recent situation with consistent bugs in a newly developed database, staff learned about a process called SCRUM. The process has been extraordinarily successful in facilitating communication between programmers and database users. Staff presented an overview of the process and how it worked to resolve the issues. (See handout for details.)

SCRUM is an incremental framework for managing complex work projects or the development of a product. "SCRUM" borrows from the sport of rugby where "the whole team tries to go the distance as a unit, passing the ball back and forth." In business, "Scrumming" is an approach to accomplishing a project where the phases of work overlap and the whole process is performed by one cross-functional team across the different phases.

Staff implemented the SCRUM process as they worked to develop and implement a new database for the Prescription Assistance program, and found it to be of enormous help. Staff plans to utilize the SCRUM process in future development, rewrites and improvement of databases of all programs.

Staff also assigned a person with detail focus and client flow knowledge to test the changes before they went to the database users, and to write user manuals, and another person with a background in systems analysis to manage the communications. Using SCRUM and involving these two individuals has increased the efficiency of fixing database problems significantly.

Practice Upgrade: Digital Radiography in the Dental Clinic

The Health District's Family Dental Clinic is guided by the philosophy that we want to provide comprehensive dental care, and to do that efficiently in a large clinic requires access to state-of-the-art equipment.

Recently, the Health District purchased digital radiography equipment and software for the 12 operatories in the clinic, including 6 sensors that connect to the computers, all totaling \$94,000. The equipment has already proven its worth and advantages in that it provides instantaneous results, which makes the actual providing of dental services much quicker; is more accurate; provides a good platform for education as dentists are able to talk to clients more in depth about diagnosis and treatment options and clients can view the pictures themselves; and utilizes 1/10th of the radiation created by previous machines. The digital radiography is also integrated with the clinic's Dentrix (billing and health record software) program, allowing integration with electronic record keeping. An additional advantage is that, in cases where patients are referred to a specialist, radiographies can be sent electronically from our office to the specialist. Dental staff were trained on the new equipment by the manufacturer's trainers and by dental staff who have previously used similar equipment. Transition was smooth and all was up and running in a short period of time.

MHSA Partnership and Oral Health Initiative Project Updates

Ms. Lin Wilder, Director of Community Impact and Health Promotion, gave brief updates on the following:

- MHSA Partnership
 - Manager: Ms. Wilder and Ms. Plock are currently in the process of interviewing candidates for the Partnership Manager position, after receiving over 100 applications.
 - CDDT Program: Staff are working on a proposal for an extension on the ACMHC co-occurring grant.
 - Early Identification & Early Intervention (EIEI): Staff are getting ready for the fourth meeting of the EIEI Task Force, helping the members to learn about what services are currently available and the gaps. Board members received a copy of the EIEI report, “Imagine.”
- Dental Health Partnership – the Dental Connections Task Force and staff are making good progress working through decision making on essential elements of what a Dental Connections service might look like, such as who would be eligible for services and how to screen for eligibility, what services will be offered, funding resources, budgets, etc. Staff are preparing to present decisions and recommendations to the Dental Health Partnership Steering Committee for consideration. Likewise, information will also be presented to the Health District Board and a grant application is likely to be submitted to the Caring for Colorado Foundation.

Quarterly Report, First Quarter 2010, and Executive Director Updates

The Board expressed their appreciation to staff for the “stunning amount of services” they provide. The examples included in the quarterly report bring much meaning to the numbers and a good reminder of why we do what we do.

Ms. Plock announced that there is a community in the state of Washington that is privatizing their hospital, are at the same stage we were 15 years ago, and have asked Ms. Plock to come to Washington and share information about the history and process the hospital district went through when the Health District was created.

Ms. Kling commended Ms. Plock and the Health District for recently receiving the Joseph Jabaily “Health Heroes” award from the Larimer County Department of Health and Environment.

Ms. Plock informed the Board of a grant opportunity to “build public will” in our community. She recently met with Avie Strand and Andrea Clement-Johnson of the Larimer County Health Department and Ruth Lytle-Barnaby of the Poudre Valley Health System Foundations to discuss whether there was an interest in this initiative and who might be willing to partner on this effort.

“Building Public Will to Achieve Access to Health Care” is an initiative of the Colorado Trust. The objective is to create sustainable change that increases access to health care by increasing awareness and building support in communities throughout the state, and hopefully moving people from skepticism, to acceptance, to expectation and demand. Eligible activities to achieve this would include: strengthening ongoing communications, creating a larger, coalesced movement, cultivating and mobilizing leadership, and strengthening health media. The Colorado Trust will assist with grantee convenings and connections, common messaging, paid media,

technical assistance, and evaluation. The process has not yet been done in our state, however it has shown success in other states such as Oregon where they went through a systematic process to travel around the state and meet with people and gather their values. Once those values were gathered, combined, and presented - and saw their own values represented - there was increased acceptance of changes.

Applying for the grant is a 2-step process. First, a letter of intent is required to be submitted. Then, if invited to do so, submit an application. The Health District has been asked if they might take the lead in this process with assistance from local partners that include the Larimer County Department of Health and Environment, the Poudre Valley Health System, and the Healthier Communities Coalition.

The Board was supportive of the Health District participating in this endeavor, particularly noting that leadership is one of the Health District's strengths. Dr. Birnbaum did express concerns that if safety net clinics are what is meant by "access to health care," efforts to build public will around access to health care might exacerbate those safety net clinics that are already in or may be susceptible to crisis, citing as an example, the Salud Family Health Center which has struggled lately with being able to maintain a staff of physicians. Staff noted that the Building Public Will initiative does not stress any particular solution.

Dr. Thorson commented that if one of the objectives is to inquire of people what they would want in a health care system, he would hope that physicians would be considered an important stakeholder and invited to be involved. The Colorado Medical Society has already surveyed its' members and gathered opinions on what things should be included in an ideal health care system. Responses were compiled into a document titled "The Matrix" which is available on the CMS web site.

Annual Investment Report for 2009

The Annual Investment Report is not an official part of the annual audit, but it has become part of the organization's investment policy to provide this information at the same time as when the audit report is presented.

In summary, it was a tough year for interest rates. Part of reason was that there are many restrictions on what the Health District is allowed to do with investment funds. Due to the Lehman Bros. fallout and the subsequent dissolution of Colorado Diversified Trust, the majority of our funds were moved into two investment funds managed by COLOTRUST, the other statewide government pool. Yield rates for those funds decreased approximately 59.5% during 2009. Other funds are invested in certificates of deposit with varying maturity dates. Deposits that matured during 2009 saw a significant decrease in rates from earlier in the year.

BOARD CHOICES

Conferences: Colorado Health Symposium; APHA

Typically, board members attend one conference each year. The Board received information in their packets concerning two conferences occurring this year: the Colorado Health Symposium (in Keystone, Colorado) and the American Public Health Association's annual conference (to be held in Denver this year). Registration has already begun or will soon begin for these conferences and staff inquired of each member's preference as to which conference they would like to attend. They decided as follows:

- APHA: Dr. Birnbaum, Mr. Hendrickson, Ms. Kling (and Ms. Plock)
- CO Health Symposium: Dr. Thorson (and Ms. Plock)

Since he is just new to the board, Mr. O'Neill will consult with Ms. Plock and decide later which conference he may or may not attend.

Change July Board Meeting Date Due to CO Health Symposium?

Since Dr. Thorson and some key staff members will now be attending the Colorado Health Symposium, which conflicts with regular board meeting scheduled for July 27, Ms. Stirling will contact board members to reschedule the July meeting.

August Joint Board Meeting with PVHS

Historically, the Health District and the Poudre Valley Health System boards have tried to meet in a joint meeting each year. The joint meetings have been viewed as a valuable opportunity for members to communicate with one another and to share accomplishments and goals of each organization. The joint meeting will be in August of this year, and the Health District will host. Mr. Stacey will make a presentation on PVHS plans at the July Health District meeting.

Board Officers Selection

Mr. Hendrickson asked Ms. Kling to discuss and propose a slate of officers for consideration by the Board. The following slate was proposed:

- President: Celeste Holder Kling
- Vice President: Dr. Bernard Birnbaum
- Secretary: Mr. Timothy O'Neill
- Treasurer: Dr. Steven Thorson
- Liaison to PVHS: Mr. Joe Hendrickson

MOTION: To approve the Board Officers as named above.
Motion/Seconded/Carried Unanimously

CONSENT AGENDA

- Approval of the April 6 Board Meeting Minutes
- Approval of the February, March, April Financial Statements

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

ANNOUNCEMENTS

- June 29, 5:30 pm – Board of Directors Regular Meeting
- July 27, 5:30 pm – Board of Directors Regular Meeting
- August 12 – Hold the Date! Annual Health District Staff Summer Picnic
- Carol's Leave – Ms. Plock will be on vacation from June 1 through June 18, visiting her daughter in France.

ADJOURN

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

The meeting was adjourned at 8:42 p.m.

Respectfully submitted:

Nancy L. Stirling, Assistant Secretary

Celeste Holder Kling, President

Bernard J. Birnbaum, Vice President

Timothy S. O'Neill, Secretary

Steven J. Thorson, Treasurer

Joe D. Hendrickson, PVHS Board Liaison