



**POPULATION
HEALTH TRUST**
ADVISORY COMMITTEE

Skagit County Board of Health

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

PHT Meeting Minutes
November 7, 2024, 8:30-10:30 am
Chinook Meeting Room

Members: Thomas Boucher, Patty Codd, Bill Henkel, Chris Johnston, Marueen Pettitt, Margaret Rojas, Lyndie Simmons, Claudia Avendaño-Ibarra, Dan Berard, Mario Paredes, Dean Snider, Julie Merriam, Anneliese Vance-Sherman, Erin von-Fempe,

Community Stakeholders: Chris Baldwin, Kas Church, Kristen Ekstran, Jennnifer Sass-Walton, Keith Higman

Ex-Officio: Howard Leibrand

Guests: Lani Miller

Agenda review and Steering report out

Kristen welcomed the group and opened the meeting with an acknowledgement of the recent election. She invited members to share their thoughts on how the election results might impact their work, especially those working with vulnerable populations.

Exploring Careers & Healthcare Opportunities (ECHO) Tour

An ECHO tour in Skagit County is schedule for April 1, 2025, at Skagit Valley College. Jenny Veltri from Career Connect NW joined the meeting to share more about the event. The goal of the ECHO tour is to expose students to a variety of careers in the medical field, including many occupations they may not have heard of, like being a lab technician or an EMT.

She asked members to think of organizations that might be interested in participating in the event as they are currently recruiting presenters. She encouraged potential presenters to consider ways that they could make the content more interactive to engage students, they want for the event to be more than a job fair, but a day of interaction and exploration.

There were some questions from members about the inclusion of mental health care providers as part of the event. Jenny encouraged them to attend. Another member asked if the event would be ongoing or a one-time occurrence. Jenny shared that it could be an ongoing event, it would depend on partner financial support. There are not a lot of costs, but lunch is provided for students, they need a space to host the event, and there is a commitment from schools in bussing students and sending staff along.

Environmental health fee schedule changes

House Bill 1152 gave the PHT a new of role of advising on proposed fee changes for public health services. Kristen invited Keith to share an update on the proposed fee schedule change for environmental health services. Keith informed that group that the proposed increase in fees is in response to a deficit in the public

health budget of \$1.7 million dollars. Additional funding has since been allocated for public health, but there is still a shortage of \$500,000 dollars. As a possible strategy to close the gap, Keith has proposed increasing environmental health permit fees.

Keith shared that he and Kristen would like the PHT's input on what role they would like to play in the process, be it a formal statement for or against the change at the public hearing, or a more informal response, such as general acknowledgement of the fee increase at a meeting.

Of the members that shared, all expressed concern over what the increase in fees might mean for our community, especially populations already burdened financially. Members desired more information about what the impact of the fee increase would be on individuals and in general wanted more information about public health's current budget. Several members stressed that while they do not want to overburden community members, these fees allow public health to provide essential services to the community. One member stressed the efforts public health makes through vouchers to community members to assist those unable to pay for environmental health services.

Kristen and Keith concluded the conversation with the decision to provide the PHT with a high-level summary of the budget and proposed fee schedule changes. They will send the information via email in advance of the next PHT meeting and then will allow time for members to discuss it at the December meeting.

Community Health Assessment 2025

Kristen provided an update of the CHA timeline for 2025. It will be a unique process, a review of data drawing on the many assessments currently being conducted by community partners. Below is the proposed timeline for the process.

Winter 2024/25- Review 2015 and 2020 CHAs, review our current PHT scorecard, hear key findings from Community Action and Peach Health/United General from their CHA/CHNA process

Spring 2025- Review HYS findings, complete an evaluation of all the community assessments, review the qualitative data collected from the access to care focus groups and quantitative data received from Skagit Regional Health and Peace Health, conduct a data carousel/Board of Health retreat to engage the commissioners in the process, identify gaps in our data, work with University of Washington students on a health equity review.

Summer 2025- Design a qualitative process to address the gaps in our data, start collecting data to fill the gaps, collect/identify assets, presentation from University of Washington students.

Fall 2025- Conduct and finalize remaining qualitative data collection, analyze and synthesize themes and identify priorities, highlight significant trends, develop cross-cutting themes and issue statements

Winter 2025/26- Report writing, share back with participants and community members, Board of Health resolution.

Powerful Partnerships Breakout Session Review

PHT members were pleased that people were very engaged in breakout sessions. They felt that it was a good balance of presenting on so many of our areas of focus while also giving attendees an opportunity to really dig into an issue. Members felt that the transitions between activities went well and that we did a better job of getting more diverse voices in the room than in years past. One member commented that they did not recognize as many faces in attendance and that it was a good thing! Attendees remarked that they loved the term “powerful partnerships,” because that is what it felt like. It was emotional and impactful event for many.

Below are conversations from a review of notes captured during the event breakout sessions:

First 1,000 Days- We may need a refresh of the plan or an update. The web-based content isn’t always that helpful, not everyone can access content in that way. We need more capacity for outreach and communication- someone to coordinate it all. In general, many people that attended the breakout session didn’t know too much about the issue, so not a lot of contributions were shared. This points to the need for more community education on the issue.

Opioid Use- We need to know what schools are currently doing with regards to substance use education, especially around opioids, harm reduction, and ACES. Peer education in schools can be impactful, maybe middle schoolers hearing from high schoolers about the reality of drug use (most of us don’t- social norms campaign). Could also focus on building the capacity of teachers to identify issues among students.

Need more education for prescribers, especially around treating ADHD to help resolve some of the opioid use disorders. We also need to invest more in treatment and rehabilitation than in incarceration. This could be accomplished by changing the current structure of the prosecutor and the county’s drug court. Many drugs are currently being laced, so Narcan may not be the answer. We need a multi-layer approach designed for specific populations impacted by the issue.

Access to Care- Most sliding fees are not publicly known, we could do more to educate patients about payment option. The transgender population emerged as a priority group during the larger conversation. We do not have enough data about transgender folks to really understand their needs and barriers. Another topic of discussion was the challenge of accessing care during the work week. Many people do not have flexibility in their job to access medical care during the workday, for themselves or their families. Also, we need to better understand that specific health needs of special needs youth. This could be a good qualitative piece of data to gather as part of the CHA. Many people did not know all that Skagit County Public Health (SCPH) did to provide care in our community; this could be an area to increase education/awareness to the public about services offered by SCPH.

Food Security- Stigma came up from a lot of different angles along with the idea of “othering” people that use food pantries. There leads to a lot of internalized stigma and shame. How can we work to change the hearts, minds, and perceptions of those that use pantries? Should also consider how stigma shows up within food banks themselves. What motivates volunteers to commit their time, are they feeding the needy or helping solve a more complex issue. There is a perception of being a band aid support, but it is necessary. How can we create more sustainable support, especially as local purchasing dollars go away.

We should go deeper into the root causes of food insecurity, like wages and the cost of housing. Many in the group talked about food pantries, but didn't talk about SNAP or WIC. We need to think about the whole system of supports when we look at solutions for food insecurity.

Kas provided a summary of the results from the community pulse survey. She shared participants identified the following strengths, Skagitonians pull together, access to natural spaces for recreation, and community support for local businesses. The top health concerns were access to quality affordable child care, affordable housing, and more affordable access to health care. These findings will be incorporated in the Community Health Assessment (CHA) as an early indicator of community priorities.

Updates

Mo reminded members that there will be a North Star Convening on **December 3 from 5-8pm**. She urged members interested in learning more to attend. RSVP to Andrea, andrea@co.skagit.wa.us if you plan to join.

Adjourn

Kristen thanked member for their time and participation. The next PHT meeting will be on December 5.