

1 **WHATCOM COUNTY COUNCIL**

2 Board of Health

3
4 October 3, 2006

5
6 Council Chair Laurie Caskey-Schreiber called the meeting to order at 5:30 p.m. in
7 the Council Chambers, 311 Grand Avenue, Bellingham, Washington.

8
9
10 Present:

11 Barbara Brenner
12 Dan McShane
13 Sam Crawford
14 Seth Fleetwood
15 Carl Weimer
16 L. Ward Nelson

Absent:

None

17
18 Public Health Advisory Board Present:

19 Diana Quinn
20 Jenny Shuler
21 L. Ward Nelson
22 Chris Phillips

Absent:

Mary Ellen Shields
Lavern Lane-Oreiro
David Davidson
John Worlund
Andy Byrne

23
24
25 **1. PUBLIC SESSION**

26 No one spoke.

27
28
29 **2. WHATCOM ALLIANCE FOR HEALTHCARE ACCESS UPDATE**

30
31 Regina Delahunt, Health Department Director, stated it's been two to three years
32 since the Board of Health has had an update on the Whatcom Alliance for Healthcare Access
33 (WAHA).

34
35 Chuck Beard, Whatcom Alliance for Healthcare Access President, stated they are
36 grateful to the County Executive and Council for their support. Without funding, WAHA
37 couldn't have implemented the access coordination services. It's an effective program that
38 helps people find health insurance. There are many community access programs
39 throughout the State, but they are not like WAHA, with a unique blend of partners and
40 funding.

41
42 Sue Sharpe, Whatcom Alliance for Healthcare Access Co-Director, submitted a visual
43 presentation (*on file*). She read the presentation. They now have a formal non-profit
44 organization. A number of groups around the state have organized to improve health care
45 access. WAHA is unique due to its public/private alliance. She read the presentation on the
46 leadership, outcomes for 2006, programs and initiatives, and access services.

47
48 Chris Phillips, Whatcom Alliance for Health Care Access Co-Director, stated they want
49 to make sure children eligible for Medicaid get Medicaid. It has very good benefits for
50 children. The Medicaid income limit is \$45,000 for a family of four. A considerable number
51 of families are eligible for Medicaid, but do not receive benefits. Make it easy for school
52 districts to participate in this program. Until recently, to participate in sports, students and
53 families were told about insurance programs that costs hundreds of dollars to get limited

1 coverage. Usually, sports students are uninsured. That's one small example of where they
2 can systemize the approach to educate people about Medicaid. He read the presentation on
3 the Ferndale Schools Pilot Project. They are now working with five school districts, with
4 another two to follow. Put the information in a format and make it available to school
5 administrators and teachers. There is considerable support from school districts, school
6 boards, and parents. They have also gotten some recognition from local media.
7

8 Sharpe stated WAHA also implemented another program called Whatcom Project
9 Access. It's a model used throughout the country. Locally, they have a partnership with
10 the Whatcom County Medical Society. Medicaid doesn't cover uninsured adults. The fastest
11 growing group of uninsured people are the working poor. She read the presentation on
12 Access Services. The Whatcom Project Access asks specialists to see these people for free.
13 The Alliance will do the pre-work, do all the screening, and make sure the patient has a
14 primary care physician. If they participate, can guarantee a fair distribution of the
15 uninsured cases. There is a standard eligibility process. WAHA is capturing the value of the
16 care the physicians are donating. The doctors fill out a form just like with an insured
17 patient. To date, over 90 percent of the specialists in the community have committed to
18 participate. They started seeing patients in September. The program is well-received by
19 the patients and community.
20

21 She read the slide on the Physician Recruitment and Retention. A question is
22 whether the community has enough physicians and, if not, which specialties are needed.
23 The community must also hold on to the physicians the community has. The Small
24 Business Development Center helps keep those people in the community by providing help
25 with business practices.
26

27 The community partnership with the State and federal government will make the
28 changes they need. She read the slide on healthcare policy education. Many communities
29 around the state are collaborating to improve health care access at the State level.
30

31 A number of initiatives can accomplish effective access improvement. There are
32 eight things a community can do to make changes, as presented to the Board of Health at
33 it's July meeting. WAHA is doing many of those eight things. To the end of the year, WAHA
34 will look at other areas of focus, such as getting insurance access to small businesses,
35 working on prevention and wellness, and many other activities. They are assessing what
36 they are doing well and what they need to do next.
37

38 Fleetwood asked how they recruit doctors to the community. Sharpe stated they
39 can't use public funds or hospital resources unless they can document the community's
40 shortage of particular specialties. There is a study showing which physician specialties are
41 needed. Within that need, they identify the most critical needs. They post advertisements
42 electronically, work with existing physicians to recruit partners, recruit the physicians'
43 families, and help with financing and real estate issues.
44

45 Delahunt stated there wasn't a single point of contact in the past for physicians to
46 connect. This program serves as that point of contact and works with the State Department
47 of Health, which has connections with physicians who want to move to communities in
48 Washington.
49

50 Brenner asked if Medicaid is just for kids or all the family. Phillips stated it is just for
51 kids and pregnant women.
52

1 Brenner asked how they can keep the costs down for small business insurance.
2 Sharpe stated they have ideas, but haven't implemented them yet. Activities around the
3 country are similar. For instance, an employer contribution, employee contribution, and
4 public subsidy can together provide the insurance. Another example is using health savings
5 accounts to cap health care expenditures. There is a way to use the accounts for low
6 income people for catastrophic coverage.
7

8 Brenner stated low income people can't put much money into a health savings
9 account. It would be just for catastrophic insurance. Phillips stated that's why the Alliance
10 has served the community well. It has varied opinions on the value of service strategies.
11 They are getting people with varying opinions, looking at data and practices, and then
12 deciding where they want to go and how they will do that. It's a dialog the community must
13 have and is having. There will probably be a mixed solution.
14

15 Brenner asked if they are talking about universal healthcare. Sharpe stated they talk
16 about 100 percent access. There are many ways to get there. Most successful models have
17 a public/private partnership. They use the tools and work with people, government, and the
18 private sector to make the plan work.
19

20 Phillips stated the Alliance puts out a newsletter every other month. Project Access
21 looks at charity and donated care to deal with the policy issue that they don't have universal
22 coverage. They must look to structural solutions as well. There is a policy group and a
23 group looking at on-the-ground solutions.
24

25 Brenner asked what percentage of general practitioners are participating, and why
26 retention is difficult. Sharpe stated most of the primary care is provided through
27 community health centers. Any private family physician or general internal medicine
28 physician can participate in Project Access. If there is a referral from a private provider for
29 specialty care, they may accept the patient as a Project Access patient. They provide the
30 service for free. Family physicians participate through referral.
31

32 A number of physicians were being recruited to the community, but aren't staying.
33 That started to happen about five years ago. There is research about why they left.
34

35 Delahunt stated they found that many physicians are good physicians, but not good
36 business people. That's why the Small Business Development Center partnership will help.
37

38 Nelson asked about the Small Business Development Center's shortage survey.
39 Sharpe stated the Center just completed the survey and presented results to the Whatcom
40 County Medical Society. It was helpful in showing what the shortages are. The greatest
41 shortage now is in obstetricians/gynecologists (OB/GYN). Vascular surgery and general
42 surgery are other needed specialties.
43

44 Phillips stated Whatcom County, through WAHA's efforts, qualified as an underserved
45 area. For any area outside of Bellingham, physicians can set up rural health centers and get
46 enhanced reimbursements. The county area is underserved. Physicians are responding and
47 beginning to set up practices in the rural areas.
48

49 Caskey-Schreiber thanked Ms. Sharpe and Mr. Phillips for their presentation. The
50 Council appreciates their hard work. This is very important for the community.
51

1 Delahunt stated the County has a lot to be proud of. The governor put together a
2 Blue Ribbon Commission. There are a lot of references at that Commission to what
3 Whatcom County has done.
4

5 Sharpe stated many of the things they are doing are being done in other parts of the
6 country and state, but not with local support. When federal dollars come and go, the
7 programs come and go. With local support, the programs are more viable, responsive, and
8 sustainable.
9

10 **3. HEALTH DEPARTMENT 2007/2008 WORK PLAN**

11 Regina Delahunt, Health Department Director, stated this is a two year plan. The
12 Board is familiar with the format. She is available for questions.
13

14 Nelson asked why they are seeing numbers decrease, and if their programs
15 contribute to the decrease. Delahunt stated there are decreases in certain areas. The
16 change in the numbers is so small that it's difficult to say whether the changes are
17 attributable.
18

19 Nelson asked if they are not seeing any real changes in programs. Delahunt stated
20 they aren't.
21

22 Nelson asked about routine food service inspections. Delahunt stated that has gone
23 down a lot, due to staff turnover. There is quite a bit of turnover with the environmental
24 health specialists. They are working on hiring two positions now.
25

26 Crawford stated Medicaid eligible adults and children who receive mental health
27 services dropped by 1,000. Delahunt stated that is a typo.
28

29 Crawford stated detoxification admissions dropped by about 20 percent. He asked if
30 that was the same year St. Joseph's stopped doing detoxification. Delahunt stated the
31 unduplicated category doesn't look as different.
32

33 Crawford asked about the rabies rates that increased. Delahunt stated there were
34 quite a few groups of campers who were in cabins, there was a bat, so everyone had to be
35 treated. They just had bad luck that year.
36

37 Crawford asked if things are steady overall. Delahunt stated the numbers are similar
38 to what they were overall.
39

40 Caskey-Schreiber asked about e-coli rates. She asked how those are reported to the
41 Health Department. Delahunt stated it is a reportable disease. Labs and physicians have to
42 report it.
43

44 Caskey-Schreiber stated the number of e-coli cases for 2005 seems low. She is
45 aware of a number of cases due to an outbreak at the fair. There were three cases she
46 knew of, and 12 cases were reported. Delahunt stated the information shows the number
47 of cases that were reported. One of the departments initiatives is to work with physicians
48 offices to ensure they really do understand the reporting requirements. Labs are good
49 about reporting. This year, the State started a new reporting system that will help get the
50 reports quicker and more accurately.
51

52 Brenner stated she's disappointed to see the number of teen births going up.
53

1
2 Janet Davis, Community Health Manager, stated that as the population goes up, they
3 will see larger numbers. The information given doesn't show the rate.
4

5 Brenner stated the rate is probably the same.
6

7 Delahunt stated that at the next Board of Health meeting, the Board will see that the
8 staff completed the communicable disease section of the County Health Status Report. The
9 Public Health Advisory Board helped. They can get into more in-depth discussion on
10 communicable disease rates at that time.
11

12 **Crawford moved** to approve the work plan as presented.
13

14 Caskey-Schreiber asked if the department's added staff for OSS implementation is
15 not included here, and whether it will be included in the budget. Delahunt stated the plan
16 includes a summary of budget additional services requests (ASR's) (*on file*). She read the
17 list of requests.
18

19 (*Clerk's Note: End of tape one, side A.*)
20

21 Delahunt stated one ASR is for a human services coordinator to work with housing
22 and with the contracts. It would relieve the contract specialists from doing so much
23 contract work, who can then go to work with the service providers on quality control. Make
24 sure they really are providing all in the community with needs.
25

26 Caskey-Schreiber asked if the positions are on-going. Delahunt stated the onsite
27 septic (OSS) position and human services coordinator are on-going. The other requests are
28 one-time expenses.
29

30 Brenner asked how hard it will be to hire these positions in addition to the vacant
31 positions in the environmental health division. They are having the same problem in other
32 departments. Delahunt stated it is really hard to attract experienced people.
33

34 Brenner stated this will be very sensitive and difficult for a lot of people.
35

36 McShane asked if those employees leaving are moving up to another location or
37 going to another organization. Delahunt stated the employees are generally younger people
38 who are just transitioning through their lives. No one has left because they are dissatisfied
39 with the County or their job. Some people have left for what they perceive as better
40 opportunities. When there are younger employees, she hopes to get five years from people
41 in their 20's.
42

43 McShane asked if these jobs will be considered transitional jobs in these positions.
44 Delahunt stated she tries to steal people from other counties as much as she can.
45

46 Caskey-Schreiber stated the OSS operations staff could make much more money if
47 they start their own businesses. The administration will have to be aware of that. Delahunt
48 stated every county in the state will be trying to fill these positions.
49

50 McShane stated the amount of work available is tremendous. It will be a struggle no
51 matter what they do. The positions will remain transitional.
52

1 Caskey-Schreiber asked who will train these OSS specialists. Delahunt stated there
2 is a statewide program for OSS training.

3
4 Caskey-Schreiber stated engage the Bellingham Technical College.


5
6 John Wolpers, Environmental Health Services Manager, stated the department hasn't
7 engaged anyone locally yet to provide training for the specialists. The Washington Onsite
8 Sewage Association operates near Puyallup, Washington. Many designers, installers,
9 pumpers, and health officials use this facility. They do a traveling show through the State
10 Department of Health. Approaching Bellingham Technical College is a good idea.

11
12 Delahunt stated they could develop a regional program that includes Skagit and
13 Island counties.

14
15 **Motion carried unanimously.**

16
17
18 **ADJOURN**

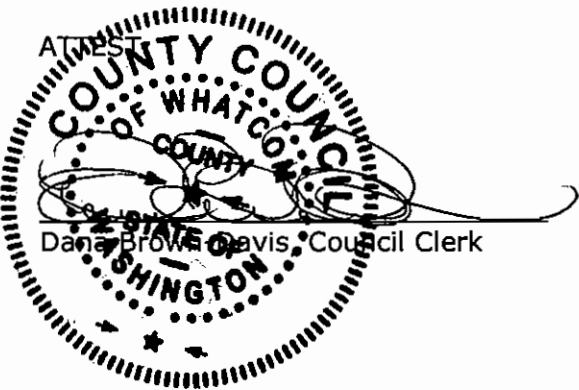
19
20 The meeting adjourned at 6:27 p.m.

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22 

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24 Jill Nixon, Minutes Transcription

25
26 The Council approved these minutes on October 24, 2006.

27
28 ATTEST

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34 
Dana Brown Davis, Council Clerk

WHATCOM COUNTY COUNCIL
WHATCOM COUNTY, WASHINGTON


Laurie Caskey-Schreiber, Council Chair