

OFFICIAL RECORD OF PROCEEDINGS

Boulder County Board of Health (BOH) Regular Meeting
Online/Telephonic Meeting
October 11, 2021

BOH Members: President Gregg Thomas; Board Members Morgan McMillan, Brooke Harrison, and Lindy Hinman. Absent: Board Member Landrey Fagan.

BCPH Staff: Executive Director Camille Rodriguez; Deputy Director Lexi Nolen; Community Health Parent Educator Yanina Gomez; Family Health Division Manager Daphne McCabe; Environmental Health Division Manager Joe Malinowski; Communicable Disease & Emergency Management Division Manager Indira Gujral; Interim Strategic Initiatives Director Kelli Hintch; K-12 Policy Liaison Taylor Caranza; Early Childhood Education Epidemiology Lead Alayna Younger; Healthy Beverage & Food Advisor Tessa Hale; Epidemiologist Michael Wu; Marketing and Communications Manager Angela Si-mental; and Administrative Services Division Support Lead Rita Mangeyn.

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

Guests: Retired BCPH Chief Medical Officer Dr. Christopher Urbina, M.D. and New Chief Medical Officer Dr. Michelle Haas, M.D.

Members of the Public:

Justin Virant
Carolyn Bninski
Dariel Blackburn
Mark Leslie
Cynthia Nevison
Lori Hanson
Erin Meschke
Heather Muller
Matt Gotschall
Sam Gates
Andrew Alexander

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).

Members of the public spoke for and against the current COVID-19 mask and vaccine mandates.

ITEM 2. Approval of September 13 Regular Board of Health Meeting Minutes.

Board Member McMillan made a motion, which was seconded by Board Member Harrison, to approve the September 13, 2021, Regular Board of Health minutes. With all Board Members present voting in favor of the motion, President Thomas declared the motion unanimously carried. Absent: Board Member Fagan.

ITEM 3. Farewell to Outgoing Chief Medical Officer, Dr. Christopher Urbina, M.D., and Introduction of New Chief Medical Officer, Dr. Michelle Haas, M.D.

Executive Director Camille Rodriguez began the tribute to Dr. Urbina by noting his six years of exemplary service to BCPH as Chief Medical Officer (CMO). Throughout his tenure, Dr. Urbina was a great source of education and counsel to public health staff by providing sound recommendations on clinical decisions. Director Rodriguez also recognized Dr. Urbina's credentials for leading a health department that include a doctorate in Medicine (M.D.) and a master's degree in Public Health. Dr. Urbina has been a community champion and served the county with deep knowledge and expertise in health equity. Before stepping into the CMO role at BCPH, he had previously retired with the Colorado Department of Health and Environment (CDPHE), but still continued to volunteer and give back to the community most notably with Clinica in Denver.

During Dr. Urbina's tenure at BCPH, he built strong relationships with staff and the community and through it all, maintained his trademark sense of humor which particularly helped during stressful times. He addressed tough issues and had strong respect from and rapport with staff and partners. He also made himself available at all hours during the last year to complete the work necessary as the pandemic raged on. Director Rodriguez said that many staff expressed their gratitude for Dr. Urbina's medical expertise, flexibility, service, mentorship, presentation skills, and coaching.

President Thomas remarked about Dr. Urbina's positive attitude and modeling the way; and thanked him for his many years of service, while wishing him a great new chapter. Board Member McMillan also thanked Dr. Urbina for all of his work in the community, his medical expertise, and his vision around health equity.

Dr. Urbina expressed his gratitude for his time at BCPH, to the BOH, and noted the tremendous work that has been accomplished during the pandemic. He also acknowledged the strong leadership under Director Rodriguez and Deputy Director Dr. Lexi Nolen. He added that his medical experience spanning 40 years has allowed him to make sound decisions and recommendations that were always based on and rooted in science. He is proud of the way BCPH has led the way. Dr. Urbina said that he will forever cherish the friendships he has made with many staff at the agency. He also acknowledged the community's concerns and their pain; and thanked the public members for sharing their comments at the board meetings the last several months.

Director Rodriguez then welcomed and introduced Dr. Michelle Haas who is now the Chief Medical Officer for BCPH. Dr. Haas has been an infectious diseases physician for the last twelve years, and currently serves as the Associate Director for the Denver Metro Tuberculosis program and is the Medical Director of the COVID-19 Enhanced Patient Support program at Denver Health. She has worked in resource limited settings locally and in Botswana, Africa.

Dr. Haas is excited to join the team and is honored to take on the CMO role at BCPH. She is looking forward to supporting the health of Boulder County and appreciates the comments from community members this evening. President Thomas thanked Dr. Haas and welcomed her to the team.

ITEM 4. COVID-19 Presentation.

Director Rodriguez gave an overview of the presentation's key messages that spoke to the county still being in high transmission though the surge has slowed; hospitals are under strain; there is uneven case

distribution by geography, age, and ethnicity; vaccine uptake has slowed significantly; and the current public health orders are proving to be effective in alleviating case counts, outbreaks, and quarantines, but unevenness around layered mitigation remains. Dr. Nolen then addressed the agency's three goals that continue to be preventing severe illness and death; working to not overwhelm the health system; and safely returning to normal activities. Efforts such as increasing vaccination rates and reducing cases; protecting the health system; using more mitigation strategies to maintain normal activities and avoiding disruptions when transmission is high will allow the county to successfully move through the pandemic. Dr. Nolen again stressed that no single mitigation strategy (e.g. masking, social distancing, ventilating, etc.) is perfect at preventing the virus spread, but having multiple layers in place is the best approach.

Epidemiologist Michael Wu provided the current data around case rates, health system and epidemiological capacity, testing, and vaccinations.

- The 7-day cumulative case rate is 160.8 per 100,000.
- High transmission rate continues with 171.65 per 100,000 as of 10/8/21.
- By age, the 0-11 group has the highest rate and ages 75+ are showing an increase in the last week.
- By geography, city of Longmont accounts for 40% of cases (much higher than the city's proportional population within the county); all county municipalities are increasing.
- An estimated 5.6% of Boulder County cases in first half of September were CU-affiliated (students, faculty, or staff), but with several mitigation strategies in place (e.g. vaccination mandates and vigorous testing program), rates decreased in last half of September to 4.1%, and since beginning of October, rate is 3.4%. Full vaccination rate for students is 95%; employees 96%.
- Hospitalizations in the North Central Region that include 10 counties, averaged 11% ICU bed availability; medical/surgical bed availability is at 11%.
- 30% of hospitals are reporting significant staffing shortages.
- Epidemiological (Epi) capacity (i.e. ability to conduct full case investigations) is significantly strained and challenging for staff to keep up with all cases.
- Death rate in the county is at 7 since beginning of September with one occurring at a long-term care facility (LTCF); overall 273 deaths since the beginning of the pandemic.
- Data show that vaccinated individuals in Colorado are 3.3 times less likely to become a COVID-19 case and 8.2 times less likely to become hospitalized than unvaccinated individuals.
- Positivity rate for Colorado is increasing in October. In Boulder County, the 7-day positivity rate is 4.7% with approximately 2000 tests conducted per day.
- Vaccination rate for the total county population with a full course is at 69.3%. Around 100,000 residents are not yet fully vaccinated.

Deputy County Attorney Trina Ruhland gave a policy and legal context update for the federal, state, and local levels around vaccine requirements. At the federal level, employees of private employers with 100+ employees, federal employees and contractors, and Medicare and Medicaid staff will all be required to be fully vaccinated in the next few months. Similar trends are being seen at the Colorado state level where state employees and contractors as well as licensed healthcare facilities staffs will be required to be fully vaccinated by the end of the year. Locally, several policies are in place including in Boulder County and City of Boulder which both have employee vaccination requirements. Other local efforts include the Boulder County Voluntary Vaccine Verification Program; Pitkin County's adoption of the Boulder County Mask Order with a Vaccine Verification Program; City and County of Denver's vaccine requirement for employees and high-risk employers; and CU's vaccination requirements for all staff, employees, and students.

Ms. Ruhland also addressed the upcoming changes to vaccine eligibility to include the 5-11 age group. The FDA (Federal Drug Administration) announced a public meeting tentatively scheduled for October 26 to discuss the emergency use authorization for Pfizer. Historically a decision is made 24-48 hours after the meeting, but this time it could take somewhat longer given the different dosage requirements for this age group. For those under age 5, there is no meeting date set yet for a review.

- Board Member McMillan asked why there is an increase in case rates for the 75+ age group given their high vaccination rate (i.e. 99%). Mr. Wu said he will investigate further and follow up.
- Board Member Harrison asked about the ages 0-11 case rates and how it compares to the state as a whole. Dr. Nolen said that this will be addressed a little further in the presentation.
- President Thomas requested to see the previous slides showing the timeline for the case rate increases in the different age groups.
- Board Member Hinman asked further about the CDC (Centers for Disease Control & Prevention) threshold question raised earlier by a community member. How does this data drive the BCPH decision-making from a policy perspective? Mr. Wu said that high transmission is closely aligned with BCPH Epi capacity and it does impact the work that Epi staff can conduct. Dr. Nolen added that in developing strategy and policy decisions, BCPH not only looks at CDC guidance, but also at how local health systems are faring and what the community's needs are around safety (e.g. mask wearing). She added that many partners are conferred with before policy decisions are made. Some of these partners include community members, schools, long-term care facilities, municipalities, and local businesses.
- Board Member Hinman asked how is true capacity measured in the local hospital system. Dr. Nolen said that much of the hospital data are provided by the CDPHE which is specific to the hospitals in the North Central Region. There are a variety of indicators to evaluate that include looking at ICU, medical/surgical bed availability and the staffing percentages around these as well as overall staffing shortages in the hospitals.
- Board Member Hinman inquired about the capability to make data projections or forecasts for future months. Dr. Nolen acknowledged that while this would be an ideal capability, it is difficult due to the unpredictable variables (e.g. new variants, surges of cases in nearby counties, and outbreaks) at play. She added that the CDPHE is often not comfortable sharing predictions publicly.

Ms. Rodriguez noted that with the upcoming winter months and activities being moved indoors, it is reasonable to be concerned about how this will play out. It is vital to use layered mitigation strategies. Communicable Disease & Emergency Management Division Manager Dr. Indira Gujral added that epi curves will look different this winter than they did last year. There will likely be more cases, but fewer hospitalizations. She said that 40% of cases in the ICU are due to COVID-19. Under normal circumstances, there would be adequate staff and space at ICUs, but COVID-19 has exacerbated the situation in the healthcare system. The hospitalized patients with COVID-19 are often unvaccinated, are staying longer, and are sicker. Dr. Gujral added that multiple factors/metrics are often studied before any action is taken.

Dr. Nolen reminded the group that the BCPH mask orders are generally linked to the CDC transmission tracker. Any time there is high or substantial transmission, mandates for indoor masking become active. Assistant County Attorney Kate Haywood gave an update on Public Health Order (PHO) 2021-08 that pertains to universal indoor masking. She said that the Business and Partner Liaison Team is specifically dedicated to responding to community concerns and following up on observed and reported violations for all current public health orders. When contacted about a potential violation at a business, the team works with the business to first provide extensive education and outreach so that there could be voluntary compliance. Following the initial contact, the team will monitor the situation and conduct follow-up visits, as needed. If concerns persist, there will be a written notice of violation and escalated

enforcement that can include legal action for willful violation of the public health order. Ms. Haywood noted that there have been four instances of legal action taken that were successfully resolved. She shared some enforcement data since the PHO went into effect. *Call center data is as of 9/29/21; enforcement data is as of 10/4/21:*

- Calls to call center: 579
 - Concerns reported to Business Team: 175
 - Businesses provided education only: 50
 - Warning letters issued: 26
 - Notices of violation issued: 23
- President Thomas asked if the 23 notices of violations are part of the 26 warning letters issued. Ms. Haywood said that they are separate documents, but some businesses have likely received both.

Health Beverage & Food Advisor Tessa Hale presented on the Vaccine Verification Program which is a voluntary program for businesses and facilities who want to safely conduct business in their spaces. Ms. Hale cited a *Bloomberg* study that said 50% of large employers in the United States have implemented some form of a vaccination policy. She noted the many advantages seen with the program including protecting the workforce and keeping health costs low; creating safety for employees and customers/patrons; helping to normalize community expectations for longer term; allowing businesses to respond to customer preferences; and scaling vaccination uptake more quickly. She also addressed some considerations such as needing to have early adopters in sectors to build momentum; understanding that not everyone will adopt an employer/venue vaccination policy; and some businesses will need support to develop and implement the policies. Ms. Hale added that it is also important to support the associated employees to ensure accurate information is provided to them in culturally appropriate ways (bilingual/bicultural); and helping them with access to vaccinations through transportation and time off.

Since the program's launch on September 24, there have been 204 applications received with 188 of them approved. Health Beverage & Food Advisor Hale outlined the verification approval process which requires the facilities to first apply via a [website](#). BPCCH reviews the applications and notifies the businesses within a week if they have passed, failed, or if more information is required. Notifications are then sent to applicants. Accepted facilities receive signage (fully vaccinated only or hybrid) in English and Spanish; and approved facilities are listed on the webpage. Program outreach activities have included emails to all facilities that applied under the self-attestation; Boulder Chamber webinar for gyms and fitness facilities; and Boulder Chamber of Commerce webinar for all businesses. The groups that have been outreached to included Boulder County Economic Recovery; Agency Administrators; all restaurants and body art facilities; and Partners for a Clean Environment (PACE).

Ms. Hale showed the municipality program adoption breakdown. The highest three are in Boulder 68.5%; Longmont 13.2%; and Louisville 9.1%. Offices make up the largest business adopter of the program with 54.5%; and gyms and fitness facilities being second at 22.2%.

- President Thomas said it was good to see this program implemented and the thought and outreach that have gone into it.
- Board Member McMillan asked if there is a recommended software/tool that is being used consistently to verify vaccinated individuals. Ms. Hale said that to be as flexible as possible, BCPH recommends using any number of methods such as presenting a vaccination card, or a photo or copy of the card; using apps such as *myColorado* or *Mindbody*, as well as listening to the community on what works best for them. Sharing the knowledge through a partnership with the Boulder Chamber of Commerce allows businesses to learn from one other more easily.

For the next portion of the presentation, Dr. Gujral along with K-12 Policy Liaison Taylor Carranza; Early Childhood Education (ECE) Epidemiology Lead Alayna Younger, and Deputy County Attorney Ruhland provided an update on PHO 2021-07, pertaining to indoor masking in schools; the most recent school masking literature influencing national and state policies; and ECE and K-12 settings data.

Dr. Gujral began the presentation by describing the first of two studies cited in the CDC's Morbidity and Mortality Weekly Report (MMWR). One study was from Maricopa and Pima Counties, Arizona and was conducted between July and August 2021. These two counties represent 75% of the state's K-12 population. The data were available for 98% of public non-charter schools and these districts had varying school masking policies. Out of the 191 outbreaks studied, 113 or 59.2% of them occurred in schools without masking requirements. Dr. Gujral added that the odds of an outbreak were 3.5 times higher in schools without a mask requirement when compared to schools that started the school year with an early masking requirement. This was adjusted for school size, grade level, and county level COVID-19 incidence.

The second study also published in the MMWR was conducted between July 1 and September 4, 2021. This one looked at 520 counties across the country and the associated pediatric COVID-19 cases as related to their school masking requirements. The data showed that 198 of the counties or 38% had a school masking requirement and 322 or 62% did not. The study illustrated that after the start of school, counties without mask requirement experienced larger increases in pediatric COVID-19 case rates compared to counties with mask requirements; and the difference is statistically significant ($p < 0.001$). In essence, schools across the country that mandated masking requirements earlier in the school year are seeing fewer cases and outbreaks.

Deputy County Attorney Ruhland said that since BPCH's PHO 2021-07 went into effect in early August, 78% of PK-12 schools in Colorado have enacted mask requirements. This includes all of the Denver metro counties that either have masking orders in place or individual schools/districts with their own masking policies. She added that on September 10, CDPHE updated its guidance and recommended universal indoor masking for schools.

Dr. Gujral addressed the positivity rates across the age groups. The highest positivity rate is among ages 15-17 which coincides with this group's lower testing numbers. To help with this challenge, outreach is being conducted with school partners. When looking at case data for the age groups across the state, the rates for ages 6-11 is the highest. Dr. Gujral advised that this is most likely due to vaccine ineligibility for this age group, being in close school settings with varying school masking policies, and the ever-present delta variant. She is hopeful that with the vaccine eligibility soon expanding to this age group, the case rate numbers will decrease significantly.

The 7-day rolling average case rate data across age groups in Boulder County shows an increase for ages 0-4, but ages 5-11 have the highest average rate with 7 cases per day. Dr. Gujral noted that 1 in 4 daily cases are for those under 18 years of age. She pointed out that ages 12-14 and 15-17 are seeing some variability, but the good news is that 70-80% of them are vaccinated. As compared with other metro counties, Boulder County is doing well overall. When comparing 2020 with 2021, the 7-day incidence rates for the various pediatric age groups show the differences are statistically significant. Factors in 2020 such as remote schooling, wild type strain circulation, and vaccinations not being available for some of the age groups drove the differences. This year's challenges such as the delta variant caused some of the differences between this year and the last.

Comparing 14-day case rates and vaccination rates for ages 12-17, shows a positive correlation between high vaccination rates and lower case rates. Looking at the age group with a full course more closely, the

12-14 age groups has a 72% vaccination rate and ages 15-17 have a 70% rate. Dr. Gujral noted that those ages 18-19 have the lowest rates at 48% which some may find surprising given CU's high student vaccination rate. She reminded everyone that many younger adults in this age group are not necessarily college students or affiliated with CU. The team is working closely with Community Ambassadors for greater outreach to this group with targeted education and financial incentives to drive uptake. As vaccination eligibility expands to more groups, BCPH is preparing for the next phase of vaccination in November for the 5-11 pediatric group.

K-12 Policy Liaison Taylor Carranza addressed the case and outbreak data for K-12 settings and prefaced it by saying that there are some limitations with the data available. Some of the limitations include changes to the outbreak definitions making it challenging to compare outbreaks this year to last year; the inability to precisely compare districts to each other due to different types of data collected by districts, and the classroom context (e.g. classrooms contain more students and hybrid teaching environments) constantly changing.

Many more cases are being seen in 2021, but quarantines have been greatly reduced due to the current masking PHO in place, while still prioritizing safety and limiting transmission. Policy Liaison Carranza cited that out of 91 cases seen during the week of October 1 through October 7, 108 quarantines occurred. Based on the data, it is estimated that 364 quarantines would likely have resulted under the previous year's CDPHE guidance – a reduction by approximately two-thirds.

Looking at the proportion of daily cases by age group shows that ages 0-17 account for a quarter of cases. The high number of cases impacts transmission control approaches and case investigation and staffing capacities. Taylor Carranza noted that while statewide trends around outbreaks show significant reduction in outbreaks this year, schools in the North Central Region are accounting for a larger proportion of the outbreaks with a 37% majority.

Policy Liaison Carranza also explained that the vast majority of students in Colorado are following masking order whether through county mandates or school district policies. The state health department is not collecting the data on which schools are requiring masks and which are not. The team instead evaluated the county level data to understand which counties have masking orders. As of September 29, data show that there were 122 outbreaks statewide in schools that did not have a masking mandate while 40 outbreaks occurred in schools with a masking order. Data for the average number of cases illustrate that on average, there were 16.6 cases in schools with no masking mandates and the number decreased to 10.9 in schools with a full masking policy.

To summarize, reducing the quarantine approach has kept more students in school while keeping transmission and outbreaks low; partnerships with school districts and independent schools remain strong and effective; adjusting the approach to further reduce quarantines in outbreak situations based on transmission data from first few outbreaks; and keeping BCPH guidance in effect in light of CDPHE's school guidance updates.

Policy Liaison Carranza also noted that 90-95% of local school districts have a medical exemption rate less than 3%. Some of the schools that do not are primarily serving students with disabilities. The BCPH guidance now requires reporting of medical exemption rates and individualized plans for schools over 3% to increase mitigation layers that help to protect students and families. Policy Liaison Carranza also said that there are currently six active outbreaks that can be traced back to masking lapses or to individuals who were in school while symptomatic and infectious; and stressed to the group that everyone should stay home and get tested when symptomatic, even if allergies are suspected.

- Board Member McMillan asked if there is a regular testing program in schools that parents can opt into. What is the percentage of parents who have opted into the program and how many cases are being identified through regular/asymptomatic testing versus symptomatic testing? Policy Liaison Carranza explained that there is more testing available with the local districts offering community testing sites through COVID Check. Boulder Valley School District (BVSD) has a mobile testing unit that is deployed every two weeks to the schools. When an outbreak is identified, testing is prioritized at the school to identify trends. A statewide surveillance testing program is available though the local districts do not participate in the statewide program due to logistical challenges and the robust testing already going on through the local districts. Cases are being captured in the testing programs. When an exposure occurs, a notice is sent to parents and students instructing them to be tested. Additional cases are being identified this way.

Early Childhood Education (ECE) Epi Lead Alayna Younger summarized the trends being seen in ECE settings. The weekly positivity rates since August for children and staff show an increase of 9.3 exposure events per week; the majority of cases are in children who remain entirely unvaccinated. In a given week an average of 15-20 ECE settings are under quarantined orders. There is an option to shorten quarantines to 7-10 day periods. The quarantines have been effective in greatly reducing secondary exposures and outbreaks. Masking has been well-received. The team is actively exploring effective and equitable approaches to reduce quarantines after exposures due to minimal spread with masking.

In summary, more cases are being seen in younger age groups; mandatory masking in schools reduces in-school transmission; and case numbers are lowest among school districts/counties with school mask policies. The goal to keep students in class is largely being met with very few total classroom quarantines in K-12, though there are more in ECE settings.

Director Rodriguez reminded the group that it is critical to continue with layered mitigation strategies as the three goals mentioned earlier remain the focus. Some current considerations include the county's high transmission and that it will take time to move to moderate levels; the school masking PHO has been relatively successful and have kept children in school; cases and outbreaks in schools are largely due to imperfect compliance (i.e. children going to school sick); ages 5-11 not yet being eligible for vaccinations; increased school sports and indoor time and how that will play out; looking at potential for next wave; CDPHE is urging for public health to not make policy changes until late January 2022 at the earliest in order to assess holiday impacts; continuing to collaborate with local school districts and independent schools; and working on a regionally aligned proposal relative to school masking orders.

- President Thomas gave a big kudos to the staff who put together the robust presentation. He said that the presentation did an excellent good job of addressing the many concerns and questions that were brought up earlier through public comments around masking in schools.
- Board Member Harrison referred to Dr. Gujral's presentation about the MMWR Arizona counties study. She wondered if it is the masking, the masking plus the quarantine protocols, or quarantine protocols solely – what are the big contributors there? Dr. Gujral will take a look at the studies and email the answer to the Board.
- Board Member Harrison asked why BCPH followed the CDC guidelines to mask starting with age 2 versus the WHO's (World Health Organization) guideline of starting masking at age 5. ECE Epi Lead Younger said that BCPH not only followed the CDC's guidance, but also took into consideration guidance from the American Academy of Pediatrics (AAP) that said that masking is safe for ages 2+. Deputy County Attorney Ruhland added that the AAP, Colorado Chapter, also strongly recommends masking for ages 2+ and the Denver metro area follows this guidance. Policy Liaison Carranza also noted that three to four counties outside the metro area in Colorado have masking orders for ages 3+, but the majority mandate masking for ages 2-11 and 2+.

- President Thomas asked about exposure notifications and where the notification chain stops? Taylor Carranza said that the letters are sent to staff or students when there is a positive exposure in the classroom or activity that they participated in. The letter refers only to a positive exposure in the classroom/activity and it is not a quarantine notice. If no additional notice is sent, it means that the person who received the letter is not considered a close contact. It is important, however, to watch for any symptoms, report them, and to get tested. President Thomas also asked when the state mask order was lifted in 2021 for general public spaces. Ms. Ruhland said that it was a step down process and began in April 2021.
- Board Member Hinman wanted to understand more about the masking mandate decisions for ages 2-5 and the recommendations from the organizations mentioned earlier. Ms. Younger said the organizations were clear that masking for this age group was safe especially in absence of the vaccination. Ms. Ruhland also mentioned the CDC order in place since January of 2021 that mandates masking on public conveyances for ages 2+.
- President Thomas stressed that based on the data, masking is a key mitigation layer in transmission control.
- Board Member Harrison added that it is an interesting time this year compared to last year with the varying mitigation strategies. It remains to be seen which mitigation factors will do the trick. Dr. Gujral noted that all of the literature she has studied state that masking is one of the strongest layered mitigation strategies and is most sustainable/durable long-term in the community.
- Board Member Harrison asked staff to consider exempting various indoor sports bubbles from the mask mandates due to their high rate of air exchange and immense air volume which is equivalent to being in the outdoors.

President Thomas thanked the staff for the presentation and members of the public for their attendance and the comments provided.

ITEM 5. Election of Board of Health Officers.

President Thomas expressed interest in continuing his role as Board President but welcomed others to step into the role. He summarized the President's role which mostly entails corresponding with the Executive Director before each monthly meeting and completing the annual performance review and evaluation of the BCPH Executive Director. He further explained that the Vice President fills in for the President, as needed. Board Member McMillan expressed interest in stepping into the Vice President role and nominated President Thomas to continue his tenure as Board President. Board Members Harrison and Hinman agreed. Board Member Harrison made a motion to nominate President Thomas to President and Board Member McMillan to Vice President. All members present voted unanimously to elect these officers to their respective posts. Absent: Board Member Fagan.

ITEM 6. Director's Report.

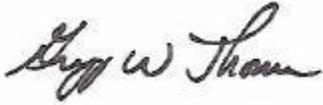
The Board did not have any questions, but Director Rodriguez wanted to highlight the section in the report about returning to in-person meetings. She explained that this will be a thoughtful process that ensures it is safe and flexible for everyone. Ms. Rodriguez requested that the Board consider the process outlined in the report and promised to discuss it at future meetings. President Thomas said that he likes the hybrid approach which allows flexibility for community members who can join remotely when the meetings start to occur in person.

ITEM 7. Old & New Business / Announcements.

None.

ITEM 8. Adjournment.

There being nothing further to discuss, President Thomas declared the meeting adjourned at 8:01 p.m.



Gregg Thomas, President



Camille Rodriguez, Executive Director