

# OFFICIAL RECORD OF PROCEEDINGS

**Boulder County Board of Health (BOH) Regular Meeting  
Online/Telephonic Meeting  
November 8, 2021**

**BOH Members:** President Gregg Thomas; Vice President Morgan McMillan; Board Members Landrey Fagan, M.D., Brooke Harrison, Ph.D., and Lindy Hinman.

**BCPH Staff:** Executive Director Camille Rodriguez; Deputy Director Lexi Nolen; Chief Medical Officer Dr. Michelle Haas; 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; Communicable Disease Program and COVID-19 Epi Team Coordinator Carol Helwig; Immunization Program Coordinator Keith Rawls; Emergency Planner Kari Middleton; Consumer Protection Program Coordinator Lane Drager; Healthy Beverage & Food Advisor Tessa Hale; Marketing and Communications Manager Angela Simental; Communications Specialist Shawn Hollister; and Administrative Services Division Support Lead Rita Mangeyn.

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

**Members of the Public:**

Mark Bowen  
Ryan Snow  
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 against the current COVID-19 mask and vaccine mandates.

**ITEM 2. Approval of October 11, 2021, Regular Board of Health Meeting Minutes.**

*Vice President McMillan made a motion, which was seconded by Board Member Harrison, to approve the October 11, 2021, Regular Board of Health minutes. With all Board Members present voting in favor of the motion, President Thomas declared the motion unanimously carried.*

**ITEM 3. COVID-19 Update**

**A. Situational Awareness and Trends**

Director Rodriguez thanked staff who put together the evening's presentation and introduced Deputy Director Dr. Lexi Nolen who presented on pandemic situational awareness and trends in Boulder County and Colorado. Dr. Nolen first reviewed the three ongoing BCPH goals for fighting the pandemic. The first is to prevent severe illness and death. She said that transmission was lower in Boulder County than in

surrounding counties and that there has been an unusual number of deaths in the past six weeks, but noted that the death rate in Boulder County still remains much lower than the rest of Colorado and the U.S. The second goal discussed is to lessen the burden on the health system. Boulder County is among the counties that is contributing the fewest patients to hospitals. The 75+ age group's vaccination rate is at 99%, but the gap is with the youth population though their hospitalization rates are lower. The third goal is to safely return to "normal" activities. Dr. Nolen noted that school quarantines have significantly decreased, and child case rates are lower than in most counties because of the layered mitigation strategies used, but the county is still seeing increased case rates in ages 6-11. She shared that the voluntary Vaccine Verification Program has been offering safer options for patrons and supporting businesses that serve more risk-averse groups.

Dr. Nolen reviewed the key takeaway messages. These include:

- Boulder County is faring better than nearby areas but is experiencing similar surges as other Colorado counties.
- There is 1 in 48 Coloradans currently infectious.
- Metro counties' cases are still rising.
- The health system is under significant strain due to COVID-19 and non-COVID-19 cases including increased trauma, delayed urgent care, and staffing shortages. This added stress causes a ripple effect on the infrastructure for availability of staff to support vaccine rollouts in flu clinics, and other containment activities.
- It is increasingly becoming a pandemic of the unvaccinated.
- Current projections show that cases will peak in early December and hospitalizations in mid-December.
- Additional concerns remain with the flu season, upcoming holidays, and resumed international travel.
- There is room for optimism given that vaccine eligibility for ages 5-11, booster roll outs, and employer vaccine mandates are increasing to help reduce transmission.
- Boulder County Public Health Orders (PHOs) are expected to continue as currently written until at least January 2022 based on data seen in the community and recommendations from CDPHE (Colorado Department of Public Health and Environment).

Dr. Nolen then showed a comparison graph of states and their 7-day incidence per 100,000 from October. Colorado's incidence rate was at 185 with Boulder County at approximately 170. For November, the graph showed Colorado's incidence rate increasing significantly to 344 and Boulder County's at about 275. She explained that various factors are potentially responsible for the current surge in Colorado. Factors such as the cooler weather; activities moving indoors; children returning to school, some without access yet to vaccinations; increased return to "normal" activities that include large gatherings without adequate mitigation layers in place; decreased transmission control methods (e.g. masking, social distancing); vaccination effectiveness being lower for ages 80+ (i.e. 90+% protection from cases for those under 80 years old, to 65% protection for those over 80; 94% protection from hospitalization for those under 80 years old to 77% for those over 80); and potentially there is less testing in other states.

Dr. Nolen then cited the following surveillance data points:

- The 7-day cumulative number of new cases per 100,000 is 269 which is substantially higher than the week before. This is in step with what is seen across the state.
- The whole state of Colorado is in high transmission. While a few counties are seeing some decreases, they are not statistically significant.
- The 7-day incidence trend among age groups shows that the 0-11 group has the most significant number of cases and the highest increase in case numbers. Rising rates are being seen in various age groups and case rates are much higher than they were just a couple of weeks ago. Ages

5-11 have become eligible for vaccination in the last week so there is hope in seeing the numbers of new cases declining.

- By municipality, Longmont has the highest number of cases at 40%; unincorporated areas which make up about 18 % of the county population are second highest at 21%. City of Boulder shows a rate of 24% and cities of Lafayette, Louisville, and Superior are at 15% which is disproportionately lower.
  - By race/ethnicity, the case rate is close to being in the proportional range for White/Non-Hispanic, but a slightly increased disproportionate case rate for Latinx/Hispanic, and slightly lower disproportionate rate for other races.
  - The 7-day positivity rate increased to 6.7%.
  - Testing numbers have increased.
  - Deaths have increased recently, and most were not associated with long-term care facilities (LTCFs). Since May 2021, there have been 36 deaths. The death rate is substantially below the state and U.S. death rates.
  - Epidemiology (Epi) team capacity has been greatly exceeded and has moved to surge response which creates a prioritization process for case investigations.
  - State hospitalizations show that there are less than 1000 total beds across Colorado and less than 100 ICU beds. Projecting 15,000 more COVID-19 hospitalizations and 2,000 deaths by the end of February 2022.
  - Local hospital situation in the North Central Region show that staffed ICU bed availability is at 7% (down from 8% last week); staffed medical/surgical bed availability at 7% (down from 9% last week); hospitals reporting tight staffing at 37% with significant staff shortages (same as last week); combined Hospital Transfer Center Plan is now activated at Level 3; there are 19 pediatric confirmed cases of COVID-19 in the four *Children's Hospitals Colorado* (RPTC, South Campus, Colorado Springs, North Campus). There are six ICU beds available as of today in Boulder County.
  - Boulder County has 92 people currently hospitalized with COVID-19 and the numbers have steadily risen in the last two months in the county and across Colorado.
  - The health care system across Colorado has ramped up their efforts with advertising and social media campaigns to provide education about decreasing the virus spread. Other actions include state policy and Executive Order changes; mechanisms to expedite patient discharges and transfers; a roll out of monoclonal antibody treatments (projected to reduce hospitalizations 13-23%); and the upcoming Emergency Use Authorizations (EUAs) from Pfizer and Merck for two different pills, that early data show, cut severe illness and hospitalizations.
- Vice President McMillan asked about the projection that addressed an increase of 15,000 COVID-19 hospitalizations and if the projection considered the roll out of the monoclonal antibody treatments. Dr. Nolen confirmed that the projection did not take the treatments into account.
  - Board Member Harrison asked why there is not a statewide mask mandate implemented in Colorado. Dr. Nolen said that CDPHE cited some studies that supported a statewide mask mandate not being effective. The state has been implementing other measures, but Dr. Nolen will investigate the specifics of the studies to understand their stance which many in the scientific community disagree with.
  - Board Member Harrison also asked about the cyclical nature of the pandemic and Colorado trailing the nation. What are the exposure rates compared across the country? Given that states such as Texas and Florida had no mask mandates and are now showing lower rates. Did they have higher exposure rates and Colorado is now catching up? She was also curious about the death rates in these states compared to Colorado's. Dr. Nolen will look further into the data and follow up.

- President Thomas asked if the monoclonal antibody treatment projection includes the possible outcomes with the EUA pills. Dr. Nolen confirmed that the projection did not factor in the pill treatments.

Dr. Nolen proceeded to give a county vaccination update. She said that ages 5-11 are now eligible and 5% of this population has had their first dose. There is a focus to increase the vaccination rates of ages 18-30. Other age groups are doing well. Another focus includes boosters for the most vulnerable population and ages 5-11. Out of the total county population, 69.7% have been fully vaccinated. Dr. Nolen noted that the partial and full course percentages have decreased slightly because a larger population is now eligible (i.e., ages 5-11). Booster shot data for older adults show that out of 85.7% of ages 60-69 who received a full course, 36.6% of them now have their booster dose; and out of 98.3% of ages 70+ who received a full course, 54.5% of them have received their booster shot.

- Board Member Harrison asked if there are any vaccination supply concerns. Dr. Nolen said that she is not aware of any significant supply concerns.
- Vice President McMillan asked about the demographics of the currently hospitalized and their vaccination status. Dr. Nolen will follow up.
- Vice President McMillan wanted to emphasize the board's support for centering equity, outreach, and mobilization of the vaccination rollout for ages 5-11. Dr. Nolen added that the team will speak more about this work further into the presentation.
- Board Member Harrison asked if CDPHE is collecting data on the vaccination becoming less efficacious at six months for the older populations as cited in the Israel data set. Dr. Nolen said that the state is measuring the proportion of age groups represented in hospitalizations and seeing many of the same patterns, but she can follow up with more information.

#### B. Policy Developments

Deputy County Attorney Trina Ruhland addressed the local, state, and federal legal contexts. She reminded the group that the school masking order, PHO 2021-07, went into effect on August 10 and remains so until rescinded. The universal indoor masking order, PHO 2021-08, has been in effect since September 3 and remains so during periods of substantial and high transmission. BCPH has also issued a Public Health Advisory on October 29 amid the recent surge affecting hospital capacity locally and statewide. The advisory recommends moving indoor gatherings outdoors whenever possible and mask wearing around groups of different households. This advisory follows CDC recommendations and was put forth for awareness and guidance.

Ms. Ruhland shared that the Business Team continues to work with area facilities on enforcement issues and on the voluntary Vaccination Verification Program (VVP). So far, 288 facilities have applied for acceptance into VVP and 241 have been approved. The remaining facilities are in various stages of the approval process. A publicly available list of VVP entities can be found [here](#).

Deputy County Attorney Ruhland also outlined other local actions in the metro Denver area. These include the City and County of Denver's vaccination requirement via their PHO; municipalities such as Cities of Boulder and Longmont and Boulder County instating mandatory vaccination requirements for their employees; and statewide school mask requirements through the school districts and local PHOs.

At the state level, the Governor has put in place a plan to ease the burden on hospital systems during the surge. These actions include requesting FEMA medical surge teams; implementing CDPHE PHO 2021-02 to delay cosmetic surgeries (elective surgeries may be next); through Executive Order D2021-36, making crisis standards of care available when hospitals cannot manage their patient load and need to prioritize care. The Executive Order also includes a patient admission and transfer process that load balances hospital capacity around the state and assures smooth transitions of patients without any barriers

around insurance requirements. It also allows hospitals to deny care based on capacity. Ms. Ruhland added that the HAN (Health Alert Network) was released to healthcare providers indicating how monoclonal antibodies should be distributed based on populations; and a Public Health Advisory, like BCPH's, was put forth around hospital capacity.

Looking at the federal level, OSHA (Occupational Health and Safety Administration) issued a deadline of January 4 for employers of 100+ employees to have vaccination mandates and a masking and testing requirement for the unvaccinated. This directive will affect 84 million workers. Ms. Ruhland added that there has been a legal challenge to this, and the 5<sup>th</sup> Circuit Court has temporarily stayed the enforcement of the order to determine if OSHA is the correct entity to issue the order. Other federal employers including the military are requiring their employees to be vaccinated by November 22, allowing only legally required exemptions under Title VII. This will affect 2.1 million civil employees and 2.1 military personnel. Federal contractors that include airlines need to be vaccinated by December 8 and healthcare workers participating in Medicare and Medicaid will have to be vaccinated by January 4 with no test out options. The OSHA order does not require employers to compensate for testing but does require paid time off for employees getting their vaccinations.

Locally, resulting legal challenges to mask mandates have emerged. In Jefferson County, the school mask mandate was challenged on religious grounds, but the District Court upheld the school mask mandate as written. In Douglas County, there was a preliminary injunction put in place where Douglas County cannot/should not permit a "personal exemption" to mask requirements in schools because it violates the rights of ADA (Americans with Disabilities Act) students.

There have also been legal challenges to vaccine mandates. Religious challenges have been largely unsuccessful on constitutional grounds. The Supreme Court has upheld vaccine mandates in the municipal, higher education, and public health contexts. Ms. Ruhland noted that many employers are requiring vaccine mandates on their own and a large exodus of employees previously feared has not occurred. The requirements are largely working. Ms. Ruhland added that some states will not compensate a fired employee with unemployment insurance if terminated for refusing to be vaccinated.

- Board Member Harrison asked about how religious exemptions will play out for other vaccinations. Ms. Ruhland said it depends on context and who is requiring the vaccination. If the employer is subject to Title VII, then they would need to provide a religious exemption for vaccines. This has not changed. The courts, however, have never addressed whether or not the U.S. Constitution requires a religious exemption for vaccines when a government or non-employee entity enacts a vaccine mandate.
- Board Member Harrison also asked if schools are subject to Title VII? The CDPHE Board of Health governs the vaccines in schools and there are statutory requirements in Colorado for what exemptions apply. Constitutional issues have not been addressed because of the statutory exemptions in place. Every state is different with what is required in schools due to statutory requirements.

#### C. BCPH Response: Epidemiology, Vaccinations, and Vaccine Equity

Communicable Disease Program and COVID-19 Epi Team Coordinator Carol Helwig provided an overview of her team's roles and responsibilities. Prior to the pandemic, there were two full-time epidemiologists on board who responded to all reportable communicable diseases and conditions. Now there are over 40 staff members comprised of six Epi-led teams and a seventh team that provides resource navigation and call center services to the public.

Ms. Helwig shared that she and her team developed a strategic operations plan for responding to surge conditions. During a surge, a tiered prioritization approach to case investigations is implemented to serve priority groups. The priority groups are modeled on priority population guidance that was

developed with Denver metro partners earlier in the pandemic. One important prioritization strategy is ensuring that at least 50% of the case investigators are bilingual/bicultural, Hispanic/Latinx Spanish language speakers. There are currently over 60% of Epi staff members with these qualifications. Ms. Helwig further explained that there are four specialized Epi teams that focus on priority population settings including ECE (early childhood education), K-12, LTCFs, and other congregate settings such as the County Jail and area shelters.

The Resource and Call Center teams provide linkages to supports and resources for people who are experiencing hardships during quarantine and isolation periods. In recent weeks, this team has supported over 20 families a week with these services that often involve complex follow up. This team also fields calls from the public to assist them in answering questions, providing resource information, and guidance. The Epi team must remain responsive according to the different transmission levels. The team has been in surge status since late August. During the surge, the focus becomes on the priority groups as mentioned earlier. Once lower transmission is reached, Epi activities become critical in sustaining containment and one day achieving suppression.

- Vice President McMillan thanked Ms. Helwig and her team for the tremendous work being done in the community and especially for supporting the most vulnerable populations.
- President Thomas also thanked the team and then asked how the high case rates are impacting the case investigations. Ms. Helwig said that the team is well beyond capacity to reach every case and contact, so they are prioritizing higher risk settings and groups.
- Dr. Nolen recognized Ms. Helwig and her team for developing a system of case prioritization that has been recently highlighted and promoted by CDPHE as one that other counties should adopt.

IZ Program Coordinator Keith Rawls gave an update on immunizations for children and vaccine equity. He cited that there are 23,500 children in the county ages 5-11 who are now eligible for the vaccine. To that end, the team is aiming to vaccinate 14,000 children by January 31. On November 6, 171 children were vaccinated at a vaccine clinic. The clinic was well-received and a celebratory event with fun activities and gifts for the vaccinated children.

Mr. Rawls also spoke about equity clinics being conducted at the St. Vrain Community HUB on Thursday evenings for ages 12+ and pediatric clinics on Fridays and Saturdays. Long-term, the aim is to integrate COVID-19 vaccination into Vaccine for Children and Equity clinics. Other efforts include vaccination education and focus groups for youth and parents and flu vaccination campaigns with community partners such as the Westview Presbyterian Church and the Round Food Pantry. Recently, there were flu and COVID-19 clinics conducted in partnership with the Round Food Pantry and the Latin Chamber of Commerce in Longmont.

Mr. Rawls ended his presentation by sharing a photo of a hand painting that children who were vaccinated participated in during their observation period. Mr. Rawls called it “Hands of Hope” for hope in reducing the spread of the virus in the community and for reconnecting with extended family during the upcoming holidays.

- President Thomas thanked Mr. Rawls and remarked that even with all the tremendous work being done in this area, it remains an uphill battle with having everyone vaccinated.

Emergency Management Planner Dr. Kari Middleton further addressed the vaccination equity work for ages 5-11. Efforts to help foster access for pediatric populations throughout the community are underway. The team is meeting and coordinating with providers to identify those who can support vaccination of this age group. There are currently 67 enrolled providers. Through the coordination process, a

potential gap was identified in vaccine access in Longmont which drove the decision to have clinics at the Longmont HUB on Fridays and Saturdays. These clinics will run November through January for now. The team continues working with the Community Ambassadors to ensure access for priority populations.

Dr. Middleton said that health equity is embedded in every aspect of the work, so an equity model is applied which means power sharing, having the work be community led, and grass roots oriented. This involves codeveloping and implementing plans with the Community Ambassadors, Cultural Brokers, and other community influencers. There are also partnerships with Boulder Valley School District to have equity clinics at area elementary schools and St. Vrain Valley School District on a potential pediatric vaccine clinic for K-12.

Work is also being done to plan for vaccinations for teens and young adults through a partnership with the BCPH Community Health Division. Due to lower vaccination rates among ages 18-29, there is a need to focus on this population. The team recently met with youth and Community Ambassadors to understand what they are experiencing and to understand their vaccine hesitancy. Some good insight was gleaned directly from youth. The team learned that there is a lot of vaccine misinformation on social media and some bullying resulting from youth taking a pro-vaccine stance online. This drives the hesitancy. A mental health component also needs to be incorporated into the work to appeal to the whole person. Dr. Middleton assured that this work will be youth-led. The team will continue to partner with Community Ambassadors on communication, outreach, and social media to effectively reach the youth population.

- Vice President McMillan gave kudos to the team for the health equity work and prioritizing the most vulnerable populations.
- President Thomas said it was sobering that even with 70% vaccinated, challenges remain. Given the data around case and positivity rates, projections, and hospitalizations, he sees no need for changes to the public health orders. He understands the frustration and fatigue in the community but continuing the course with PHOs and other mitigation strategies is vital.
- Vice President McMillan agrees and also understands the community's frustration with mask mandates especially for children, but she reiterated how important it is to protect the most vulnerable in the community.
- Board Member Hinman agreed with the board members. She also expressed her gratitude to the community health provider partners who she said are working to their limit and beyond to provide critical care to the community.

#### **ITEM 4. Director's Report.**

Director Rodriguez extended a thank you to BCPH staff for their tremendous work that is being accomplished concurrently with the pandemic response work. She called it an amazing feat and she is greatly proud of BCPH staff.

- Board Member Hinman asked about the Substance Abuse Intervention Program transition to Mental Health Partners (MHP) - how it is progressing and what is the timeframe for the transition? Director Rodriguez said that staff is currently meeting with MHP to share best practice implementation, documentation, and program parameters so that the program can successfully continue at MHP. The plan is to have the program transitioned in January 2022. Further updates will be shared later.
- Board Member Hinman is interested in learning more about the work of the Climate Action Team under its new leader, Grace Hood. Dr. Nolen said that BCPH is very excited about having Ms. Hood join the organization. Ms. Hood has a journalism background and a real passion for climate change work. She is currently working on understanding where the

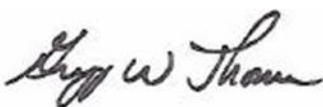
- opportunities are for change; and meeting with various colleagues across the county to identify spaces where there is potential for deep community action with an equity centered focus. There is also planning on how to embed climate change action considerations across BCPH programs which is a strategic priority. Along with other Air Quality team members, Ms. Hood will be partnering with county colleagues who work in climate change and sustainability areas. There is also movement into policy spaces with CALPHO (Colorado Association of Local Public Health Officials) legislative committee and MDPH (Metro Denver Partnership for Health) partners.
- President Thomas asked about the leadership hiring update for the Director of Administration and Finance and the Director of Strategic Initiatives. Director Rodriguez said that recruitment is currently underway for both positions, and she and Dr. Nolen are hopeful for successful position recruitments soon.
  - Board Member Harrison thanked Dr. Gujral for answering her question from the last meeting about the Arizona study. She then asked if there is a Naloxone/Narcan shortage or strain in Boulder. Dr. Gujral said there have been challenges in obtaining the Naloxone/Narcan supply. Harm Reduction Program Coordinator Georgia Babatsikos is working on purchasing a large supply before the end of the year to ensure enough supply is on hand to distribute to syringe access participants. She added that there has been an increase in the number of pills that have been cut with Fentanyl which is deadly. Dr. Gujral also spoke to the Substance Abuse Intervention Program transition addressed earlier. She said that this work started pre-pandemic and BCPH and MHP have had a good partnership on early intervention efforts. The goal is to move all diversion efforts to centralize into one place at MHP. The team is excited about the roll out of this transition.

**ITEM 5. Old & New Business / Announcements.**

None.

**ITEM 6. Adjournment.**

There being nothing further to discuss, President Thomas declared the meeting adjourned at 7:02 p.m.



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Gregg Thomas, President



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Camille Rodriguez, Executive Director