

OFFICIAL RECORD OF PROCEEDINGS

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

BOH Members: President Gregg Thomas and Board Members Morgan McMillan, Brooke Harrison, and Landrey Fagan. Absent: Vice President Jorge DeSantiago.

Boulder County Public Health (BCPH) Staff: Interim Public Health Director Lexi Nolen; Interim Director of Administration & Finance Maryel Barron; Interim Director of Strategic Initiatives Kelli Hintch; Medical Officer Chris Urbina; Environmental Health Division Manager Joe Malinowski; Communicable Disease & Emergency Management Division Manager Indira Gujral; Emergency Management Coordinator Chris Campbell; Communicable Disease Control/HIV Prevention Program Manager Carol Helwig; Interim Family Health Division Manager Melinda Morris; Health Equity Coordinator Sheila Davis; Communications and Marketing Manager Angela Simental; Administrative Assistant Rita Mangeyn; and Business Operations Manager Tammy Golden.

Boulder County Staff: County Commissioners Matt Jones, Claire Levy, and Marta Loachamin; County Administrator Jana Petersen; and Deputy County Attorney Trina Ruhland.

Special Guest: Carmen Palacios-Ramirez, City of Longmont.

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. Update on Current COVID-19 Pandemic.

A. Update on Current COVID-19 Trends.

Interim Executive Director Lexi Nolen provided an update on current COVID-19 trends and data in Boulder County. The current case incidence was 150.4, the positivity rate was at 5.0%, and the county had 8 days of decreasing or stable hospitalizations. The seven-day average across Denver Metro Area counties was lower, but it had increased in recent weeks. Dr. Nolen said the Metro Area hospitalization rate was low, but that was also spiking some. Case rates have increased in seven of the nine age groups, including youth not yet eligible for vaccinations who had returned to in-person classroom instruction.

Dr. Nolen said statewide projections from the Colorado School of Public Health indicated that a one-month delay in the relaxation of COVID-19 requirements (i.e. facial covering requirements and termination of the current Colorado COVID-19 Dial) from April 15 to May 15 could save many lives. She said the outdoor facial covering requirement in Boulder County was relaxed in March.

State trends and response show that cases, percent positivity, and hospitalizations have been increasing in Colorado, indicating that the state may be entering a fourth wave, although deaths have not significantly increased. The B.1.1.7 variant (which originated in the United Kingdom) was the most prevalent

variant in Boulder County, and five other variants have been identified. The current transition control rate was at 68%, and 1 in 207 people were infectious.

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

Emergency Management Coordinator Chris Campbell gave an update on current vaccine distribution in Boulder County. He said 145,000+ community members have been vaccinated to date; 63,721 have had a partial course of vaccination (23.2% of eligible population); and 81,632 were fully vaccinated (29.8%). Mr. Campbell noted that this total of 145,353 (53%) was well ahead of national averages. Of people 70+ years, 91.6% have been vaccinated, and 79.1% of community members 60-69 years were vaccinated.

Vaccine doses administered in April averaged about 3,700 per day and 25,900 per week. Currently, about 46% of the eligible population in the Denver Metro Area was vaccinated, with Boulder and Broomfield Counties leading the way for vaccination of people 18+ years and 65+ years.

Mr. Campbell said the vaccination rate for BIPOC (black, indigenous, and people of color) was improving but could be improved. The local vaccine equity clinic infrastructure could administer 5,400 doses per week for priority populations in Boulder County. There were clinic locations in Longmont, Lafayette, Boulder, and Peak-to-Peak providing coverage 6-7 days each week, and mobile clinics were in place to address gaps. Mr. Campbell said BCPH was working closely with community ambassadors to ensure that all community members seeking vaccinations felt welcomed and safe. The community ambassadors were serving people who felt less comfortable or were unable to access services from traditional providers (e.g. hospitals, pharmacies, large state-run clinics) due to language, cultural, transportation, or other barriers. He said the Boulder County Call Center included culturally diverse staff who were available to answer questions and help people get registered for vaccinations.

The projection was for 70% of the population to be eligible for vaccinations by May 2 and all community members 16+ years eligible by June 5.

C. Joint Meeting with Boulder County Board of County Commissioners for Update on COVID-19 Vaccine Equity.

Health Equity Coordinator Sheila Davis said if Boulder County wanted to reach herd immunity by October, strategies were necessary to reach people experiencing barriers to vaccines, which included technology (i.e. computer or internet access), distrust of services, and mobility issues. Some community members with barriers included BIPOC, LGBTQ+, unhoused, seniors, and mountain communities, and each population group had its own unique set of barriers for accessing vaccines.

The Vaccine Equity Coordinating Committee (VECC) was established to utilize a shared leadership framework and leaning on existing, trusted community organizations to help serve difficult-to-reach populations. The purpose of VECC was to support equity vaccination strategies through shared goals and objectives with a shared understanding of current efforts; the goal of VECC was for vaccine uptake to mirror the rich diversity of the Boulder county community. The VECC was recruiting and relying on representatives from a wide range of trusted entities to serve as “vaccine community ambassadors” to help community members with barriers access COVID-19 vaccines. The VECC established quality control measures, and all community ambassadors and volunteers receive cultural responsiveness training before they provide services.

Dr. Davis highlighted the success of two vaccine equity clinics held March 17 and 24 at Timberline Elementary School in Longmont that served the LGBTQ+ and Latinx communities. The events were set up to be happy experiences for community members, who were warmly greeted and served. A DJ also played

music in a social gathering area while the clients remained for the mandatory wait period following vaccination.

Ms. Carmen Palacios-Ramirez from the VECC and City of Longmont said trusted cultural brokers, community ambassadors, and influencers were providing outreach to difficult-to-reach populations. Community ambassadors (e.g. Centro Amistad, El Comite, Engaged Latino Parents Advancing Student Outcomes [ELPASO], Center for People with Disabilities [CPWD], OUT Boulder, and Peak-to-Peak) were doing outreach and vaccination registration, and community influencers were distributing information and connecting people to assistance for vaccination registration (e.g. ¡SUMA! and community and agency partners).

Communications and Marketing Manager Angela Simental said community influencers and ambassadors received COVID information toolkits; talking points; and education about the COVID-19 vaccine, how to access clinics, and how to access registration assistance with an emphasis on priority populations and accessibility. She described available resources, which included a popular bilingual website, flyers in multiple languages, vaccine toolkits for a variety of populations (e.g. general, Latinx, LGBTQ+, physical disabilities, etc.), and messages that were aligned with those provided by community partners and other public information officers.

Dr. Nolen said key messages to remember included:

- The epidemic curve was uncertain, there was an 8-week focus on vaccines and transmission control, there was a race against COVID-19 variants, and getting even one vaccination was great (one dose provides 80% immunity).
- There was adequate infrastructure available to deliver vaccines. The issue was delays in the supply chain, not enough providers to distribute them.
- There continue to be disparities.
- Vaccine authorization for youth 12-15 years was anticipated, and children 6-11 years may become eligible for vaccines later this summer.

Strategies included:

- Keeping case numbers low until mid-May when vaccination rates would be increased.
- Maintaining indoor masking and other restrictions in place for another month to help reduce deaths, hospitalizations, and a potential case surge.
- Providing outreach to priority populations through community ambassadors, influencers, and clinics.

Board Member McMillan commended staff and the community effort to address COVID-19. She asked if the main issue has been vaccine hesitancy or access to vaccines. Ms. Palacios-Ramirez said the availability of vaccine clinics closer to the homes of priority populations has helped to reduce both vaccine hesitancy and access issues. It has enabled trusted sources to answer community questions about the vaccine and share information with hesitant community members about the vaccine, immigration status, fees, etc. Dr. Davis said based on questions asked at vaccine town halls, many people were still concerned about trust issues, immigration status, and time and day of vaccine availability.

Board Member McMillan asked if people were still having issues accessing vaccination appointments. Ms. Palacios-Ramirez said the unavailability of vaccine on weekends and evenings has made it challenging for working people, which is why the community clinics held at Timberline Elementary were successful (i.e. held on weekends). While not as problematic as before, some people were still finding it difficult to locate available vaccine appointment slots.

Board Member Harrison asked if counties with an abundance of vaccine could share their supplies with counties needing more vaccine. Dr. Nolen said vaccine allocation was determined by the State of Colorado based on population. Board Member Harrison also asked if people still had to wait 90 days following a positive COVID test to receive the vaccine and was told that requirement was no longer in effect, and people could receive vaccines as soon as they completed their required isolation periods.

Commissioner Jones thanked the Board of Health for including the County Commissioners for the COVID update. He commended staff for their incredible work to address the pandemic, particularly their quick adaptability to frequently and rapidly changing state and federal guidance. He said it was fascinating to learn about the level of vaccine equity work being done in Boulder County to serve priority populations, and he offered the full support of the County Commissioners. He said he also supported an extension of the indoor facial covering order for another month, as recommended by staff.

Commissioner Levy echoed Commissioner Jones's comments, thanking staff for working under such difficult situations and a constantly changing landscape. She thanked the Board of Health for the invitation.

Commissioner Loachamin thanked staff for the tremendous work they have provided to the community. She said Public Health has been overworked and overtaxed and offered the support of the County Commissioners. She said she met recently with the Mobility and Access Coalition, which said transportation has been provided to 760 people who were homebound, living in the mountains, or had other mobility issues.

Commissioner Loachamin asked if BCPH had adequate funding for COVID response, and Dr. Nolen said the agency has received support from a variety of funding sources. She said staff was working hard to establish budgeting structures to ensure proper spending, categorization of funding sources, and identification of potential funding gaps. She said this structure was important for long-term, ongoing work to support community recovery efforts, as well as staff and community mental health.

Dr. Nolen added that BCPH was intentional about creating a vision and using the pandemic as an opportunity to partner and collaborate with community partners. She said BCPH would continue to work on forming long-term relationships with leadership throughout the community to identify priorities and build trust.

Commissioner Jones acknowledged the strong support that the Board of Health has provided to BCPH and staff throughout the pandemic.

D. Approval of Public Health Order 2021-04, Adopting Boulder County COVID-19 Dial 3.0.

Deputy County Attorney Trina Ruhland requested approval for Boulder County Public Health Order 2021-04, adopting the Boulder County COVID-19 Dial 3.0 to ensure that protections were in place an extra month to help reduce the number of deaths and hospitalizations in Boulder County. She said Boulder County worked closely with other local public health departments in the Metro Denver Area, which were adopting similar COVID dials to ensure consistency across the Metro Area. The local dials were modeled after the State's COVID Dial that went into effect last July and was set to expire April 15.

Ms. Ruhland explained that the counties would all move from Level Yellow to Level Blue in Phase I, *Moving Toward Full Reopening*, April 16 through May 15. The move authorized slightly expanded capacities for businesses, as long as hospitalizations didn't increase. If that happened, the counties would return to Level Orange. Under Level Blue there weren't outdoor restrictions unless group gatherings exceeded 500 people, in which case organizers would need to submit plans to BCPH. The current 5-Star Program

would also continue under the Order, and indoor personal social gatherings were limited to ten people to encourage outdoor gatherings whenever possible. The Order was written to complement Boulder County Public Health Order 2021-03, which removed outdoor facial covering requirements.

Boulder County and the other Metro Area counties would move to Phase II, *Observation Period*, from May 16 through August 15, 2021. During that phase, the counties would move from Level Blue to Level Clear – the new normal, pre-pandemic phase with no capacity limitations and no required mitigation efforts by businesses. Boulder County would remain at Level Clear subject to observation by BCPH and movement back to Levels Blue, Yellow, Orange, or Red if necessary to mirror a surge in cases and increased hospitalizations.

Board Member McMillan made a motion, which was seconded by Board Member Harrison, to approve Boulder County Public Health Order 2021-04, adopting the Boulder County COVID-19 Dial 3.0, and to authorize the BCPH Executive Director to amend, modify, or extend the Order, as required. With all Board Members present voting in favor of the motion, President Thomas declared the motion carried. Absent: Vice President DeSantiago.

ITEM 2. Public Comments (on unscheduled agenda items).

Joe Jackman, 5123 Williams Circle Trail, Boulder, asked about the county’s transition to Level Blue on the COVID-19 Dial and the long-term effects of COVID-19. He voiced concern about relaxing restrictions when current numbers weren’t significantly decreasing. Dr. Nolen said Governor Polis was allowing the State COVID-19 Dial to expire on April 15, but local public health departments felt it would be crucial to maintain Dial requirements for another month to balance public health needs and economic recovery needs. She said we’re moving into warmer weather, more people are getting vaccinated, and the indoor masking mandate remained in effect in Boulder County, so staff felt the recommended changes would be a good balance between continuing to protect public health while allowing the community to move closer to normal. She encouraged everyone to continue wearing their masks, socially distancing, and washing their hands. Medical Officer Chris Urbina, M.D., agreed and encouraged everyone to get vaccinated when they became eligible.

ITEM 3. Consent Agenda.

- A. Approval of March 8, 2021, Regular Meeting Minutes.**
- B. Approval of March 17, 2021, Special Meeting Minutes.**
- C. Approval of April 2, 2021, Special Meeting Minutes.**

Board Member Harrison 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 carried. Absent: Vice President DeSantiago.

ITEM 4. Update on Status of Agency and Recovery.

Interim Executive Director Lexi Nolen provided a status and recovery outlook for Boulder County Public Health in anticipation of changing community needs due to increased COVID-19 vaccinations and a move out of the crisis stage for COVID-19 response.

She outlined the three phases towards recovery:

1. Phase 1 – Retain and Stabilize (April-May 2021):

- Increasing communications with staff.
- Right-sizing staff and efforts for long-term COVID response in partnership with Boulder County.
- Remote work policies, plans, and preparation for staff’s return to the office.

- Ensuring that core agency functions continued, including budget development and hiring and onboarding of new staff (e.g. Executive Director, Director of Administration & Finance, Director of Strategic Initiatives, Communications & Marketing Manager, Family Health Division Manager, and Community Health Division Manager).
- Supporting stick factors (e.g. leadership initiative, advancing pay equity).
- Providing staff mental health supports.
- Moving forward high-priority areas of organizational development (e.g. racial equity initiative).

2. **Phase 2 – Rest and Restore (June-July 2021):**

- Respite care for staff.
- Reflection/taking stock.
- Light planning for immediate needs.
- Bringing teams back together.
- Transitioning back to County offices.
- Transitioning back to in-person client support and service.

3. **Phase 3 – Re-energize and Recommit (August-September):**

- Assessing emerging public health needs.
- Planning for community recovery for BCPH and Boulder County and with community partners.
- Advancing other key initiatives.
- Strengthening the agency.

Board Member McMillan thanked Dr. Nolen for the presentation and asked how the Board of Health could support staff and prevent burnout resulting from the lengthy COVID-19 response. She asked Dr. Nolen to keep the Board apprised on ways it could support staff, and she thanked Dr. Nolen for stepping into her leadership role.

Board Member Harrison asked for more information about pay equity concerns. Dr. Nolen said the agency has been working on that issue for a while and was striving for fair and appropriate compensation for all BCPH staff as compared with other Boulder County departments.

President Thomas asked how input was received regarding staff needs for mental health resources and recovery. Dr. Nolen said Health Systems & Policy Planner Marcy Campbell has been leading the provision of internal mental health support for all staff. Ms. Campbell works closely with the Management Team to discuss opportunities that would be most beneficial and helpful for staff. She receives feedback from staff to identify their needs and has developed a wide range of mental health support, including resources from outside contractors to help ensure staff feels reenergized and supported.

Board Member Harrison asked if there was any stress and pushback from staff about returning to work in the office. Dr. Nolen said leadership has been discussing how to respect and recognize the various comfort levels of staff while supporting their return to shared office space.

President Thomas said many staff members haven't been doing the work they were hired to do and have been exclusively working on COVID-19 response. He commended staff for the work they've provided to the community and for "hanging in there."

ITEM 5. Director's Report.

Dr. Nolen said BCPH was distributing weekly newsletters to staff to share news, announce upcoming training and other opportunities, welcome new staff, recognize staff accomplishments, and reflect on

what’s happening throughout the agency. She said some non-COVID-related work beginning to escalate included substance abuse prevention, working with LGBTQ+, tobacco prevention, and climate change.

ITEM 6. Old & New Business / Announcements.

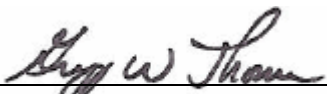
None.

ITEM 7. Authorize Executive Session for 1:00 p.m., April 23, 2021, Pursuant to Colorado Revised Statutes §24-6-402(4)(f), for Purposes of Conducting the Public Health Director Recruitment Process.

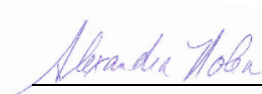
Board Member McMillan made a motion, which was seconded by Board Member Harrison, for the Board of Health to adjourn into Executive Session at 1:00 p.m., April 23, 2021, pursuant to Colorado Revised Statutes §24-6-402(4)(f), to discuss the public health director recruitment process. With all Board Members voting in favor of the motion, President Thomas declared the motion carried. Absent: Vice President DeSantiago.

ITEM 8. Adjournment.

There being nothing further to discuss, President Thomas declared the meeting adjourned at 6:52 p.m.



Gregg Thomas
Board of Health President



Alexandra “Lexi” Nolen
Interim Executive Director