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 this meeting was posted on the Board of Health website, and that the 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 March 14, 2022, Regular Meeting Minutes.
Vice President McMillan made a motion, which was seconded by Board Member Harrison, to approve the March 14, 2022, Regular Board of Health minutes. With all Board Members present in favor of the motion, President Thomas declared the motion unanimously carried.

ITEM 3. COVID-19 Data, Policy, and Program Update.
Dr. Indira Gujral noted that she will be presenting the COVID-19 Data, Policy, and Program Update for the Communicable Diseases and Emergency Management Division (CDEM), in addition to two CDEM Staff, Selam Tewahade and Keith Rawls.

Boulder County Public Health recently discovered an issue in reporting of case data that resulted from a large backlog of cases that occurred during the Omicron surge, specifically in late December 2021 through early January 2022. This issue is being rectified as cases are becoming more available to BCPH. This backlog was due to the sheer volume of cases that occurred during this time period. This will reflect a change in the distribution of the cases that BCPH is currently reporting. CDEM staff will continue to work through the backlog of cases but notes that it is a slow process.

Dr. Gujral wanted to remind the BOH that BCPH has move from tracking transmission of COVID-19 cases to tracking the COVID-19 Community Levels per the CDC. This tracking system is based on three indicators: case numbers, hospital beds in use, and hospital admissions. CDEM is excited to report that the stress on the Boulder County hospital systems is quite low, and the community level is low. Per CDPHE, as of April 6, 2022, 38% of all COVID-19 cases in Boulder County are the Stealth-Omicron, BA-2 subvariant.

At the end of the presentation, Dr. Gujral would like to have a discussion with the BOH to determine how often the Board would like to receive COVID-19 updates in future regularly scheduled BOH meetings. Given that community levels are low in Boulder County and across the state, is the BOH supportive of reducing the current level of COVID-19 updates and receiving more thorough COVID-19 updates if a surge were to arise.

Dr. Gujral presented the current data on the three community-level indicators, which represent Boulder County’s level as Low. Boulder County currently has 72.35 new cases per 100,000 people in the past 7 days, which is lower than the required “Fewer than 200 cases per 100,000 people”. Further, the hospital admission rate in Boulder County is low at 1.3 new COVID-19 hospital admissions per 100,000 people. Lastly, Boulder County reports a low percentage of staffed inpatient beds occupied by COVID-19 patients at 0.5%. This is not only great news for Boulder County, but also great news for the state. The community-level map of Colorado is showing that the majority of the state is reporting a Low transmission level, and one county that is reporting a Medium transmission level. Dr. Gujral noted that CDPHE reports that the smaller communities,
like San Juan, are likely to fluctuate between Low and Medium, based on the size of the community and small denominator data, but this is nothing to be alarmed about.

Dr. Gujral presented the following data specifically for Boulder County residents:

- The current 7-day cumulative case rate is 79.2/100,000, which is up from the previous week at 74.3/100,000. This slight increase is not a concern to BCPH. At the height of the Omicron surge on January 15, 2022, the rate was 1719.6/100,000.
- The case trends among all age groups are within the Low transmission rate, but the rates are going to vary among and within age groups. There have been slight increases in the past month for individuals in the 23–34 age range and the 35-44 age range. There is a decrease in cases within the 12-17 age range and the 18-22 age range.
- The 7-day positivity data is presented through April 6, 2022, this is due to the lag in time between when a test was administered, and the results are reported to CDPHE. The current 7-day PCR positivity rate increased to 5% from last week’s rate at 3.8%. There was an average of 770 tests completed a day last week, compared to 929 that were completed in the week prior. BCPH expects that fewer people are going to a community site or primary care provider to get tested and are testing at home.
- Vice President McMillan asked if the testing site at Stazio is still planned to close at the end of April 2022. Dr. Gujral said that she will confer with Chris Campbell to gather more information for the Board. Dr. Gujral also noted that community sites will continue to shut down, but that the sites that are hosted by school districts are going to stay open for anyone in the community.
- Vice President McMillan asked if there is any data available on how many at-home COVID-19 tests are being reported to CDPHE. Dr. Gujral will gather the data from the state, and noted that there is data available in the WWMR that reflects when individuals are using more at-home tests, it will start to change the landscape of reporting and could look like there are disparities in testing, but those disparities might not be real because it does not reflect those who are doing at-home tests and not reporting the results to CDPHE.

Dr. Gujral continued presenting the data on Boulder County residents:

- There are currently 3 people hospitalized with confirmed COVID-19.
- Fourteen staffed ICU beds are available.
- Across the state of Colorado, there are 8 confirmed hospitalized pediatric cases.
- As of April 11, 2022, there have been 133 deaths of Boulder County residents since May 2021, and 391 deaths since the beginning of the pandemic.
• Since May 2021, 48 or 37% of deaths were among those associated with long-term care facilities. The average age among the 133 deaths is 72 years old for unvaccinated and 83 years old for vaccinated.

There continues to be action planning for BCPH’s COVID-19 response as we transition into endemicity and take a pause to understand and plan for future surges, which allows the team to assure that there are appropriate resources available and that these resources match BCPH’s ability to respond to future outbreaks.

The testing landscape is changing due to the community-wide dissemination of rapid antigen tests. Community members can call CDPHE to order at-home rapid antigen tests. CDPHE is continuing to provide tests to jails and shelters that have a high transmission rate.

BCPH is working with CDPHE to implement a test-to-treat model which would allow community members to get tested and immediately get treatment from a healthcare provider. CDEM is working with Boulder County providers to become enrolled in this system of care. BCPH is continuing to work with hospital partners through the summer and fall to be prepared for any potential surges.

Lastly, CDEM has been working closely with BCPH staff to make sure there is a sustainable workforce for the future and making sure that staff are prepared for potential future surges while also recovering from the pandemic as a whole. With part of the ELC Grant Funding, CDEM is continuing to ensure and implement health equity trainings and monthly conversations through the Courageous Conversations program.

Dr. Gujral introduces Selam Tewahade to present the following COVID-19 data for the Early Childhood Education (ECE) and K-12 programs:

• Since April 1, 2022, there has been one new ECE outbreak in Lafayette.
• Since April 1, 2022, there have been no new K-12 outbreaks in Boulder County.
• The ECE and K-12 team are working with schools to brainstorm the future of testing resources. Most schools feel confident and comfortable with testing resources that are available through the end of the current school year, but conversations are more geared towards this summer and what the next school year could look like.
• The teams are also preparing for summer camps. The ECE team is offering consultation services with any camps that would like to have their COVID-19 guidance reviewed by BCPH staff, create mitigation policies, and gain advice on best practices. Currently, day camps are to follow the ECE and K-12 guidance, in addition to the CDPHE guidance. CDPHE is currently working on guidance for residential and/or over-night camps that should be released in the coming weeks.

Dr. Gujral introduces Keith Rawls to present the following COVID-19 Vaccination data:
• The current focus of vaccinations is for the 6-month to 4 years of age group. There is a current delay in these efforts. In May 2022, there will be focus groups conducted with parents who have children under the age of 12 to discuss vaccine hesitancy.
• Boosters for individuals aged 50 and up are approved for a second booster, and there has been an increase in clinic demand for these boosters, approximately 50 people per clinic.
• There will also be an increase in community clinics in the field this summer due to the events that will be occurring – Pride, Cinco de Mayo, etc.
• Boulder County K-12 leads the state in vaccinations, with 64.2% of Boulder County School children fully vaccinated for COVID-19.

Dr. Gujral notes that she is grateful to work with a community that is so supportive of vaccines.

Dr. Gujral asks the BOH to discuss the prevalence of COVID-19 data presentations at future BOH meetings, given the fact that Boulder County consistently has Low transmission rates, COVID-19 data can be presented if a future surge occurs.

• Vice President McMillan had a question regarding the end of the vaccination presentation – she notes that she read an article that said that Boulder County has the smallest gap in vaccine equity. Dr. Gujral responded that there was a misunderstanding with the reporter, and that Boulder County is actually tied for third in the state, with Denver being first in the state. Dr. Gujral hopes that the state will continue to release that data, and that BCPH has been working diligently on this effort and there is funding for two additional years to continue.

• Board member Harrison is in favor of taking a break from routine COVID-19 data presentations to free up time for other work that BCPH is accomplishing in addition to COVID-19 efforts.
• Board Member Dr. Fagan notes that it would be nice to have a small update and understands the need to take a break but to continue to monitor and provide information monthly.
• Board Member Hinman stated that since COVID-19 data is always evolving and is sometimes difficult to decipher, it would be good to have an update but for it to not be given as much time during the meeting. She also noted that this decision could be changed at any time.
• President Thomas agreed with the above comments and did have a follow-up question for Dr. Gujral.
  o Does Dr. Gujral envision a future surge(s), and if so, will the community testing set up return, or will the test-to-treat, private providers, and rapid tests remain the model, and will this model be sufficient to reduce a future surge? Dr. Gujral
responded that BCPH has additional ELC funding that can be used for this effort. Additional community testing sites could be set up, but the need for these sites would be on an equitable basis. It would rely on BCPH’s ability to serve the community and the number of cases this summer and fall. Dr. Gujral also notes that Boulder County is in a good place of immunity and vaccination rate, but that the immunity level could change in the fall.

**NCAR FIRE RESPONSE (Item not on agenda)**

Executive Director Rodriguez apologized to the BOH for not including the NCAR Fire Response update in the agenda and introduces Kari Middleton from the Emergency Response Team within CDEM to present an update on the NCAR Fire. President Thomas and Executive Director Rodriguez note how difficult it is to have conversations around two fires in the community.

CDEM responded in person to the Emergency Operations Center to support the overall response. Their role is not only to support incident objectives, but also BCPH objectives. Life safety is paramount, and response efforts also support the ancillary health care system. The team also worked with the BCPH Strategic Initiatives Branch for communications around the NCAR Fire.

No injuries or loss of life were reported, and no structures were lost, but long-care homes were highly impacted because of evacuation requirements. There is a team at BCPH that provides support and maintains relationships with these groups that started during the pandemic. As with the Marshall and Middle Fork Fires, the structure and support of these relationships are very valuable. Conversations continue to happen around emergency preparedness, and to limit the rate of evacuations of these facilities while recognizing that evacuation is sometime unavoidable. Alerts and warning have also been a challenge for these facilities, so the team is working on having these facilities sign up for the Everbridge Notification service to receive real-time notice of emergencies and evacuation orders.

The Medical Reserve Corp of Boulder County continues to be essential during the Pandemic and Marshall and Middle Fork Fire and responded to the NCAR Fire with clinical support deployed on immediate notice for residential care.

Lastly, CDEM has conducted after action briefings and are continuing to document what went well and areas for improvement that will influence future responses to emergencies.

**ITEM 4. Marshall and Middle Fork Fires Situational Awareness and BCPH Response.**

Executive Director Rodriguez introduces Joe Malinowski to present the Marshall and Middle Forks environmental health update from the Environmental Health (EH) Division. Joe introduces two EH staff members who will also be presenting, Bill Hayes and Erin Dodge.
Joe begins the presentation by describing the picture on the title page of the slideshow – the picture shows a FEMA construction crew cleaning debris and scraping the soil for testing. Joe reviews the key points of the presentation including, surface and soil testing, outdoor air monitoring, Healthy Home program by the Industrial Hygienist, water well testing, and communications surrounding the post fire hazard mitigation and clean up guidance.

Joe introduces Bill Hayes to present information on the soil and surface testing results. The EH Division contracted with Environmental Restoration to take soil samples of 26 locations. Twenty of the tests were homesites where the homes were destroyed, and 6 were outside of the burn area to serve as background samples. The samples were tested for the entire 17 metals that are included in the California Title 22 list. The results show that only two sites were above the EPA screening level for residential soils. One result showed arsenic levels that were roughly 200 times more than the EPA screening level measuring at 200 mg per kg, so EH went back to the site to complete a visual inspection to identify any reasoning for this increased level but did not see any reason. Environmental Restoration was contracted to sample the adjoining properties for additional testing, but these sites were at or below the EPA screening level. The EH Division is not sure of the specific reasoning for the increased presence of arsenic at one site but does not think it is related to the Marshall Fire, instead remnants of a potential past mining operations.

Conversations with CDPHE agreed the EH can scale back the testing requirements for private debris removal to RCRA 8 metals, which will reduce the cost of lab fees. EH has shared this information with the counties of Louisville and Superior to ensure the same testing requirements for individuals who are cleaning debris on their own or utilizing the county’s FEMA Debris Removal Program. Further, there was no asbestos found in any of the testing sites.

EH has been working closely with the Boulder Valley School Districts (BVSD) to answer questions from parents, i.e., is it safe for students to be outside on the playground or playing sports. EH made recommendations for soil sampling at the surface level at four locations per school. All samples returned in accordance with EH background samples, so no additional remediation actions are required. EH was also able to share this information with daycare providers.

Bill notes that there have not been any additional CDPHE drive-through vans to test for VOCs since the previous BOH meeting. There will be more drive-through testing once the county and FEMA debris removal efforts does not liberate any additional VOCs. The main concern are the particulates that are on the ground, and then are released into the air when winds pick up.

There is now a total of 22 PM2.5 monitors that are placed throughout the burn area. Earlier today, April 11, 2022, the EH Division launched Love My Air, which is a real-time public platform in conjunction with DDPHE. Joe and Bill provided a walk-through of the platform. The map shows each air monitor throughout the burn area, and individuals can select up to three locations to receive alerts regarding the air quality in that area. Eight of the monitors are located at schools.
within BVSD. There is a registered CDPHE air monitor within the City of Boulder, so the EH Division also put a monitor in Boulder so that there can be calibration with the state’s system. Additionally, there is a monitor at the Southern Hills School, which is not within the Marshall Fire area, but close to the NCAR Fire to continue monitoring. Individuals are able to see more information regarding the quality of the air and the suggested action for outdoor activities for a specific location. The air quality status color is reflective of the EPA coloring system on AirNow.gov. The Love My Air platform also provides the air quality for the last 7 days and is also available in Spanish. Within 3 hours of the site going “live” there were 18,000 “hits”, which means the site was explored that many times, and there were 350 individuals signed up to receive alerts.

In response to the Marshall and Middle Fork fires, the EH Division hired a part-time Industrial Hygienist (IH) to assist community members in test guidance and the results of testing. The IH also provides recommendations for remediation measures, potential health impacts from exposure to ash and air pollutants and provides steps to avoid this risk. Further, the IH consults with homeowners on how to utilize HVAC systems and air filtration units to reduce indoor air pollutants and directs residents to general air quality resources like AirNow.gov, PurpleAir, and Boulder County air monitoring.

- Vice President McMillan shares enthusiasm for the progress of the response and asks if the Industrial Hygienist is aware that funds are available to help people with smoke and ash damage, but not burn damage, to support those who are uninsured or underinsured. Bill knows that there are ways to donate to help residents but has not heard how to access this funding.
  - Vice President McMillan will forward the information regarding the funding to Joe and Bill. Bill noted that the division will also do research for other funding opportunities.

Erin Dodge presented the water quality portion of the presentation. Early in the response, Purdue University came to help support the private water well systems that were impacted within the burn area, and CDPHE helped to support one community well system. Purdue University tested around 15 private wells, and the preliminary results showed an increased level of lithium and vanadium, which are both metals that are naturally occurring. The EH Division is working with CDPHE and Purdue University to develop fact sheets to share with residents and update the BCPH Marshall and Middle Fork Fire Response website to reflect this information.

Some of the wells that Purdue University tested had external damage surrounding the well head, but the well head was intact. In some cases, the well head was also destroyed due to the structure being made of wood, and there was a presence of VOC contamination. In instances where the well head was destroyed, there was debris floating in the well, and therefore it is not unexpected to detect VOCs in those well systems. In early testing, VOCs were found in the public well systems
due to backflow into the distribution system from damaged homes that were connected to the system. There was one well that served 8 homes, but the well was not large enough to meet the requirements for being tested as a community system that is regulated by CDPHE. In response, the EH Division is gathering information to share with those residents that do have a shared well system that is not large enough to be considered a community well, that includes contact information for EH Division staff to help navigate testing and recommendations. The largest concern is if a house is still standing near a damaged home with improper water shut-off, the shared well water could be impacted. For private wells that serve one home, the EH Division has not changed the guidance measures that were shared at the March BOH meeting.

Damage assessments for septic systems will be conducted in April. There have been concerns from residents regarding septic tank lids that have melted – two pictures on the presentation show the damage of melted septic tank lids. The EH Division will be sending a letter to homeowners to track damage from a safety perspective and to gain situational awareness. The team does not expect to see many failed septic systems during the damage assessments due to the lack of water in the systems.

Joe Malinowski ends the presentation with a special thanks to Shawn Hollister who has been pivotal on the various EH Division communications in response to the Marshall and Middle Fork Fires. Shawn helped implement the Love My Air website and created various communication notices that provide guidance on mitigation and recovery efforts.

President Thomas thanked the EH Division for all their efforts in response to this emergency.

President Thomas asked Joe and Bill if the air monitors picked up the large amounts of dust that was kicked up by the strong winds last week. Bill noted that the particles were larger in size, and that the air monitors were unable to detect them, but that is an accurate reading based on the manufacturing. Further, Bill consulted with other agencies and agreed that large particles in the wind does not necessarily mean that there were small particles, like ash, in the wind since the monitors did not register the small particles. During the immediate reaction to the NCAR Fire, Bill placed an air monitor within the pre-evacuation zone, and he was able to track the movement of the smoke across the various monitors in the area, and each successive monitor produced a lower result.

ITEM 5. Director’s Report.

Executive Director Rodriguez thanks all BCPH staff for excellent work on the presentations.

Regarding upcoming BOH Meetings, Executive Director Rodriguez received an update from Boulder County partners regarding use of other county facilities for hybrid meetings. Information Technology teams are working to transform meeting spaces to support hybrid meetings in key county facilities. This effort will be delayed at the BCPH Boulder Campus due to back-order of...
equipment. It is possible that the May and June BOH meetings will still be held virtually. BCPH staff will continue to work towards moving to hybrid BOH meetings with proper training on technology.

Executive Director Rodriguez introduces Jorden Thomas, the new Business Operations Coordinator for BCPH. She will be supporting the BOH and doing special projects for the management team within BCPH. Further, special thanks are in order for Rita Mangeyn who diligently supported the BOH throughout the pandemic.

Executive Director Rodriguez welcomes questions from the BOH and notes that many Division Managers are present to answer any specific questions regarding programs.

- Board Member Hinman asked for clarification on the strategy work that will be taking place this year and asks what the goal of this work will be. Executive Director Rodriguez notes that the current Strategic Plan will expire at the end of this year, so the time is perfect to begin thinking of the 2023 Strategic Plan. Each BCPH staff has participated in a SWOT (Strengths, Weaknesses, Opportunities, Threat) analysis that will help guide the future plan. Further, BCPH will be following *The Advantage*, by Patrick Lencioni, to answer the six critical questions that are posed in the book to allow BCPH to examine how work gets done, what work is a priority, and identify who accomplishes the work. Further, this work could allow BCPH to review the current mission, vision, and values, and potentially alter those if necessary. This work will then be placed into a living strategic map that will guide future projects. The strategic map will be a one-pager that each staff will be able to reference when continuing projects or creating new projects. The Community Health Needs Assessment that will be conducted soon will also be incorporated into the strategic plan to ensure that BCPH is serving the needs of the community.
  - Board Member Hinman asks if the BOH will be involved in this planning and if there will be a formal approval process before the plan is enacted. Executive Director Rodriguez notes that she will update the BOH on the development of the plan and asked President Thomas if the approval of the plan is traditionally an action on the BOH agenda.
  - President Thomas noted that the plan is traditionally presented to the BOH to ensure that the strategies were agreed upon by all members, but no formal approval was necessary. Vice President McMillan believes the BOH did formally adopt the strategic plan but was not involved in the drafting or editing of the document, further there was a high level of community involvement in the process. President Thomas noted that there was public comment on one priority of a previous strategic plan that was in relation to results from the Community Health Needs Assessment. He presumes that the current BOH would like to have a high-level view of the strategic plan and would like to approve it in the future.
  - Board Member Harrison noted that the City of Boulder and Longmont have adopted a new process for creating their respective strategic plans and asked if BCPH has investigated this model. Further, she emphasized that considering the pandemic, public health continues to be in the spotlight of community members, and that it would be a good idea to gather community feedback on the plan. Executive Director Rodriguez noted
that the community involvement will be including within the Community Health Needs Assessment, and that this process will be very important to gather public feedback that will be incorporated into the strategic plan.

- Board Member Hinman notes that the test-to-treat plans are encouraging pharmacies and FQHCs to participate and asks if there is any resistance to participation. Executive Director Rodriguez notes that it is just a shift of how these partners have been involved in this form of care. Dr. Gujral added that most of these partners have agreed to be part of this model at the federal level, and that FQHCs are going to be important in this model for low-income community members with limited resources. Further, CDPHE has created a state alert network that describes the test-to-treat program and determines participation eligibility. The main concern is ensuring that the medical facilities have adequate staffing and the capability to withstand this model.
  - Board Member Landry has worked at Clinica and notes that there are issues in providing treatment to individuals who are not registered patients. Deputy Director Nolen responded that this transition is complex in the way that health systems’ role in the pandemic has changed over time. Further, the added need to ensure staffing, funding sources, and to provide care adds to the pressure of moving towards the new “normal” and understanding that this will look different for different populations.

ITEM 6. **Old and New Business.**
President Thomas provided an update on the Executive Session in the March BOH meeting. The session was intended to craft a survey to receive feedback for the upcoming performance review of Executive Director Rodriguez. A Boulder County Human Resources representative will email all BCPH staff an anonymous survey and the only delineating factor in the data will be between staff who are supervisors and those that are not. The survey will be open through April 29, 2022, and then the BOH will review the information during the performance review period.

ITEM 7. **Adjournment.**
There being nothing further to discuss, President Thomas declared the meeting adjourned at 7:03 p.m.

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Gregg Thomas,
President

Camille Rodriguez,
Executive Director