



**POPULATION
HEALTH TRUST**
ADVISORY COMMITTEE

Skagit County Board of Health

Peter Browning, Chair
Lisa Janicki, Commissioner
Ron Wesen, Commissioner

PHT Meeting Minutes
September 4, 2025, 8:30-10:30 am

Chinook Meeting Room

Members: Claudia Avendano-Ibarra, Bill Henkel, Leon John, Chris Johnston, Linden Jordan, Maddy MacKenzie, Mo Pettitt, Lyndie Simmonds, Dean Snider, John Sternlicht

Community Stakeholders: Marci Bloomquist, Kas Church, Kristen Ekstran, Keith Higman, Jennifer Sass-Walton

Ex-Officio: Howard Leibrand

Guests: Neil Panlasigui

Welcome

Kristen welcomed the group, then turned things over to Bill to provide updates from the last Steering meeting. Items of discussion during the Steering meeting in August were membership vacancies, planning for the Powerful Partnerships event, and dates for upcoming community Listening Sessions.

Root cause conversation by theme area

Members were guided through an activity designed to identify some of the root causes contributing to current health challenges identified through the CHA. Groups were based on key areas identified during the data carousel process; economic stability, housing, health care access/outcomes, adult behavioral health, and child & youth health.

To aid the process, members were asked to consider the questions below to get towards those deeper root causes.

- What institutions are involved in creating this health issue?
- What unfair policies and/or practices are involved?
- What social conditions or determinants contribute to the problem?
- What cultural norms, myths, or popular ideas maintain the problem?
- How can the Trust do to address these root causes?

Group discussion and synthesis

A person from each table shared their group's responses to the four questions listed above. Below is a summary of responses.

- Institutions unfair policies/practices- Government (all levels), health care entities, educational institutions, banks and other lending institutions, housing authorities, social media, religious institutions, and overall, the inequity in our systems.
- Unfair policies/practices – high tuition costs/reduced financial aid, discriminatory policies, entry-level wage stagnation, corporate policies preventing food rescue, access to capital, commercial zoning where resources (transportation) are, impact fees and parking requirements, financial cutbacks to rural hospitals, cutbacks to women’s healthcare, drug enforcement over treatment, systemic inequity, school funding mechanisms, and citizenship pathways.
- Social conditions/determinants- Poverty, lack of employment, challenges in accessing care (especially among marginalized populations like sexually and gender diverse (SGD), role of ACES and trauma in health, food insecurity, need for housing (80 to 120% AMI), lack of generational wealth, and transportation gaps.
- Cultural norms, myths, ideas- stigma in all areas, misinformation (especially with current political climate), stereotypes about affordable housing and those who live there, NIMBY (Not in My Backyard), fears that certain groups are more likely to engage in crime (poor, those with behavioral health challenges), racism/discrimination, addressing crises without investing in prevention, belief that depression/other BH challenges sign of weakness, misinformation on immunizations, preference for single family housing, cultural narrative that everyone must go to college, and meritocracy.
- Actions the Trust can take- address the stigma and bias that exist in our community, host community forums to address misinformation, change perspectives on what a vibrant urban core could look like, build civic muscle, support the integration of behavioral health in the health care setting, and a youth-version of Leadership Skagit.

Key concepts across theme areas were:

- Inequity is built into all systems, and federal cutbacks are undoing efforts toward health for all.
- Historical traumas, discrimination and racism within systems such as education and housing impact health.
- Access to capital, poverty, and lack of generational wealth are key economic factors prohibiting health and wellness.
- Stigma toward behavioral health, poverty, educational status, immigration status, identity is a key opportunity for change.
- Prevention must be a part of the solution to every issue area.

Trust members also reiterated that root causes require long-term solutions and the best thing the Trust can do right now is to stay the course. We need to keep a focus on root causes in our planning and implementation and use education and outreach to reduce stigma and fears of change. The assessment and planning team will consider how to incorporate this important part of the process into the Community Health Assessment (CHA) report.

Powerful Partnerships and Community Listening Sessions

Kristen reminded members that Powerful Partnerships would be held on **October 2nd** and urged members to share the invitation with their networks. She provided a draft agenda and gave an update on the planned panel presentation which is focused on collective impact.

There will also be a series of listening sessions as part of the CHA. Below are the dates and locations, which will all take place from 5:30-7pm. One will be for Spanish-speaking audiences and will be hosted by Claudia online.

October 8- Skagit Public Health staff

October 9- Virtual (Spanish-language)

October 16- Burlington Library

October 22- Upper Skagit Library

October 30- Anacortes Library

Updates/up next

The next Steering meeting will be on September 8th. No standard PHT meeting in October, instead join Powerful Partnerships from 3-6pm on October 2nd.

Adjourn

Kristen thanked the group and adjourned the meeting.