



MEETING OF THE PUBLIC HEALTH ADVISORY BOARD

April 9, 2026
7:00 AM to 8:30 AM

Hybrid Meeting

In person: Administrative Conference Room, 509 Girard Street, Bellingham, WA 98225

Public Zoom Link:

<https://us06web.zoom.us/j/86122878257?pwd=KhZiVSSPJZzrggjdUd0G1oLRE074DA.cYW-YU20JHCjqz4z>

Join by phone: 1 253 215 8782, Webinar ID: 861 2287 8257, Passcode: 554349

(members and presenters: please use Zoom link in your meeting invitation)

AGENDA

Meeting Topics			Presenter
1.	Welcome Roll Call Land Acknowledgement Approve 3/12 Meeting Minutes (Pages 3 – 15)	7:00 – 7:10	Christine Espina Nicole Ervin PHAB Member Rachel McGarrity
2.	Public Comment	7:10 – 7:20	Christine Espina
3.	WCHCS Health Officer Report	7:20 – 7:25	Meg Lelonek or Amy Harley
4.	WCHCS Director Report	7:25 – 7:30	Champ Thomaskutty
5.	Vital Conditions Review and PHAB Duties (per Whatcom County Code 24.01.051) (Pages 16 – 17)	7:30 – 7:35	Christine Espina
6.	Subcommittee Reports on Action Plans (~5 min. each) 1. Board Infrastructure 2. New Member Orientation 3. Communication 4. Budget Review 5. Training and Education 6. Community Health Assessment and Improvement 7. Board Retreat Planning 8. Homelessness and Housing	7:35 – 8:25	Christine Espina Rachel McGarrity
7.	Call for Agenda Items • Chair and Vice Chair Nominations and Voting at May 14 meeting	8:25 – 8:30	Rachel McGarrity

The public is invited to email written comments on agenda items or other topics of interest to the Public Health Advisory Board at PHAB@co.whatcom.wa.us. Please put "PHAB Public Comment" in the subject line. Written comments received at least 48 hours before the meeting will be distributed to board members prior to the meeting. Oral comments from the public will be limited to topics on the agenda.



Per RCW 42.17A.555 the use of public facilities to support or oppose candidates or ballot issues is prohibited. Members of the public and the legislative body are not allowed to speak in support of, or in opposition to, a ballot measure or individual candidacy during an open public meeting. Please refrain from raising campaign issues when addressing the Board.

Adjourn

Next Regular Meeting of the Public Health Advisory Board: May 14, 2026

Community members who require special assistance to participate in a committee meeting are asked to contact the meeting facilitator at least 4 business days in advance.



WHATCOM COUNTY PUBLIC HEALTH ADVISORY BOARD MEETING MINUTES

MARCH 12, 2026

Present: Alan Lifson, Joni Hensley, Shu-Ling Zhao, Carl Isom-McDaniel, Mike Cohen, Nathaline Nivens, Sterling Chick, Deb Shawver, Alison Fontaine, Robyn Phillips-Madson, Rachel McGarrity (Interim Chair), Markis Dee Stidham, Ben Twigg, Amelia Vader, Ashley Thomasson, Chris Kobdich, Kendra Cristelli, Jon Scanlon, Meg Lelonek

Absent: Christine Espina, Guy Occhiogrosso, Amy Harley

Topic	Discussion/Outcome
Call to Order	Roll call of Public Health Advisory Board (PHAB) members was taken. Amelia Vader presented a land acknowledgement.
Approve Minutes	Sterling Chick moved to approve the February 12 meeting minutes. Joni Hensley seconded the motion. Motion passed by unanimous consent.
Public Comment	Rachel McGarrity invited public comment. The following people spoke: <ul style="list-style-type: none"> Natalie Chavez
Health Officer Report	<p>Dr. Meg Lelonek shared a presentation on opioid updates (slides appended to these minutes). Alan Lifson inquired about the availability of fentanyl test strips. Dr. Lelonek said these are available through the Health Department's Safety & Support Program (SSP) and many other community organizations such as Catholic Community Services. Councilmember Jon Scanlon asked if the decrease in overdose deaths is related to the widespread availability of Naloxone. Dr. Lelonek agreed this is likely, but we can't necessarily prove it because we don't really have a way to track its use. Markis Dee Stidham asked if there are known reasons for the sharp decline in death rates. Whatcom County Health and Community Services (HCS) Director Champ Thomaskutty shared several possible contributing factors, including the accessibility of Naloxone, decreasing stigma in seeking support, access to services that are covered through Medicaid, availability of recovery programs, and law enforcement interdiction. Markis shared his opinion that the sharp decline could be attributable to the sharp incline that preceded it, noting that many people died during that spike.</p> <p>Rachel asked how the dual use of opiates and stimulants affects overdose risk. Dr. Lelonek said it is multifactorial. She noted that there are more evidence-based treatment options for opioid use disorder than stimulant use disorder. She also noted that there are many chronic health problems that stem from stimulant use so, while people may not die from immediate overdose, they may die from related things, like heart failure, later. Rachel inquired about the possibility of doing an overdose fatality review in Whatcom County. Director Thomaskutty said that there are frameworks for doing it and a lot of steps to setting it up, but Washington State has some toolkits for implementation. He said the Multi-Agency Coordination (MAC) Group would be an ideal model. Dr. Lelonek noted that it would require strong collaboration with the Medical Examiner's Office as well as access to data. She said they are exploring the possibility.</p>

	<p>Joni Hensley noted that, using PHAB's new framework of the Vital Conditions, this would fall under the urgent response side of the model. She suggested using the upcoming Community Health Assessment (CHA) to look at this issue.</p>
<p>Health Director Report</p>	<p>Director Thomaskutty shared the following updates from the recent Legislative Session:</p> <ul style="list-style-type: none"> • The House did not support the \$50 million proposed cut to Foundational Public Health Services (FPHS), though HCS still needs to address some incoming shortfalls <ul style="list-style-type: none"> ○ HCS is conducting an operational analysis across the department to see how they can be most effective with the resources they have • The Alternative Response Team (ART) and the Law Enforcement Assisted Diversion (LEAD) program both received cuts, which will likely impact HCS • A prevention bill that defines state authority for preserving preventative health services passed both houses, which is a good sign for the sustainability of vaccines in Washington state
<p>Subcommittee Review</p>	<p>Nathaline Nivens inquired about the election of new officers to PHAB. Rachel acknowledged that with the current Chair out on sabbatical since December, this task was neglected at the beginning of the year. Several members expressed a desire to maintain the current officers in 2026 for the sake of continuity in leadership. Shu Ling Zhao motioned to table the vote until the April meeting, when current Chair Christine Espina will be back. Markis seconded the motion. Motion passed. Sterling noted that in years past, the group discussed new officers at the end of the year rather than waiting until the beginning of the year. Amelia noted that the bylaws state new officers should be voted in during the first meeting of the year.</p> <p>Rachel reviewed the list of subcommittees. Mike Cohen inquired if there were descriptions of these subcommittees somewhere. Rachel replied that she was hoping the groups could create their own descriptions as they got started. Joni noted that some of the subcommittees existed previously and those descriptions could probably be found and sent out. Rachel shared some expectations for each.</p> <ol style="list-style-type: none"> 1. Continuation of Infrastructure <ul style="list-style-type: none"> • Continued discussion of restructuring the Health Board • Review bylaws • Discuss recruitment strategies for new members 2. Orientation of New Members <ul style="list-style-type: none"> • Create a more comprehensive orientation • Create a manual 3. Communication <ul style="list-style-type: none"> • Explore ideas to engage community participation • Improve website • Collaborate with other entities • Examine how people get access to health information 4. Budget Review <ul style="list-style-type: none"> • Look at opportunities to weigh in on the Council's budget review process • Amelia noted that it would be helpful to know the timeline of the County's budget cycle 5. Training and Education <ul style="list-style-type: none"> • Look at what PHAB needs to know in order to provide recommendations to County Council • Survey PHAB members to see what they want to learn about and arrange trainings • Provide training and education to stakeholders and community members 6. CHA/CHIP/MAPP <ul style="list-style-type: none"> • Advise on the process • Understand and communicate timelines • Identify gaps and ask for support

	<ul style="list-style-type: none"> • Shu suggested that this subcommittee generate a memo to recommend what areas get explored in the CHA process (ex. healthcare access) • The following data dashboards were noted as helpful resources to get started: <ul style="list-style-type: none"> ○ https://healthywhatcom.org/our-data/data-dashboard/ ○ https://whatcomhope.org/whatcom-county-data/ • Champ confirmed that HCS is launching the CHA process in April • Rachel inquired if Healthy Whatcom, a group of collaborators who facilitated the last CHA/CHIPP, would be reconvening for this CHA/CHIPP and Champ said that's how it's designed, but suggested doing an environmental scan first to see what other groups are already doing so they don't duplicate work <p>7. Retreat Planning</p> <ul style="list-style-type: none"> • Screen members for availability and select date, likely in May • Prepare and review content <p>8. Homelessness and Housing</p> <ul style="list-style-type: none"> • Identify an achievable scope • Markis suggested looking into rebuilding something like the former Homeless Strategies Workgroup, which they could then advise
Wrap Up	<p>Councilmember Scanlon invited PHAB members to reach out to him if they have suggestions for topics for future joint meetings with the Health Board, noting their next meeting is scheduled for March 31.</p> <p>Rachel requested that all subcommittees meet at least once before the April 9 regular PHAB meeting to identify their scope, schedule some future meetings and set some objectives.</p> <p>Sterling requested that Amy Rydell, HCS staff member who participated in the last CHA/CHIP, be invited to the April 9 meeting.</p>
Adjourn	The meeting adjourned at 8:31 AM.
Next Meeting	The next regular PHAB meeting is scheduled for April 9, 2026 at 7:00 AM.

Opioid update

Meg Lelonek, MD Co-Health Officer

March 12, 2026

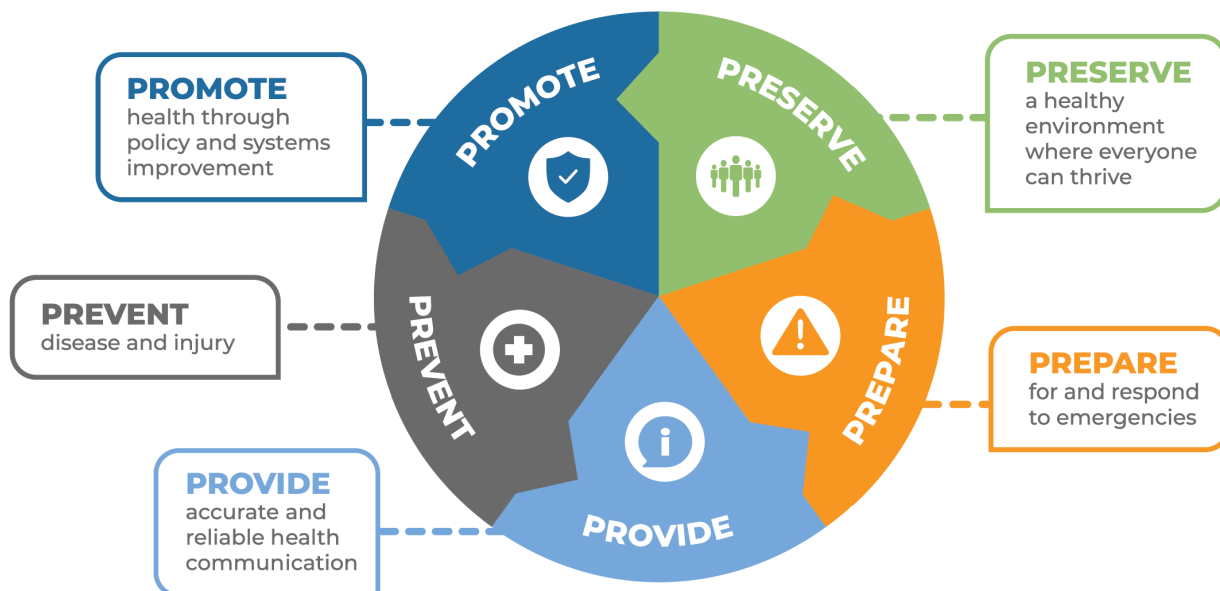
Public Health Advisory Board



WHATCOM COUNTY
**HEALTH AND
COMMUNITY
SERVICES**



OUR PURPOSE: We serve Whatcom County by
ADVANCING EQUITY & **PARTNERING WITH OUR COMMUNITY** to:



Objectives



- Review the data landscape in Whatcom county, Washington state, and nationally
- Brief introduction of Opioid Fatality Review



“The opposite of addiction is not sobriety, but human connection.” –Johann Hari

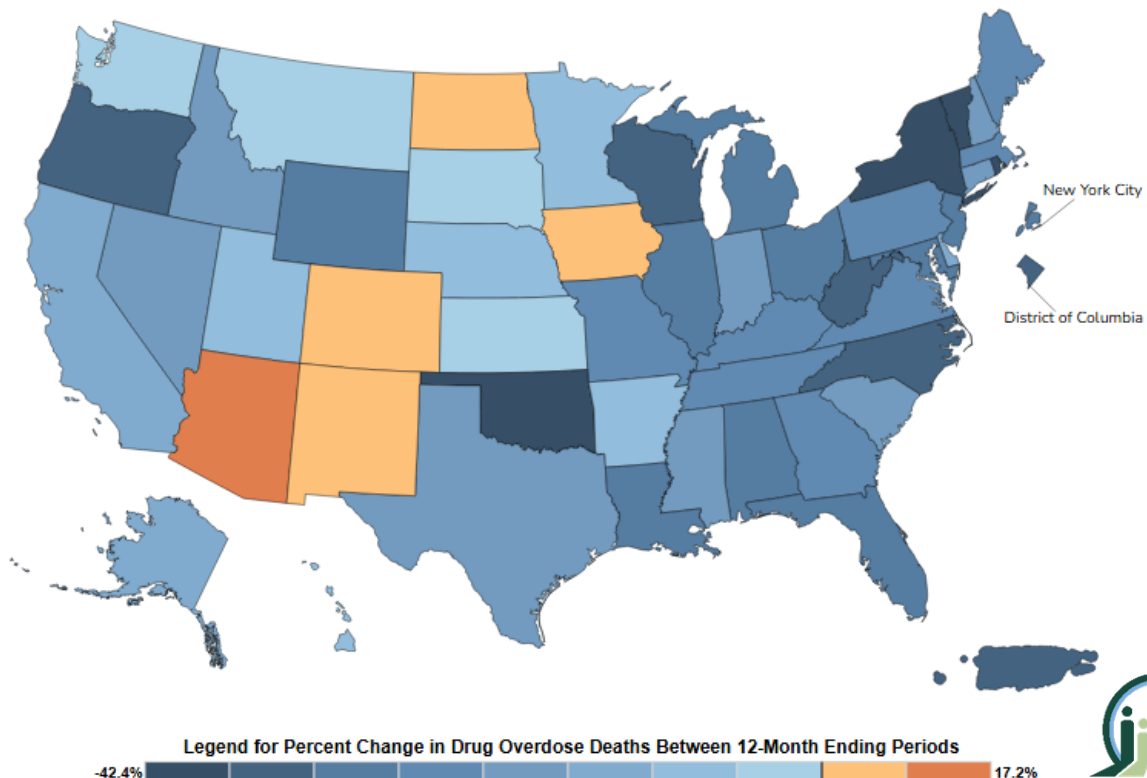
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By the numbers

WHATCOM COUNTY HEALTH AND COMMUNITY SERVICES

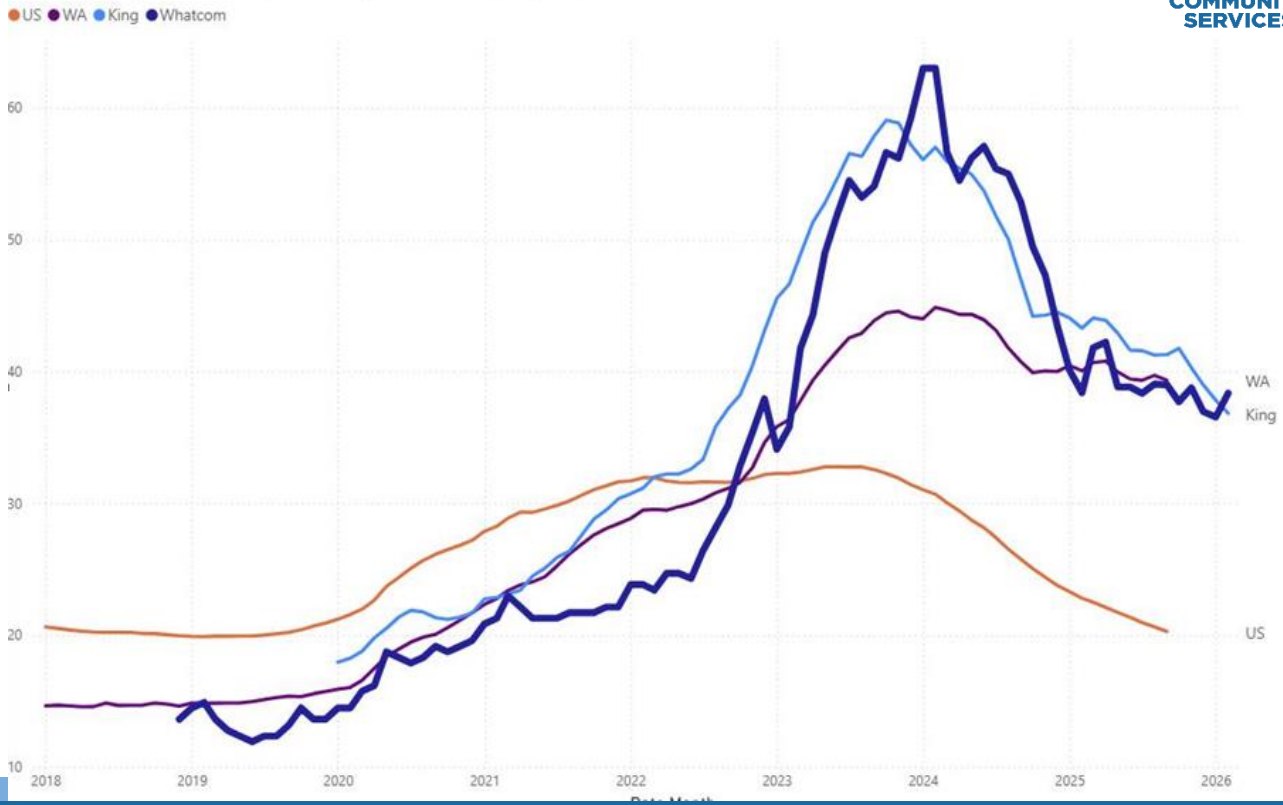
Figure 1b. Percent Change in Reported 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: September 2024 to September 2025



National, state, county comparison



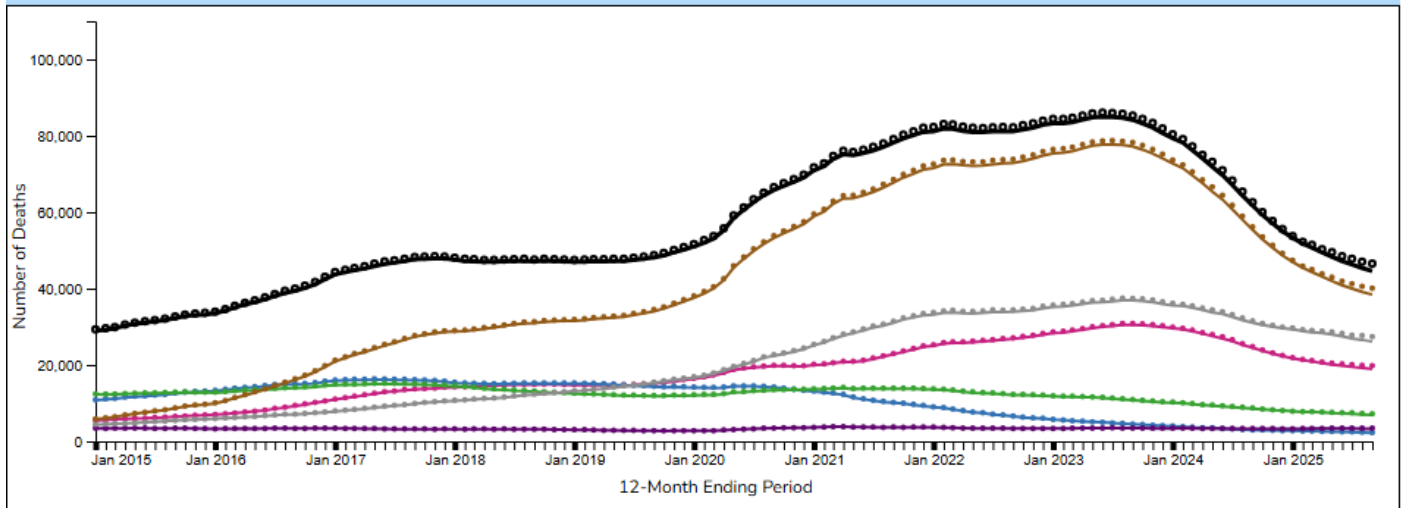
12-month Drug Overdose Death Rates (by end of 12-month period)



What type of drug? National data



Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States



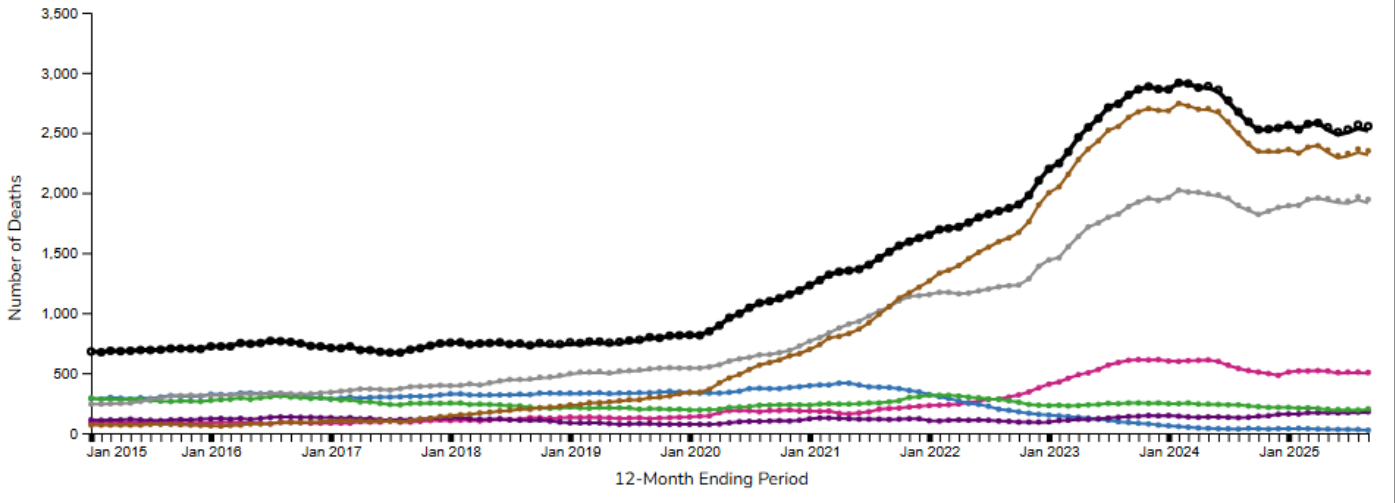
Legend for Drug or Drug Class

Cocaine (T40.5)	Psychostimulants with abuse potential (T43.6)	---- Reported Value
Heroin (T40.1)	Synthetic opioids, excl. methadone (T40.4)	○ Predicted Value
Methadone (T40.3)		
Natural & semi-synthetic opioids (T40.2)		
Opioids (T40.0-T40.4, T40.6)		

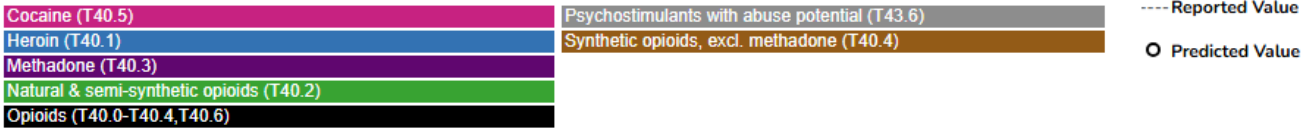
What type of drug? State data



Figure 2. 12 Month-Ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: Washington



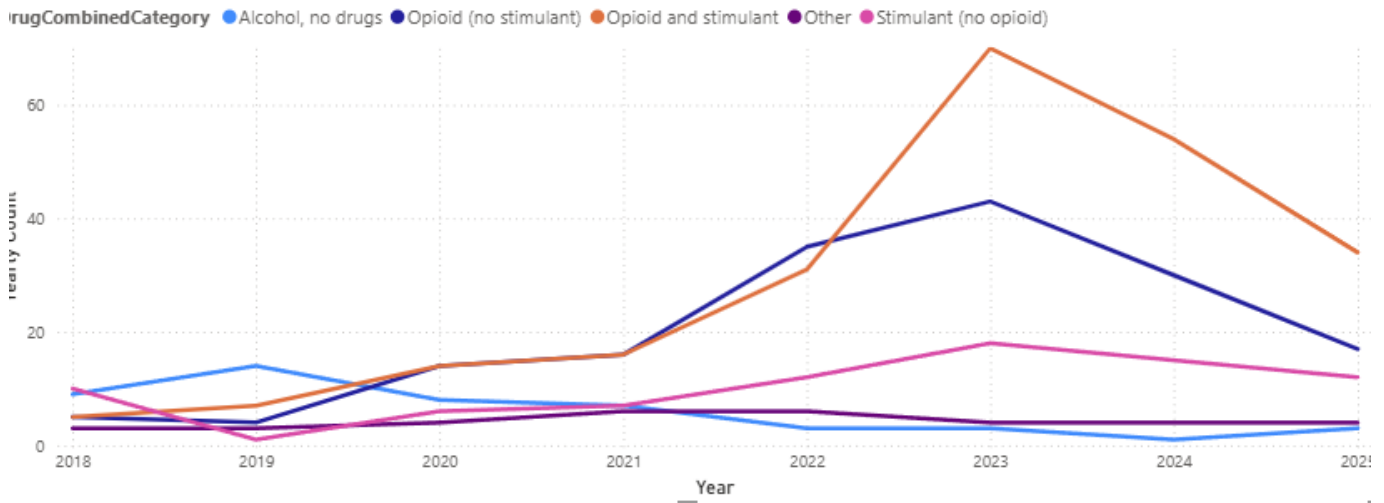
Legend for Drug or Drug Class



What type of drug? County estimates



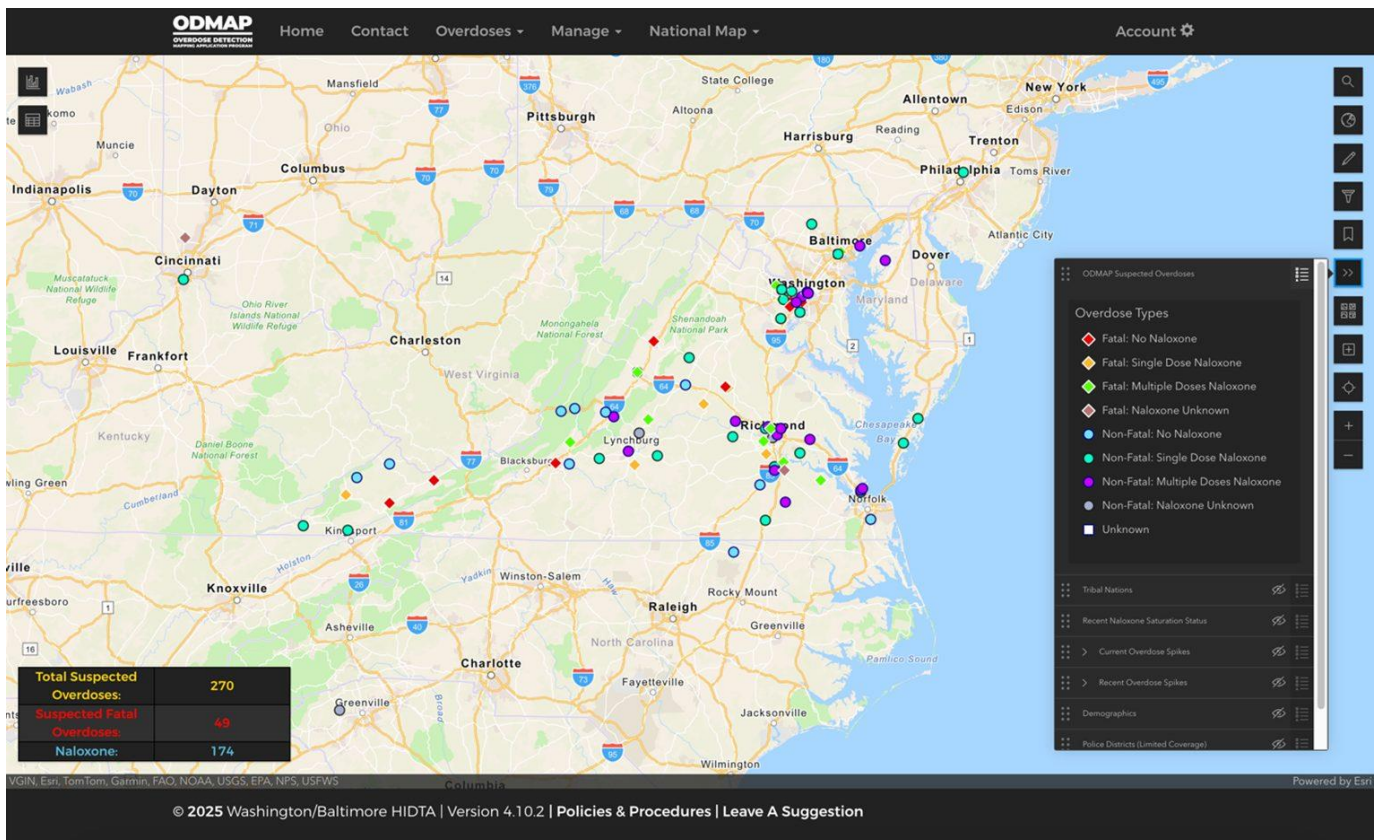
Whatcom OD Deaths By Drug Category



Policy update:



- **HB 2168:** directs the Washington State Department of Health to submit certain emergency medical services (EMS) patient encounter data related to opioid overdoses to the *Overdose Detection Mapping Application Program (ODMAP)* within 24 hours of submission into the state EMS Information System.
 - includes time and date of overdoses, location coordinates, whether any opioid reversal medication was administered, and whether the overdose was fatal or nonfatal.



Overdose Fatality Review

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Overdose Fatality Review



RCW [70.05.210](#)

- LHJs:
 - 8 LHJs currently have OFRs
 - 4 additional in process of creation
 - Snohomish, King have easily accessible reports

Why OFR?



Understand your overdose trends.

Identify missed opportunities for prevention and intervention.

Implement innovative, community-specific overdose prevention strategies.



What has changed after OFR?



- Centering Voices of People in Jail campaign to improve treatment awareness
- Expanding overdose preparedness on public transit
- Seattle Fire PORT team
- Increased awareness of fatal overdoses in supportive housing
- Increasing care coordination for high risk individuals: ED care connection programs, 24/7 buprenorphine hotline
- Addressing data gaps:
 - Jail MOUD tracking
 - Overdose data King County Metro Sound Transit



Questions?

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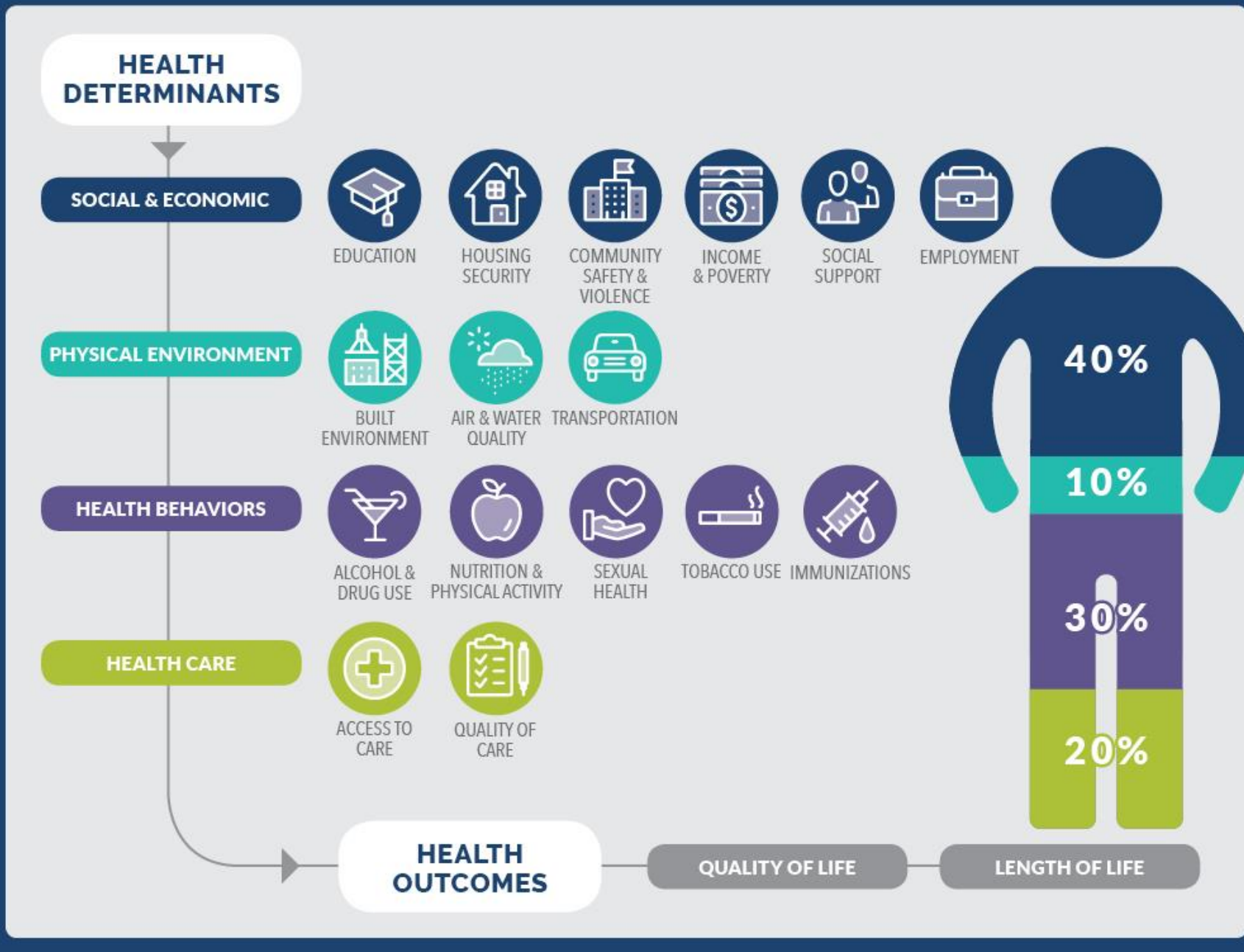


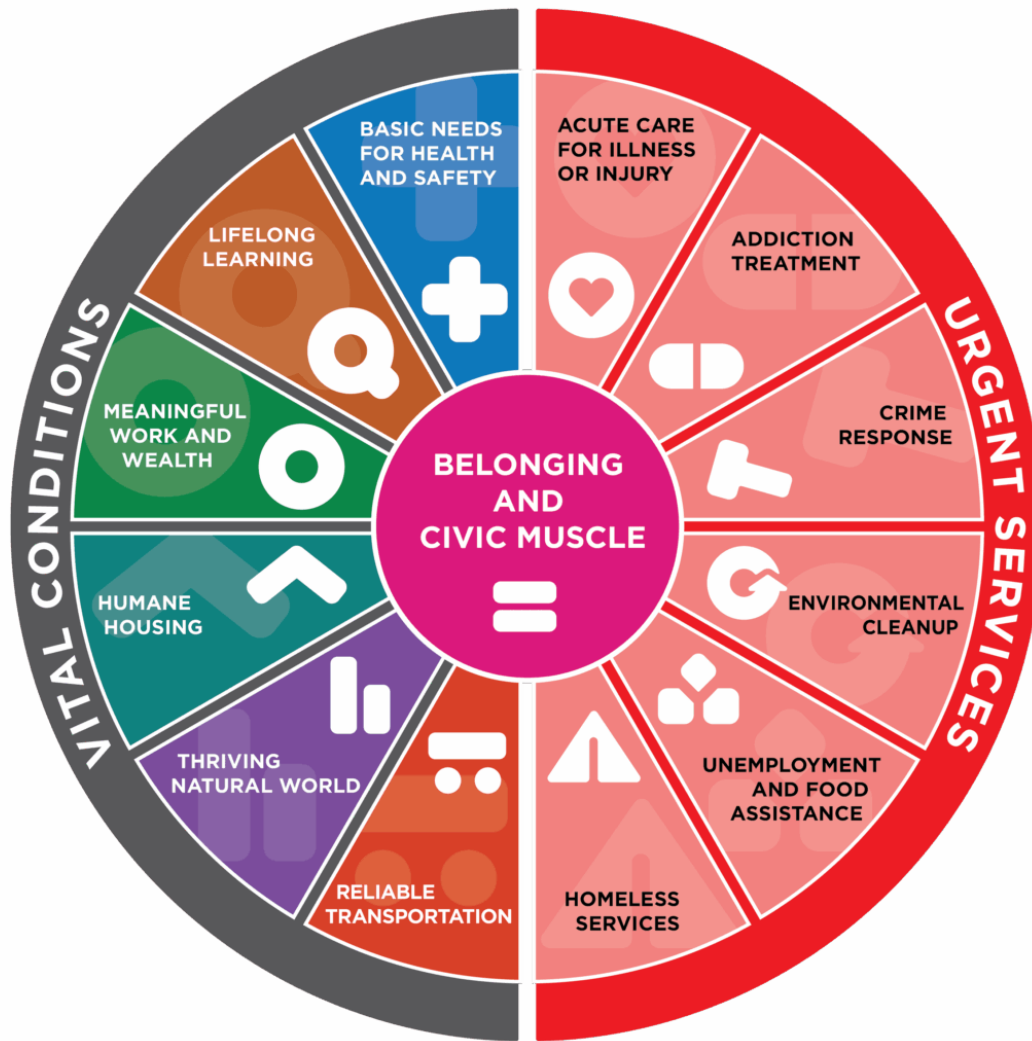
Thank you!

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Population Health Framework: What Goes Into Health?





From the Rippel Foundation Vital Conditions website:

Vital Conditions vs. Urgent Services

“The vital conditions framework enables several important shifts in the way that people think about health and well-being. One of the most important is recognizing the shortcomings of over-reliance on urgent services.

Urgent services are broadly defined as all of the services that anyone under adversity would need to temporarily regain or restore their health and well-being. These include everything from urgent care clinics to food pantries and homeless shelters.

Urgent services are necessary for a safe, healthy, and thriving community. However, existing ways of thinking about health and well-being often lead to over-investing in urgent services and under-investing in vital conditions.

This creates a negative cycle in which the lack of vital conditions creates excess demand for and reliance on these urgent services. Community leaders and institutions in turn often become hyper-focused on providing more urgent services to meet the demand. It is easy to see how this cycle can perpetuate an over-emphasis on urgent services and obscure the need for identifying and improving root causes.

The truth is that **no amount of urgent services can ever produce thriving**. The vital conditions model provides a framework for communities to break out of this negative cycle and create a better system that supports thriving for all.”

Source: The Rippel Foundation, <https://rippel.org/vital-conditions/>