

**KITSAP PUBLIC HEALTH BOARD  
MEETING MINUTES  
Regular Meeting  
July 11, 2017**

The meeting was called to order by Board Chair, Commissioner Ed Wolfe at 1:45 p.m.

**REVIEW AND APPROVE AGENDA**

There were no changes to the agenda.

**BOARD MEETING MINUTES**

Commissioner Charlotte Garrido moved and Mayor Patty Lent seconded the motion to approve the minutes for the June 6, 2017, regular meeting. The motion was approved unanimously.

**CONSENT AGENDA**

The July consent agenda included the following contracts:

- 1316 Amendment 15 (1706), *Washington State Department of Health, Consolidated Contract*
- 1563 Amendment 1 (1695), *Washington State Department of Ecology, Toxics Cleanup Remedial Action Grant*
- 1675, *Washington State University, Food Insecurity Nutrition Incentive Project*

Mayor Becky Erickson asked Kitsap Public Health District (KPHD) to provide her with additional information regarding Contract #1675 with Washington State University for Food Insecurity Nutrition Incentive (FINI) Project. Mr. Keith Grellner, Administrator, explained that the contract is for pass-through of funds to local Farmers Markets and said staff would provide Mayor Erickson with additional information. Mayor Erickson found this sufficient.

Commissioner Rob Gelder moved and Mayor Lent seconded the motion to approve the consent agenda, including the Contracts Update and Warrant and Electronic Funds Transfer Registers. The motion was approved unanimously.

**PUBLIC COMMENT**

Ms. Susanne Hughes approached the Board on behalf of the League of Women Voters of Kitsap County. She informed the Board that the local League has restarted its Observer Program and members will be attending upcoming commissioner, city council and health board meetings. Ms. Hughes also noted that the League has a long-standing health committee and a new water quality committee, which is currently focused on septic system management and storm water quality assurance. Lastly, Ms. Hughes reminded the Board that the League hosts informational forums and welcomes input from the Board.

There was no further public comment.

**HEALTH OFFICER/ADMINISTRATOR'S REPORT**

Health Officer Update:

Dr. Susan Turner, Health Officer, informed the Board that data shows the influenza season is over in Kitsap County. She reminded the Board that KPHD will continue to release the respiratory report monthly throughout summer to review data and look for unusual activity, as well as to keep a system in place between data providers and KPHD.

Dr. Turner also provided the Board with an update on the Three County Coordinated Opioid Response Project (3CCORP). She explained that 3CCORP is led by Olympic Community of Health (OCH) and has four goals and three workgroups—each with three priorities--in addition to a steering committee. OCH has launched from the KPHD and is leading the efforts to address the opiate crisis in our region through a collective impact approach. The draft 3CCORP plan aligns with the state plan to effectively and efficiently utilize funding. Attendees from the January 2017 Opioid Summit signed up to join one of three workgroups, and are joined by other key influencers from the region.

Dr. Turner explained that the 3CCORP is the first project OCH has undertaken, and has been named as a required project by the state for Medicaid Demonstration Waiver funding. The OCH has a head start on this project compared to other regions. It is appropriate that the OCH is leading the effort, because they were already convening the appropriate partners, so there was no need to re-create the wheel. The partnership has already been used to successfully pull in funding. Dr. Turner reminded the Board that the opiate data to inform a public health response has been thin thus far, but because of OCH's alignment with the state plan, OCH can locally use data resources that will be developed at the state level, including more frequent updates on overdose hospitalization and death statistics, among others.

Dr. Turner outlined the three workgroup priorities, based on the goals in the state plan: Prevention, Treatment, and Overdose Prevention. The Treatment Workgroup collaborated and successfully obtained funding from Department of Social and Health Services (DSHS) to support a “hub and spoke” model adaptation that provides more specialized substance use disorder (SUD) treatment in a “Hub” medical home, and care managers in six “spokes”. Peninsula Community Health Services (PCHS) has been selected as the “Hub.” Recently, a Morbidity and Mortality Weekly Report from the Centers for Disease Control and Prevention (CDC) showed a county by county map of opiate prescribing. Kitsap is in the medium-low tier of this, however without intervention, these rates would certainly get worse, making participation in the OCH opiate response efforts beneficial to our communities.

Mayor Erickson asked Dr. Turner where the physical location of the “hub” would be. Dr. Turner explained that the addiction specialist may be traveling to all PCHS locations, but she would get confirmation on this. Mayor Erickson also asked which treatments will be used. Dr. Turner explained that this “hub” is outpatient physician assisted medication therapy comprised of only Suboxone and Vivitrol.

Dr. Turner also noted that the Salish Behavioral Health Organization (SBHO) has issued a request for proposal (RFP) for an outpatient treatment program. This will be a well-rounded

specialized treatment center for opiate use disorder that will include methadone and Vivitrol treatments, and Suboxone induction therapy for the region with one facility in Kitsap County and one in Clallam County. One application was submitted and the organization is currently searching for locations. Public meetings may be scheduled soon to discuss location options. Mayor Erickson was pleased to hear of the PCHS “hub” plans.

Commissioner Wolfe informed the Board that Dr. Turner is the alternate representative to the Puget Sound Regional Council’s Growth Management Policy Board public health representative.

There was no further comment.

Administrator Update:

Mr. Grellner reminded the Board of an email he sent them on June 20<sup>th</sup> containing a letter signed by Commissioner Wolfe regarding the Foundational Public Health Services (FPHS). The letter was distributed to Kitsap’s nine legislators, and was the second letter distributed during this session concerning FPHS.

As the Board is aware, the state finally passed an operational budget for the 2017-2019 biennium before the June 30, 2017, deadline which prevented KPHD from initiating a partial shutdown. The state budget included \$10 million dollars for the entire state to share for FPHS, which is a fraction of the \$60 million originally requested at the beginning of the session. Mr. Grellner noted that this is still a huge achievement during a difficult budget session and thanked the Board for their support. It is not yet known how much money KPHD will receive, but the Washington State Association of Public Health Officials Board will meet July 12<sup>th</sup> to discuss allocation scenarios. Based on previous budget scenarios, Mr. Grellner anticipates KPHD may receive between 100 thousand and 150 thousand dollars each year.

Mr. Grellner reminded the Board that there is no Board meeting in August, but said that he may need to reach out to Chair Wolfe and Vice-Chair Lent to get interim approval of contracts before the next scheduled Board meeting in September.

There was no further comment.

**ASSESSMENT OF E-CIGARETTE, CIGARETTE, AND MARIJUANA USE AMONG PREGNANT WOMEN IN KITSAP COUNTY**

Ms. Nicola Marsden-Haug, Epidemiologist, provided a PowerPoint presentation regarding E-cigarette, cigarette, and marijuana use among pregnant women in Kitsap County.

Ms. Marsden-Haug explained that in 2015, KPHD identified a sharp decline in smoking among pregnant civilian women. Dropping from 12% in 2013 to 8% in 2014 (a statistically significant decline), the county rate fell below that of Washington State for the first time in over 20 years. While seemingly a positive trend, this coincided with both declining rates of youth cigarette smoking and soaring rates of youth E-cigarette use. KPHD had also received anecdotal reports of increased E-cigarette and recreational marijuana use by pregnant women.

Out of concern that the reduced smoking rate might be related to other substance use during pregnancy, and in the absence of local or statewide data, KPHD launched an assessment project to gather its own data. The goal was to gain an understanding of local community trends of E-cigarette and recreational marijuana use during pregnancy to guide any necessary public health interventions. Cigarette use was also evaluated.

KPHD enlisted the participation of all civilian prenatal care clinics in Kitsap County, and during summer 2015 surveyed both pregnant women and prenatal care providers. Prior to initiation, the project synopsis and both survey tools were submitted to the University of Washington Human Subjects Division, which determined that the project qualified as exempt from needing Institutional Review Board (IRB) approval.

The data found that only 2% of the pregnant women surveyed reported using E-cigarettes during pregnancy, which was lower than expected, and 10% of the women surveyed reported using cigarettes or marijuana during pregnancy.

Mayor Lent asked if the first trimester is the most important stage of development for the fetus, and if that is the stage where E-cigarette, cigarette and marijuana use should be limited the most. Ms. Marsden-Haug explained that there is not much research regarding the impact of E-cigarettes during each stage of pregnancy, apart from noting that E-cigarettes contain nicotine which is very harmful to a developing fetus.

Ms. Marsden-Haug said that many women cited switching from cigarettes to E-cigarettes because they believed it was better for the health of their unborn baby or better for their own health. Additionally, the majority of women who reported they stopped using marijuana during the pregnancy, cited they did so because they believed it was better for their unborn baby. The survey of providers found that providers routinely ask pregnant women about cigarette and marijuana use, but only half routinely ask about E-cigarette use. Similarly, all providers reported regularly counseling patients to quit use of cigarettes and marijuana and most, but not all counsel patients to quit E-cigarettes. Only a few providers give educational materials to patients about cigarettes and marijuana. No providers reported routinely giving out educational materials about E-cigarettes. It is unclear how many providers routinely counseled patients and also gave out educational materials.

In conclusion, Ms. Marsden-Haug explained that the cause of the low point of cigarette use in 2014 is unknown and does not appear to be due to more users switching to E-cigarette use. Although, she also noted that local youth data and national trends lend credibility to the hypothesis of a temporary spike in E-cigarette use. She also noted that the reduction in use during pregnancy was highest for E-cigarette users which could mean that E-cigarette users may be more willing to quit. She explained that the CDC, Surgeon General and United States Preventive Services Task Force, have all warned of the harmful effects of E-cigarettes on the fetus and that E-cigarettes should not be used for smoking cessation. Lastly, she noted that the perception that E-cigarettes are safer than regular cigarettes might influence the decision to use

during pregnancy and she emphasized a need for increased education to combat the lack of risk awareness.

There was no further comment.

## **SANITATION OPERATIONS FOR TINY HOUSE DEVELOPMENTS FOR THE HOMELESS**

Mr. John Kiess, Environmental Health Director, presented a PowerPoint to the Board regarding sewage disposal options to serve tiny house development projects for the homeless. Mr. Kiess explained that this continuum of options should be evaluated and applied based on funding and the location and “permanency” of the housing project. He also noted that a mix of options may be the best fit for some project proposals. His presentation also included further background about the regulatory requirements that affect each option, including local and state sanitation laws, as well as greywater rules. The sewage disposal options he covered included: portable toilets and portable hand washing station; vault toilet and portable hand washing station; holding tank septic system serving restroom facility with running water; temporary gravity septic system serving a flush-toilet restroom facility with running water; Department of Health (DOH) approved composting toilets; DOH approved incinerating toilets; greywater disposal system and composting/incinerating toilets; and sewer.

Commissioner Wolfe asked for a cost estimation for composting toilets. Mr. Kiess said his research found some composting toilets costing up to two thousand dollars per unit. Mr. Grellner informed the Board that their packets included a chart with cost estimations. Mr. Kiess also explained that there are additional costs associated with these options, such as construction, maintenance, and service. The chart in the packet focused on costs associated with wastewater.

Mr. Kiess noted that greywater disposal is regulated by DOH and that greywater can only be re-used for irrigation purposes within certain months of the year. He explained the complications with this, which results in having two waste water disposal systems and can be quite costly.

Mayor Erickson asked if the Board has any local control over DOH regulations. Mr. Grellner explained that KPHD is obligated to follow this state code put in place by the Washington State Board of Health unless they can justify issuing a waiver. Mr. Kiess added that KPHD can be flexible on local rules depending on the permanency of the solutions.

Mayor Erickson said that if the DOH greywater regulations are the same across the state, it would mean that Kitsap County is held to the same rules as Yakima County despite having very different climate and soil conditions. Mr. Grellner confirmed this statement and noted that the statewide regulations allowed for some variability for the eastern part of the state due to its more severe temperatures.

Commissioner Gelder asked how Mr. Kiess defined duration of use and said that he considered a vault toilet to be a longer-term solution than a portable toilet, however both were listed as short-term solutions in the presentation. Mr. Kiess explained that vault toilets are great long-term

options for parks, but not necessarily for a residential site, because they do not include a hand-washing station. Commissioner Gelder said the options should be measured by completeness of solution, such as whether they include handwashing stations and showers, not just by duration. Mr. Kiess agreed and said that, in his opinion, it would be best to provide a combination of these options to best address the specific needs of the site. Mr. Grellner added that KPHD assessed the footprint, cost, durability, and duration of options for this presentation.

Mayor Erickson asked if greywater is significantly dirtier than storm water. Mr. Kiess explained that greywater comes in many forms and the answer depends on which type is compared to storm water, and noted that each carries its own bacteria and pollutants. Mayor Erickson asked if it would be possible to treat some greywater the same way storm water is treated. Mr. Kiess explained that it is not allowed under state code to treat greywater as storm water, but there are other options for re-use or subsurface disposal.

Mayor Erickson said she would like to see some alternative options and have further discussion. Mr. Grellner agreed and said that state law defines greywater and storm water differently and therefore they are treated differently. He said that the best long-term, cost effective solution, depending on the level of public investment, would likely be a gravity drain field if an appropriate location is found. Another option, he said, would be a holding tank system where the cities and county could take turns pumping the system. He also reminded the Board that KPHD is willing to issue waivers and help design the system if needed. Mayor Erickson said she doesn't agree with the definitions and stated that this issue needs to be brought to the state level.

Commissioner Garrido commented that much can be learned from transient accommodations in other places. She explained that a mobile bathroom unit used in a Seattle transient camp cost 35 thousand dollars, but doesn't work well and clogs constantly. She recommends Kitsap county explore options and experiment on a smaller scale before making a big investment.

Mr. Kiess continued the presentation and noted that permanent facilities are the most expensive option, but would be the most ideal long-term solution. He also reminded the Board that the purpose of the presentation was to provide a continuum of options, and that there is not one perfect option. He explained that KPHD will guide the Board through the process as best as they can based on local and state rules.

There was no further comment.

#### **EXECUTIVE SESSION: PURSUANT TO RCW 42.30.110(1)(I), TO RECEIVE AND EVALUATE POTENTIAL LITIGATION**

At 2:50 p.m., Commissioner Wolfe announced that the Board would adjourn for approximately 10 minutes for an Executive Session for discussion related to the receipt and evaluation of potential litigation. At 3:06 p.m., Commissioner Wolfe announced that the Executive Session has ended and opened the meeting to regular session.

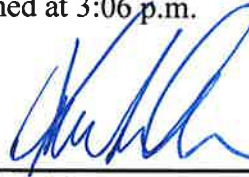
#### **ADJOURN**

There was no further business; the meeting adjourned at 3:06 p.m.



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**Ed Wolfe**  
**Kitsap Public Health Board**



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**Keith Grellner**  
**Administrator**

**Board Members Present:** *Councilperson Sarah Blossom; Mayor Becky Erickson; Commissioner Charlotte Garrido; Commissioner Rob Gelder; Mayor Patty Lent; Commissioner Ed Wolfe.*

**Community Members Present:** *Michelle Beahm, Kitsap Daily News; Susanne Hughes, League of Women Voters.*

**Staff Present:**

*Karen Bevers, Public Information Officer; Keith Grellner, Administrator; John Kiess, Director, Environmental Health Division; Melissa Laird, Program Manager, Finance and Accounting; Angie Larrabee, Confidential Secretary, Administration; Natalie Logue, Intern, Kitsap Community Health Priorities; Beth Phipps, Public Health Nurse Supervisor, Communicable Disease; Kaneesha Roarke, Licensed Practitioner Nurse, Communicable Disease; Susan Turner, MD, Health Officer.*