



## COLORADO BOARD OF HEALTH

Minutes for Wednesday, October 16, 2013

Approved November 20, 2013

Colorado Department of Public Health and Environment  
Sabin-Cleere Conference Room, Bldg. A, 1<sup>st</sup> Floor  
4300 Cherry Creek Dr. South, Denver, CO 80246

Colorado Department  
of Public Health  
and Environment

NOTE: These minutes are a summary of the proceedings and motions of the meeting of the Colorado Board of Health. The complete and accurate record is the audio recording of the meeting. Documents referenced in the minutes are available for public inspection at the Board of Health Office, Colorado Department of Public Health and Environment, Bldg. A, 5<sup>th</sup> Floor, 4300 Cherry Creek Drive South, Denver, CO., or call 303-692-3464 to request copies. Copies of the rulemaking documents, reports, briefings, and presentations may be obtained by submitting a request to: [cdphe.bohrequests@state.co.us](mailto:cdphe.bohrequests@state.co.us)

| Y/N | Board Member Attendance                               |
|-----|---|
| Y   | Christopher Stanley, M.D., District 1                 |
| Y   | Laura Davis, District 2, President                    |
| Y   | Jill Hunsaker-Ryan, County Commissioner, District 3   |
| Y   | Gary Teague, District 4                               |
| Y   | Betty McLain, District 5                              |
| Y   | Joan Sowinski, District 6                             |
| Y   | Rick Brown, District 7                                |
| Y   | Christine Nevin-Woods, D.O., At-Large, Vice President |
| Y   | Sue Warren, At-Large                                  |
| Y   | Larry Wolk, Executive Director, (ex-officio)          |

| Y/N | Staff Attendance                                     |
|-----|--|
| Y   | Joni Reynolds, Health Programs Director              |
| Y   | Deborah Nelson, Board Administrator                  |
| N   | Jamie L. Thornton, Program Assistant                 |
| Y   | Jennifer L. Weaver, First Assistant Attorney General |

### Call to order/Roll call

The meeting was called to order at approximately 10:05 a.m. by Ms. Davis, Board President.

### Approval of the minutes

**BY UNANIMOUS CONSENT**, the Board approved the August 21, 2013 meeting minutes as amended. The two amendments were: a revision to page four, third paragraph to clarify the value of the CD4 test results and a revision to page five, second paragraph to clarify that the testimony concerned the Medical Marijuana Registry.

### Welcome the new Executive Director

Board President, Ms. Davis, introduced and welcomed Dr. Larry Wolk, Executive Director of the Department, to the Board of Health. Dr. Wolk will serve as an *ex officio* member of the Board.

### Public comments regarding matters not on the agenda

George Swan, retired hospital administrator, offered public comment for the record. Mr. Swan urged the Board to view the Healthy Community Institute website; Boulder County has implemented this approach as it helps hospitals, local public health agencies and community coalitions measure community health, share best practices, identify new funding sources and drive improved community health. Arizona also has a similar system that is an excellent resource for Healthy Living. Mr. Swan provided a handout to the Board.

Laura Kriho made public comments. Ms. Kriho indicated that the microphones need to be on so members of the audience can hear. Ms. Kriho also discussed confusion as to when the Board was on break and when the Board has adjourned and asked the Board to be more clear.

Kathleen Chippi also made public comments. Ms. Chippi stated that she made a Colorado Open Records Act (CORA) request of the Department. She indicated that patients should not have to do a CORA to get information and the Department needs to better inform patients of changes in the Medical Marijuana Registry (MMR).

### Board comments regarding matters not on the agenda

None.

Committee Appointments

Commissioner Hunsaker-Ryan will serve on the Public Health Steering Committee.

Ms. Warren is no longer able to serve on the Tobacco Review Committee. Dr. Stanley may be available to serve. Board Administration will provide Dr. Stanley additional information.

Request for Rule-making Hearing, 6 CCR 1014-4, Colorado Health Care Professional Credentials Application

George Dikeou, Chairman, Health Care Credentials Application Review Committee and Al Schwindt, Compliance Officer with COPIC Insurance Company, presented a request for a rulemaking to revise the Colorado Health Care Professional Credentials Application. Mr. Dikeou reviewed the statement of basis and purpose. The updated form need not be used for temporary privileges, enables the use of electronic communication, enables others to be the contact regarding credentialing, allows for staff appointments to be pending while the application is being processed, and aligns the application with the statute related to peer review and avoids unnecessary duplication. There is no known controversy regarding these changes. The anticipated effective date is March 1, 2014.

Mr. Dikeou also discussed the recommendation to eliminate the tuberculosis (TB) questions on the application given the legal climate and that this is accomplished through a separate process with the Joint Commission. Ms. Sowinski asked if the form covers individuals that are not covered by the Joint Commission. Mr. Dikeou indicated that the form is used by entities that are not covered by the Joint Commission. Dr. Stanley spoke of individuals in an ambulatory surgery setting not being covered. Ms. Sowinski and Dr. Stanley opined that the information needs to remain on the form because it is important and easy to miss. Ms. Davis asked why the form asks about TB and not other conditions. Mr. Dikeou responded that TB is a higher risk so it is standard to capture this information. Ms. Reynolds indicated that the Department has a TB program and Ms. Reynolds will have the program review this section to ensure that it is current.

Dr. Stanley asked about not using the form for temporary privileges and whether there are circumstances where an individual could slip through because they only have temporary privileges. Mr. Dikeou indicated that he is not aware of that scenario based on his years of experience. He stated that entities have an incentive to ensure credentialing has occurred if utilizing an individual on an on-going basis. In smaller facilities, there are some physician groups that drop in to provide case specific, limited services.

Ms. McLain asked if the law covered nurses that are not advance practice nurses. Mr. Dikeou indicated that the definition in the rule mirrors what is found in statute and that other nurses are typically employees.

**BY UNANIMOUS CONSENT**, the Board scheduled a public rulemaking hearing to consider proposed amendments to 6 CCR 1014-4, Colorado Health Care Professional Credentials Application. The rulemaking hearing is tentatively scheduled for December 18, 2013.

Request for Rule-making Hearing 5 CCR 1006-2, Medical Use of Marijuana - Fees

Ron Hyman, State Registrar and Director, Office of Vital Statistics and Medical Marijuana Registry, presented a request for a rulemaking to revise the Medical Use of Marijuana rules related to fees. The Department is looking at current costs and how to draw down its fund balance. Mr. Brown asked if the rule request was informed by the Office of the State Auditor's audit report. Mr. Hyman indicated that it did. Mr. Hyman also indicated that the Department has published a survey for MMR stakeholders on the website to gather stakeholder feedback about the fee structure. Commissioner Hunsaker-Ryan asked about whether the fee will incorporate consideration of the costs of solutions for the audit identified issues. Mr. Hyman indicated yes, the cost of any system improvements recommended by the audit is being included in the analysis of the fee amount. **BY UNANIMOUS CONSENT**, the Board scheduled a public rulemaking hearing to consider proposed amendments to 5 CCR 1006-2, Medical Use of Marijuana - Fees. The rulemaking hearing is tentatively scheduled for December 18, 2013.

Request for Rule-making Hearing Citizen Petition for amendments to 5 CCR 1006-2, Medical Use of Marijuana

Laura Kriho, Cannabis Therapy Institute, presented a request for a rulemaking to revise the Medical Use of Marijuana rules. Ms. Kriho opened with stating that it was her understanding that the Board will deny the petition in its entirety and affirmed that she will continue to act on this issue. Ms. Kriho referred the Board to the June audit report from the Office of the State Auditor. Ms. Kriho stated that since the August 2013 meeting, the Cannabis Therapy Institute continues to receive complaints about law enforcement stops in other states. Ms Kriho stated that there is enough feedback to know these are not isolated

events.

Ms. Kriho also addressed the Department's response to the petition. She stated that: the Department's response indicates multiple copies of the registry because more than one computer is used and other entities can access the registry; the Department response elevated concerns because the Department does not have control over what entities that access the registry do with information; the Department has failed to maintain patient confidentiality; the Department lacks transparency which has led to adversity, and; the Department has solutions that have not been implemented. Ms. Kriho challenged the Department's statutory cites in its response. Ms. Kriho indicated that the Attorney General's Office feedback is limited to plant and ounce count and that there are other issues such as police direct access that give her concern. Ms. Kriho reminded the Board that the Medical Marijuana Registry was created as a service to patients, that the Colorado Constitution has the Medical Marijuana Registry checked when an individual is stopped and arrested, and that checking 107 records at one time is not based on stops and arrests.

Ms. Kriho also discussed that under the Colorado Constitution, caregiver information is optional. Ms. Kriho offered that the caregiver registry does not link to patient registry. Ms. Kriho recommended a separate registry for caregivers that seek a card.

Ms. Kriho stated that the registry has been breached and the audit proves it. She indicated that these are the same issues that were brought to the Board in 2011. Ms. Kriho reviewed the consequences of a breach such as an insurance carrier that denies benefits, or a patient that is denied an organ transplant for being on the registry. She also stated that the registry is to protect patients from law enforcement and Department has instead provided registry information to law enforcement. Ms. Kriho concluded with stating that if the Board denies the petition, she will find another way to force the Board to do its constitutionally mandated job.

Board members had questions of the Department. Ms. Warren indicated that she read the audit report and asked if, when the database was set up, it was a legislative priority. Ron Hyman responded that the legislature wanted the registry to provide law enforcement information 24/7 and the database was created to implement that mandate. Ms. Warren asked how 107 requests came in. Joel Wade, MMR Fraud Prevention Manager, responded that the request came from the Department of Revenue when it was visiting a dispensary. The request came in via fax and the request was denied by the program. Ms. Davis recognized that the audit discussion of the 107 requests appeared inaccurate in light of Mr. Wade's response. She asked what the Department does to address misrepresentative information. Ms. Warren indicated that the Department has the opportunity to respond to the audit and it can identify errors through those responses. Ms. Reynolds indicated that the Department also testified before the Legislative Audit Committee and that there will be a six month follow-up and then an annual follow-up for the next few years. Ms. Reynolds talked about how the auditors sought a specific log so the Department response, including a denying of a request, could be reviewed. The issue raised by the auditors was not the dismissal but that there was no log to document that the request was summarily dismissed.

Commissioner Hunsaker-Ryan wanted to thank Ms. Kriho for coming today. Commissioner Hunsaker-Ryan appreciates the discrimination concern and appreciates that patients need to feel confident that their information is secure. Commissioner Hunsaker-Ryan asked the Department how patient confidence will be restored. Mr. Hyman responded that the Department values the stakeholder process and indicated that greater transparency is a good direction for the Medical Marijuana Registry. Ms. Davis talked about how greater transparency may alleviate the misconception that there are multiple registries rather than a single registry with multiple servers and networked computers. Ms. Davis indicated that the Department cannot control law enforcement and what it does, but the Department can be transparent.

Ms. Sowinski asked about law enforcement's use of the data. If law enforcement calls in, how can the Department stop an officer from keeping that information or maintaining his/her own database? Mr. Hyman relayed the process: the officer stops someone, the officer presumes marijuana use, the officer asks for the card, the card may be suspect, the officer enters information such as the name, last four digits of the individual's social security number and date of birth from the card from the officer's cruiser, the database is pinged and the database will identify whether the individual participates in the registry or not. Ms. Sowinski agreed with Mr. Hyman that the Department has no authority or jurisdiction over law enforcement. Mr. Hyman did clarify that law enforcement from other states have no authority to access registry information.

Mr. Brown asked about law enforcement having a parallel database. Mr. Hyman was not aware of an audit finding related to this but he appreciates that law enforcement could have its own database or lists. Ms. Reynolds responded to Ms. Warren that members of the Legislative Audit Committee discussed law enforcement use of the database. There was no specific solution

suggested in those discussions but it is being discussed.

Dr. Wolk stated his support of Mr. Hyman and the Medical Marijuana Registry. Dr. Wolk appreciates the regulatory complexity, the need to support patients, and moving forward to serve the best interest of patients.

Ms. Chippi, patient caregiver, reviewed Section 25-1-106, C.R.S. Ms. Chippi highlighted that in the caregiver section, the state health agency shall check the registry and the state health agency may provide the information to law enforcement. Ms. Chippi reiterated that she has sued three times to prevent this breach and the Board needs to correct a wrong. Ms. Chippi indicated the only solution is to get rid of the registry and take a year to create a new registry. Ms. Chippi stated that the Medical Marijuana Registry has more constitutional protection than other registries like the HIV registry. Ms. Chippi stated that few calls are missed through the night and that Mr. Hyman previously testified that only five to six cards over eleven years were falsified. Ms. Chippi opined that the registry is a catastrophe and a poor use of \$1.2 million dollars to address five to six people with bad red cards. Ms. Chippi also reiterated her attendance at the secret meeting between Bob O'Doherty of the Department, the Department of Revenue, the Colorado Bureau of Investigation, and the Governor's Office of Information and Technology where a parallel database was discussed. Ms. Chippi criticized the Department's response to the petition because it does not recognize that the constitution trumps statute. Ms. Chippi emphasized that this database has been breached. Ms. Chippi reiterated her comments about COHELP, that the registry is associated with the office of emergency preparedness and bioterrorism, and that COHELP is not part of the Department and should not be accessing registry.

Mr. Brown asked about the updated petition attachments such as the CORA request and supplemental information. Ms. Davis clarified that all of the information was provided by the petitioner as part of the petition.

Mr. Teague moved to deny the petition, allow the Department to continue its review of the audit and have the Department come back to the Board. Dr. Stanley seconded. **BY UNANIMOUS CONSENT**, the Board denied the citizen petition regarding 5 CCR 1006-2, Medical Use of Marijuana - Fees. Ms. Davis asked for Attorney General's Office feedback as information comes available. Ms. Davis also discussed the need for the Department to include stakeholder feedback and inform stakeholders about Department activities. Dr. Stanley would like a status report within the next three months. Ms. Warren asked about rule changes based on the audit. Ms. Reynolds stated that the Department is working with the Attorney General's Office and that Mr. Hyman will provide the Board an update in December including any anticipated rule changes.

Executive Director Report, Dr. Larry Wolk, Executive Director

Dr. Wolk shared his Vision and Strategy for CDPHE with the Board through the "Colorado has the Healthiest State" PowerPoint presentation. Dr. Wolk discussed the Triple Aim, which is a framework designed to improve health, improve patient care and reduce costs. Dr. Wolk also discussed "Simply Health" a one click, two click answer to anyone wanting to know about health. CDPHE is in a position to be Colorado's resource. Other efforts discussed include: the State Innovation Model (SIM) grant, which supports integrated care systems, integrating primary care with other services, and looks at co-morbid conditions like prescription drug abuse/misuse, obesity, and suicidal tendencies; building the partnership between the public and private communities; leading interoperability and process improvements through LEAN, and; being a leader in evidence-based information sharing. Dr. Wolk recognized the good work already occurring with the Department and its partners. Dr. Wolk was very proud of the Department's response to the flooding and stated that the Department did a wonderful job enabling positive outcomes for Colorado communities. Dr. Wolk also discussed how the Department's efforts are aligned with health reform so the Department can support cross-system changes to meet community need and distribute services efficiently and effectively. Dr. Wolk wants navigation to be simple, starting with the Department's website and making it customer friendly. The United Kingdom's government website is a model for this effort. Citizens can get an answer in a way that makes sense to him/her rather than being passed around silos.

Ms. Davis supported the Executive Director and stated that it is timely to ensure the public is informed about the Department's work. Dr. Wolk appreciates that customers may not agree with the answer but customers should always get a response. Dr. Stanley also appreciated the customer-centric view.

Dr. Wolk shared with the Board impacts and potential impacts of the federal government shutdown. Two-thirds of the Department's funding is federal funding, whether grants, match, or contracts. The Department is studying the impacts to the Department and state services. If an impasse continues, the longer the shutdown, the more likely the Department will need to shut down programs and furlough employees. This is likely if the impasse continues beyond October. The Department staff is aware and the Department will continue to keep the Board informed.

Attorney General's Report, Jennifer Weaver, First Assistant Attorney General, Health Care Unit

Jennifer Weaver discussed the Boyer case. The court dismissed the case for the lack of standing. There is a pending appeal in the Colorado Court of Appeals. The regulations remain in effect.

Administrative Updates, Deborah Nelson, Board of Health Administrator

Deborah thanked the Boards and Commissions staff that supported the Board today in Jamie Thornton's absence.

The Board was reminded of the October 17, 2013 Joint Meeting with the Air Quality Control Commission. Ms. McLain, Mr. Brown, Ms. Sowinski, and Commissioner Hunsaker-Ryan will be attending.

The Board was asked about its interest in rescheduling the Board retreat and related work sessions. When considering a date to reschedule, the Board was reminded that elections would occur in January. Also, the Board agenda for 2014 is very full. The Board members suggested a half day work session in November following the Board meeting.

The Department is in the course of developing its 2014 Regulatory Agenda and its 2014 Regulatory Plan. The Regulatory Agenda delineates the rulemakings the Department anticipates bringing forth to all of the Boards and Commissions over the year. The proposed rulemakings have been reviewed for scope, complexity, anticipated time for presenting or testimony, and needed completion dates, etc. to balance the Board meetings as much as possible. Rulemaking for 2014 will be significant, especially through July. The Department anticipates that additional rulemakings will get added to the latter half of 2014 based upon new legislation. At present, there are meetings with six to eleven, requests for hearings and rulemaking hearings. The Board was asked whether members had additional feedback for staff and whether the Board wanted to entertain an earlier start time. The consensus was to keep the start time at 10:00 and go later into the day as needed.

Last month the Board continued the public rulemaking hearing concerning 6 CCR 1009-9, Reporting, Prevention, and Control of AIDS, HIV Related Illness, and HIV Infection – CD4 Counts, to provide additional time for stakeholder outreach. The board moved to continue the rulemaking hearing to October. Based upon meeting dates and the need to notice the rulemaking hearing, the Board was asked to reschedule the rulemaking hearing. The anticipated rulemaking hearing date is to November 2013. **MOVED** by Dr. Stanley, seconded by Mr. Teague, to reschedule the rulemaking hearing of 6 CCR 1009-9, Reporting, Prevention, and Control of AIDS, HIV Related Illness, and HIV Infection. **MOTION CARRIED UNANIMOUSLY**

The rulemaking hearing concerning 6 CCR 1011-1, Standards for Hospitals and Health Facilities, Ch. II, General Hospitals, Part 5– Access to Patient Medical Records was scheduled for a public rulemaking hearing on September 18, 2013. The Department requested that this rulemaking be rescheduled as the Department received additional stakeholder feedback and needs to review the feedback in relation to the court order. The anticipated rulemaking hearing date is January 2014. **MOVED** by Dr. Stanley, seconded by Ms. McLain, to reschedule the rulemaking hearing of 6 CCR 1011-1, Standards for Hospitals and Health Facilities, Ch. II, General Hospitals, Part 5– Access to Patient Medical Records. **MOTION CARRIED UNANIMOUSLY**

FY 2014 Funding Recommendations from the Tobacco Education, Prevention and Cessation Grant Program Review Committee

Dr. Karen Wilson, Tobacco Education, Prevention and Cessation Grant Program Review Committee and Dr. Ken Gershman, Acting Tobacco Program Manager, Healthy Living and Chronic Disease Prevention Branch, provided the Board an overview of the Tobacco Education, Prevention and Cessation Grant Program. The total spending authority is \$25.3 million dollars; thus far for FY14, \$22.1 million has been awarded. The current request is to award an additional \$1.62 million. The available balance after this award is \$1.58 million.

Mr. Brown asked about the Request for Application (RFA) Process for the initial six months, how the timing works out and for the other five unsuccessful projects, whether there are common themes to help get more successful applications. Dr. Gershman responded that the anticipated start date is January 1, with a six month work plan. This gets grantees on the three year grant cycle and aligns the work with the fiscal year. This was an interim RFA. Grantees are aware that the budget would not annualize in the next fiscal year. The Department may be able to annualize funds but additional review will need to occur as the grants move into the next fiscal year. As to the unsuccessful applicants, there was a theme of lack of clarity and specificity in their objectives and in how applicants will evaluate to determine if the objectives have been met. The review committee did not want to stretch the Department and create an unattainable expectation.

Mr. Brown mentioned that the Cancer, Cardiovascular and Chronic Pulmonary Disease Grant Program Review Committee is looking at evidence-based work that is menu driven. This would help applicants put their proposals together. Dr. Gershman mentioned that potential applicants were provided examples of what the review committee would be looking for and Dr.

Wilson mentioned that the review committee also is looking at how to help applicants get better. Ms. Sowinski thought the guidelines were very clear and that some applicants did not appear to read the guidelines while other proposals were very strong. Ms. Davis mentioned the process is rigorous and ensures that dollars are well spent. Ms. Davis mentioned that it doesn't require a professional grant writer but it does require grantees to meet expectations. Dr. Stanley mentioned many of our grants and projects are about a specific population or geographic area but that the learning needs to be taken and generalized to the state and the Department needs to incorporate lessons learned into other Department efforts. Ms. Davis mentioned on-going grantees doing good things but would like grantees to find a way to make their effort sustainable.

Dr. Wolk asked, how, if at all, these programs address the public concern about vaporized tobacco. Dr. Gershman indicated that vaporized tobacco was not part of the interim RFA but may be able to as part of the next RFA. In the meantime, the Food and Drug Administration and Centers for Disease Control and Prevention (CDC) may have additional feedback. To include vaporized tobacco is not part of the current effort but the review committee could review the enabling legislation to determine if that can be included in the grant efforts. This topic will be carried back to the review committee. Dr. Wolk indicated that the Board and the Department may see this and dissolvable tobacco in upcoming months. **MOVED** by Ms. Sowinski, seconded by Ms. Warren, to approve the Tobacco Education, Prevention and Cessation Grant Program's recommendation to award an additional \$1.62 million of grant funds as outlined in the memo dated October 16, 2013. **MOTION CARRIED UNANIMOUSLY**

#### Recommendations for Appointments to the Tobacco Education, Prevention and Cessations Grant Program Review Committee

Dr. Karen Wilson, Tobacco Education, Prevention and Cessation Grant Program Review Committee and Dr. Ken Gershman, Acting Tobacco Program Manager, Healthy Living and Chronic Disease Prevention Branch, respectfully requested that the Board approve the Review Committee's recommendation to reappoint:

- Joseph Craig, MD, Colorado Chapter of the American Academy of Pediatrics (representing a statewide association representing physicians),
- Pamela Talley, MD, Colorado Academy of Family Physicians (representing an association representing family physicians),
- Daniel Kortsch, MD at Denver Health (representing a socio-demographic disadvantaged population in Colorado), and
- Kathleen Patrick, RN, MS, NCSN, FNASN, (representing Colorado Department of Education)

to the Tobacco Education, Prevention and Cessation Grant Program Review Committee. **MOVED** by Ms. Warren, seconded by Ms. Sowinski, to appoint Dr. Craig, Dr. Talley, Dr. Kortsch, and Ms. Patrick to the Tobacco Education, Prevention and Cessation Grant Program Review Committee. **MOTION CARRIED UNANIMOUSLY**

#### Review of Local Public Health Improvement Plans Presentation

Heather Baumgartner, Assessment and Planning Manager, Office of Planning and Partnership, provided an overview of the Colorado Health Assessment Planning System (CHAPS) and facilitated a presentation with: Jill Law, RN, MHA Director, El Paso County Public Health, Mark Wallace, MD, MPH, Director, Weld County Department of Public Health & Environment, Shylo Dennison, MPH, CHES, Public Health Planner, Pueblo City-County Health Department, and Jacqueline Davis, RN, MA, Public Health Nurse, Teller County Public Health, that shared local plan development process.

Ms. Law indicated that El Paso County Public Health (EPCPH) was the first agency in Colorado to be accredited by the Public Health Accreditation Board (PHAB). EPCPH and partners formed a Health Community Collaborative and shared in the development of indicators. EPCPH's baseline data is available and reports will be available in 2014. The hope is to see a decline or a lack of an increase in health risk. The public and private health agencies have partnered to expand the outreach to child care facilities and schools. The Collaborative consistently returns to the assessment to ensure decisions are data driven. Having data helps the Collaborative explain the effort and gain support.

Dr. Wallace, Weld County Department of Public Health & Environment (WDPHE) stated that WDPHE uses data, literature reviews and state and nationally reviewed processes such as the Department obesity integration project and the Department's winnable battles when designing its plan. National and state experts were used to identify best practices when literature reviews weren't conclusive. Kaiser Permanente also advised WDPHE. Weld County has a long history of making it a community effort not simply a public health effort. The work is embedded in a community structure through a twelve year alliance. The plan development process was informed by a needs assessment. It served to verify the priorities identified by the community in a survey. WDPHE resources include a health data specialist at Weld County. Health Communication, Education and Planning staff within the WDPHE kept the work moving forward. WDPHE used grants to complete the plan and Weld County is looking forward to implementing and achieving positive outcomes for the community.

Ms. Dennison, Pueblo City-County Health Department, indicated that Pueblo has a community plan and is looking for to implementation. Pueblo will be using a data system to track progress and outcomes. The data system allows partners to input their data and the software allows for real time, stoplight tracking. This increases community involvement, allows for tracking and evaluation, and allows for effective communication of progress. Pueblo will also have a newsletter for informational updates on Pueblo's two priorities. Presentations to community partners will continue as well. This improves alignment and creates efficiencies.

Ms. J. Davis, Teller County Public Health, stated that capacity was addressed through steering committee members and early identification of resources that could help create an attainable plan. Community leaders, that were able to connect people, were the steering committee members. This was essential to building capacity. In Teller County, it is the relationships that are essential.

Ms. Law discussed the initial alignment by defining the public health systems. This reinforced the partnerships and relationships needed to improve outcomes, allowed the public health system in El Paso County to be defined, and identified the different health information exchanges. When you have a large population and multiple data systems, there are costly barriers to improving outcomes for the community. Community Health Partners looked at interoperability across data systems for a centralized data exchange. The Collaborative recognizes that the existing data sources may not have all of the information needed as the work is implemented; this is an emerging issue that is being voiced and discussed in El Paso County.

Dr. Wallace discussed innovative funding solutions such as innovation grants to help bring in strategies at critical times to get the work started. This enabled the community dashboard, creating data tracking and reporting, and supported the work long-term. Partners all embedded the strategies into their base budgets. It was critical to build off of work that was already occurring so the work would continue to be supported. This ensured sustainability.

Ms. Dennison discussed shared ownership and how it influenced her role as a convener. The community was available and part of every step as the plan was developed. Community partners consistently outnumbered public health department staff. A key to success was to facilitate the community work rather than simply solicit input from partners.

Ms. J. Davis discussed alignment with national health care reform. In Teller County, the plan was aligned with other initiatives. With substance abuse and mental health, there were numerous local, state and federal efforts that supported those objectives. The Affordable Care Act supports integration and Teller is working to link behavioral health and physical care. Coordinated care of mental and physical health is supported at all levels of government and by the Affordable Care Act.

Ms. Law discussed processes to engage agency staff and local boards of health. Each agency had a vote and this helped engage the community. A ticker system supported this process; it enabled transparency as there are times when all had an equal voice and times when some, based on their roles and responsibilities, appropriately had more of a say in the decision making. 1.5 staff supported development and now 1 staff is used to implement the plan. The local health board members were part of the Collaborative and the members had a monthly report of the progress.

Dr. Wallace talked about embedding the work in the Alliance. The North Colorado Health Alliance is a board that supports the work. The Alliance has oversight along with the local board. They aligned the local data sharing, needs assessments, surveys, etc. There is a monthly meeting to deploy and revisit strategies to track and adjust efforts as needed. The time and commitment to nurture community relationships is significant. There is a constant commitment to each other.

Health Disparities is also part of plans' obesity and teen pregnancy performance indicators. El Paso is looking at local data to see if it was aligned with state and federal data. El Paso found education and income, not race, created a disparity in the El Paso community. Similarly, for teen pregnancy, births were mapped by zip code and then partners targeted efforts by geographic area. This allowed for the best utilization of limited resources.

In small public health agencies, staff are generalists. The CDPHE funding enabled dedicated staff to develop data and reporting systems. Teller County also benefited from support in the planning meetings and learned from other similarly situated counties. The CHAPS portal also has resources for counties. The on-going need is funding.

Ms. Baumgartner concluded with stating that this presentation and material speaks to seventeen plans representing twenty-three counties. Ms. Baumgartner asked for Board feedback as to how the Board wants to hear about the upcoming rounds of plans and next steps. Ms. Davis recalled the initial fear and concern about the mandate and how far the work has come. Ms. Davis, Ms. Sowinski and Commissioner Hunsaker-Ryan recognized the good work and congratulated all of the presenters. Commissioner Hunsaker-Ryan also commented about how identifying evidence based strategies will be an on-going challenge as so many strategies are not clear cut. Ms. Law responded that three years ago it was hard to find evidence based strategies but it has improved through the CDC over the years. In addition, the community is more informed and can assess the process to see how it was validated. Dr. Wallace also talked about timing being a key feature. Weld County did not push to the final outcome but rather identified incremental markers to start the dialogue and build support rather than coming in too fast and giving rise to a community backlash. Ms. Dennison talked about combining features in the plan so partners had some areas where they were comfortable while also building capacity. Teller County struggled because they did not have mental health and substance abuse expertise; they needed to target their effort based on their strengths as a community, so they focused on integrated care. Commissioner Hunsaker-Ryan asked about obesity and whether there is a process to align the local and state efforts. Ms. Baumgartner responded that the Department's Prevention Services Division assisted in the obesity component of plans by providing research and recommending strategies. With mental health, the Department developed a networking call so local agencies could get guidance from state experts. Planning and Partnerships is also providing literature on strategies such as mental health. Ms. Reynolds talked about Prevention Block Grant dollars supporting CHAP and some of the priorities.

Mr. Brown thought the information from Teller County was very specific and informative. He also appreciated the work and the information from the presenters as it helps the Board to align other activities it sees, to support this effort.

Substitution/Waiver of Minimum Qualifications Requirements for San Juan Basin County, Public Health Director

Kathleen Matthews, Director, Office of Planning and Partnership, reviewed the waiver of the minimum qualifications for the San Juan Basin Public Health Director and the related plan for Ms. Liane Jollon, San Juan Basin Health Department Public Health Director, the District Board of Health for San Juan Basin Health and the Department. Ms. Matthews also reviewed a snapshot of the state of substitutions and waivers. There is constant turnover and this process helps to strengthen recruitment and ensure Colorado's public health directors can support the ongoing Public Health Act efforts.

Adjourn

This meeting was adjourned at approximately 2:07p.m.