



**BOARD OF DIRECTORS  
MEETING  
May 6, 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  
Bruce Cooper, M.D., Medical Director  
Carrie Cortiglio, Policy Analyst  
Deborah French, Development Coordinator  
Lorraine Haywood, Finance Director  
Sue Hewitt, Evaluation Coordinator  
John Newman, Clinical Services Director  
Rebecca Gonzalez Rogers, Accountant  
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 6:24 pm. Legislative Updates were added to the meeting agenda under the "Updates" section.

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

**PUBLIC COMMENT**

None.

**UPDATES & REPORTS**

**H1N1 Influenza (aka "Swine Flu") Briefing**

In light of the current H1N1 (aka "swine flu") outbreak and the staff attention it was requiring, staff thought it important to brief the Board on the issue and our involvement. Staff provided an overview of the current situation worldwide, in the United States, and in Colorado; explained

how flu viruses are created and the nature of the H1N1 virus; and what the Health District has been doing internally and for the community in response to a possible local outbreak.

### Current Situation and Influenza 101

Worldwide the numbers are changing every day due to the rapidly emerging outbreak. There are over 1,500 confirmed cases of H1N1 and 30 deaths thus far. In the United States there were 642 confirmed cases, as of this morning, and 2 deaths. There are many more cases currently undergoing testing and it is expected that the number of confirmed cases will increase. Noted differences between H1N1 and the usual “seasonal flu” is the age group being affected (healthy individuals between 18 and 40 years of age) and the percentage of likelihood to contract flu directly. Although originally it looked like this novel strain of H1N1 might be more deadly than seasonal flu, it now appears similar in severity to a usual flu season. It is, however, too early to really tell, and testing has been mostly limited to individuals who have been hospitalized. In Colorado we have 19 confirmed cases – 12 males and 7 females – and no known deaths.

At this point in time, the virus is very unpredictable and it is unknown how the virus will proceed – will it burn itself out completely during the summer season (when other viruses typically are unable to survive due to heat) or will it mutate over time and possibly return to be more virulent in the fall/winter at the time of the usual flu season? Reasons for public health concern are the unknown aspects of this novel strain of H1N1, the issue of little or no immunity, the swine origin, and, from analyzing previous pandemics, the possibility of this being a mild wave with a more severe wave to come in fall/winter. The good news from the current situation is that it appears to, so far, be a relatively “mild” disease, and that it is responsive to two anti-viral medications, Tamiflu and Relenza.

### Community Preparedness and Response

The purpose of community-base interventions is to delay the outbreak peak, decrease the peak burden on hospitals, and diminish overall cases and health burdens. Community mitigation strategies, if necessary, may include: requesting that ill persons stay home and refrain from contact with non-ill people; social distancing measures such as school closures, cancellation of public events and workplace social gathering; and individual infection control measures such as hand washing and cough etiquette, use of personal protective equipment such as masks and gloves, and disinfection of environmental surfaces. Determination of approaches will be driven by severity and case fatality rates of mild, moderate, or severe.

In Larimer County, in response to this outbreak, there has been much activity. Fortunately, the community has a history of preparedness with the formation of the Pandemic Influenza Preparedness Partnership (PIPP) led by the Larimer County Department of Health and Environment. In preparing for a possible pandemic, over time, this partnership has helped to develop relationships and worked on the development of a community-wide response plan. Out of the PIPP group, a smaller group was formed to create the “Leaders and Coordinators” group. The responsibility of this group was to coordinate and develop a process of leadership clearly understood by the major organizations’ CEOs (cities, county, CSU, hospitals, etc.) so that work during a crisis can be facilitated quickly and efficiently. The group is made up of key emergency managers for the cities of Fort Collins, Loveland, and Estes Park. The NIMS ICS model has been adopted by the Leaders and Coordinators group and provides a system and language that can be used to respond to any kind of large event or disaster. More specifically, the Leaders and Coordinators Group developed a process and chart for a “Unified Area Command” that could be

used in case of a major public health situation that required significant communitywide decisions. In addition to all this, the community has developed a generic mental health disaster response plan, and a specific chapter in the community Pandemic Plan relating to mental health, to address psychosocial needs that are likely to arise in a time of distress.

With this current outbreak, the Health District has been instrumental in providing much needed assistance and support to the Health Department as they respond to this outbreak. In the 8 days since we started working on this issue, the Health District has accomplished the following: convened a Leader's and Coordinator's Group meeting in a matter of hours; developed a summarized information sheet for Emergency Managers to share with their staffs (which include all the major cities and the county); convened CEO's for Unified Area Command organizational meetings and briefings as well as follow-up; assisted with convening the PIPP group; created a new Joint Information Systems model to provide a process and efficiency for transfer of appropriate information to appropriate persons; selected a handful of staff to be trained to answer phone lines along with county staff. Also, the psychosocial response committee was convened and established their 3-deep roles (a lead person and two back-ups in case the lead or person ahead of them is unable to fulfill their duties) and developed messages on specific topics (i.e., How to Talk to Children about H1N1; Coping with Anxiety about H1N1; Responder and Caregiver Self-care in a Crisis: Caring for yourself so you can help others; and The Role of the Faith Community in a Potential Influenza Pandemic or Outbreak). The Health District, upon request from the Health Department, also created a list of resources so that PIPP members could have reliable information.

#### Internal Preparedness

Internally, the Health District has been focused on what is needed to respond both internally and to the community. A top priority was to enhance communications so that responders/staff could be reached and be able to receive important information in a quick and easy manner. This was accomplished through the development of texting groups, adding phone lines in the 1<sup>st</sup> floor conference rooms, obtaining a cable TV hookup, and developed a web site for quick access to information. The "Red Book", which Management Team members have had for the past couple of years, was updated with current staff contact information, key community leaders contact information as well as critical information about our buildings, the ICS process, and location of and access to PPEs. An All-Staff Briefing meeting was held early on Tuesday, April 28 to let staff know what was going on and provided reminders on how to prevent the spread of the flu virus. Additional PPE and equipment/supplies needed in order to keep some programs running during a pandemic were ordered and a staff skill set inventory was initiated to identify specific staff with specific skills that may be needed and utilized in a pandemic.

Another priority was to ensure that staff who have direct contact with clients would be protected as much as possible. Since the flu virus is most easily transmitted via close contact and aerosolized procedures, it was determined that the dental program would be the first priority for implementing processes and strategies. A screening process was developed and initiated at the first point of contact at the front desk area. Clients are asked to complete a very brief (2-question) survey asking if they currently have a fever or any flu-like symptoms. Also, an isolation room was identified in the dental clinic area for placement of possibly sick individuals. If any clients should be determined too ill to be seen, they will be sent home and asked to reschedule their appointment. After the screening process was implemented in dental, a similar but less intense process was implemented in the Prescription Assistance program.

At the PIPP meeting, Dr. LeBailly stated that she considered the Health District to be “public health extenders”, extending their capabilities and expertise to help them out. We are very fortunate to have a dedicated and skillful staff with a variety of skills and who are willing to assist as needed.

Board members complimented staff on their work and echoed the comment about dedicated and skillful staff. They were also interested in obtaining copies of the PowerPoint presentation to share with colleagues and inform them on how the community is responding to this issue.

## **Legislation**

While the 2009 Legislature is adjourning today, there are still many issues still in flux. Ms. Cortiglio highlighted some of the information known at this time.

- **Senate Bill 87** concerning increased accountability for Special Districts – This bill passed out of the House and went back to the Senate which considered House amendments and repassed the bill. Overall, the bill came through the process with few changes for us – just notification requirements, most of which are already part of our regular process:
  - “On or before January 1, 2010, a special district shall file a current, accurate map of its boundaries with the County Clerk and Recorder in each of the counties in which the special district or a part thereof extends.”
  - Link the Health District web site to the Division of Local Government
  - No more than 60 days prior to but no later than January 15 of each year the Board shall provide notice to eligible electors
  - Provide contact information for special district and information on Board elections
  - File a Copy of Notice with the County Clerk and Recorder
  - Notice of Board Meetings shall be posted 72 hours prior to the meeting
- **Senate Bill 228** – the Arveschoug-Bird Repeal Bill – With considerable work by Carol Hedges from the Colorado Fiscal Policy Institute (CFPI), SB 228 continued to move forward. The Governor’s Office intervened to help parties reach a compromise agreement. The bill was amended in the House Committee and passed the House floor. We do not have details of the compromise legislation but it is likely that the bill repeals the 6% limit while keeping in place the cap on the General Fund growth of 5% of personal income. The bill likely contains some sort of dedicated funding for capital construction and transportation. Staff will have bill details at the next Board meeting.
- **Senate Bill 296**, the primary enforcement of seat belt law, was postponed indefinitely (killed) in House Appropriations. This issue was fought in 2006 and 2007 and again defeated this year. It’s a major disappointment, not just because it could greatly impact the burden of disease in the Health District, but also because it’s the last year that Colorado could be eligible to receive about \$14 million dollars in federal transportation money for passage of such a bill.
- **House Bill 1094**, which would prohibit cell phone use while driving, was significantly amended in the Senate. The version the Senate meant to pass would have prohibited adults from texting while driving and prohibited all cell phone use for drivers 18 and under. However, there was an error in the drafting of the Senate amendment. At the time of the

Board meeting the bill was in conference committee and the likely outcome would be that the bill would emerge with the restrictions the Senate meant to pass, although time is short.

- **House Bill 1342** to eliminate state sales and use tax exemption for cigarettes looks like it is moving forward. On behalf of the Board, President Hendrickson supported the elimination of the exemption but we refrained from opposing the cuts to the tobacco cessation programs funded by Amendment 35 dollars.

The Board expressed interest in writing letters to our local legislators to thank them for their efforts even when legislation was not successful.

Staff expect to have information forthcoming to the Board concerning the state budget.

### **CONSENT AGENDA**

- Resolution 2009-4 to approve signators for new First National Bank Account #43030218
- Approval of Old Age Pension Contract with the Colorado Department of Public Health & Environment for the period July 1, 2009 through June 30, 2010

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

### **ANNOUNCEMENTS**

- May 26, 5:30 pm, Board of Directors Regular meeting
- June 23, 5:30 pm, Board of Directors Regular meeting

The Board's "Mini-Retreat" was confirmed for July 27.

Hotel reservations for this year's American Public Health Association (APHA) conference, to be held in Philadelphia, can be made beginning June 1. Board and staff will discuss at the May 26 meeting who plans to attend.

### **ADJOURN**

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

The meeting was adjourned at 8:35 p.m.

Respectfully submitted:

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Nancy L. Stirling, Assistant Secretary

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Joe D. Hendrickson, President

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Celeste Holder Kling, Vice President

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Bernard J. Birnbaum, Secretary

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Steven J. Thorson, Treasurer

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Lee Thielen, PVHS Board Liaison