

# OFFICIAL RECORD OF PROCEEDINGS

**Boulder County Board of Health (BOH) Regular Meeting**  
**Online/Telephonic Meeting**  
**December 13, 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; Community Health Division Manager Heather Crate; Communicable Disease & Emergency Management Division Manager Indira Gujral; Interim Strategic Initiatives Director Kelli Hintch; Emergency Management Coordinator Chris Campbell; K-12 Policy Liaison Taylor Caranza; Marketing and Communications Manager Angela Simental; Climate Action Lead Grace Hood; and Administrative Services Division Support Lead Rita Mangeyn.

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

**Special Guests:** Boulder Community Health Beacon Center Infectious Diseases and Internal Medicine Physician Dr. Mark King, M.D.

**Members of the Public:**

Sam Miller  
Joe Mehsling  
Laura Thornton

**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, 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 expressed concerns about the current quarantine policy and masking of younger children; COVID-19 mask mandate enforcement in schools; and returning to normal activities amid this pandemic.

**ITEM 2. Approval of November 8, 2021, Regular Board of Health Meeting Minutes.**

*Vice President McMillan made a motion, which was seconded by Board Member Harrison, to approve the November 8, 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 Data, Policy, and Program Update**

Executive Director Camille Rodriguez introduced the first speaker, Dr. Mark King, who is a board certified infectious diseases and internal medicine physician at Boulder Community Health's Beacon Center for

Infectious Diseases. In his work, Dr. King treats a wide range of infectious diseases and has also lectured on and published articles about antimicrobial resistance, tuberculosis, antibiotic therapy, and complications related to HIV/AIDS. He is also a founding member of CIDER (Community Infectious Diseases Emergency Response Team).

Dr. King spoke in support of the masking mandate, currently in effect in Boulder County, as an evidence-based, primary method of preventing transmission of COVID-19 in the community. He spoke to the county's current high transmission rates present since mid-August with the consequential increased hospitalizations and deaths. This, in turn, has resulted in the reenacting of crisis standards of care for the hospital systems in Colorado. Dr. King explained that throughout the pandemic, hospitals have struggled with staffing shortages, increased workloads, and burnout. He added that patients have chosen to forgo routine care which has resulted in more severe and prolonged illness. Because hospitals serve as a safety net in the community, it is critical that they are not overwhelmed and can maintain their operations to provide lifesaving services. Simple measures such as masking, vaccinations, and frequent and accessible testing can ensure transmission is kept low. Dr. King also said that the flu season this year and the new Omicron variant can further strain the hospital systems to a breaking point. He implored to continue with the masking mandates to help with these challenges. Executive Director Rodriguez and Deputy Director Dr. Lexi Nolen both thanked Dr. King and expressed their strong support for and solidarity with the hospital systems and acknowledged the significant challenges they continue to face.

Dr. Nolen outlined the rest of the presentation which addressed surveillance and situational updates; information on policy developments, the new variant, emerging treatment options; and key programmatic updates around vaccination approaches for teens/young adults and schools.

Deputy Director Nolen spoke about the key messages which include the stable but high level of cases and hospitalizations for the mostly unvaccinated; hospital crisis standards of care being reenacted; alternative care settings/staffing being stood up to meet increased need; non-hospital treatments not being broadly available yet; elevated death rates and the deaths shifting from long-term care facilities (LTCFs); and the Omicron variant detected in Boulder County's wastewater.

Dr. Nolen pointed to some good news including the 5-11 year old population's vaccination rate that is now at 48%; the majority of residents 65+ have received their boosters; four metro counties have enacted public health orders (PHOs) and the Voluntary Vaccination Program (VVP) for businesses similar to Boulder, Pitkin and Larimer counties.

Vaccine equity work continues to focus on ages 18-30, hesitancy among parents of young children, and the Latinx community. The schools and early childhood education (ECE) guidelines have been highly effective in keeping children in class and preventing outbreaks; BCPH continues to adjust K-12 and ECE guidelines for children to safely stay in schools; and the state may issue new guidance over the upcoming holidays.

Deputy Director Nolen also reviewed the three North Star goals. The first is to prevent unnecessary deaths and significant illness. The county continues to see elevated deaths due to the Delta variant and hospitalizations are still very high. The second goal is not to overwhelm the health system. She reported that hospitals are still in crisis standards of care with very few staffed beds available. Resources will be further strained with the flu season and the new Omicron variant. Finally, the third goal of returning to "normal" activities includes a near regional alignment on the indoor universal mask requirement with hope to avoid the moves to lockdowns as seen in Europe recently. Dr. Nolen stressed that BCPH stands firm in the belief that widespread vaccination is the long-term key to freedom and protecting people, the economy, and the infrastructure. The implementation of universal masking during significant/high transmission is critical until community immunity is reached.

Dr. Nolen then addressed the weekly surveillance highlights. These include that all but one Colorado county is still in high transmission (prior to Omicron momentum); the PCR positivity rate of 6.6% is still above the level where there is confidence of community transmission levels being accurate; and new cases continue to disproportionately affect the city of Longmont and Latinx community members.

For situational awareness, she addressed the current regional health system capacity and key related data points which include:

- 77 county residents are hospitalized, same as last week
- Staffed ICU bed availability is at 4%, same as last week (8 in Boulder County)
- Staffed medical/surgical bed availability is at 4% (6% last week)
- Staffing levels at 63% (47% last week) as of this evening
- Combined Hospital Transfer Center Plan now activated at Level 3
- 17 pediatric confirmed cases of COVID-19 in the four *The Children's Hospitals*
- Pharmacy staffing shortages is limiting vaccination delivery

Additionally, since May, the death rate is at 61 as of this evening. Dr. Nolen noted that at the previous Board of Health meeting on November 8, there were 36 deaths cited for the same time period. She added that most of the deaths since May are no longer associated with LTCFs.

When looking at the vaccinated versus unvaccinated populations graph as they relate to the death rate, the number of deaths in unvaccinated people is dramatically higher. To dig deeper into the characteristics of the deaths since May, the following data were provided by CDPHE (Colorado Department of Public Health and Environment):

- State age-adjusted COVID-19 deaths of people who were unvaccinated: 454.8 /1M and vaccinated: 42.6 /1M
- County average age of death is 80 years with 71 years among the unvaccinated and 84 years among vaccinated
- County LTCF deaths prior to May 1 were 67%; after May 1, 18%
- County death rates by race/ethnicity, not age-adjusted calculation (could change proportion considerably), were 11.9 /100,000 among White/Non-Hispanic and 3.1 /100,000 among BIPOC (Black, Indigenous, People of Color)

Dr. Nolen also reported that according to CDPHE, people who received their COVID-19 boosters were 2.4 times less likely than vaccinated people to be a COVID-19 case and 9.7 times less likely than unvaccinated people to be a COVID-19 case. For hospitalizations, those who received their boosters, are 3.3 times less likely to be hospitalized than vaccinated people and 47.5 times less likely to be hospitalized than unvaccinated people.

County vaccination rates show that 83.7% of the total population have received at least one dose. Among the ages, high rates are being seen in most age categories. Ages 5-11 have a first dose rate of 48%. Ages 18-30 are still showing lower vaccination rates, but work is being done to help increase the rates and this will be addressed further in the presentation. Around booster data, ages 70+ have a rate of 73%. Lower booster rates are showing for the younger ages.

Dr. Nolen also addressed the unvaccinated population by age group. There are 39,692 in the county who are eligible for a vaccine. Children under ages 5 are 100% unvaccinated due to their ineligibility, making up an additional 13,633 people. For ages 5 to 17, 36% are unvaccinated and 12% of ages 18-59 are currently unvaccinated. BCPH continues outreach and support to these two groups.

To address some earlier questions about universal masking PHOs and increasing transmission control, Dr. Nolen showed a graph that illustrated a demonstrated uptick in mask wearing after the last Boulder County PHO went into effect on September 3. Similarly, in Larimer County, increased mask wearing was also seen after the PHO went into effect on October 20. This indicates that masking PHOs have a strong influence on masking behavior and thereby controlling transmission. Another graph presented showed the metro county vaccinations and hospitalizations after PHOs went into effect. Larimer County, in particular, showed a significant drop in hospitalizations. Dr. Nolen pointed out that across Colorado and the United States, universal masking orders are becoming the rule rather than the exception. She also spoke about Colorado sometimes leading in case rates and deaths, but it often is synchronized with the rest of the country. Through the course of the pandemic, Colorado has held the 15<sup>th</sup> lowest case rate and the 9<sup>th</sup> lowest rate for deaths. Dr. Nolen noted that cases are rising in many states.

- Vice President McMillan urged BCPH leadership to share the data graphs with the Governor's office particularly the data on Larimer County.

Before discussing the policy update, Ms. Rodriguez spoke to the current PHOs in effect and the concerns in the community around continuing to have them in place. She said that due to the most recent discovery of the new Omicron variant, the current strain on hospital systems, vaccine ineligibility for some age groups, and keeping vulnerable community members safe, it continues to make sense to keep the PHOs in place. BCPH leadership and metro leadership are, however, discussing what a regional PHO step down approach would look like sometime in the future.

Deputy County Attorney Trina Ruhland presented some policy highlights. Around enforcement, education and outreach are the primary tools used to work with Boulder County businesses in reaching compliance. There were 305 enforcement contacts made and some of them resulted in notices of violation. One lawsuit against Gold's Gym in Longmont was successfully settled with the business agreeing to comply with the PHO. Vigorous outreach to houses of worship for the holiday season has also been conducted.

Deputy County Attorney Ruhland also spoke about the VVP and noted that there were 316 applicants to the program and 270 participants as of December 6. Some of the participants include larger employers such as Google, Zayo, and City of Longmont, including six fire stations. BCPH has also supported Jefferson County Public Health and Tri-County Public Health in standing up their own VVPs. The team is working with Cultural Brokers to reach out to Latinx businesses to increase their participation in the program.

Addressing school PHOs, Ms. Ruhland cited that nearly 80% of K-12 students in Colorado are required to wear a mask at school. The metro partners have all passed universal masking orders and VVPs. BCPH based its metrics on the CDC (Centers for Disease Control and Prevention) that requires all people ages 2+ to wear a mask indoors during high or substantial transmission regardless of vaccination status. Larimer, Pitkin, and Jefferson counties follow the same metrics as BCPH. Adams and Arapahoe counties are looking to apply ICU metrics sometime after January 2. Denver County has not defined their metrics.

The presentation continued with Chief Medical Officer Dr. Michelle Haas giving an update on the new Omicron variant and treatment options. Some preliminary data, which Dr. Haas cautioned could change rapidly, suggests that Omicron is more infectious than other variants including Delta. Omicron decreases protection from vaccines and prior infection but causes less severe disease. She added that the current vaccines available will protect against severe illness, hospitalizations, and deaths.

The Omicron timeline shows that it was first detected on November 9; a travel ban was then initiated on November 26; the first case in the United States was identified on December 1 in California; and Colorado saw its first case on December 2 in Arapahoe County with another case in the U.S. on December 2. The first Colorado case involved a person returning from South Africa, but the second U.S. case was not

travel related, rather the person had attended a convention. On December 3, the first case in Boulder County was detected and on December 7, Omicron was identified in the Boulder County wastewater.

Dr. Haas addressed the evolving data and gaps. With testing, PCR tests continue to detect the infection and studies are ongoing on rapid antigen detection tests. Vaccines (e.g. Pfizer) show that boosters increase protection. Preliminary data on treatments, which are not peer reviewed, show that monoclonal antibodies reduced activity with the caserivimab-imdevimab drug treatment and retained activity with sotrovimab. No formal studies are available yet on oral treatments. While the disease severity may be lower than with Delta, Omicron is more infectious so an increase in case rates while likely increase hospitalizations.

Efforts in Colorado to fight the Omicron variant include testing and prioritization for sequencing at state and partner labs; wastewater sequencing surveillance, genetic markers indicative of variants can be identified in wastewater; traveler monitoring of travelers who spent time in South Africa, Botswana, Zimbabwe, Namibia, Lesotho, Eswatini, Mozambique and Malawi in the 14 days prior to their flight to the U.S; quarantining for seven days regardless of vaccination status; and testing 3-5 days post travel. Local public health agencies are prioritizing case investigations/contact tracing for identified cases.

Dr. Haas addressed treatment options and described each drug. The first is the Molnupiravir drug which inhibits replication of SARS-CoV-2. It should be taken as an 800mg daily dose every 12 hours for five days and started within five days of symptom onset. Data show that there is a 2.9% absolute reduction (6.8% vs 9.7%, 30% relative reduction,  $p=.02$ ) in the primary outcome of hospitalization or death. As of November 30, the FDA (Food and Drug Administration) advisory committee voted 13 to 10 to authorize this drug, but as of December 6, the committee have not yet granted EUA (Emergency Use Authorization). Dr. Haas noted that the committee's split on authorization is somewhat unusual. Possible explanations could be the attenuated reduction in hospitalizations and deaths seen with the later cohort and subgroup analyses also suggested less activity against Delta.

- Board Member Harrison offered an additional possibility for the split vote by noting that there has been speculation about the drug causing birth defects in pregnant women which was hotly contested because the agent was not tested in pregnant women.

Dr. Haas addressed another drug called *Paxlovid* (PF-07321332 + ritonavir) that inhibits replication of SARS-CoV-2 by blocking the activity of the 3CL protease. The combination is administered at a 300mg dose (two 150mg tablets) of PF-07321332 and one 100mg tablet of ritonavir, given twice-daily for five days within five days of symptom onset. *Pfizer* applied for FDA EUA on November 16 and the review date is pending.

The last treatment discussed is monoclonal antibodies. Data show that patients feel better faster by about four days. The treatment significantly decreases the risk of being hospitalized or dying (i.e. 70-80% reduced risk); the risks to patients are minimal, and it is well tolerated. It is the only antiviral treatment currently available outside of the hospital.

Dr. Haas then spoke to the care continuum/care cascade for COVID-19. This is a tool that has been used for other infections such as Hepatitis C to identify gaps in care and address those gaps with various interventions. The data suggest that the median time to test is 3-4 days, but an agent that has to be given by day five becomes a challenging effort with current testing turnaround times. The BCPH team is working to identify and close gaps in the care continuum by providing information about monoclonal antibodies at testing sites with flyers in English and Spanish; partnering with the Area Agency on Aging and Community Ambassadors; evaluating a process by which to link patients to monoclonal antibodies during case investigations; elevating supply chain and reimbursement issues to CDPHE; and increasing messaging about the importance of getting tested as soon as possible.

- Board Member Harrison asked if monoclonal antibodies, similar to the other drugs discussed, need to be administered within five days of symptom onset. Dr. Haas said that this treatment needs to be administered by day ten.

Deputy Director Nolen then introduced the next presentation section on the vaccine approach for teens and young adults. Emergency Management Coordinator Chris Campbell noted that there are known equity issues with the youth and young adult groups especially BIPOC, LGBTQIA+ community members. In looking at the data available, it is clear that these young adults are struggling. A national survey revealed that 77% of LGBTQIA+ youth ages 18-24 indicated that the pandemic has been extremely or very challenging to their mental health. BCPH is aiming to support and provide behavior and mental health resources that is youth led, power shared, and grass roots. It will be important to continue connecting directly with youth and community partners who work with youth.

- Vice President McMillan asked if there are any data about the county's vaccine inequity rates as compared to other counties. Are there success stories from other communities that can be emulated in Boulder County? Mr. Campbell said that he is not able to answer how Boulder County compares to other communities with data at this time, but research is being conducted to look at various models. The team is working closely with youth to hear their concerns. One concern being the large amount of vaccine misinformation that exists on social media. Communicable Disease Division Manager Dr. Indira Gujral added that she can also ask this question to the metro partners. Vice President McMillan further asked if there are any schools that have seen successful vaccine uptake. Dr. Gujral said that Out Boulder partnered with El Centro Amistad on a youth survey and it will be useful to see the research results to understand the barriers and hesitancy. Dr. Nolen confirmed that the age group that is most concerning is 18-30.

Dr. Nolen then introduced K-12 Policy Liaison Taylor Carranza to give an update on school masking mandates. K-12 Policy Liaison Carranza said that Boulder County continues to see low rates of transmission in schools and is reducing quarantines by focusing on the highest risk settings. Some of the supporting data on transmission in schools show that between 7% and 11% of transmission in K-12 ages is occurring in school/extracurriculars. Transmission is primarily seen outside of school settings such as sports activities. Currently Boulder County is seeing 10 outbreaks occurring. Taylor Carranza explained that once an outbreak is open, it is difficult to close even after the initial transmission has been resolved. Outbreaks and transmission are higher at the elementary level due to vaccine ineligibility. Since the older age groups are vaccinated, it has helped alleviate transmission in those classrooms.

K-12 Policy Liaison Carranza then shared that return to learn guidance has been updated to include more at-home testing. This guidance update helps increase access to testing in the community, decrease the amount of time that children (symptomatic without a close contact) are out of school awaiting their test results; reduce the burden on hospitals/clinics that offer testing, and allow BCPH to work more directly with the community to explain how the tests work, for example.

Taylor Carranza also gave a mask mandate exemption update. Most Boulder County schools, 92%, have an exemption (medical only - unable to medically tolerate a mask) rate of less than 3%. The team is meeting with the schools who have exemption rates higher than 3% to develop individualized increased mitigation plans to keep students safe. With the successful vaccination roll out for ages 5-11 and great uptick in this age group, the need for quarantining will be reduced. Children who are fully vaccinated or two weeks past their second dose will not need to quarantine. K-12 Policy Liaison Carranza said that the team is hoping to update quarantine guidance in January to reflect that transmission is reduced with vaccination protection.

- Vice President McMillan asked about challenges for ECE in keeping children in school for working parents. What is the BCPH's strategy in light of these challenges? Taylor Carranza said continued exploration of local, regional, and national approaches are being investigated. The team is also working to revise childcare quarantine strategies and collaborating with other counties to

gather data on the approaches they use. Due to staffing shortages at childcare centers, BCPH is trying to balance the fear of ECEs closing down during an outbreak with the need for parents to trust that their children have childcare. The team will have more specific updates at a future meeting. Vice President McMillan acknowledged the challenges, but also thanked the team for effectively supporting ECE centers and having a thoughtful strategy behind it.

- Board Member Hinman asked about the issue of parents being unable to take time off from work when their children are sent home and does the at-home testing guidance help to address this? Taylor Carranza said that yes, the goal of at-home testing is to reduce the time that students who are symptomatic without a close contact have to await their test results. Currently only PCR tests are being accepted by CDPHE - BCPH is taking a different approach - and the PCR tests take longer to return, sometimes up to 72 hours which slows return to learn.
- Board Member Hinman asked if at-home testing kits are readily available. Taylor Carranza said that yes, the supply has significantly increased after some challenges with having orders fulfilled. Supplies are available to both schools and individuals.
- Board Member Harrison remarked that the Board hears the most community feedback about quarantines and child-care suspensions. She asked who provides the at-home tests. Taylor Carranza said that CDPHE has a [program](#) that provides free at-home test kits to organizations and individuals/families. Individuals can order up to two kits a month or six weeks per person in the household. The team is working with some schools to have the kits available in-house and is also distributing and educating about the kits in various settings.
- Board Member Harrison asked how the at-home testing and return to learn program impacts quarantines for students who are asymptomatic with a close contact. K-12 Policy Liaison Carranza clarified that the return to learn program is only available to students who are symptomatic without a close contact. For students who are quarantined, BCPH will begin accepting the tests, but it will not reduce the amount of quarantine per CDC guidance. Board Member Harrison further asked how schoolwork is handled during quarantine – do teachers provide schoolwork or the student returns and then catches up? Taylor Carranza explained that that it depends on the school as it is not set by BCPH.
- Board Member Harrison asked if the wastewater testing data is quantitative? If so, is it correlated with case rates and hospitalizations? Dr. Nolen said that they are tracking quantity and correlation with clinical cases.

President Thomas thanked everyone for the presentation and for revisiting the earlier questions which are helpful for the Board. He went on to say that as mask mandates expire next year for some jurisdictions, it will be interesting to see how the Omicron variant impacts transmission rates.

#### **ITEM 4. Looking Forward to 2022.**

Executive Director Rodriguez said this section of the meeting will focus on some key initiatives that BCPH is looking forward to that are not as COVID-19 centric. She noted that 2022 is BCPH Strategic Plan's final year as well as a planning year to conduct the next community health needs assessments that is a required activity for local public health departments.

The new year will offer a chance to assess what has been accomplished as part of the current Strategic Plan, and to look ahead at the community health needs assessment and planning for a new Strategic Plan. Ms. Rodriguez added that it will be presented to this Board at the end of 2022.

This evening, several key initiatives will be shared by BCPH staff. Some of the initiatives are strategic planning, climate change, mental and behavioral health, legislative priorities, and community health strategies to name a few.

Interim Strategic Initiatives Director Kelli Hintch began the presentation by discussing strategic planning priorities. She explained that the current Strategic Plan spans the years 2018 through 2022. Its areas of focus have been mental Health, health equity, climate change, sustainability/transparency/stewardship, and COVID-19. Even though COVID-19 was not part of the original plan, it became the dominant effort in early 2020 where most resources were shifted. In 2022, the team will work to reengage some of the Strategic Plan priorities where it makes sense to make an impact and also evaluate the current plan's successes, challenges, lessons, and platforms to build upon and begin developing the 2023-2027 Strategic Plan. The first quarter of 2022 will involve gathering data and planning as well as working with community partners. The second and third quarters will entail implementing the community health needs assessment to capture the community's priorities to build into the plan, as well as any other agency priorities, and then share these with the community. The fourth quarter and into first quarter of 2023, the new Strategic Plan will be completed with a detailed implementation plan around it, and strategies developed that will be used to embed these priorities across the agency.

- Vice President McMillan asked about staff capacity and how this will be assessed. Interim Strategic Initiatives Director Hintch said this will be a part of the planning process to understand how to build and have appropriate capacity including right-sizing.
- Board Member Harrison asked about the state initiatives and will the Strategic Plan take them into account as a priority. Interim Strategic Initiatives Director Hintch said that BCPH will look at community priorities including those of the county and state to develop a thoughtful and impactful Strategic Plan.

Interim Strategic Initiatives Director Hintch went on to discuss the next priority which is mental and behavioral health. She explained that this priority is in the current plan based on the previous community health needs assessment when it was selected. Before the pandemic, there was unmet mental health needs in the community. Much of the focus was on youth and the Latinx community. Once COVID-19 emerged, it disrupted the mental and behavioral health efforts that were underway. During the course of the pandemic, it became clear that the same disparities and unmet mental and behavioral health needs were now amplified greatly. These challenges now extended internally to the agency as staff were working on the response. Ms. Hintch stressed that the next phase of planning for this priority will be robust as it will build upon the significant efforts already in place. Additional activities will include identifying resource needs, augmenting work for priority populations, and enhancing efforts to address the opioid crisis. The new plan will be community informed including working with the county and state. Ms. Hintch ended the presentation by recognizing Marcy Campbell for leading the internal mental and behavioral health efforts and Megan Noel for leading the Strategic Planning work.

Family Health Division Manager Daphne McCabe addressed the Universal Home Visitation (UHV) Initiative as the next priority which seeks to improve the health of infants and their care giving parents. She noted that this priority is an existing one, but like many other BCPH priorities it was disrupted due to the pandemic. The UHV is a best practice model that offers every parent a home visit for the "fourth trimester" to improve post-partum maternal and child health. The goals of the initiative include launching Family Connects with State Office of Early Childhood; continuing to strengthen efficiencies, integrating existing home visitation programs including the BCPH NFP (Nurse Family Partnership) and GENESIS Programs that already exist; reducing inequities in maternal and child health outcomes and tracking them; decreasing the stigma around reaching out for help; preventing Adverse Childhood Experiences (ACEs) such as homelessness and maternal post-partum depression; early intervention for post-partum depression, housing instability and other health, social and economic needs. This priority is set to be launched in August and September 2022 after a deep planning period. The UHV initiative aims to empower parents to seek the many resources available to them and have 100% of healthy children in the community.



Climate Action Lead Grace Hood described the next priority which is Climate Action. Climate Action became a strategic priority in January of 2021 even though it had been planned for March 2020. Ms. Hood was hired in October to lead the effort and she shared the current activities underway. They include to reinvigorate the Climate Action Team and work on shorter and longer-term projects; engage each BCPH division in creating a climate action plan; establish working relationships with external partners to deepen the work; and lead development of the Extreme Heat Response Plan later in spring of 2022.

- Vice President McMillan asked about how BCPH is coordinating with climate action colleagues at the county. Ms. Hood explained that there has been close county coordination with former BCPH colleagues Collin Tomb and Cindy Copeland most recently on a communications document used in rulemaking which Ms. Hood drafted. The coordination is going very well. Vice President McMillan offered the Board's support in rulemaking. Ms. Hood will be in touch with the Board to discuss further. Board Member Hinman also seconded the Board's support.

Next Environmental Health Division Manager Joe Malinowski spoke on the legislative priorities process for 2022 and how policy agenda is set with internal and external partners. Internally, Mr. Malinowski collaborates with Policy Analysts Mark Ruzzin and Summer Laws from the Boulder County Commissioner's Office Legislative Team to help follow, advocate, and develop policy. The team is currently working to pass a policy agenda by gathering ideas from all public health agencies. The Boulder County Legislative Agenda document will be shared with this Board at the February 2022 meeting for their review, input, and requested adoption. Mr. Malinowski also shared that there is a Boulder County committee comprised of BCPH, Housing and Human Services, and Community Services that meets regularly to collaborate and discuss policy as well as provide input on bills. Externally, the team works with CALPHO (Colorado Association of Local Health Officials), CCAT (Counties & Commissioners Acting Together), CHSDA (Colorado Human Services Director's Association), CC4CA (Colorado Counties for Climate Action), and CPTF (Colorado Partnership for Thriving Families). Mr. Malinowski provided the list of Boulder County delegates; the 2022 legislative session begins on January 12.

Community Health Division Manager Heather Crate next gave a presentation on Community Health priorities. The division along with cross-agency partners such as Community Mental Health Initiatives, Healthy Eating Active Living (HEAL), and Youth Advisors spent several months in 2021 planning to set a three-year strategic vision to ensure that all Boulder County youth have what they need to be mentally and physically healthy. The approach includes prioritizing power sharing; working to dismantle systems of oppression; pursuing sustainable and flexible funding; and reconnecting and re-envisioning internal structures and systems.

Community Health Division Manager Crate also shared some program news. The GENESIS Program was recently accepted as a *Healthy Families America* affiliate that gives them evidence-based status through an 18 month process to become accredited.

The GENERATIONS (formerly GENESISTER) Program is working to shift into the field of reproductive justice and empowering youth leaders to advocate for themselves in their community.

The OASOS (Open and Affirming Sexual Orientation and [gender identity] Support) Program that serves LGBTQIA+ youth is aiming to diversify the youth served by the program specifically queer and trans youth of color with outreach and connections through the Longmont Youth Center.

The Community Substance Abuse Prevention Program (CSAP) launched a new project called To the Root/A la Raíz that utilizes prevention best practices and community-led planning to center the voices of Boulder County LGBTQIA+ and Latinx community members in the creation of substance use prevention systems.

The Tobacco Education and Prevention Partnership (TEPP) is launching a peer to peer program that supports youth ages 12-21 who want to quit nicotine. The program will employ youth advisors for their expertise and peer mentorship.

Dr. Nolen recognized and gave kudos to the GENESIS Program which is one that BCPH developed from scratch and has been operating successfully for 30 years; the move to accreditation is a great celebration for the division and agency.

Dr. Gujral presented on the COVID-19 response. The 2022 focus will continue to be on priority populations and reducing disparities related to COVID-19. Priority populations are defined as people who have been harmed by historical policies of structural racism and discrimination. The testing roadmap will be adjusted to include community testing, at-home testing, and return to learn testing for K-12 and ECE.

There will be continued collaboration with sister agencies and community organizations to support priority populations for emerging issues. These issues include the low-wage worker fund and access to monoclonal antibodies, a strong referral system, and providing vaccinations and booster shots to all age groups. Dr. Gujral also said that there is work been done to coordinate with Community Ambassadors and partners in the Community Health division to increase teen and young adult vaccination rates. The team will also conduct focus groups for vaccine hesitant parents particularly of children under 11 years to understand their hesitancy and aim to increase uptake in that age group.

Mr. Campbell next presented on a large initiative in emergency management focused on creating, managing, and implementing a robust response exercise and training plan in order to continue to effectively respond to various disasters. These include natural disasters, large scale hazardous material incidents, mass casualty events, smaller disease outbreaks, and bioterrorism. The Core Response Team is dedicated to supporting the community in responding to these events. Mr. Campbell added that it is also important for BCPH staff to have a level of understanding so that everyone in the agency is clear on their roles and responsibilities during a disaster response. There have also been numerous After Action Reviews (AARs) conducted during the COVID-19 response in order to learn lessons and to integrate those lessons into future disaster responses. He added that incident command trainings will continue so staff understand how responses are structured. Mr. Campbell shared that BCPH Leadership has recently participated in training on the anatomy of a disaster.

Dr. Nolen next addressed the 2022 organization development priorities which serve to strengthen the agency internally. These areas include refreshing BCPH policies and administrative processes using a health equity lens; continuing to address staff mental health and reduce burnout; conducting a professional development and compensation study; refreshing the work of the Health Equity Coordinating Committee (HECC): internally and externally facing work; additional investment in community engagement; and additional investment in policy work.

- Board Member Hinman asked how true readiness for emergency response is judged. Mr. Campbell said that BCPH has strong relationships with the Office of Emergency Management and other partner agencies to effectively coordinate and prepare for disasters. Along with deep staff disaster response experience, ongoing disaster training, all-inclusive support from the county, and AARs conducted and studied, the agency is well poised to respond to future disasters. Dr. Gujral added that Mr. Campbell and team have been able to identify who in the staff needs training and what kind they need. There are many opportunities for trainings to make sure to have appropriate staff capacity. The team has good relationships with other BCPH divisions particularly Environmental Health who are able to step in and provide the resources needed.
- Board Member Hinman thanked Dr. Nolen for sharing the list of organizational priorities which she said are all impressive. She particularly noted the area of staff mental health, burnout, and compensation which are important to the strength of the organization.

- Vice President McMillan echoed the importance of the internal focus and suggested to have an opportunity at a future meeting to learn how BCPH is responding to internal equity.

Executive Director Rodriguez shared the final slide of the presentation that showed a preview of draft agenda topics, so the Board is aware of what is planned for the 2022 BOH meetings. She said that she will send this slide to the Board for their reference.

She thanked all of the staff who presented this evening and the work that is being done by all staff at BCPH.

**ITEM 5. Director's Report.**

- Vice President McMillan asked about the recent news about fentanyl overdoses in the county and the coverage of BCPH raising awareness, but are there any other ways to amplify awareness? Dr. Gujral and team were able to build an emergency response plan specifically around tainted drugs. The biggest challenge is that the Coroner's Office does not provide the related data, so the team has to rely on anecdotal stories from parents in the community. BCPH has strong relationships with law enforcement and other sister agencies. Some of the school districts and the nearby university carry Naloxone. Executive Director Rodriguez added that the BCPH Communications team is working on a robust social media campaign and a press release will be published soon regarding this issue.
- Board Member Harrison asked about the fentanyl test strips and are they requested by clients or are they distributed to other organizations? Dr. Gujral said that the test strips are typically distributed as part of the BCPH Works and Syringe Access Programs. One problem with the test strips is that when testing, fentanyl may not be detected in parts of the drug.

**ITEM 6. Old & New Business / Announcements.**

None.

**ITEM 7. Adjournment.**

There being nothing further to discuss, President Thomas declared the meeting adjourned at 7:57 p.m.



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Gregg Thomas, President



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Camille Rodriguez, Executive Director