



**BOARD OF DIRECTORS
MEETING
November 16, 2010**

Health District
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT: Celeste Holder Kling, President
Bernard J. Birnbaum, MD, Vice President
Steven J. Thorson, MD, Treasurer
Joe D. Hendrickson, Liaison to PVHS Board

BOARD MEMBERS ABSENT: Timothy S. O'Neill, Secretary

STAFF PRESENT: Carol Plock, Executive Director, HD
Jim Becker, Resource Development Coordinator
Bruce Cooper, M.D., Medical Director, HD
Carrie Cortiglio, Policy Analyst
Richard Cox, Communications Director
Rebecca Gonzalez-Rogers, Accountant
Lorraine Haywood, Finance Director
John Newman, Medical Services Director
Chris Sheafor, Support Services Director
Nancy Stirling, Assistant to Executive Director, HD
Chelsea Williams, Public Health Apprentice

CALL TO ORDER; APPROVAL OF AGENDA

President Celeste Kling called the meeting to order at 6:03 p.m. A brief Executive Session concerning personnel issues was added to the agenda.

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

PUBLIC COMMENT

None.

BUDGET PRESENTATION AND HEARING

Ms. Carol Plock and Ms. Lorraine Haywood, Finance Director, provided an overview of the services to be provided next year in the proposed budget, changes to the budget from the prior year, new resources, and challenges.

If approved, the regular operational budget would continue to fund the following services:

- Access to Care: Family Dental Clinic, Prescription Assistance, Mental Health Connections, and Integration of Mental Health and Substance Abuse Services into Primary Care.
- Community Impact: Community Mental Health and Substance Abuse Partnership, Dental Connections (falls under both Access to Care and Community Impact; added in the Community Impact section rather than Access to Care because the project will be overseen by the Community Impact group – it is important a separation between Dental Connections and the Dental Clinic), Legislation/Policy Tracking, and Resource Development.
- Health Promotion and Preventive Services: Healthinfosource.com web site, Adult Immunizations, Tobacco Cessation, Weight/Nutrition Management, and Screenings (hypertension, cholesterol, glucose). The Childhood Immunization program will be phasing out in 2011, so is not included in ongoing operational services.

Projects to be funded with time-limited, reserve and/or grant funds include:

- Access to Care / Data / Information: Diabetic Supplies (the Lion's Club donates these funds); the Community Health Survey (will incur cost both this year and next; next year's for the final data and analysis); Oral Health Initiative (for the first year, will be mostly funded in operational through Dental Connections, but some additional funds are included for additional priorities of the Partnership); Oral Health Care Assistance (including grants, donations, and the Tooth Fairy fund); Dental Patient Education Materials to promote oral hygiene with clients; and Healthinfosource.com (also supported mostly with operational dollars).
- New Projects: Medicaid and CHP+ Outreach and Enrollment – funded by the state's MORE grant; and Building Public Will (Health Care values and realities discussions) – funded by a grant from the Colorado Trust.
- Community Impact Projects: Community Mental Health and Substance Abuse Partnership/Discretionary; Resource Development (gradually being moved into operational); Dental Connections Start-up; and Emergency Preparedness
- Other:
 - Childhood Immunization / CIIS (Tracking and Reminders) – because the functions of the program are being assumed by other partners and the program is phasing out, expenditures for the remaining half year were moved to reserves.
 - PVH Foundation – Children's Dental – at the time the Health District took over Children's Dental, we were given funding which has gradually been spent down for children's dental services; this should be the last year of expenditures.
 - Prescription Assistance (out of District) – the PVH Foundation provides limited dollars for prescription assistance for people who reside outside of the District and can't afford prescriptions.
 - HRSA Congressional Set-Aside Funds – a couple of years ago the Health District received some federal earmark funds to assist in the development of a local detox facility. We have until 2013 to spend these funds for this purpose; if they are not expended by then, they will be returned.
 - Intermediate Medical Leave (if needed) – have set aside \$10,000 for intermediate leave. Beginning in 2011, each employee who has been with the Health District for at least one year will also be contributing one flex day to the leave program.

- Staff training / consultants – Due to budget constraints, there will not be as much funding in the operational budget for training and conferences. Some training/conference funds have been cut; others have been moved to reserves.

The budget also includes a few “place holders” – time-limited dollars that are reserved for efforts that may or may not be needed in a particular year. These line items include an obesity initiative, Health Info Sharing, implementation of Community Projects process and plans, dentist loan repayment, preventive medicine resident, and HPSA survey.

Ms. Haywood reviewed with the Board the timeline and deadlines for approving the 2011 proposed budget. She also reviewed: the sources of revenue, certification of tax levies, projected property and ownership tax revenue, mill levy, comparison of property tax revenues for the past 16 years, and a comparison of inflation and local growth for the past 16 years. We expect to receive the final valuations from the County by December 10. Based on the numbers we receive, some adjustments may be made to the proposed budget and would be presented to the Board for approval at the December 14 board meeting. A final budget needs to be approved by the Board by December 15.

The Health District will have some financial challenges in the coming year. Revenue from interest rates, SO Taxes and property tax reappraisals, when totaled together, dropped about \$125,000 from the prior year’s budget. Also, some expenses are going up, including health insurance premiums, dental and other insurance, utilities, prescription expenses, and the addition of Dental Connections program. To account for the reduced revenue and increased expenses, some of the key cuts made to the operational budget include: the last 6 months of Childhood Immunization moved to reserves; over 1.5 FTE captured (affects 6 employees whose hours were cut); a 1-day furlough for all 120/202 Bristlecone employees; reduced dollars for staff training; reduction in the community education budget; and a myriad of smaller cuts.

There will be no funds in 2011 for pay for performance increases or raises of any kind except for market adjustments, which will be applied to a handful of positions. The Board received the annual employee compensation report, which includes an overview of salary adjustments, placement in the market, and the benefit package.

Revenue changes between the 2010 budget and the proposed 2011 budget include an increase in our dental care sliding fee scale, and newly approved grants (MORE, Building Public Will, Dental Connections).

The Board requested that copies of the Total Expenditures and Program Expenditures pie charts from the presentation be sent to them electronically.

At the next board meeting, the board will receive a copy of the Executive Director’s Five-Year Reserves Guide, and the annual investment report.

REPORTS AND DISCUSSION

Policy: Elections, Budgets, Legislative Issues

Ms. Carrie Cortiglio, Policy Analyst, provided an update on the outcomes of the recent elections. While control of the state Senate stayed with the Democrats, a determination of who will control the House is currently contingent upon the results of the election in House District 29. The

outcome is not likely to be known until November 16 when provisional and mail-in ballots are counted.

Ms. Cortiglio also shared the names of individuals to chair the various legislative Committees. Of particular note is the loss of some very experienced legislators on the Joint Budget Committee. Also of note, should there be Republican control of the House of Representatives, the Joint Budget Committee representation will be split 3-to-3, so how tie votes will be resolved is unclear.

In Larimer County, Michael Bennet won the US Senate seat, Cory Gardner won CD 4, and John Hickenlooper won the Governor race. None of the amendments of concern to the Health District passed and all our local representatives will be returning.

The Governor has submitted his 2011-12 budget to the Joint Budget Committee. Budget notes state that the total State General Fund increased only 1.7% from FY2007-08 to FY 2011-12 despite large increases in Medicaid caseload, K-12 and higher education enrollment. This is the first iteration of the budget. There will be two more revenue updates before the JBC crafts, and the Legislature passes, the final budget. Also, Governor Hickenlooper will have an opportunity to amend Governor Ritter's proposed budget when he takes office in January.

Board Decision Items

Child Nutrition Reauthorization Bill – This bill creates nutrition standards for both federal food programs and competitive foods in schools. The expansions to the federal school food programs are paid for by reducing funding for the Supplemental Nutrition Assistance Program (SNAP) – food stamps. The Board has previously voted to support the bill. The bill passed the Senate before the elections and stalled in the House because of objections to the SNAP offsets. The elections changed the landscape, but the bill may still move forward in this year's session.

MOTION: To direct staff to advocate for passage of the Senate Bill (particularly with Betsy Markey), but to convey the Board's concern with the SNAP offsets.
Motion/Seconded/Carried Unanimously

Ms. Cortiglio will craft a statement which will be forwarded to Cory Gardner as well as Ms. Markey. The board reiterated their belief that following the IOM guidelines for food in school is desirable.

Implementation of Medicare Reimbursement Cuts

Implementation of a 21% cut for physicians who treat Medicare patients is due to begin on December 1. Physicians are very upset with this cut and warn that they will have to stop providing care to Medicare patients because the reimbursement level will actually cause them to lose money (already many of them provide care to Medicare recipients for no profit). The impact on our community could be that Medicare patients would not be able to find physicians to provide them their medical care. Efforts are being made to encourage federal legislators to find a longer-term, more reasonable solution for the Sustainable Growth Rate (SGR). The Board is interested in conveying their concerns for access to care for seniors and Medicare recipients in our community, and supports asking Congress to consider a 13-month override to allow enough time to work on finding a permanent fix to the SGR.

MOTION: To direct staff to advocate to our federal representatives that they work to avert the imminent crisis by stopping the scheduled cut to Medicare reimbursements (because of our concern/alarm about what it might do to access to medical care for the seniors in our community as local physicians cease accepting Medicare payments); and to then work towards a permanent fix to the SGR.
Motion/Seconded/Carried Unanimously

CSU Meningococcal Vaccination Clinics

In light of the recent death of a CSU student from meningitis from the same strain that has killed four other people in northern Colorado over the past few months, the State Health Department, the Larimer County Health Department (LCDPHE), and CSU held discussions on what action should be taken to try to help protect the community from further illness and death. The CDC was consulted and could not take a position on whether to do a large vaccination effort because of the lack of evidence in one direction or another. After much discussion with state and local public health leadership, the CSU leadership made the decision to vaccinate as many students, faculty/staff, and household members (under age 29 who had not had a vaccination in the prior 3 years) as possible, with the clinics being provided by state and local health departments (and the Health District). Immediately a United Incident Command Structure was created, with command shared by CSU, Larimer County Health Department (LCDPHE), the Health District, and the CO Department of Health and the Environment.

Initially, because the State said it would take a week to get the vaccines, 3 clinics were planned for mid-November. However, a few hours later, the State reported that they could get the vaccines to the community within a day or two, and asked for the clinics to be held sooner. So plans were ramped up with the first clinic scheduled for Friday, November 5 – just 5 working days from the time the decision was made to do a mass vaccination clinic. A second clinic was potentially scheduled for the following Thursday.

Like last year's H1N1 mass vaccination clinics, the Larimer County Health Department took responsibility to oversee on-line patient pre-registration (and onsite registration) and on-site management of the clinics as well as vaccination distribution. The Health District was called upon to reprise its H1N1 role of overseeing clinic worker on-line registration and on-site worker check-in and management. In the past, the Health District was also responsible for recruiting the workers. Due to the short timeframe to find and register workers for this effort, the State Health Department guaranteed workers for the clinic. Because of established Mutual Aid Agreements, the state was able to notify county health departments throughout the state to enlist workers for the clinic. They also activated their other worker recruitment avenues, including the Medical Reserves. Within 48 hours of the worker registration going on-line and the recruitment information sent to the email lists, 330 worker positions were filled. CSU provided the clinic venue, which was the Student Recreation Center on their main campus, and staff to work alongside County Health leaders in most Incident Command Structure sections, including logistics, public relations, command, IT, etc.

The November 5 clinic was a huge success and saw over 7,400 individuals vaccinated – the largest immunization clinic in anyone's memory. And since the November 5 clinic was so successful, the leaders decided to do another clinic on November 11 to vaccinate more individuals who were not able to attend the first clinic. In the end, more than 10,100 individuals

were vaccinated at the two clinics and nearly 600 additional individuals were vaccinated at CSU's health center.

It took an incredible amount of effort and cooperation between the state and local health department, the Health District, and CSU to coordinate such an event in such a short amount of time. It definitely brought out the strengths of each of the organizations and has forged a more positive and stronger relationship between the entities. It is an accomplishment of great pride for our community.

The Board requested that we work on publishing the experience as a model for intercommunity and interagency work, utilizing a united command structure, and achieving significant results.

APHA & Hot Issues in HC: Learnings

Several Board members and staff members attended the recent American Public Health Associations' Annual Conference in Denver. They shared with the group some items of interest from the conference, including:

- Consumer Assistance - As part of the new healthcare reform, \$35 million is set aside for consumer assistance, to address such issues as: barriers to health care for specific populations (non-English speaking, older females, etc.); transportation; eligibility assistance for prescriptions and assistance with renewing benefits.
- Bullying and Mental Health – Studies conducted show a relation between bullying and various mental health issues, such as depression, anxiety, substance abuse, etc. A newer form of bullying just now being looked at is “cyber-bullying” – the use of computer technology, like Facebook, phone cameras, email, cellphones, etc., to threaten, spread gossip, intimidate or put down, etc.
- Physical Activity and Obesity – A community in California conducted a project where they armed youth with cameras and instructed them to take pictures of what makes it easy or hard to be physically active (i.e., a locked up school playground) with the objective of making changes in the community to improve physical activity. A slide show of the pictures taken was presented – very powerful.
- Prescription Drug Abuse – Between 2004 and 2008 there has been a 110% increase in abuse of prescription drugs leading to ER use and deaths. To address this concern, diversion education campaigns are being considered. Such campaigns provide important information to prescription medication consumers, information such as how to keep the meds from children and what to do with unfinished prescriptions. Another idea is to imbed screening tools into EHRs that would immediately coach providers with prevention information.
- Transition from Incarceration to Community – In the state of California, persons discharged from San Quentin have a very high recidivism rate. A vast majority of prisoners who go in without a chronic disease, come out with one. A group in CA developed a two-phase program where there is a discharge planning process – a discharge checklist – and a transition clinic model. The objective is to get people to the clinic within 30 days and then have ongoing case management. The program has already shown a decrease in recidivism to 40% (from 66%) as well as a decrease in ER visits.
- Diabetes Prevention – To address the obesity epidemic, a diabetic prevention project was conducted to see if it would be possible to lower a persons' diabetes through coaching in a gym, which saw some success. The project is now being considered for the work-place. If done in a work-place setting of self-insured organizations, could save hundreds of

thousands of dollars over 20 years if decrease the number of people who might develop diabetes.

- Menu-labeling and Obesity – Chain restaurants will soon be providing menu labeling (calorie posting) of their foods for customers. Learned that with menu-labeling you do not get a significant overall change in behavior (what people choose to eat or how much they eat). However, some people do make those choices, so there is interest in learning who is affected by labeling.
- Sugar-Sweetened Beverages – Some efforts to curb consumption of SSB are geared to increasing taxes. Research indicates that most of SSB consumption occurs in the home. It might be helpful to consider consumption patterns when we look at addressing SSB for our community.

Dr. Bruce Cooper recently attended The Colorado Health Institute's "Hot Issues in Health Care" conference. The conference is targeted at state legislators to get them briefed on health care issues and reform, and three of our local legislators attended. Dr. Cooper attended because he is now on Colorado Health Institute's Board.

Main points directed at legislators: now would be a good time to come off their campaign divide, respect other opinions, understand the issues. In regard to the newly passed health care reform, legislators were asked to understand that it is an enormous responsibility of the people to take the act from the Feds and turn it into an effective set of regulations and systems. Ten Things That States Should Do Right were highlighted, including getting the health insurers exchange right and having a good benefit design. It was also noted that it is challenging from the legislator's perspective that they have control in implementing this.

Dental Connections: Progress and Fundraising

Mr. Jim Becker, Resource Development Coordinator, and Ms. Chelsea Williams, Public Health Apprentice for Community Impact, provided a brief update on the General Anesthesia and Dental Connections projects. Staff have been working towards the General Anesthesia project rolling out in January. The Harmony Surgical Center is reserving every third Friday for providers to provide dental care for those who require it under general anesthesia. A meeting with all the participating providers is scheduled for tomorrow to get feedback on procedures and equipment. Patient flow and policies are still being worked out.

Dental Connections is being planned to open its doors in July 2011. The Women's Resource Center and the Health District have both contributed a lot of staff time to this project. In addition, we have Ms. Williams, who comes to us via a Public Health Apprentice grant from the Centers for Disease Control, and funding from the Caring for Colorado Foundation to help move the project forward. A job announcement has been posted for the Dental Connections Coordinator position.

Goals for 2011 include: getting the general anesthesia project up and running in January; developing and finishing planning in preparation to implement Dental Connections by July; approval of funding from WRC and HD budgets; seeking and hopefully obtaining additional funding to support the programs.

A funding campaign has been initiated to initially seek up to \$40,000 in funding to purchase needed the computer system needed for exchanging health information, dental equipment and

supplies, etc. Additional funding will be needed in 2012 to complete the initial first 3 years of the program.

At this point, the fundraising priority is to get the funding for the equipment needed for the GA program. Staff invited the Board members to get the word out to any friends or colleagues who may be interested in this project and who might be willing to contribute. Informational flyers are available to distribute. The Board asked that the flyers be sent to them electronically so they could forward them on by email.

Specific entities will also be targeted for funding. Suppliers will also be approached to assist with obtaining or funding needed equipment and supplies. A suggestion was made to try the Knights of Columbus who often do fundraisers for mental retardation.

UPDATES

Executive Director Report

This week is a huge week because it's the week for the community health assessment discussion groups, which are in addition to the triennial surveys. Staff has been very successful in getting people to attend the discussion groups. Discussion groups have been arranged for various community groups such as businesses, community leaders, health and human service providers, general public, and Spanish-speakers. These group discussions have always been very informative and beneficial to the overall community assessment process. Consultant Michael Felix, who is facilitating the discussions, is also helping us with oral health meetings and the Medicaid ACC RCCO project, which makes for a very busy week for many of us.

Also going on this week is the homeless Registry Week which the Board learned about at the last board meeting. Samantha Murphy and Lin Wilder both were able to participate by interviewing homeless individuals during the wee hours of the morning. Many key leaders are also participating. The Board expressed interest in hearing more about this at the next Board meeting.

Update from the Liaison to the PVHS Board

The PVHS Board of Directors has a meeting tomorrow. Mr. Hendrickson had nothing to report at this time.

ANNOUNCEMENTS

- December 9, 12 noon – Staff Holiday Potluck Lunch (Board Members are invited.)
- December 14, 5:30 p.m. – Board of Directors meeting
- January 22 – Annual Health District Winter Party; details forthcoming
- January 25, 5:30 pm – Board of Directors meeting

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 8:26 p.m.

The Board came out of Executive Session at 8:35 p.m.

ADJOURN

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

The meeting was adjourned at 8:36 p.m.

Respectfully submitted:

Nancy L. Stirling, Assistant Secretary

Celeste Holder Kling, President

Bernard J. Birnbaum, MD, Vice President

(ABSENT From November 16 meeting)

Timothy S. O'Neill, Secretary

Steven J. Thorson, MD, Treasurer

Joe D. Hendrickson, PVHS Board Liaison