Meeting Called to Order.
President Thomas called the meeting to order at 5:31 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, President Thomas said the meeting was being conducted virtually.

ITEM 1. Public Comments (on unscheduled agenda items).
Jenelle Vail, DVM; Jan McHugh-Smith from Boulder Humane Society; and Liz Smokowski from Longmont Humane Society referenced a letter they sent previously to the Board of Health advocating for COVID-19 vaccinations for veterinary staff and technicians simultaneously with veterinarians (i.e. Phase 1B.3 of the Colorado vaccination distribution plan). They said they couldn’t do their jobs without the support of their employees.

President Thomas thanked them for attending, and Communicable Disease & Emergency Management Division Manager Indira Gujral and Emergency Management Coordinator Chris Campbell said they supported the inclusion of veterinary staff to Phase 1B.3. Public Health Director Jeff Zayach also said BCPH had shared the letter with the Colorado Department of Public Health and Environment (CDPHE).

Board Member McMillan made a motion, which was seconded by Vice President DeSantiago, to approve the January 11, 2021, Board of Health minutes, as presented. With all Board Members voting in favor of the motion, President Thomas declared the motion carried.

A. Update on Return of University of Colorado (CU) Students to Campus.
Public Health Director Jeff Zayach introduced Patrick O’Rourke and Megan Hatten from the University of Colorado-Boulder (CU). CU Vice Chancellor and Chief Operating Officer Patrick O’Rourke said CU students were returning for the spring semester on February 15.

Senior Assistant County Attorney Kate Haywood provided an update on enforcement actions and said Boulder County collaborated closely with the CU and City of Boulder Police Departments. She introduced Consumer Protection Program Manager Lane Drager, one of Boulder County’s business liaisons, who has worked with CU and the City of Boulder to ensure the safety of the student community following a large COVID-19 outbreak associated with CU last fall. Mr. Drager said they worked with congregate housing facilities near the campus (e.g. fraternities and sororities) that were required to comply with a public health order that specifically applied to congregate housing near campus. That order was allowed to expire due to diligent and successful compliance by residents and property owners.

Ms. Haywood and Mr. O’Rourke said 245 citations were issued, 46 students were suspended last semester for public health violations (suspended students did not receive semester credit), 140 students were placed on probation, and 500 educational interventions were provided (e.g. students not wearing masks or congregating in small groups). They credited successful compliance to the strong collaboration and support of all involved, including Boulder County, CU, City of Boulder, students, property owners, property management companies, and parents.

Board Member McMillan asked if COVID-19 testing was available to students and congregate housing residents, and Mr. O’Rourke said it was mandatory for all group housing (e.g. dorms, apartments, student housing, etc.). He said the expectation was for everyone associated with CU (i.e. students and staff) to get tested regularly. Mobile testing has been conducted in The Hill neighborhood, and expanded testing has been offered to those living with students or families connected with CU.

Board Member Harrison asked about repeat offenses, and Mr. O’Rourke said when students received disciplinary action, there typically weren’t second offenses. He added that suspensions have been effective for those committing blatant or multiple offenses.

Mr. Drager said Boulder County was fortunate to have the level of collaboration and cooperation it received from the CU community. Public health officials in other parts of the state didn’t have that same level of support from their nearby higher education institutions.

The Board thanked everyone for their efforts in protecting the health and safety of the CU community.

B. Update on COVID-19 Vaccine Distribution in Boulder County.

Emergency Management Coordinator Chris Campbell said Boulder County’s vaccine allotment has fluctuated from 800 at the beginning to approximately 8,000 vaccines per week currently. He said Boulder County staff regularly met with all 32 enrolled vaccine providers, and feedback from people receiving the vaccinations so far has been positive. Mr. Campbell said the county has the capability to provide 20,000-22,000 vaccinations every week, and there is a contingency strategy for conducting a large mass vaccination event in the event the full allotment became available.

Those who have already or will soon receive vaccines included highest-risk health care workers and long-term care facility staff and residents (i.e. Phase 1A); people over 70 years of age and moderate-risk health care workers and first responders (Phase 1B.1); and people 65-69 years of age, pre-k-12 educators, licensed childcare workers, and continuity of government workers (i.e. Phase 1B.2).
Mr. Campbell said a mass vaccination event may be held at the Boulder County Fairgrounds to complete vaccinating people in Phase 1B.1 (i.e., 800-1,000 people). To date, 18,752 residents have received 1 vaccine dose, and 13,642 have received both doses, or 32,394 people total who have received at least 1 dose. Roughly 60% of people 70+ years have been vaccinated, and that number will soon reach 70%. People 65-69 years began receiving vaccinations February 8, which is about 17,400 county residents.

Mr. Campbell said he recognized the challenges and confusion that some community members have been experiencing when signing up for vaccinations. He said anyone experiencing problems should refer to the County’s COVID-19 website or call the local COVID-19 call center for assistance.

Mr. Campbell said the community was working together to vaccinate K-12 staff and early childhood education (ECE) providers. Boulder Valley School District was working with Boulder Community Health, St. Vrain Valley School District was working with UC Health, ECE were working with Good Samaritan and pharmacy partners, and private schools were working with King Soopers and Safeway pharmacies.

Mr. Campbell said BCPH recognized there are disparities regarding the distribution of vaccine. He said staff was tracking vaccination data by race/ethnicity for people 70+ years. He acknowledged Communicable Disease & Emergency Management Division Manager Indira Gujral, saying she’s been a tireless champion who is addressing systemic challenges that create barriers, including historical injustice by the medical community, undocumented status creating fear of medical establishment, limited English proficiency, limited transportation option, and limited access to technology.

Mr. Campbell said staff has been focusing on planning and implementation for priority populations, which includes racial and ethnic minorities and people impacted by systemic injustice (e.g., socioeconomic status, sexual orientation/gender identity, disability status, geographic location, etc.). He encouraged community members to get involved to help in developing strategies and implementing health equity. Health Equity Manager Sheila Davis has been actively involved in that effort by conducting “town halls” to provide answers and share COVID-19 vaccine information. He said equity values were inclusion, community driven, required collaboration, and should result in shared ownership and leadership. Equity goals included: 1) education and trust in the vaccine; and 2) vaccine management and administration, and Dr. Davis was working with and involving cultural brokers to connect with community members.

Mr. Campbell said staff was planning community vaccination clinics that would focus on priority populations. The clinics could be held weekly at multiple locations to administer 500 doses of vaccine. Staff was partnering with local hospitals and recruiting community ambassadors, cultural brokers, and community-based organizations in the planning efforts. Staff was also working with pharmacies and home health agencies to conduct mobile vaccine clinics for additional priority populations (e.g., homebound, independent living residents/staffs, unhoused, or people with mobility or trust concerns), and mobile clinics were being conducted for some independent living residents.

Board Member Harrison asked why Boulder County was receiving a smaller allotment of vaccine than other counties and was told the State determined the amount of vaccine to distribute to each county.

Board Member Harrison asked if there were plans to conduct mass vaccination events if the county received larger allotments. Mr. Campbell said 3 sites in Boulder County could be stood up within 72 hours (i.e., county fairgrounds and sites in East County and the city of Boulder). Each site could provide 5,000 doses, or a total of 15,000 doses. He stressed the need to ensure equity, and Dr. Gujral agreed, saying large-scale vaccination sites didn’t meet equity goals, so staff must continue working with enrolled providers since people trusted their own medical providers and pharmacies. Once health care workers are
vaccinated, staff will focus on equity-based strategies for offering vaccine to people with barriers. Dr. Gujral said every vaccine received in Boulder County has been administered within 72 hours, thanks to the strong collaboration BCPH has with the enrolled providers. She said the availability of the Johnson & Johnson one-dose vaccine will be a game changer, particularly for vaccinating transient populations (e.g. jail inmates, those living in shelters, etc.).

Board Member McMillan said Boulder County was doing a great job distributing vaccine compared to other states. Board Member Fagan said communication and vaccine supply have improved, and her clinic was no longer experiencing the same level of vaccine hesitancy from its patients. Dr. Davis said the involvement of cultural brokers has been a huge priority for sharing vaccine information with priority populations. Vice President DeSantiago agreed and said there was less misinformation spreading throughout the community. He said sharing correct information with the Latinx community was essential, so his agency was working with BCPH to register the 70+ monolingual population for vaccinations. Dr. Davis said they were working on a system for vaccinating undocumented people. Boulder County Policy Analyst Summer Laws added that the Department of Homeland Security indicated it would not engage in any enforcement activities near vaccine sites. Dr. Davis said staff would continue to educate community members to build trust and help people overcome vaccination and documentation fears.

Staff said anyone confused about registering for vaccinations or who had concerns or doubts about the COVID-19 vaccine should contact the local COVID-19 call center.

C. Update on Current COVID-19 Trends.
Public Health Director Zayach gave a presentation on current COVID-19 data and said the data was trending in the right direction. He said according to the State’s COVID-19 Dial, Boulder County was at Level Yellow, Cautious.

The State revised its incidence rate from 14 to 7 days to address social, economic, behavioral impacts, and challenges and allow more flexibility to make needed adjustments. Boulder County’s incidence rate was 133.6, and the county’s one-week average positivity rate was 3.1% with 10 days of declining or stable hospitalizations. He reiterated that county data has continued to decline or was stable. The 7-day average for new cases among county residents was 63.6, but even though numbers for race and ethnicity are lower, there are still disparities. He said testing capacity was strong, and he encouraged people to take advantage of the free testing, which the State has committed to continue funding.

Mr. Zayach highlighted the need to remain diligent with public health measures to prevent infection. He said if transmission control (i.e. social distancing) declines and the more contagious B.1.1.7 variant spreads, the impact would be more severe, and hospitalizations could increase.

The Board thanked staff for the update.

ITEM 4. Legislative Update and Approval of 2021 Legislative Priorities.
Environmental Health Division Manager Joe Malinowski introduced Boulder County Policy Analysts Mark Ruzzin and Summer Laws. Staff requested Board approval of the full 2021 Boulder County Legislative Agenda to prevent having to return for Board approval when timing was critical, and bills were moving quickly through the legislative process.

Mr. Ruzzin said Boulder County had a long, strong collaboration with BCPH to advance priorities for both organizations. There are 100 Colorado legislators, 65 Representatives (41 Democrats and 24 Republicans) and 35 Senators (20 Democrats and 15 Republicans), 8 of which comprise the Boulder County
Mr. Ruzzin said there was broad collaboration across policy teams that included the Boulder County Commissioners’ Office Legislative Team (i.e. Mark Ruzzin, Summer Laws, Leslie Irwin, and George Twigg), Health & Human Services Policy Committee (i.e. Public Health, Housing & Human Services, and Community Services); Colorado Association of Local Public Health officials (CALPHO; statewide public health agencies); Counties & Commissioners Acting Together (CCAT); Colorado Human Services Directors Association (CHSDA), and Colorado Communities for Climate Action (CC4CA).

Ms. Laws gave an overview of Boulder County’s 2021 legislative priorities of public health significance, including: a) supporting vaccination efforts; b) protecting public health workers, which mirrors previous legislation that protects child care and other public workers by shielding their private information from public view; and c) implementing recommendations from the Behavioral Health Task Force. She said state budget priorities included health equity, housing assistance, workforce job training, and local public health agencies.

Mr. Malinowski gave insight into public health priorities that included family planning (long-acting reversible contraception, or LARC), immunizations, minimum wage and paid leave, data collection and sharing, oil and gas, healthy eating and active living (HEAL), access to health care, health equity, air and water quality, mental health, sustainability, social determinants of health, food safety, substance use, recreational marijuana, mobile home parks, tobacco use, early interventions, firearm safety, and radon.

Board Member Harrison asked if the Board would be consulted to provide input on controversial policies. Public Health Director Zayach said the priorities were specifically written to be broad and generic so staff could act quickly on legislative items as they arose. If there were specific areas of concern, he asked the Board to identify them before adopting the legislative agenda, so staff knew which issues should be tagged for Board consideration. Mr. Ruzzin said the legislative agenda contained 110-120 policy issues that were purposely broad to encompass foundational priorities (e.g. protecting air quality). Doing so provided flexibility for staff to speak in a timely manner on issues or legislation supported by the County. Ms. Laws said the policy analysts worked closely with BCPH and other Boulder County stakeholders to analyze and discuss each proposal. Consumer Protection Program Coordinator Lane Drager represents BCPH in CALPHO legislative policy discussions, and he said CALPHO referenced a policy document that was also written broadly to allow timely response to proposed legislation.

President Thomas said often bills are rushed through the legislature process, so staff would be unable to bring them to the Board for discussion in a timely manner because the Board only meets monthly.

Air/Climate Team Lead Collin Tomb said her focus was on climate and air policy. She also helps other health agencies and local governments to address regulatory and legislative topics. In alignment with the new Climate Crisis Strategic Plan Priority that the Board will be asked to approve next month, Ms. Tomb gave an update on two specific bills staff was interested in that would strengthen regulatory work and ensure equitable implementation of requirements for air pollution and greenhouse gas emissions (GHG), specifically ozone. One of the bills was a transportation funding package in recognition of the fact that transportation was the single largest source of GHG emissions in Colorado.
The Board thanked staff for the update. Board Member McMillan made a motion, which was seconded by Vice President DeSantiago, to approve Boulder County’s 2021 Legislative Agenda, as presented. With all Board Members voting in favor of the motion, President Thomas declared the motion carried.

Mr. Zayach thanked staff for the presentation and particularly acknowledged the contributions of Mr. Malinowski, Mr. Drager, and Ms. Tomb. He said Mr. Drager and Mr. Malinowski represent BCPH at CAL-PHO, which requires a great deal of additional work for them.

ITEM 5. Director’s Report.
Fentanyl: Board Member Harrison asked about the use of fentanyl test strips. Mr. Zayach said fentanyl was extremely dangerous because it is very strong and very toxic. BCPH started working closely with local police departments to address fentanyl when it started becoming a problem. He said he would ask staff to provide an update to the Board on surveillance mechanisms that are in place in Boulder County.

The Board acknowledged and expressed appreciation for the tremendous amount of regular work that staff was providing in addition to their COVID-19 response, and President Thomas said he recognized how difficult it was to shift gears between regular work and COVID-19 response.

ITEM 6. Old & New Business / Announcements.
None.

ITEM 7. Adjournment.
There being nothing further to discuss, President Thomas declared the meeting adjourned at 7:51 p.m.

Gregg Thomas, President

Jeffrey J. Zayach, Public Health Director