



WHATCOM COUNTY PUBLIC HEALTH ADVISORY BOARD MEETING SUMMARY

MAY 2, 2019

Present: Barry Buchanan, Sterling Chick, Lindsey Karas, Rachel Lucy - Chair, Les Seelye, Chi-Na Stoane - Vice Chair

Absent: Barbara Juarez

Topic	Discussion/Outcome
Approve Notes From Last Meeting	Moved to adopt the March 2019, meeting summary as submitted. Approved (6 to 0)
Director's Report (DR)	<p>The State budget passed providing \$22M for FPHS (from General Fund and the new Vaping Tax). Whatcom County was given \$1M (over 2 years) for the crisis stabilization facility. House Bill 1406 passed allowing local jurisdictions to apply for a sales and use tax credit to apply toward affordable housing. This allows the county to keep more of the sales tax collected, without increasing taxes for county residents. We estimate that this increase will be between \$400 and \$600K. The Public Health Advisory Board (PHAB) can support this by encouraging the County Council to take advantage of it through legislation. Anne will provide next steps.</p> <p>Immunization update - The state added verbiage which states that the presence of antibodies can be used to provide proof of immunity. We are increasing our work in disease prevention.</p>
Healthy Whatcom Data Carousel Summary	<p>All projects from the North Sound Region were approved in the Mental Health capital budget, and State subsidies for childcare went up.</p> <p>Staff and community partners studied data posters and delved into the topics to find significant concerns of the community. They came up with three topics to focus on to promote equity: housing (child homelessness), economic opportunity (childcare), and increased rates of youth Mental Health issues. The next step is to put this into an improvement plan in a way that supports, but does not duplicate efforts already underway.</p>
Update on Immigrant Family Health Resolution	<p>PHAB members were encouraged to note and discuss anything that stood out upon review of the data posters included in the packet.</p> <p>The first pre-task force meeting for immigrant health support was held to discuss areas of resource already in place as well as the gaps. Holly O'Neil will send invitations for the first task force information gathering session which is scheduled to be held on May 14th. The group expressed interest in engaging community members who are directly impacted.</p>
Policy 101	<p>Sterling distributed handouts and discussed what he learned about policy process at the April Policy workshop in Seattle. Policy can be a lever to connect people and the goal of health policy is to make healthy choices easier. We can use the bullets on the Health Policy page as a checklist to ensure we are taking appropriate steps and not missing anything when</p>

	<p>developing policy.</p>
<p>Policy 101 continued</p>	<p>Rachel reported that the main conference had a health equity focus. She noted there are policy choices we need to make now, as well as past policy choices we need to undo. Some states have policy institutes. Since our state does not, Rachel suggested we consider how we can engage resources with experience in policy making.</p>
<p>Advancement of Child and Family Resolution</p>	<p>The Health Board (HB) passed the Child and Family Resolution on April 2, 2019. We aimed to introduce this resolution through the voices of those affected in the community. Carol Frazey was appointed to participate in Generations Forward and assist with moving this forward. Though the resolution provides until January 2020 for us to bring a plan back to the HB, we hope to do so by the October HB meeting.</p> <p>A board member suggested the City of Bellingham and Whatcom County revisit land use policy options to increase affordable housing.</p> <p>The group discussed the need to create a roadmap for action and how to populate the plan in a way that we don't miss anything. The scope should be developed around what Whatcom County can do to advance this work. We can use the existing forum to develop a process to move forward and bring the information back to PHAB. Astrid will look into whether this should be an open public meeting. Sterling will represent PHAB as well as Catholic Community Services. Priorities should intersect with the Housing Advisory Committee and align with the Community Health Improvement Plan.</p>

<p>Addition to Agenda: Incarceration Reduction Resolution</p>	<p>The draft resolution, reducing Incarceration of Young Adults, was distributed and those present were asked to review it for obvious omissions and to send comments and recommendations to Tammy by the end of this week.</p> <p>To obtain data, the group authoring the resolution has connected with the Index committee of the Incarceration Prevention Task Force.</p> <p><u>PHAB comments and recommendations for revisions:</u> Define Behavioral Health on page one.</p> <p>Prevention and early intervention is important from a community standpoint, but may be outside the scope of this project. Care is being taken not to create a stigma between poverty and criminal activity. There is intentional focus on the positives like equity and economic opportunities. Internal assets and external resources are both important.</p> <p>We need a mechanism to individualize the help and the hope.</p> <p>The authoring group plans to send the draft to small cities by Wednesday of next week</p>
<p>Board Membership Discussion</p>	<p>The Health Department Director addressed and incorporated the HB member suggestions into the draft revised code.</p> <p>PHAB reviewed the resolution and board segment representation. Rachel passed around a list for future board member recommendations and encouraged PHAB members to invite prospective candidates to the HB/PHAB Joint Meeting on June 11th. Those not ready with names today should email them to Rachel. Several recommendations were put forth. Since we need to consider and include various perspectives, we may want to add youth in the examples.</p> <p><u>Action:</u> How do we advertise to more of the community? For example: Facebook, media attention, radio public service announcements, etc. Melissa, Communication Program Specialist at the Health Department could be engaged to assist with getting the word out.</p>
<p>Planning for June 11th Joint Session</p>	<p>We will go into detail in our three focus areas with emphasis on relationship building and networking with HB members. We may invite Sarah Weir, from WWU, an expert on public policy to discuss policy advancement. To add relevance and meaning, we will invite four people to talk about what they are experiencing in our focus areas of Child/Family and Housing. We hope to learn more about topics of shared concern and priority. PHAB members are asked to introduce themselves to the HB and let them know who they are and what they do.</p> <p>We will provide food.</p>
<p>Other/Public Comment</p>	<p>None.</p>
<p>What is your hope for the June meeting / What did we miss today?</p>	<p>The resolution feels like we are doing something, it's not just talking points. It feels good.</p> <p>This is a chance to roll up our sleeves and do something.</p> <p>It is important to continue to build and establish relationship with the Health Board while discussing relevant issues. / Nothing was missed today.</p> <p>I'm looking forward to understanding our roles in collaboration.</p> <p>Think more about the actions that might come out of the June joint meeting</p>

and what to accomplish in the next year.

Super excited about the policy expert and bringing people affected to the joint board meeting. I have questions about the policy and will send these in.

We've done a good job on sharing a vision in joint meetings, but there is still room for more emphasis on the difference between County Council and Health Board roles. As a policy body working with the Health Department, they are part of the public health system.

I would like to see us dig deeper on how we are thinking about racism and have conversations on this.

There is a health equity training on May 22nd in Everett. Do we have shared definitions on health equity, racism, etc.?

Appreciated the thought process around young people. Define young people as 18-24 year olds as opposed to youth (under 18)

Thinking about membership and resources

Appreciate how health equity came up in several areas of conversation and seeing where is it not showing up