

OFFICIAL RECORD OF PROCEEDINGS

Boulder County Board of Health (BOH) Regular Meeting Online/Telephonic Meeting August 8, 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:

Interim-Executive Director, Alexandra (Lexi) Nolen; *Chief Medical Officer*, Bob Belknap, M.D. *Director of Administration and Finance*, Katherine Palmer; *Director of Strategic Initiatives Branch*, Kelli Hintch; *Communicable Disease and Emergency Management Division Manager*, Indira Gujral; *Environmental Health Division Manager*, Joe Malinowski; *Communicable Disease Program Manager*, Carol Helwig; *COVID-19 Lead Data Epidemiologist*, Steffie Goodman; *Immunization Program Coordinator*, Keith Rawls; *Water Quality Program Coordinator*, Erin Dodge; *Built Environment and HEAL Coordinator*, Rachel Arndt; *Business Operations Coordinator*, Jorden Thomas.

Boulder County Staff:

Senior Assistant County Attorney, Kate Haywood and *Human Resources Director*, Julia Larsen.

Members of the Public:

Ryan Scott
Brian Coffey
Carolyn Bninski
Gretchen Maclachlan
Jack Heimsoth

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 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.

Members of the public expressed concerns for BCPH's response to COVID-19 and returning to normal activities amid this pandemic, along with concern for vaccines for children.

ITEM 2. Approval of Meeting Minutes.

Board Member Harrison made a motion, which was seconded by Board Member Fagan, to approve the June 13, 2022, Regular Board of Health minutes and the June 22, 2022, Special Meeting Minutes. With all Board Members present in favor of the motion, President Thomas declared the motion unanimously carried.

ITEM 3. BCPH Roadmap for Transition and Organizational Development.

Interim-Executive Director Nolen presented the Boulder County Public Health (BCPH) Roadmap which was included in the Board of Health Packet that was sent to all Board Members prior to the meeting. Interim-Executive Director Nolen noted that the challenges that BCPH has experienced over the past two years suggest that the emergency responses and increased staff demands are unlikely to abate for significant periods of time, suggesting that it is important for BCPH to consider what the agency should look like in the next 5 years.

The Roadmap will address the most urgent needs of the agency by focusing on the near-term priorities that are most critical for strengthening internal organizational development and continued success as an agency. The focus during the interim period is continuity of operations; staff stability, support, and morale; and internal transparency and participatory planning. Additionally, the document outlines how BCPH leadership can best work with the BOH during this transition and expectations going forward. The development of the Roadmap included a review of recent staff surveys and feedback to inform the strategic needs of the agency that helped to guide conversations in Management Team to gain consensus on priorities. The draft document was then disseminated to BCPH program staff and key Boulder County staff to collect feedback, with the final draft presented to all BCPH staff and the BOH.

The Roadmap includes four key areas: BOH support, Supporting our People, Rebuilding our Systems, Policies, and Processes, and Advancing an Agency Vision and key plans. Each of these areas include three more focused priorities, all seen as critical to our success over the next 9-12 months, though some may take longer than that to complete. For each priority, the document outlines the current status and why it is a priority, action proposals, success metrics, and the role of the BOH in supporting success.

Success of the Roadmap will include the ability of the agency to focus on what is important and to slow down the rest; more shared leadership and leadership opportunities; increased efficiency, accountability, and transparency; greater staff confidence; aligned efforts and collaboration; and a unified agency vision that will all lead to an inspired and re-energized staff at BCPH. The next steps of the Roadmap will be to complete the initial workplan that outlines the

work of each priority which will then be able to be used to provide regular progress reports to BCPH staff and the BOH. Interim-Executive Director Nolen also noted that the Roadmap is a living document and that adjustments can be made as needed.

Interim-Executive Director Nolen concluded the presentation by acknowledging that programmatic work will not stop due to the Roadmap. Key programmatic initiatives this fall and winter include the launch of the Universal Home Visitation System, implementing a Monkeypox response, and the pilot of the Healthy Homes program, just to name a few. There are also a number of spaces where BCPH is actively collaborating with other Boulder County departments and community partners to advance high priority initiatives, such as: focusing on mental and behavioral health through a robust and intentional strategic plan, co-leading a new Boulder County initiative to advance affordable housing, ensuring that the health and racial equity work of BCPH is aligned with the county, and to continue the partnership with the county, community, and regional partners on Climate Action planning.

- Board Member Hinman thanked Interim-Executive Director Nolen for the level of work that the Roadmap represents and the focus on re-energizing staff, and wanted to confirm that the programmatic priorities list is reflective of the strategic priorities of the agency in the current state, or are there some new strategic capabilities that could be seen in the next planning process as well?
 - Interim-Executive Director Nolen noted that the Roadmap elevates the immediate pressures that the agency is experiencing. It is built on past conversations that strategic priorities were not clearly outlined or implemented in the past months.
- Board Member Harrison requested more information regarding the pay equity and the Strengths, Weaknesses, Opportunities, and Threat (SWOT) analysis that the staff have completed in order to have the data that is referenced in the Roadmap. Further, Board Member Harrison asked if BCPH has considered hiring contractors for key positions instead of hiring full-time employees?
 - Interim-Executive Director Nolen agreed to send the pay equity information and SWOT analysis to the BOH. Pay equity has been a long-standing issue in BCPH; the agency has been underfunded and positions are paid less compared to similar positions and other local public health agencies. BCPH is currently completing an analysis to determine the correct number of staff for the agency to continue programs and meet the strategic priorities of the agency.
- Board Member Harrison asked if the agency will be seeking public engagement and feedback into the strategic documents?
 - Interim-Executive Director Nolen noted that there are parts of the strategic planning process that are required to have community engagement and feedback, such as the Public Health Improvement Plan, which is focused on mental and

behavioral health for this year. The community will have the opportunity to provide insight on how BCPH can advance this work forward. Further, there are conversations currently happening across agencies that will provide guidance on how the entire county can increase and participate in community engagement.

- Board Member Harrison asked if there will be spaces for general public feedback and not just targeted populations?
 - Interim-Executive Director Nolen confirmed.

ITEM 4. Executive Director Recruitment Process.

Interim-Executive Director Nolen introduced Julia Larsen, the Human Resources Director for Boulder County to present a recruitment proposal for the BCPH Executive Director that includes a debrief from the previous hiring process and proposed decisions that can help guide the next recruitment process. The proposed timeline and decisions that the BOH could use during the recruitment process was included in the BOH Packet.

- Vice President McMillan thanked Julia for providing a guideline that the BOH could use in the future and noted that one of the recommendations would be to hire an external consultant to collect BCPH staff input on the recruitment process. Vice President McMillan suggested that this information would be helpful to have prior to the September 26th Board of Health Retreat so that it can help guide conversations regarding the recruitment process.
 - Julia noted that it would be beneficial to have that information prior to the retreat, but that Boulder County Human Resources does not have the capacity to complete these feedback sessions, so it would be helpful to have an external consultant collect the information for the BOH.
- Vice President McMillan asked if Julia or Boulder County Human Resources had any recommendations for external executive recruitment firms.
 - Julia agreed to send Jordan Thomas information on the recruitment firms that were used for previous executive-level hiring in the past.
- Board Member Hinman noted that the proposed timeline relies on early decisions made by the board and wanted to know if the BOH should decide on the use of an external recruitment firm.
 - Vice President McMillan agreed that these decisions are important and need to be made soon but hesitated to make them at the meeting without extensive conversations with the entire BOH.
 - Board Member Harrison agreed that an external recruitment firm could be beneficial since it will have the resources to reach many qualified candidates, and also questioned the use of external staff focus groups and if the results will provide any value to the BOH.

- Board Member Hinman countered that the use of an external consultant to conduct staff surveys could increase validation and provide different views on staff needs in this process.
- President Thomas asked if soliciting an external recruitment firm would be a competitive bid or not.
 - Julia noted that since the BOH completed a recruitment process last fall, the BOH is not required to receive three bids.
- President Thomas asked if the funding for the recruitment would come from county funds or from BCPH funds?
 - Julia confirmed that the cost would come from BCPH funding.
 - President Thomas asked Interim-Executive Director Nolen if there would be any issues in providing the funding for this process?
 - Interim-Executive Director Nolen noted that the funding could come from the salary savings from the Executive Director position to cover the cost of the recruiting firm.
- Interim-Executive Director Nolen noted that BCPH has a current contract with Cindy Smith, and that it could be potentially wrote into her contract to conduct the BCPH staff focus groups.
- Julia encouraged the BOH to communicate with BCPH staff on the process soon, and to not wait, even if the BOH does not have a full decision on the process.

No decisions surrounding the recruitment process were made during the meeting, but it was agreed that Board Members would collect notes, questions, and materials from the previous recruitment process to submit to Jorden Thomas and President Thomas to compile information that can then be referenced during the September 26th Board of Health Retreat.

ITEM 5. Updates on Health and Racial Equity Strategic Priority.

Interim-Executive Director Nolen introduced Keith Rawls, Carol Helwig, and Erin Dodge to present the update on the health and racial equity (HRE) plan for BCPH. There were several factors that contributed to the recognition of the need to refresh the HRE work, including the departure of the Health Equity Coordinator in June of 2021; the recognition of the opportunity to strengthen this work; the lack of agreement on the need to center on racial equity; the need to clarify goals and build out solutions and workplans; and the urgency to hire the HRE lead.

A decision was made to convene a workgroup called the Health Equity Coordinating Committee (HECC) Refresh Team that would develop the next steps for BCPH to move forward in HRE work. The HECC Refresh Team met from March through June of 2022, and early conversations covered a number of topics, including: a review of the successes, challenges, key documents, past staff assessments and plan; reflected on how the HRE work could be strengthened; discussed what work would need to be completed in order to see change; refreshed vision, goals, and priorities;

rebuild the HECC Charter and draft a near-term plan based on priorities with budget and staffing needs; researched other agencies and County partners to develop new HRE Manager Job Description, title, and classification; and currently working with Boulder County to clarify partnerships and leverage opportunities.

One major issue the HECC Refresh Team wanted to address was how to better reflect the commitment to center on racial equity. The HECC Refresh Team provided context to the decision to center on racial equity as a key strategy to advance health equity, and drew on a number of key talking points, which include, the acknowledgement and agreement that racism is a ubiquitous form of oppression; centering on racism supports an understanding of how institutional, societal, and interpersonal racism has differently, and negatively, affected the health, well-being, and economic opportunity outcomes for black, indigenous, and people of color (BIPOC) populations; it is a tool for recognizing oppression, developing mental models for interventions, and supporting personal journeys; and the process is expected to expand to other equity lenses (e.g., sexuality and gender identity, class and wealth, geography, etc.).

The team determined that HRE work was present in three different ways, all of which needed to be addressed to be successful: individual journey, agency systems, and community impact. For each priority, the Refresh Team outlined near-term and long-term actions and goals that would advance the HRE work of the agency forward.

- President Thomas asked if more work has been accomplished in one of the three areas than the others?
 - Keith noted that there has been a focus on progressing the agency systems, especially in training and in providing an outlet for staff to engage in this work, such as the Racial Equity Monday and Courageous Conversations. Each department has allowed for the cultivation of that individual journey to start by providing a framework for directing and addressing where individuals are on the learning spectrum of this work.
- Vice President McMillan thanked the group for their progression of this work and the update to the BOH. She noted that there are many voluntary trainings that staff can participate in, but are there any required trainings?
 - Interim-Executive Director noted that this will be covered in future slides, but provided that the majority of staff in this space are those with a natural curiosity to learn and opportunities will be created for all staff to be involved.

The Refresh Team also updated the HECC Vision to include anti-racist language and to highlight concepts of oppression and shared power with the community. There are five goals and objectives identified by the HECC Refresh Team that represent focus areas that the agency needs to achieve to progress HRE work. The five goals include: Organizational Culture and

Accountability; Talent Acquisition, Retention, Career Advancement; Learning and Growth; Policies, Procedures, Practices; and Community Engagement. These five goals were translated into goals and objectives that highlight some of the opportunities that could be completed soon and the work that will be accomplished in the coming years after the recruitment and onboarding of the HRE manager.

- Vice President McMillan thanked the staff for the presentation and asked that future updates include the alignment of the HECC with the County's Office of Racial Equity.
- President Thomas asked if there would be a base-level training that all staff are required to complete, and if they are allowed to explore concepts/topics on a deeper level?
 - Interim-Executive Director Nolen noted that HECC recognized that staff can be at different levels on their HRE journey, and that there is a need for opportunities to meet staff where they are at and to continue them along the learning spectrum. There will be three different cohorts that staff can be part of: emerging cohort (guided training for early learners), engaged cohort (tailored learning for skills and implementation), and leadership cohort (focus on mentoring and coaching skills, strategic leadership).
- President Thomas asked if the recruitment committee will have the authority to make the hiring decisions for the HRE manager?
 - Erin responded that the recruitment process is being led by the committee, including the screening and interviewing of applications, development of interview questions, and advancing candidates to the final interview. Interim-Executive Director Nolen noted that she, as the hiring manager, will participate in the initial screening and final interview.

ITEM 6. Infectious Disease Update: COVID-19 Update and Transition Plan, and Monkeypox Update.

Interim-Executive Director Nolen introduced Steffie Goodman, Indira Gujral, and Carol Helwig to present the information regarding the COVID-19 update and transition plan, as well as the Monkeypox update.

The strategy that was presented in 2021 focused on three goals: prevent unnecessary deaths and significant illness, not overwhelming the health system, and to safely return to normal activities, as well as the strategy to use Public Health Orders (PHOs) to prioritize safety needed to achieve the goals until a fuller picture of the data was available and habits were established, then to ease into relying on those habits in combination with more individually driven risk assessment as the virulence decreased. The described strategy above is well established, and a combination of various factors along with community implementation of mitigation measures will move Boulder County towards a more stable and long-lasting response to COVID-19.

The Center for Disease Control (CDC) County Community Level tracker showed Boulder County as Medium, but the wastewater data suggested that true case numbers are underreported. With diminished testing, home testing, and asymptomatic infection, wastewater surveillance provides an additional indicator of community infection. Wastewater in Boulder and Longmont remain elevated since April, with Louisville decreasing. The COVID-19 case numbers and hospitalization admissions decreased which reduced the risk of overwhelming the healthcare systems in Boulder County. Case rates have been slowly improving nationally and in Colorado, but the return to school may increase cases in the coming weeks. Further, [CDPHE PHO 20-38](#) (19th amendment July 15, 2022) that required facial coverings in nonmedical congregate settings and healthcare settings is set to expire and will be reevaluated on August 14, 2022.

- Board Member Harrison asked for clarification on the dates of divergence between the number of reported cases and the wastewater rates.
 - Steffie replied that the divergence began at the end of April and beginning of May. The spikes in wastewater data mirror that of the Omicron variant in January 2022.
 - Board Member Harrison asked if anything has changed in the way wastewater has been tested?
 - Steffie confirmed that the wastewater testing procedure has been the same since early in the pandemic.

Case rates have decreased among all age groups but remain highest among those 23-34 years old. As of August 5, 2022, there were 14 patients hospitalized with confirmed COVID-19, 18 staffed ICU bed available, and 16 pediatrics cases with 44% of those cases representing children 0-4 years old.

- Board Member Harrison asked to confirm that the hospitalizations are due to COVID-19 and not due to incidental COVID-19 exposure.
 - Steffie confirmed.
 - Board Member Harrison asked if there is data collected on comorbidities, especially for children.
 - Steffie noted that the data is not readily available but will determine the best way to collect it and provide it to the BOH.

There have been 157 deaths since May of 2021 and 389 deaths since the beginning of the pandemic. Currently, over 257,000 Boulder County residents are fully vaccinated, which is defined as being two weeks out from the first two primary doses of an MMR vaccine, and one dose for the Johnson & Johnson vaccine – which equated to 78.6% of eligible population, and 70% have received at least one booster vaccine.

- Board Member Harrison noted that it would be helpful to have data broken down for the rate of vaccines outside of the broader population, specifically for children.



- Steffie provided the following data, 2,525 children ages 6-months to four years old have received at least one dose, with 1,762 have received the first dose and 736 are fully vaccinated. Steffie will provide more data to the BOH.
- Board Member Harrison also requested information regarding the vaccine efficacy for children.
 - Steffie will provide the information to the BOH.

The COVID-19 Moving Forward plan presentation covered comparison data for Boulder County and local metro-jurisdictions of similar sizes; the Federal, State, and Local COVID-19 shift in response; and the strategies for moving Boulder County forward.

The CDEM Division analyzed the age-adjusted data of two counties similar to the size of Boulder County to compare rates of hospitalizations and deaths due to COVID-19; Douglas and Larimer County. Boulder County for the most part demonstrated better outcomes than Larimer County in terms of hospitalizations and deaths, with the exception of a higher death rate from March 13, 2020, to December 31, 2020. Further, compared to Douglas, Boulder County experienced better health outcomes from March 13, 2020, through May 31, 2021, with worse outcomes from June 1, 2021, to June 30, 2022. Despite having increased risk factors in Boulder County, the county did a great job in protecting populations.

Due to high levels of immunity through both vaccination and infection, the community is now in a state where the virus is not causing the harm or disruption it once did, and the healthcare system is not experiencing the impacts that it once did. BCPH will shift the focus from priority populations to priority settings and will not have to investigate all cases or outbreaks. Further, almost everyone in the community is eligible to receive a COVID-19 vaccine, and the vaccines offered by BCPH continue to be free. CDEM will continue to right-size their team and to restructure as needed to respond to COVID-19.

Carol Helwig presented a brief update on the emerging issue of Monkeypox. Monkeypox spreads through skin-to-skin contact, the sharing of utensils, bedding, or clothing/towels, and anyone is susceptible. It is not considered a sexually transmitted infection, although it can be transmitted through sexual contact. There are over 7,500 cases reported in the United States, including 5 pediatric cases; Boulder County had 4 reported cases at the time of this meeting.

- Board Member Harrison asked if the reported cases in Boulder County were through intimate contact?
 - Carol noted that the route of transmissions are not disclosed for each case, but does know that transmission has occurred through intimate and non-intimate contact.

The vaccination supply is limited, but available for use as a post exposure prophylaxis within four days of exposure. If the vaccine is given within two weeks of an exposure, it will reduce the symptoms. The total vaccine allocation for Colorado was 10,000 doses as of August 4th, with an additional 18,000 doses being delivered incrementally. Testing for Monkeypox must be completed in a clinical setting, which requires a dry swab of a rash or lesion. Antiviral treatment may be recommended in some situations, which includes people with severe disease or who are immunocompromised.

ITEM 7. Advancing Affordable Housing through Mobile Home Park Engagement.

Interim-Executive Director Nolen introduced Rachel Arndt to present on the ARPA-funded Mobile Park Home initiative. Since 2016, there have been great strides to reduce predatory billing for mobile home park residents that resulted in unjust evictions and profiling of residents. Added language to the Boulder Valley Comprehensive Plan provided protections for manufactured housing communities which does not allow these communities to be redeveloped. Further bills in the last few years have included the creation of an enforcement program at the state-level for residents to purchase their manufactured home and for the entire community to purchase land through a cooperative.

The BOCC recently invested \$5 million to address three strategy areas of resident ownership, infrastructure improvements, and home repair. This program would help to support residents in these communities by being able to fortify their home, both for comfort and for heat/winter emergencies. This program will be co-led by Rachel and a staff member in HHS.

ITEM 8. Director's Report.

All questions relating to the Director's Report are to be sent to Jorden Thomas.

ITEM 9. Old and New Business.

None.

ITEM 10. Adjournment.

There being nothing further to discuss, President Thomas declared the meeting adjourned at 8:43p.m.



Gregg Thomas,
President



Alexandra (Lexi) Nolen,
Interim-Executive Director