



## WHATCOM COUNTY PUBLIC HEALTH ADVISORY BOARD MEETING MINUTES

NOVEMBER 4, 2021

**Present:** Jake Anderson, Steve Bennett, Sterling Chick (Chair), Leah Wainman, Lindsey Karas, Les Seelye

**Absent:** Barry Buchanan

**Excused:**

| Topic                                  | Discussion/Outcome   |
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| <b>Call to order</b>                   | Jake presented a land acknowledgement. Roll call of Public Health Advisory Board (PHAB) Members.   |
| <b>Approve Minutes</b>                 | Les moved that the minutes from the September meeting be approved as presented. Jake seconded the motion. The board voted and the motion passed. <b>Ayes: 6, Nays: 0, Abstain: 0</b>   |
| <b>Public Comment</b>                  | None.  |
| <b>Health Department Budget Update</b> | <p>Kathleen Roy, Whatcom County Health Department Assistant Director, presented an update of the Health Department budget. At the September PHAB meeting, PHAB provided input on the increased funding for Foundational Public Health Services. The mid-biennium budget was submitted to Executive Sidhu and approved in September. The mid-biennium budget will be submitted to County Council for approval on November 23. Some of the changes proposed for the mid-biennium budget include:</p> <ul style="list-style-type: none"> <li>• Four proposed expansions <ul style="list-style-type: none"> <li>○ Expand housing services/behavioral health</li> <li>○ Expand child &amp; family services</li> <li>○ Sustain COVID response</li> <li>○ Build public health core capacity</li> </ul> </li> <li>• The original 2022 budget was set at \$27.3 million (with 92 staff) and the mid-biennium proposed 2022 budget is for \$43.9 million (with 158 staff), with the increase primarily being staffing for COVID work, as well as the new positions funded by Foundational Public Health Services Funding</li> <li>• County revenue for 2021 is looking strong and this positively impacts the Health Department's general fund <ul style="list-style-type: none"> <li>○ The County General Fund recovered from COVID economic downturn</li> <li>○ Sales tax is up 23.9% compared to last year</li> <li>○ Behavioral Health Fund revenue projected 5% growth over planned</li> <li>○ New Housing Revenue source (1590 Affordable Housing/Behavioral Health 1/10<sup>th</sup> of 1% sales tax)</li> <li>○ County awarded \$44M ARPA funding over the next three years</li> </ul> </li> </ul> <p>Discussion on the budget included:</p> <ul style="list-style-type: none"> <li>• Astrid Newell, Whatcom County Health Department Community Health Manager, offered a clarification that the child and family services position mentioned is intended to be connected to the Executive's Office, not to be a Health Department employee</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>• A concern was raised that some of this additional funding, like from ARPA, may not be sustained in future years</li> <li>• A question was raised about whether the Health Department anticipates have any problems filling the new positions. Primarily, the positions are already filled, though we have had trouble filling some positions for nurses and for case and contact investigators.</li> <li>• County Exec strong commitment to prioritize child and family, strong commitment to fund public health at a higher level than they ever have, intend that to be sustained</li> <li>• Some of the money is not designed to be sustained over time. We are a pass-through agency for things like rental assistance due to the pandemic. Almost \$4 million are expected for COVID related positions, so while we are still at a peak with the funding, the department recognizes that the funding is likely to taper off as the needs change.</li> <li>• don't trust this is sustainable</li> <li>• positions – how many filled and how many can we get filled, many filled and extend our service, nurses and CCI can be hard to fill,</li> <li>• some funds not meant to be sustainable, COVID related funds will taper as needs change</li> </ul> |
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| <p><b>Other Health Department Updates</b></p> | <p>Dr. Amy Harley, Whatcom County Health Department Co-Health Officer, gave an update on COVID vaccinations for 5 to 11 year-olds. The Pfizer vaccine has been authorized for children aged 5 to 11, which will help us control COVID in our community. In children in this age range nationally there have been about 2 million reported COVID cases. Among those cases, there have been about 8,300 hospitalizations and 94 deaths. This is also the age group where we have seen multi-system inflammatory syndrome as a post-COVID infection affecting multiple organ systems. The vaccine is given in two doses, 21 days apart, and is about a third of the dose prescribed for adolescent and adult use. Randomized controlled trials showed about 90% efficacy in preventing symptomatic COVID. Dr. Harley shared a slide from a CDC presentation illustrating the difference in incidence of COVID among 5-11 year-olds receiving a placebo versus those receiving the Pfizer vaccine. Dr. Harley also shared a snapshot from the Whatcom County Health Department website illustrating COVID case rates by age group and showing that school aged children (5-17 years old) have the highest case rates of any age group in the County right now.</p> <p>In terms of vaccine roll out:</p> <ul style="list-style-type: none"> <li>• The Health Department has been coordinating with community providers that will be offering the pediatric vaccine. Those providers include - PeaceHealth, Unity Care, Sea Mar, local pharmacies, and mobile pop-up clinics.</li> <li>• DOH has estimated Whatcom County could be allocated 5,000 doses in the first wave and in this age group in our County we have about 16,000 children.</li> <li>• In the 12-17 age group we saw about a 40% uptick in vaccination rates within the first month of eligibility, so there likely won't be enough vaccine to meet the initial demand.</li> <li>• Whatcom County requested 2,500 doses this time, as the other limitation is in providers available to give the vaccine.</li> </ul> <p>Questions and discussion on the pediatric vaccine included:</p> <ul style="list-style-type: none"> <li>• Vaccine rates high enough to get us to herd immunity seem like they are not going to happen for Whatcom county.</li> <li>• Any word on when Moderna might be available for pediatric use? Any information available on differences in efficacy? There isn't information available yet about when Moderna might have a pediatric vaccine available.</li> <li>• How have side effects been for this age group versus adults? Regarding side effects, there were 3,000 children in these trials and they saw no serious adverse events. Local and systemic reactions were comparable to those seen in other age groups. This age group mostly faired better for things like fever, localized tenderness, swelling, myalgia, fatigue, etc.</li> <li>• The vaccine locator that the Health Department shared was easy to use even for someone not particularly computer savvy. Thank you for that.</li> </ul> <p>Erika Lautenbach, Health Department Director, gave an update on the border reopening next week for visitors from Canada. The Health Department is working closely with providers and the State Department of Health to ensure we can provide testing resources that are needed. We are also working with Point Roberts to be sure</p> |
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|  | <p>they have the resources they need. The demand for testing has skyrocketed, going from about 1000/week in July to 4000/week in the last few weeks. We are scrambling to meet demand and will continue to reach out to State DOH to meet demand knowing that Whatcom County will be a regional resource for testing for those returning to Canada. Canadians visiting for less than 72 hours do not need to retest. We are working with tourism to assess demand and look at travel patterns.</p> <p>Erika also updated the group on newly released OSHA guidance on vaccine mandates for all organizations with over 100 employees. That includes state and local governments in states with state-approved OSHA plans (which includes Washington). That means Whatcom County government and City of Bellingham government would both be subject to these regulations. Employees who choose to opt out of the vaccine would be required to do weekly testing, but that may be at their own cost. We will be working with the local economic development authority to provide guidance to local large employers. The Governor may make more stringent guidelines, but we should know more about that in the coming days.</p> <p>Erika introduced Kate Dabe, the Health Department's new temporary COVID planning manager. Kate will serve as the planning section chief for our Incident Command Structure, lead vaccine coordination efforts, coordinate management of the Isolation and Quarantine Facility, etc. She will be helping us to operationalize the COVID response into our normal operations as we realize that a long-term crisis response is not sustainable.</p>  |
| <p><b>Child and Family Well-Being Task Force Recommendations</b></p> | <p>Judy Ziels, Public Health Nurse Supervisor, gave an update on the Child and Family Well-Being Task Force. Judy gave some background on the Task Force which was established in February and came out of a County ordinance. Then in May members of the County Council put forward a draft resolution that at least half of the ARPA funds should be invested in childcare, specifically capital investments. The Council solicited feedback from the community and then asked the Task Force to review the resolution and bring back recommendations to the Council. The recommendations from the Task Force are shared in the agenda packet and Judy pulled out some highlights to share today including the following:</p> <ul style="list-style-type: none"> <li>• Review of the request from Council</li> <li>• Review of the process followed by the Task Force</li> <li>• The Task Force recommended five areas for funding <ul style="list-style-type: none"> <li>○ Priority A: increase child care workforce stabilization, development, and compensation</li> <li>○ Priority B: increase child care capacity</li> <li>○ Priority C: increase child care affordability</li> <li>○ Priority D: increase family supports and early childhood well-being</li> <li>○ Priority E: develop County infrastructure for child and family well-being coordination, evaluation and planning</li> </ul> </li> <li>• These recommendations were brought to Council last month who were appreciative of the work of the Task Force. The Council asked the Task Force to continue the work and get more specific with their recommendations.</li> </ul> <p>Discussion and questions included:</p> <ul style="list-style-type: none"> <li>• Astrid wanted to recognize the group and Judy's leadership for their process and for the quality of the work they have done.</li> <li>• Priorities A (increasing pay for child care workers) and C (increasing child care affordability) seem to be moving in opposite directions, how do we do both increase compensation for child care workers and increase child care affordability? Can we find a way to balance a public-private partnership to solve that?</li> <li>• While this is an issue that is not solely local, we can't wait for federal leadership to tackle it.</li> <li>• From a parent's perspective, Lindsey offered personal thanks and appreciation for the work of the Task Force.</li> </ul> |
| <p><b>PHAB Meetings in 2022</b></p>                                  | <p>Sterling noted that recent state legislation has created a state level Public Health Advisory Board, made specific guidelines about the composition of health boards, and created new requirements for local public health advisory boards. One of those requirements is that PHABs meet once a month unless they already have a well-established schedule. The packets include an outline of potential changes that PHAB may need to consider based on House Bill 1152 and Astrid Newell, Whatcom County Health Department Community Health Manager, reviewed those changes.</p>  |

Discussion and questions centered on:

- It's gratifying that we already do many of these new requirements already and that we served as a model for some of these changes.
- These guidelines are asking for PHABs to take a more active role.
- If the Health Board does change composition, it would look a lot more like PHAB.
- PHAB will likely be part of the conversation if the Health Board does look at changing its composition to include non-electeds.
- Regarding making recommendations on annual budget and fees, how would we go about that as non-experts? The Health Department could provide a high-level overview of the budget before it is sent to the Executive for review. PHAB is generally briefed about the Health Department budget, but we could begin to bring in PHAB earlier in the process.
- It may also be useful to think about budget recommendations in a broader sense, as in how they relate to a health equity lens, the priorities of the department, etc.
- I like the idea that the Health Officer is an ex officio member of the board, as it has been difficult to recruit and retain physicians on PHAB.
- While we are already engaged in health equity, writing it into our bylaws is an important acknowledgement of its importance.
- When will this new body of work begin? Will it be once the Health Board decides whether to change their composition? And will there be any training available to help PHAB members fulfill these new requirements? The new regulations go into effect January 1, 2022. It would be useful to make these changes with intentionality and looking at training is one way to do that.
- Given that there are likely to be some changes to the PHAB and/or the Health Board, we should be thoughtful about how we go about recruiting for new members, knowing that these changes may be on their way.
- It would be helpful for us to know as staff, where PHAB would like us to prioritize. We can either start with addressing possible changes to the composition of the Health Board or we can start with looking at changes to PHAB.
- A good first step might be to take the temperature of the Council (current Health Board) to see where they are at with this. If they have an interest in making changes to the Health Board composition, it would make sense to address that first. If the Health Board doesn't want to pursue a change in composition at this time, then PHAB should work on internal changes first.
- The County Council will have one new member at the beginning of 2022 and Erika will follow up with the Council in the new year and see if there is interest in looking at a change in Health Board composition.
- These changes within PHAB are important no matter what happens with the Health Board. PHAB would still be the advisors to the Health Board.
- If the composition of the Health Board does change, it would need some of that same broad representation that we seek for PHAB.
- We should consider putting forward updated bylaws to align with the new regulations soon.

Sterling shared the proposed PHAB meeting dates for 2022 (all first Thursdays at 7 am).

- January 6, 2022
- March 3, 2022
- May 5, 2022
- July 7, 2022
- September 1, 2022
- November 3, 2022

Discussion on the proposed meeting dates included:

- Les proposed that PHAB accept the proposed slate of meeting dates for 2022.
- A concern was raised about the 7 am meeting time being difficult, especially if we move back to in person meetings. It may also be a concern for recruitment. The dates are fine, but the time frame may not be ideal or accessible for all members.
- Hybrid meetings (with the option to participate in person or virtual) are a possibility.

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|                           | <ul style="list-style-type: none"> <li>• Having a conversation about the meeting time is important and has been brought up in the racism subgroup. With our goal to increase community engagement, 7 am can be a bad time, as lots of families are getting kids ready for school, and this is especially true if we move to in person meetings.</li> <li>• As a counterpoint, some members are not available to meet during regular business hours, or it would be an economic hardship to meet during business hours.</li> <li>• Steve seconded the motion to approve the meeting dates.</li> <li>• The motion to accept the proposed meeting schedule was approved. <b>Ayes: 6, Nays: 0, Abstain: 0</b></li> <li>• The first meeting will be held at 7 am and we will revisit the conversation about meeting time.</li> <li>• A question was raised about whether or not ex officio members (i.e. the health officers) are included in our membership count.</li> </ul>  |
| <b>Meeting Evaluation</b> | <ul style="list-style-type: none"> <li>• Les – noted that the meeting was inciteful and asked if the Health Department anticipated any issues with the budget getting passed at Council. Erika noted that there are a significant number of requests for a mid-biennium budget and we are waiting to see what questions Council has.</li> <li>• Kathleen – appreciates all the thoughtful discussion today.</li> <li>• Jake – thank you to all the presenters. This was an informative meeting and I am looking forward to discussing more about meeting times and what the board will look like moving forward.</li> <li>• Erika – I always enjoy having my first cup of coffee with you all at these meetings. It's great to have the engaged partnership of everyone on PHAB. We appreciate having these meetings with you and hearing from you.</li> <li>• Lindsey – There was lots of good new information presented today. As a member of the Racial Equity sub group we would have loved to give updates today, but missed the window to get that on the agenda. We should keep an eye on getting those kinds of updates scheduled.</li> <li>• Steve – I'm excited to get my kids vaccinated. I'm excited to see the changes coming next year. This year we have had lots of conversations about putting things into play and next year we will have more opportunity for real world action.</li> <li>• Sterling – Is there ever going to be a year where big things don't happen? Throughout the chaos, I appreciate all the hard work PHAB members have done and the flexible and responsive work of the Health Department managing this pandemic.</li> </ul> |
| <b>Adjourn</b>            | 8:30 am  |
| <b>Next Meeting</b>       | <p style="text-align: center;"><b>Next regular meeting January 6, 2022, 7:00 – 8:30 a.m.</b></p> <p style="text-align: center;"><b><u>VIRTUAL</u></b></p>  |