

Restructuring the Whatcom County Board of Health

Background

Under current Washington law (RCW 70.05.035)[1], the Whatcom County Council functions as the Board of Health—entirely composed of Councilmembers. In 2021, the state legislature passed HB 1152[2], requiring counties to expand health boards to include tribes and county residents with public health expertise, and allowing for the inclusion of city elected officials. As a charter county with a Public Health Advisory Board (PHAB), Whatcom County was exempt from the change. County Council retains authority to change the Board of Health structure at its discretion, and according to the specifications of RCW 70.05.035.

Rationale for Change

Across the country, most local health boards include members with public health or medical expertise. Washington began moving in this direction in response to the global pandemic. In 2022, Whatcom County Council contracted with a consulting firm to study the county's response to Covid-19. The final report[3] made several recommendations to prepare for future pandemics and disasters, including:

- Improve coordination between the county and cities
- Clarify the distinction between legislative roles (Council) and day-to-day operations (executive branch)
- Clarify the distinct responsibilities of County Council and the Board of Health
- Broaden Board of Health membership to include cities and community members with public health expertise in order to function better during emergencies and to keep the board focused on public health matters.

Role and Authorities of the Board of Health

The Board of Health is the county's policymaking body for public health, empowered by RCW[4] and county code[5]. Key authorities include:

- Adopting county-wide health regulations consistent with state law
- Enforce the Health Code through the County's Health Officer
- Establish fee schedules for issuing or renewing licenses or permits under the jurisdiction of the Health Officer
 - NOTE: according to state law, only elected officials may vote on fees
- Areas of jurisdiction include: food/restaurant inspections, on-site sewage, infectious disease, pet shop licenses, public water systems, public health emergencies, hazardous chemicals, public smoking, and several other areas of environmental health.

Work to date

In October 2024, the Whatcom County Board of Health and PHAB formed a work group to study the structure of the Board of Health. The work group reviewed peer county structures, state and national best practices, and surveyed public opinion. The work group recommendations were presented to PHAB, which voted to support the recommendations and forward them on to the Board of Health. At the April 1 Board of Health meeting the recommendations were reviewed: 1) to expand the Board of Health to include County Councilmembers, city elected officials, tribes, public health/medical professionals, and community members with lived public health experience, and 2) to continue the role of PHAB.

At the April 1 Board of Health meeting the Joint Public Health Advisory Board/Health Board Structure Working Group delivered a presentation on their study of health board structures across the state. Following the presentation the Board voted 6-1 to “form a new workgroup to come up with some options and further recommendations to the Board of Health” regarding the structure of the BOH. Councilmembers and PHAB members were appointed to the new work group. A second work group was formed to begin drafting changes to county code, to reach out to city elected officials and tribes, and to propose specific options to County Council.

Next steps include a legal review to align county code with state law, continue to engage cities, tribes, and community members, and to present an ordinance with code changes to County Council in 2025.

[1] <https://app.leg.wa.gov/rcw/default.aspx?cite=70.05.035>

[2] <https://app.leg.wa.gov/billsummary?BillNumber=1152&Year=2021&Initiative=false>

[3] <https://whatcom.legistar.com/View.ashx?M=F&ID=11208061&GUID=21AC6AC5-AF69-45F7-960A-4085779DB95A>

[4] <https://app.leg.wa.gov/RCW/default.aspx?cite=70.05.060>

[5] <https://www.codepublishing.com/WA/WhatcomCounty/#!/WhatcomCounty24/WhatcomCounty24.html>

Composition Requirements [simplified] - RCW 70.05.035 (1)

- 1. The number of city and county elected officials must be equal to the number of other members on the board.**
 - *(f) The county legislative authority may appoint to the board of health elected officials from cities and towns and persons other than elected officials as members so long as the city and county elected officials do not constitute a majority of the total membership of the board.*
 - *(j) The number of members selected under (a) and (e) of this subsection must equal the number of city and county elected officials on the board of health.*
- 2. One representative from each federally recognized tribe in Whatcom County: Lummi Nation and Nooksack Tribe.**
 - *If a federally recognized Indian tribe holds reservation, trust lands, or has usual and accustomed areas within the county, or if a 501(c)(3) organization registered in Washington that serves American Indian and Alaska Native people and provides services within the county, the board of health must include a tribal representative selected by the American Indian health commission.*
 - Updated during the 2025 legislative session via ESHB 1946: the county Board of Health must include members from any federally recognized tribe whose reservation or trust lands are within the county.
- 3. Other additional appointed members will be evenly distributed across 3 categories outlined in RCW 70.05.035 (1) (a) (i) (ii) (iii).**
 - *If the number of board members selected under (a) of this subsection is evenly divisible by three, there must be an equal number of members selected from each of the three categories. If there are one or two members over the nearest multiple of three, those members may be selected from any of the three categories. However, if the board of health demonstrates that it attempted to recruit members from all three categories and was unable to do so, the board may select members only from the other two categories. There may be no more than one member selected under (a) of this subsection from one type of background or position.*

Additional Appointed Members - RCW 70.05.035 (1) (a) (i) (ii) (iii)

Category 1	Category 2	Category 3
(i) Public health, health care facilities, and providers. This category consists of persons practicing or employed in the county who are:	(ii) Consumers of public health. This category consists of county residents who have self-identified as having faced significant health inequities or as having lived experiences with public health-related programs such as:	(iii) Other community stakeholders. This category consists of persons representing the following types of organizations located in the county:
<p>(A) Medical ethicists; (B) Epidemiologists; (C) Experienced in environmental public health, such as a registered sanitarian; (D) Community health workers; (E) Holders of master's degrees or higher in public health or the equivalent; (F) Employees of a hospital located in the county; or (G) Any of the following providers holding an active or retired license in good standing under Title 18 RCW: (I) Physicians or osteopathic physicians; (II) *Advanced registered nurse practitioners; (III) Physician assistants or osteopathic physician assistants; (IV) Registered nurses; (V) Dentists; (VI) Naturopaths; or (VII) Pharmacists;</p>	<p>The special supplemental nutrition program for women, infants, and children; the supplemental nutrition program; home visiting; or treatment services.</p> <p>It is strongly encouraged that individuals from historically marginalized and underrepresented communities are given preference.</p> <p>These individuals may not be elected officials and may not have any fiduciary obligation to a health facility or other health agency, and may not have a material financial interest in the rendering of health services; and</p>	<p>(A) Community-based organizations or nonprofits that work with populations experiencing health inequities in the county; (B) Active, reserve, or retired armed services members; (C) The business community; or (D) The environmental public health regulated community.</p>

Composition Options to Consider

Version 1 - Council/City/Tribes/Community

[illegible]

Version 2 - Council/City/Tribes/Community - Large Board

[illegible]

Version 4 - Current Composition

	County Council	Other Electeds	Tribes	Category 1	Category 2	Category 3	Additional Member
Members	7	0	0	0	0	0	0
Notes	<p>Total: 7 members</p> <p>No change in composition</p> <p>Does not include city representation</p> <p>Does not include representatives from the Tribes</p> <p>Local community and public health experts unable to participate in Health Board decisions beyond a recommending capacity</p> <p>Requires maintaining PHAB as is to meet RCW requirements</p> <p>Does not align with community interests via survey</p> <p>May be more manageable than a larger board HOWEVER health board meetings are now joint with PHAB for a potential of an up to 28 person meeting</p> <p>Example county: Clark County - 5 member Council, 23 member Public Health Advisory Council</p>						