

## KITSAP PUBLIC HEALTH BOARD

*The Kitsap Peninsula is home of sovereign Indian nations, namely the  
Suquamish and Port Gamble S'Klallam Tribes*

### MEETING AGENDA

September 5, 2023

10:30 a.m. to 11:45 a.m.

In Person: Chambers Room, Bremerton Government Center  
345 6<sup>th</sup> Street, Bremerton WA 98337

Remote: Via Zoom (See Information at End of Agenda)

- 10:30 a.m. 1. Call to Order  
*Mayor Becky Erickson, Chair*
- 10:31 a.m. 2. Welcome New Board Member Commissioner Rolfes  
*Mayor Becky Erickson, Chair*
- 10:33 a.m. 3. Approval of July 11, 2023, Meeting Minutes  
*Mayor Becky Erickson, Chair* Page 5
- 10:35 a.m. 4. Approval of Consent Items and Contract Updates  
*Mayor Becky Erickson, Chair* [External Document](#)
- 10:36 a.m. 5. Public Comment – **Please See Notes at End of Agenda for Remote Attendees**  
*Mayor Becky Erickson, Chair*
- 10:50 a.m. 6. Health Officer and Administrator Reports Page 16  
*Dr. Gib Morrow, Health Officer & Keith Grellner, Administrator*

### ACTION ITEMS

- 10:56 a.m. 7. Resolution 2023-05, Approving Updates to Health Board Bylaws Page 17  
*Keith Grellner, Administrator*

### DISCUSSION ITEMS

- 11:04 a.m. 8. Report from National Association of Local Boards of Health (NALBOH)  
Conference  
*Drayton Jackson, Board Member*

- |            |     |  |                |
|------------|-----|--|----------------|
| 11:09 a.m. | 9.  | Recognition of Local Vaccine Providers Who Received 2023 Immunize Washington Awards<br><i>Brian Nielson, Vaccine for Children (VFC) Olympic Region Coordinator</i> | <i>Page 34</i> |
| 11:14 a.m. | 10. | Report from Maternal Infant Health Forum<br><i>Adrienne Hampton, Policy, Planning, &amp; Innovation Analyst</i>  | <i>Page 36</i> |
| 11:45 a.m. | 11. | Adjourn  |                |

*All times are approximate. Board meeting materials are available online at [www.kitsapublichealth.org/about/board-meetings.php](http://www.kitsapublichealth.org/about/board-meetings.php)*

\*\*\*

## Instructions for virtual attendance at Kitsap Public Health Board meetings\*\*

### Health Board Meetings Via Zoom

The Kitsap Public Health Board will also be broadcast via Zoom webinar, broadcast live on Comcast channel 12, WAVE channel 3, the [BKAT website](#) and Facebook. The Health Board and presenters are **panelists**, members of the public are **attendees**.

Webinar **attendees** do not interact with one another; they join in listen-only mode, and the host will unmute one or more attendees as needed.

### How to Join the Zoom Meeting

**To join the meeting online, please click the link below from your smartphone, tablet, or computer:**

<https://us02web.zoom.us/j/86186052497?pwd=TXcrQU1PRWVVVHgyWERXRFluTWloQT09>

**Password:** 109118

**Or join by telephone:**

Dial: +1 (253) 215-8782

**Webinar ID:** 861 8605 2497

\*Zoom meeting is limited to the first 500 participants. A recording of the meeting will be made available on our website within 48 hours of the meeting.

## **Information & Directions for Public Comment**

**We apologize, but verbal public comment *during* the meeting may only be made in-person at the Norm Dicks Government Center or through a Zoom connection.** The public may make verbal comments during the Public Comment agenda item if they are attending the meeting in-person or via Zoom.

As this meeting is a regular business meeting of the Health Board, verbal public comment to the board will have a time limit so that all agenda items will have the opportunity to occur during the meeting. Each public commenter will receive a specific amount of time to speak to the board as determined by the Chair based on the number of public commenters for the meeting.

Written comments may be submitted via regular mail or email to:

Regular Mail:

Kitsap Public Health Board  
Attention: Executive Secretary  
345 6<sup>th</sup> Street, Suite 300  
Bremerton, WA 98337

Email:

[healthboard@kitsappublichealth.org](mailto:healthboard@kitsappublichealth.org)

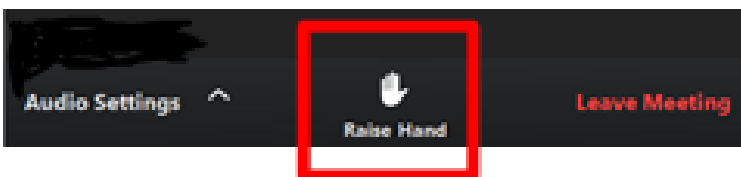
All written comments submitted will be forwarded to board members and posted on the Health Board’s meeting materials webpage at <https://kitsappublichealth.org/about/board-meetings.php>.

## **Public Participation Guidelines**

Below are recommendations for use by members of the public in meetings conducted via Zoom Webinar.

**Identification:** Upon entering the webinar, please enter your name, number or other chosen identifier, so that the host can call upon you during the public comment period.

**Raise Hand (pictured below):** You have the ability to virtually raise your hand for the duration of the meeting but you will not be acknowledged until you are called on during the public comment period. NOTE: If you have used your telephone to access the Zoom meeting, **you may press \*9** to “raise your hand”. The host will unmute you when it is your turn to speak.




**Public Comment Period:** Use “Raise Hand” to be called upon by the host. The host will announce your name when it is your turn.

## Instructions for virtual attendance at Kitsap Public Health Board meetings\*\*

**Mute/Unmute:** Attendees will be muted and not audible to the Board except during times they are designated to speak. When you are announced, you will be able to unmute yourself. NOTE: If you have used your telephone to access the Zoom meeting, **you may press \*6** to mute/unmute yourself.

**Time Limit:** Each speaker testifying or providing public comment will be limited to a time period specified by the Chair.

**Use Headphones/Mic** for better sound quality and less background noise, if possible.

**Closed Captions/Live Transcripts** are available. On the bottom of your zoom window, click the  button to turn on/off captions. You can adjust the way captions appear on your screen in settings. Please be aware, captions are auto-generated by Zoom and may contain errors.

This is a public meeting of the Health Board. It is expected that people speaking to the board will be civil and respectful. Thank you for your cooperation.

**KITSAP PUBLIC HEALTH BOARD  
MEETING MINUTES  
Regular Meeting  
July 11, 2023**

The meeting was called to order by Board Chair Mayor Becky Erickson at 10:16 a.m.

**APPROVAL OF MINUTES**

Commissioner Charlotte Garrido moved and Mayor Greg Wheeler seconded the motion to approve the minutes for the June 6, 2023, regular meeting. The motion was approved unanimously.

**CONSENT AGENDA**

The July consent agenda included the following contracts:

- 2203 Amendment 13, *WA State Department of Health, Consolidated Contract*
- 2265 Amendment 1, *WA State University of Washington Extension, Clallam County, Youth Cannabis & Commercial Tobacco Prevention Program (YCCTPP)*
- 2355, *WA State Department of Ecology, Pollution Prevention Assistance Partnership*

Mayor Wheeler moved and Commissioner Garrido seconded the motion to approve the consent agenda. The motion was approved unanimously.

**PUBLIC COMMENT**

Dr. Katherine Hebard, a healthcare provider for Kitsap OBGYN, said she wanted to speak today to thank the Board and to applaud them for passing Resolution 2023-04, declaring healthcare access and high costs public health crises. Dr. Hebard noted she has commented at a previous Board meeting to share concerns about the dwindling lack of care providers in the primary care and OBGYN sectors. She has not noticed any improvements in that matter and said it is projected to become worse. The Navy has proposed the addition of an aircraft carrier to Bremerton as a home port. This would lead to an estimated 30,000 new residents of reproductive age as well as their dependents and families. With the current number of primary care and OBGYN providers in Kitsap, the community providers would be unable to accommodate them. Additionally, St. Michael Medical Center received approval to build a new tower at the hospital. Dr. Hebard said the hospital has decided that the family birth center will not move to the new tower or receive a remodel of the facility due to a cost assessment analysis that states the center does not produce enough money to make the decision worthwhile. The family birth center has been in place for over 25 years, and they have been experiencing ongoing issues with upkeep and makes operations more challenging. Several times, the number of babies being cared for has gone beyond the capacity of the nursery and are moved to an auxiliary nursery, consisting of patient care rooms. The gestational age of infants treated in the neonatal care nursery has been lowered to 32 weeks, leading to more babies to care for. The aged facility and an ongoing wage gap for primary care providers, pediatricians, and OBGYNs have made it difficult to recruit

providers. Dr. Hebard said the expansion of Kitsap's community population, struggles to recruit a workforce to replace the aging provider population, and the difficulty in paying providers and staff a competitive wage will make the healthcare access issues worse. She said she feels strongly that Resolution 2023-04 is legitimate and believes it might help the community by declaring this sector of healthcare a critical access location and zip code, which may lead to better funding and reimbursement for providers. At the very least, it will help move the community in the right direction.

There was no further public comment.

## **HEALTH OFFICER/ADMINISTRATOR'S REPORT**

### Health Officer Update:

Dr. Gib Morrow, Health Officer at the Health District, began his report by offering his condolences to all members of the Port Gamble S'Klallam Tribe on the death of Chairman Jeromy Sullivan. He said Chairman Sullivan was an astonishing person, a genuine leader, and a good-hearted advocate for the Port Gamble S'Klallam Tribe.

Dr. Morrow noted that Dr. Herbie Duber is in attendance at today's Board meeting. Dr. Duber is a full professor and works in the emergency medicine department at the University of Washington School of Medicine. He also has faculty appointments at the Institute for Health Metrics and Evaluation, and the University of Washington Center for Health Innovation and Policy Science. Dr. Morrow told Board members that he is available as a resource if there are questions regarding the draft resolution that will be presented towards the end of today's meeting.

Next, Dr. Morrow provided the Board with a retrospective look at the COVID-19 pandemic. The virus, SARS-CoV-2, has proven to be a formidable opponent. One type of coronavirus that causes the common cold may have been the virus that caused the Russian flu, in which over one million people were killed between 1889 and 1894. Two coronaviruses called SARS and MERS cause severe lung infections that kill 15% and 35% respectively of people that are infected. Dr. Morrow went on to note that one reason coronaviruses are so prevalent is that they infect a wide variety of animals. The first two cases that occurred in Kitsap were Marnie Malpass and her husband Dr. Tom Malpass. Dr. Morrow thanked Dr. Malpass for actively advocating for Ms. Malpass' testing and treatment and for sharing their story with Kitsap Sun's Nathan Pilling.

Dr. Morrow then went on to explain that COVID-19 testing was not widely available in Kitsap early in the pandemic. He noted that in the fall of 2020, the average amount of time from onset of symptoms until completion of the case investigation was around one week, with significant delays in getting results from "send away" labs. Health District staff were reassigned from their normal duties to complete case and contact investigations.

Next, Dr. Morrow discussed the COVID-19 outbreak that occurred at St. Michael Medical Center in August of 2020. The first case was discovered on August 4, 2020. Within the next two weeks, test results from widescale testing showed this to be the largest reported acute hospital outbreak in the country at that time. Dr. Morrow noted that at the time of the outbreak, there were no written guidelines for this scenario. He said that the Health District wrote the guidelines and Dr. Morrow thanked the Health District staff that helped with this work. The guidelines required that all new patients admitted to the hospital be tested for COVID-19 and tested weekly, that the hospital would notify all employees and patients who were exposed to the disease, and that staff adhere to the proper use of N95 or other type of respiratory protection. Dr. Morrow went on to explain that the Health District established community-based testing sites for COVID-19. He said that although health insurance and the federal government paid for the tests and the lab processing fees, there was no system in place to pay healthcare workers who were putting themselves at risk by administering tests. To overcome this challenge, the Health District reassigned public health nurses to administer tests and requested the help of Medical Reserve Corps volunteers.

Dr. Morrow continued his report by discussing COVID-19 vaccines. They became available in December of 2020, though the supply of vaccine was still limited. Due to the limited supply, certain groups of people were prioritized based on the risks to their health while others had to wait until more vaccine was supplied. Several members of the public shouted at and threatened Health District staff because they were unable to receive the vaccine right away. Dr. Morrow thanked the Kitsap County Sheriff's Office and the Poulsbo Police Department for responding to these threats and ensuring the safety of Health District staff. To provide vaccinations to the public in a timely manner the Health District established mass vaccination clinics. With the help of Health District staff, epidemiologists, and volunteers, the Health District was able to administer vaccines, monitor side effect rates, and confirm that the vaccine was safe and highly effective. Dr. Morrow noted that the data from this effort was used to inform policy decisions such as requiring Health District employees to get vaccinated and he thanked all the employees who received the vaccine. As with the COVID-19 testing system, providers who opted to administer the vaccine were often uncompensated for their work. Dr. Morrow said the Health District will forever be grateful to the doctors, nurses, and volunteers who administered vaccines after business hours and on weekends, despite the lack of compensation.

Next, Dr. Morrow explained how the COVID-19 pandemic exacerbated health inequities in Kitsap County. He thanked the Board for unanimously passing Resolution 2021-01 declaring racism a public health crisis. The passing of this resolution allowed the Health District to build the Equity Program to begin to address the inequities that became apparent during the pandemic. Dr. Morrow said that by the summer of 2021, all members of the public who wanted to be vaccinated received the vaccine. The Health District worked to make the vaccine desirable and easy to get for those who were unsure. When vaccine administration rates slowed down significantly, new COVID-19 variants began to emerge, causing hospitalizations and deaths. The pandemic persisted for another year, during which time the community saw bottlenecks occur in hospitals, a degradation of emergency medical services with ambulances used as ancillary emergency department holding rooms, a significant rise in healthcare worker resignations, a

dramatic increase of mental health and substance use disorders, delayed education for children, and economic damage.

Dr. Morrow finished his report by providing the Board with a list of conclusions he has arrived at. He encouraged Board members to read through the list and to consider them.

When given the opportunity to ask questions, Member Drayton Jackson asked Dr. Morrow what lessons were learned from the COVID-19 pandemic and response. Dr. Morrow said that the lessons learned are endless and that the Health District continues to learn from that experience. He noted that partnerships and community relationships are highly important in emergency responses and that the Health District is working to sustain the partnerships that were built during the response. Dr. Morrow also said that it has become clear that healthcare systems could be used to minimize health inequities in society, but that it was not configured to do that. The pandemic took healthcare systems to the edge of breaking down and they are still struggling to recover. He went on to say that there are many components of the healthcare economic system that were counterproductive to a successful emergency response, particularly the lack of a mechanism to compensate healthcare workers administering tests and vaccines. Dr. Morrow said the COVID-19 after-action report that will be presented will provide additional information on lessons learned.

There was no further comment.

### **COVID-19 AFTER-ACTION REPORT**

Gabrielle Hadly, the Program Manager for Public Health Emergency Preparedness and Response (PHEPR), began the presentation by thanking Dr. Pattijean Hooper and Sarah van der Capellen of Tetra Tech and Michelle McMillan of the Health District for their work in developing this report. Ms. Hadly also thanked everyone in Kitsap who gave their time and thoughts to the project.

Ms. Hadly explained that the after-action report involved collecting information and analyzing evidence from a variety of sources. They spoke with community partners, volunteers, first responders, private sector partners, community leaders, community-based organizations, numerous Health District staff, and a variety of other entities in the county. The foundation of the report used Federal Emergency Management Agency (FEMA), Administration for Strategic Preparedness and Response (ASPR), and Center for Disease Control (CDC) capabilities. This was used to guide the analysis of surveys, interviews, and document reviews, culminating in the final after-action report. The final report will be disseminated in late July. Ms. Hadly said the report unveiled three main themes: collaboration, incident response roles, and deferred maintenance.

Ms. Hadly provided a summary of the collaboration theme. She said the analysis found that the Health District adapted quickly to build the crucial partnerships needed during the beginning of the COVID-19 response. However, it was determined that the pre-existing partnerships were limited, so the Health District will work to have those partnerships in place before an emergency



occurs. Next, Ms. Hadly explained the incident response roles component, noting that in the beginning of the pandemic, there was a lack of clarity among partners and their roles in the response. To address this, PHEPR has convened an Emergency Support Function 8 (ESF-8) taskforce, consisting of healthcare, medical, mortuary, veterinary, and public health partners. The last theme was regarding deferred maintenance. Ms. Haldy noted that chronic underfunding impacted multiple systems in Kitsap County, including emergency management and public health. Evidence of underfunding was found in data systems, staffing, training, and exercises.

Next, Dr. Hooper explained that Tetra Tech, a consulting firm, conducted the after-action report interviews and surveys and reviewed documentation from the response operations. She listed numerous strengths in the response, including staff dedication and professionalism, the dedication of Kitsap volunteers, the establishment of the Vaccine Equity Collaborative, and the implementation of resources to address the mental health needs of responders. Dr. Hooper then went on to explain the areas of the response that need to be improved, which included effective methods for information sharing among community partners, clearly defined roles and responsibilities of ESF-8, and sufficient training and exercises for Health District staff.

Dr. Hooper concluded the presentation by providing the Board with a summary of the Health District's improvement plan. The analysis noted that the Health District's COVID-19 response had 32 strengths and 15 areas of improvement. There are already improvements being made, such as the convening of the ESF-8 taskforce and creating volunteer specialists to ensure there is continued volunteer support.

When given the opportunity to ask questions, Dr. Tara Kirk Sell said many of the primary areas for improvement are outside of the Health District's control and would like to know how those weaknesses are addressed in the firm's recommendations. Ms. Hadly said the recommendations outside of the Health District's scope were given to the appropriate agencies and those agencies will prioritize them on the local level. She also said the Health District can affect programs at the state and federal level by advocating for changes through the grants funding PHEPR. Dr. Hooper added that the Health District can establish priorities, such as establishing regional relationships, through the strategic planning process. From there, the agency's budget, infrastructure, and training exercises can be realigned to those priorities. Ms. Hadly also said there are things that can be done locally, such as partnerships between public and private entities during emergencies.

Member Jackson said Kitsap is very heavily surrounded by military entities and asked if those relationships and resources were analyzed in the after-action report. Dr. Hooper responded by explaining the team working on the after-action report spoke with the Navy in Bremerton. She stressed the importance of understanding that although the military lives and works locally, they are still a federal entity, meaning their primary relationship is with other federal entities. While they were not required to communicate and coordinate with the Health District, they did so due to pre-existing relationships through emergency management and healthcare systems. Ms. Hadly acknowledged the strong relationships between the Health District and the Navy, noting that the relationships were built and fostered primarily by Dr. Morrow, Yolanda Fong, Liz Davis, and the epidemiology program.

There was no further comment.

## **KITSAP COUNTY HEALTHCARE ASSESSMENT UPDATE**

Dr. Morrow introduced the consultants from the Johns Hopkins Bloomberg School of Public Health's Center for Health Security. Dr. Tener Veenema is the senior scholar leading the project, and Dr. Morrow noted that she is unable to attend today's meeting. Her two faculty partners, Sanjana Ravi and Diane Meyer, will be presenting the update to the Board.

Ms. Meyer began the update by introducing herself as a nurse and one of the researchers working on the Kitsap County healthcare system assessment. She briefly explained who each team member was, noting that they have various backgrounds in areas such as health system strengthening, workforce development, and public health emergency preparedness and response. Ms. Meyer noted that the Center for Health Security's main mission is to explore how new policy approaches, scientific advances, and technological innovations can strengthen health security and save lives. The center is made up of a network of scholars in science, medicine, nursing, public health, law, social sciences, economics, and national security.

Next, Ms. Meyer provided an overview of the project, noting that the COVID-19 pandemic exposed weaknesses within local healthcare system infrastructure. Issues such as lack of workforce capacity, closures of health facilities, lack of health insurance, among others, have negatively impacted access to healthcare. These impacts disproportionately impacted communities of color and the socioeconomically disadvantaged. The challenges Kitsap is experiencing are not unique to any one specific county, but systematic and tailored assessments are crucial in understanding and addressing system gaps and failures. In response to the Health District's request for proposals, Johns Hopkins proposed a comprehensive assessment and evaluation of Kitsap's healthcare system and workforce be conducted. The assessment will be built on previous work conducted by the Health District and would be completed in December of 2023.

Ms. Ravi then explained the study methods that will be used during the assessment. The study methods include a historical analysis of the county's health system, policy analysis, key informant interviews, and focus groups. Ms. Ravi noted that they are currently conducting the key informant interviews and thanked everyone who participated in the interviews. The Johns Hopkins team will be traveling to Kitsap in late July to conduct the in-person focus groups. When those components of data collection have been completed, the team will complete a Delphi Study. The Delphi study is a method that can be used to reach expert consensus on a given topic and, ideally, it would result in actionable recommendations. Survey participants will consist of approximately 25 experts in the community, including policymakers, decision makers, and healthcare leaders. A final report of the data collected during the study will be given to the Health District and the Board. The report will contain a summary of key themes identified in the historical and policy analyses, a detailed report of themes highlighted by interviewees and focus group members, poignant quotes from interviews and focus groups, a detailed report of the findings from the Delphi study, and a detailed list of recommendations for how to increase access to, and quality of, healthcare services in Kitsap County.

At the conclusion of the update, Chair Erickson asked if the Johns Hopkins team has found anything unusual in their research so far. Ms. Ravi said it has been great learning more about Kitsap and one thing they found was that multiple sectors and stakeholders have a deep level of commitment to improving the community and making Kitsap a vibrant, livable place, and they have found there is a lot of interest in wanting to improve healthcare access and the quality of care. She also said it has been interesting learning about the role of community partners, such as Virginia Mason Franciscan Health, in shaping the accessibility and affordability of care in Kitsap. Ms. Ravi noted they are still collecting data and are not yet ready to share preliminary findings. Ms. Meyer added that they are also interested in learning more about the role of the Navy base and the impact that it has on the community. Ms. Ravi said they were struck by the level at which state and federal policy making has impacted the ability of local communities to provide the care that their residents need. She noted that part of the challenge is balancing feasible solutions at the local level with the reality of state and federal policies.

Chair Erickson asked when the Johns Hopkins team plans to travel to Kitsap and Ms. Meyer said they will be traveling in the week after next.

Commissioner Garrido asked how many individuals will participate in the focus groups and how many groups will be held. Ms. Ravi said the team is planning to have four focus groups, each with a different thematic area. One group will focus on health equity, the second group will focus on sexual and reproductive health, the third group will focus on child and adolescent health, and the fourth group will focus on healthcare workforce issues. They are hoping to recruit 8-10 people per group, though with the large response from the recruitment bulletin, they may increase that number to get as many different perspectives as possible.

There was no further comment.

## **RESOLUTION DECLARING HIGH COSTS AND INSUFFICIENT ACCESS OF HEALTHCARE SERVICES IN KITSAP COUNTY ARE PUBLIC HEALTH CRISES**

Mayor Wheeler explained that he and Dr. Michael Watson are co-presenting the draft of Resolution 2023-04, developed by the Board's Policy Committee. The resolution resulted from conversations with the public and on data that has been collected and analyzed. Mayor Wheeler said they hope the resolution will provide clarity for their goals in order to maximize the use of time, energy, and funding. The Johns Hopkins assessment will provide several recommendations that require action, therefore the resolution will provide focus and clarity to prepare the Board and the Health District to take those actions. Mayor Wheeler thanked the effort and time spent by Dr. Morrow and the Policy Committee in developing the resolution for proposal to the Board.

Next, Dr. Watson explained that he is a family physician and a primary care provider that takes care of people both in and out of the hospital. He noted that he delivers babies, usually resulting from uncomplicated pregnancies. The healthcare crisis is causing Dr. Watson and his partners to treat increasing numbers of complicated patients that previously would have been treated by specialists. He went on to say that the intent of the resolution is not to single out a particular

organization because each sector has a part to play in resolving the crisis. The goal of the resolution is to call attention to the current circumstances of healthcare in the region, commit to finding a plan forward to ensure the healthcare crisis in the community does not degrade further. Dr. Watson said the resolution offers a rationale for coordination of resources, which would allow all organizations involved to work towards common solutions.

Chair Erickson explained that the resolution was brought to the Board for adoption after a lengthy and robust discussion by the Policy Committee. She noted that her initial response to the draft resolution was that it was premature and should not be adopted until Johns Hopkins has completed their assessment. After the committee discussions, she believes the adoption of this resolution would assist in addressing the healthcare crisis and allow resources to be used to improve the healthcare system in Kitsap.

Mayor Rob Putaansuu said he shared Chair Erickson's initial feelings in that it is premature, however a light should be shone on this crisis. He added that he is anxiously awaiting the healthcare assessment that is underway.

Member Jackson agreed with Chair Erickson and Mayor Putaansuu and said the Health District and the county need to prepare themselves to address the crisis. He noted that this is a step in the right direction, and it demonstrates the Board's initiative to address the healthcare crisis.

Commissioner Christine Rolfes said she believes the resolution should have been adopted prior to the Johns Hopkins assessment, though she is comfortable with the resolution. Commissioner Rolfes said in the past 10 years, she has consistently heard that North Kitsap is experiencing a lack of services, long waiting periods for appointments, and affordability and access issues. She added that she understands the resolution might seem radical, but that those involved must think more radically to make improvements to the healthcare system.

Dr. Kirk Sell said that in adopting the resolution, the Board and Health District have declared the situation a public health crisis and it can be used as a catalyst for more action. She added that she hopes there is also room for new and creative solutions, outside of what is outlined in the resolution. Dr. Kirk Sell said the resolution should be a starting point and should not limit the actions that need to be taken after the healthcare assessment is published. Chair Erickson agreed and noted there is no language in the document that would preclude the Board from taking different actions.

Chair Erickson said this draft resolution was on the meeting agenda as a discussion item, however she entertained a movement of approval for Resolution 2023-04. Member Jackson motioned and Commissioner Garrido seconded the motion to approve Resolution 2023-04. The motion was approved unanimously.

Chair Erickson thanked Dr. Watson and Mayor Wheeler for spearheading this resolution.

There was no further comment.

**EXECUTIVE SESSION PURSUANT TO RCW 42.30.110 (1)(G) TO EVALUATE THE QUALIFICATIONS OF AN APPLICANT FOR PUBLIC EMPLOYMENT OR TO REVIEW THE PERFORMANCE OF AN EMPLOYEE**

Chair Erickson announced that the Board would recess to the closed executive session to discuss the qualifications of an applicant for public employment or to review the performance of an employee.

Prior to adjourning, Dr. Watson thanked Dr. Hebard for her public comment, adding that it is incumbent upon all of those in the healthcare community to bring light to the issue.

Chair Erickson asked if there were any other matters that should be discussed before the Board moves on to the closed executive session. Dr. Morrow reminded Board members that there is no Board meeting scheduled for August. Commissioner Rolfes noted that the legislature has significantly increased reimbursement payments for maternity and OB/GYN services. Local doctors and doctors throughout the state should be seeing enhanced payments in the coming months. She will forward that information to Dr. Morrow.

Mayor Wheeler and Member Jackson welcomed Commissioner Rolfes to the Board.

The Board recessed to the closed executive session at 11:26 a.m.

Dr. Watson thanked Dr. Hebard for coming, noting that it's uncommon to find so many people speak up about these issues.

**ADJOURN**

There was no further business; the meeting adjourned at 11:56 a.m.

---

**Becky Erickson**  
**Kitsap Public Health Board**

---

**Keith Grellner**  
**Administrator**

**Board Members Present:** *Mayor* Becky Erickson; *Commissioner* Charlotte Garrido; *Member* Drayton Jackson; *Member* Dr. Tara Kirk Sell; *Mayor* Robert Putaansuu; *Member* Jolene Sullivan; *Member* Dr. Michael Watson; *Mayor* Greg Wheeler.

**Board Members Absent:** *Councilperson* Kirsten Hytopoulos; *Member* Stephen Kutz.

**Community Members Present:** Rhonda Brown, *Virginia Mason Franciscan Health*; Katy Crabtree, *Office of Congressman Derek Kilmer*; Dr. Herbie Duber, *Washington State Department of Health*; Dr. Katherine Hebard, *Kitsap OBGYN*; Anne Presson, *Kitsap County Board of Commissioners*; Commissioner Christine Rolfes, *Kitsap County Board of Commissioners*.

**Additional Presenters:** Pattijean Hooper, *Tetra Tech Consulting*.

**Staff Present:** Angie Berger, *Management Analyst, Administrative Services*; Jessi Cadorna, *Secretary Clerk 2, Administrative Services*; Margo Chang, *Administrative Assistant, Administrative Services*; Maria Fergus, *Community Engagement Specialist, Equity*; Gabrielle Hadly, *Program Manager, Public Health Emergency Preparedness and Response*; Adrienne Hampton, *Policy Planning, and Innovation Analyst, Administration*; Karen Holt, *Program Manager, Human Resources*; Kari Hunter, *Program Manager, Assessment and Epidemiology*; Kimberly Jones, *Program Manager, Drinking Water and Onsite Sewage Systems*; Siri Kushner, *Division Director, Public Health Infrastructure Division*; Albert Lawver, *Environmental Health Specialist 1, Food and Living Environment*; Dr. Gib Morrow, *Health Officer, Administration*; Woodi Nickerson, *Social Worker 1, HIV Case Management*; Ally Power, *Epidemiologist 1, Assessment and Epidemiology*; Tad Sooter, *Communications Coordinator and Public Information Officer, Communications*; Jacob Wimpenny, *Environmental Health Specialist 2-RS, Food and Living Environment*.

**Zoom Attendees:** *See attached.*

## Kitsap Public Health Board Meeting (Virtual Attendance)

<b>Webinar ID</b>	<b>Actual Start Time</b>	<b>Attendee Count</b>
861 8605 2497	7/11/2023 10:12	28

<b>NAME</b>	<b>NAME</b>	<b>JOINED BY PHONE</b>
Kandice Atisme-Bevins	Diane Meyer	None
Jessica Chen	Mel O'Brien	
Lisa Erickson	Carin Onarheim	
April Fisk	Kayla Petersen	
Fredric Hoffer	Rebecca Pirtle	
Wendy Inouye	Suzanne Plemmons	
Thomas Jury	Rosemary Shaw	
Dayna Katula	Kelsey Stedman	
Ann Marie Kimball, MD	Amanda Tjemsland	
Brandon Kindschy	Erica Whares	
Sarah Kinnear	KIRO Radio	
Thomas Kruse	Sanjana Ravi	
Gary Lidstrom	Nathan	
Michelle McMillan	Anne	

# Kitsap Public Health District Contact List

Executive Leadership Team		Office	Cell	Email
Keith Grellner	Administrator	360-728-2284	360-620-0074	<a href="mailto:keith.grellner@kitsappublichealth.org">keith.grellner@kitsappublichealth.org</a>
Gib Morrow, MD, MPH	Health Officer	360-728-2260	360-900-3019	<a href="mailto:gib.morrow@kitsappublichealth.org">gib.morrow@kitsappublichealth.org</a>
John Kiess	Director, Environmental Health	360-728-2290	360-620-0538	<a href="mailto:john.kiess@kitsappublichealth.org">john.kiess@kitsappublichealth.org</a>
Eric Evans	Assistant Director, Environmental Health	360-728-2225	360-509-2197	<a href="mailto:eric.evans@kitsappublichealth.org">eric.evans@kitsappublichealth.org</a>
Yolanda Fong	Director, Community Health	360-728-2275	360-535-9290	<a href="mailto:yolanda.fong@kitsappublichealth.org">yolanda.fong@kitsappublichealth.org</a>
Siri Kushner	Director, Public Health Infrastructure	360-728-2224	360-633-9239	<a href="mailto:siri.kushner@kitsappublichealth.org">siri.kushner@kitsappublichealth.org</a>
Margo Chang (Support Staff)	Administrative Assistant	360-728-2317	360-900-7599	<a href="mailto:margo.chang@kitsappublichealth.org">margo.chang@kitsappublichealth.org</a>
Program	Manager/Supervisor	Office	Cell	Email
Assessment/ Epidemiology	Kari Hunter	N/A	360-900-7025	<a href="mailto:kari.hunter@kitsappublichealth.org">kari.hunter@kitsappublichealth.org</a>
Communicable Disease	Kelsey Stedman	360-728-2034	360-865-0897	<a href="mailto:kelsey.stedman@kitsappublichealth.org">kelsey.stedman@kitsappublichealth.org</a>
Drinking Water & Onsite Sewage	Kimberly Jones	360-728-2222	360-633-9236	<a href="mailto:kimberly.jones@kitsappublichealth.org">kimberly.jones@kitsappublichealth.org</a>
Equity	Jessica Guidry	N/A	360-509-0966	<a href="mailto:jessica.guidry@kitsappublichealth.org">jessica.guidry@kitsappublichealth.org</a>
Finance & Accounting	Melissa Laird	360-728-2283	360-900-7018	<a href="mailto:melissa.laird@kitsappublichealth.org">melissa.laird@kitsappublichealth.org</a>
Food & Living Environment (shellfish, water recreation/ beaches, school safety, food safety, restaurant inspections)	Dayna Katula	360-728-2301	360-633-9018	<a href="mailto:dayna.katula@kitsappublichealth.org">dayna.katula@kitsappublichealth.org</a>
Chronic Disease and Injury Prevention	Dana Bierman	N/A	360-900-8091	<a href="mailto:dana.bierman@kitsappublichealth.org">dana.bierman@kitsappublichealth.org</a>
Human Resources	Karen Holt	360-728-2294	360-731-2567	<a href="mailto:karen.holt@kitsappublichealth.org">karen.holt@kitsappublichealth.org</a>
Immunizations & General Communicable Disease	Elizabeth "Liz" Davis	N/A	360-662-6205	<a href="mailto:Elizabeth.davis@Kitsappublichealth.org">Elizabeth.davis@Kitsappublichealth.org</a>
Information Technology	Ed North	360-728-2268	360-509-4813	<a href="mailto:ed.north@kitsappublichealth.org">ed.north@kitsappublichealth.org</a>
Parent Child Health	Nancy Acosta	N/A	360-731-6144	<a href="mailto:nancy.acosta@kitsappublichealth.org">nancy.acosta@kitsappublichealth.org</a>
Performance & Quality	Kandice Atisme-Bevins	360-728-2023	360-801-6936	<a href="mailto:kandice.atisme-bevins@kitsappublichealth.org">kandice.atisme-bevins@kitsappublichealth.org</a>
Permitting Program (Support Staff)	Dawn Morris	360-728-2253	360-731-2693	<a href="mailto:dawn.morris@kitsappublichealth.org">dawn.morris@kitsappublichealth.org</a>
Public Health Emergency Preparedness & Response	Gabrielle "Gabby" Hadly	360-728-2267	360-328-4909	<a href="mailto:gabrielle.hadly@kitsappublichealth.org">gabrielle.hadly@kitsappublichealth.org</a>
Public Information Officer/ Communications	Tad Sooter	360-728-2330	360-908-8892	<a href="mailto:tad.sooter@kitsappublichealth.org">tad.sooter@kitsappublichealth.org</a>
Solid & Hazardous Waste	Steve Brown	360-728-2277	360-633-9231	<a href="mailto:steve.brown@kitsappublichealth.org">steve.brown@kitsappublichealth.org</a>
Water Pollution Identification and Correction (PIC)	Grant Holdcroft	360-728-2228	360-633-9023	<a href="mailto:grant.holdcroft@kitsappublichealth.org">grant.holdcroft@kitsappublichealth.org</a>



# MEMO

**To:** Kitsap Public Health Board

**From:** Karen Holt, Human Resources Manager

**Date:** September 5, 2023

**Re:** Administrator Recruitment Update

Upon direction of the Board's Personnel Committee (Chair Erickson, Councilperson Hytopoulos, and members Sullivan and Kutz), the [public recruitment for applicants for the Health District's Administrator position](#) was officially launched in late July.

Response to the recruitment notice has been robust. As of August 30, 2023, the position opening has garnered 1,591 "hits". Twenty-one (21) applications have been submitted including three (3) applications from internal candidates.

The Personnel Committee, which last met on July 19, is recommending an interview process similar to the process used to recruit our current health officer, Dr. Morrow. In summary, the recommended process is:

1. The Personnel Committee will review applications the first week of September, and select applicants to interview **by September 15, 2023**. The Health District will forward a packet of applications to committee members **by September 8<sup>th</sup>**.
2. A first round of interviews will be scheduled for Friday, **September 29, 2023**. Commissioner Rolfes will join the Personnel Committee for these interviews, as well as Dr. Morrow, Keith Grellner, and several members of the Health District's Executive Leadership Team and Managers group. The first interviews will be conducted by two or three panels from the above. Calendar appointments have already been sent out to the Personnel Committee and Health District representatives.
3. Following the first round of interviews on September 29th, the Personnel Committee will update the full Board in executive session during the Board's regular October meeting (**October 3, 2023**).
4. The Health District will keep the job posting open until a selection by the Board has been made.

If the Board desires, a second round of interviews can be scheduled for the **week of October 16 – 20, 2023**, for top interviewees from the first round with the other non-Personnel Committee board members (who did not participate in the first round to avoid issues with a quorum), or the Personnel Committee (again), and/or a mix of these two groups (avoiding a quorum). Interviewers from partner agencies can be

Memo re: Administrator Recruitment Update

September 5, 2023

Page 2

added to the second round interviews if desired by the Board, and/or additional Health District employees.

If all goes as planned, and an ideal candidate is selected from the second round of interviews, formal Board consideration of the recommended candidate could occur during a **special meeting** of the Board sometime during the **week of October 30, 2023**.

If the selection recommendation is approved by the full board during the special meeting, Chair Erickson can then begin contract negotiations with the selected candidate with formal contract approval by the full board during the regular November meeting (**November 7, 2023**), or shortly thereafter by calling another special meeting.

This would allow at least a week, if not several weeks, for the new Administrator to cross-train with Administrator Grellner before his departure at the end of December 2023.

In the unlikely event that the Board is not ready to approve any of the candidates from the first or second round of interviews, the Board may elect to start from scratch and interview and new/additional applicants or start the recruitment process over from scratch.

During today's meeting, the Personnel Committee and Health District would like confirmation of the above plan from the full Board, and input concerning the following questions:

1. Is the proposed two-round interview process OK with the Board?
2. Shall the Health District schedule a date for second interviews ASAP for the **week of October 16th**?
3. Shall the Health District schedule a special meeting of the full Board for the **week of October 30<sup>th</sup>** in case it is needed?
4. Shall the Health District schedule a special meeting of the full Board for between November 8 and 13, 2023, in case it is needed?

If you have any comments or questions, please contact me at [karen.holt@kitsappublichealth.org](mailto:karen.holt@kitsappublichealth.org) or (360) 728-2294 or Keith Grellner at [keith.grellner@kitsappublichealth.org](mailto:keith.grellner@kitsappublichealth.org) or (360) 728-2284.

# MEMO

**To:** Kitsap Public Health Board  
**From:** Keith Grellner, Administrator  
**Date:** September 5, 2023  
**Re:** Resolution 2023-05, Approving Updates to Kitsap Public Health Board Bylaws

Please find attached for your review, comment, and consideration a revised draft of the Kitsap Public Health Board Bylaws. Two versions of the revised Bylaws are included in your packet: one in ~~strikeout~~/underline, and one clean copy of the updated Bylaws with proposed revisions accepted; also included in your packet is proposed Resolution 2023-05, Approving Updates to Kitsap Public Health Board Bylaws.

The purpose of the revised Bylaws is to delete reference to the Administrator as the Chief Executive Officer (CEO) of the Health District (see Article VI.4. on Page 5) and to correct a few minor typos and formatting items.

The Personnel Committee discussed the removal of the CEO title following the Board's executive session in July, and gave direction to make the proposed revisions for full Board consideration at today's meeting.

**Recommended Action:**

The Health Board may wish to consider making and taking the following action:

*The Board moves to approve Resolution 2023-05, Approving Updates to Kitsap Public Health Board Bylaws.*

Please contact me with any questions or concerns about this matter at (360) 728-2284, or [keith.grellner@kitsappublichealth.org](mailto:keith.grellner@kitsappublichealth.org).

**Attachments:**

1. Updates to Kitsap Public Health Board Bylaws w/ ~~Strikeout~~/Underline Revisions
2. Updated Kitsap Public Health Board Bylaws (Clean Version)
3. Resolution 2023-0??, Approving Updates to Kitsap Public Health Board Bylaws

**KITSAP PUBLIC HEALTH BOARD**

**BYLAWS**

~~Updated May 31, 2022~~Draft Update August 21, 2023

**ARTICLE I - NAME**

The name of this organization shall be the Kitsap Public Health Board, hereinafter referred to as "Public Health Board".

**ARTICLE II - PURPOSE**

The primary purposes of the Public Health Board are (1) to serve as the governing body of the Kitsap Public Health District; (2) to unite the municipalities and the county in a cooperative effort to supervise all matters pertaining to the preservation of the life and health of the citizens within its jurisdiction; (3) to comply fully with and enforce the public health statutes of the state and rules promulgated by the state board of health and the state secretary of health; and (4) to create and promote prudent public health policy within the District (*See Chapter 70.05 RCW, Local Health Departments, Boards, Officers – Regulations*).

**ARTICLE III – PUBLIC HEALTH BOARD/HEALTH DISTRICT ESTABLISHED**

On November 3, 1947, pursuant to Chapter 183 of the Laws of 1945, the Kitsap County Board of County Commissioners approved a resolution establishing the Kitsap County Board of Health, and the Health District, and solicited membership from the incorporated cities in Kitsap County.

The Kitsap County Health District was reaffirmed in 1996 in accordance with RCW 70.46 by individual ordinances adopted by the Kitsap County Commissioners and the legislative bodies of each of the incorporated city members of the Board of Health.

Kitsap County reaffirmed the existence of the Health District through Ordinance No. 455-2010. The Health District’s name was then changed to the Kitsap Public Health District by Kitsap County Ordinance No. 475-2011. In 2011, the Public Health Board also approved this name change for the Health District, and approved a name change for the Board --- from the Kitsap County Board of Health to the Kitsap Public Health Board --- by Public Health Board Resolution 2011-04. The Public Health Board was reaffirmed and established through Kitsap County Ordinance 524-2015.

In 2021, the Washington State Legislature passed Engrossed Second Substitute House Bill (E2SHB) 1152, requiring local boards of health in counties with populations fewer than 800,000 to expand their membership to include nonelected members and requiring that the number of elected officials on the board do not constitute a majority of the total membership of the local board of health. E2SHB 1152 amends RCW 70.05.030, 70.05.035, 70.46.020, and 70.46.031 and is codified as chapter 246-90 WAC. Kitsap County passed Ordinance No. 614-2022, Amending

Portions of Kitsap County Code Chapter 9.52, Kitsap Public Health District, on May 23, 2022, to establish and affirm the new state requirements for local board of health membership.

#### ARTICLE IV – MEMBERSHIP

1. In accordance with RCW [70.46.031](#), Revised Code of Washington, and Kitsap County Ordinance 614-2022, the Public Health Board shall consist of ten (10) members, five (5) electeds and five (5) nonelecteds. The number of elected officials may not constitute a majority of the total membership of the Public Health Board.
2. The five elected members shall be comprised of one (1) Kitsap County Commissioner the mayor from each of Kitsap’s four (4) cities (Bremerton, Bainbridge Island, Port Orchard, and Poulsbo).
3. The five (5) nonelected members shall be comprised of the following: one (1) tribal representative from each federally recognized tribes that hold reservation, trust lands, or have usual and accustomed areas within Kitsap County selected by the American Indian Health Commission (for a total of two tribal representatives); and three (3) nonelected members selected from the categories specified in [RCW 70.46.031\(1\)\(a\)](#). The non-tribal, nonelected members shall be approved and appointed by the Board of County Commissioners after recruitment and referral from the Public Health Board.
4. Each elected member jurisdiction may also appoint an alternate Public Health Board member from its legislative authority. An alternate may attend any Public Health Board meeting but is not entitled to vote unless the regular member to whom the alternate is delegated is absent from that meeting. An alternate member may also participate on committees, so long as the regular member for whom the alternate is delegated is not present during the committee meeting.
5. Nonelected board members are voting members of the Public Health Board except as it pertains to any decision related to the setting or modification of permit, licensing, and application fees in accordance with RCW 70.46.031(1)(l).
6. The term of each elected Public Health Board member shall begin at the first Public Health Board meeting after they are sworn into office or appointed by their legislative body. Terms run concurrent with the elected official’s term of office or as approved annually by a ~~a~~ city’s legislative body.
7. The terms of the nonelected members shall be four (4) years, except for the initial term of the nonelected representative for the public health/health care category specified in RCW 70.46.031(1)(a)(i) that is appointed in 2022 --- the initial term for this position shall have a first term of two (2) years in order to stagger the terms of the nonelected/non-tribal members. Staggered terms are intended to help preserve continuity of the board membership and operations.

8. In order to assure representation as outlined in this section (Article IV), vacancies of elected positions on the Public Health Board shall be filled within 30 days by appointment of the respective legislative body whose representative is vacating their Board position. (Note: *See* RCW 70.05.040) Vacancies of non-tribal and nonelected positions shall be filled as specified in Article IV.3. as soon as possible. Tribal vacancies shall be filled by the American Indian Health Commission.
9. All members of the Public Health Board shall be subject to the Ethics in Public Service Act, Washington Laws of 1994 chapter 154, and particularly chapters [42.20](#), [42.23](#), and [42.24](#) RCW, including but not limited to conflicts of interest and non-disclosure of confidential information.
10. Non-Tribal/Nonelected members of the Public Health Board may be removed from Health Board membership by the Board of County Commissioners for unexcused absences of three (3) consecutive regular Public Health Board meetings or for violations of the Ethics in Public Service Act.
11. Nonelected members of the Public Health Board shall be entitled to compensation of eighty-five dollars (\$85) per meeting for attending meetings of the Public Health Board, Public Health Board committee meetings, or other Public Health Board-approved activities as approved by the Chair and as provided for in the approved Health District budget, provided that such members are not receiving compensation from their employer or another entity to attend Public Health Board meetings. Non-elected members shall also be entitled to mileage reimbursement, at the approved Internal Revenue Service (IRS) rate, for attending meetings of the board in-person.

#### **ARTICLE V - LEGISLATIVE POWERS, DUTIES AND FUNCTIONS**

1. The authority and duties of the Public Health Board shall be as prescribed by [RCW 70.05.060](#) and [RCW 70.46.060](#).
2. The elected members of the Public Health Board shall appoint a Health Officer pursuant to [RCW 70.05.050](#) who shall serve in accordance with RCW 70.05.070. It is preferred that the Health Officer shall be a qualified physician trained and experienced in public health, but may have other qualifications provided in RCW 70.05.050 through RCW 70.05.055. The Health Officer shall serve at the pleasure of the Public Health Board, and shall only be removed in accordance with RCW 70.05.050. The Public Health Board shall evaluate the performance of the Health Officer biennially.
3. The Public Health Board shall set the Health Officer's compensation per RCW 70.05.050.
4. The elected members of the Public Health Board may appoint an Administrative Officer (a.k.a., Administrator) pursuant to [RCW 70.05.040](#) in addition to, and separate from, the Health Officer to serve as Executive Secretary to the Board in accordance with RCW 70.05.045. The Administrative Officer, if one is appointed, shall be responsible for administering the operations of the Public Health Board and Health District except for the duties assigned to the Health Officer as enumerated in RCW 70.05.070 and other applicable

state law. The Administrative Officer shall serve at the pleasure of the Public Health Board. The Public Health Board shall evaluate the performance of the Administrator biennially.

5. The Public Health Board shall set the Administrator’s compensation.
6. The Public Health Board will annually review and approve the Health District’s finances and budget to carry out public health services and operations.
7. The elected members, only, of the Public Health Board shall review and approve a fee schedule for services provided by the Health District pursuant to RCW 70.05.060(7) and RCW 70.46.031(1)(l), and in accordance with Public Health Board budget policy.
- ~~8.~~ 8. The Public Health Board shall receive regular reports from and through the Health Officer and the Administrator on the activities of the Health District.
- ~~8.~~ 9. The Public Health Board shall enforce through the local Health Officer or Administrator the public health statutes of the state and rules promulgated by the state board of health or secretary of health. The Public Health Board shall enact such local rules and regulations as are necessary to preserve, promote and improve the public health and provide for the enforcement thereof (*See* RCW 70.05.060).
10. The Public Health Board shall supervise the maintenance of all health and sanitary measures for the protection of public health; provide for the control and prevention of any dangerous, contagious, or infectious disease; and provide for the prevention, control and abatement of nuisances detrimental to the public health within its jurisdiction(*See* RCW 70.05.060).
11. The Public Health Board shall make reports to the state board of health through the local health officer and administrator as required by the state board of health\_(*See* RCW 70.05.060).
12. The Public Health Board may hear testimony from persons or groups appearing before it at regular meetings.
13. Through the Health District, the Public Health Board shall contract with an attorney whose duties shall be to advise and assist the Public Health Board and the Health District in routine legal matters. The Public Health Board may contract with special counsel for specific litigation by, or against, the District. The Public Health Board may defer legal matters to the Health District’s risk pool after consultation with the Health Officer and Administrator.
14. The Public Health Board has any and all such other authority as allowed under the law and as necessary to carry out the functions and purposes of the Health District.

Formatted: List Paragraph, No bullets or numbering

## ARTICLE VI – OFFICERS AND THEIR DUTIES

1. The presiding officer of the Public Health Board shall be a Chair, who shall serve for a term of one (1) year. The Public Health Board shall elect the Chair from the Board membership by a majority vote of the Board members present at the first regular meeting of each calendar year. No Chair (or Vice Chair) shall serve more than two (2) consecutive terms unless the Public Health Board votes to extend their terms and finds special circumstances to do so. The Chair shall preside over all meetings; shall state and put to vote all motions presented; shall enforce the procedural rules of the Public Health Board during meetings; and shall act as the signatory for all decisions, acts, and orders of the Public Health Board. The Chair may participate in all deliberations and vote on motions. If a vacancy in the Chair position occurs, the Vice Chair shall automatically become Chair of the Board for the remainder of the unexpired term of the Chair.
2. The Public Health Board shall elect a Vice Chair, who shall serve for a term of one (1) year. The election of the Vice Chair shall be no later than the first meeting of the year. If a vacancy occurs, a new Vice Chair shall be elected from Public Health Board members to fill the unexpired term at the next regular or a special meeting. The Vice Chair shall perform the duties of the Chair in the event of the Chair's absence or inability to perform their duties.
3. In accordance with Chapter 70.05.045, Revised Code of Washington, the Administrator shall serve as Executive Secretary and Administrative Officer for the Public Health Board unless such role is assigned to the Health Officer.
  - A. It shall be the duty of the Executive Secretary to: (1) Record minutes of all meetings of the Public Health Board; (2) Maintain a book or electronic files of numbered and dated resolutions and ordinances passed by the Board; (3) Be custodian of all records, books and papers belonging to the Board; and (4) Carry on the usual correspondence of the Board, including such matters as notifying members of public meetings dealing with public health matters and making written recommendations thereon.
  - B. The Executive Secretary shall be empowered to employ such technical and other personnel as allowed in the approved budget to carry out the functions of the Health District. In fulfilling his or her duties prescribed under Article VI, the Administrator may delegate such duties to other personnel employed by the Health District.
4. The Administrator, if one is appointed, ~~shall also serve as the Chief Executive Officer for the Health District, unless such role is expressly assigned to the Health Officer, and is~~ responsible for the administration of all programs and functions of the district including, but not limited to, entering into contracts with third parties and other agencies within the budget set by the Public Health Board, hiring and firing of personnel, and purchasing needed supplies and equipment.
5. The Administrator's appointment shall be at the will of the Public Health Board. No term of office is required to be established for the Administrator, and the Administrator shall not be removed from office until after notice is given and an opportunity for a hearing before the Public Health Board as to the reason for the Administrator's removal is provided.

## ARTICLE VII - HEALTH OFFICER



1. The Health Officer, acting under the direction of the Public Health Board, shall enforce the public health statutes of the state, rules of the state board of health and the secretary of health, and all local health rules, regulations and ordinances as authorized in RCW 70.05.070. The Health Officer is also responsible for overseeing the public health functions of community health assessment, public health policy development, and assurance of health service delivery throughout Kitsap County.
2. The Health Officer shall be responsible to the Public Health Board for his/her official actions.
3. The Public Health Board acknowledges that in the event of a health emergency, the Health Officer may act as needed pursuant to RCW 70.05.070 and Title 246 of the Washington Administrative Code, and considering the exigencies of an extreme emergency if there is no time for the Public Health Board to meet and confer before such action is necessary.
4. The Health Officer's appointment shall be at the will of the Public Health Board. No term of office shall be established for the Health Officer, and the Health Officer shall not be removed from office until after notice is given and an opportunity for a hearing before the Public Health Board as to the reason for the Health Officer's removal is provided (*See* [RCW 70.05.050](#)).

#### **ARTICLE VIII - MEETINGS AND QUORUM**

1. The Public Health Board shall meet on a regular basis. All meetings shall be conducted in accordance with the Open Public Meetings Act, Chapter 42.30, RCW. The dates, times and locations of meetings shall be established for each following year at the last meeting of the current calendar year.
2. Special meetings may be called by the Chair at his/her discretion, by request of the Health Officer or Administrator, or on the written request of a majority of the Board members, provided that written notice is given as provided by RCW 42.30.080.
3. Six (6) members of the Public Health Board shall constitute a quorum for conducting the regular business of the Public Health Board and Health District, subject to the exceptions noted below.
4. Approval of actions taken by the Public Health Board shall be by a majority of the votes cast of members officially in attendance. Only those Public Health Board members officially in attendance and constituting a quorum of the Board shall be allowed to cast votes.
5. In accordance with RCW 70.46.030(1)(l), only elected members shall vote on matters related to setting or modifying permit, licensing, and application fees, and a simple majority will prevail.
6. For approval of the Health District's annual budget, a majority of the quorum present shall be obtained for the budget vote to pass.

7. For tied votes on matters other than fees or budget, a 100% voting block of elected members present shall break the tie; when a 100% block of electeds present is not obtained, the tied vote/action shall fail.
8. Pursuant to Kitsap County Ordinance No. 614-2022, only elected members of the board shall appoint a Health Officer and/or Administrator.
9. In accordance with RCW 42.30.110, the Public Health Board may call executive sessions as necessary.

#### **ARTICLE IX - BUSINESS OF REGULAR MEETINGS**

The business at all regular meetings, unless changed by a majority vote of members present, shall include: Call to Order; Approval of Minutes of Last Meeting; Health Officer's Report; Administrator's Report; Action Items; Discussion Items/Reports; Public Concerns; and Adjourn. The Chair and Executive Secretary shall have discretion as to the order of items on a meeting's agenda and the amount of time allotted to each item.

#### **ARTICLE X - COMMITTEES**

1. The standing committees of the Public Health Board are the Finance and Operations Committee, the Policy Committee, and the Personnel Committee. Each committee shall consist of at least two (2), but no more than five (5), Public Health Board members so as not to create a quorum of the Public Health Board.
2. The Chair of the Public Health Board shall make committee assignments by calling for volunteers from the Board membership at the first meeting of the calendar year.
3. The Public Health Board may establish and appoint members for temporary committees as needed to carry out the Board's work.
4. The Chair may participate in any or all the above committees as desired.

#### **ARTICLE XI - RULES OF BUSINESS**

Business of the Public Health Board is ordinarily conducted in accordance with the most current edition of *Robert's Rules of Order*, so long as they are consistent with these bylaws or any amendments thereto. The Public Health Board legal counsel shall serve as parliamentarian.

#### **ARTICLE XII - AMENDMENTS TO THESE BYLAWS**

These bylaws may be amended at any regular or special meeting of the Public Health Board by a majority vote of members present, provided that the amendment has been presented in writing to the members of the Public Health Board at least ten (10) business days prior to said meeting.

# **KITSAP PUBLIC HEALTH BOARD**

## **BYLAWS**

Revised and Approved September 5, 2023

### **ARTICLE I - NAME**

The name of this organization shall be the Kitsap Public Health Board, hereinafter referred to as "Public Health Board".

### **ARTICLE II - PURPOSE**

The primary purposes of the Public Health Board are (1) to serve as the governing body of the Kitsap Public Health District; (2) to unite the municipalities and the county in a cooperative effort to supervise all matters pertaining to the preservation of the life and health of the citizens within its jurisdiction; (3) to comply fully with and enforce the public health statutes of the state and rules promulgated by the state board of health and the state secretary of health; and (4) to create and promote prudent public health policy within the District (*See* Chapter 70.05 RCW, Local Health Departments, Boards, Officers – Regulations).

### **ARTICLE III – PUBLIC HEALTH BOARD/HEALTH DISTRICT ESTABLISHED**

On November 3, 1947, pursuant to Chapter 183 of the Laws of 1945, the Kitsap County Board of County Commissioners approved a resolution establishing the Kitsap County Board of Health, and the Health District, and solicited membership from the incorporated cities in Kitsap County.

The Kitsap County Health District was reaffirmed in 1996 in accordance with RCW 70.46 by individual ordinances adopted by the Kitsap County Commissioners and the legislative bodies of each of the incorporated city members of the Board of Health.

Kitsap County reaffirmed the existence of the Health District through Ordinance No. 455-2010. The Health District's name was then changed to the Kitsap Public Health District by Kitsap County Ordinance No. 475-2011. In 2011, the Public Health Board also approved this name change for the Health District, and approved a name change for the Board --- from the Kitsap County Board of Health to the Kitsap Public Health Board --- by Public Health Board Resolution 2011-04. The Public Health Board was reaffirmed and established through Kitsap County Ordinance 524-2015.

In 2021, the Washington State Legislature passed Engrossed Second Substitute House Bill (E2SHB) 1152, requiring local boards of health in counties with populations fewer than 800,000 to expand their membership to include nonelected members and requiring that the number of elected officials on the board do not constitute a majority of the total membership of the local board of health. E2SHB 1152 amends RCW 70.05.030, 70.05.035, 70.46.020, and 70.46.031 and is codified as chapter 246-90 WAC. Kitsap County passed Ordinance No. 614-2022, Amending

Portions of Kitsap County Code Chapter 9.52, Kitsap Public Health District, on May 23, 2022, to establish and affirm the new state requirements for local board of health membership.

#### **ARTICLE IV – MEMBERSHIP**

1. In accordance with RCW [70.46.031](#), Revised Code of Washington, and Kitsap County Ordinance 614-2022 , the Public Health Board shall consist of ten (10) members, five (5) electeds and five (5) nonelecteds. The number of elected officials may not constitute a majority of the total membership of the Public Health Board.
2. The five elected members shall be comprised of one (1) Kitsap County Commissioner the mayor from each of Kitsap’s four (4) cities (Bremerton, Bainbridge Island, Port Orchard, and Poulsbo).
3. The five (5) nonelected members shall be comprised of the following: one (1) tribal representative from each federally recognized tribes that hold reservation, trust lands, or have usual and accustomed areas within Kitsap County selected by the American Indian Health Commission (for a total of two tribal representatives); and three (3) nonelected members selected from the categories specified in [RCW 70.46.031\(1\)\(a\)](#). The non-tribal, nonelected members shall be approved and appointed by the Board of County Commissioners after recruitment and referral from the Public Health Board.
4. Each elected member jurisdiction may also appoint an alternate Public Health Board member from its legislative authority. An alternate may attend any Public Health Board meeting but is not entitled to vote unless the regular member to whom the alternate is delegated is absent from that meeting. An alternate member may also participate on committees, so long as the regular member for whom the alternate is delegated is not present during the committee meeting.
5. Nonelected board members are voting members of the Public Health Board except as it pertains to any decision related to the setting or modification of permit, licensing, and application fees in accordance with RCW 70.46.031(1)(1).
6. The term of each elected Public Health Board member shall begin at the first Public Health Board meeting after they are sworn into office or appointed by their legislative body. Terms run concurrent with the elected official’s term of office or as approved annually by a city’s legislative body.
7. The terms of the nonelected members shall be four (4) years, except for the initial term of the nonelected representative for the public health/health care category specified in RCW 70.46.031(1)(a)(i) that is appointed in 2022 --- the initial term for this position shall have a first term of two (2) years in order to stagger the terms of the nonelected/non-tribal members. Staggered terms are intended to help preserve continuity of the board membership and operations.

8. In order to assure representation as outlined in this section (Article IV), vacancies of elected positions on the Public Health Board shall be filled within 30 days by appointment of the respective legislative body whose representative is vacating their Board position. (Note: *See* RCW 70.05.040) Vacancies of non-tribal and nonelected positions shall be filled as specified in Article IV.3. as soon as possible. Tribal vacancies shall be filled by the American Indian Health Commission.
9. All members of the Public Health Board shall be subject to the Ethics in Public Service Act, Washington Laws of 1994 chapter 154, and particularly chapters [42.20](#), [42.23](#), and [42.24](#) RCW, including but not limited to conflicts of interest and non-disclosure of confidential information.
10. Non-Tribal/Nonelected members of the Public Health Board may be removed from Health Board membership by the Board of County Commissioners for unexcused absences of three (3) consecutive regular Public Health Board meetings or for violations of the Ethics in Public Service Act.
11. Nonelected members of the Public Health Board shall be entitled to compensation of eighty-five dollars (\$85) per meeting for attending meetings of the Public Health Board, Public Health Board committee meetings, or other Public Health Board-approved activities as approved by the Chair and as provided for in the approved Health District budget, provided that such members are not receiving compensation from their employer or another entity to attend Public Health Board meetings. Non-elected members shall also be entitled to mileage reimbursement, at the approved Internal Revenue Service (IRS) rate, for attending meetings of the board in-person.

## **ARTICLE V - LEGISLATIVE POWERS, DUTIES AND FUNCTIONS**

1. The authority and duties of the Public Health Board shall be as prescribed by [RCW 70.05.060](#) and [RCW 70.46.060](#).
2. The elected members of the Public Health Board shall appoint a Health Officer pursuant to [RCW 70.05.050](#) who shall serve in accordance with RCW 70.05.070. It is preferred that the Health Officer shall be a qualified physician trained and experienced in public health, but may have other qualifications provided in RCW 70.05.050 through RCW 70.05.055. The Health Officer shall serve at the pleasure of the Public Health Board, and shall only be removed in accordance with RCW 70.05.050. The Public Health Board shall evaluate the performance of the Health Officer biennially.
3. The Public Health Board shall set the Health Officer's compensation per RCW 70.05.050.
4. The elected members of the Public Health Board may appoint an Administrative Officer (a.k.a., Administrator) pursuant to [RCW 70.05.040](#) in addition to, and separate from, the Health Officer to serve as Executive Secretary to the Board in accordance with RCW 70.05.045. The Administrative Officer, if one is appointed, shall be responsible for administering the operations of the Public Health Board and Health District except for the duties assigned to the Health Officer as enumerated in RCW 70.05.070 and other applicable

state law. The Administrative Officer shall serve at the pleasure of the Public Health Board. The Public Health Board shall evaluate the performance of the Administrator biennially.

5. The Public Health Board shall set the Administrator's compensation.
6. The Public Health Board will annually review and approve the Health District's finances and budget to carry out public health services and operations.
7. The elected members, only, of the Public Health Board shall review and approve a fee schedule for services provided by the Health District pursuant to RCW 70.05.060(7) and RCW 70.46.031(1)(l), and in accordance with Public Health Board budget policy.
8. The Public Health Board shall receive regular reports from and through the Health Officer and the Administrator on the activities of the Health District.
9. The Public Health Board shall enforce through the local Health Officer or Administrator the public health statutes of the state and rules promulgated by the state board of health or secretary of health. The Public Health Board shall enact such local rules and regulations as are necessary to preserve, promote and improve the public health and provide for the enforcement thereof (*See* RCW 70.05.060).
10. The Public Health Board shall supervise the maintenance of all health and sanitary measures for the protection of public health; provide for the control and prevention of any dangerous, contagious, or infectious disease; and provide for the prevention, control and abatement of nuisances detrimental to the public health within its jurisdiction(*See* RCW 70.05.060).
11. The Public Health Board shall make reports to the state board of health through the local health officer and administrator as required by the state board of health (*See* RCW 70.05.060).
12. The Public Health Board may hear testimony from persons or groups appearing before it at regular meetings.
13. Through the Health District, the Public Health Board shall contract with an attorney whose duties shall be to advise and assist the Public Health Board and the Health District in routine legal matters. The Public Health Board may contract with special counsel for specific litigation by, or against, the District. The Public Health Board may defer legal matters to the Health District's risk pool after consultation with the Health Officer and Administrator.
14. The Public Health Board has any and all such other authority as allowed under the law and as necessary to carry out the functions and purposes of the Health District.

## **ARTICLE VI – OFFICERS AND THEIR DUTIES**

1. The presiding officer of the Public Health Board shall be a Chair, who shall serve for a term of one (1) year. The Public Health Board shall elect the Chair from the Board membership by a majority vote of the Board members present at the first regular meeting of each calendar

year. No Chair (or Vice Chair) shall serve more than two (2) consecutive terms unless the Public Health Board votes to extend their terms and finds special circumstances to do so. The Chair shall preside over all meetings; shall state and put to vote all motions presented; shall enforce the procedural rules of the Public Health Board during meetings; and shall act as the signatory for all decisions, acts, and orders of the Public Health Board. The Chair may participate in all deliberations and vote on motions. If a vacancy in the Chair position occurs, the Vice Chair shall automatically become Chair of the Board for the remainder of the unexpired term of the Chair.

2. The Public Health Board shall elect a Vice Chair, who shall serve for a term of one (1) year. The election of the Vice Chair shall be no later than the first meeting of the year. If a vacancy occurs, a new Vice Chair shall be elected from Public Health Board members to fill the unexpired term at the next regular or a special meeting. The Vice Chair shall perform the duties of the Chair in the event of the Chair's absence or inability to perform their duties.
3. In accordance with Chapter 70.05.045, Revised Code of Washington, the Administrator shall serve as Executive Secretary and Administrative Officer for the Public Health Board unless such role is assigned to the Health Officer.
  - A. It shall be the duty of the Executive Secretary to: (1) Record minutes of all meetings of the Public Health Board; (2) Maintain a book or electronic files of numbered and dated resolutions and ordinances passed by the Board; (3) Be custodian of all records, books and papers belonging to the Board; and (4) Carry on the usual correspondence of the Board, including such matters as notifying members of public meetings dealing with public health matters and making written recommendations thereon.
  - B. The Executive Secretary shall be empowered to employ such technical and other personnel as allowed in the approved budget to carry out the functions of the Health District. In fulfilling his or her duties prescribed under Article VI, the Administrator may delegate such duties to other personnel employed by the Health District.
4. The Administrator, if one is appointed, is responsible for the administration of all programs and functions of the district including, but not limited to, entering into contracts with third parties and other agencies within the budget set by the Public Health Board, hiring and firing of personnel, and purchasing needed supplies and equipment.
5. The Administrator's appointment shall be at the will of the Public Health Board. No term of office is required to be established for the Administrator, and the Administrator shall not be removed from office until after notice is given and an opportunity for a hearing before the Public Health Board as to the reason for the Administrator's removal is provided.

## **ARTICLE VII - HEALTH OFFICER**

1. The Health Officer, acting under the direction of the Public Health Board, shall enforce the public health statutes of the state, rules of the state board of health and the secretary of health, and all local health rules, regulations and ordinances as authorized in RCW 70.05.070. The Health Officer is also responsible for overseeing the public health functions



of community health assessment, public health policy development, and assurance of health service delivery throughout Kitsap County.

2. The Health Officer shall be responsible to the Public Health Board for his/her official actions.
3. The Public Health Board acknowledges that in the event of a health emergency, the Health Officer may act as needed pursuant to RCW 70.05.070 and Title 246 of the Washington Administrative Code, and considering the exigencies of an extreme emergency if there is no time for the Public Health Board to meet and confer before such action is necessary.
4. The Health Officer's appointment shall be at the will of the Public Health Board. No term of office shall be established for the Health Officer, and the Health Officer shall not be removed from office until after notice is given and an opportunity for a hearing before the Public Health Board as to the reason for the Health Officer's removal is provided (*See* [RCW 70.05.050](#)).

#### **ARTICLE VIII - MEETINGS AND QUORUM**

1. The Public Health Board shall meet on a regular basis. All meetings shall be conducted in accordance with the Open Public Meetings Act, Chapter 42.30, RCW. The dates, times and locations of meetings shall be established for each following year at the last meeting of the current calendar year.
2. Special meetings may be called by the Chair at his/her discretion, by request of the Health Officer or Administrator, or on the written request of a majority of the Board members, provided that written notice is given as provided by RCW 42.30.080.
3. Six (6) members of the Public Health Board shall constitute a quorum for conducting the regular business of the Public Health Board and Health District, subject to the exceptions noted below.
4. Approval of actions taken by the Public Health Board shall be by a majority of the votes cast of members officially in attendance. Only those Public Health Board members officially in attendance and constituting a quorum of the Board shall be allowed to cast votes.
5. In accordance with RCW 70.46.030(1)(l), only elected members shall vote on matters related to setting or modifying permit, licensing, and application fees, and a simple majority will prevail.
6. For approval of the Health District's annual budget, a majority of the quorum present shall be obtained for the budget vote to pass.
7. For tied votes on matters other than fees or budget, a 100% voting block of elected members present shall break the tie; when a 100% block of electeds present is not obtained, the tied vote/action shall fail.

8. Pursuant to Kitsap County Ordinance No. 614-2022, only elected members of the board shall appoint a Health Officer and/or Administrator.
9. In accordance with RCW 42.30.110, the Public Health Board may call executive sessions, as necessary.

## **ARTICLE IX - BUSINESS OF REGULAR MEETINGS**

The business at all regular meetings, unless changed by a majority vote of members present, shall include: Call to Order; Approval of Minutes of Last Meeting; Health Officer's Report; Administrator's Report; Action Items; Discussion Items/Reports; Public Concerns; and Adjourn. The Chair and Executive Secretary shall have discretion as to the order of items on a meeting's agenda and the amount of time allotted to each item.

## **ARTICLE X - COMMITTEES**

1. The standing committees of the Public Health Board are the Finance and Operations Committee, the Policy Committee, and the Personnel Committee. Each committee shall consist of at least two (2), but no more than five (5), Public Health Board members so as not to create a quorum of the Public Health Board.
2. The Chair of the Public Health Board shall make committee assignments by calling for volunteers from the Board membership at the first meeting of the calendar year.
3. The Public Health Board may establish and appoint members for temporary committees as needed to carry out the Board's work.
4. The Chair may participate in any or all the above committees as desired.

## **ARTICLE XI - RULES OF BUSINESS**

Business of the Public Health Board is ordinarily conducted in accordance with the most current edition of *Robert's Rules of Order*, so long as they are consistent with these bylaws or any amendments thereto. The Public Health Board legal counsel shall serve as parliamentarian.

## **ARTICLE XII - AMENDMENTS TO THESE BYLAWS**

These bylaws may be amended at any regular or special meeting of the Public Health Board by a majority vote of members present, provided that the amendment has been presented in writing to the members of the Public Health Board at least ten (10) business days prior to said meeting.

## Approving Updates to Kitsap Public Health Board Bylaws

**WHEREAS**, the purpose of the Bylaws for the Kitsap Public Health Board (Board) are to create a working framework for the Health Board to serve as the governing body of the Kitsap Public Health District (Health District), to unite the municipalities and the county in a cooperative effort to supervise all matters pertaining to the preservation of the life and health of the citizens within Kitsap County, and to fully comply with and enforce the public health statutes of the state and rules promulgated by the state Board of Health; and

**WHEREAS**, the Bylaws also create a working framework for the Board's two at-will employees --- the Health Officer and Administrator --- to oversee and lead the Health District in carrying out the will of the Board and implanting and enforcing the public health statutes and rules of the State of Washington; and

**WHEREAS**, the Board's Personnel Committee recommends that updates to the Bylaws be considered for approval by the full Board as specified in the attached proposed draft of the Bylaws.

**NOW, THEREFORE, BE IT RESOLVED** that the Kitsap Public Health Board hereby approves the attached and amended Kitsap Public Health Board Bylaws, effective immediately.

**APPROVED:** September 5, 2023

**EFFECTIVE:** September 5, 2023

---

Mayor Becky Erickson, Chair  
Kitsap Public Health Board

# MEMO

**To:** Kitsap Public Health Board

**From:** Elizabeth Davis, Immunizations and Other Communicable Diseases Program Manager  
Brian Nielson, Vaccines for Children – Olympic Region Coordinator

**Date:** September 5, 2023

**Re:** Kitsap County Immunize Washington 2023 Awardees

The Health Plan Partnership, a cooperative alliance of the Department of Health (DOH), Health Care Authority, Governor Jay Inslee, and all the major health plans in Washington, has announced the [2023 Immunize Washington Provider Recognition Awards](#).

Immunize Washington is a partnership between public health, health plans and other organizations that aims to:

- **Increase** immunization rates at the clinic level by using best practice tools and the Washington State Immunization Information System (IIS).
- **Support** activities to provide on time vaccination to children and adolescents.
- **Encourage** clinics to measure their immunization rates so they know where they are doing well and areas to improve.
- **Engage** in immunization quality improvement activities.
- **Help** Washington meet national goals for child and teen vaccines.

This program recognizes clinics that reach immunization rates of 70 percent or higher in child and adolescent patient populations. Kitsap Public Health felt it important to make the board aware of our local Kitsap awardees for 2023 in recognition of the important work they do to keep our communities safe and healthy.

**Awardees for Childhood Immunizations:**

- Member Plus Family Health
- Bainbridge Pediatrics
- Clare Medical PCHS
- TDC Silverdale
- Madrona Heights School Based Health Center-PCHS
- Franciscan Medical Clinic-Bremerton

- Virginia Mason Bainbridge Island
- TDC Women's and Childrens
- Port Orchard PCHS Medical
- Kitsap Childrens Clinic Port Orchard
- Sound Pediatrics
- TDC Poulsbo
- Port Orchard Tremont Clinic
- Kitsap Childrens Silverdale
- HHP Family Medicine- VMFH residency
- Silverdale Medical Center- VMFH
- Poulsbo Medical Center- VMFH

**Awardees for Adolescent Immunizations:**

- Poulsbo PCHS Medical
- Port Orchard PCHS Medical
- The Manette Clinic
- Clare Medical PCHS
- Kitsap Children's Silverdale
- Madrona Heights School Based Health Center-PCHS
- Poulsbo Medical Center VMFH
- TDC Poulsbo
- Bremerton PCHS Medical

The Health District sincerely appreciates the good work of these providers and collaborating with the providers to protect our community.

If you have any questions, please contact me at [elizabeth.davis@kitsappublichealth.org](mailto:elizabeth.davis@kitsappublichealth.org).

# Summary Report

## Kitsap Maternal and Infant Health Forum

### July 2023

Adrienne Hampton (she/her)  
Policy, Planning, and Innovation Analyst



# Acknowledgements

- We want to recognize that gender identities are diverse and not everyone who gives birth may identify as a mother.
- We acknowledge those who passed away during or after pregnancy, the ones they cared for, and those who were close to them.
- We acknowledge, too, that maternal mortality and morbidity is a significant equity concern as these issues do not impact all communities equally. No one person or group of people should bear a greater risk of death because of their socially determined circumstances.



# Presentation Overview

- Background on maternal and infant health assessment and data
- July 20 Kitsap Maternal and Infant Health Forum summary
- KPHD Parent-Child Health and Nurse Family Partnership Program





# MATERNAL & INFANT HEALTH

The health and well-being of parents and infants is foundational to the health of our Kitsap community. The mental, physical, emotional, and socioeconomic wellbeing of people who give birth can affect pregnancy and birth outcomes as well as the health of their children into adulthood and subsequent generations. Protecting and promoting positive behaviors, such as adequate prenatal care and breastfeeding can impact our community's health for generations.

## AVAILABILITY OF OB/GYN CARE



In 2021, Kitsap had **8 OB/GYN providers per 100,000 population**. This rate was decreasing.



In 2021, Washington as a whole had **15 OB/GYN providers per 100,000 population**. This rate was increasing.

## ACCESS TO PRENATAL CARE



**one out of two Kitsap residents (52%)** who gave birth in 2021 received adequate prenatal care.



**more than two out of three Washington residents (70%)** who gave birth in 2021 received adequate prenatal care.





## ACCESS TO CARE

**OB/GYN CARE:** There are a declining number of OB/GYNs and facilities in Kitsap due to closures of the Naval Hospital Bremerton birthing center, an obstetrics suite at Peninsula Community Health Services, and multiple provider retirements.

**MEDICAID COVERAGE:** In 2020, 37% of births were paid by Medicaid. Not all providers accept Medicaid.

**BIRTHS OUTSIDE COUNTY:** In 2020, about 1 in 4 births to people living in Kitsap took place outside Kitsap.

**LACTATION SUPPORT:** In a 2022 community survey, more half of respondents (54%) who had recently been or currently were pregnant said there was a time in the last two years when they needed lactation and breast- or chestfeeding support and could not get it.



## MATERNAL MORTALITY

**MATERNAL DEATHS:** Fewer than 10 maternal deaths occurred among Kitsap residents from 2012-2021. The mortality rate in Kitsap was similar to the statewide rate.

**MATERNAL MORTALITY IS AN EQUITY ISSUE:** Equity in the context of maternal mortality means that no person or group of people bears greater risk of death because of their socially determined circumstances. Racism, discrimination, stigma, and other social determinants of health contribute to disproportionate maternal mortality rates, as well as pregnancy complications and barriers to accessing high-quality health care. Source: [Washington State Maternal Mortality Review Panel: Maternal Deaths 2017-2020](#)



To view interactive dashboards displaying data on dozens of Kitsap health topics, go to: [kitsappublichealth.org/data](https://kitsappublichealth.org/data)



# DOH MMRP Data and Assessment

- The Panel found **80 percent of pregnancy-related deaths were preventable**, meaning there was at least some chance of the death being averted if a factor that contributed to the death had been different.
- The Panel identified **224 pregnancy-associated deaths from 2014–2020**. These are defined as deaths from any cause **during pregnancy or within one year of the end of pregnancy**.
- American Indian/Alaska Native people have the highest ratio of maternal mortality than any other racial/ethnic group in Washington State.

Source: Washington State Maternal Mortality Review Panel, Report to the Legislature, Maternal Deaths 2017-2020, February 2023

Washington  
State Maternal  
Mortality Review  
Panel:  
Maternal Deaths  
2017–2020

February 2023  
RCW 70.54.450



# DOH MMRP Data and Assessment

- **Strengthen clinical care**
- **Meet basic human needs**
- **Address and prevent violence**
- **Undo racism and bias**
- **Address mental health and substance use disorder**
- **Enhance health care quality and access**

Source: Washington State Maternal Mortality Review Panel, Report to the Legislature, Maternal Deaths 2017-2020, February 2023

**Washington  
State Maternal  
Mortality Review  
Panel:  
Maternal Deaths  
2017–2020**

**February 2023**  
RCW 70.54.450



# Kitsap Maternal and Infant Health Forum

- KPHD hosted a Maternal & Infant Health Forum in July 2023.
- Local healthcare and mental health professionals, social services providers, policymakers, and parents were in attendance.
- Activities included community gathering time, video storytelling, panel discussion, and tabletop discussions.



# Kitsap Maternal and Infant Health Forum

*“I think that replenishing the workforce here, the labor force and healthcare providers is obviously huge... Knowledge is power and an empowered person will feel more comfortable and will be more likely to seek the care that they need.”*

*– Amber Winemiller, Community Health Nurse, Suquamish Tribe*



# Summary of Recommendations and Activities

## Collaboration (N = 57, 19%)

- Create a workgroup where providers can build relationships, address challenges, and collaborate
- Utilize different levels of health care to address maternal health gaps including midwives, doulas, and nurses
- Embed additional services in prenatal and postnatal care like mental health, substance use treatment, and support services



# Summary of Recommendations and Activities

## Holistic, Cultural, and Client-Centered Care (N = 50, 17%)

- Expand maternal health to include additional support for mental health, parenting education, postpartum care, and connections to resources.
- Disrupt the traditional care model by using a client-centered approach to prenatal and postnatal care.





# Summary of Recommendations and Activities

## Training (N = 34, 12%)

- Conduct implicit bias, racism, cultural competence training with staff.
- Increase knowledge on mental health, substance use disorders including screenings, warning signs, and combating stigma.



# Summary of Recommendations and Activities

## Accessible Mental Health and Substance Use Disorder Services (N = 32, 11%)

- Create a group therapy program for those planning to or have recently given birth.
- Reduce barriers by embedding mental health services in existing structures in our community.
- Eliminate stigma of the use of mental health and substance use disorder services during and after pregnancy.



# Summary of Recommendations and Activities

## **Cultural Competency (N = 27, 9%)**

- Train providers and implement use of plain language.
- Promote the incorporation of traditional/cultural practices into prenatal and postnatal care.



# Summary of Recommendations and Activities

- Utilize providers other than OB/GYN to provide maternal care (N = 26, 9%)
- Centralized services (N = 25, 9%)
- Accessible facilities (telehealth, home visits, mobile clinics, etc.) (N = 23, 8%)
- Support health care workforce (N = 20, 7%)
- Recruitment of workers to medical field (N = 19, 6%)
- Increase number of facilities and providers (N = 17, 6%)
- Diverse recruitment (N = 14, 5%)
- Workgroup/community of practice (N = 14, 5%)
- Reimbursement (N = 13, 4%)
- Community outreach (N = 13, 4%)
- Additional data/research (N = 12, 4%)
- Warm hand offs to services (N = 12, 4%)

# Solutions Focused Approach

## Forum Reflection Form Responses:

- "Community resources sitting in the same room for discussion of how to implement actions/solutions necessary when working with the positive and negative aspects seen in maternal/childcare for our county...excellent!!"
- "Forum was well organized, information shared was important to hear and the location was beautiful. Great to hear the multiple perspectives and share my own. Time went by fast."
- "I was pleased to be gathering with the medical as well as social service communities to discuss the important topic of maternal & infant medical access for community families"



# Thank You to All Participants!

Agape Unlimited  
Bremerton Housing  
Authority  
City of Bremerton,  
Mayors Office  
Community Leadership  
Douglas in Kitsap County  
Easterseals Washington  
Kitsap County Parent  
Coalition  
Holly Ridge Center  
Kitsap Community  
Resources  
Kitsap County  
Breastfeeding Coalition

Kitsap County Mental Health,  
Chemical Dependency, and  
Therapeutic Drug Court  
Community Advisory  
Committee  
Kitsap Mental Health Services  
Kitsap Parent Child Assistance  
Program  
Kitsap Pediatricians  
Kitsap Public Health District  
Kitsap OBGYN  
Kitsap Strong  
League of Women Voters  
MultiCare  
Navel Hospital Bremerton  
Nurse Marine Corps  
Nurturing Expressions

Nurturing Expressions  
Office of the Governor,  
Public Health  
Olympic College Nursing  
Faculty  
Olympic Community of Health  
Olympic Education School  
District  
Local Kitsap Parents  
Peninsula Community Health  
Services  
Peninsula Early Childhood  
Coalition  
Representative Derek Kilmer  
Office  
Senator Emily Randall Office  
Suquamish Tribe  
True North Birth Center  
University of Washington

VMFH Leadership  
VM-FH Community Health  
VM-FHS Family Medicine  
Residency Program SW  
VM-FH Maternal Child Social  
Workers  
Washington Department of  
Children, Youth, and Families  
Washington Department of  
Health  
Washington Health Care  
Authority  
Washington State Parent  
Ambassadors  
YWCA Kitsap



# KPHD Parent-Child Health and Nurse Family Partnership Program

## Program overview

- Children & Youth With Special Health Care Needs
- Lactation Resources
- Childcare Consultation
- Nurse Family Partnership
- Community Health Worker Support
- Support for Families with Elevated Blood Lead Levels
- Work First Assessments
- Mama Moves Kitsap



# KPHD Parent-Child Health and Nurse Family Partnership Program

## Spotlight: Mama Moves Kitsap

Nurse-led postpartum group incorporating mindfulness, movement outdoors, and support.

Facilitators are certified by Perinatal Support of Washington.

Walking trails are selected based on the following criteria:

1. Paved trails suitable for strollers;
2. Safety, proximity;
3. Accessibility in Kitsap County.





# KPHD Parent-Child Health and Nurse Family Partnership Program

## Spotlight: Mama Moves Kitsap

- Supports new parents with movement in an outdoor group setting.
- Provides a venue for social support and health of new parents.
- Supports both physical and mental health.
- Nurse support through education, resources, and referrals.
- Utilizes the Group Peer Support (GPS) model from Perinatal Support of Washington.



# KPHD Parent-Child Health and Nurse Family Partnership Program

## Spotlight: Mama Moves Kitsap

- Social support is well documented in increasing resilience to PMADs.
- Evidence supports movement interventions for parents at risk of perinatal mood and anxiety disorders (PMADs).
- Emerging evidence may show that physical activity has benefits in reducing depressive symptoms (Ghaedrahmati, 2017).



# KPHD Parent-Child Health and Nurse Family Partnership Program

## Have questions or want to join?

Janet Wyatt RN, BSN, CLE                      360-265-0990  
[janet.wyatt@kitsappublichealth.org](mailto:janet.wyatt@kitsappublichealth.org)

Martitha May (Spanish/English) 360-621-3462  
[martitha.may@kitsappublichealth.org](mailto:martitha.may@kitsappublichealth.org)

Kate Wagner- Referrals                              360-728-2235  
[pch.support@Kitsappublichealth.org](mailto:pch.support@Kitsappublichealth.org)



Thank you.



# KITSAP COUNTY TRENDS IN MATERNAL & INFANT HEALTH

The health and well-being of parents and infants is foundational to the health of our Kitsap community. The mental, physical, emotional, and socioeconomic wellbeing of people who give birth can affect pregnancy and birth outcomes as well as the health of their children into adulthood and subsequent generations. Protecting and promoting positive behaviors, such as adequate prenatal care and breastfeeding can impact our community's health for generations to come.

## AVAILABILITY OF OB/GYN CARE



In 2021, Kitsap had **8 OB/GYN providers per 100,000 population**. This rate was decreasing.



In 2021, Washington as a whole had **15 OB/GYN providers per 100,000 population**. This rate was increasing.

## ACCESS TO PRENATAL CARE



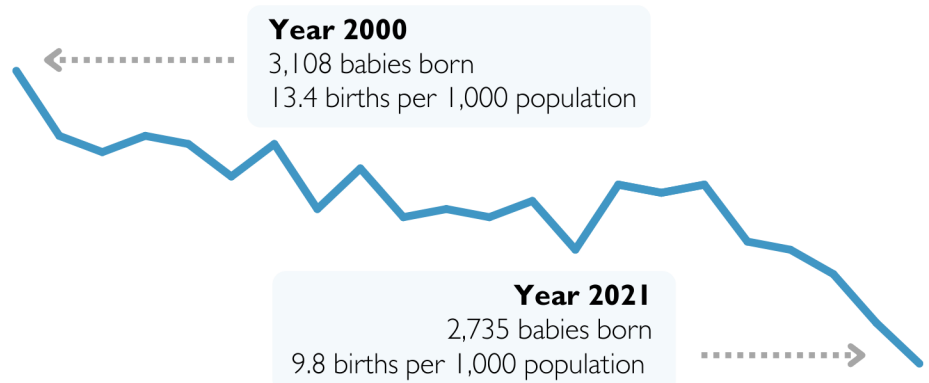
one out of two Kitsap residents (52%) who gave birth in 2021 received adequate prenatal care.



more than two out of three Washington residents (70%) who gave birth in 2021 received adequate prenatal care.

## BIRTH RATE IN KITSAP COUNTY

The birth rate in Kitsap County **declined each year from 2016 to 2021**, while the county's overall population increased.





## ACCESS TO CARE

**OB/GYN CARE:** There are a declining number of OB/GYNs and facilities in Kitsap due to closures of the Naval Hospital Bremerton birthing center, an obstetrics suite at Peninsula Community Health Services, and multiple provider retirements.

**MEDICAID COVERAGE:** In 2020, 37% of births were paid by Medicaid. Not all providers accept Medicaid.

**BIRTHS OUTSIDE COUNTY:** In 2020, about 1 in 4 births to people living in Kitsap took place outside Kitsap.

**LACTATION SUPPORT:** In a 2022 community survey, more half of respondents (54%) who had recently been or currently were pregnant said there was a time in the last two years when they needed lactation and breast- or chestfeeding support and could not get it.



## PRENATAL CARE

**ADEQUATE PRENATAL CARE:** The percentage of Kitsap residents receiving adequate prenatal care during pregnancy has declined since 2016. Almost half (48%) of Kitsap residents who gave birth in 2021 did not receive adequate prenatal care, compared with 30% of Washington residents.

**GEOGRAPHIC DISPARITIES:** From 2019 to 2021, 53% of Bremerton residents did not receive adequate prenatal care compared with 35% of Bainbridge Island residents.

**CARE DURING FIRST PREGNANCY:** Of the Kitsap residents who were pregnant for the first time from 2019-2021, 51% did not receive adequate prenatal care.

**CARE IN FIRST TRIMESTER:** In 2021, 1 in 3 people who are pregnant in Kitsap do not begin prenatal care in their first trimester; a higher percentage than in Washington overall.



## PROTECTIVE FACTORS

**BIRTHS TO TEENS:** From 2011-2020, less than 1% of Kitsap residents who give birth were younger than 18.

**EDUCATION:** From 2011-2020, 92% of Kitsap residents who gave birth had graduated from high school.

**BREASTFEEDING:** In 2021, 93% of infants born to Kitsap residents were being breastfed at discharge from their birthing facility.

**TOBACCO:** In 2021, 95% of Kitsap residents who gave birth did not smoke during pregnancy.



## BIRTH OUTCOMES & INFANT MORTALITY

**DISPARITIES BY RACE/ETHNICITY:** From 2017 to 2021, Black or African American and Hispanic or Latino Kitsap residents who gave birth had higher rates of premature birth (11% and 10% compared with 7% for White people who gave birth) and higher rates of babies born at low birth weight (9% and 6% compared to 4% for White).

**GEOGRAPHIC DISPARITIES:** Bremerton residents who gave birth had a higher rate of premature birth from 2017 to 2021 (9% compared to 5% for Bainbridge residents).

**INFANT DEATHS:** An average of 15 Kitsap infants died each year from 2012-2021 — 4.97 infant deaths per 1,000 live births. Washington's rate was 4.48 deaths per 1,000 live births. From 2012-2021, infant mortality for Black and African American people who gave birth remained consistently higher (10 deaths per 1,000 live births compared with 4 per 1,000 for White people who gave birth).



## COMPLICATIONS DURING PREGNANCY

**GESTATIONAL HYPERTENSION:** In 2021, 12% of Kitsap residents who gave birth had gestational hypertension, higher than the state rate.

**GESTATIONAL DIABETES:** In 2021, 10% of Kitsap residents who gave birth had gestational diabetes, lower than the state rate.



## MATERNAL MORTALITY

**MATERNAL DEATHS:** Fewer than 10 maternal deaths occurred among Kitsap residents from 2012-2021. The mortality rate in Kitsap was similar to the statewide rate.

**MATERNAL MORTALITY IS AN EQUITY ISSUE:** Equity in the context of maternal mortality means that no person or group of people bears greater risk of death because of their socially determined circumstances. Racism, discrimination, stigma, and other social determinants of health contribute to disproportionate maternal mortality rates, as well as pregnancy complications and barriers to accessing high-quality health care. Source: [Washington State Maternal Mortality Review Panel: Maternal Deaths 2017-2020](#)



To view interactive dashboards displaying data on dozens of Kitsap health topics, go to: [kitsappublichealth.org/data](https://kitsappublichealth.org/data)