



WHATCOM COUNTY PUBLIC HEALTH ADVISORY BOARD MEETING MINUTES

JANUARY 8, 2026

Present: Alan Lifson, Joni Hensley, Shu-Ling Zhao, Sterling Chick, Robyn Phillips-Madson, Rachel McGarrity (Interim Chair), Lara Welker, Shannon Boustead, Ashley Thomasson, Kendra Cristelli, Jon Scanlon, Meg Lelonek

Absent: Madison Emry, Lean Wainman, Edna Revey, Christine Espina, Guy Occhiogrosso, Chris Kobdich

Topic	Discussion/Outcome
Call to Order	Roll call of Public Health Advisory Board (PHAB) members was taken. Alan Lifson presented a land acknowledgement.
Approve Minutes	Sterling Chick moved to approve the December 11 meeting minutes. Ashley Thomasson seconded the motion. Motion passed. Yes: 12; No: 0; Abstain: 0
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 updates on respiratory virus rates, vaccine schedule changes and Meningitis concerns (slides appended to these minutes.) Points of note include:</p> <ul style="list-style-type: none"> • Acute Respiratory Illness rates are the highest they've been nationally in the last 6 years, with Influenza rates particularly elevated this season. • The CDC acted on a Presidential Memorandum to update childhood immunization schedules on Jan 5, 2026. This new schedule removes several immunizations that were previously "recommended for all children" and now classifies them as "recommended for certain high-risk groups or populations" or "recommended based on shared clinical decision-making." • Despite recent social media concern, there have not been any reportable cases of Meningitis in the area that require a public health response. <p>Councilmember Jon Scanlon inquired about messaging regarding the immunization schedule changes. Dr. Lelonek responded that Whatcom County Health and Community Services (HCS) is working on a strategic plan around this, noting that the West Coast Health Alliance has already put out some messaging.</p>
Health Director Report	<p>HCS Director Champ Thomaskutty shared some brief updates:</p> <ul style="list-style-type: none"> • Health Department was key partner in flood response <ul style="list-style-type: none"> ○ Case management for affected households ○ Utilized the Solid Waste Fund to support waste disposal ○ Working to utilize the Healthy Children's Fund to support families with eligible age children in affected households ○ HCS staff are supporting the Emergency Operation Center (EOC), which could impact the target date for starting the Community Health Assessment (CHA)

	<ul style="list-style-type: none"> • Foundational Public Health Services (FPHS) funding will likely take a massive hit in the coming fiscal year <ul style="list-style-type: none"> ○ Projecting a \$29 million cut across the state • HCS is the new housing entity for the Medical Reserve Corps (MRC)
<p>2025 Accomplishments Discussion and Vote</p>	<p>Rachel invited discussion around a draft of PHAB’s 2025 accomplishments (appended to these minutes), which will be presented to County Council, as per PHAB’s bylaws. Shu-Ling Zhao suggested some minor edits. Sterling moved to approve the draft with Shu’s suggested edits and Joni Hensley seconded the motion. Motion passed. Yes: 12; No; 0; Abstain: 0</p>
<p>Memo to County Council Regarding PHAB Structure and Recruitment</p>	<p>Rachel invited discussion around a memo draft to County Council regarding PHAB’s structure and recruitment. She also asked Councilmember Scanlon if he felt an explanation of the Hub and Spoke Model in the memo was necessary. He said it would probably be helpful. He also asked if PHAB was asking for a specific action from Council. Rachel indicated PHAB would like Council to use the Vital Conditions framework to guide any appointment decisions. Councilmember Scanlon reminded the group that Council will have to use County Code as the main guide for appointments, as per state law, but the Vital Conditions could be a secondary guide.</p> <p>Rachel shared a table (appended to these minutes) created by Joni, outlining the potential 2026 composition of PHAB based on existing members and current applicants and how they would fit into the Vital Conditions framework. She suggested this be considered as a supplemental to the memo to Council. Meg suggested adding a column for “lived experience” or “consumers of public health” as well as a column for tribal representation. Shu asked Joni if the table was built solely around the information provided in the applications or if she utilized any personal knowledge of the candidates. Joni responded that she only used information from the applications. Lara Welker cautioned against trying to categorize lived experience as it would be easy to miss some and unfairly compare candidates. She suggested sticking to the professional experience provided in their applications.</p> <p>Rachel summarized the suggested adjustments to the document and then invited a motion to approve. Sterling motioned to adopt the suggested changes and approve the framework. Ashley seconded the motion. Motion passed. Yes: 12; No; 0; Abstain: 0</p> <p>Rachel then invited a motion to add the approved document to the existing memo to Council. Sterling moved to approve. Jon raised a point for discussion. He suggested inviting applicants to comment at this meeting or by writing to Council or appearing at the Council meeting next week. Rachel agreed and invited public comment. The following applicants spoke:</p> <ul style="list-style-type: none"> • Markis Dee Stidham <p>Rachel invited a second to Sterling’s motion. Joni seconded the motion. Rachel then requested an amendment to the original memo, to note the existence of the supplemental. Sterling and Joni accepted the amendment. Shu also requested an amendment, to put a footnote on the supplemental to explain that the information contained in it came from the application materials and may not be comprehensive of each applicant’s full experience. Sterling and Joni accepted this additional amendment to the motion. Motion passed. Yes: 12; No; 0; Abstain: 0</p>
<p>2026 Workplan Discussion and Vote</p>	<p>Rachel presented the 2026 workplan draft (appended to these minutes.) PHAB members took turns reading each item on the workplan. One point of discussion was considering potential conflicts of interest for PHAB applicants. Rachel noted that applicants are required to disclose potential conflicts of interest on the application. Jon shared that he’s had conversations with County attorneys around conflicts of interest and, generally, it is on the individual to disclose. He also noted that for an advisory board, potential conflicts of interest are very minimal because they don’t vote on contracts or budgets.</p> <p>Lara suggested adding some kind of process for board members to get to know each other and what skills, strengths, affiliations, etc. they bring to the team.</p>

	<p>Shu suggested adding an orientation to the Vital Conditions framework for new members.</p> <p>Shu also inquired about the timeline for the CHA. Champ responded that the primary staff person for that project is currently tied up in flood response work, but hopes to be able to launch the CHA in April. Sterling suggested making the CHA its own item on the workplan as it's such a high priority for PHAB.</p> <p>Alan Lifson expressed concerns over access and availability of medical care in Whatcom County in light of recent changes to Medicaid and closed practices. Meg suggested adding healthcare access to the workplan as its own workgroup. Jon said that he'd like this to be a point of focus for the Health Board this year and suggested a possible healthcare audit. He said some of this work could potentially be done through the CHA.</p> <p>Rachel mentioned that it would be nice to do a PHAB retreat earlier in the year so members could get to know each other sooner.</p> <p>Lara suggested adding an item regarding PHAB nominations, specifically to start the process sooner in 2026.</p> <p>Meg suggested adding a guide to abbreviations since this is going to Council.</p> <p>Sterling moved to add all the suggested edits to the 2026 workplan and adopt the revised plan. Shannon Boustead seconded the motion. Motion passed. Yes: 12; No; 0; Abstain: 0</p> <p>Rachel inquired if this item could be added to the January 13 County Council meeting agenda. Nicole Ervin responded that the official agenda deadline had passed, but deferred to Jon, who advised that they do often add things last minute.</p>
Review PHAB Applications	<p>Shannon Boustead announced his official resignation from PHAB effective immediately.</p> <p>Ashley asked for clarification on the current PHAB vacancies and the number of applicants. Rachel stated that there are 13 applicants, including 4 incumbents, and now 13 vacancies, including Shannon's spot. So, there is the potential for all applicants to be appointed and all vacancies to be filled.</p>
Wrap Up	<p>Joni requested that workgroups be established fairly soon. The group agreed to a tentative plan to discuss workgroups at the next regular PHAB meeting and then allow members to sign up for whichever group(s) they want to participate in before the following meeting.</p> <p>Joni also suggested discussing meeting dates/times with new members at the February meeting.</p> <p>Meg noted that, in addition to the regular PHAB meeting on February 12, there is also a joint meeting with the Health Board on February 3. Shu suggested saving the workplan update for the joint meeting in February, rather than having Nicole try to get it on the January 13 County Council meeting. Jon shared that there will also be another round of presentations on locally-led health initiatives at the February 3 joint meeting.</p> <p>Jon noted that the Council will set committee assignments at the January 13 Council meeting. He said he put his name in the hat again for PHAB and for Chair of the Health Board. PHAB appointments are also on the agenda.</p> <p>Jon also thanked the Health Department for all their work on the flood response, as well as all other volunteers, churches, nonprofits, etc. who participated. He noted there is still a lot of work left to do and that it will be a point of focus for the Council/County this year.</p> <p>Rachel encouraged members to attend the January 13 Council meeting and share their opinions on PHAB appointments during public comment.</p>
Adjourn	<p>The meeting adjourned at 8:31 AM.</p>
Next Meeting	<p>The next regular PHAB meeting is scheduled for February 12, 2026 at 7:00 AM.</p>

Health Officer Update

Meg Lelonek, MD

January 8, 2026

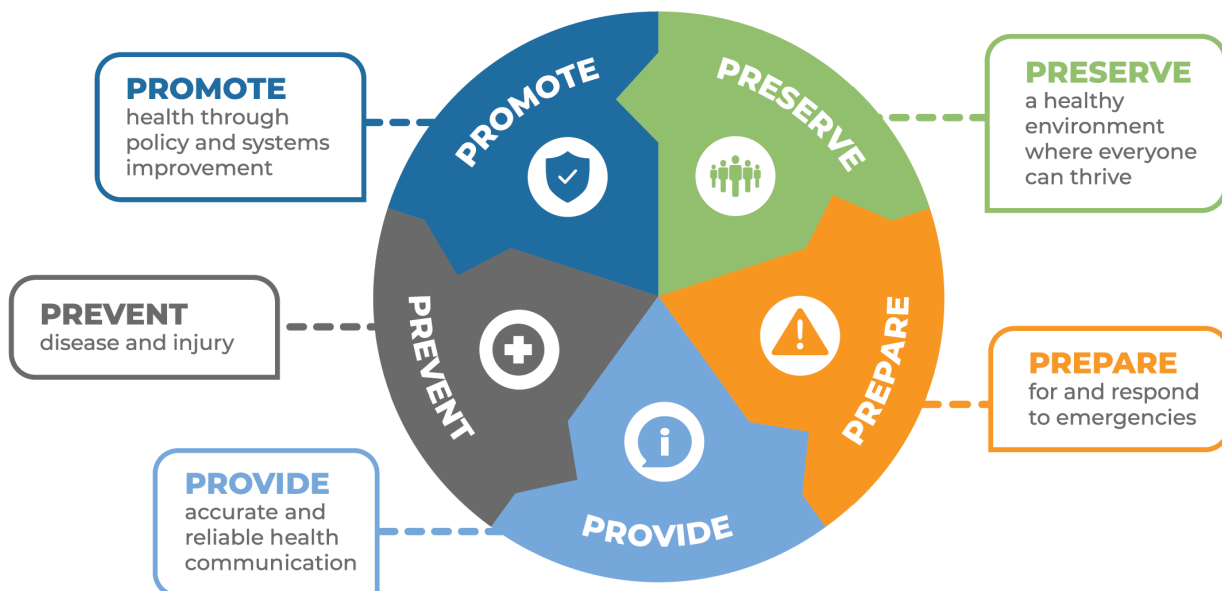
Public Health Advisory Board



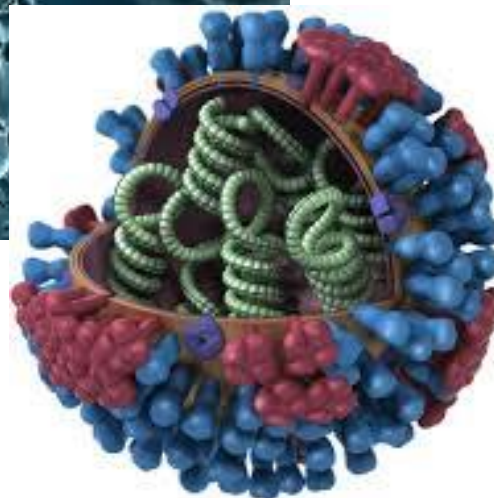
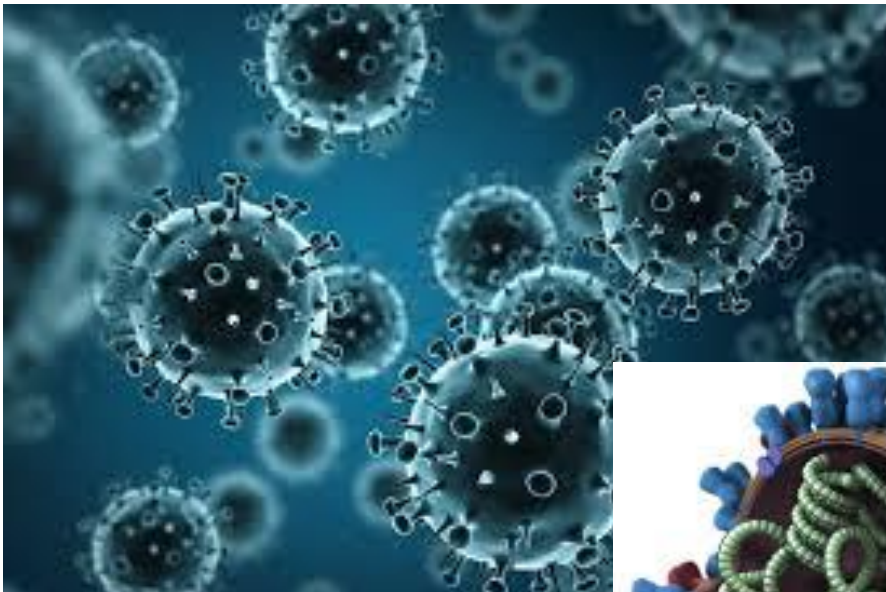
WHATCOM COUNTY
**HEALTH AND
COMMUNITY
SERVICES**



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



- Respiratory virus update- spotlight on flu
- Vaccine schedule changes
- Meningitis concern hits local social media groups



RSV

CURRENT STATUS

DATA AS OF 12/29/2025 11:59PM PT

[Click here for dashboard user tips](#)

When we understand how much respiratory illness is in our communities, we can make the best decisions for our health. Emergency department visits for acute respiratory illness, COVID-19, influenza, and RSV show how much disease our communities are experiencing (threshold level status) and the pattern of disease activity (trend direction). If the activity threshold status for any of these conditions is elevated, that is a sign there is increased spread of that condition in the community. [Learn More](#)

	Acute Respiratory Illness	COVID-19	Influenza	RSV
Percent of ED Visits (12/21/25 - 12/27/25)	16.0%	0.2%	3.3%	0.5%
Activity Threshold Status	Elevated (Above 14%)	Low (Below 1.1%)	Elevated (Above 1.4%)	Elevated (Above 0.4%)
Trend Direction	▲ Increasing	▲ Increasing	▲ Increasing	▲ Increasing

[Download](#)

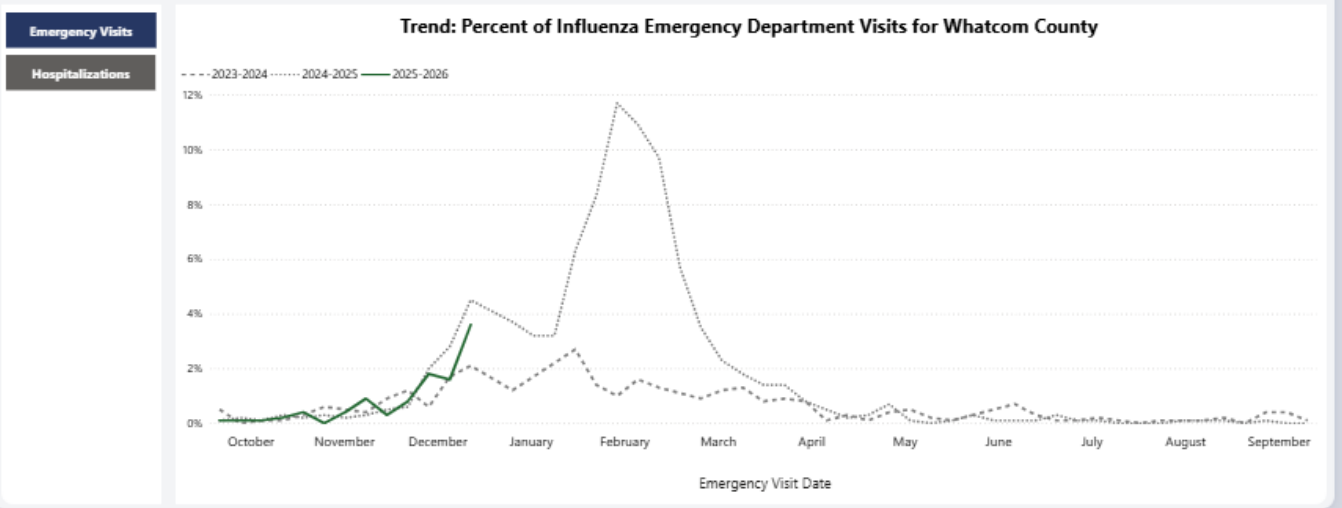
DISEASE ACTIVITY FOR WHATCOM COUNTY

DATA AS OF 12/29/2025 11:59PM PT

- Acute Respiratory Illness
- COVID-19
- Influenza**
- RSV

[Click here for dashboard user tips](#)

Emergency department visits show early signs of disease activity. We compare the percent of visits for influenza (flu) (green line) to the activity threshold to determine when there is increased spread of flu. [Learn More](#)



Acute Respiratory Illness

COVID-19

Influenza

RSV

Disease Trends

Demographics

[Click here for dashboard user tips](#)

Emergency department visits show early signs of disease activity. We compare the percent of visits for any acute respiratory illness (ARI) (purple line) to the activity threshold to determine when there is increased spread of ARI. ARI includes COVID-19, influenza, RSV, and many other illnesses.

[Learn More](#)

Emergency Visits

Hospitalizations

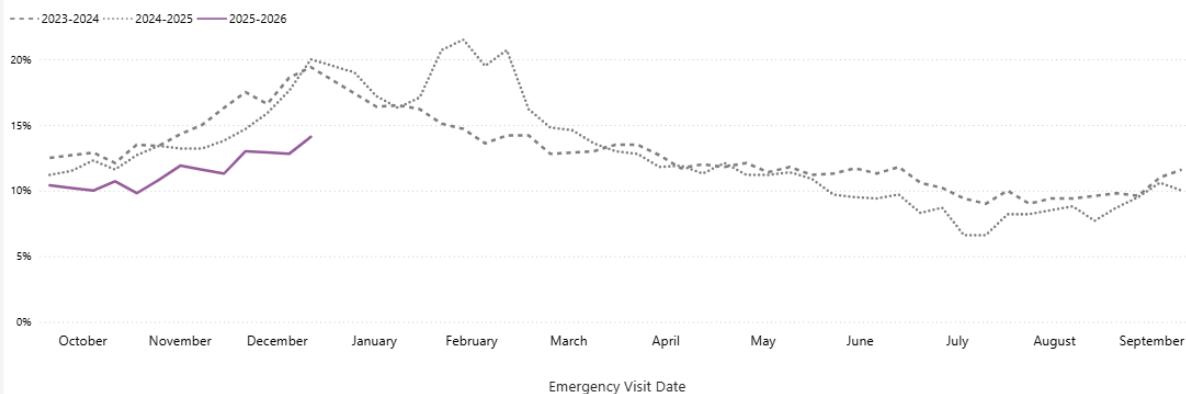
SELECT SEASON

All

SELECT LOCATION

- Statewide
 - Statewide
- ACH Region
 - Better Health
 - Cascade Pacific
 - Elevate Health
 - Greater Health Now
 - Healthier Here
 - North Sound
 - Olympic
 - Southwest
 - Thriving Together

Trend: Percent of Acute Respiratory Illness Emergency Department Visits for North Sound



Map of ACH Regions

Download



“CDC Acts on Presidential Memorandum to Update Childhood Immunization Schedule WASHINGTON, D.C. — JANUARY 5, 2026”

WHATCOM COUNTY
HEALTH AND
COMMUNITY
SERVICES

Vaccine schedule changes



New HHS Childhood Immunization Schedule
(released January 5, 2026)

<p>Recommended for All Children</p> <ul style="list-style-type: none">• Diphtheria• Tetanus• Acellular pertussis (whooping cough)• Haemophilus influenzae type b (Hib)• Pneumococcal conjugate• Polio• Measles• Mumps• Rubella• Human papillomavirus (HPV)• Varicella (chickenpox)	<p>Recommended for Certain High-Risk Groups or Populations</p> <ul style="list-style-type: none">• RSV*• Hepatitis A• Hepatitis B• Meningococcal <p><small>*Note: any children whose mother did not have the vaccine should get one dose</small></p>
	<p>Recommended Based on Shared Clinical Decision-Making</p> <ul style="list-style-type: none">• Rotavirus• COVID-19• Influenza• Hepatitis A• Hepatitis B• Meningococcal

Your Local Epidemiologist Common Health Coalition

What about vaccine access?



- Insurers will continue to cover vaccines at the previous schedule-- access is not expected to be limited at this time
- Shared clinical decision making is recommended,

January 5, 2026

STATEMENT ON FEDERAL CHANGES TO CHILDHOOD VACCINE RECOMMENDATIONS

Vaccines save lives.

Childhood immunizations prevent serious illness, hospitalization, long-term complications, and death. They also help stop the spread of disease in families, schools, and communities.

Changed federal recommendations have removed routine childhood immunizations for several diseases that can have serious health impacts, including **hepatitis A and B, rotavirus, RSV, influenza, and meningococcal disease.**



January 5, 2026

STATEMENT ON FEDERAL CHANGES TO CHILDHOOD VACCINE RECOMMENDATIONS

Weakening routine childhood vaccine recommendations risks lowering vaccination rates and increasing the likelihood of outbreaks of preventable, and sometimes deadly, diseases.

These federal changes were made without the standard scientific review process involving the Advisory Committee on Immunization Practices, pediatric experts, or public input, and are not based on new evidence about vaccine safety or effectiveness.





Meningitis local buzz



- Multiple posts circulating on social media regarding concerns
- WCHCS has not received any reports of Meningococcal disease, a notifiable condition

IMMEDIATELY NOTIFIABLE

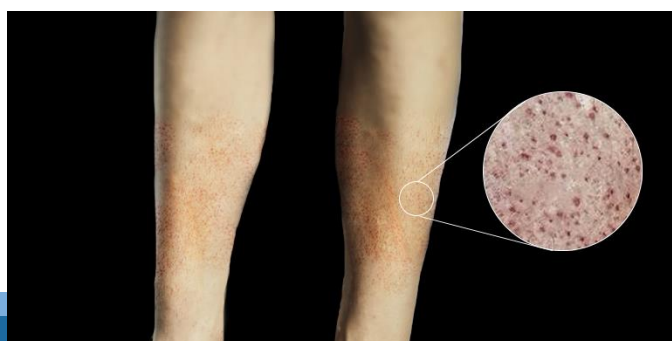
Requires a phone call to reach a live person at the local health jurisdiction, 24/7. **Must be reported as soon as clinically suspected.**

Amebic meningitis	Outbreaks and suspected outbreaks
↻ Anthrax (<i>Bacillus anthracis</i> and confirmed <i>Bacillus cereus</i> biovar <i>anthracis</i> only - Do not report all <i>Bacillus cereus</i>)	Paralytic shellfish poisoning
Botulism, foodborne, infant, and wound	DOH Pesticide poisoning (hospitalized, fatal, or cluster): 1-800-222-1222
↻ Cholera (<i>Vibrio cholerae</i> O1 or O139)	Plague
Coronavirus infection (severe communicable)	Poliomyelitis
↻ SARS-associated coronavirus	↻ Rabies (suspect or laboratory confirmed human cases and laboratory confirmed animal cases)
↻ MERS-associated coronavirus	Rabies, suspected human exposure (suspected human rabies exposures due to a bite from or other exposure to an animal that is suspected of being infected with rabies)
↻ Novel coronavirus (COVID-19)	Rubella, acute disease only (including congenital rubella syndrome)
Diphtheria	↻ Shiga toxin-producing <i>E. coli</i> (STEC) infections/enterohemorrhagic <i>E. coli</i> infections
Domoic acid poisoning	Smallpox
<i>E. coli</i> (See " <i>Shiga toxin-producing E. coli</i> ")	Tularemia
↻ Glanders (<i>Burkholderia mallei</i>)	Vaccinia transmission
↻ <i>Haemophilus influenzae</i> (invasive disease, children under 5 years of age)	Viral hemorrhagic fever
Influenza, novel or unsubtypeable strain	Yellow fever
Measles (rubeola) - Acute disease only	
↻ Meningococcal disease, invasive	
Monkeypox (mpox)	

What is meningococcal disease?



- *Neisseria meningitidis*
- Symptoms: fever, headache, stiff neck, vomiting, light sensitivity, confusion
- Severe cases with bloodstream infections progress to shock with a characteristic rash
- Can include pneumonia and joint infections
- Case fatality rate 9-12%: even with treatment



Trends, treatment, prevention



- 26-76 cases per year WA state in the past decade
- Treatment with antibiotics and supportive care
- Prevention:
 - Immunization universal for ages 11-18 and for persons 2-55 with high risk conditions
 - Prophylactic antibiotics and or vaccination if exposed

Immunization



KEY POINTS

- CDC recommends meningococcal vaccination for all adolescents.
- CDC also recommends meningococcal vaccination for children and adults at increased risk for meningococcal disease.
- Follow the recommended immunization schedule to ensure that your patients get the meningococcal vaccines that they need.



MenACWY vaccines	• 4 serogroups: A, C, W, and Y
MenB vaccines	• 1 serogroup: B
MenABCWY vaccines	• 5 serogroups: A, B, C, W, and Y



SERVICES



Whatcom County Public Health Advisory Board (PHAB) 2025 Accomplishments

Last year's 2025 PHAB workplan outlined the following goals for the board based on a prioritization process at the yearly retreat. There has been significant progress made on the following topics:

1. **PHAB Work and Processes:** The Board spent time reviewing and reinforcing our statutory duties and roles per RCW 70.46.140 and Whatcom Co Code (WCC)24.01.051 including:
 - a. RCW(Section1a) and WCC (Section A1): Providing input to the local board of health in the recruitment and selection of an administrative officer by participating in revisions to the job description and in the interview process for the hiring of the new WCHC Health Director; and
 - b. RCW (Section1d) and WCC (Section A4): Promoting public participation in and identification of local public health needs by surveying the community regarding possible reconfiguration of the Local Board of Health (LBOH) and eliciting public comments with the purpose of assessing community knowledge of the functions and structure of the LBOH ; and
 - c. RCW (Section 1g) and WCC (Section A7): Reviewing and making recommendations to the local health jurisdiction for an annual budget and fees that included epidemiology support, database management and secure staffing for updating Community Health Assessment work
2. **CHA/CHIP/MAPP2.0 (Community Health Assessment/Community Health Improvement/Mobilizing for Action through Planning & Partnerships)**
 - i. Re-engaged with WCHCS staff and Healthy Whatcom, who provided education on past CHA/CHIP activities
 - ii. Reviewed next steps that included MAPP 2.0 strategies, and reinforced PHAB's role in community engagement
3. **Convened joint workgroups** for the reconfiguration of Health Board, surveyed community on this issue, and promoted public comment for this work. Made recommendation to LBOH for reconfiguration and maintaining PHAB duties per RCW 70.46.140 via unanimous PHAB support (Mar 6, 2025).
4. **Adopted Health Equity Framework** as defined by the Health Equity Commission.

In addition to priorities from the 2025 workplan the following activities were initiated:

1. Evaluation of the Hub & Spoke Model and opening discussion of adopting a different model for PHAB configuration (see Vital Conditions model)
2. Orientation notebook (April 2025) discussions and plan for orientation process(es) going forward, including more clarity on OPMA (based on October PHAB retreat).
3. Reinforcing equity framework in all of our PHAB work, with need to consider adoption of existing language in similar organizations
4. Reinforcing our unique role as bridging community with legislative leadership.

TO: Local Board of Health/Whatcom County Council

FROM: Public Health Advisory Board
Public Health Advisory Board Chair Dr. Christine Espina
Public Health Advisory Board Vice Chair Rachel McGarrity
Public Health Advisory Board Member Shu-Ling Zhao
Public Health Advisory Board Member Joni Hensley

CC: Public Health Advisory Board

DATE: January 5, 2026

RE: Public Health Advisory Board Structure and Recruitment

This memo transmits to the Whatcom County Council, acting as the local board of health, the results of a vote held by the Public Health Advisory Board (PHAB) on December 11, 2025, including findings and a recommendation regarding the internal structure of the PHAB and a request for consideration of potential recruitment processes to fill current vacancies. It details the participants, inputs, and processes that led to the recommendation below.

Although PHAB has operated under the “Hub & Spoke” model for the past few years, this structure was never officially formalized. It may be restricting the representation of the broader community, especially our more rural residents. While PHAB members who serve on PHAB to represent other advisory boards may provide updates from those advisory boards, we observed that members designated as “at large” represent key groups not formally listed as a “spoke” in the current Hub & Spoke model. Although well-intentioned, the current design of the Hub & Spoke model limits broader representation, and may result in prioritizing discussion of advisory updates over actual action. Three models of PHAB composition were compared at the December 11th meeting, and the board decided to adopt the Vital Conditions Model to advance its work. (See attached).

This comparison allowed PHAB to identify a need for specific expertise and lived experience in the following categories:

1. Basic Needs for Health & Safety, including chronic disease prevention, food security, trauma prevention, maternal and infant health & childcare, and healthy aging.
2. Lifelong Learning, such as youth mental health, early childhood education, and school attendance.
3. Meaningful Work & Wealth, such as economic stability, wealth-building opportunities, and participation by non-profits and the regulated business community.
4. Humane Housing with a focus on affordability and stability.
5. Reliable Transportation, including representation from our rural neighborhoods, alternatives to vehicles, and public transit.
6. Thriving Natural world that may include individuals who have ecology expertise and promote access to nature or air quality experts.

Current PHAB members represent some of the categories listed above, but membership is limited due to numerous vacancies at this time; both partial and full terms are available. Expanding the board composition to align with [the Vital Conditions for Health Framework](#) could improve PHAB's ability to engage community members who aren't typically considered "experts" or already involved in county-convened boards and committees.

Our goal is to increase communal connections and ensure all residents feel they can actively participate in creating a healthier Whatcom County. We want everyone to know their opinions are valued and to foster a sense of belonging. We aim to build a diverse group that provides opportunities for individuals to learn about civic engagement and feel empowered to drive positive change in their communities.

Whatcom County Code 24.01 and RCW 70.46.140 assign the responsibility to the Local Board of Health to recruit and appoint members to PHAB. We hope you will consider our requests regarding these processes. Members are available to assist with recruitment efforts upon request from the LBOH.

Thank you for all the support you have provided to PHAB in the past. We look forward to becoming a more effective capacity-building resource as we strive to adopt a more representative community engagement model.

Attachment A: Supplemental PHAB Recommendations Pertaining to Potential 2026 PHAB Board Composition

Name	District	Occupation	Vital Conditions						Urgent Services	Tribal/ Other minority	Pop at risk	Other Notes
			Basic needs	Learning	Work/ Wealth	Housing	Natural World	Transportation				
Mike Cohen	2	Dir Bham Food Bank	X						Food bank			WC \$
Christine Espina	1	WWU Nursing		X						X		CHA/CHIP MPH/MSN
Alison Fontaine	2	Peace Health	X						Acute Care			QA specialist
Carl Isom-McDaniel	3	Water/Park districts			X		X				X	Environ clean-up
Rachel McGarrity	2	Peace Health RN	X	X					Acute Care			MSN PHAB chair
Nathaline Nivens	5	Oregon State	X						Crime Response	X		Program analyst
Robyn Phillips-Madson	5	Physician	X						Acute Care			MPH
Deb Shawver	3	Social Worker		X								Mental health
Markis Dee Stidham	1	Homeless advocate	X			X	X		Homeless Services		X	
Ashley Thomasson	2	Dir Lydia Place	X		X	X			Homeless Services			Non-profit
Ben Twigg	5	Finance-Foodbank	X						Food Assistance			WC \$
Ameila Vader	3	Bham School Dis	X	X								Non-profit experience
Shu-Ling Zhao	2	Chuckanut HF	X	X	X					X		Non-profit CHA/CHIP

Continued on page 2 of document

Name	District	Occupation	Vital Conditions						Urgent Services	Tribal/Other minority	Pop. at risk	Other
			Basic needs	Learning	Work/Wealth	Housing	Natural World	Transportation				
Sterling Chick		Retired	X			X						Children & Families
Kendra Cristelli		Dir of Support Officers	X		X				Crime Response			
Joni Hensley	4	Retired	X				X					PHN/EHS
Chris Kobdich		DV Services	X						Crime Response			Opioid Taskforce
Alan Lifson		Retired	X	X								MPH/PHD
Guy Occhiogrosso		Business			X							COVID response

Key: Shading designates current board members (current list includes update based on Dr Shannon Boustead's resignation as of Jan 8, 2026)

Notes:

- Vital Conditions definitions are listed below (reference [Loma Linda Community Health Needs Assessment-2025](#), page 2 Table of Contents)
- 2026 PHAB application materials were used to generate this table and may not be comprehensive of each applicant.
- District of residence for existing board members was not available for everyone

Vital Conditions: 1. **Basic Needs for Health & Safety**, including chronic disease prevention, food security, trauma prevention, maternal and infant health & childcare, and healthy aging. 2. **Lifelong Learning**, such as youth mental health, early childhood education, and school attendance. 3. **Meaningful Work & Wealth**, such as economic stability, wealth-building opportunities, and participation by non-profits and the regulated business community. 4. **Humane Housing** with a focus on affordability and stability. 5. **Reliable Transportation**, including representation from our rural neighborhoods, alternatives to vehicles, and public transit. 6. **Thriving Natural world** that may include individuals who have ecology expertise and promote access to nature or air quality experts.

RCW 70.46.140 and Whatcom County Code 24.01.051 give preference to tribal, racial, ethnic and other minorities and members of communities that experience health inequities (vulnerable populations). For complete code language and other inclusions see references.

2026 PHAB Workplan Draft

1. Evaluation of 2025 Workplan and adoption of new Workplan for 2026
2. Adopt new model for PHAB (Vital Conditions)
3. Membership Recruitment and Recommendations to Council (2025)
 - a. Determine PHAB representation needed based on model
 - b. Consider commitment to the work
 - c. Consider community connections to advance adopted model
 - d. Consider possible conflicts of interest
4. Continuation of Infrastructure Changes (2025-26)
 - a. Revise PHAB By-Laws to reflect Whatcom County Codes
 - b. Include contingency plan in event that LBOH reconfiguration occurs
5. Review and revise Orientation manual (2025-26)
6. Orientation of new members (2026)
 - a. Ensure adequate understanding of OPMA, advisory group roles
 - b. Educate on CHA/CHIP/MAPP process
 - c. Orientation to WCHC services
7. Establish new workgroups, consider:
 - a. Communication (including website changes, instructions for processes such as resolution or ordinance development to communicate with council)
 - b. Infrastructure (By-Laws, LBOH work, new model implementation process)
 - c. Budget Review committee
 - d. Training and Education
 - i. WCHC Division invitations (schedule out if possible)
 - ii. NSACH and Medicaid changes
 - iii. Foundational Public Health Services
 - e. CHA/CHIP/MAPP
 - i. Reviews/evaluations
 - ii. Lead for PHAB work in community
8. Identify key Whatcom County public health priorities
 - a. Identify and enact PHAB actions on priorities
 - i. Invite residents with lived experience in topic to speak
 - ii. Host community listening sessions on topic
 - iii. Develop/vote/submit advisory memos for WCC on topic
9. Retreat 2026 Planning
10. Annual Report and new 2027 Workplan