

# OFFICIAL RECORD OF PROCEEDINGS

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## Boulder County Board of Health (BOH) Regular Meeting

### Online/Telephonic Meeting

May 9, 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 Public Health Director*, Lexi Nolen, Ph.D.; *Chief Medical Officer*, Bob Belknap; *Director of Administration and Finance*, Katherine Palmer; *Environmental Health Division Manager*, Joe Malinowski; *Communicable Disease & Emergency Management Division Manager*, Indira Gujral, Ph.D.; *Family Health Division Manager*, Daphne McCabe; *Business Operations Coordinator*, Jordan Thomas; *Communicable Disease Program Manager*, Carol Helwig; *TEPP (Tobacco Education & Prevention Partnership)*, Rachel Freeman; *Marketing and Communication Manager*, Angela Simental.

#### Boulder County Staff:

*Senior Assistant County Attorney*, Kate Haywood.

#### Members of the Public:

Ryan Scott

#### Meeting Called to Order.

President Thomas called the meeting to order at 5:35 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).

Member of the public expressed concerns for BCPH's response to COVID-19 and returning to normal activities amid this pandemic.



**ITEM 2. Approval of April 11, 2022, Regular Meeting Minutes.**

Vice President McMillan made a motion, which was seconded by Board Member Fagan, to approve the April 11, 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. Staffing Announcement.**

Executive Director Rodriguez welcomed President Thomas and Board Members to the May 9<sup>th</sup> Board of Health Meeting and introduced Boulder County Public Health's new Chief Medical Officer (CMO), Dr. Belknap. BCPH is pleased to have Dr. Belknap join the team, and thanked Dr. Haas for her service as the previous CMO.

Dr. Belknap is a specialist in Public Health, Infectious Diseases, and Internal Medicine. He has lived in Colorado since 1998 and has been with Denver Health since 2005. He has served as the Tuberculosis Program Director at Denver Health for the past 9 years; this program serves Boulder County and the 6 other counties that make up the Metro-Denver area. Dr. Belknap has worked closely with members of BCPH in previous capacities, and currently serves as the CMO for Broomfield as well.

**ITEM 4. 2022 Budget Amendment.**

Executive Director Rodriguez introduces Director of Administration and Finance, Katherine Palmer to present the 2022 Budget Amendment presentation and vote to approve Resolution 2022-01.

The presentation provided a breakdown of Resolution 2022-01 for the Amended Budget by looking at changes between budgetary figures from the initially adopted 2022 budget that was presented in July 2021, into the current budget state as of April 2022. Further, the presentation will include a comparison of full-time-equivalent (FTE) positions, Unfunded Budget Requests (UBR), and a comparison status of the fund balance. Lastly, the presentation will identify considerations for the upcoming 2023 budget, as well as the estimated process and timeline.

The overarching change in the General Fund will amend the 2022 budget by \$1,087,427. This shift is due to the change in the state funding sources going down slightly (\$7,490,710 in 2021 to \$6,428,892 in 2022) while the federal funding increased (\$3,549,237 in 2021 to \$5,835,533 in 2022), which aligns with changes in ARPA and COVID-19 funding. Finally, due to this shift, BCPH did see the Reserve Funding amount we planned to utilize to balance the budget go down slightly from \$1,995,833 in 2021 to \$1,539,683 in 2022.

BCPH had three key areas that impacted the Full-Time-Equivalent (FTE) numbers between 2021 and 2022. The largest area of fluctuation was in moving 17 individuals from the current staffing contract with Insight Global into term FTEs. The figures for Special Projects did not adjust as planned, but BCPH did see the number of staff in this area reduce due to attrition, specifically for



case investigators and contact tracers, and this downward trend is expected to continue through 2022. Finally, due to grants received in 2021, BCPH was able to hire additional needed staff in different programs across the agency.

In 2022, BCPH had \$640,405 in Unfunded Budget Requests (UBRs) from programs or roll-overs from projects that are not ARPA eligible. It is noted that many of these UBRs derived from grants which ended in June 2021 that covered portions of salary, as well as seeing an increase in engagement from the community and other entities to start up previous projects that had been on hold. During internal conversations surrounding UBRs, the BCPH Management Team identified the need to increase staff growth and development focus due to limited ability to attend trainings and conferences, so BCPH has allotted \$60,000 across programs for this initiative. As BCPH starts to open facilities again, there is funding allocated for potential facility updates and needs. Finally, as BCPH prepares for the Community Health Needs Assessment (CHA), there has been a one-time needs base fund allocation of \$100,000 for this initiative.

For the Fund Balance Projection Comparisons between July 2021 and April 2022, the funding balance increased due to revenue sources, though there was a decrease in expenditures (\$2,736,501 in 2021 to \$5,688,497 in 2022). In terms of the Excess and Deferred, Restricted, and Committed/Non-spendable amounts in the Fund Balance, there is a little over \$1 million in these combined sources. Next, if BCPH applies the Committed Funds that were derived from 2021 into 2022 rollovers, the UBR amount, and the Assigned amount to balance the 2022 Budget, it results in \$2.1 million. This changes the Available Fund Balance to just shy of \$2.5 million and provides a slight increase from the projection in July 2021. Further, this results in the Fund Balance at a slightly higher percentage of 9.6%, which is above the state statute that mandates BCPH to retain a minimum of 5% Fund Balance.

Katherine Palmer presented the budget timeline and consideration information that identified where BCPH is currently at in the budget process. In conjunction with the amended budget being presented to the BOH, programs within BCPH are beginning to work on their respective 2023 budgets. Although BCPH has not received Boulder County's budget timeline for the 2023 budget cycle, the shifted schedule from 2022 will continue to be utilized. The goal is to complete the budget study session in June or July and present the 2023 budget resolution to the BOH for adoption in August. In 2023, BCPH expects to see changes in the revenue sources. Namely due to per capita increased by roughly 70%, and continued ARPA funding, while some of the state and local grants will decrease slightly. Financial impacts from the various wildfires have yet to be fully seen, though BCPH expects to garner a better understanding by the end of the year.

- Vice President McMillan notes that BCPH has had staffing turnover during the pandemic and asks Katherine or Executive Director Rodriguez to speak to the status of filling positions.

- Katherine emphasizes that BCPH is actively filling roles but trying to think of the structure of the department. BCPH had to increase staffing in response to COVID-19, and now needs to identify the structure that is needed moving forward. In addition to the reorganization, the state is requiring public health departments to be structured in a way to respond to future situations if an emergency or pandemic were to occur. Executive Director Rodriguez notes that there are a few key positions that are vacant. The Strategic Initiatives Branch is actively recruiting for the Mental Behavioral Health Coordinator position, in addition, a couple of Health Planner positions are vacant as well. Like other agencies across the state, BCPH has seen many individuals resign and take new positions elsewhere. BCPH is hopeful that the recruitment efforts will bring the right people into these positions. Further, Katherine is actively tracking FTE rosters in comparison to costs associated with these vacancies, which will be presented during the summer budget study session.
- Vice President McMillan thanks Katherine and Executive Director Rodriguez for the update, and for the detailed information in the Director's Report that lists out key vacancies within the department.
  - Executive Director Rodriguez further notes that the Health Equity Coordinator position has been intentionally vacant due to the refresh of the internal structuring and framing of health and racial equity within the agency before submitting the position to human resources to fill.
- Board Member Harrison asks if Katherine knows the reasoning behind the state funding decrease, and if this decrease is seen across the state's local health departments. Further, does this decrease impact anticipated funding for 2023?
  - Katherine notes that the interpretation is dependent on which program is in question. While some state grants did decrease across the entire state, BCPH's per capita is expected to increase in 2023. Within the per capita funds, BCPH typically receives \$450,000, and this year BCPH received \$805,000. We will continue to see ebb and flow within state funding, but this can be seen across the state and not just Boulder County.
- President Thomas asks Executive Director Rodriguez if other agencies within the county are also experiencing turnover and a difficulty in their ability to hire.
  - Executive Director Rodriguez notes that she does participate in meetings with other Executive-Level County leaders, and many departments are also experiencing departures of staff and challenges in recruitment. Regional local public health departments are also experiencing these challenges and are having conversations surrounding workforce surveys to understand the salary structure in addition to employee satisfaction, and congruencies within regional position

classifications to build a stronger public health capacity to respond to disasters. Further, over the years many BCPH staff have responded to emergencies and there is a concern and recognition of burnout, and a trend of leaving public service. Executive Director Rodriguez notes that the goal of recruitment efforts is to make public service attractive and to build a regional capacity.

***Vice President McMillan made a motion, which was seconded by Board Member Hinman, to approve Resolution 2022-01 Amended Budget. With all Board Members present voting in favor of the motion, President Thomas declared the motion carried.***

#### ITEM 5. COVID-19 Data, Policy, and Program Update.

Executive Director Rodriguez introduces Carol Helwig, Communicable Disease Program Manager to present the brief COVID-19 update.

According to the CDC Community Level tracking tool, Boulder County is still in the Low level even though cases are trending upwards for the past few weeks:

- Week of April 14 – 82.16 cases per 100,000 people
- Week of April 21 – 130.29 cases per 100,000 people
- Week of April 28 – 138.87 cases per 100,000 people
- Week of May 5 – 194.97 cases per 100,000 people

The case rate of 194.97 is close to the Medium level of transmission according to the CDC tracker, so it is possible that Boulder County could shift into the Medium level category soon. The tracker is updated weekly on Thursdays.

When the county is moved to the Medium level, public health orders are not altered, but since case rates are increasing, it is encouraged that community members activate precautions – wearing masks and limiting the size of gatherings. The Medium level does impact corrections facilities and shelters due to the state's public health order. These facilities are required to implement masking for all individuals as a precaution. Health care facilities do not utilize the CDC Community tracker, but instead refer to transmission rates. Anytime a county is above 100 cases per 100,000 people, healthcare facilities implement mitigation efforts.

BCPH is communicating the increase in cases to the community. Due to the high vaccination rates and access to therapeutics, BCPH is not worried about the increase of cases overwhelming the healthcare system but does want to prevent transmission within the community. Additionally, there are concerns with the effects of long-COVID. The CDC launched a website for long-COVID information and details but notes that the science is still evolving.

- Board Member Harrison asks for further clarification on how the CDC Community Level is determined since BC cases are increasing, but hospital bed numbers and admission level

are stable or decreasing. Why would BC move to Medium if the community impact is relatively the same but a higher case rate?

- Carol notes the tracker is separated into two initial categories: Fewer than 200 new COVID-19 cases per 100,000 people for the past 7 days and 200 or more new COVID-19 cases per 100,000 people for the past 7 days. In previous transmission tracking, 100 new cases per 100,000 people in the past 7 days was the benchmark for a higher transmission level, but with the new tracking it was increased to 200 or more to account for therapeutics. Once a community reaches 200 or more cases, it means that transmission is more widespread, and it is necessary to stem that trend. It is also reflective of those individuals who are infected are taking at-home tests, and not necessarily PCR tests. Conversely, if BC cases remained low, but those cases were extending the capacity of our healthcare system, BC would also transfer into the Medium level.
- Board Member Harrison notes that the explanation was helpful, but also emphasizes that as someone who is not exposed to this tracking system often, like a community member, she could understand how they could be unconcerned by the transition into Medium with the added confusion of this new tracking system.
  - Carol understands the concern, and notes that most of the United States are in the Low level, except for pockets in the North-East region of the country that have Medium and High transmission levels.
- Dr. Belknap adds that the rationale behind this tracking model is that hospitalization and death rates lag behind surges in cases, which has been true throughout the entirety of the pandemic. When cases rise, hospitalizations tend to rise a few weeks after, and then death rates increase. Further, Dr. Belknap emphasizes the difficulty of communication throughout the pandemic, and who is expected to change behavior based on that communication of transmission levels. Dr. Belknap believes that there are members of the community that will alter behavior – wearing masks and/or reducing gathering sizes – to reduce risk.
  - Carol notes that the communication messages for the public include access to testing, receiving vaccination and boosters, and to check-in with your healthcare provider if you have underlying medical conditions. Further, the communications are not requiring masks, but encouraging masking in higher-risk settings and populations.

Carol continues the presentation on vaccination and testing efforts. BCPH is planning for the vaccination roll out for the 0-4 age group but does not have the exact timeframe for when those vaccinations will be available – the current estimate is June. This will also coincide with the back-to-school vaccination efforts which includes boosters. Boosters for school-age children will be key moving into the fall. BCPH anticipates a fall surge this year just like in previous years. BCPH is



also implementing focus groups for vaccine hesitant parents. Currently, enrollment for these focus groups is still open. The session will last 1 hour, participants will be compensated \$40, must live in Boulder County, and have children under the age of 18.

Daily testing is available at Stazio, and weekly testing in Nederland through the end of May which can be extended depending on needs. Lastly, BCPH is developing an endemic plan that would include future surge planning built in.

- Board Member Harrison asks if the focus groups will solely focus on COVID-19 vaccine hesitancy or general vaccine hesitancy.
  - Dr. Gujral notes that BCPH conducted comprehensive focus groups in 2016 for vaccine hesitant parents and was able to determine some root causes for this hesitancy. For example, it was found that typically OBGYNs did not discuss vaccines with expecting parents, and further the relationship with a pediatrician and parents is not developed until after the birth. This finding prompted BCPH to have conversations with healthcare partners to determine if there are vaccine conversations occurring during birthing classes. The findings were reflective of the state's surveillance data. The focus groups that are currently being implemented are COVID-19 specific. Data show that there are disparities among racial groups, so these focus groups will be conducted in English and Spanish and will be geographically diverse. The goal is to determine what would make parents feel more confident to move them along the vaccine continuum. There will be separate focus groups for ages 0 (6 months)-4 and for ages 5-11. Participants will also be asked for a follow-up focus group to test the effectiveness of communication messages to help plan for the Fall.
- President Thomas notes that he has seen news postings of forecasting cases for the Summer and Fall, and hopes that the cases do not materialize, and that we can get into the endemic stage.
- Board Member Harrison asks if BCPH planning to share the highlights of the endemicity plan with the BOH?
  - Carol notes that BCPH is aligning with the governor's Colorado Roadmap. Ensuring that BCPH has the capacity to respond to surges, access to therapeutics and vaccines. The plan focuses on ensuring that BCPH has sufficient staff to respond as needed. As soon as the plan is available it will be presented to the BOH.

#### ITEM 6. Marshall and Middlefork Fires Situational Awareness and BCPH Response.

Executive Director introduces Joe Malinowski, Environmental Health Division Manager to present on the Marshall and Middlefork Fire Situational Awareness. Joe begins the presentation by thanking the Air Quality Program, Water Quality Team, Administrative and Support Staff, Contractors, and the Communications Team for their continuous efforts. Joe describes four

pictures that reflect the different response stages: damage from the fire; soil and air testing; debris clean-up; and the rebuilding stage.

The presentation is centered around the justification of the work that EH is accomplishing. In early January 2022, a Public Health Advisory was issued to identify debris caused by the Marshall fire as an immediate threat to public health and recommended that efforts to remove the debris be made as soon as possible.

Joe provided a summary on the different effort areas that has been presented to the BOH in previous months, including Soil Testing, Air Monitoring, Water Quality, and Recovery Assistance. Lastly, a video created by the BCPH Communications Team featuring Bill Hayes, Air Quality Program & Healthy Home Coordinator, was played that was created for community members to understand VOC testing efforts that EH has accomplished that will be available online.

ITEM 7. Director's Report.  
None.

ITEM 8. Old and New Business.  
None.

ITEM 9. Request for a vote approving future special meetings in May 2022 for executive sessions on dates and times to be established and noticed at the May 9 meeting.

The intent of the three special meetings in May 2022 are to discuss the staff survey results regarding Executive Director Rodriguez's 10-month performance evaluation.

***Vice President McMillan moves to hold the following special meetings for the sole purpose of holding Executive Sessions pursuant to Colorado Revised Statutes 24-6-402(4)(b) Wednesday May 11, 2022 at noon in order to receive legal advice on the Board's duties and authority in employment matters and on the applicability of the Colorado Open Meetings law with respect of various types of meetings and decision-making; Thursday May 12, 2022 at noon pursuant to Colorado Revised Statutes 24-6-402(4)(f) to discuss the Boulder County Public Health Executive Director's performance review; and Wednesday May 18, 2022 at 7:00 p.m., pursuant to Colorado Revised Statutes 24-6-402(4)(f) to discuss the Boulder County Public Health Executive Director's performance review. Board Member Harrison seconded the motion to approve three special meetings for the month of May. With all Board Members present voting in favor of the motion, President Thomas declared the motion carried.***

*President Thomas asked Executive Director Rodriguez if she would like the second and third special meeting to be open to the public since she is the subject of the meetings. Executive Director Rodriguez declines the request.*



*Since the purpose of the special meetings are to hold executive sessions, the meetings are not open to the public, no call-in information or Zoom Meeting link will be available, and there will be no public comment.*

ITEM 10. Adjournment.

There being nothing further to discuss, President Thomas declared the meeting adjourned at 6:37 p.m.

- President Thomas asks for further clarification on the Budget Study Session that will be held this summer.
  - Executive Director Rodriguez notes that a Budget Study Session will be held in June or July, and then BCPH will meet internally to finalize the budget and present the Recommended 2023 Budget to the BOH for adoption. Further, Executive Director Rodriguez emphasizes that BCPH is aligned with the County's budget timeline, and Jordan Thomas, Business Operations Coordinator, will be reaching out to Board Members to gauge availability for the upcoming Budget Study Session.
- Vice President McMillan asks for updates on potential hybrid meetings, and if Board Members will be able to attend the meetings virtually if they are out of town.
  - Executive Director Rodriguez continues to work with BC partners to solidify a space that has hybrid capabilities, and notes that many county facilities are undergoing remodeling to add these features, but there are delays due to supply-chain issues. Further, use of the downtown Boulder County facilities would include an added cost of hiring security and access to the building. Efforts continue to make the meeting space at the Boulder Campus facility hybrid. Once facilities are up-to-date, meetings will continue to be offered virtually so that Board Members and members of the public can attend the meeting as needed.



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Gregg Thomas,  
President



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Camille Rodriguez,  
Executive Director