

AGENDA
Joint Session Health Board and PHAB
 September 7, 2021 | 10:00 am – 1:00 pm
www.whatcomcounty.us/joinvirtualcouncil

Roles:	<p>Facilitator: Holly O'Neil, Facilitator, Crossroads Consulting</p> <p>Presenters:</p> <ul style="list-style-type: none"> - Barry Buchanan, Chair, County Health Board - Erika Lautenbach, Director, WCHD - Sterling Chick, Public Health Advisory Board Chair - Astrid Newell, Community Health Manager, WCHD - Steve Bennett, Public Health Advisory Board Vice Chair <p>Participants: All WCHD Managers, Health Board, and PHAB Members</p>
Session Outcomes:	<ul style="list-style-type: none"> • Get acquainted and strengthen the working relationship between our three groups – Health Board, PHAB, and WCHD Management Team. • Identify opportunities we would like to advance in 2022, relative to COVID Impacts and Racism is a Public Health Crisis Resolution, to inform our future budgeting and policy decisions.

TIME	Agenda Items	Presenters	Outcomes
10:00-10:30 am (30 minutes)	Welcome <ul style="list-style-type: none"> ○ Intended Outcomes for Today ○ Ground rules for participation ○ Introductions: (1 minute each) 	Holly O'Neil	<i>Get Acquainted</i>
10:30-11:20 am (50 minutes)	COVID Community Health Impact Assessment (CCHIA) <ul style="list-style-type: none"> ○ Report: Feedback from Community Presentations (15 min) ○ Question: Based on the findings of the CHIA Assessment and feedback from the community thus far, what opportunities do you see for Health Board action in 2022? 	Erika Lautenbach	<i>Identify opportunities the Health Board would like to advance (which will inform our future budgeting and policy decisions).</i>
11:20-11:30 am (10 minutes)	Break		

11:30-12:15 am (45 minutes)	Racism is a Public Health Crisis Resolution <ul style="list-style-type: none"> ○ Report: PHAB Racial Equity Subgroup Recommendations ○ Question What opportunities do you see for Health Board action in 2022? 	Steve Bennett	<i>Identify opportunities the Health Board would like to advance (which will inform our future budgeting and policy decisions).</i>
12:15 – 12:30 (15 minutes)	Update on Foundational Public Health Services (FPHS) Funding <ul style="list-style-type: none"> ○ Report: Funding that will help supplement critical gaps in public health 	Astrid Newell	<i>Provide information about state funding that will help support public health in our community.</i>
12:30 – 1:00	Wrap up	Holly O'Neil	

Attached:

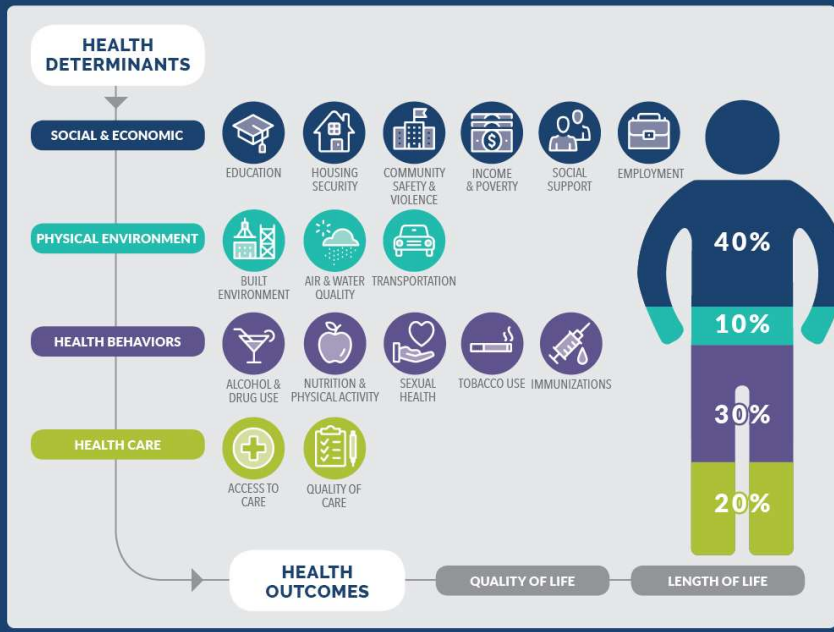
- COVID Community Health Impact Assessment Presentation
- PHAB Racial Equity Subgroup Recommendations
- Approved Resolution #2020-0054 Affirming that Racism is a Public Health Crisis
- Foundational Public Health Services Overview Presentation



COVID-19 community health impact assessment

Alameda County
HEALTH
Department

Population Health Framework: What Goes Into Health?





kindergarten readiness



child care



housing security



homelessness



behavioral health

Racism is a Public Health Crisis Resolution 2020-054

**PHAB Racial Equity Subgroup
Recommendations
for the Annual Joint Retreat Discussion
September 7th, 2021**

Racism Resolution

The resolution commits the Health Board to actively participate in the dismantling of systemic racism through deliberate funding and policy decisions. Specific actions identified in the resolution include:

Racism Resolution



- Implementing training on the following topics for all elected officials, County staff and members of boards, commissions and committees:
 - Implicit bias, trauma informed practices, and review of health disparities.
- Assessing and revising County department policies, procedures, and ordinances to ensure racial equity and transparency are core elements.
- Ensuring that hiring practices provide equitable opportunities for people of color to be employed to help ensure the diversity in our workforce represents the diversity in our community.

Racism Resolution



- Promoting diversity of race within county boards and commissions.
- Supporting community efforts to alleviate issues of racism and bias and engaging actively and authentically with communities of color wherever they live.
- Building and strengthening alliances with other organizations that are confronting racism, encouraging other agencies to recognize racism as a crisis, including considering County membership in the Government Alliance on Race and Equity (GARE), and involving community representation and input in matters of historic and continued racial injustice.

Racism Resolution



Additionally, the Resolution commits the Health Board to evaluate and support policies that are consistent with the principles of equity of access, services, and treatment of all people regardless of race, color, or ethnicity and ensure that such policies do not perpetuate or exacerbate racial disparities within the county.

**THE WORK HAS ALREADY
BEGUN**

Whatcom County
HEALTH
Department

Racial Equity Momentum (as of 9/21)



Initiative	Actions to date
County GARE Working Group	<ul style="list-style-type: none"> Launched Spring 2021 Cross-departmental leadership engagement Planning staff dialogue series for Fall 2021 (voluntary) Application for County membership in Govt Alliance on Racial Equity (GARE)
Racial Equity Commission	<ul style="list-style-type: none"> County provided funding and is participating in the development of a County Racial Equity Commission through collaboration with City of Bellingham, Chuckanut Health Foundation and numerous community partners
Healthy Whatcom Community Health Improvement	<ul style="list-style-type: none"> Engagement of diverse partners and community members in planning process Developing community strategies to promote racial equity with focus on early childhood
Child and Family Well-being Task Force	<ul style="list-style-type: none"> Recruitment of diverse task force members Racial equity training and focus embedded throughout TF work
Incarceration and Prevention Task Force	<ul style="list-style-type: none"> Focusing on increasing racial equity data and addressing racial inequities in incarceration. Also planning to apply GARE racial equity toolkit to priority issues.
COVID -19 Community Outreach	<ul style="list-style-type: none"> Allocating WCHD staff and resources to ensure BIPOC communities have access to information, testing, vaccines

PHAB's Work



- Land Acknowledgement
- Increasing community engagement
 - Communication
 - Comprehension
- General recruitment and tribal representation
- Convening Health Department boards/committees/commissions.
 - Working group
 - Best practices
 - Challenges

Moving Forward



- Assessing and revising County department policies, procedures, and ordinances to ensure racial equity and transparency are core elements.
- Promote diversity of race within county boards and commissions.
- Supporting community efforts to alleviate issues of racism and bias and engaging actively and authentically with communities of color wherever they live.

What opportunities do you see for the Health Board action in 2022?

and how can PHAB help?

Whatcom County
HEALTH
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RESOLUTION NO. 2020-054

AFFIRMING THAT RACISM IS A PUBLIC HEALTH CRISIS

WHEREAS, even before the foundation of America's colonies, racism has existed in America. Examples of this are many, including Indigenous people being forcefully removed from ancestral homelands, familial kinship systems, natural resources, cultural ways of life, and language resulting in generational hardships including social, and economic, and political disadvantages as well as physical, psychological and spiritual trauma; and

WHEREAS, the public health community is aware that Native Americans and Alaska Natives have a higher burden of illness, injury, and premature mortality than non-Hispanic Whites; and

WHEREAS, the Black experience in America beginning with slavery, Jim Crow laws, Grandfather Clause, and the long delayed recognition of the 14th Amendment and other violations of the 14th Amendment, redlining & other forms of housing discrimination all of which have allowed preferential opportunities for White Americans for generations while subjecting people of color to hardships, disadvantages and violence in every area of life and created a legacy of inherited trauma and economic oppression across generations; and

WHEREAS, systemic racism refers to how large-scale, political and economic forces, which are historically deep and play out over generations, result in deep-seated and often ignored social, economic, and power inequities which then shape the distribution of health risks and inequitable access to resources for health, resulting in the disparate social and spatial clustering of negative health outcomes; and

WHEREAS, throughout the history of the United States systemic racism and inequality has manifested itself by acts of discrimination and oppression directed towards Black, Indigenous and people of color (BIPOC) and their communities resulting in fear, anxiety, trauma, terror, and long-term physical and mental health impairments, as well as causing economic oppression for the targets of racism, their communities and subsequent generations; and

WHEREAS, in response to the killing of George Floyd and the unnecessary death of countless others in the same pointless fashion, people across the country have risen up to protest the historic economic, environmental, and social injustices occurring towards people of various races and ethnicities, which continues to disproportionately affect the Black community; and

WHEREAS, systemic racism has resulted in race as a social determinant of health, with persistent racial disparities in all aspects of health including housing, education, healthcare, employment, worker protections, criminal justice, climate impacts, food access, and technology, and Center for Health Progress has reported that data shows, race, income, and ZIP Code have a bigger impact on health than behavior or medical care; and

WHEREAS, BIPOC individuals and communities are disproportionately suffering in part due to long standing, unaddressed health disparities as well as systemic racism and other socioeconomic inequities, and these persistent disparities in health outcomes are not due to genetic or biological differences between the races, but to the entrenched systemic racism in American society; and

WHEREAS, BIPOC residents of Whatcom county are not immune or separate from the significant trends of health disparities that we see in national and state public health data; and

WHEREAS, the current COVID-19 pandemic has exacerbated the racial disparities within our nation's BIPOC communities ranging from health care access to risk exposure, and there is a clear correlation between maps showing rates of COVID-19 hospitalizations and neighborhoods with high social vulnerability; and

WHEREAS, lack of culturally and linguistically competent healthcare has resulted in less utilization of services and poorer health outcomes among BIPOC individuals; and National Academy of Medicine (NAM) found "racial and ethnic minorities receive lower-quality health care than white people—even when insurance status, income, age, and severity of conditions are comparable" and evidence from social psychological and health disparities research suggests that clinician-patient racial/ethnic concordance may improve minority patient health outcomes; and

WHEREAS Black women are at least three times as likely to die in childbirth as White mothers, and Black newborns are more than twice as likely to die as White newborns, a disparity that is wider today than it was in 1850 when the majority of Black Americans were enslaved, and one that is not related to the economic or educational status of the mother; and

WHEREAS, Black Americans also have higher levels of low birth weights, and Black children are more likely to endure asthma and have more severe symptoms than White children; and

WHEREAS, while the health disparities faced by indigenous and black populations are often the most reported, Whatcom county has multiple minority populations that face negative health consequences as a result of systemic racism; and

WHEREAS, racism impacts child development, and in Whatcom County only 23% of AI/AN children and only 27% of Hispanic children entering kindergarten were ready for school, as opposed to 54% of White children; and

WHEREAS, racism impacts mental health, and in Whatcom County 66% of AI/AN 10th graders, 43% of Black 10th graders and 44% of multi-racial 10th graders reported feeling depression, as opposed to 36% of White 10th graders; and

WHEREAS, racism impacts education, a determinant of health, and in Whatcom County 63% of AI/AN and 71% of Hispanic young people graduate on time, as opposed to 82% of White young people; and

WHEREAS, racism impacts economic stability, a determinant of health, with the median household income of Black families in Whatcom County being less than half of that of White or Asian families, and Multi-racial, AI/AN, and Native Hawaiian/Pacific Islanders have a median household income over \$20,000 less than White or Asian families; and

WHEREAS, disparities in health outcomes and determinants of health by race are clearly evident in Whatcom County where life expectancy for American Indian/Alaska Native populations is 69 years compared with 81 years for White population; where 2 out of 3 American Indian/Alaska Native youth experience depression compared with 1 out of 3 White youth; where median income is significantly lower for American Indian/Alaska Native, Hispanic, Black, and Multi-Racial populations than for White and Asian populations; where children who are American Indian/Alaska Native or Hispanic are half as likely to enter kindergarten with skills needed to succeed in school and are also significantly less likely to graduate from high school on time; and

WHEREAS, a just public health system would hold all of our individual choices to the fundamental principles of social equity and public welfare that were built into the very foundation of that system. It would not permit individual bias to persist on the policy or operational level. While it would not, and could never, eliminate racial bias in individuals, it would neuter its effects, by holding each of us to the standards of equity and fairness upon which our metrics are based; and

WHEREAS, we are concerned with public policy. Policy is the province of governance. As individuals, and as representatives of our institution, we identify racism as a systemic flaw, and an enemy to the public, wherever we encounter it. We commit to evaluating and reforming our policies, our practices, and our leadership, to reflect our commitment to this mission; and

WHEREAS, the American Public Health Association, National Association of County and City Health Officials, and the American Academy of Pediatrics have declared racism as a public health crisis. The disparities caused by systemic racism that we have outlined in this resolution represent a public health crisis which affects us all.

NOW, THEREFORE BE IT RESOLVED this Health Board will advocate that Whatcom County government implement, with intent and fidelity, policies and practices that reflect a conscious effort to ensure racial equity, equity of access and service, and further to ensure the equitable treatment of all people, regardless of race or ethnicity.

Section 1. This Health Board declares that racism is a public health crisis.

Section 2. This Health Board is committed to making Whatcom County a welcoming, inclusive, and safe community for everyone. While we promote free thought and speech, we condemn racism and brutality, hate speech, bigotry, violence and prejudice in any form.

Section 3. This Health Board endorses the continued implementation and use of policies and practices for employee conduct and equitable treatment of all people and honors, by approval of this Resolution, the common humanity of all people, regardless of race or ethnicity.

Section 4. This Health Board commits to actively participating in the dismantling of systemic racism and its impacts in Whatcom County by:

- A. Implementing training on the following topics for all elected officials, County staff and members of boards, commissions and committees: implicit bias, trauma informed practices, and review of health disparities.
- B. Assessing and revising County department policies, procedures, and ordinances to ensure racial equity and transparency are core elements.
- C. Ensuring that hiring practices provide equitable opportunities for people of color to be employed to help ensure the diversity in our workforce represents the diversity in our community.
- D. Promote diversity of race within county boards and commissions.
- E. Supporting community efforts to alleviate issues of racism and bias and engaging actively and authentically with communities of color wherever they live.
- F. Building and strengthening alliances with other organizations that are confronting racism, and encouraging other agencies to recognize racism as a crisis, including considering County membership in the Government Alliance on Race and Equity (GARE), which is a national network of local government agencies working to achieve racial equity and advance opportunities for all. Additionally, involve community representation and input in matters of historic and continued racial injustice.

Section 5. This Health Board will continue to, through its goodwill, dialogue, and decision-making efforts and powers, evaluate and support policies that are consistent with the principles of equity of access, services, and treatment of all people regardless of race, color, or ethnicity and ensure that such policies do not perpetuate or exacerbate racial disparities within the county.

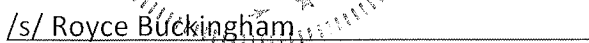
Section 6. This Health Board shall facilitate keeping data and monitoring progress on the goals set up on the resolution.

APPROVED this day of 24th of November, 2020.

ATTEST:


Dana Brown-Davis, Clerk of the Council

APPROVED AS TO FORM:


/s/ Royce Buckingham
Civil Deputy Prosecutor

WHATCOM COUNTY HEALTH BOARD CHAIR
WHATCOM COUNTY, WASHINGTON


Barry Buchanan, Council Chair

Foundational Public Health Services (FPHS) Overview

Astrid Newell
Community Health Manager

September 7, 2021



Overview



- What are FPHS
- Why FPHS matter
- How FPHS impact Whatcom County

In a nutshell, FPHS are...



- A **limited** defined set of **core services** provided by the **Governmental Public Health System**, and...
- A **collaborative process** to **transform** public health in WA State through adequate **funding** and innovative **service delivery** models

FPHS Vision and Goals

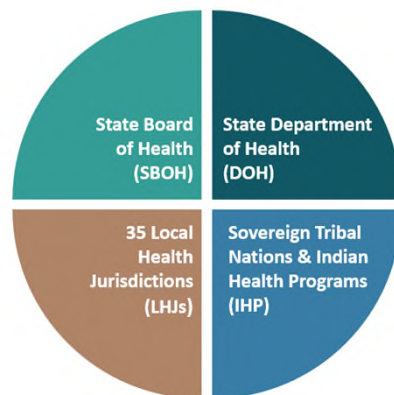


VISION

- A responsive and viable **governmental public health system** is essential for healthy and economically vital **communities across Washington**

GOAL

- **Full funding** of FPHS, statewide, using a long-term, building block approach



RCW 42.70.512 & 515

FPHS Objectives



- | | |
|---|---|
| 1. Adopt a limited statewide set of core public health services | 4. Deliver FPHS in ways that maximize efficiency and effectiveness |
| 2. Fund FPHS through state funds and fees that are predictable, sustainable and responsive to demands and cost | 5. Complete a tribally led process to define how the FPHS framework will apply to tribal public health |
| 3. Provide and use local revenue generating options to address local public health priorities | 6. Allocate resources through a collaborative process between state, local and tribal governmental public health system partners |

Limited set of core public health services



Foundational Programs	Foundational Capabilities
<ul style="list-style-type: none"> • Vital Records • Environmental Public Health • Communicable Disease • Maternal, Child & Family Health • Chronic Disease & Injury • Access to Health Care (Medical, Behavioral, Oral) 	<ul style="list-style-type: none"> • Assessment • Emergency Preparedness & Response • Communications • Policy Development • Community Partnerships • Business Competencies (Accounting, Payroll, etc)

Why FPHS matter



- Chronic underfunding of public health system, particularly at local level → gaps in services
- Fragmentation and silo-ing of services across the state → inefficiencies and lack of effectiveness
- Current public health system is not achieving desired health outcomes and equity

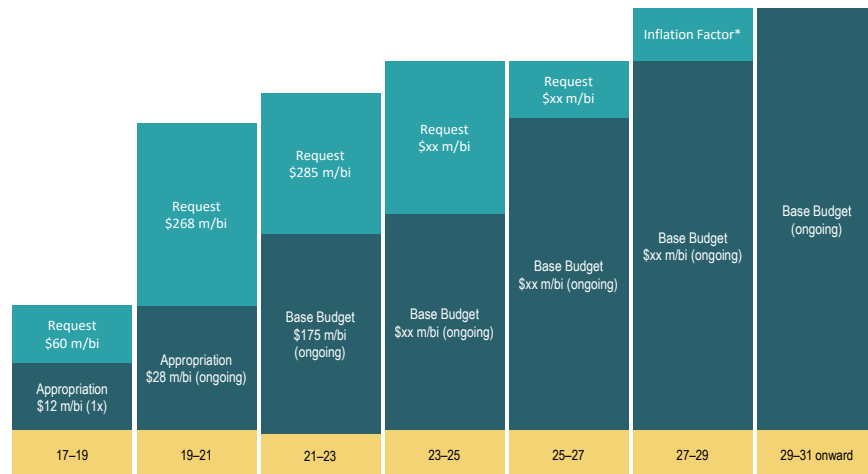
FPHS Funding Need

Additional Funds Needed from State Government for Full Implementation of FPHS (Baseline)

Foundational Program or Capability	2018 Baseline* Additional Funds Needed from State Government, in millions (rounded)
Environmental Public Health	\$39 / year; \$78 / biennium
Prevention and Control of Communicable Disease & Other Notifiable Conditions	\$37 year; \$74 / biennium
Maternal/Child/Family Health	\$16 / year; \$32 / biennium
Access/Linkage with Medical, Oral, and Behavioral Health Care Services	\$7 / year; \$14 / biennium
Chronic Disease, Injury and Violence Prevention	\$14 / year; \$28 / biennium
Vital Records	\$0
Assessment (Surveillance and Epidemiology)	\$30 / year; \$60 / biennium
Emergency Preparedness (All Hazards)	\$9 / year; \$18 / biennium
Communication	\$10 / year; \$20 / biennium
Policy Development and Support	\$8 / year; \$16 / biennium
Community Partnership Development	\$10 / year; \$20 / biennium
Business Competencies	\$45 / year; \$90 / biennium
Total	\$225 / year; \$450 / biennium

* Berk 2018. Washington State Public Health Transformation Assessment Report

A Long-Term, Multi-Biennia, Phased, Building Block Approach to Full Funding and Implementation of FPHS



* Establish a process and mechanism so funding keeps up with inflation, population size, demand for service and changes in FPHS definitions.
Diagram is conceptual and not to scale (updated 8-4-2020)

9

How FPHS impact Whatcom County



- Builds **local capacity** to deliver core public health services
- Provides opportunity to **try new ways** of delivering public health services in partnership with other LHJs, state, tribes.
- Offers opportunity for Whatcom County public health leaders to participate in **shaping public health system** in WA State

WCHD FPHS Funding



- Current funding for Communicable Disease staff
- Expecting additional funding this year for:
 - Environmental Public Health
 - Communicable Disease
 - Assessment
 - Other Foundational Capabilities
- Future funding for other Foundational Programs

WCHD FPHS Funds (not final)



	Focus	SFY 22 (current)	SFY 23	Notes
Foundational Programs	Communicable Disease	\$ 148,699 (current) plus \$ 236,006 (additional)	Ongoing + more	Currently use FPHS for CD
	Environmental Public Health	\$ 475,000	Ongoing + more	Specific program uses (food, schools)
	Other Programs: Maternal/Child/Family Health, Chronic Disease/Injury, Access to Care	N/A	N/A	Future budget request
Foundational Capabilities	Assessment	\$ 30,000	Ongoing +	For CHA/CHIP support
	Any Cross Cutting Capability	\$ TBD	Ongoing +	This is part of WSALPHO request to be considered on 9/2
		\$ TBD		

SFY=State Fiscal Year (July 1 → June 30)

FPHS Service Delivery



- **Shared services models**
 - Communicable Disease
- **New services**
 - E.g., School Environmental Health Program
- **Coordination with state and other local health jurisdictions**

FPHS Leadership & Participation



- **FPHS Steering Committee**
 - Astrid Newell (Co-Chair)
- **FPHS Subject Matter Expert Groups**
 - Cindy Hollinsworth (CD)
 - Amy Hockenberry (Assessment)
- **WSALPHO Board of Directors**
 - Erika Lautenbach, Astrid Newell

Questions?

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