



WHATCOM COUNTY PUBLIC HEALTH ADVISORY BOARD MEETING MINUTES

MARCH 3, 2022

Present: Steve Bennett (Chair), Barry Buchanan, Sterling Chick, Leah Wainman, Lindsey Karas, Les Seelye

Absent:

Excused:

Topic	Discussion/Outcome
Call to order	Lindsay presented a land acknowledgement. Roll call of Public Health Advisory Board (PHAB) Members.
Approve Minutes	<p>Sterling moved that the minutes from the January meeting be approved as presented, Les seconded. The board voted and the motion passed. Ayes: 6, Nays: 0, Abstain: 0</p> <p>Before moving on, Steve wanted to take a moment to acknowledge and thank Sterling for all his work in PHAB as the past Chair and as past Vice Chair.</p>
Public Comment	None.
New Response Systems Division	<p>The Health Department has a new division, the Response Systems Division. This came about after discussions with the contractor that had been providing these services and a determination that the programs would be better served by direct Health Department management. Erika introduced Malora Christensen, the manager of the new division, to give a brief overview of the programs in the new division. The new programs are Ground-level Response And Coordinated Engagement (GRACE) and Law Enforcement Assisted Diversion (LEAD). These two programs work closely with the legal system, law enforcement, EMS, fire, and emergency departments. Staff are currently being hired and we are working on making the transition as seamless as possible with no gap in services. These programs currently serve about 160-180 individuals. The clients served are the highest users of emergency services, those cycling through the legal system, and familiar faces to those in the emergency department and our first responders. There will be opportunities to connect these new in-house programs with existing Health Department programs like Mental Health Court and the Crisis Stabilization Center.</p>
COVID Strategic Plan	<p>Kate Dabe gave a slide presentation with an overview of the COVID-19 Strategic Plan.</p> <p>Discussion centered on:</p> <ul style="list-style-type: none"> • How do we help people understand and stay up to date with fluctuating infection rates and changing guidance for mitigation? Our communications team is planning a video to give some more information about upcoming changes to mitigation guidance and to stress the importance of being understanding of those who may wish to stay masked for whatever reason. We are in a very different place than we were the last time the mask mandate was lifted in terms of availability of therapeutics, immunity, experience with treating COVID, etc. • One small typo was noted where the plan referenced December 2022 and should have referenced December 2021. • Regarding the backup plan for isolation facilities, it's clear there is no perfect solution and the efforts of the Health Department to look at all possible opportunities are commendable.

	<ul style="list-style-type: none"> • There will be a huge need for normalizing mask usage to help those who feel they need to wear a mask. We should destigmatize continued mask usage as much as possible. How will the communications team address this? We've recently had some members of the communications team leave the agency and are currently working on rebuilding that team. The staff we do have on the team are excellent and recognize this as a priority. • Dr. Thompson noted the importance of the impact masking has had on other types of infectious disease spread - RSV, asthma flare-ups, etc. • How do we best communicate both optimism and caution about where we are at with COVID? • Focusing on prevention helps reframe this conversation in a position light, like the effects of wearing masks on mitigating spread of other respiratory illnesses. • Communication has really moved to the forefront of public health and I hope we can continue to push out positive messaging.
<p>Public Health Advisory Board Composition</p>	<p>Leah gave a slide presentation with an overview of House Bill 1152 and the new requirements and scope of work for PHAB. Then a discussion was opened on how PHAB should operationalize these new requirements and whether PHAB should make a recommendation to the Health Board about changes to their composition.</p> <p>Discussion centered on:</p> <ul style="list-style-type: none"> • The County is currently conducting a COVID-19 response audit. Many Council Members are interested in seeing the results of that study (slated to be presented to Council in July), particularly what it might have to say about PHAB and the Health Board, prior to making changes. • One slide noted that PHAB would be appointed by the Health Board. Currently the Executive's office appoints PHAB Members and the Council confirms the appointments. Is that change a new statutory requirement? Yes, that is part of the statute, but how it works may be better defined in the rule making phase of this process. • Previously, PHAB existed at the behest of the Health Board, but under the new law PHAB is a state sanctioned organization. • PHAB is supposed to be in compliance with new rules by July. That raises a challenge in that PHAB may have to go through a mountain of work to follow the new rules. That work could then possibly become obsolete depending on how the Health Board moves forward. • If the Health Board changes their composition, they can't go back to their current make-up. • PHAB will need to move ahead with making changes, as there are huge changes to their workload and structure. Any health policy or program that goes through the Health Board has to get prior approval and analysis from PHAB, so the Health Board cannot enact a new policy without PHAB first doing an analysis on the impact of that policy. The Health Board will need to choose if they want to go through that process with PHAB or if they want to expand the Health Board and bypass that extra step. It would be a more efficient process to expand the Health Board so that every decision doesn't need to go through an external group for analysis any time you want to make a decision. • If new representation were added to the Health Board, all seven existing members would stay and an additional seven members would be added from different buckets: 1) two public health professionals or medical practitioners, 2) two consumers with a self-identified history of dealing with barriers or inequities in the public health system, 3) two stakeholders (defined broadly) and 4) one tribal representative selected by the Indian Health Board. All of those non-elected members would have the same voting rights as the elected members. • Their seemed to be a general misunderstanding at the last Health Board meeting about how deeply this new legislation will change PHAB and the responsibilities of the Health Board in relation to PHAB. We need to clarify that at the next Health Board meeting. • I don't see how we can achieve the goals of this new policy without at minimum monthly PHAB meetings and bimonthly PHAB/Health Board combined meetings. • Community health assessments and impact assessments are huge amounts of work and doing this for each proposed policy is a big responsibility and will greatly extend the timeline for getting new policies approved. • What recommendation do we want to make to the Health Board around composition? Should we recommend that they follow state guidelines and expand the Health Board?

	<ul style="list-style-type: none"> • That may be challenging given the lack of participation PHAB has currently. PHAB has become more active over the years, but we are doing more with fewer people. • The fact that PHAB has trouble getting participation (membership and public participation) may be a reason to pursue expanding the Health Board. It may motivate more engagement from the public to be a voting member of the Health Board than to participate in PHAB, especially given that the function/processes of a Health Board may be better understood than the function/processes of the PHAB. • Whether we recommend that the Health Board change composition or not, PHAB is still going to have to move forward with recruitment and other required changes. • The expanded work load and meeting schedule may make it harder to recruit for PHAB. This new legislation allows up to 21 members, which may help with the extra workload. • If the Health Board decides to expand would PHAB disband? Functionally, yes, though it could be retained as a different kind of PHAB just within the Health Department, if there were a need. • This legislation makes it so onerous and unwieldy for the Health Board to work with PHAB under this new structure, why wouldn't they want to just want to do all that within the Health Board itself? • For purposes of recruitment, could PHAB identify some associations whose meetings some of us could attend to try to sell us and talk about our need for participation? • We have three applicants right now and can move forward with interviewing and onboarding them. • PHAB's role under the new law stresses that we should provide recommendations on things like Health Board composition. <p>Sterling moved that PHAB recommend the Health Board reorganize to meet the new state legislation, Leah seconded the motion. Discussion on the motion included:</p> <ul style="list-style-type: none"> • As a member of the Health Board, Barry will abstain from this vote. • Barry found more detail on the consultant's timeline. There is a phase one report that looks like it will be presented to Council around the end of April/early May. Barry will see if the question on the efficacy of the Health Board could possibly be addressed at that time. The consultant's contract is possibly being extended through September, so the whole process may go beyond this summer. • Les opposes the expansion of the Health Board, as he is not comfortable with non-elected members having the same voting rights as elected members, and is concerned about lack of accountability. • State rulemaking on how members are selected for the new Health Board won't be complete until July. That could give more information about how non-elected Health Board members are selected and that could offer more information about accountability for those members. <p>Ayes: 4, Nays: 1, Abstain: 1</p> <p>The other thing that PHAB needs to do is prepare to present information on the new roles and responsibilities of PHAB at the next Health Board meeting. A work group could be formed to prepare and present that information on March 29. Steve, Sterling, and Leah were identified as the work group.</p> <p>Sterling moved that a work group be formed to prepare and present about the new legislation at the next Health Board meeting, Les seconded the motion. There was no discussion.</p> <p>Ayes: 6, Nays: 0, Abstain: 0</p>
<p>Meeting Evaluation</p>	<ul style="list-style-type: none"> • Les – I appreciated the meeting. Even though I voted down a motion, I appreciated being able to voice my reasons and am good with the final recommendation going forward. Thank you for hearing my concerns. • Leah – I appreciate you all and am excited about the changes to come. • Sterling – this is an exciting time. Looking forward to seeing these changes. • Lindsay – these are big changes and I am still trying to process it all. I'm looking forward to seeing how things settle out. I also really appreciated the updates we got on the strategic plan. • Barry – I want to echo and amplify what Leah said about appreciating all of you, all the work you put in, and your willingness to expand that work as we move forward. I am excited about the response team and will be working very closely with folks from GRACE and LEAD to develop a needs assessment for our criminal justice project.

	<ul style="list-style-type: none">• Erika – I want to express the appreciation I have for the partnership the Health Department has with PHAB. Thanks for the great feedback and comments on the COVID Strategic Plan.• Steve – I just want to echo all the appreciation and thank you for this meeting today.
Adjourn	8:30 am
<i>Next Meeting</i>	Next regular meeting May 5, 2022, 7:00 – 8:30 a.m. <u>VIRTUAL</u>