



**POPULATION
HEALTH TRUST**
ADVISORY COMMITTEE

Skagit County Board of Health

Peter Browning, Chair
Ron Wesen, Commissioner
Joe Burns, Commissioner

PHT Meeting Minutes September 4, 2026, 8:30-10:00 am

Chinook Meeting Room

Members: Thomas Boucher, Patty Codd, Alex Gee, Andrew Gill, Keren Gott, Bill Henkel, Jeremy Hiatt, Howard Leibrand, Lindsey Lopes, Rachel Lucy, Maureen Pettitt, Howard Liebrand, Lyndie Simmonds, John Sternlicht, Anneliese Vance-Sherman

Staff: Kas Church, Sarah Hinman, Monica Negrila, Neil Panlasigui

Guests: Dr. Connie Davis, Renee Nelson

Welcome/Steering Update

Kas welcomed the group and provided an overview of the day's agenda. Steering did not meet during the month of August, so there was no update to provide for the group.

Population of Focus: Older Adults

Trust members were joined by special guests, Dr. Connie Davis from Skagit Regional Health and Renee Nelson from Skagit County Public Health to learn more about older adults in Skagit. Though older adults did not emerge as a population of concern during the Community Health Assessment (CHA) process, members expressed concerns at subsequent meetings. During the panel share, more detailed notes at the bottom of this document, top concerns were housing (maintaining housing, living independently, in-home support), challenges with using technology, rising cost of living, fall prevention, and loneliness (mental health).

Public Health Fee Schedule Update

Sarah joined the group to provide a more detailed overview of specific changes to public health fees and services. With ongoing county-level budget challenges, departments that charge fees for their services are now required to recoup the full cost of these services through fees. Previously, some of those costs, such as administrative expenses, were offset by grants or general funds. The fee increases will impact services related to vital statistics (birth and death certificates, permits for food establishments, and septic systems). Though there will be increases, county staff are mindful of the impact on community members, especially those already financially burdened. There are plans to engage the community later in the process to request feedback before the proposed fees are approved by the Board of County Commissioners.

Members raised concerns about the burden of these fees on community members and the potential that due to the increase in fees, some individuals may not make necessary improvements or repairs, specifically to septic systems. Trust members appreciated that vouchers were available those with limited incomes, but

wanted to ensure that community members were aware of that resource. There will be additional opportunity to collect feedback at the October 1st meeting which in advance of final approval by the Board of County Commissioners.

Updates

Kas informed members that given budget challenges, Public Health may not be able to continue paying for the Skagit Trends site. Currently, the county contracts with Eastern Washington University to maintain that site at a cost of \$18,000 a year. The county is open to additional sources of support for maintaining that service, or to another organization taking over the contract.

While traditionally held in October, the Powerful Partnerships event has been postponed for 2026. Given budget and staffing limitations, the Steering Committee is exploring other potential options for sustaining the event. At a future meeting, Steering will share some options for the event with the full Trust.

Next Meeting

The next PHT meeting is on October 1st. During the meeting members will have the opportunity to provide comments on the proposed public health fee changes. Time will also be spent debriefing the panel presentation on older adults and determining next steps for this population of focus.

Panel Presentation: Focus on Older Adults

Dr. Connie Davis, Skagit Regional Health

Renee Nelson, Skagit County Public Health

Economics:

More people are staying employed longer because of the rising cost of living, they can't afford to retire.

Congregate meals- seniors will bring empty containers to take home food. Food access issues, rising costs making it hard for older adults.

Basic Needs:

Meals on Wheels clients need the food, but because they are working, they don't meet requirements of being homebound.

Navigating systems of services is hard, especially when seniors don't have an advocate.

Housing:

Seniors losing housing was a top concern.

Most seniors want to age in place. Need for ADUs or other creative housing solutions to care for aging parents.

Health Care:

Specialized care is expensive and prohibitive for many. It can cost \$5-10k a month for memory care or in a Skilled Nursing Facility (SNF). Current medications for memory loss are not quick, nor complete- so gap between need for care and ability to obtain it.

Guess that fewer than 25% of the seniors (55+) receiving care in SRH's residency clinic have advanced care plans. Fear can be a barrier- don't want to talk about death.

Every day, SRH has 5-20 people in the hospital that don't need to be there but have nowhere to go (can't be safely discharged). –Families not able to care for them, not able to live independently in their home)

38% of senior ED visits are potentially avoidable. – Abdominal pain, shortness of breath, chest pains, falls (about 5% due to falls (most occurring at home), that's about 3,300-3,500 a year). Prevention, basic public health like immunization could have helped some of the instances, but falls are where we could really have an impact.

SRH does a Clinical Frailty Scale (CFS) – way of assessing frailty.

Falls cont., Community Action can help with some retrofitting to keep people in their homes. Island Health has a fall prevention class; participants qualify after taking an initial balance screening.

Behavioral Health:

Increase in loneliness since Covid, remains elevated. Seeing it at senior centers and among MOW clients. Sometimes MOW driver the only human contact a person has that day- hard for drivers because they care, but it can also delay delivery to other homes.

No geriatric-specialized behavioral health providers in Skagit- have to go to Whatcom.

Many seniors are struggling with belonging and loneliness.

Technology:

Top concern for both panelists.

Island County has one position that can help older adults navigate the patient portal- accessing the MyChart app and other online portals is hard for seniors. Island (or SRH?) tired offering things on paper, but it was too costly.

Also hard for seniors to use web-based apps for health care services.

Tech labs at the senior centers are always full. Shows the need among seniors for that kind of support.

What makes you hopeful?

That there is interest in talking about seniors- often a population that was ignored.

Similar, that people are concerned about this population and what to find ways to support.

Possible actions for the PHT:

Recommendations to policy makers (esp. around housing, ADU permitting, protecting housing for older adults) – Good examples in Whatcom, maybe a series of ADU plans approved that ppl. can choose from-

Required health screenings for seniors (unfunded mandate), but no way to capture or analyze this data.

Need a place to collect and coordinate available resources. Need organizations to develop relationships to talk through some of the gaps and challenges in available services and/or resources.

Summary:

Though older adults didn't emerge as a population of concern as part of the Community Health Assessment (CHA), members expressed concerns at subsequent meetings. To learn more, Dr. Connie Davis, Skagit Regional Health and Renee Nelson, Skagit County Public Health, joined the group to share more about the population. Top concerns were housing, challenges with using technology, rising cost of living, fall prevention, and loneliness (mental health).