



WHATCOM COUNTY PUBLIC HEALTH ADVISORY BOARD MEETING MINUTES

JUNE 9, 2022

Present: Steve Bennett (Chair), Barry Buchanan, Edna Revey, Leah Wainman, Les Seelye, Lindsey Karas, Shamika Brooks, Sterling Chick, Therese Horan

Absent:

Topic	Discussion/Outcome
Call to order	Les presented a land acknowledgement and a Juneteenth acknowledgement. Roll call of Public Health Advisory Board (PHAB) Members.
Approve Minutes	Sterling moved that the minutes from the March meeting be approved as presented, Les seconded. The board voted and the motion passed. Ayes: 8, Nays: 0, Abstain: 0
Public Comment	None.
Health Board/County Council Update	Barry Buchanan presented an update on Health Board and County Council actions: <ul style="list-style-type: none"> County Council approved a Child and Family Well Being Fund initiative be put on the ballot in November. The initiative was co-sponsored by Barry Buchanan and Todd Donovan. Perry Mowery, Mike Parker, Jackie Mitchell, and Dean Wight presented results of the Behavioral Health Gap Analysis yesterday for the Stakeholder Advisory Committee (SAC). Perry is here today to brief PHAB. Barry expressed appreciation to the Health Department, Perry, and his team for this body of work.
Health Director/Health Officer Update	Erika Lautenbach gave updates on the following: <ul style="list-style-type: none"> The consultant that is doing an after-action report on the County's response to the pandemic will be presenting their final report on June 21. We can send out a summary of their findings. Next Friday, June 17 at 3 pm, the Health Department is hosting a Juneteenth event at the Civic Building Garden Level Conference Room. The Health Department helped fund a video honoring Juneteenth. At the event, will screen the video (about 10 minutes long) followed by a panel discussion made up of some members of the Whatcom Racial Equity Commission planning team with some Healthy Whatcom leaders, and others. The Health Department needs to move out of our State Street building to accommodate the remodel for the Way Station. We are getting some space on the first floor of the Civic Building. The leadership team is currently in the process of finalizing details on which staff will be housed where during this transition. There are some organizational changes to be aware of. Judy Ziels, who was serving as the Interim Community Health Manager is returning to her role as the supervisor managing children and families team. We are bringing on the new child and early learning position soon. As of next week, we are disbanding the Human Services and Community Health divisions. They will merge and become Community Services. There are lots of connections in their work and staff in both groups are excited to have more opportunity to integrate Human Services and Community Health functions. A week ago today, the Health Department had our very first all day, all staff retreat at Bloedel Donovan. We were lucky to have nice weather to spend the day outdoors together while working on our strategic plan and values, a COVID debrief exercise, team-building, and learning more about each other's' roles.

	<ul style="list-style-type: none"> • Work on the strategic plan continues with key stakeholder interviews scheduled to occur in late July. We will be reaching out for to get your input. <p>Dr. Thompson presented a brief Health Officer update:</p> <ul style="list-style-type: none"> • Whatcom County COVID rates are fairly flat. Whatcom County is just above that 200 per 100,000 per week level in our internal reporting. CDC reporting is a little bit different and has us just below that 200 per 100,000 level. Nationwide hospitalizations, cases, and deaths are all relatively flat right now. <p>Discussion centered on:</p> <ul style="list-style-type: none"> • COVID hospitalizations in Whatcom County are up a little bit from where they were three or four weeks ago. In Washington State, hospitals are quite strained right now, part of which is COVID and part of it is other things like a pent-up demand for care and increase in other viral illnesses (like flu activity which is higher than it has been in quite a while.) • Is there a resurgence of COVID cases in nursing homes and/or assisted living facilities? There have been some outbreaks recently, but not at the level we were seeing in the past. Right after spring break we were seeing some outbreaks in our schools. We do have outbreaks cropping up periodically, but not anywhere near the levels we were seeing back in January and February. • Any concern about new variants or sub-variants? Omicron subvariants BA.4 and BA.5, as we've seen with other variants, are exhibiting a little more transmissibility and more immune-evasion compared to previous variants, but so far, we are not seeing any evidence that this is going to lead to a big spike. • Do you have concerns about the flu activity we're seeing since it is hitting so long after folks would typically receive their flu vaccine? It is a resurgence, but not at any extreme levels. There is no guidance at this time to re-immunize at this time of year. It is funny timing, likely due to more masking and isolating during the more typical peak flu season.
<p>Behavioral Health Gap Analysis</p>	<p>Perry Mowery gave a presentation on the Behavioral Health Gap Analysis.</p> <p>Discussion included:</p> <ul style="list-style-type: none"> • Amazing piece of work and brilliant use of the sequential intercept model. Inclusion of zero intercept (prevention) is good. • Are we planning to do a similar gap analysis for any other groups? There is nothing specific planned at this time. • Access to behavioral health for children is one area where we could use more information about what the needs are and where gaps are. It would be great to use this model with known intercepts for kids like reading scores at age three, kindergarten readiness, behavioral health problems at preschool, red flags from the ages and stages questionnaire at age two. If the children and families ballot measure passes and the Health Department becomes the administrator of those funds, this kind of tool could be really useful. • The Health Department and our community could benefit from gap analyses in all the policy areas we're involved with. • This is great work and is really a gamechanger for the Stakeholder Advisory Committee to see this all written down and to be able to prioritize and see a path forward. • Was there a particular tool used to do the one to three rankings? We didn't use a particular tool, but we relied on subject matter experts. We are aware that other individuals might have a perspective that differs from the rankings we determined. It wasn't a scientific approach as much as an agreement across the team. • The jail has severe physical limitations for providing therapeutic services. Space restrictions are so limited that some therapeutic services happen while the individual being treated is in a shared cell while talking through the food hatch. There is no place to provide group work. • Space for treatment and evaluation is definitely on the wish list as we plan a new facility. • In the United States there is a lot of data showing that mental health issues get diagnosed really late in our school system, and even after diagnosis, it can take a significant amount of time before kids are able to receive services – sometimes as long as six to eight years post-diagnosis. As potentially one of our biggest support and prevention measures, were school systems considered in this analysis? The Health Department prevention team works extensively with the schools, and there are also three community coalitions oriented around the school systems in Bellingham, Ferndale, and Mount Baker. It might be a good idea to have Joe Fuller who does prevention work with schools for the Health Department present

	<p>for PHAB, as he could share a wealth of knowledge on this topic. This particular gap analysis was focused on imminent or very likely involvement with the criminal justice system, so there wasn't a focus on schools. There is a need for a gap analysis of needs that were outside of the scope of this project.</p> <ul style="list-style-type: none"> • How can PHAB best support this work moving forward? We want PHAB to be informed about all of this so that as we get farther along in the process, PHAB can weigh in on the recommendations that will come forward.
<p>PHAB changes, joint meeting schedule with Health Board, membership</p>	<p>Steve noted that this topic is part of a continuing process to make changes to PHAB to meet new state requirements. We recently moved to monthly meetings, but one of the next conversations we need to have is around how to coordinate with the Health Board around the new requirement for PHAB to review all proposed public health policies and programs. This will likely require changing the frequency and/or structure of our meetings with the Health Board. Currently, we only meet jointly once a year. However, it's apparent that to effectively meet new state requirements, we will need greater involvement with the Health Board. We should discuss both the appropriate frequency of joint meetings, as well as how this will work functionally. When something comes up in a Health Board meeting, will they have to kick all their decisions back to PHAB for approval? Or would PHAB want to allow the Chair and Vice Chair to represent PHAB with the Health Board?</p> <p>Discussion centered on:</p> <ul style="list-style-type: none"> • Barry suggested we consider a more expanded role for PHAB in the regularly scheduled Health Board meetings which are scheduled roughly every two months, as an alternative to scheduling additional joint meetings. • Would additional joint PHAB/Health Board meetings be in addition to PHAB monthly meetings or would those joint meetings be considered PHAB's meeting for a given month? If we add six joint meetings in addition to PHAB monthly meetings, that would mean meeting eighteen times per year. The consensus of the group was that those joint meetings be considered part of the PHAB monthly meeting schedule to try to keep to twelve meetings per year. • We should think through what this new role really means. As PHAB takes on a more active role and more work, more use of subcommittees may be a good tool. • I really value the information sharing in meetings like this and getting that information at the same time as the Health Board could be useful. Then we can identify how we move forward with joint action. If we take on extra meetings, they should help us get things done. • One idea would be for us to meet at the beginning of the Health Board meeting, and our priority topics could be whatever the Health Board has on their docket. • From a Health Department staff perspective, this could help us as we often brief PHAB and the Health Board on the same topics. Combining them would be more efficient, as well as providing more of a shared understanding of where people are on issues. • For instance, seeing Perry's presentation today at the same time as the Health Board and being able to have a shared discussion would have been great. • Sometimes the things we talk about and vote on in PHAB happen in isolation and it would be helpful for the Health Board to see our process. <p>Barry and Erika will work together on developing a proposal for the structure and frequency of PHAB/Health Board joint meetings. Then we can send out a potential plan for everyone to review before the next meeting.</p>
<p>Meeting evaluation</p>	<ul style="list-style-type: none"> • Sterling – It was awesome to meet Erika in person for the first time. I liked the hybrid meeting format and it worked really well. Also, the content today – Perry's presentation – was great. • Shamika – I appreciate the hybrid format. I also appreciate the possibility for us to connect with the Health Board and the presentation today. • Leah – I also appreciate the flexibility provided by the hybrid meeting – we should keep that as an equity consideration and a point of inclusion. I appreciate Steve's leadership and guidance through this interesting process of PHAB expansion and look forward to working with everyone to figure that out together. I'm excited about the new members and seeing how we move forward. • Therese – This is only my second meeting and I am already so impressed with all the things going on in Whatcom County that I didn't know about. I'm excited to continue to learn about the programs we have available and figuring out how I can be of service. • Barry – I agree with everyone's comments about the hybrid model and the flexibility that offers. I really appreciate the content-richness of this meeting. Perry's presentation was awesome.

	<ul style="list-style-type: none"> • Edna – I agree with everyone on appreciating the hybrid model, though hope to be able to attend in person soon. As a new board member, I am enjoying the material presented and look forward to contributing more in the future. • Lindsey – Thanks to Steve for helping us navigate these uncharted territories. Today the resounding feeling I have is that it is such a shame that we have so many services and partners without space available for those services. Looking forward to where PHAB is going and what the new structure will look like.
Adjourn	8:33 am
<i>Next Meeting</i>	Next regular meeting July 7