Health District
OF NORTHERN LARIMER COUNTY

BOARD OF DIRECTORS MEETING
May 26, 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
Lee Thielen, PVHS Board Liaison

STAFF PRESENT: Carol Plock, Executive Director
Cheryl Asmus, Evaluation Specialist
Bruce Cooper, M.D., Medical Director
Carrie Cortiglio, Policy Analyst
Richard Cox, Communication Director
Deborah French, Development Coordinator
Lorraine Haywood, Finance Director
Sue Hewitt, Evaluation Coordinator
Emily Mayfield, 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 6:00 p.m. Ms. Cheryl Asmus was introduced. Ms. Asmus was hired in January as an Evaluation Specialist and has a Ph.D. in Social Psychology. She has a long history of doing research and evaluation projects at CSU and around Colorado and spent the last year developing her own on-line dog training business.

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

PUBLIC COMMENT

None.

SPECIAL PRESENTATION

Reducing Obesity: An Update on Possible Practices and our Community's Work

Staff presented information concerning the issue of obesity, including a review of trends, costs, and background on past, current and possible future efforts to address the issue by the Health District and local community groups. The issue of obesity was one of the top priorities for board consideration in the recent board prioritization process.

The Health District's involvement in obesity intervention goes back to its early days due to the health burden it creates. Over the years, we have seen the problem grow – 1/3 of U.S. adults are obese – creating increasing and substantial health consequences. Currently, 16% of children in the U.S. are obese, and we are now seeing health issues that are usually experienced by adults occur in children, which hasn't been seen at this level before.

Looking at the results of the Health District's health surveys between 1995 and 2007, obesity/overweight has steadily increased over the years, from 38% of our local adult population to 48%, with a significant increase occurring between 1995 and 1998. While obesity/overweight in the U.S. appears to be more of a problem for men, in the Health District we have also seen an increase in overweight/obese women. Within the Health District, 57% of men and 39% of women are either overweight or obese; while 13% of men and 17% of women are obese. The consequences of obesity/overweight are many, including heart disease, Type 2 diabetes, hypertension, dyslipidimia, stroke, cancers, liver/gallbladder disease, osteoarthritis, sleep apnea/respiratory problems, and gynecological issues with menses and infertility. There is a 50-100% increase in premature mortality for a person who is obese, defined as someone with a Body Mass Index (BMI) of 25 or more.

And the costs to address health issues related to obesity/overweight have increased tremendously over the years. In 2000, the total annual cost of obesity in the U.S. was estimated to be $117 billion. Obese workers have been found to have 29% - 117% greater medical expenditures than those who are not obese. Overweight and obesity has been calculated to have accounted for 27% of the increase in medical costs over the past 25 years. It has also been calculated that if overweight people can achieve and sustain a 10% weight loss, there would be an average of $2200 - $5300 in decreased lifetime medical costs for each person.

Over the years, the Health District has instituted several programs to address issues relating to overweight and obesity. Using a social-ecological model, programs and efforts to address these issues have been aimed at specific and various levels of influence within the model (individual, interpersonal, community, institutions, structures, policies and systems). Health District programs geared towards individuals that have addressed overweight/obesity include: the Healthy Weighs group sessions, one-on-one nutrition counseling and activity counseling, cooking classes, consultations at cholesterol clinics, grocery store tours, and participation at health fairs, as well as programs such as the "Holiday Challenge" to encourage employees to eat healthily and not gain weight over the holidays.

A particularly successful Health District program was "Health District on the Move." The premise of the program was to get workplaces and other groups to sponsor programs encouraging their workers or members (Health District employees also participated) to increase their activity levels by increasing the number of steps taken each day. Program participants used

pedometers to track their steps and were provided tools to track and set goals for increasing the number of steps. This program was grant-funded and provided from 2002 to 2005.

The Coalition for Activity and Nutrition to Defeat Obesity (CanDo) has become a leader in our community in addressing health and obesity. Since it began in 2003, the Coalition has created committees and a mission statement, obtained local funding from the Poudre Valley Hospital Foundation and other grants, hired a program coordinator, initiated marketing efforts and strategies, and implemented a Well City Initiative in the community that encourages businesses to implement wellness programs and activities at the workplace. The Health District has recently become a participating site. Health District staff are on some of the CanDo committees and offer assistance and expertise.

In 2007, CanDo asked the Health District to research and report on school prevention of childhood obesity. The research focused exclusively on school policy options and reviewed evidence for: eating foods away from home, consumption of fast foods, soft drink consumption (including any drink with high sugar content), and high intake of energy-dense, micronutrient-poor foods. There was slim evidence on other factors, including the built environment, physical activity/exercise and sedentary behaviors such as TV viewing and their possible effects on childhood obesity. In the report presented to CanDo, final recommendations included a top priority of impacting the school food program, through: 1) Improving the nutritional profile of school breakfasts and lunches; and 2) Implementing the IOM guidelines for competitive food and beverages. The second priority, which has much less evidence of effectiveness, was to incorporate physical activity into the school day, with the following goals: 1) Engage kids in moderate to vigorous physical activity in PE classes for at least 90 minutes per week; and 2) be sure that the activity is provided by PE teachers trained in the most effective methods for physical activity impacting health.improvements.

In looking at the possible causes of the increase in obesity since the mid 1970's, theories include the increased consumption of food away from home, and of prepared food; increase in portion sizes; and documented increases in average caloric consumption. The role of genetics is not fully understood, and researchers are trying to uncover in what ways our current food environment is obesogenic.

Policy issues that might impact obesity range from the role of federal agricultural and school food policies, options for taxation or subsidy changes, and whether or not policy changes can be developed that might also affect children outside of school.

Staff presented a draft matrix that outlines activities and programs in our community that address obesity. Some programs are evidence-based, while others are either promising practices or unknown as far as how they may or may not impact obesity. The matrix is a tool to understand what is available in the community, learn where the gaps are and will be updated as new information is learned.

The Board commended staff for the analysis and information presented, and indicated their support for addressing this very important health issue. They noted that the CATCH program might be a model to consider, that the issue of what food kids bring to school may be an issue as important as what food the school provides, and that they had interest in programs for both preventing and intervening in obesity.

There is still much to be learned on the topic of obesity, and more problem analysis needs to be conducted to better understand it. We are creating a staff workgroup to complete research and examine current programming based on findings, as well as review a report from the Center for Disease Control (CDC) "Measures Project" report due to be released at the first "Weight of the Nation" Conference, and report further findings to the Board at their September meeting.

DISCUSSION & ACTION

Deciding About Adult Influenza Vaccinations, Fall 2009 – Options

At the last Board meeting, before deciding whether to continue the adult influenza vaccination program for the 2009 season, the Board charged staff to consider whether there are untried strategies to better reach and vaccinate more low-income and high-risk individuals and to also consider vouchering for vaccinations. Staff presented to the Board their findings and recommendations. Options that staff looked at and considered included discontinuing the program altogether, continuing the program in a way similar to 2008, or continuing the program with significant changes to focus on high-impact clinics and implementing pilot strategies to reach more low-income and high-risk individuals.

In light of the emergence of the novel H1N1 virus, staff's deliberations concluded that this would not be a good time to lose our capacity to provide flu shots in the fall. The course and severity of the virus are unpredictable as well as the timing and availability of a possible vaccine. At this point it looks likely that there will be three recommended flu shots this fall – one dose of seasonal flu vaccine and two doses of H1N1 vaccine. Getting all three shots could place a significant financial burden on those with low incomes, as well as a strain on the normal flu vaccine delivery system. And it is likely that there will be higher demand this fall for vaccinations due to the H1N1 situation.

Staff reviewed a number of possible strategies for reaching the low-income and high-risk populations and identified three that could be piloted in the fall.

1. In-school clinics – The pilot program would provide in-school clinics for elementary-age children at one or two targeted schools. While a promising strategy, there are many challenges that would need to be overcome, including obtaining parental permission, knowing if the child has already been vaccinated, and accomplishing distribution of two doses if such is required. Staff have an invitation from Poudre School District schools, who have expressed an interest, to further discuss the possibility. There is also consideration of a possibility to "piggy-back" the program with Project Smile.
2. Vaccination "Block Parties" for employees of lower-wage businesses – This pilot would identify areas with higher concentration of businesses that likely pay lower wages and may not provide health insurance. The Health Van would be utilized and parked in a central location and used to provide vaccination clinics to employees of businesses in a particular location. Benefits of this pilot approach include business backing/buy-in, education, and businesses' productivity benefiting from less illness.
3. Vouchering with Current Prescription Assistance Clients – Clients who already use other Health District programs are an untapped potential. Most clients who use our services are low-income and/or high-risk. The pilot program would provide "coupons" to PA clients to get a flu shot at the sliding fee they are eligible for at their next pharmacy visit. Arrangements would need to be made with pharmacies to accept the coupons and bill the Health District at a reduced price for flu vaccinations obtained by PA clients. If

successful, there is a possibility the program could expand to include clients of other Health District programs.

In order to fund these activities and maximize efficiencies, clinics which have historically resulted in very low participation would be eliminated and the focus would be on assuring that clinics are well-attended, reach high-risk individuals, and provide reasonable revenue (through business contracts).

Overall, staff recommends that the Board consider that the Health District, 1) continue providing flu immunizations in 2009/2010 flu season; 2) pilot a vouchering program with existing PA clients as a strategy to encourage low-income, high-risk people to get shots; 3) Pilot the idea of "immunization block parties" for smaller "lower-wage" businesses as a strategy to reach low-income workers; 4) Identify and eliminate low efficiency (low participation, low revenue) clinics in order to put resources toward pilots; 5) maintain clinics with historically higher turnout, and which attract high-risk populations; 6) maintain contracted business clinics and use higher revenue to subsidize vouchering and "immunization block parties"; and 7) monitor and respond as appropriate and as we are able to H1N1 vaccination availability and recommendations.

MOTION: To accept staff recommendations as presented.
Motion/Seconded

Board Discussion: One item the Board felt was missing from the recommendation was a component that would help educate the public and counteract misinformation about vaccinations. After a brief discussion about whether it made sense to do a complete social marketing campaign or an opportunistic education campaign (using such strategies as soapboxes in the paper, articles in Compass, etc), the board agreed to add an "opportunistic marketing and education campaign" which would help educate the public and providers on the importance of getting vaccinated and help dispel misunderstandings and myths concerning vaccinations. The above motion was amended to:

MOTION: To support staff recommendations as presented and add an "opportunistic marketing and education campaign" component.
Motion/Seconded/Carried Unanimously

The Board asked staff to report on a proposed education strategy before the fall.

DISCUSSION

Employee Intermediate Medical Leave Proposal

Staff presented information concerning a proposed change in policy that would provide intermediate medical leave for employees. Since the issue was much more complex than initially thought and required further information and analysis, staff presented an initial concept paper along with background history and information on how the proposal was developed in order to introduce the issue to the Board. No decision was being sought at this time, but it will be presented for action at the next Board meeting.

The issue evolved originally because Health District has a suggestion box in which employees can submit suggestions for the review of the Management Team. One suggestion was to revise our paid time off policies in order to be more in line with other agencies. When we looked at other "benchmark organizations" (i.e., Poudre Valley Hospital, City of Fort Collins, Larimer County, Larimer Center for Mental Health, Salud Family Health Centers, Colorado State

University, etc.) we found that each organization approaches paid time off in very different ways, making it difficult to make perfect comparisons. However, we were able to look at the information gathered in several ways and determine that the Health District appears to be right in the middle of the ballpark of our benchmark organizations in all areas but one: short-term medical leave. Long-term disability does not take begin until an employee has been gone from work for 90 days, which can create an enormous financial burden for employees with significant medical issues. Most other benchmark organizations had some way to assist their employees during that time, but the Health District has only a volunteer flex time donation program, which becomes burdensome when a person needs an extensive amount of time, and when several employees need assistance in the same timeframe.

Upon finding the discrepancy, staff researched options for assisting employees with significant medical needs who require time off within the 90 days until long-term disability kicks in. Pros and cons were considered for all options, including purchasing short-term disability insurance, continuing the present practice of allowing employees to donate a portion of their own flex time to another employee in need, creating a voluntary "paid time off bank," similar to what the Poudre School District does, and creating a pilot "intermediate medical leave" process. Staff are leaning toward the last option because it appears to be the most cost-effective, and allows the program to stay in-house, be flexible, and allows for changes as needed. Ms. Plock distributed a concept paper to the Board members for their review (see handout for details of: eligibility for intermediate medical leave and how it would work).

Initially, for the period between initiation of the pilot and the end of this year, it would be funded out of reserves. Beginning in 2010, the Health District would allocate $10,000 annually in its regular operational budget and would change its paid time-off policy by reducing by one day per year the accumulation of paid time off (flex time) for each person who has worked at the Health District for one year or more.

The Board had some initial questions and comments. One request was to understand the complete compensation picture, and how this part would fit in. It was noted that once a benefit was provided, it is hard to rescind, and there is concern about the possibility of declining revenues and greater demands in this economic climate. The Board asked for a brief, concise presentation on the compensation values, process, and package, along with how this proposal fits in, at a future meeting. Another Board comment was in support of this idea because it creates a collective support system – an umbrella that is there for everyone, and to which everyone contributes. Questions included whether short term disability could be an option that an employee could choose to purchase at their own expense, and whether employees might prefer less pay over less time off.

Results of the Legislative Session

Ms. Carrie Cortiglio, Policy Analyst for the Health District, distributed to the Board a summary of the 2009 Legislation Session, listing bills which had thus far been signed into law, still in progress, postponed indefinitely, or lost during session.

At the last board meeting, the Board asked staff to convey their appreciation to our local legislators for the efforts this session. Rep. Kefalas, Rep. Fischer, and Sen. Bacon appreciated the acknowledgement and one legislator indicated their interest in meeting with Carrie over the summer to discuss upcoming health issues. Overall, Ms. Cortiglio feels we were successful this

year in developing relationships with the these legislators and, along with Ms. Plock, plans to pursue meetings with those legislators whom we were unable to meet with during so far this year.

Revenue Projections
It is too early to determine accurate revenue projections at this point, because it is so dependent this year on whether property tax collections come in as anticipated. We will know much more after the June tax deadlines pass. Due to special ownership taxes and interest being even lower than projected, we will clearly have less revenue than anticipated at the beginning of the year, but the drop so far is not huge, the scope is uncertain, and it is quite likely that we will be able to integrate the drop into less expenditures through the end of the year. The future, potentially larger, issue on the horizon is how home assessments will impact the budget for 2010. We will receive the first valuation assessment indicating our projected revenue at the end of August.

Board Retreat: Content, Reading
President Hendrickson noted that in these challenging economic times, we may face some difficult decisions, and how the group operates as a board will be especially important. Since the early days of the Health District Board, board members have used a modified Carver model of board governance. He noted that he believed that it was important to review the Carver approach, and had asked Ginny Riley, a respected community leader and previous board member who had been a part of creating the approach, to present to the Board and lead a discussion on it at the upcoming board retreat in July. He asked that Board members read a copy of the book written by John Carver titled "Boards that Make a Difference" prior to the retreat; copies were distributed.

In addition to a review of the Carver model and book, the retreat agenda will include: the annual Executive Director review (Ms. Kling has agreed to be the recipient of review surveys, and will compile them and prepare them for discussion at the retreat), the Board member self-evaluation, a brief review of what has been accomplished over the past year and discussion of the priorities for the future. The retreat has been confirmed for July 27 and will be held at the Tamasag Center in Bellvue.

APHA Annual Meeting – Attendance & Registration
Ms. Plock informed the Board of a few upcoming conferences that may be of interest to the members, including the annual meeting of the American Public Health Association (APHA), the Colorado Health Symposium, previously know as the Dorsey Hughes Symposium, and the Colorado Public Health Association's (CPHA) annual conference. Board members expressed interest in particular conferences, and Ms. Stirling will work with them on arrangements.

REPORTS & UPDATES
PVHS Liaison Report
Ms. Thielen discussed a recent phenomenon happening which is effecting all hospitals: more and more doctors are wanting to work in salaried positions and fewer are wanting to own their own practices. Also, in this economic climate, hospitals are increasingly finding themselves under pressure to cut costs. PVHS appears to be well-positioned and solid, and is doing a fabulous job on quality indicators, but is also needing to place more emphasis on cost controls. As they look more closely at where the system is losing money, the Health District board may need to weigh in on decisions about critical services. At the same time, PVHS has had a culture of growth of

late, and is looking towards strategic expansion, particularly along the I-25 corridor. There have been some challenges in financing, and their current bond rating is BBB.

Red Feather Lakes Medical Clinic

At the November 2008 board meeting, staff and board discussed the Red Feather Lake clinic and their interest in applying for a rural health clinic designation. The outcome of that discussion was for staff to gather more financial information from the clinic, some of which would be needed for the application, in order to determine the likelihood of the clinic being able to benefit from and be eligible for the designation. In December, Dr. Cooper and Ms. Wilder visited the clinic in person and observed their services. They were impressed by what the clinic was doing and how it was meeting the needs of that community, although its likelihood to be financially self-sufficient is still undetermined. As RFL staff tried to collect the financial information needed, they discovered inconsistencies in accounting, and had to hire another firm to sort things out. An application cannot be filed until the numbers are determined.

In the meantime, in January of this year, the medical clinic in Wellington was closed, then re-opened by Dr. Bender of Miramont Health Clinics. Shortly after that clinic was re-opened, Dr. Weixelman started working there as well as at her clinic in Red Feather Lake. In April, Dr. Bender confirmed that they would purchase the Red Feather Lake clinic and indicated that they wanted to go forward with the rural health clinic designation application and FQHC (federally qualified health center) look-alike status. Since November, the Health District's role has just been to answer some questions about the process, since the financial information needed for even a cursory analysis of whether the clinic would qualify for or benefit from designation has not yet emerged.

Dr. Thorson expressed his opinion that the Health District should not be subsidizing the business practices of a for-profit private practice. He offered the following motion:

MOTION: That the Health District cease operations of support for the Red Feather Lake clinic because of its change in status to a for-profit organization.
Motion/

Board Discussion: Concern was expressed that with such a ruling, the board may be placing undue restrictions on whom staff can help. It has always been the objective of the Board that the Health District be community collaborators, and if the health of the community is being improved by a change that fits within our mission and priorities, the issue of whether the provider was for-profit or not for profit has not been a determining factor. Staff have experience in this issue and its purpose would be to assist the community in accessing health care. Thus far staff have complied with the Board's directive for staff to assist the RFL clinic in reviewing their financial situation in preparation to submit a rural health designation application, and are aware that any expenditure of funds would require Board approval. The Board clarified that simple questions could be answered, but that if any request for significant staff time or funds are requested, the issue must go to the Board for decision. It was determined that a board motion was not needed since there was no action being requested at this time and Dr. Thorson withdrew his motion.

H1N1 Influenza (aka "Swine Flu")
The good news since the last presentation is that the virus is less virulent than originally anticipated, and is considered to be similar to seasonal flu. Worldwide there are 13,000 known cases and 92 deaths. Local flu response efforts have been reduced and we are now focused on getting signed Unified Area Command (UAC) agreements from the CEOs of the organizations that would be participating in UAC. We developed a new model for a Joint Information System for future public health disasters, and held a meeting to initiate those public information officers who would need to be involved in its implementation. Our local emergency managers asked to attend the meeting, and consider the model a good one to use in any major, long-term disaster situation.

The Centers for Disease Control (CDC) continues to have conference with leaders of the World Health Organization, and their major concern is the fall flu season. In particular, they care concerned about the population's lack of immunity to H1N1, how fast it will travel, their ability to provide a vaccination, and the likelihood that vaccination will require two doses. Peter Sandman, a guru in public health communications, recently published an editorial in Science magazine complimenting the public health community on their response to H1N1, with the one exception that he believes that public health has not adequately warned people how serious the situation could be in the fall.

Mental Health & Substance Abuse Partnership
The Partnership is hosting a community leaders meeting on June 18, in which Colorado's First Lady Jeannie Ritter will be speaking.

1st Quarter Program Summaries and Executive Director Report
While the Board had no questions concerning the report, they did express pride in the work the Health District does. The report is very helpful particularly when responding to questions people have about what we do.

CONSENT AGENDA
Dr. Thorson noted an error in the April 10 meeting minutes. The motion at the bottom of Page 2 should state, "to support the package of removing exemption of [add] sales tax on tobacco…"

- Approve the Board Meeting Minutes for March 24, April 10, and May 6, 2009
- Approve Financial Statements for February and March 2009

MOTION: To approve the consent agenda, with the wording change noted above.
Motion/Seconded/Carried Unanimously

ANNOUNCEMENTS
- June 23, 5:30 pm – Board of Directors Regular Meeting
- July 27 – Board Mini-Retreat
- July 28, 5:30 pm – Board of Directors Regular Meeting

The Board decided to cancel the July 28 board meeting since they will be meeting on July 27 for the Board retreat.

MOTION: To cancel the July 28 board meeting.

Motion/Seconded/Carried Unanimously

ADJOURN

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

The meeting was adjourned at 9:14 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

Lee Thielen, PVHS Board Liaison