Boulder County Board of Health (BOH) Regular Meeting
Boulder County Public Health (BCPH) Auditorium
April 10, 2017

BOH Members Present: President Gregg Thomas and Board Members Jorge DeSantiago, Morgan McMillan, and Olga Bermudez. Absent: Board Member Bobbie Watson.

Staff Members Present: Public Health Director Jeff Zayach, Acting Director of Administrative Services Aaron Pratt, Director of Strategic Initiatives Susan Motika, Director of Health Divisions Heath Harmon, HEAL and Built Environment Coordinator Rachel Arndt, and Business Operations Manager Tammy Golden.

Meeting Called to Order.
President Thomas called the meeting to order at 5:33 p.m.

ITEM 1. Public Comments (on unscheduled agenda items).
None.

ITEM 2. Consent Agenda.
A. Approval of March 13, 2017, Board of Health Meeting Minutes.
B. Approval of January and February 2017 Financial Statements.

Board Member DeSantiago made a motion, which was seconded by Board Member McMillan, to approve the consent agenda, as presented. With all board members present voting in favor of the motion, President Thomas declared the motion approved. Absent: Board Member Watson.

ITEM 3. Update on Health Equity.
Director of Strategic Initiatives Susan Motika introduced this item and said it was the first in a series of updates that staff planned to present to the Board of Health on health equity.

Ms. Motika announced that Dr. Tony Iton, Senior Vice President for Healthy Communities at the California Endowment, is presenting in Boulder and Longmont on April 27. Dr. Iton is formerly the public health director and health officer for Alameda County, California. His presentation will be on improving health equity through interventions that build social, political, and economic power among a critical mass of community residents in historically under-resourced communities. Ms. Motika said Dr. Iton is a nationally renowned expert in community organizing for policy change to address health equity. His work focuses on improving the health of disadvantaged populations by addressing the contributions of race, class, wealth, education, geography, and employment to health status. Public health leaders from throughout the region, including the Colorado Department of Public Health and Environment (CDPHE), would be attending his presentation.
Ms. Motika introduced CU (University of Colorado-Boulder) Associate Professor of Law/Director of Clinical Programs Deborah Cantrell and BCPH Healthy Eating and Active Living (HEAL) and Built Environment Coordinator Rachel Arndt. She said Dr. Cantrell and the CU Law School Clinic have been working with Ms. Arndt to investigate poor water quality in local mobile home parks. The CU Law Clinic provides a variety of free legal services, with students focusing on community issues (e.g. economic living, poverty, health, etc.) by engaging the community to reach solutions rather than pursuing litigation.

Ms. Arndt showed a video featuring several Boulder mobile home park residents concerned about the quality of the tap water in their homes since it had a strange odor, taste, and color. They were frustrated because they felt all residents should have access to clean, drinkable tap water, and they did not. They also felt it was unfair that they had to spend some of their limited income on bottled water to ensure they had clean water – money they said they could have been spent on fresh fruits and vegetables.

Ms. Motika said poor water quality in mobile home parks was an issue throughout Colorado. San Lazaro was the top priority in Boulder, but there were similar problems in other Boulder County mobile home parks. A CU Law Clinic volunteer conducted a legal scan of applicable laws and regulations and discovered that mobile home park requirements were rather confusing because multiple entities were involved (i.e. mobile home parks, cities, counties, State of Colorado, and Environmental Protection Agency), and there was a lot of deflection on responsibilities between the agencies.

Dr. Cantrell said all people deserved to have access to clean drinking water in their homes, which was not always the case in mobile home parks. Complicating matters was that mobile home park residents needed to rely on private property owners (i.e. mobile home park owners) to properly maintain the infrastructure in the mobile home parks, and many don’t. Yet if residents complained, they faced being evicted or the mobile home park being sold by the property owner (i.e. “exiting”). Exiting can be very tempting for mobile home property owners because the real estate market today is very strong. The owners must only provide six months’ notice to residents before closing a mobile home park, so residents are forced to scramble quickly to find a new place to live, and there are limited affordable housing options available in Boulder.

BCPH and the CU Law Clinic were working to identify strategies that would help ensure to protect residents. Board Member McMillan asked about enforcing stricter zoning requirements but was told that might result in pushback from mobile home park owners who would instead choose to exit. The Board discussed a variety of options, which included financing and bonding opportunities, stricter regulations making it harder for owners to exit, and converting mobile home parks to low-income housing sites. It was noted that the use of federal funds may put undocumented residents at risk.

Ms. Arndt said next steps included working with residents to conduct water taste tests, engaging El Centro AMISTAD to work with and advocate for the residents, conducting water testing during the summer months when water quality worsens, implementing temporary fixes (e.g. water filters, water filling stations, etc.), accessing funding from the City of Boulder’s new sugary drink tax, and allowing mobile home parks in unincorporated county to connect to the city’s water line without annexation.

The next phase of research was looking into local ordinances that restrict owners from retaliating against residents, requiring owners to file applications before they sold their properties, and meeting with legal experts on possible ownership opportunities for residents (e.g. mobilizing residents to purchase the mobile home parks themselves).
ITEM 5. Update on Director of Administrative Services Transition Plan.
Public Health Director Jeff Zayach announced that former Director of Administrative Services Stephanie Martz had resigned to take a position with another organization. He said the Administrative Services Division would be understaffed in the upcoming months and asked for everyone’s patience and support. He detailed several items that were going to result in significant staffing gaps, including:

- Budget and Human Resources Manager Aaron Pratt serving as Acting Director of Administrative Services (DAS) until a permanent replacement was hired.
- The agency’s budget growing 11% over last year’s budget, requiring adequate staffing to backfill Mr. Pratt’s budget manager position while he serves as Acting DAS. Temporary staffing would be hired, including former Budget Coordinator Sandy O’Connor (who retired from BCPH several years ago), who agreed to provide remote assistance to help develop the 2018 proposed budget.
- Human Resources Specialist Kristie Sykes being promoted as Boulder County’s training and development coordinator, although she has offered to provide limited assistance to BCPH until a permanent HR specialist was hired. Site Receptionist Monica Girdner would be backfilling the HR specialist position until a permanent replacement was hired (she has backfilled this position before).
- The county was pursuing a new financial and personnel system (i.e. SWIFT Project), and Mr. Pratt has been serving as the lead project manager. When Ms. Martz resigned, BCPH considered pulling Mr. Pratt from the SWIFT Project but decided it would be beneficial for BCPH in the long run if he remained actively involved in the project.

ITEM 4. Update on Agency Strategic Initiatives.
Director of Health Divisions Heath Harmon said staff traditionally presented an annual report to demonstrate how well the agency performed on its program operational (op) plans. When BCPH adopted its 2013-2018 strategic plan, staff began identifying annual strategic priorities starting in 2014 to focus efforts on accomplishing objectives outlined in the strategic plan. Programs have now shifted to a new structure based on those strategic priorities instead of the annual report format. The priorities would also be used to help inform budget decisions.

Mr. Harmon said 23 strategic priorities were identified in 2016 and were separated into 3 categories:

1. Health Priorities: Long-term initiatives where impact would be realized in five or more years. The priorities were community-based and included Public Health Improvement Process (PHIP) Plan priorities, as well as other areas where significant resource gaps were identified. In 2016, BCPH’s health priorities were:
   - Improving Mental Health, which included Raising of America staffing and addressing stigma and education. The Raising of America Partnership in Boulder County was committed to engaging the community in supporting families and young children and works to prevent adverse childhood experiences that can lead to negative health outcomes.
   - Healthy Eating and Active Living (HEAL), which included a focus on youth and sugary drinks (e.g. Lafayette Youth Advisory Committee) and working with local farmers markets to incorporate Double Up Food Bucks for WIC (Women, Infants, and Children) and SNAP (Supplemental Nutrition Assistance Program) recipients.
   - Reducing Substance Abuse, which involved blending work plans of four separate grants and changing social norm. BCPH has been working with youth to develop a campaign that showed what actual social norms are, not what they are perceived to be.

2. Core Service Priorities: Ongoing efforts to meet the requirements of the Colorado Public Health Act. The commitment to core services was long-term; however, there were specific activities that either filled gaps or aimed to address emerging issues. In 2016, BCPH’s core service priorities were:
• Health Communications, which included the hiring of a health communications specialist.
• Preventing and Controlling Communicable Disease, which included improving capacity. BCPH nurses have expressed interest in providing more assistance during outbreak responses.
• Environmental Health Assessment, which included developing better awareness of environmental impacts on health and the needs of the community.

3. Infrastructure Priorities: Efforts that improved planning, communication, information technology, and administrative services to further support the work and culture of BCPH. In 2016, infrastructure priorities were:
• Workforce Development, which included a focus on equity and structure racism; topics which were presented at the agency’s all-staff meeting.
• Assessment and Planning, in which assessment was now being done in three-year terms, in alignment with the hospitals and the strategic plan cycle.
• Workload, which involved efforts to ensure adequate staffing. The Vital Records Program was now at full capacity, although one staff member would be filling in for Human Resources until a permanent HR specialist was hired.
• Workspace for Growing Workforce, which meant finding appropriate workspace for staff, especially on the North Broadway Campus. Some temporary fixes have been implemented, including relocation of some Environmental Health Division staff to the former Mental Health Partners site and shared office space with Clinica Campesina in Lafayette.

Staff reviewed the strategic priorities that BCPH will focus on in 2017, including: Health equity, mental health, healthy and intended pregnancy, community health assessment, strategic plan, SWIFT Project (the county’s new financial and human resources system), and space. Staff would be working on an early childhood strategic plan, as well as conducting a community health assessment. The goal was to whittle down to one community health improvement priority by November.

The model now would be to address issues as a community to improve social conditions in which people live, work, and play, and to have more of an impact on their health. The community has already voiced a need for addressing social norms, such as affordable housing and income.

ITEM 6. Election of Board of Health President and Vice President.
Board Member McMillan made a motion, which was seconded by Board Member DeSantiago, to elect President Thomas to serve another term as Board of Health president. With all board members present voting in favor of the motion, President Thomas declared the motion carried. Absent: Board Member Watson.

President Thomas made a motion, which was seconded by Board Member Bermudez, to elect Board Member DeSantiago, to serve as Board of Health vice president. With all board members present voting in favor of the motion, President Thomas declared the motion carried. Absent: Board Member Watson.

ITEM 7. Director’s Report.
Wildfire Response: Board Member Bermudez asked about the agency’s emergency response during the Sunshine Canyon Wildfire that occurred on March 19 outside of Boulder. Director of Health Divisions Heath Harmon explained that BCPH was responsible for overseeing Emergency Support Function (ESF) #8, Public Health and Medical Services, and ESF #10, Oil and Hazardous Materials Response, and the agency coordinates with other responding agencies on a regular basis during emergency situations. He
said the wildfire was extinguished quickly, and staff was available on an on-call basis with the emergency operations center (EOC).

**Youth Risk Behavior Survey (YRBS):** Board Member McMillan asked about the status of St. Vrain Valley School District’s (SVVSD) participation in the YRBS. Director of Strategic Initiatives Susan Motika said SVVSD has declined to participate. President Thomas asked if there was a big difference between SVVSD and Boulder Valley School District (BVSD), and if BVSD could be used as a proxy. Staff said that would not be recommended due to the differences between the two school districts. It was noted that SVVSD does participate in other efforts, such as Sources of Strength (SOS).

**Partners for a Clean Environment (PACE):** President Thomas asked if the City of Longmont contributed to PACE and was told the city did not; however, Longmont businesses were encouraged to participate in the program.

**GENESIS/GENESISTER:** Public Health Director Zayach commended staff for their efforts to raise sustainable funding to close the funding gap for GENESIS/GENESISTER (teen pregnancy and parenting services). He said the Colorado Health Care Policy and Finance (HCPF) Division was planning a site visit to learn more about the program’s work, potentially offering funding to expand the program regionally.

**ITEM 8. Old and New Business/Announcements.**

**A. Discussion on Tabled Consent Agenda Items (if any).**
None.

**B. Old and New Business.**

**Healthy Communities Awards:** Board Members McMillan and Thomas attended the Boulder County Public Health Healthy Communities Awards ceremony on April 4, and President Thomas said the event was very inspiration and energizing. This year’s recipients included:

- **Lafayette Youth Advisory Committee (LYAC):** For amplifying the voice of local teens in community discussions on substance abuse prevention and encouraging teen peers to lead healthy lifestyles; 17 youth attended the awards ceremony.
- **Front Range Community College:** For adopting a tobacco-free policy on the Longmont campus to protect the health of more than 3,000 students, staff, and visitors.
- **Boulder County Human Resources:** For adopting policies that encourage breastfeeding in county buildings, making lactation spaces available for working mothers, extending paid parental leave for county employees, and establishing guidelines for county employees wanting to bring their infants to work.

**C. Announcements.**
None.

**ITEM 9. Adjournment.**

There being nothing further to discuss, President Thomas declared the meeting adjourned at 7:23 p.m.

Gregg Thomas, President

Jeffrey J. Zayach, Public Health Director