

# OFFICIAL RECORD OF PROCEEDINGS

**Boulder County Board of Health (BOH) Regular Meeting**  
**Online/Telephonic Meeting**  
**July 12, 2021**

**BOH Members:** President Gregg Thomas; Board Members Morgan McMillan and Landrey Fagan. Absent: Vice President Jorge De Santiago and Board Member Brooke Harrison.

**BCPH Staff:** Executive Director Camille Rodriguez; Deputy Director Lexi Nolen; Acting Director of Administration and Finance Maryel Barron; Family Health Division Manager Daphne McCabe; GENESIS Coordinator Mary Faltynski; Interim Strategic Initiatives Director Kelli Hintch; Marketing and Communications Manager Angela Simental; Communicable Disease & Emergency Management Division Manager Indira Gujral; Emergency Management Coordinator Chris Campbell; Medical Officer Dr. Chris Urbina; and Administrative Assistant Rita Mangeyn.

**Boulder County Staff:** Senior Assistant County Attorney Kate Haywood and Deputy County Attorney Trina Ruhland.

**Member of the Public:** Sam Johnson, Resident of Broomfield, Colorado.

## **Meeting Called to Order.**

President Thomas called the meeting to order at 5:32 p.m. and asked all participants to identify themselves for the record (see above). He declared that a quorum was present, that notice of the meeting was posted on the Board of Health website, and that call-in information was included to allow for public participation. Due to COVID-19, the need for social distancing, and the current public health order, President Thomas said the meeting was being conducted online and telephonically.

## **ITEM 1. Public Comments (on unscheduled agenda items).**

None.

## **ITEM 2. Approval of June 14, 2021, Regular Meeting Minutes.**

**Board Member McMillan made a motion, which was seconded by Board Member Fagan, to approve the June 14, 2021, Board of Health minutes. With all Board Members present voting in favor of the motion, President Thomas declared the motion carried. Absent: Vice President Jorge De Santiago and Board Member Brooke Harrison.**

## **ITEM 3. Approval of Resolution 2021-01, Adopting 2022 Recommended Budget.**

Board Member McMillan inquired about the total tax figure anticipated for the county 2022 sustainability tax. Acting Director of Administration and Finance Maryel Barron said she will check on this figure and follow up with the Board.

**Board Member McMillan made a motion, which was seconded by Board Member Fagan, to approve Resolution 2021-01, Adopting 2022 Recommended Budget. With all Board Members present voting in favor of the motion, President Thomas declared the motion carried. Absent: Vice President Jorge De Santiago and Board Member Brooke Harrison.**

## **ITEM 4. Emerging Recovery Priorities for BCPH.**

Deputy Director Lexi Nolen began the presentation by stating that she will address what the agency is seeing as some of the critical recovery priorities as the response shifts to recovery. She added that there are multiple planning processes underway. Previous presentations on the BCPH pandemic response recovery plan outlined how BCPH is incorporating the pandemic response into the agency structure as part of regular operations. This work has been largely implemented, but some adaptations to the plan could be made over the next year. Tonight's presentation will focus on BCPH's community recovery to start building a public health specific plan to address the community health impact of the pandemic. This process will begin over the next few months and continue through the spring of 2022. The timeline will align with the BCPH Strategic Plan refresh that is slated for next year. This community centered recovery work will occur over multiple years and will link with other recovery planning efforts happening at the Boulder County level.

Dr. Nolen went on to share what is being seen and learned in the community. Much of it is centered around family economic insecurity, social structures that are fractured and fraying, child, youth, and family impacts particularly around mental/behavioral health and trauma. These issues are disproportionately affecting priority populations. The analysis reveals that some of the reasons for these adverse impacts are insufficient protective factors and resilience, unprecedented needs, unintended consequences such as with schools closing, emerging science and data on risks showing lack of adequate community wide preparation, replication of structural inequities in response efforts with cumulative/additive risk on vulnerable populations, inadequate county department relationships, infrastructure to respond to community needs, and predictable inequities. It's helpful to understand how to invest in public health, how to deepen relationships, and build an infrastructure that allows BCPH to be more responsive and flexible, and incorporate the lessons learned to be better prepared for future responses.

The public health timing approach is aimed at a rapid response which leverages existing structures, teams, and relationships and could be implemented as quickly as two months, but more likely within 6-18 months. A longer-term response to shift the agency to priority work will be implemented in one to five or more years. In this work, it is important to leverage BCPH's core competencies to drive the efforts forward. The competencies noted are expertise in data and surveillance roles, convening of roles, supporting integrated planning that embeds a public health lens and is grounded in racial/health equity, continuing to strengthen work in addressing root causes and structural inequities through policy and systems change, and community empowerment.

Dr. Nolen outlined the community public health priorities that are emerging. These priorities include continued surveillance, mitigation, and containment and vaccine equity which will each have an internal and external focus. Mental/behavioral health, trauma; child health and development; food insecurity; and recovering regulatory responsibilities (e.g. facilitating restaurants safely reopening) will each have a rapid and longer-term response. BCPH also hopes to apply its experience and expertise in policy and systems change to advance these recovery priorities and secure staff for this work. BCPH will also continue community engagement efforts and likewise have dedicated staff and strategic approaches on how to embed it across the agency's work to be comprehensive and efficient. It will also find ways to learn and collaborate with community-based organization partners and other entities in order to deepen relationships. This is set to begin this summer with pre-planning and clarity on budgetary resources; move to rapid response in September to October, and then convene with partners on longer-term recovery planning beginning in September and running through February.

Board Member McMillan said she was pleased to see the commitment to community engagement and policy. She would like to ensure that whenever another disaster event strikes that the community relationships that have been built will continue. She also voiced her support for the community partner relationships that resulted from the pandemic response. President Thomas acknowledged the large undertaking and is pleased to see the rapid response actions and longer-term planning being addressed. Board

Member McMillan asked about youth mental health challenges in Boulder County. Dr. Nolen confirmed that data point increases are being seen which continues to be a concern. Due to the pandemic, the work slowed, but it will be restarting. She said that conversations are occurring in the community and with the schools to build out the county-wide vision for mental health work for primary prevention. Challenges remain, however, at the state level with resources and skills to convene the work, but BCPH will be moving forward to resume this important action. Board Member McMillan also asked if the BCPH Strategic Plan is mandated every three years and will the work that had started, but halted due to the pandemic, will resume. Staff noted that yes it will resume with Interim Strategic Director Kelli Hintch and her team leading the efforts. Dr. Nolen reiterated that there is significant planning that will occur over the next 18 months. The Board thanked Dr. Nolen and said they will look forward to hearing the updates on the work's progress.

#### **ITEM 5. Pandemic Updates.**

A. Communicable Disease & Emergency Management Division Manager Indira Gujral began by summarizing the key data messages from the Colorado Department of Public Health and Environment (CDPHE). These include:

- Hospitalizations are declining statewide.
- The reproduction number has dropped to 0.77 which indicates decreasing virus transmissions.
- One in 390 people is currently infectious.
- Approximately 54% of the Colorado population is estimated to be immune to SARS-CoV-2 ("COVID-19") as of the last week.
- The Delta variant continues to be a concern and it is estimated that 90% of cases currently seen are due to this variant. While vaccines provide some protection, it is at a lower protection rate unlike for the previous B.1.1.7 variant.
- During the week of June 27-July 3 for the 161 people admitted to hospitals with confirmed COVID-19 cases, 144 did not receive any vaccination prior to their hospitalization.
- The 7-day positivity is increasing but remains low at 2%.
- The rolling 7-day average for cases is 13 a day which is up from 9 the previous week.
- Case trends among age groups for the last week show the majority being among ages 23-34 with 19 cases and 14 cases for ages 35-44.
- Cases by race and ethnicity show that case numbers are rising slightly, and disparities still exist. As an example, the case rate last week for the Hispanic/Latinx group is 17% and they make up 14% of the county population.
- There is a doubling of cases for other non-Hispanic races. These are consistent trends over time. While the disparities still exist, Dr. Gujral noted that they are starting to mirror the population percentages in the county.
- Geographically speaking, the cities of Boulder and Longmont are showing similar case percentages within the last seven days.
- Over the past week, hospitalizations in the county increased slightly to 11 from 9. Compared to the Denver metro region, Boulder County is still below for 14-day average admission rate over time and mirroring the metro Denver trends.
- Deaths are remaining low with five reported since May bringing the total to 261. Most of the deaths (67%) have occurred among residents at long-term care facilities.
- Vaccine breakthrough data show 198 positive cases with seven hospitalizations and one death. Dr. Gujral added that while this may appear alarming, the county has vaccinated over 200,000 people, so the figures are small relatively.

She went on to note that the school guidance has been released by the Centers for Disease Control and Prevention (CDC) with CDPHE's guidance forthcoming for early childhood education (ECE) and K-12 schools. The BCPH Epidemiology team, including Dr. Urbina and the K-12 Liaison, is currently reviewing

the CDC guidance and making recommendations to BCPH leadership. The collaboration with ECE and K-12 partners, including those representing independent and private schools, continues.

**Public Comment: Sam Johnson, 1660 Snowy Owl Drive, Broomfield, expressed strong support for indoor masking, particularly in schools.**

Board Member McMillan said that she shares the concerns of Mr. Johnson as a parent herself. She asked if Boulder Valley School District (BVSD) makes the policy call on recommendation from BCPH. Dr. Gujral said that BCPH can make a recommendation to school districts, including independent and private schools, to continue masking for the younger age group, or provide legal resources such as Public Health Orders specific to schools or agencies. The masking debate has been politically challenging on both sides. There is hope that vaccines for children under age 12 will be available in the next few months. Ms. Ruhland confirmed that the board can issue an order for schools. She noted that previous masking orders implemented by both BCPH and the state never covered individuals under the age of 12. It was more of a policy set forth by area school districts. Schools are free to continue the policy. She added that the CDC does have an order that requires masking for anyone over two years of age and older on all public buses including school buses. Dr. Nolen added that BCPH continues to strongly recommend masking for those not vaccinated and is working closely with school partners to ensure they have the necessary resources to follow the recommendations. She noted that she is aware and concerned about bullying of children who choose to wear a mask.

B. Emergency Management Coordinator Chris Campbell gave an update on the vaccination campaign. These include:

- Over 226,000 ages 12 and over, or 78%, of eligible community members have been vaccinated with at least one dose and 72% of eligible members have been fully vaccinated. He noted one data point that will begin to be shared is comparing the full adult population with younger community members as they begin to be vaccinated.
- Ages 70+ are at 99% with at least one course of the vaccine.
- Strategic efforts have been very focused on younger community members in the 20-29 and 12-19 age ranges.
- Mr. Campbell cited that at one point there were 4000 vaccinations administered a day, but as demand has dropped, efforts are underway to shift out of the mass vaccination mode. As of now, the average is approximately 312 vaccinations a day. He reiterated the importance of being vaccinated as a critical step in preventing hospitalizations and case rate surges. This is highlighted by data showing counties with low vaccine rates having higher case counts.
- Vaccines are now more easily accessible, and most providers are offering walk-in opportunities and evening/weekend hours.

Health equity for BIPOC (Black, Indigenous, People of Color) community members continues to be a priority. Efforts led by the Vaccine Equity Coordinating Committee (VECC) include using GIS data to connect with community members to share vaccine location information and answer questions in hopes of alleviating vaccine hesitancy. With a focus on vaccine confidence and education, Cultural Brokers and Community Ambassadors are conducting town halls in English and Spanish, canvassing/going door to door in targeted neighborhoods, and using testimonials from people who received the vaccine to share their stories. The team is also leveraging CDPHE resources for businesses, events, and equity clinics; and BCPH clinics at the Longmont HUB provide evening and weekend hours to make it easier to obtain the vaccine.

Staff is looking ahead to vaccinating younger people and partnering with vaccine, ECE, and primary care providers, as well as schools to ensure effective preparation for this phase. Mr. Campbell recognized the work of the BCPH Communications team led by Ms. Simental with public information education

campaigns that use social media, websites, and information such as flyers that the Community Ambassadors and Cultural Brokers use in their efforts. Staff is also working on survey research to understand the questions that community members have which will inform future educational campaigns.

Dr. Gujral wrapped up the pandemic update presentation by recognizing her teams led by Mr. Campbell and Interim Immunization Coordinator Keith Rawls on their outstanding work during the rigorous six-month vaccination campaign. She added that her team will begin meeting with area healthcare partners in pediatrics and family practices to plan for the next phase of vaccination for the under 12 age group. She acknowledged that vaccinating this age group will involve a different strategy than for adults and youth.

C. Ms. Ruhland gave a brief legal update around the public health orders. She reminded everyone that the county is currently in level clear so there are no restrictions beyond what the state has in place. She confirmed that the disaster declaration at the state level is still in effect noting that the Governor consolidated all the executive orders into one executive order concerning criminal justice statues, eligibility for Medicaid, unemployment, and delivery of emergency goods. Ms. Ruhland clarified that CDPHE orders are also in effect and are independent of the Governor's orders. Under the CDPHE order, face coverings are still required in jails and in healthcare settings for the unvaccinated. Public Health Order 2020 for skilled nursing, long-term care facilities, and assisted living as well as an additional CDPHE order around lab data reporting, vaccine access, and data reporting are all still in effect indefinitely.

President Thomas asked if there is any research to share on what the reasons are for the 20-40 age group not being vaccinated. Mr. Campbell and Dr. Gujral said the reasons are varied including hesitancy and access issues. Staff is working with healthcare providers to obtain insight into what they are seeing on the ground. Motivational interview training will be provided to healthcare partners so they can learn the reasons in hopes of encouraging people to obtain the vaccination. Dr. Gujral added that the University of Colorado, Boulder (CU) policy for vaccinating students will be helpful in having younger people vaccinated. Dr. Nolen said that as more vaccines become licensed, as younger populations become eligible, and the larger healthcare provider institutions require vaccinations for their employees, it will provide more pathways to reaching the hesitant populations. Ms. Hintch offered a personal anecdote about some of her out-of-state Latinx family members who were unable to obtain the vaccine due to employer constraints. Some work was done with the employers to motivate them to allow their staff to become vaccinated. This was accomplished by appealing to their bottom lines by stressing that employees would otherwise miss work if infected.

President Thomas thanked staff for their presentation and all the work accomplished by the team.

**ITEM 6. Director's Report.**

Ms. Rodriguez said that with Vice-President De Santiago's departure, the county will be advertising the resulting board vacancy. She will receive a pool of candidates and make her recommendations to the board with the final decision made by the Commissioners.

Board Member McMillan stressed to the other board members to reach out to their community networks to encourage applicants to apply especially within the Latinx population given Vice-President De Santiago's work with the immigrant community.

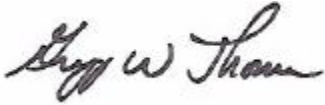
About the Director's Report itself, Ms. Rodriguez mentioned that it will be brought to life more by sharing various strategic priority efforts occurring in the agency that highlight programs working on these efforts, and forecasting efforts so that the board can have input and awareness. Though much of this is already covered in the report, staff want to find different ways to bring the information to the board.

**ITEM 7. Old & New Business / Announcements.**

None.

**ITEM 8. Adjournment.**

There being nothing further to discuss, President Thomas declared the meeting adjourned at 6:54 p.m.



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Gregg Thomas, President



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Camille Rodriguez, Executive Director