



**POPULATION
HEALTH TRUST**
ADVISORY COMMITTEE

Skagit County Board of Health

Peter Browning, Chair
Lisa Janicki, Commissioner
Ron Wesen, Commissioner

PHT Meeting Minutes
April 3, 2025, 8:30-10:30 am

Chinook Meeting Room

Members: Dan Berard, Patty Codd, Bill Henkel, Sonia Garza, Chris Johnston, Marueen Pettitt, Lyndie Simmonds, Mario Paredes, Claudia Avendaño-Ibarra, Kevin Murphy, Margaret Rojas, Maddy Mackenzie, Linden Jordan, Thomas Boucher, Julie Merriam, Lilia Ortiz, Anneliese Vance-Sherman

Community Stakeholders: Kas Church, Kristen Ekstran, Jennnifer Sass-Walton, Keith Higman

Ex-Officio: Howard Leibrand

Guests: Neil Panlasigui, Kelli Baker, Lani Miller, Alex Gee

Agenda review and Steering update

Bill welcomed the group and provided updates from the most recent Steering Committee meeting. Much of that conversation was regarding upcoming data collection events for the Community Health Assessment. Additional focus groups will be conducted to learn more about youth wellness along with “pop-up” events to solicit community feedback on the health and wellness of Skagit.

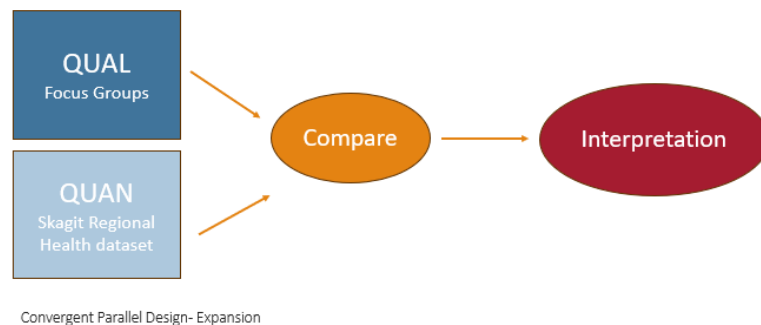
Context setting for A2C project

About a year ago, work started on access to care related to the COVID Recovery plan goal regarding health education/literacy. At that time, Public Health hosted an MPH student who designed her capstone project around access to care and health literacy to help the Trust better understand the Latinx population’s experiences with access to care. The student conducted a literature review, reviewed available data sets and then used the targeted universalism framework to engage the Latinx Advisory Committee (LAC) in co-creating a survey and focus group design to better understand their experiences.

After her project wrapped up for the semester, public health took over the focus group portion of the project. Two staff conducted a series of five focus groups with Spanish-speaking community members. The qualitative data has since been transcribed, coded, and analyzed.

The second part of the access to care work is focused on quantitative data analysis provided by our local hospitals. The first analysis is utilizing Skagit Regional Health data, but Peace Health data will soon be available. Neil Panlasigui joined the group to provide an overview of both the qualitative and quantitative data.

Below are key points from his presentation.



Qualitative data collection- Series of five focus groups with 56 Spanish-speaking community members.

The data was grouped into six qualitative themes. Neil provided members with a summary of findings for each area and shared participant statements from focus group conversations.

Theme 1- Navigating a complex and costly system

Theme 2- Barriers to timely and inclusive care

Theme 3- Culturally and linguistically responsive care

Theme 4- Gaps in preventative and specialty care

Theme 5- Unmet need for community-based support

Theme 6- A desire for human-centered care and proactive support

Though there are challenges in accessing care, there are many things that are working for patients. Positive experiences mentioned by participants included hospital financial assistance programs, the ability to get appointments sooner/improved availability, some interpretation services are working well, and some patients have received great in-person assistance with navigating system.

Quantitative data analysis- Includes service utilization data from Skagit Regional Health during the period of Jan 1, 2022, to December 31, 2023. Analysis was of Skagit residents only and included over 81,000 unique patients and over 533,000 encounters.

Below are some findings from the analysis, especially as they pertain to our population of focus, Spanish-speaking community members.

- Latino/Hispanic and uninsured patients over represented at urgent care and emergency care facilities.
- 15% Of those identifying as Latino/Hispanic use only urgent care, emergency care, or a combination of both.
- Hispanics are almost 3 times more represented in urgent and emergency care compared to outpatient
- BIPOC individuals are disproportionately diagnosed under ICD Chapter Z: *Factors Influencing Health Status & Contact with Health Services*.
- 22% of encounters included patient education; for Spanish-speaking patients, this was primarily related to Well Child visits and pediatric aftercare instructions.

Table Discussion

Following Neil's presentation of the data, Trust members broke into table discussions. When asked about our community's biggest gaps in access to care they identified the following,

- Cost as a barrier, the need for cultural and linguistic matches, the desire for interpersonal connection and of being "seen" by providers. Members also highlighted the need for more preventative care, better/more timely interpretation services, and what timeliness with appointments communicates to patients.
- Additional conversations included discussions about the role of employers and philanthropy in access to care, opportunities that might exist in the community to help patients navigate the health care system, ways we might protect programs like Medicare/Medicaid, hours of availability for care, and bias within the EPIC system.

Given time constraints, Kristen offered that she would address some of the questions posed by members by email. She will also include the slide show presentation and Neil that will provide some of his key takeaways from the analysis.

Up Next

The Steering Committee will meet on Monday, April 14th. There is a Board of Health meeting on Tuesday, April 15th at 10am. The next Trust meeting is on May 1st and will be a celebration of our 10-year anniversary.