

OFFICIAL RECORD OF PROCEEDINGS

Boulder County Board of Health (BOH) Regular Meeting Online/Telephonic Meeting February 14, 2022

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, Ph.D.; Chief Medical Officer Michelle Haas, M.D.; Environmental Health Division Manager Joe Malinowski; Family Health Division Manager Daphne McCabe; Family Health Children with Special Needs Nurse Natasha Stewart; Communicable Disease & Emergency Management Division Manager Indira Gujral Ph.D.; Community Health Division Manager Heather Crate; Strategic Initiatives Director Kelli Hintch; Emergency Management Coordinator Chris Campbell; Air Quality Program & Health Homes Coordinator Bill Hayes; Water Quality Program Coordinator Erin Dodge; Early Childhood Education Epidemiology Lead Alayna Younger; 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 Who Provided Comment:

- 1) Sarah Ann Miller
- 2) Anne Greene
- 3) Eric Mondrow
- 4) Leyla Yeung
- 5) Anne-Marie McDonald
- 6) Joseph Mehsling
- 7) Stephen Hennessy
- 8) Kate Oviatt
- 9) Ben Soelberg
- 10) Cathy Russell
- 11) Susan McReynolds
- 12) Ryan Conrad
- 13) Heather Nichols
- 14) Christina Eisenstein
- 15) Derek Harner
- 16) Ryan Scott
- 17) Aimee Day
- 18) Allison Stransky
- 19) Joshua Leasure
- 20) Faune Van Pelt
- 21) Natalie Newland
- 22) James Scherrer
- 23) Charlie Winn
- 24) Rebecca Fauteux
- 25) Kathryn Kirvan
- 26) James Chestnut
- 27) Brandon Fisher

- 28) Travis Starling
- 29) Jessa and Sam Ellenburg
- 30) Courtney Blanco
- 31) Tina Bermudez

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).

None.

ITEM 2. Approval of January 10, 2022, Regular Board of Health Meeting Minutes.

Vice President McMillan made a motion, which was seconded by Board Member Harrison, to approve the January 10, 2022 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 and Policy Update.

Executive Director Camille Rodriguez began the presentation by stating that the Omicron variant's impacts have lessened significantly in Colorado in the last few weeks. Many metro counties have decided to rescind their public health orders (PHOs) for universal indoor public space masking and masking in schools including in early childcare settings. She went on to say that BCPH is relieved to see the declining cases and said that staff has been working to track whether the positive projections were going to be realized to assess the bigger picture of where we are in the pandemic. The team has also been consulting with community partners about their needs and the impacts of potential changes and built a transition plan for shifting the PHOs to create a smooth transition for everyone in the community.

The proposals before the Board this evening were not easy recommendations to arrive at, but staff is optimistic in the community's ability to reach moderate transmission at some point soon. The BCPH team has sought feedback from various stakeholders including the general public on whether or not to rescind the masking orders and the feedback on rescinding the orders has been mixed. While for many there is a strong desire to lift the PHOs; others have significant anxiety about the shift possibly before the entire community is ready.

Executive Director Rodriguez said that the public health goals remain the same which are to prevent severe illness and death; to support the healthcare system; and to safely return to normal. She added that changes (i.e. rescinding PHOs) occurring in neighboring counties create new stresses such as competitive disadvantages for many businesses in Boulder County and frustrations for some parents. The vast majority of county residents have had a least one vaccine dose signaling an intention to receive the full course; the latest variant confers less severe disease outcomes than previous strains; there is now easier access to high quality masks and at-home tests which the public has become accustomed to using; and effective therapeutics have been approved for all ages including infants.

These factors allow the community to better protect themselves, manage their risk tolerance, and be less reliant on the actions of others. This also allows the community to better meet competing needs such as mental health, socialization opportunities, business traffic, or just establish the normal rhythms in life. Boulder County is in a strong position to take the next step toward normalization and move from harm prevention to harm reduction. Ms. Rodriguez added that it is critical to have a long term vision and strategy to exit this pandemic so that the safe return to normal is long lasting and not part of a constant cycling of policy

changes for the community. She asked that the public and community partners recognize that these are steps on a journey that will likely include some bumps along the way especially during the next few weeks. The decisions before the Board this evening are part of a longer term strategy and a broader ecosystem of decisions made locally, statewide, and at the federal levels.

The following presentation will explain the consideration behind the recommendations, how this pivot fits into the bigger strategy, and the next steps planned if the recommendations are to be adopted.

Deputy Director Dr. Lexi Nolen first addressed the surveillance data. She was pleased to report that the decline in cases related to Omicron continues. The data points outlined:

- Seven day cumulative case rate per 100,000 is 273 though the county is still in high transmission.
- Positivity rate is 10%.
- Hospitalizations decreased by 30% in the last week.
- Staffing in hospitals is still tight at 52%.
- ICU bed availability is at 10%; medical/surgical bed is at 7%; COVID-19 patients occupy 11% of available beds.
- Pediatric hospitalizations total 30.
- Deaths are at 95 since May 2021 and 352 total deaths since the beginning of the pandemic. Omicron renewed a surge in deaths which will likely continue.
- Vaccination rate shows 70% of total population have received the full course; 92% have at least one dose of vaccine. This provides good reassurance to the community that there is significant protection.

Dr. Nolen reviewed the high-level strategy for managing the pandemic which is to support the community to create its own protective habits and practices. The key factors include keeping the focus on the higher level strategy and planning for the long term; recognizing inflection points; and always being intentional, versus reactionary, in responding to data, public health responsibility, and community needs.

Deputy County Attorney Trina Ruhland moved onto the policy discussion. She first reviewed the policy expert recommendations from the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC). The CDC's recommendations have not changed for public indoor spaces and school masking and there is no known date for them to end their requirements. The AAP has endorsed the CDC's guidance, but with an end date through June 30, 2022.

Many states are allowing their PHOs to expire, signifying a large policy shift across the country. States are following a similar trend where their universal indoor masking mandate is allowed to expire before their school masking mandate. In Colorado, there is also a shift. Several local public health agencies with masking mandates in place have released or are set to release their PHOs. Ms. Ruhland noted that the City and County of Denver has emulated the nationwide trend of rescinding the universal indoor masking mandate before lifting the school masking mandate. She added that many schools have gone on to adopt their own masking requirements.

Deputy County Attorney Ruhland explained that some masking requirements will remain in place at the state and federal levels regardless of the Board's actions tonight. These requirements will apply to unvaccinated individuals 11 years and older, in settings such as jails/prisons/corrections, homeless shelters, healthcare settings, and public transportation. Long-term care facilities have detailed requirements required by the state.

At the federal level, masks are still required at Head Start programs, school buses, and public conveyances (e.g. ride shares and public buses) for individuals ages 2+. There is no known end date for these settings. The Transportation Security Administration also requires masks for individuals 2+ at airports and on commercial airlines, but with an end date of March 18, 2022.

Ms. Ruhland highlighted the extensive consultation process that occurred with various partner entities to inform the recommendations before the Board. These partners included municipal government and public sector leaders, the local business community, the local school districts and private schools, ECE (early childcare education) providers, health systems, CDPHE (Colorado Department of Public Health and Environment), and neighboring LPHAs (local public health agencies). BCPH also received an unprecedented amount of public comments that were all shared with the Board.

Dr. Nolen went on to address the elements related to current data, science, and the facts that support the transition to rescind the PHOs. She explained that there are also some corresponding cautions to note. Examples include that Omicron cases have peaked and are declining, but cases are still above May 2021 levels, the county is in “high transmission” with deaths not yet falling, and future surges are likely; the vaccination rate is at 70%, but racial/ethnic inequities persist; health system strain is lessening, but health systems are still tightened due to COVID-19; treatments have been developed for all ages, but there is a several month lag for significant and reliable supply of doses; Omicron produces less severe disease, but its long-term impacts are emerging; children experience less severe disease, but there are 30 pediatric hospitalizations as of last week and, science on long COVID-19 is still evolving.

Dr. Nolen added that there are other factors related to the policy decisions such as the surrounding counties have lifted masking, but expert bodies and some states are against lifting masking orders especially for the youngest county residents; and businesses and agencies seem to be more risk-averse than metro neighbors. High quality masks and at-home tests are more widely available though not everyone has obtained them; and the county’s Vaccination Verification Program has been in place for five months with 325 businesses participating, but some businesses may drop those policies as policies shift.

Dr. Nolen reviewed a slide about the case metrics as a predictor of severe illness and explained that the peaks of the relationship between cases and hospitalizations in the Delta wave were not necessarily repeated during the Omicron wave. The cases during the Omicron wave surged significantly higher than they did during the Delta peak, but hospitalizations were lower in the Omicron surge than during Delta. What contributed to the difference in hospitalizations between the two waves was that Omicron’s disease severity was different; there was reduced viral load transmission due to vaccinations and masking; and the availability of therapeutics in the community.

With all of these factors, the county has reached an inflection point in addressing the pandemic. This is due to the projections being positive right now; the case metrics are shifting as predictor of severe illness and hospitalization; vaccinations are widely available for almost everyone; 80% of community immunity has been reached; 92% of the county population has received at least one vaccine dose; resources for individuals to better protect themselves are more accessible; effective treatments have been approved; and being out of alignment with county neighbors is creating significant burdens that are becoming increasingly difficult to sustain.

Dr. Nolen noted that some concerns do remain around the healthcare system that is still under tremendous pressure. The healthcare system will most likely continue requiring masking regardless of policy shifts made at the county level. Another concern is for the ECE settings and protecting the youngest children. The ECE settings continue to see worker stress; vaccines are not yet available for this youngest age group until later in the spring at the earliest; ECE providers are critical for working parents; no new state guidance is expected; and CDPHE and the CDC strongly recommend masking until vaccinations become available.

Dr. Nolen said that staff reached the conclusion to be cautiously optimistic about conditions and continued improvements of the situation; that the remaining needed changes are just weeks away and not indefinite; the community has adopted protective habits and practices; competing needs are increasingly important and

must be balanced; and strong recommendations for masking for the most vulnerable are warranted.

What this inflection point means is that the county would change its approach. The emergency/crisis approach would evolve into regular management of infection control measures; risk avoidance/harm prevention would shift to risk management, harm reduction; universal protection of the population would change to a targeted protection of vulnerable people; PHOs would be replaced by strong recommendations; and masks and quarantine/isolation guideline requirements would ease into various mitigation layers that are strongly recommended, with requirements being in line with regular public health disease management protocols.

Deputy Director Nolen outlined the summary of recommended proposals before the Board:

- 1) Rescind PHO 2021-08 on Public Indoor Masking on February 18 at 5:00 p.m.
- 2) Amend PHO 2021-07 on Masking in Schools, ECE, and Youth Programs
 - a. For K-12, ages five and older settings: rescind required masking and quarantine/isolation guidelines as of February 25
 - b. For ECE, under age five settings: maintain current requirements and consider at the next BOH meeting.
- 3) Issue an advisory for strong recommendations to the public during substantial and high transmission.

Dr. Nolen noted that other state and federal requirements will continue as previously addressed by Deputy County Attorney Ruhland. She paused to take clarifying questions from the Board before moving on in the presentation:

- Board Member Harrison referred to the earlier data about 11% of ICU patients having COVID-19 and the 30 children hospitalized and asked if these are entirely due to COVID-19 or were these patients admitted for other reasons and ended up testing positive. Dr. Nolen said that in the measures of available hospital beds, that includes the totality of hospitalized patients. The specific relation of the proportion of COVID-19 patients is reflected in the 11%; the information on pediatric hospitalizations is COVID-19 specific.
- Board Member Harrison asked about the Boulder County Head Start programs and if the children are mostly Head Start participants or are they intermixed with other students in the schools. Ms. Ruhland said that she is aware of three Head Start locations in the county but does not have the breakdown.
- Board Member Harrison asked if the masks in ECE settings are being worn properly and what type of masks are being worn – cloth or the high quality masks. Dr. Nolen said that there is no specific data on the type of masks being worn and if they are worn properly, but masking of staff in these settings is also a concern in order to maintain continuity of the workforce. Many ECE providers continue to work with families to ensure that children are protected as much as possible.
- Vice President McMillan asked if there is any surveillance data available from Eagle and Summit counties in light of them recently rescinding their school masking orders. Ms. Ruhland said that staff do not have the data on this but noted that these counties are often on the front end of the curve when the waves occur, so they are usually in the forefront in policy making areas. Dr. Nolen added that while no official information is currently available, anecdotally these counties are not seeing significant outbreaks.
- Vice President McMillan asked about how schools including teachers and staff feel about lifting the school mask order. Staff said that in speaking with schools, there are mixed perspectives where some teachers/staff are in favor of rescinding while others support continuing with the PHOs until the transmission levels decrease.
- Vice President McMillan asked about how protocols will be implemented to keep children in school if positive cases in classrooms occur when the PHOs are rescinded. Dr. Nolen said that the implementation factors will be discussed soon. She did offer that schools in counties that lifted the mandates have enacted their own mandates and BCPH will support schools in doing the same if the mask orders are rescinded.

- Board Member Hinman wanted to understand how healthcare system partners have been reacting to the proposal to lift the PHOs. Ms. Ruhland said that the sentiment from partners is they will continue requiring masks regardless of the actions of BCPH. Chief Medical Officer Dr. Michelle Haas added that with the healthcare partners she was able to speak to, they are all going to continue their masking requirements. She noted that in her personal experience in working at Denver Health, there is often an individualized approach with masking policies in healthcare settings.
- President Thomas asked to clarify whether or not the 70% county vaccination rate that was cited earlier includes the booster dose. Dr. Nolen said that the booster is included.
- President Thomas asked about the earlier reports that showed K-12/ECE students experiencing exposures mostly outside the school settings during the Delta wave. Has this been the case during Omicron? ECE Epidemiology Lead Alayna Younger said that there was a significant shift in the source of transmission during the Omicron wave in ECE settings; and the vast majority of cases originated inside the schools.
- Board Member Harrison asked about PHO 2021-08 and if it will allow healthcare settings to continue with masking requirements or will they need to develop their own masking policies. Dr. Nolen said that BCPH is expecting healthcare systems to develop their own policies and BCPH will support them, as needed.
- Board Member Harrison asked about the PHO 2021-07 rescind date of February 25 and if Boulder County will be the last in the state to rescind. Most of the counties would concurrently rescind their school masking orders with their universal orders before February 25 with the exception of City and County of Denver. Dr. Nolen clarified that the order would be amended to remove K-12 masking requirements and hold in place the requirements for ECEs for the under-five age group; and the Boulder County rescind date is in alignment with City and County of Denver.
- Board Member Harrison asked why BCPH is opting to maintain the PHO for ECEs instead of applying the state's order or using CDC guidelines around masking and quarantines. Dr. Nolen said that community partners noted the significant burden this would present if they had to take over managing the masking requirements themselves. She added that not having uniform masking mandates across the county would present more significant equity challenges around Head Start programs as an example.

Deputy Director Nolen continued with the presentation to provide context on moving forward if the PHOs are rescinded. She spoke to the expectations around data, public spaces, and schools during the policy transition. Data improvements may slow; high death rates could be seen for a few weeks; and seasonal, variant-related surges could occur. Some people in the community may have anxiety when out in public spaces or schools; there may be unnecessary risk taken in response to the lifting of the masking mandates; and businesses could see their policies challenged. Schools could see an increase in outbreaks and administrative workloads may increase during the policy transition.

In preparation for the indoor masking step down, BCPH would like to have the time to communicate the changes to businesses, municipalities, and the broader public; distribute new signage; transition VVP to be fully business-based where businesses will decide maintenance of policies and BCPH will cease tracking VVP participants.

The school masking step down will involve shifting to internal policies and guidelines for students and/or staff; communicating changes to parents; ensuring students/staff can exercise their option to mask without being bullied; and begin looking at opportunities with ECEs/under age five activities, camps, extracurriculars, renewing by focusing to further reduce quarantine and isolation of students and staff.

Dr. Nolen addressed the habits that BCPH would like to see in the community. Businesses and schools would have their own policies and guidelines in place; families and businesses would have rapid tests and masks readily available; the community would mask based on their own risk tolerance, peace of mind, when they're symptomatic, when testing positive or recovering, and especially during substantial or high transmission. People

would test based on being symptomatic and when visiting vulnerable family and friends. They would maintain up to date status on vaccines as well.

As the transition continues, the layered mitigation strategies that were employed will move from the more burdensome approaches such as lockdowns, broad quarantines, and social distancing to less burdensome approaches. Staff will continue to work on vaccinations and vaccine equity. BCPH will also be adjusting going forward in terms of when to test and what the case investigations and contact tracing efforts will look like specifically when people become ill, and they can not only isolate but seek treatment.

Deputy Director Nolen then spoke to BCPH moving away from COVID-19 response and to regular disease management processes. CDPHE will eventually publish guidelines related to the Colorado Communicable Disease Manual for long-term response which could involve reporting cases to them; investigating and containing outbreaks; and maintaining local partnerships. Shorter-term management processes will include case investigations/contact tracing conducted for outbreaks only; stepping down mass testing/vaccinations; continuing with vaccine equity efforts especially around racial/ethnic inequities that are being seen in ages 5-11 and developing guidance for parents of the 0-4 age group to have reliable information on the risks and benefits of vaccinations; continuing data collection, public reporting, surveillance updates with tempo shifts; and considering future scenarios that would require stronger public health action to manage COVID-19.

- President Thomas asked about continuing masking mandates in healthcare settings. Executive Director Rodriguez said that in speaking with the healthcare partners, many have expressed a desire to either have the PHO in place or they will enact their own masking requirements for at least the next 30 days while transmission remains high.
- President Thomas asked what entities make up healthcare settings as related to an order. Deputy County Attorney Ruhland said that she would recommend aligning an order with CDPHE's which requires unvaccinated individuals to mask in emergency, medical and other healthcare settings such as ambulatory/surgical centers, hospitals, urgent care centers, doctors' offices, clinics, and non-urgent care medical structures.
- Board Member Harrison asked about the feasibility of a school masking order and if it possible to split the order into two – one for K-12 and one for ECE. Ms. Ruhland said that that is the recommendation of staff.
- Board Member Harrison asked if private ECEs would also be subject to the order if it continues. Ms. Ruhland said that yes, they would be.
- Board Member Harrison asked if the advisory would be for ages 2+ to mask during substantial or high transmission and also include masking in schools and ECEs. Ms. Rodriguez said that the advisory would have a recommendation to mask in all settings.
- Board Member Harrison asked if other counties have put forth advisories after standing down their masking mandates. Ms. Rodriguez said that she is not aware of any other counties issuing an advisory after rescinding their PHOs.
- Vice President McMillan asked about classrooms that have a mix of pre-K and kindergarten age children and if they will continue with masking. Ms. Rodriguez said that for mixed classrooms, BCPH would recommend that all children mask to protect the youngest who are not yet vaccinated.
- Vice President McMillan asked if the local school district leadership are in support of lifting the masking orders. Executive Director Rodriguez said that the districts have expressed their support of continuing with the school masking PHO but are also ready to stand down the order.
- Vice President McMillan asked to confirm that the delay between rescinding the orders and having the new policy in effect is due to the transition efforts such as outreach and signage. Ms. Rodriguez said that yes, it is to support outreach to the community such as providing signage to business partners.
- Board Member Fagan asked if ECEs can continue with their own masking policies if the school masking order is rescinded. Ms. Rodriguez confirmed that each entity could enact their own policy around masking and BCPH would support them, but not provide any enforcement.

Public Comments on COVID-19 Data and Policy Update.

Members of the public (noted above) all voiced their concerns about and opposition to the current masking mandates in place.

President Thomas thanked the public for their comments during the public comment portion and to those community members who sent in written comments. He assured everyone that the Board receives and reads all comments sent to them. He added that this was an unprecedented public comment cycle as there were over 400 comments sent ahead of this meeting. President Thomas requested a five minute meeting break. After the break the meeting resumed, and the Board began their discussion about the proposals.

1. Discussion and Vote on Public Health Order 2021-08 Requiring Face Coverings in All Public Indoor Spaces for Individuals Ages 2+.

- President Thomas asked what the lead time was last spring to rescind the masking order. Ms. Rodriguez verified that the order went into effect in mid-May and was stood down on June 10 which was made by announcement. There was a planned end date of June 10 and at that time there was a decision not to renew.
- President Thomas asked if ECE masking mandates in the surrounding counties are being rescinded to align with K-12 settings. Ms. Ruhland said that most of the surrounding counties had masking requirements for ages 2+ with very few starting with ages 3+, and they are all sunsetting their school masking orders at the same time.
- President Thomas asked if masking mandates are lifted, what would be the policy for those who are unvaccinated? Ms. Ruhland said that CDPHE has a state order in place for unvaccinated individuals ages 11 and older.
- Board Member Harrison said that she is in favor of lifting the mandate and believes that healthcare settings should enact their own policies if the order be rescinded. She would also like to move up the effective date.
- Vice President McMillan agreed about not having a separate order for healthcare settings and moving up the effective date.
- Board Member Fagan agreed and also said that rescinding the PHO makes sense and not to wait too long afterward to make it effective.
- Board Member Hinman agreed to not have a separate order for healthcare settings, but also recognized that this will be a shift for people who are in favor of the masking mandates. These community members may need a few more days to adjust to the shift; having a harmonious timeline is a good idea.
- Vice President McMillan asked how BCPH staff can support high quality masks access and information for those who are vulnerable. Executive Director Rodriguez noted that there are several programs in the county including public libraries that provide free medical grade masks to the community. Messages are communicated to municipal and law enforcement partners as well. Vice President asked about communications being available in Spanish. Ms. Rodriguez confirmed that communications are available in Spanish and other languages, as needed.
- Board Member Fagan said that people can still wear masks if they want to and business can still enforce their own masking protocols if they so choose.
- Board Member Hinman said that she appreciates having the advisory to encourage good public health practices in the present and the future. This is a key factor in her decision to rescind.
- Board Member Fagan wants to have a strongly worded advisory statement because masks are effective and have been used for 100 years to lessen the spread of disease; the Board still supports using and wearing masks and it is not rescinding the value of masks.

- The Board agreed that 2021-08, if rescinded, would be for all settings including healthcare facilities. Ms. Ruhland clarified that any facility could still develop their own masking policy as they see fit. The Board discussed the timeline proposed for ending the mask mandates and agreed that having the same rescind date for both PHOs would lessen confusion in the community and ease enforcement especially for Public Health Order 2021-07.

Board Member Harrison made a motion, which was seconded by Board Member Fagan, to rescind Public Health Order 2021-08 Requiring Face Coverings in All Public Indoor Spaces for Individuals Ages 2+ with an effective date of February 18, 2022 at 5:00 p.m. With all Board Members present voting in favor of the motion, President Thomas declared the motion unanimously carried.

2. Discussion and Vote on Public Health Order 2021-07 Requiring Face Coverings in Childcare, K-12 Schools, and Indoor Youth Activities and Camps.

- President Thomas acknowledged the challenges in the ECE settings about children masking at the earlier ages. He said that he would like to align ECE rescind date with K-12.
- Board Member Fagan agreed that many children do not wear masks effectively and they are not the most vulnerable population. It should be consistent with other school settings in the metro for those under age five.
- Board Member Harrison said that the ECE date should be the same as K-12. She noted that the bulk of public comment feedback has been against starting with ages two for masking. She agreed that masks are not always worn correctly.
- Vice President McMillan spoke to the issue that many parents are concerned about children not masking. She said that it is difficult, if not impossible, for parents to change day care providers quickly if they do not feel comfortable with their children being in settings where masking is optional, but she also recognized the concerns about masking for this age group.
- President Thomas noted the concern that in mid-January the 0-11 age group was the fourth highest in positive cases.
- Board Member Hinman asked for an explanation on the rationale for the ECE recommendation. Executive Director Rodriguez said the overriding rationale was accessibility to vaccination of this age group and alignment with Head Start partners who must adhere to federal mandates.
- President Thomas asked if Dr. Haas would like to add anything to the discussion. Dr. Haas said that as noted previously, healthcare settings will likely develop their own guidance and they are comfortable doing this. For schools, she understands the concerns around child development, but the studies mentioned in the public comments are not peer reviewed and studies should all go through the peer review process to have legitimacy.
- Board Member Fagan asked when will the Head Start policy at the federal level be changed? Deputy County Attorney Ruhland said that this is still unknown.
- The Board agreed that PHO 2021-07, if rescinded, should have an effective date of February 18 to align with the universal masking order and the K-12 setting. Harmonizing the dates will help alleviate confusion in the community and keep it consistent across settings. The Board reiterated that this is a difficult decision especially around ECEs.

Board Member Harrison made a motion, which was seconded by Board Member Fagan, to rescind Public Health Order 2021-07 Requiring Face Coverings in Childcare, K-12 Schools, Indoor Youth Activities, and Camps with an amended effective date of February 18, 2022 at 5:00 p.m., to coincide with the rescind date of Public Health Order 2021-08. With all Board Members present voting in favor of the motion, President Thomas declared the motion unanimously carried.

- Vice President McMillan encouraged the public to continue their engagement and organizing momentum to recognize other public health matters such as climate change and air quality that also

need to be addressed for the betterment of the community.

- Board Member Hinman added that having an advisory after the PHOs are rescinded was a key factor in her decision to lift the masking mandates. She added that the advisory will help to protect the community's most vulnerable people.
- Board Member Harrison made the point that she would like to see the advisory stay high-level with language that does not become mistaken for another public health order. The advisory should strongly encourage safety practices and refer to CDC guidance.
- Board Member Fagan said it is important to keep things flexible in the advisory if the situation should change.
- President Thomas agreed and added that scenarios in the pandemic can change and masking may need to become a requirement again.

ITEM 4. Child Tax Credit Announcement.

Family Health Division Manager Daphne McCabe said that the Child Tax Credit (CTC) is one of the most exciting opportunities to support local child health and raising children out of poverty into places of more stability and better food security. Ms. McCabe introduced BCPH Family Health Children with Special Needs Nurse Natasha Stewart to provide more information on the program.

Ms. Stewart explained that the American Rescue Plan Act of 2021 expanded the CTC to help families recover from the economic effects of the pandemic. The CTC helps to reduce childhood poverty by as much as 40%. Families can now receive up to \$3600 per child under the age of six, and \$3000 for children ages 6–17. Previously the CTC was \$2000.

Families have used their CTC advancements starting last August to purchase food, clothing, school supplies, pay for childcare, medical bills, and utilities. Ms. Stewart noted that in Colorado, 92% of families with children are eligible for this cash benefit, but many do not receive the CTC because they do not file taxes. This is often the case for families with very low income and non-English speaking people. Parents do not need an income to apply for the CTC and it does not impact other benefits such as housing, TANF (Temporary Assistance for Needy Families), SNAP (Supplemental Nutrition Assistance Program), and Medicaid. The CTC also does not affect immigrant status. Only the child needs a Social Security number as long as the parent has an individual taxpayer ID number. This is a statewide public health systems building initiative and staff has conducted outreach to community partners. Ms. Stewart requested that the Board help spread the message to families to file by April 18 to receive the full cash benefit and direct them to www.getaheadcolorado.org or call 211 Colorado.

- Vice President McMillan asked if BCPH has partnered with federally qualified health centers. Ms. Stewart said yes and BCPH has also partnered with family resource and childcare centers to make a finally push to encourage families to file their taxes to receive the full benefit.

ITEM 5. Marshall and Middlefork Fires Situational Awareness and BCPH Response

Environmental Health (EH) Division Manager Joe Malinowski spoke to the environmental issues that have arisen in the aftermath of the fires from hazardous waste (e.g. lead paint) in the ash. Besides the ash matter from the burned homes, soot and smoke are affecting houses that were not fully destroyed but are in the burn area. Issues surrounding indoor air quality are also concerning. The EH team has been spending the majority of their time working on issues related to air and water quality as well as post fire hazard mitigation clean up guidance. Mr. Malinowski noted that with the cold weather, the area is fairly stabilized, but as the weather warms up and with winds increasing, the air particulates can become a concern.

Air Quality Program and Health Homes Coordinator Bill Hayes continued the presentation and spoke to the outdoor air quality after the Marshall Fire which has been one of the top community concerns as evidenced by

the numerous public questions on the topic. He noted BCPH's partnerships with CU-Boulder (University of Colorado, Boulder) and NOAA (National Oceanic and Atmospheric Administration) that have supported efforts to monitor the air quality and understand VOC (volatile organic compounds) levels in the area after the fire.

The NOAA team deployed an air monitoring van two times throughout the entire burn area to sample for a broad range of gaseous pollutants. They concluded that the gaseous pollutant level was no higher than that of a large urban environment. It is known that the pollutants will continue to dissipate. Mr. Hayes noted that CDPHE followed up with an additional air monitoring survey two weeks later in the same area after a snow event. Hardly any VOCs were detected. After the snow fully melts, CDPHE will again send a monitoring van to compare the levels and understand if the VOCs were indeed dissipating or if the snow merely covered the pollutants. While VOCs are not a concern for outdoor air quality, there is concern about particulate pollution as the snow melts, the ground dries, and winds increase which could disturb the ash and other matter and raise airborne particulate levels.

There are currently six particulate air monitors in the burn area and Mr. Hayes said that the particulate levels have shown to not be any higher than normal environments outside the burn area. An additional 19 monitors will be purchased and distributed throughout the area of concern. The particulate level data gathered from the monitors will be entered into a real-time public platform from DDPHE (Denver Department of Public Health and Environment) called *Love My Air* and the public can access the site to see the particulate levels in their area as well as sign up to receive alerts. The team has also been working with the Boulder Valley School District to install these air monitors at the eight schools that were impacted by the fires.

- Vice President McMillan asked what steps can be taken if someone receives an alert that the air is unsafe. Mr. Hayes said that staying at home with a good filtration system, wearing a high quality mask if healthy, and avoiding the burn area if there are respiratory challenges are the best approaches.

With indoor quality, there are a different set of concerns as compared to outdoor air quality. Many homes that were not burned, were still adversely impacted by the smoke. Mr. Hayes and his team are working with CU-Boulder teams to study indoor air quality with monitoring equipment. A number of VOCs including benzene were found, but they dissipate quickly when a good indoor filtration system is used. CU-Boulder has also provided guidance for homeowners on how to safely clean inside their homes. BCPH is in the process of hiring a Certified Industrial Hygienist to support the public in sorting through information on remediation which will also help prevent the public from being defrauded by unscrupulous remediation companies.

- Board Member Harrison asked if a home is outside the burn area but has suffered extensive smoke and ash damage are homeowners responsible for cleaning up on their own or are they covered under the new Boulder County clean up contract. Mr. Hayes said that the county's contract only covers those homes that were fully destroyed or significantly damaged and cannot be rebuilt. Water Quality Program Coordinator Erin Dodge added that homeowners can try working with their insurance companies for help with clean up reimbursement/funding.

Water Quality Program Coordinator Erin Dodge continued the presentation and addressed the water quality efforts being undertaken after the fire disaster. With respect to stormwater, the main goal is to protect the water quality from runoff leaving the burn scar. The team is spending a lot of time on the debris cleanup program with municipalities and collaborating with them on securing a tackifier that can be applied to stabilize the debris and ash before the snow melts and winds increase. Stabilizing the ash ahead of these weather events will help reduce the debris runoff into the storm drain system which moves into the creeks untreated. This work will begin in the next week weather permitting.

Ms. Dodge and her team are also working with CDPHE to issue a special, separate stormwater permit to the county for the burned area. The team is also collaborating with municipal partners (e.g. Louisville and Superior) on the Keep it Clean Partnership, to secure \$75,000 in reserve funding for technical assistance for the

stormwater group. This will allow the hiring of a technical consultant to help oversee various pieces of inspections and other requirements as part of the permit issued by CDPHE. An additional \$10,000 was secured for water quality monitoring on Coal Creek which was the most impacted waterway in the burn area. These efforts will help the community prepare for future disaster events.

The stormwater team is also supporting other county departments such as Public Works to implement their stormwater requirements per the CDPHE permit. This includes assessing their infrastructure and ensuring areas are identified that need immediate attention such as cleaning fire damaged ditches and culverts.

Ms. Dodge addressed wells which are also part of the water quality efforts. Colorado requires homeowners to have a permit to install a well on their property with limited water rights and capacity, but the homeowners are solely responsible for the water quality and maintenance of their well system as though they are a municipality or a small community water source. After disasters, well owners are often left on their own. BCPH can step in and provide educational resources, water testing documentation, and risk assessment assistance. The team is working to update information so well owners are properly informed on what to test for such as VOCs, semi-volatile compounds, and heavy metals. Per BCPH guidance, homeowners should be testing for bacteria in their wells at least once a year.

Another water quality area is the septic program since BCPH is the regulatory authority. The team will also support residents in having their septic systems inspected before moving back into their homes and protecting the system during debris cleanup. Ms. Dodge anticipates a large increase in the number of permits requested. The team is planning ahead to support staff capacity as the community rebuilds.

- President Thomas asked if there are 150 septic systems in the known burn area. Ms. Dodge said yes, that is the number of damaged or partially destroyed structures.
- President Thomas asked if homeowners are also on their own with septic systems as they are with wells. Ms. Dodge said that yes, septic system owners are on their own unless they are covered by their insurance.
- President Thomas asked what are the fees for the permits? Ms. Dodge said that the team is in the process of putting a proposal together.
- Board Member Harrison asked when the county cleanup will begin. Mr. Malinowski said that the county has secured a contractor and Dr. Nolen said the work will most likely begin at the end of February and Mr. Malinowski added that it should end by summertime.

ITEM 6. Director's Report


The Board did not have any questions or discussion points.

ITEM 7. Old & New Business / Announcements.

None.

ITEM 8. Adjournment.

There being nothing further to discuss, President Thomas declared the meeting adjourned at 9:55 p.m.



Gregg Thomas, President



Camille Rodriguez, Executive Director