



**BOARD OF DIRECTORS
MEETING
November 5, 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 (by phone)

STAFF PRESENT: Carol Plock, Executive Director
Bruce Cooper, M.D., Medical Director
Carrie Cortiglio, Policy Analyst
Richard Cox, Communication Director
Rebecca Gonzalez-Rogers, Finance Accountant
Lorraine Haywood, Finance Director
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. Ms. Thielen is participating in the meeting by phone. Changes made to the meeting agenda include: postponement of the Intermediate Leave discussion; removal of the 3rd Quarter Summary Report item from the "Updates and Reports" section; and, addition of a brief update of healthcare reform and an executive session.

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

PUBLIC COMMENT

None.

DISCUSSION & ACTION

Reducing Overweight & Obesity

At a previous board meeting, the board was given a brief reminder about the Health District's current weight management program, an overview of the content of the staff report concerning school policies that might impact healthy weights for children, and information gathered about

what other organizations are doing to intervene in the issue of reducing overweight and obesity in the community, most of which is being organized by CanDo (Coalition for Activity and Nutrition to Defeat Obesity).

During that presentation, staff promised to provide further information on evidence-based practices from anticipated reports from the Centers for Disease Control (CDC) and the Institute of Medicine (IOM). Staff members have also met with CanDo staff to learn more about their efforts and the areas they plan to address or are already addressing.

As information was gathered and studied, a prioritization process was established to help sort through the research, determining areas that could have the most impact for reasonable effort and/or money, where the gaps are between what is already being done in our community and what is not, and to aid in determining the best potential focus areas for interventions. Ten possible areas of intervention were derived from the research; four of those were highlighted as areas that the Health District might want to target (more information below). The ten general areas included:

- Built Environment
- Schools: Physical Education
- Schools: Competitive Food
- Schools: School Lunch
- Food Availability and Production
- Breastfeeding
- Screen Time/Ads for Junk Food
- Decrease Consumption of Sugar Sweetened Beverages
- Reduce Portion Size
- Intensive Nutrition Counseling

CanDo is already addressing or will be addressing several of these areas, including: built environment (such as the “Livable Loveland” approach); a mill levy increase to increase funding for physical education in schools and for better, certified PE teachers; implementation of school wellness policies in schools to address competitive foods; encouragement of community gardens and farms; and breastfeeding promotion.

It was noted that one area where the Health District has expertise that could assist CanDo would be to create a “community measures report” that could be updated on a regular basis to inform the community on trends and progress regarding CDC-recommended measures relating to the issue.

Given the multitude of potential interventions, and the available but limited information on evidence-based practices, staff have focused on understanding the drivers of obesity and how they might be impacted.

Essentially, it is the big increase in calories that has been driving the increase in overweight and obesity rather than the decrease in physical activity over the years. Therefore, overweight and obesity are generally more likely to be impacted by lowering the amount of calories ingested than by increasing physical activity. While physical activity can certainly help, the problem lies more with the prominence of cheap, palatable foods. In order to have a significant impact on the

issue, the best impact would be to focus on the food environment, with the goal of decreasing high caloric consumption.

Based on the evidence presented in the recent reports and other literature, along with the current efforts already underway in our community, the following focus areas are those considered by staff to have the most likely impact on the issue of overweight and obesity in our community:

New Focus Areas Likely to Have the Greatest Impact Locally

- ***Reduce Intake of Sugar-sweetened Beverages*** – There is very robust evidence that increased consumption of sugar-sweetened beverages is a key driver of obesity. Change may be more possible than in other areas because the calories ingested are useless calories and people may be amenable to eliminating them.

Options of interventions might include: working with child care facilities to improve drink options; working with primary care providers to have them address the use of sugar sweetened beverages, particularly with parents; promoting a tax on these beverages – similar to the tax on tobacco products; and creating a larger campaign that reaches out to worksites, faith communities, and other organizations to decrease work and home consumption.

- ***Portion Size*** – This issue was addressed in the CDC’s strategy and there is very good evidence that portion sizes have increased substantially over the last 20 years. It is also clear that how much we consume is directly related to how much we are served. Focus on this issue may have its challenges – people today are used to large portion sizes and the challenge would be to “get the portion-size genie back in the bottle.” One strategy might be to work with independently-owned restaurants to scale back on portion sizes; others are possible.
- ***School Lunch*** – It may be possible to revamp school lunches in order to decrease calories, fat, sugar, and sodium, and increase whole grains, fruits, and vegetables. There is apparently not a significant effort around this locally, although Boulder is currently tackling the issue. Although new leadership in the Poudre School District food services department has led to new interest in making changes, there are constraints in food availability, time and resources.

Current Focus Area, Supported by the Evidence

- ***Intensive Nutrition Counseling*** – The US Preventive Services Task Force recommends intensive counseling and behavioral interventions as an evidence-based practice to promote sustained weight loss in obese adults. The Health District weight management program follows identified evidence-based practices for this type of intervention. Further information about the program is being gathered and will be presented at a board meeting in the near future.

This presentation was intended to be an introduction to get the Board thinking about the issue, the recent reports, and what role, if any, the Health District might play in regard to addressing the trend towards increased overweight and obesity in our community. Further information will be presented prior to any decisions being made by the Board.

The Board recognized that this issue is an enormously challenging problem, not just in our community but nationally as well. They noted many challenges in addressing the issue, including: willingness of physicians to make a diagnosis of overweight or obesity or to address

the issue; promoting a local sales tax on certain beverages as opposed to a state one; the difficulty in making changes once obesity is entrenched; dialing back calorie consumption; and the impact of genetics. One board member indicated their belief that this problem is too big for us to tackle, and that we should spend our funds in other areas. Other board members wondered whether it would be more impactful to work on preventing overweight than to intervene after it had occurred, noting that it is not hopeless to intervene afterward, but that it is quite difficult. Prevention and early intervention, however, might need to take place at a variety of points in life. It was noted that we do have some inherent ways to share information, such as through the Compass publication. Another board member noted the power of policy change such as food labeling, and mentioned that across the country, other organizations have decided that the problem is too big to wait any longer for interventions.

Acknowledging that this is a major problem that can't be solved by any one organization, the board indicated their interest in having the staff develop more information about the four focus areas. In particular, they requested that staff present information about how policy, prevention, and early intervention concepts might be applied in the identified focus areas. They also indicated interest in hearing more about the concept of working with CanDo to create a community measures report. Staff will bring further analysis and thinking to a board meeting in the near future, along with the detailed information about the current weight management and nutrition programs.

Intermediate Medical Leave for Employees

Postponed.

Set Budget Public Hearing Date (November 17) and Introduction to the 2010 Budget; Board Initial Questions

Copies of the draft budget for 2010 were hand-delivered to the board members on October 15, and the board was asked whether they had any initial questions. Clarification was requested on "special project" funds, and whether those funds would definitely be spent. Ms. Plock reported that all projects are listed in the budget if there is any foreseeable possibility that dollars will be spent in a given year, but that projects listed that are in bold type are simply possibilities and Board approval would be sought before any of those funds would be spent. Items not bolded are projects that are under the Executive Director's discretion to complete. Further detail on the projects will be provided at the budget hearing meeting.

Ms. Plock noted that there is only about a \$40,000 difference from the previous year. Because of this there will be very few changes from the previous budget and not much opportunity to do very many new things. Further details will also be provided at the next meeting.

MOTION: To set the Health District's Budget Public Hearing for November 17, 2009 at 5:30 pm.

Motion/Seconded/Carried Unanimously

2010 Board of Directors Meeting Schedule - Draft

Board members received a draft schedule of dates for 2010 Board of Director meetings. There was brief discussion on whether the special meetings might be able to be moved to 2nd Wednesdays instead of having them on 2nd Fridays; Ms. Stirling will confirm with board members at a future time.

DISCUSSION

H1N1 Local Response: Health District Involvement

In its August meeting, the Board approved a request from the Health Department for the Health District to assist them with planning mass vaccination clinics, and particularly to take on the task of recruiting and organizing the workers (both staff and volunteers). Several individuals within the organization were identified to participate in this effort based on their experience, skills, and our ability to re-assign their time. The Health Department decided early on to utilize the nationally-approved Incident Command System (ICS) to organize and oversee all mass vaccination efforts. All of our key staff and the Health Department's key staff have been educated in ICS.

Our first major responsibility was staffing the clinics. When first begun, it was thought that the Health Department would receive 40,000 doses and offer 13 clinics. That meant that we would have needed to staff approximately 2,800 people shifts. The target has since been modified due to the delayed receipt of vaccines.

In order to register workers for the clinics, we obtained permission from United Way to use their "Make a Difference Day" on-line registration program, although our staff made significant modifications to the program. The program is now operational and people can register on-line to work at a clinic. Much effort has gone into recruiting community volunteers, from the point of figuring out what jobs/positions were needed, creating descriptions and requirements for those positions, developing the shifts for each positions needed at each clinic, entering all of that into the on-line registration program, and contacting community organizations to ask them to help us recruit through their memberships.

The Health District staff have also been involved with staff training, communications, signing in and out and monitoring of staff at the clinics, staff care and feeding, evaluation of clinics, and risk management. Dr. Bruce Cooper was appointed the Medical Safety Officer and has overseen training efforts, including indepth trainings prior to clinics for vaccinators and medical screeners, and just-in-time trainings for clinic staff when they arrive for their shift. Richard Cox became the right-hand person to the Health Department's communications person, working on the larimerflu.org web site, preparing press releases, and creating an 8-page insert in the Coloradoan newspaper on H1N1. Many other staff members have played specific roles in the planning and implementation of the mass immunization clinics.

The first clinic was held on November 4 (postponed due to the snowstorm on the first clinic), and was deemed successful, with almost 1,500 people vaccinated. It was noted that one of the best outcomes of this experience is a strengthened relationship with the Health Department.

In addition to the mass clinics, the Health District has also taken on the role of overseeing the distribution of anti-virals and vaccines to smaller practices. So far we've distributed about 344 of the 1,000 doses allocated. The Health Van has also been deployed and is being used by Poudre Valley Hospital for overflow of patients with flu symptoms. And intergovernmental agreements, in case we ever have to move to a Unified Area Command approach to a public health crisis, have been approved by the City Councils for the City of Fort Collins and the City of Loveland.

Ms. Plock praised all the staff involved with H1N1 efforts, which has pretty much taken over their lives for the past few weeks. Dr. Thorson expressed his appreciation for the good work as well.

Seasonal Flu Vaccinations: Community & Health District Experience

In light of all that has been happening with H1N1, it has been a frustrating season for seasonal flu. We started off getting vaccines, but quickly got indications that manufacturers were going to turn their focus to H1N1, which has resulted in a shortage of seasonal flu vaccine everywhere. Staff have been working to re-allocate resources, keep the clinics planned with large organizations, and maintain communications with people interested in our clinics. The early clinics were moderately attended, however, once seasonal flu vaccine became short in supply, interest in getting shots went way up.

To date, we have completed 5 clinics, with 12 clinics planned overall. The City and County have contracted with us and chose to split 50/50 the additional doses we were able to obtain from RVNA. Those clinics filled up as soon as they were announced. Unfortunately, they had to be rescheduled due to the recent snowstorm. We are still waiting for the remaining doses we ordered and don't know when or if we will receive them. Once they are received, staff will contact those individuals who have contacted us previously.

We have negotiated reduced rates with 5 pharmacies for vouchered seasonal flu shots, and Prescription Assistance and Smoking Cessation clients have been sent letters offering vouchers. As of the end of September, approximately 80 vouchers have been completed. At this point, we are on schedule to give about 1,200 vaccinations (including vouchers). If we receive the final 300 doses, we may administer 1,500 vaccinations.

Tooth Fairy Fund for Adults: Status of \$20,000 Challenge Grant

Staff was delighted to announce that the Health District was able to meet the \$20,000 matching grant. Despite challenges, such as the deadline to achieve the match having been moved up by two months and the retirement of the Resource Development Coordinator, the community really came through with contributions. Several fundraising events were held to raise donations, including a silent auction at the annual Staff Summer Party, a benefit concert that brought in \$4,000, solicitation letters to key leaders and physicians in the community, and individual donations totaling approximately \$8,500. There will now be an additional \$40,000 to help individuals with dental needs who cannot otherwise afford care.

Staff were also recognized and thanked for their work on the fundraising concert and for donations of time and money. It was our first big fundraising effort and a valuable learning experience.

UPDATES & REPORTS

3rd Quarter Program Summary Report & Executive Director Updates

Postponed.

Mental Health & Substance Abuse & Dental Health Partnerships Updates

MHSA –

- Early Intervention & Prevention: Much of staff's efforts lately have been on the Partnership's priority to address early intervention and prevention of mental health issues in

children. Recruitment efforts have begun for a task force and staff hope to get that group up and running early next year. A presentation of this focus and findings will be presented to the Board at the November 17 board meeting.

- State Budget Cuts - Staff are closely monitoring the Colorado State Budget and how it may impact mental health. The Board asked about the status of our local mental health hospital facility, Mountain Crest Behavioral Healthcare Center. While its financial stability is a challenge to the Poudre Valley Health System, it appears that PVHS recognizes its importance and plans to continue the facility. PVHS would have to acquire the Health District's approval before discontinuing any significant services.
- Community Dual Disorders Team (CDDT) – It was announced that the program was able to secure a recommendation for housing vouchers for 2 more years from the City of Fort Collins's Community Development Block Grant (CDBG) Committee. The vote this time around was unanimously in favor of the proposal, which was significant progress considering that two years ago the proposal was rejected by the Committee but approved by City Council.

Dental Health Partnership – Since the board last met, two task force groups have met. These task force groups will be working on two issues: Dental Connections and General Anesthesia. The Dental Connections task force is working on creating a Connections model similar to our MH/SA Connections, which would organize and coordinate care (including donated care) for those who can't afford to pay the full cost. The group is working its way through a "decision map" to determine recommendations for how it will be organized. Community involvement and excitement is high.

The General Anesthesia task force will be creating solutions for providing dental care to those individuals who must receive it under general anesthesia. Just in the initial interviewing stages, in talking to people locally and at the state level, a potential solution is emerging, enhanced by regulatory changes earlier this year.

Ms. Plock was a presenter at the recent "Bringing Health Home Conference" sponsored by the Colorado Health Foundation. It turned out to be an opportunity to bring a team representing our Dental Health Partnership, who were invited to spend time planning next steps, and meeting with CHF representatives, which could result in a future grant.

Healthcare Reform

Ms. Carrie Cortiglio, the Health District's Policy Analyst, provided a brief update on healthcare reform. The House of Representatives has combined its three health care bills into a single bill, HR. 3962. The bill currently contains a public option, although it has changed from what was originally being considered. Rep. Markey has not yet taken a position on the bill, and we are attempting to contact her before the House Vote. Ms. Plock commented that the currently proposed bill, while not perfect, contains significant changes to health insurance that would be incredibly helpful to consumers. Ms. Cortiglio also mentioned that it appears that there will be a bill at the state level that would eliminate gender as a rating criteria for the small and non-group market.

PVHS Liaison Report

Ms. Thielen commented that the Poudre Valley Health System is involved in a master planning process. They've hired a firm out of Charlotte, North Carolina to lead the process. The group will be interviewing many people and looking at short-, mid-, and long-term issues related to the facility and infrastructure. The timeline is to have a plan completed by March 17. In addition, PVHS received notification that they have a date for recognition by the White House in Washington, DC for their Malcolm Baldrige award.

President Hendrickson recently attended the annual PVHS Board of Directors retreat in place of Ms. Thielen, who was unable to attend. He participated in two main discussions at the retreat – strategic planning for the next 5 years and services expansion. Strategic planning mostly focused on workforce development and continuing to improve quality and retention of staff. In services expansion there were no major concerns; the System continues to explore the concept of regional expansion and looking at partnering with smaller markets in the area. They also spent a lot of time discussing their many joint ventures. President Hendrickson praised Ms. Chris Kneeland, a member of the PVHS Board, for continually reminding those present that they were here for the people of the community.

CONSENT AGENDA

- Approval of August 18 and August 25, 2009 Board Meeting Minutes
- Approval of August and September 2009 Financial Statements
- Resolution 2009-6: to Establish Polling Places for May 4, 2010 Election
- Resolution 2009-7: to Designate Election Official and Authorize Designated Election Official to Cancel Election (if appropriate)

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

In response to a question that had been raised previously, Ms. Plock informed the Board that previous board members are allowed to run in the Board elections if they have been off the Board for a minimum of four years.

ADDITIONAL TOPIC

Dr. Thorson asked the Board to include on this meeting's agenda a discussion concerning Crossroads Safehouse. A building has been donated to Crossroads Safehouse and they have begun a capital campaign for funds to remodel and expand. Dr. Thorson inquired if there might be a way the Health District could help in this effort, noting that it is likely to have a direct effect on children and children's mental health. Ms. Plock responded the board that the Health District is precluded from donating directly to other organizations because of the injunction. Although the Health District does work with other organizations on specific projects, they have been limited to our focus areas and are accomplished through Partnerships or the placement of staff in partner agencies. It was also mentioned that the building provided Crossroads had been rejected by at least one other organization due to the cost of remodeling, and that their plan to expand was to be able to accept people from other communities. One option might be to see whether the building they are currently in might be appropriate for the CDDT program, and see whether funds could be secured to purchase it, giving them funds to be used on the other facility. No action was taken on this item.

ANNOUNCEMENTS

- November 17, 5:30 pm – Board of Directors Regular Meeting

- December 14, 5:30 pm – Board of Directors Regular Meeting

EXECUTIVE SESSION

President Hendrickson called an Executive Session to discuss personnel matters pursuant to §24-6-402(4)(f), of the Colorado Revised Statutes.

The Board went into Executive Session at 8:48 p.m.

The Board retired from Executive Session at 8:56 p.m.

No action was taken in Executive Session.

ADJOURN

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

The meeting was adjourned at 8:57 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