

KITSAP PUBLIC HEALTH BOARD

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

MEETING AGENDA

March 7, 2023

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

In Person: Chambers Room, Bremerton Government Center
345 6th Street, Bremerton WA 98337

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

- 10:30 a.m. 1. Call to Order
Commissioner Robert Gelder, Chair
- 10:31 a.m. 2. Approval of February 7, 2023, Meeting Minutes
Commissioner Robert Gelder, Chair *Page 5*
- 10:32 a.m. 3. Approval of Consent Items and Contract Updates
Commissioner Robert Gelder, Chair *[External Document](#)*
- 10:34 a.m. 4. Public Comment – **Please See Notes at End of Agenda for Remote Attendees**
Commissioner Robert Gelder, Chair
- 10:44 a.m. 5. Health Officer and Administrator Reports *Page 20*
Dr. Gib Morrow, Health Officer & Keith Grellner, Administrator

ACTION ITEMS

- 10:50 a.m. 6. Resolution 2023-01: Authorizing a Kitsap County Child Death
Review (CDR) Panel
Keith Grellner, Administrator *Page 33*

DISCUSSION ITEMS

- 10:55 a.m. 7. Strategic Plan Update
Siri Kushner, Assistant Director Community Health Division *Page 37*

- 11:05 a.m. 8. Monkey Pox (Mpox) Response Presentation Page 49
Yolanda Fong, Community Health Division Director
Gabrielle Hadly, PH Emergency Response Program Manager
Elizabeth Davis, Immunization Program Manager
Tad Sooter, Public Information Officer

- 11:45 a.m. 9. Adjourn

All times are approximate. Board meeting materials are available online at
www.kitsappublichealth.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 (please note: there is no physical location for this meeting. Board members and staff will all participate remotely). 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 6th Street, Suite 300
Bremerton, WA 98337

Email:

healthboard@kitsappublichealth.org

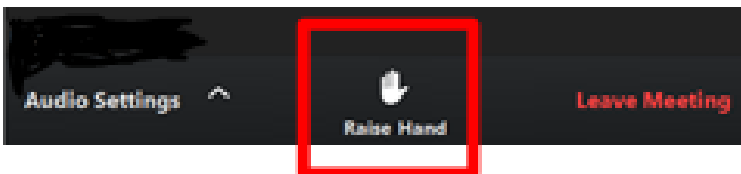
All written comments submitted will be forwarded to board members and posted on the Health Board’s meeting materials webpage at <https://kitsappublichealth.org/about/board-meetings.php>.

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
February 7, 2023**

The meeting was called to order by Board Chair Commissioner Robert Gelder at 10:32 a.m.

Chair Gelder asked each Kitsap Public Health Board member who was present to give a brief introduction. During introductions, Councilperson John Clauson of Kitsap Transit noted he was present as Mayor Rob Putaansuu's alternate.

APPROVAL OF MINUTES

Mayor Becky Erickson moved and Member Stephen Kutz seconded the motion to approve the minutes for the January 3, 2023, regular meeting. The motion was approved with seven votes in favor and one abstention by Councilperson Clauson.

CONSENT AGENDA

The February consent agenda included the following contracts:

- 2203 Amendment 10, *Washington State Department of Health, Consolidated Contract*
- 2311, *Clallam County, Communicable Disease/Opioid Dashboard*

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

PUBLIC COMMENT

Pam Keeley, resident of Poulsbo, discussed the issue of racism and anti-LGBTQ activities occurring in Poulsbo, and the recent loss of a Poulsbo Middle School student. She described the ongoing issue of a man with anti-LGBTQ signs walking around Poulsbo. She noted that the Mayor of Poulsbo and councilmembers published a strong statement against intolerance and bigotry. Ms. Keeley notified the Board of a Poulsbo Town Hall meeting tonight at ChocMo for Hispanic parents and families of students who attend Poulsbo public schools. She asked the Board to prioritize anti-racism programs and to work with the public school districts to share related messaging in Spanish and English.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Administrator Update:

Mr. Keith Grellner, Administrator, started the report by discussing the updates to Kitsap Public Health's 2011-2021 Strategic Plan. The plan has expired and updates were delayed due to the COVID-19 pandemic. A work group of 16 members has been assembled that consists of the Health District executive leadership team, program managers, and other Health District staff, as well as Board Members Tara Kirk Sell and Michael Watson. Two meetings have been held so far with a third meeting scheduled for Friday, February 10th. Mr. Grellner noted that a final plan should be ready for Board review and approval by May or June of 2023.

Next, Mr. Grellner explained that the Health District has initiated the reaccreditation process through the national Public Health Accreditation Board. The process was started in 2019, but, again, was suspended due to the COVID-19 pandemic. The Health District hopes to complete the documentation process by September of 2023. Mr. Grellner added that Kitsap Public Health has been accredited since 2015 and that the District is one of five local health jurisdictions in Washington State and one of only 315 local health jurisdictions nationally to achieve accreditation. The process is being led by Siri Kushner and Kandice Atisme-Bevins.

Lastly, Mr. Grellner discussed the legislative update concerning the Health District's 2023 legislative and policy priorities. He noted that there are currently two funding proposals and one bill that are being tracked closely as they fall within those priorities. The funding proposals concern increasing foundational public health services funding and tobacco prevention funding. The bill concerns microenterprise home kitchens. The Health District supports both of the funding bills and opposed to the microenterprise home kitchen bill as it is currently written. Mr. Grellner will continue to update the Board at future meetings.

There was no further comment.

Health Officer Update:

Dr. Gib Morrow, Health Officer, began his report by welcoming the most recent Kitsap Public Health Board member, Jolene Sullivan, and thanked her for joining.

Dr. Morrow also thanked the Kitsap Public Health staff who will be presenting this morning. Jessica Guidry, the Equity Program Manager will be discussing the development of the Equity Collaborative. He noted that she is working internally within the Health District to ensure each program is adopting and promoting equity throughout the agency.

Next, Dr. Morrow discussed Erica Whares, Healthy Communities Specialist, and her upcoming presentation about resuming child death reviews. She will be discussing why this work is important and beneficial to our communities. Dr. Morrow said he is confident that this forum will bring meaningful focus and policy change to some of the more challenging aspects of public health, including youth depression and mental health, suicide, gun violence, substance abuse, overdose, and domestic violence.

Dr. Morrow then provided an update on the Health District's partnership activities. The Health District's emergency preparedness team is working to convene a coalition of partners across multiple sectors, including healthcare, emergency management, EMS, tribes, mental health, human services, the Navy, and others. The goal of the coalition is to increase communication line-up plans and response activities for public health emergencies, such as pandemics, atmospheric rivers, wildfire and adverse air quality events, natural disasters, mass casualty situations, and the like. Dr. Morrow noted that the Health District is also participating in emerging efforts to increase community awareness and collaboration in confronting the opioid, now primarily fentanyl, crisis.

Dr. Morrow discussed the final presentation of the agenda, by Health District epidemiologist, Wendy Inouye, with the Communicable Disease team. She will be explaining the infectious challenges and issues the agency faced in 2022, including respiratory illness, tuberculosis, and sexually transmitted infections. Wendy will briefly discuss Mpox, formerly known as Monkeypox, and how the Health District responded to this event locally. Dr. Morrow noted that Yolanda Fong, the Community Health Director, will lead a more in-depth discussion on the Mpox response at next month's Board meeting.

Next, Dr. Morrow reviewed the community health assessments that are occurring in Kitsap this year. Health District staff have been instrumental in data collection for several evaluations, including the Kitsap Community Needs Assessment for Kitsap Community Resources and the still ongoing Community Health Needs Assessment for Virginia Mason (VM) Franciscan Health. Dr. Morrow explained that these types of studies integrate quantitative data trends from numerous health indicators with qualitative data from surveys, interviews, and focus groups. The goal is to create a well-rounded and comprehensive look at the issues and challenges of highest importance and concern in Kitsap, including behavioral health issues, substance abuse, access to healthcare, pregnancy and prenatal care, basic needs like housing, food security, transportation, poverty, and chronic diseases. Kitsap Public Health will use this information to develop their priorities and evolve their work as part of the ongoing strategic planning, which should be completed later this year.

Lastly, Dr. Morrow noted that the Health District is looking forward to seeing the completed VM Franciscan Community Health Needs Assessment, once their board of directors has finalized their review and has developed an implementation plan to address the issues that were identified. The information from these studies will be used for an in-depth analysis of the Kitsap health system, which will include a study of the historic forces and policies which have contributed to the current state of the healthcare system. The analysis will also provide specific, detailed recommendations for how to improve access and quality of services for Kitsap residents. The Request for Proposals for this assessment closed on January 31st and a committee is reviewing each proposal. They are expected to make a final decision at the end of the week. Dr. Morrow noted that the submitted budgets range from \$60,000 to just under \$500,000, with timelines ranging from five to nine months. The selection committee will meet tomorrow to discuss the proposals and will likely make an offer by Friday. All proposals will be posted on the website once we make an offer and work to finalize a contract, which will come to the Board for final approval.

Mayor Wheeler asked Dr. Morrow if the nine proposals that came in contained a dollar amount. Dr. Morrow explained that, yes, a dollar amount was submitted and that it is a bell-shaped curve. Dr. Morrow noted the lowest budget was in the \$60,000 range and the highest was just under \$500,000. Mayor Wheeler then said that \$200,000 was budgeted for this project because there was no model for the Kitsap Public Health Board to follow. Mayor Wheeler said he hopes the Health District will provide options for the board to consider, not just those within the budget. If a proposal is outside of the budget, the Board can discuss it further at a policy level. Mr. Grellner clarified that the budget was \$500,000, so the proposals received are well within that budget. He

said that at this point, we can select the proposal that the Board and the Health Officer feel is the best proposal.

Mayor Erickson noted that the worst outcome would be if such a large amount of money is spent on the project, and the assessment was not useful in improving the local health systems. She explained that once a proposal is selected, that team needs to be held accountable throughout the process to ensure the resulting report is useful to the community.

Member Kirk Sell asked if, after the pandemic, the Health District is experiencing issues with their workforce or staff burnout. Dr. Morrow answered that the Health District's workforce is stable and healthy. He said he believes the agency survived the pandemic and is in good shape. He compared the agency to other health jurisdictions in the state and country, who had workforces that were decimated during the pandemic. He noted that the healthcare system is another situation, and that nurses, physicians, and para nursing professionals are struggling. He discussed a study published by the Commonwealth Fund that focuses on this issue. The study noted that around 117,000 physicians left the workforce in the last year, while the number of replacements that came into the field was around 40,000, most of which are in primary care. Dr. Morrow also discussed the fact that the United States is among the countries that spend the most per year on healthcare, though the outcome is still not good. Mr. Grellner added that the marketplace is currently very dynamic and concerning for the Health District, so it is being monitored closely. He noted that during the pandemic, the agency had a 40% turnover rate. A small number of staff have left the agency, not because they wanted to leave, but because they received an offer from another agency that the Health District could not match based on the current environment. Mr. Grellner believes the issue will come up again in the next year or two, and the Health District and the Board will need to reconcile that.

Member Kutz noted that part of the assessment should cover the quality of care being provided. He explained that so many providers are treating patients like they are on an assembly line and the quality of care is suffering. He said he is unsure of how to address the loss of providers, but we cannot achieve a health community by sending a number of people through just 40-something providers each day.

Chair Gelder noted that he's relieved nine proposals were submitted and asked Dr. Morrow how the proposals will be scored. Dr. Morrow explained that a matrix was developed that contains four elements that will be scored: the quality of the proposal itself, the quality of prior work that the team has performed, the qualifications of the respondents, and lastly, the budget and timeline. There will still be flexibility in how each reviewer scores the parameters of each proposal. Dr. Morrow assured the Board that some of the proposals are going to be excellent choices.

Mayor Erickson said the assessment was similar to an After-Action Report in the questions that are asked. For example, what did we learn, what worked or didn't work, and so on. She asked if the Health District has considered this throughout the process. Dr. Morrow explained that this is one of the agency's top priorities and that a consultant was hired to help develop an After-Action Report. He noted that, in a perfect world, the After-Action Report should have been done sooner, but we would still develop that report to see how the Health District's response lines up with the

response plans at the state and federal level. That is additional assessment being done and Dr. Morrow said he hopes it will be completed by summer of this year.

There was no further comment.

2023 COMMITTEE ASSIGNMENTS

Chair Gelder asked Member Watson if, after looking through the committee materials, he had a preference between Finance and Operations, Policy, or Personnel Committees. Member Watson responded via Zoom chat that he would like to join the Policy Committee. Chair Gelder noted that committee is now full.

Chair Gelder then asked Member Jackson to choose between the Finance and Operations or the Personnel Committee. Member Jackson selected Finance and Operations.

Next, Chair Gelder read each list of committee assignments. The Finance & Operations Committee consists of Mayor Becky Erickson, Mayor Greg Wheeler, and Member Drayton Jackson. The Policy Committee consists of Chair Robert Gelder, Mayor Becky Erickson, Mayor Rob Putaansuu, Member Tara Kirk Sell, and Member Michael Watson. The Personnel Committee consists of Member Stephen Kutz, Member Jolene Sullivan, and Councilperson Kirsten Hytopoulos.

Mayor Wheeler noted that Chair Gelder can move him to a different committee if there are any that are over- or under-represented. Chair Gelder responded by saying the current committee assignments are adequately represented. Chair Gelder also noted that they are keeping Mayor Putaansuu on the same committees as assigned in 2022, unless he objects at the next Kitsap Public Health Board meeting.

Chair Gelder asked for motion to approve committee assignments. Mayor Wheeler moved and Mayor Erickson seconded the motion to approve the 2023 Kitsap Public Health Board Committee Assignments. The motion was approved unanimously.

KITSAP HEALTH EQUITY COLLABORATIVE BRIEFING

Jessica Guidry, Equity Program Manager, began her presentation by introducing herself and thanked the Board for allowing her to present.

In a brief overview, Ms. Guidry explained that the Equity Program works within the Health District and our community to listen, collaborate, address inequities, and strive to create an environment where everyone can thrive. The program has an internal focus for the various Health District programs in order to determine if there are barriers to the services provided, how to address those barriers, and how to promote a diverse and equitable workplace. They also do that work within the community. She noted that training is a big part of this process, so the Health District began rolling out Identity and Power Training as the first step of the training plan the program developed. The Equity Program also looks at internal policies, procedures, and

programs, providing technical assistance as needed. Ms. Guidry went on to explain the partnership aspect of the program's work. Equity work should be informed by the communities that experience health inequities, therefore the Equity Program, which consists of Ms. Guidry and Community Engagement Specialist Maria Fergus, has been developing partnerships with members of the community. Ms. Fergus works full time to ensure community members are engaged in this work, indicating that this is a high priority for the Health District. Ms. Guidry referenced the community meetings mentioned by Pam Keeley during the public comment period. The Equity Program is aware and tracking these types of meetings consistently. To ensure they hear the concerns of the community, they attend community events, town hall meetings, and community conversations.

Ms. Guidry explained that the Equity Program was founded when the Board approved Resolution 2021-01, Declaring Racism a Public Health Crisis. The American Public Health Association has a map online that shows these types of resolutions. Ms. Guidry noted that there are currently 260 resolutions declaring racism a public health crisis, either at the city, state, or organizational level. In Washington State, there are 10 of these resolutions, including Kitsap's, and one declaration from the Washington State Public Health Association. Kitsap's resolution is unique from many others because, in addition to data, it provides a commitment and an action plan to address racism. The plan contains 10 action items, each fitting into one of five buckets: review policies, procedures, and programs through a racial justice and equity lens; workforce; structure; community partnerships, and the Board. The Health District has tools, such as forms and checklists, to determine if their programs are inadvertently serving one community more than another. The resolution also commits to ensuring the agency's workforce reflects the community. There is a dashboard on the Health District's website that displays employee demographics, including gender, age, race, and ethnicity and how that compares to Kitsap County demographics. Ms. Guidry went on to explain that having a community liaison, dedicated to equity, as was described in the resolution, doing this work has been a tremendous improvement. In terms of structure, the resolution commits to having a General Equity Committee along with two commitments from the board: one regarding tribal relationships and one regarding non-violence and environmental justice. Community partnerships are described in the resolution as a way to co-create solutions to address structural inequities, so the Health District is an equal of a partner as others in the community.

Next, Ms. Guidry discussed the Kitsap Health Equity Collaborative. This collaboration, convened by the Health District, is made up of Health District staff and organizations or leaders serving the communities experiencing health inequities. Participants in the collaborative are compensated if not being paid by another organization for their participation. They are viewed as consultants and are compensated as any other consultant would be. The meetings are held every other month and a majority of the meetings are hybrid to ensure inclusivity, though one meeting was held in-person. Thus far, the Kitsap Health Equity Collaborative has convened two times.

More than 30 organizations have been represented in the collaboration, with many other organizations who have been invited to participate. A number of participants represent healthcare, including representatives from Peninsula Community Health Services and Virginia Mason Franciscan Health.

Ms. Guidry then provided a summary of what the Kitsap Health Equity Collaboration has done to date. A focus for the collaborative was established, and that is to address root causes to systemic inequities. In the first meeting, there were participants present who did not have experience working with the Health District, they attended because they were invited. Ms. Guidry noted that this was a powerful aspect to the collaboration. Participants have discussed roles within the collaborative, the definition of health equity and social determinates of health, barriers to good health in Kitsap County, existing community assets, and what the Health District as an agency was willing to commit to. In addition to providing a table where organizations could leave flyers and information, the collaborative gave participants a lot of space to be able to share what they have been experiencing within the community. They also allocated time for information sharing and relationship building activities. Ms. Guidry explained that to help participants to feel comfortable enough to discuss inequities, there must be a foundation of trust present. Participants need to know that they will be listened to and that their opinions will be honored. During a collaborative meeting, the participants discussed having electeds present. Ms. Guidry said they may include elected officials in the future, but at this time they are focusing on their existing priorities, which are driven by the collaborative.

Lastly, Ms. Guidry discussed the plans for upcoming meetings. The team will be discussing which root causes of inequity to address, what community assets are missing or needed, strategies they will focus on and how to work on those strategies, and how the collaborative interfaces with existing and future groups with similar goals. Because a number of groups focused on equity and inclusion are forming, leaders from each group should strategize and communicate to ensure their meetings do not conflict with each other.

Member Jackson said he attended the first meeting and found it to be very fruitful. He noted that the community, particularly communities of color, are happy to have and be included in this discussion. The meetings have begun to instill trust between the Health District and communities that have experienced events that have damaged trust in these types of institutions. Member Jackson praised the collaborative for the types of questions that were asked of participants.

Mayor Wheeler also praised the outstanding work of the collaborative. He noted that he has the budget authority to do a thorough outreach program into the Bremerton community and to go into a public process where all are engaged in bringing on the first Equity and Inclusion Director at the City of Bremerton. He said he hopes this new position will fit into the collaborative that the Health District's Equity Program has established. He offered his agency's support and participation. Ms. Guidry responded by saying they would welcome the support and participation of any jurisdiction's equity points of contact, especially before they create their own committees.

Next, Mayor Erickson discussed Charles Patton at Puget Sound Regional Council. She explained that Dr. Patton has done amazing work and given presentations about the history of structural racism in our region. She encouraged Ms. Guidry to begin working with Dr. Patton, and Ms. Guidry responded by saying Dr. Morrow will be introducing them to Dr. Patton.

CHILD DEATH REVIEW BRIEFING

Erica Whares, Healthy Community Specialist at the Health District, began her presentation by noting that she specializes in injury prevention within the Chronic Disease and Injury Prevention program. She explained the presentation will cover a brief introduction to the Child Death Review process, which is currently restarting after a 7-year hiatus. In addition to this, Ms. Whares noted she will also explain the Child Death Review Panel, what review meetings will look like, and she will review national and local child mortality statistics and trends.

Ms. Whares explained that Child Death Review is a community-oriented process involving professionals from multiple disciplines. Their goal is to prevent future deaths and to improve safety. The panel facilitates an objective review to outline key circumstances involved with a child's death and will collectively examine how and why children die in Kitsap. Ms. Whares noted that this process is unique in that it is focused on the future. They are not aiming to place blame; their only focus is to prevent future child deaths or fatalities.

Next, Ms. Whares outlined what Child Death Review is and is not. The panel is an ongoing, confidential process of data collection, analysis, interpretation, and action; a systemic process guided by policies and state law; and, lastly, it is intended to move from data collection to prevention activities. She noted that the Child Death Review Panel is not a mechanism for assigning blame for any death, it is not a research study, and it is not an institutional review or substitute for existing mortality and morbidity inquiries. They approach each child fatality by looking at the entire context of that child's life in their family situation.

Ms. Whares explained that the death of a child is a sentinel event and often preventable. It should invoke a community response, because ultimately it is the community's responsibility to act and to prevent child deaths. She noted that more often than not, a child's death is a result of numerous system gaps. It is very rare that there are no prevention opportunities surrounding the circumstances of a child's death. It is frequently a cascade of missed opportunities for intervention and prevention.

Ms. Whares explained that the panel's purpose is to lead to a better understanding of how and why children die in Kitsap, and what can be done to prevent future deaths based on findings from the review meetings. She noted that the review findings are used to catalyze action to prevent other untimely deaths, ultimately improving the health and safety of community's families, and children. It was reiterated that a child's death should invoke a community response and that the circumstances around child deaths are multi-dimensional. Kitsap Child Death Review will be reviewing child fatalities from birth up to, and including, age 18, in which the child resided in Kitsap or the critical event took place in Kitsap.

Next, Ms. Whares discussed the history of Child Death Review in Kitsap County. They have case logs from 1999 to 2015, as the last review took place in 2015 after a 7-year hiatus. Thus far, the prevention strategies have included increased signage at local beaches, expanded messaging on safe sleeping environments, and advocating for Graduated Driver's Licenses. There have been other fatality review processes in Kitsap, so there are a number of opportunities to collaborate with other fatality review teams that are reviewing child deaths as well.

Ms. Whares noted that this is a protected process. A state law was enacted in 1993 and revised in 2010, which gives local health jurisdictions the agency to conduct child death reviews in order to address preventable causes of child mortality. The Washington State Child Death Review team oversees local Child Death Review data and priorities. This process is not mandated or required, but there are currently nine counties, including Kitsap, which have Child Death Review processes in place.

Ms. Whares then described the basic review process. First, the panel looks at the child's life and story to identify and understand modifiable risks and protective factors present in the child's life and family. Second, the panel collects multidisciplinary data on the context in which the decedent lived. Last, they focus on advocating for action so the panel is the catalyst for prevention going forward. Ms. Whares discussed data from the CDC, which indicates that unintentional injuries are the leading cause of death for children ages 1 through 19 nationwide. Though the overall unintended fatal injury among youth has decreased steadily since 2010, due in large part to improvements in motor vehicle safety, data has shown an increase in rates among certain demographic groups which has widened health disparities. To address the disparities, the Child Death Review panel will do a more in-depth investigation into the context of each child's life. Statewide data shows that, aside from cancer and congenital conditions, most child deaths are caused by unintentional injury, suicide, or homicide. The Child Death review will review these types of deaths and will review natural deaths that could have a prevention lens, such as asthma attacks and influenza. Ms. Whares noted that if these important causes of death are addressed, the community can ensure future deaths are prevented and that more children are living to see adulthood.

Lastly, Ms. Whares explained that the core Kitsap Child Death Review panel will include representatives from the Port Gamble S'Klallam Tribe, fire departments, EMS, healthcare providers, public health, schools, social service organizations, and the Department of Children, Youth, and Families. An invitation was also extended to members of the Suquamish Tribe. The first review meeting will occur in March, though starting last week, they began to hold planning meetings prior to the first review. The panel will conduct four review meetings per year and they will enter data into the National Fatality Review-Case Reporting System. Lastly, they will catalyze prevention locally. The Health District will be bringing a resolution to authorize and empower the Child Death Review process for board consideration and approval at the next regular meeting on March 7, 2023. If the Board approves it, the resolution would authorize the Child Death Review team to discuss confidential information related to each individual case as an internal Child Death Review process.

Member Kirk Sell asked if the Child Death Review team will be developing concrete policy and practice recommendations that need to be implemented at the conclusion of each review. Ms. Whares stated that is a goal of the Child Death Review team. She noted this will be an agenda item at least one time per year, depending on the number of cases they are reviewing.

Mayor Wheeler asked if the data shown on slide 10 of the presentation is by volume or per capita. He said he is trying to understand the trend shown on this slide. Ms. Whares said she believes these CDC statistics are by volume.

Chair Gelder thanked Ms. Whares for highlighting this process and said he appreciated the review that will occur in order to get at some of the root causes and the metrics.

Member Jackson asked if the data would include children who are homeless or if they are within poverty levels. Ms. Whares answered by explaining that the Kitsap Medical Examiner will share files that include whether the child was living at home at the time of a critical incident that led to the child's death. Member Kutz noted that the Child Death Review team would only have the information provided on the death certificate, not necessarily the background of the child's life. He said the community might be able to better inform us of the specifics.

Chair Gelder asked how the work would be funded. Ms. Whares answered by saying the funding will come from Foundational Public Health Services. Chair Gelder also asked if the program surrounding cribs for kids, touted by the previous county Coroner in an effort to reduce suffocation and SIDS deaths, still exists. Ms. Whares noted that there are resources on the Kitsap County Coroner's website that allude to safe sleep practices, but that she is unaware of any specific, agency-wide programs involved with this issue.

COMMUNICABLE DISEASES: 2022 IN REVIEW

Wendy Inouye, epidemiologist for the Communicable Disease Program, explained that one of her key responsibilities is to monitor and investigate various measuring communicable disease activities and to identify gaps and issues in our community that public health should respond to. She also identifies strengths in the community and how to build off of those further. Ms. Inouye noted that this presentation will share some of the Health District's key observations and communicable disease data for the year of 2022. She will be covering five key themes for today's presentation: respiratory illness season, Mpox 2022, tuberculosis and its impact on public health response resources, sexually transmitted diseases and what they tell us about vulnerabilities in primary care, and routine immunizations.

Ms. Inouye reiterated that this data is obtained through public health surveillance. This means most of the data represent what people with a given condition went to a provider for, got tested for, and that got reported to us.

Ms. Inouye explained that the respiratory viruses, other than COVID-19, have returned to their historical seasonality. For two years, there was almost zero flu activity, followed by an unseasonal blip in May 2022. She noted that, as an epidemiologist, this year's winter flu season is one of the first indicators that the community might be coming out of the disruptions of COVID-19 and getting back to a more predictable communicable disease landscape. CDC flu seasons run from the beginning of October through the end of December, and the peaks usually occur from mid-November through the end of February. Ms. Inouye reminded the audience that individual flu cases are not reportable, so a combination of available indicators are used to create

a composite picture of influenza in the community. The first indicator is weekly reports from local clinical labs that contain the number of flu tests administered and the number of those which were positive. The second indicator used is de-identified emergency department visit records, accessible through the National Syndromic Surveillance Program. This will provide the proportion of weekly emergency department visits attributable to influenza-like illness. These first two measures help the Health District gauge the overall circulation of clinical influenza in the community. While individual influenza cases are not reportable, there are two situations which are: influenza deaths and influenza outbreaks in long term care facilities. Ms. Inouye presented a graph that shows influenza lab reporting for October 2018 through January 2023. She noted that the 2018 and 2019 flu seasons are clearly represented by the number of positives shown on the graph. Looking at the 2019 through 2022 seasons, the graph shows a very minimal amount of flu activity. In looking at the end of November of 2022, the graph shows similar activity to the 2018 and 2019 flu seasons, largely driven by A(H3N2). Ms. Inouye then showed a graph containing the same type of data, but for COVID-19 instead of influenza. She explained that these data are something that should be tracked in the upcoming years to determine how flu and COVID-19 co-circulate, and whether COVID-19 starts to follow the timing of other respiratory viruses. Another graph was presented, containing data on flu deaths and outbreaks, which show a similar pattern. Ms. Inouye noted that public health is more prepared for influenza after COVID-19, due in part to stronger relationships with long term care facilities and schools. She also said the community has become more aware about respiratory illness prevention.

Next, Ms. Inouye discussed Mpox (monkeypox), noting this is just a brief, 90-second summary of this disease. A more in-depth discussion will be presented at the next Board meeting. On May 6, 2022, an Mpox case was reported in a UK resident with travel to Nigeria. Within seven days, two more cases were identified with no reported travel and no link to the index case, and within three weeks, there were 38 cases in seven European countries. Unlike Mpox epidemiology in endemic regions, where transmission looks similar to chickenpox before the vaccine became available, new cases appeared to be occurring mostly among adult males reporting recent sex with men. On May 17, 2022, the first case in the United States was reported, occurring in Massachusetts. One week later, King County reported a case who had reported recent international travel. Over the next two months, cases increased dramatically in non-endemic countries, and on July 23 the WHO declared Mpox a public health emergency. The next day, on July 24, the first case in Kitsap County was reported, and within the next three months, Kitsap Public Health identified a total of five laboratory confirmed Mpox cases, with the most recent case occurring in October of 2022. As of January 30, 2023, there have been 666 Mpox cases in Washington, with over 75% of the cases occurring in King County. Of those cases, 18 required hospitalizations, though there were no deaths. Around 19,000 doses of Mpox vaccine were administered statewide, and 250 of those were administered in Kitsap.

Next, Ms. Inouye discussed the topic of tuberculosis as a public health crucible. She said she chose to highlight this theme because it shows how one small change in epidemiology can really test public health's ability to respond. Tuberculosis requires a unique public health response for a number of reasons. Typically, instead of a single case investigation, most cases require long-term case management, lasting from four months to over a year. In some cases, daily check-ins are required. Public health has a more hands-on role than other conditions, including ordering

medications, monitoring drug tolerance, and ensuring medication adherence. There is also a more active approach to identify close contacts who must then be assessed, tested, and potentially treated for three months or more. Ms. Inouye noted that tuberculosis disproportionately impacts people who have other challenges, such as language barriers, unstable or overpopulated housing, lack of transportation, or an unfamiliarity with the United States healthcare system. Because of this, public health must have multiple scalable strategies. In tuberculosis cases, loss to follow up is not an option. We need to locate and maintain 100% of our tuberculosis cases until they complete treatment. Additionally, there are a number of factors that can complicate case and contact management that require considerably more resources. These factors include language barriers that require an interpreter, resistance to first-line medications, or an intolerance to drug regimens. Ms. Inouye displayed a graph that showed how different day-to-day responsibilities can change. The graph showed the difference in strategies needed in 2022 compared to those in 2021. Ms. Inouye explained that the communicable disease team managed two cases in 2021 and up to 15 cases and close contacts in 2022. Kitsap Public Health had to check in with many of the 2022 cases and close contacts daily, in addition to the challenges that compound the required public health response. Ms. Inouye said she believes the communicable disease team is now better equipped to handle tuberculosis cases in the future. They have trained more staff, have standardized processes and procedures, and have developed a response that can be scaled up during emergencies. She noted that, per WHO data, tuberculosis case diagnoses decreased dramatically in 2020. Tuberculosis response in endemic countries relies heavily on community health workers who go door-to-door and do house visits, which were shut down during COVID-19 lockdowns. The concern is that cases who do not get diagnosed do not get treatment and remain infectious. Stay-at-home policies helped with COVID-19 activity, but it had likely increased the spread of tuberculosis. Ms. Inouye showed another set of graphs that displayed tuberculosis death data. The rate of deaths increased in five of six WHO regions. WHO posited that disruptions to global TB programs caused by the COVID-19 epidemic has set the world back 10 years in tuberculosis elimination. She noted that we may be able to see this impact over the long term in the local epidemiology.

Next, Ms. Inouye discussed sexually transmitted infections (STI) data, specifically some of the nuances that have appeared since the appearance of COVID-19. First, she displayed data for annual syphilis surveillance and how it revealed gaps in STI health. Since 2021, the number of syphilis cases has increased dramatically. There is also an increasing proportion of these cases in women, though 70% of cases are still in males. Ms. Inouye noted that there was a drop in cases in 2020. She then displayed a set of graphs containing disaggregated data by sex and age. Nearly all of the 2020 decrease in cases occurred in males under 30 years old and the reason for this is still unknown. It may be due to social distancing and a change in risk perception, but this demographic is known to be difficult to reach in primary care and one of the groups least likely to present to healthcare. This is especially true if the condition they have has symptoms that go away, even though they are still infectious. Ms. Inouye said the second observation regarding this data is that the increase in cases this past year occurred in people 30 years of age and older, which may signal a need to reevaluate messaging and prevention strategies. She added that this brings up the question of whether the local epidemic is shifting or if cases are not diagnosed or reported. The same analysis was true of gonorrhea surveillance, though Ms. Inouye skipped this section due to time constraints.

The last theme Ms. Inouye discussed was immunizations. COVID-19 caused a disruption in routine immunizations. Three months ago, the WHO and CDC published a report that estimated that 61 million MMR doses were missed or delayed worldwide, between March 20 and December 20, 2021. They further estimated that 25 million children did not receive their first dose of MMR vaccine in 2021. In the United States, CDC, using national school vaccination coverage data, reported that, "...despite a widespread return to in-person learning, COVID-19 disruptions continue to affect vaccination coverage and assessment for 2021 to 2022 school year, preventing a return to pre-pandemic immunization coverage." Additionally, on December 20, 2022, a national survey by the Kaiser Family Foundation found that 17% of parents believe that the risks associated with MMR vaccines outweighed the benefits. This percentage has increased from pre-pandemic numbers. Ms. Inouye shared a report published by DOH in 2022, which showed that the number of annual doses of routine childhood vaccinations, excluding flu and COVID, has declined from pre-COVID-19 numbers. Ms. Inouye discussed data reported by local schools based on immunization verification, which occurs at the beginning of the school year. Based on these data, over 2,700 Kitsap students were not documented as up to date on routine immunizations. In addition, only 92% of kindergarteners had a documentation of two MMR vaccines on file. Of that 8% that were not documented, only one quarter of these had an exemption. Ms. Inouye noted that she believes Kitsap is in a better place than in 2019, in part because of the WAC in 2019 which removed personal beliefs exemption from the MMR requirement, and also because of the proactive work local schools have been doing. She said that South Kitsap School District specifically has almost 96% of K-12 students up to date on routine immunizations, the highest in Kitsap County. They are in the top 10% of school districts in Washington. Lastly, Ms. Inouye displayed immunization data for adults and flu vaccine. National data from the CDC showed a cumulative number of doses, administered at provider offices and pharmacies over a flu season. The graph showed the last pre-COVID-19 season compared to the current flu season. The number of people getting flu vaccines is similar, but, while it used to be a 50/50 split between vaccines administered at provider offices versus at pharmacies, adults now appear 40% more likely to get vaccines at pharmacies rather than at their healthcare provider's office. Ms. Inouye displayed a number of headlines that reported outbreaks of measles, pertussis, diphtheria, and vaccine-preventable influenza B. This reiterates the importance of increasing rates of vaccines in our community.

There were no questions asked due to time constraints, though Board members can email Ms. Inouye with any questions.

ADJOURN

There was no further business; the meeting adjourned at 11:48 am.

Robert Gelder
Kitsap Public Health Board

Keith Grellner
Administrator

Board Members Present: *Councilperson* John Clauson (Alternate for Mayor Robert Putaansuu); *Mayor* Becky Erickson; *Commissioner* Robert Gelder; *Councilperson* Kirsten Hytopoulos; *Member* Drayton Jackson, *Member* Dr. Tara Kirk Sell; *Member* Stephen Kutz; *Member* Michael Watson; *Member* Jolene Sullivan; *Mayor* Greg Wheeler.

Board Members Absent: *Mayor* Robert Putaansuu.

Community Members Present: Jeff Faucett, *South Kitsap Fire District*.

Staff Present: Angie Berger, *Administrative Assistant, Administrative Services*; Margo Chang, *Administrative Assistant, Administrative Services*; Maria Fergus, *Community Engagement Specialist, Equity Program*; Yolanda Fong, *Director, Community Health Division*; Keith Grellner, *Administrator, Administration*; Jessica Guidry, *Program Manager, Equity*; Karen Holt, *Program Manager, Human Resources*; Wendy Inouye, *Epidemiologist 2, Assessment and Epidemiology*; Crystal Koch, *Community Liaison, Chronic Disease and Injury Prevention*; Martitha May, *Bilingual Community Health Worker, Parent Child Health*; Kaela Moontree, *Social Worker 1, HIV Case Management*; Megan Moore, *Community Liaison, Chronic Disease and Injury Prevention*; Dr. Gib Morrow, *Health Officer, Administration*; Emmy Shelby, *Public Health Nurse, Nurse Family Partnership*; Tad Sooter, *Communications Coordinator and Public Information Officer*; Kelsey Stedman, *Program Manager, Communicable Disease*; Erica Whares, *Community Liaison, Chronic Disease Prevention*.

Zoom Attendees: *See attached.*

Kitsap Public Health Board Meeting (Virtual Attendance)

Webinar ID	Actual Start Time	Attendee Count
861 8605 2497	2/7/2023 10:12	41

NAME	NAME	JOINED BY PHONE
Alena Schroeder	Leslie Banigan	13604340601
Ally Power (she/her)	Liz Davis	
Amelia Stites - Fishline	Marci Burkel (she/her)	
Amy Anderson	Meghan Tran	
Angie Berger (she/her)	Melissa Laird	
Anne Moen	Michael Watson	
Annika - KIAC	Nolan Simmons	
April	Pam Keeley	
Carin Onarheim	Rebecca Pirtle	
Carollynn Zimmers	Sarah Kinnear	
Dave	Shannon Schroeder	
Drayton Jackson	Siri Kushner	
Gabby Hadly	Stacey Smith	
Kandice Atismé-Bevins	Steve Brown	
Karen Holt	Thomas Jury	
Kayla Petersen	Winnie Borja	
Kelsey Stedman (she/her)	Xinia Ebbay	
Kevin Nguyen		
Kirsten Hytopoulos		

To: Kitsap Public Health Board

From: Megan Moore, Healthy Communities Specialist

Date: March 7, 2023

Re: 2023 Legislative Session Update for Kitsap Public Health Legislative Priorities

The 2023 Washington Legislative session is underway and is currently just over halfway complete. The next cutoff is March 8th where bills need to be out of their House of Origin or they are not likely to move. Funding proposal priorities are still very much alive, and we will not likely hear about the budget until after the revenue forecast is released the week of March 20th.

Bills and funding proposals that fall under our priorities are briefly discussed below. For your reference, attached is a copy of the Board-approved 2023 Legislative and Policy Priorities.

HB 1706/SB 5708: *Concerning the operation, authorization, and permitting of microenterprise home kitchens.*

- We signed in opposition to HB 1706 when it was heard in the House Local Gov. committee.
- While HB 1706 was passed out of Policy Committee, it did not make it past the Fiscal Committee cutoff and is not likely to move this session.

Funding proposal #1: *Increasing Foundational Public Health Services Funding by \$100 million/biennium.*

- Statewide Public Health professionals from around the state attended the Washington State Public Health Association's legislative education day on February 23rd to speak about the importance of FPHS funding. Legislators were receptive and there was a lot of good feedback.

Funding proposal #2: *Maintaining or increasing Commercial Tobacco Prevention Program funding.*

- There are now three official proviso requests submitted for tobacco prevention funding from Senators Saldaña and Robinson, and Representative Harris. Each request is for \$30m/biennium that will go to DOH, schools, and community-based organizations for tobacco and vapor product prevention.

If you have any comments or questions, please contact me at megan.moore@kitsappublichealth.org or (360)900-7263 or Keith Grellner at keith.grellner@kitsappublichealth.org or (360) 728-2284.

MEMO

To: Kitsap Public Health Board

From: Gib Morrow, MD, MPH, Health Officer

Re: Selection of Contractor for Comprehensive Healthcare Assessment - Update

Date: March 7, 2023

On December 2, 2022, the Kitsap Public Health District (KPHD) and the Kitsap Public Health Board (KPHB) issued a [Request for Proposals](#) to perform a comprehensive healthcare systems assessment for Kitsap County, setting January 31, 2023, as the date for finalized bid submissions. This memo describes the evaluation and selection process used to select a contractor to conduct the healthcare systems assessment and seeks health board concurrence to use expedited contract procedures to approve the contract for the selected contractor, Johns Hopkins Center for Health Security, affiliated with the Johns Hopkins Bloomberg School of Public Health, in accordance with KPHD Contract Development and Administration Policy A-23 (See Section D.4.j. in the attached document, highlighted on Page 6).

In summary, KPHD received nine (9) proposals to perform this work, from a variety of public, private, and academic organizations, with budgets ranging from \$60,000 to \$497,253. Bids were formally opened at a [Zoom meeting](#) to which applicants and the public were invited on February 2, 2023. Written bid proposals were reviewed and evaluated by a team of KPHD, KPHB, and agency partner representatives (Poulsbo Fire Department and Bremerton Fire Department) at an in-person meeting at the health district offices on February 8, 2023, at which participants discussed and scored applications on the qualifications of the proposal team members, the quality and relevance of prior work performed, the completeness, clarity, and quality of the proposals, and the proposed budget and timeline for completing the work.

Two proposals, both comparably priced at just under \$200,000, were scored highest and emerged as top consensus choices, best meeting the needs and priorities of KPHD and KPHB as stipulated in the Request for Proposals. Interviews with the contractor teams from these top two applicants were held on February 22, 2023. The interviews were conducted by health board member Mayor Becky Erickson, Health Officer Gib Morrow, and two staff from KPHD. Objectives of the interviews were to determine how effectively the core teams work together, how they

planned to gain trust with the local community, how they would utilize the resources available through their affiliated institutions, how they would ensure their evaluation was specific to Kitsap in the broader national and regional healthcare ecosystem, and how they would ensure their assessment and recommendations would produce a product that was specific, actionable, and useable by the community. That interview also sought to determine whether any conflicts of interest were present or whether applicant teams would have hesitation to investigate controversial or contentious topics and be capable of addressing these constructively.

The team led by Tener Veenema, PhD, at the Center for Health Security at the Johns Hopkins Bloomberg School of Public Health is comprised of outstanding, nationally recognized researchers, policy analysts, and thought leaders, some with longstanding personal ties to Kitsap County. Dr. Veenema was recently elected to the National Academies of Sciences, Engineering and Medicine last year, reflecting that her academic peers have concluded that her body of work is top notch and worth their serious respect. Her references are outstanding, including the following comments from Dr. Tom Inglesby, the Director for the Johns Hopkins Center for Health Security:

“She is an outstanding researcher, policy analyst and collaborator. She has the highest integrity, and she cares a great deal about the work that she does and that people that she works with. She is wise, rigorous in her approach, and has had decades of experience in designing and executing complex projects. I would strongly recommend her for the assessment effort that you are considering. I have no reservations whatsoever about her ability to do to this work with great excellence, and I would very strongly recommend her for this project. She has an outstanding team of researchers who will provide the support needed for the project you are describing.”

The proposal detailed an extensive five-stage data collection process to provide a systematic and comprehensive assessment of the healthcare system in Kitsap, including a historical analysis, a policy analysis of relevant laws, policies, norms and industry standards governing the administration of public health and healthcare services across the country, including public hospital districts, and key informant interviews and listening sessions with healthcare practitioners and administrators, community members, and others involved with healthcare delivery in Kitsap County. The proposal assures delivery of practical, useable, consensus-based recommendations which will help Kitsap policy makers adopt important, specific corrective measures to improve timely and equitable access to health services for Kitsap residents.

In addition, this team understands and fully believes that healthcare system assessments, such as this one, are critical to highlight deficiencies within the healthcare system that must be addressed to improve the health of communities.

Memo to Kitsap Public Health Board – Healthcare Systems Assessment RFP

March 7, 2023

Page 3

While applications were excellent and the decision was difficult, Mayor Becky Erickson and I were in full agreement to award this contract to the team from Johns Hopkins Center for Health Security led by Tener Veenema, PhD, MS, MPH. We request board concurrence to expedite a contract with the team from Johns Hopkins.

Once a contract is executed, an advisory panel will be assembled to collaborate closely with these consultants and work may officially begin on the comprehensive Healthcare Systems Assessment to identify and document deficiencies and provide an analysis of opportunities and specific recommendations to correct these deficiencies and improve access to care for community members.

Mayor Erickson and I will provide the Health Board with progress updates on the Healthcare Systems Assessment during regular board meetings throughout the project period.

If you have any questions, please contact me at gib.morrow@kitsappublichealth.org or 360.728.2260.

Attachment (1)



Title: Contract Development and Administration	Page 1 of 8
Number: Administrative Policy A-35	Effective Date: 12/23/2022
Applies To: All Employees and Volunteers	Supersedes: 11/5/13
Approved: Keith Grellner, Administrator	Next Review: 12/1/2025

A. Purpose

This policy describes the general procedures to follow after a contractor is selected and a contract is initiated by the District (as the contractor), or after a contract is awarded to the District (as the contractee), including contract development; the administrative and legal review process; who has responsibility for administering and enforcing the contract; who is authorized to approve and sign contracts on behalf of the District; and how contract documents must be stored in accordance with document retention policies. This policy applies to the initial contract and to every amendment, renewal, or extension of a contract.

This policy does not cover the purchasing-related work that is needed to select a contractor, including price quotation and competitive bidding procedures and exceptions to these requirements for contracts. Pre-contract purchasing procedures are established under Administrative Policy A-23, Purchasing.

As used herein, the term “Administrator’s Office” refers collectively to the Administrator and the Contracts Program Coordinator in the Administrative Services Division. These two positions work together to process all District contracts as described in this policy.

B. Policy Statement

The District is responsible for ensuring that all contracts awarded or administered by the District comply with applicable state and federal laws, rules, regulations and policies, and to ensure that those involved in the contracting process perform their responsibilities in a prudent, effective, equitable, and ethical manner.

C. Definitions

- Contract:** An agreement between two (2) or more parties, one of which is the District, intended to have legal effect. The parties must have a common understanding as to the essential terms; there must be mutual obligations; and there must also be consideration, or something of value exchanged.
- Contract Manager:** An employee of the District who is assigned by a Division Director or Program Manager to initiate and monitor contract procurement, and to manage and track the contract after it is executed (i.e., approved and signed).
- Direct Buy:** Means a procurement not requiring a competitive process and under the \$10,000 District threshold in accordance with Policy A-23, Purchasing.

4. **Independent Contractor:** Individual, agency, or business outside the District that performs a service for the District. An independent contractor relationship exists when the District has the right to control only the result of the service, not the manner of performance. An independent contractor will comply with all employer/corporate federal, state and local laws, rules and regulations governing the operation of a business in Washington State.
5. **Interlocal Agreement:** Agreement entered into pursuant to the Interlocal Cooperation Act, Chapter 39.34 RCW. Typically, this is a formal contract for services between two jurisdictions under which one government agrees to provide a service to another government for an agreed price.
6. **Professional Service:** Professional services provided through a contract which are infrequent, technical, or professional functions that involve the need for use of discretion, judgment, or creativity. Professional service contractors work independently. If services are provided directly to agency clients, the contracts are classified as client service contracts.
7. **Public Works:** All work, construction, alteration, repair, or improvement other than ordinary maintenance executed at the cost of the District.
8. **Purchased Services:** Services provided by a contracted vendor to accomplish routine, continuing, and necessary functions. Generally, these services meet more ongoing needs of an agency for general support activities. Examples of purchased services include equipment maintenance and installation services, courier services, and standard laboratory testing.
9. **Vendor:** Seller of equipment, materials, supplies, or services.

D. Implementing Procedures

1. **Written Contracts Required:** A written contract is required when the District desires to obtain goods or services as outlined below, or when the District desires to provide services to another agency or governmental entity. When the District desires to obtain services, customized equipment, materials, or supplies from a vendor, written contracts are required for the following:
 - a. Professional services;
 - b. Architectural and engineering services;
 - c. Public works;
 - d. Equipment leases;
 - e. Purchased service contracts that exceed \$2,500;
 - f. Maintenance of public works when subject to advertisement and competitive bid.

Refer to Section C. for definitions of contract types, and see Administrative Policy A-23, Purchasing, regarding contractor procurement requirements.

NOTE: Purchases of goods or services less than \$50,000 using a Washington State master contract that are purchased using a purchase order are exempt from this policy pursuant to Policy A-23.

2. **Contracts Involving Layoff:** If a contract is needed for services and the contract results in the layoff of a member of the collective bargaining unit, specific rules apply as stipulated in the collective bargaining agreement. In this instance, a contract can only be approved if the required expertise is not available within the District's existing workforce (as determined by the Administrator), or the contract will result in clear cost savings for the District. Contracts of this type must be coordinated with the Human Resources Manager.
3. **Contract Manager:**
 - a. **Assignment.** Whenever any division or program needs to contract with an outside vendor, or the District needs to execute a contract as a contractee, a Contract Manager within that program shall be assigned by the Division Director. The Contract Manager will initiate and monitor the contract procurement and manage the contract after it is executed. A Contract Manager shall also be assigned to interlocal agreements. A Contract Manager shall be a Program Manager unless otherwise approved by the Division Director in consultation with the Administrator.
 - b. **Written Notice.** For each new contract, the Division Director designating the Contract Manager will communicate this assignment, in writing, to the Administrator and Contracts Program Coordinator .
 - c. **Special Purchasing Requirements.** Purchasing-related work that is needed to select a contractor, including competitive purchasing (bidding) procedures and exceptions to competitive purchasing requirements for contracts, are established under Administrative Policy A-23, Purchasing. Note, however, that the Contract Manager is also responsible for following any procurement/purchasing requirements required under the contract. Federal and state contracts typically have additional special purchasing requirements and the Contract Manager is responsible for ensuring that these requirements are followed.
 - d. **Responsibilities.** The Contract Manager's general responsibilities shall include, but are not limited to:
 - i. Development of specifications;
 - ii. Contract drafting (using templates and with other assistance provided by the Administrator's Office);
 - iii. Contract negotiation;
 - iv. Compliance with legal, auditing, budget, and grant requirements;
 - v. Monitoring of contract performance including fiscal monitoring;

- vi. Ensuring that contracted work is within the scope and budget of the contract; and
- vii. Contract close-out.

These responsibilities shall not be shared by multiple individuals. The Contract Manager may, however, assign specific contract tasks while retaining primary responsibility for the administrative work listed above.

- e. **Required Duties.** The Contract Manager is also specifically responsible to complete the following duties, which should not be delegated:
 - i. Reading the contract entirely and determining that contract language is clear and consistent, and accurately reflects agreed upon terms for the particular contract.
 - ii. Ensuring that each contract contains the correct legal name of the contractor and the correct billing address.
 - iii. Identifying in writing to the Administrator's Office, the source of funds --- federal, state, or local government, or other --- for any new grant or contract. This will help District contract reviewers ensure that the contract contains adequate language to address state and federal requirements.
 - iv. Ensuring that contract review and approval procedures are followed as specified in Section D.4. below.
 - v. Ensuring that contract budget line item tracking procedures are followed as required in Section D.5. below.
 - vi. Attending required training as required in Section D.15. below.
- f. **Assistance.** To meet the responsibilities required by these procedures, the Contract Manager may consult with and receive assistance from the Administrator's Office, including assistance with procedural requirements, and standard contract language and templates.

4. **Contract Review and Approval.** The Contract Manager shall ensure that:

- a. All new or amended contracts are reviewed and approved by the Division Director overseeing the program in which the contract originates.
- b. Contractors must be selected according to the procedures established under Administrative Policy A-23, Purchasing.
- c. When the District serves as the contractor, and otherwise where possible, the District prefers use of the District's contract templates and forms, as provided by the Administrator's Office.
- d. The administrative and legal review process is completed and documented using a contract tracking form and database maintained by the Administrator's Office.

- e. The Human Resources Manager reviews and approves all employment contracts and collective bargaining agreements.
- f. Once a new or amended contract is approved by the Division Director or the Human Resources Manager as described above, it is forwarded to the Administrator and the Contracts Program Coordinator 2t in the Administrator's Office who will jointly ensure the following:
 - i. A Contract Manager has been assigned by the Division Director (see Section D.3.a.) and has completed review and approval steps a through e in Section D.4, above.
 - ii. The source of funds has been identified by the Contract Manager (see Section D.3.e.iii.).
 - iii. Contract language is approved as to form by the District's attorney including, but not limited to, a review of appropriate designation of parties, mutual obligations, jurisdiction, term, liability, enforceability, and compliance with applicable federal, state, and local laws and regulations.
 - iv. Any insurance or hold harmless/indemnification language is also reviewed and approved by the District's liability insurance carrier, as needed.
 - v. Payment and/or budget language is reviewed and approved by the District's Accounting and Finance Manager.
 - vi. All referenced attachments (e.g., scope of work, etc.) are enclosed with the contract.
 - vii. The procurement package, including responses, evaluation and checklist, etc. are included in the contract folder.
 - viii. Contract provisions are acceptable to the District and the contract is ready for final signature.
- g. The Administrator or, in their absence, the Health Officer, shall have the authority to approve and sign all grants and contracts that obligate the Health District and are within the Health District's budgetary authority, except as provided in Section D.4.h. below.
- h. The Kitsap Public Health Board shall approve the following types of contracts before the Administrator signs them:
 - i. All contracts and grant awards exceeding \$50,000.
 - ii. Any amendment to a contract or grant where the total amount of the original grant or contract and all amendments exceeds \$50,000.

- iii. All interlocal agreements with other governmental units, and any amendment to an interlocal agreement.
 - iv. All collective bargaining agreements, and any amendment to a collective bargaining agreement.
 - v. All contracts related to the sale or purchase of real property exceeding \$50,000.
- i. The Kitsap Public Health Board shall approve all new contracts, as described in Section D.4.h., through a consent agenda process at the Board's regular monthly meetings.
 - j. Notwithstanding Section D.4.h., and except for initially executed interlocal agreements entered into pursuant to the Interlocal Cooperation Act, the Administrator or, in the Administrator's absence, the Health Officer, may approve and sign any grant or contract, including amendments to interlocal agreements, otherwise requiring Health Board approval when in the opinion of the Administrator or Health Officer delay in approval and signature may prejudice the interests of the Health District. Before approving and signing such a grant or contract, the Administrator or Health Officer will consult with the Board Chair and Vice-Chair. If either Board member is not available, an alternate Board member will be consulted. Any grant or contract so approved and signed will be presented for affirmation at the Board's next regular meeting; provided, however, that failure to obtain such affirmation will not affect the validity of the grant or contract so approved and signed.
 - k. A copy of all fully executed contracts will be forwarded by the Administrator's Office to the Contract Manager, applicable Program Manager (if different from the Contract Manager), and the District's Finance and Accounting team. Original copies shall be retained as described in Section D.11.

5. Budget Line Item Tracking.

- a. The Contract Manager will coordinate with the Program Manager and the Finance and Accounting Team to ensure that payments to, or from, the contract do not exceed the budgeted line items in the contract, except where the contract allows for such deviations.
- b. When the District contracts with an outside vendor, the Contract Manager is responsible for reviewing and approving vendor-submitted invoices to ensure they are within the scope and budget for the contract. Finance and Accounting (Accounts Payable) staff will track the payments made on each contract, including any amendments, to ensure payments do not exceed the contracted amount. Accounts Payable staff will advise the Contract Manager if invoices are submitted in excess of the contract amount and provide other contract status information as requested.
- c. For contracts with an outside vendor, payments will not be made in excess of the contract amount without a contract amendment. Invoices received by Accounts Payable that would exceed the contract amount will be returned to the Contract Manager. They

can be resubmitted to Accounting when an appropriate contract amendment is executed.

- d. When the District provides the services under a contract, Finance and Accounting (Accounts Receivable) staff, under the direction of the Contract Manager, will invoice the contractor as appropriate under the contract and as applicable under state and federal rules. Accounts Receivable staff will track contract receivables and payments, advise the Contract Manager when payments are past due, and provide other contract status information as requested.
 - e. The Contract Manager shall report any contract violations, disagreements, inconsistencies, problems, etc., to the Administrator's Office as soon as possible.
6. **Contract Reporting to the Public Health Board.** The District will provide monthly contract update reports to the Kitsap Public Health Board in the Consent Agenda packet prepared by the Contracts Program Coordinator. These reports will contain, at minimum, the following information for all new and amended contracts, grant awards, and interlocal agreements for the previous sixty (60) days:
- a. Name of the contracted company, agency, or individual.
 - b. Contract amount.
 - c. Contract type.
 - d. Contract description.
 - e. Effective date and end date.
 - f. Lead District program.
7. **Multi-Year Contracts.** Contracts may exceed a year in length and require payment of funds from appropriations in subsequent fiscal years. In no event shall the duration of the contract exceed five years in length without prior approval of the Administrator.
8. **Conflict of Interest.** District employees shall not participate in contracting that involve economic benefit to themselves, their families, or businesses with which they are directly associated. Employees shall disclose to their Program Manager or Division Director any potential conflict of interest which they are aware of related to any contracting of equipment, materials, public works, supplies, or services. Refer to the District's Personnel Manual, Chapter 10.8.10, for details on conflict of interest.
9. **Informal Contact with Potential Contractors.** It is permissible for a District program interested in obtaining a contractor's equipment, materials, public works, supplies, or services to have informal discussions with the contractor regarding their qualifications and suitability for District needs. It is NOT permissible for a District employee to make any kind of verbal agreement with or commitment to a potential contractor.
10. **Payments.** Payments to contractors will be made following receipt of an itemized invoice that specifies:

- a. The name, mailing address, tax identification number, and phone number of the contractor.
- b. The inclusive period of the invoice.
- c. Indication if this is a partial or final billing.
- d. Description of equipment, materials, public works, supplies, or services obtained, including unit costs and quantity of each item billed and copies of any supporting invoices, as required in the contract.

Invoices must be reviewed and approved by the Contract Manager, Program Manager, or the Division Director prior to payment. Cumulative payments may not exceed the amount specified in the contract without a contract amendment. Contract amendments must follow the review and approval process specified in Section D.4. Prevailing wages, if applicable, must be paid in accordance with procedures established under Administrative Policy A-23, Purchasing.

11. **Document Retention.** The original contract/agreement, and all associated documents, shall be forwarded to and retained in the District's contract files. These documents must be retained after the termination of the contract in accordance with the District's Records Management Policy. Documents associated with a contract may include: list of vendors solicited for informal or formal bids, or solicited for proposals; written/phone quotation forms; bid specifications; bid quotations; request for proposals; contract proposals; suspension and debarment documentation (federal contracts); and any other documents made or received by the District in connection with the contract or agreement. Any destruction of these records should be in accordance with Washington State Archive requirements. Refer to the District's Records Management Policy.

For purchased services less than \$2,500 that do not require a contract in accordance with this policy, all documents associated with the purchase/expenditure should be attached to the original payment voucher. The original payment voucher is retained by the Finance and Accounting Program.

12. **Interlocal Agreements.** Contract administration procedures, herein, also apply to interlocal agreements. The Administrator's Office will ensure that all interlocal agreements are filed with the Kitsap County Auditor's Office or posted on the District's website immediately after becoming effective.
13. **Contract Renewal Notices.** The Administrator's Office will provide regularly scheduled ongoing notices to management staff to ensure that all contracts are updated or renewed in a timely manner, as needed or required.
14. **Contractor Debarment and Suspension.** It is the District's policy to comply with federal debarment and suspension rules, when applicable, and not to conduct business with any individual or entity excluded from participation in federally-sponsored programs. The Finance and Accounting Manager shall ensure compliance with federally-mandated exclusion rules, including, but not limited to, obtaining exclusion certifications when applicable and ensuring that suspension and debarment language is included in federal contracts. A completed suspension and debarment certification form shall be included in the contract file.

15. Contract Training:

- a. All Contract Managers are required to attend training on the District’s contracting procedures and complete a refresher training as directed by the Administrator. They may also be required to attend other contract training classes presented by the District, State Auditor’s Office, Washington Finance Officers Association, Washington State Office of Financial Management, or the Kitsap County Prosecutor’s Office.

- b. Every three years, the Administrator, Division Directors, Program Managers, Contracts Program Coordinator, and all Contract Managers of grants and contracts with state or federal agencies, must complete grant management training offered through the Municipal Research and Services Center of Washington (MRSC) or equivalent as approved by the Administrator.

F. Policy Review History

Initial Approval	3/19/12
Revised	7/9/13, 11/5/13, 12/23/2022

MEMO

To: Kitsap Public Health Board
From: Erica Whares, Kitsap County Child Death Review Coordinator
Date: March 7, 2023
Re: Resolution 2023-01, Authorizing a Kitsap County Child Death Review (CDR) Panel

Last month, I presented to the Board on the reformation of the Kitsap County Child Death Review (CDR) Panel. The Panel will bring together a multidisciplinary team to review child deaths with the goal of eliminating other preventable child deaths in the future. The Panel will review cases four times per year, and focus on a different manner of death at each meeting. The purpose of this action item is to obtain Health Board review and approval of Resolution 2023-01, Authorizing a Kitsap County Child Death Review (CDR) Panel (see attached).

As the Child Death Review team prepares for its first review meeting, we will greatly benefit from having access to potentially confidential records from multidisciplinary partners including public health, law enforcement, medical examiner, DCYF, schools, and other relevant agencies. Resolution 2023-01 will appoint and empower the Panel to access and share confidential information as part of the review process, with the goal of catalyzing action to prevent future child fatalities. Each member of the panel will also be required to sign a comprehensive confidentiality agreement (see attached) before they are able to review data and attend review meetings.

Washington State Law (RCW 70.05.170) permits local health jurisdictions to conduct child death reviews so that “preventable causes of child mortality can be identified and addressed.” The RCW authorization, coupled with the confidentiality agreement and approval of Resolution 2023-01 will protect the Child Death Review Panel and Panel members and allow us to access and share information as a review team.

Please contact me with any questions or concerns about this matter at (360) 979-6054, or erica.whares@kitsappublichealth.org.

Attachments (2)

Authorizing a Kitsap County Child Death Review (CDR) Panel

WHEREAS, Washington State Law (RCW 70.05.170) authorizes local health jurisdictions to conduct child death reviews so that “preventable causes of child mortality can be identified and addressed”; and

WHEREAS, unintentional injury is the leading cause of death for children aged 1-19, and suicide is a leading cause of death for youth aged 10-18*; and

WHEREAS, child death review teams discuss unexpected, preventable child deaths to collectively examine how and why children die in our County with the goal of preventing future deaths and improving safety; and

WHEREAS, child death review teams need to be able to tell each child’s story to identify and understand risk and protective factors by gathering, sharing, and discussing multidisciplinary data freely and openly among team members during review meetings; and

WHEREAS, the Kitsap County Child Death Review (CDR) Panel members will be appointed by the Health Officer of Kitsap Public Health District, or his/her designee; and

WHEREAS, CDR Panel members will sign a comprehensive confidentiality agreement before attending and participating in review meetings and agree to keep information within the CDR confidential.

NOW, THEREFORE, BE IT RESOLVED that the Kitsap Public Health Board establishes the Kitsap County CDR Panel and authorizes the CDR Panel to access and share confidential information as part of the CDR review process, with the goal of catalyzing action to prevent future child fatalities.

APPROVED: March 7, 2023

Commissioner Robert Gelder, Chair
Kitsap Public Health Board

*Data from Chronic Disease Prevention Fact Sheet, 2021, located at [kitsappublichealth.org](https://www.kitsappublichealth.org) .

Kitsap County Child Death Review Purpose, Principles, and Confidentiality Statement

Purpose

The purpose of the Child Death Review (CDR) is to lead to a better understanding of how and why children die, and what can be done to prevent child deaths in the future, based on findings from review meetings. These findings are used to catalyze action to prevent other deaths, ultimately improving the health and safety of communities, families, and children. The death of a child should invoke a community response, and the circumstances involved in most child deaths are multidimensional with many factors, and responsibility does not rest in any one place.

CDR Panel Members

Key members of each CDR Panel include representatives from the Medical Examiner's Office, Law Enforcement, Child Protective Services (CPS), Public Health, Medical Examiner, local hospital and other medical staff, schools, and mental health providers. In addition, reviews have ad hoc partners who attend based on their area of expertise. Other professionals that have specific knowledge of individual cases may be invited.

Roles and Responsibilities

Facilitator – Staff of Kitsap Public Health District, Chronic Disease and Injury Prevention

- With Health Officer, or his/her designee, approval, appoint qualified members to the CDR Panel
- Routinely gather data on child deaths in Kitsap County
- Provide a list of cases for review several weeks before each meeting so all panel members can research within their own organization and obtain any related records
- Provide detailed case summaries a week in advance to all CDR panel members and guests planning to attend
- Facilitate the CDR panel meetings, giving extra care and attention to all attendees having the opportunity to ask questions, share what they know, and make comments
- Solicit prevention recommendations at each review

Child Death Review: Core Panel members

- Come to the review prepared with information they may have on the death(s) to be reviewed and having read the case summaries in their entirety
- Share their information openly and honestly
- Actively engage in the review process and contribute to discussion around prevention
- Protect the confidentiality of information shared at the panel
- Use respectful and inclusive language when discussing children, families, and communities impacted by loss, as well as when discussing with other panel members. This includes recognition of both individual biases and systems of oppression.

Information Sharing

RCW 70.05.170 designates as confidential health care information, identifying information, witness statements, documents collected from witnesses, and summaries or analyses of those records, when such information and records are prepared exclusively for purposes of a child mortality review. CDR panel members may also not be examined as to the contents or existence of such records in any administrative, civil, or criminal proceeding.

Individual CDR panel members and their organizations will agree to a data-sharing agreement before attending the review meeting.

CDR Panel Logistics

Review meetings will be held 4 times per year, to be determined by the Core CDR panel members at the start of 2023.

Acknowledgement

I agree to participate as a member of the Kitsap County CDR Panel. I will protect the confidentiality of information that becomes known to me or comes into my possession as a member of the Kitsap County CDR Panel (as provided under RCW 70.05.170) including but not limited to: protected health information that is shared as part of the CDR Panel; autopsies; identity of the deceased child, child’s guardian or anyone interviewed as part of the child mortality review; any witness statements or documents collected from witnesses, or summaries or analyses of those statements or records prepared for purposes of a child mortality review; and confidential information from law enforcement agencies, CPS, and the Prosecuting Attorney’s Office. I agree not to disclose any such information except as required by the activities of the CDR Panel or by law.

I agree to get approval in advance from the CDR Facilitator before bringing additional attendees to reviews.

Name

Title

Organization

Signature

Date

MEMO

To: Kitsap Public Health Board
From: Siri Kushner, Assistant Director, Community Health
Date: March 7, 2023
Re: Kitsap Public Health District 2011-2021 Strategic Plan Progress Report and 2023 Process Update

During today's meeting, the Health District will provide the Kitsap Public Health Board with a summary of progress on the 2016 amendment to the 2011-2021 strategic plan and a brief progress update on our 2023 strategic planning process.

In summary:

- Kitsap Public Health District's (KPHD) current strategic plan was created and approved by the Board in 2011, underwent updates and board review in 2016, and technically expired in 2021.
- Activities related to the plan and assessment of progress were delayed by KPHD's COVID response.
- A two-part assessment was conducted to report on progress in 2021 and 2022.
- Part 1 is a rating of goals under each of the six initiatives on scale of 0 to 3:
 - In 2021, most goals were rated close to 1, "planning."
 - In 2022, most goals were rated close to 2, "implementing."
- Part 2 includes narrative examples of progress for all initiative areas for 2022.
- Creation of a new strategic plan in time for the previous plan's expiration was delayed by KPHD's COVID response.
- The strategic planning process kicked off with community key informant interviews, a Board survey, and an employee survey last fall.
- Our contract with VillageReach for facilitation will continue through the end of the year.
- Tuesday February 28th, our Strategic Planning Workgroup concluded phase 2, Strategy Review/Development.
- Employees are invited to provide input on activities and strategies for KPHD to consider in the Action planning phase, in office from March 7-10.
- Community members who participated in key informant interviews and the Kitsap Health Equity Collaborative are invited to provide input on activities and strategies for KPHD to consider in the Action planning phase, hybrid meeting on March 16.
- The process will continue with the Action Planning phase.

March 7, 2023

Page 2

- The board will be presented with the updated Strategic Plan for review and approval around May 2023.
- KPHD will provide the Board with a final report when the new strategic plan and action plans are finalized.

Please feel free to contact me (360) 633-9239, or siri.kushner@kitsappublichealth.org with any questions or comments.

Attachment – March Board Meeting Strategic Plan Slides

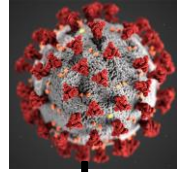
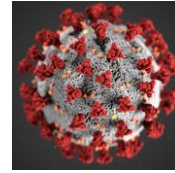
Strategic Plan Updates: 2011-2021 Closeout and 2023 Progress Report

Presented by Siri Kushner, Assistant Community Health Director
Kitsap Public Health Board
March 7, 2023

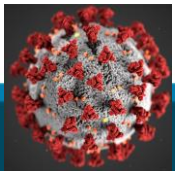
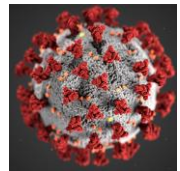
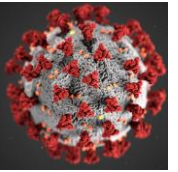


KITSAP PUBLIC HEALTH DISTRICT

2011-2021 Strategic Plan Closeout



- KPHD's most recent 10-year strategic plan was created and approved by the Board in 2011
- In 2016, that plan was updated, and board approved
- Activities delayed by COVID:
 - No bandwidth to carry out many of the elements of the plan
 - Unfinished systems to assess progress
 - No time to develop a new strategic plan
- 2022 we continued under the same strategic plan



Amended 2011-2021 STRATEGIC PLAN

Approved by Kitsap Public Health Board on January 5, 2016

Initiative 1	We will decrease communicable diseases and their impacts in our community.
Goals:	<ul style="list-style-type: none"> ○ Enhance tracking and analysis to decrease significant communicable disease threats. ○ Assess and increase immunization rates.

Initiative 2	We will decrease chronic diseases and their impacts in our community.
Goals:	<ul style="list-style-type: none"> ○ Enhance partnerships to prevent chronic disease. ○ Strengthen systems to increase chronic disease data gathering, sharing and evaluation. ○ Promote access and linkage to preventative care across all ages.

Initiative 3	We will protect the public from contaminated water, food, land, and air, and insanitary environments.
Goals:	<ul style="list-style-type: none"> ○ Prevent and reduce the public's exposure to unhealthy and unsafe environments. ○ Develop and implement key policy and enforcement interventions.

Initiative 4	We will promote healthy child development and health equity by ensuring all children have healthy starts.
Goals:	<ul style="list-style-type: none"> ○ Increase evidence-based prenatal and early childhood interventions. ○ Build capacity to assess poor birth outcomes. ○ Increase access and linkage to pre-conceptual, inter-conceptual and prenatal care.

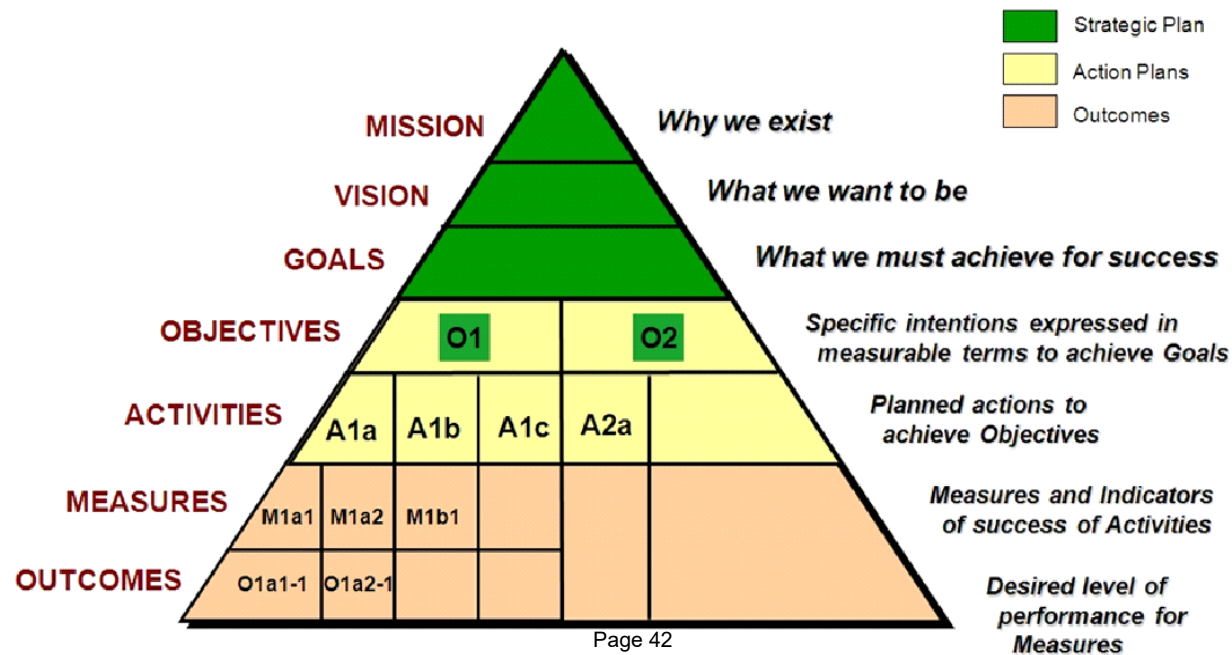
Initiative 5	We will strengthen our ability to provide the Foundational Public Health Services.
Goals:	<ul style="list-style-type: none"> ○ Strengthen our capacity to do assessment, surveillance, and epidemiologic work. ○ Strengthen our capacity for public health emergency preparedness and response. ○ Strengthen our capacity for internal and external public health communication. ○ Enhance our ability to develop and implement strategic Public Health policies. ○ Increase capacity to implement effective business practices and ensure agency sustainability and accountability. ○ Ensure capability to provide Foundational Public Health Programs.

Initiative 6	We will support statewide and regional efforts to address the Triple Aim of health system reform.
Goals:	<ul style="list-style-type: none"> ○ Support regional efforts to establish a collective impact process to improve population health across the region. ○ Participate as a public health stakeholder to accomplish performance-based projects that improve population health.

We do Strategic Planning to...

- Set a proactive (not reactive) path to guide organizational decision making for the future
- High-level strategic direction (green) provides purpose for planning

Strategic Plan Major Components



Assessment of our progress in 2021 and 2022

- Subject matter experts at KPHD conducted a two-part assessment

- Part 1: rating on a scale of 0 to 3 for each goal within each initiative

- 0 = not started
- 1 = planning
- 2 = implementing
- 3 = completed
- Blank = not applicable

- Part 2: narrative examples of progress

2021 Annual status assessment of progress by Strategic Initiative.						
Initiative:	1	2	3	4	5	6
Average status:	0.0	0.9	1.6	0.8	1.3	3.0

2022 Annual status assessment of progress by Strategic Initiative.						
Initiative:	1	2	3	4	5	6
Average status:	1.2	2.0	1.8	1.6	1.9	3.0



Assessment of our progress – examples for 2022

Initiative 1

Decrease communicable diseases and their impacts in our community.

**Dedicated and embedded
Communicable Disease Epidemiologist**

Initiative 2

Decrease chronic diseases and their impacts in our community.

Sustained partnerships in Healthy Eating/Active Living (HEAL) coalition, Kitsap Moves, new Injury Prevention program

Initiative 3

Protect the public from contaminated water, food, land, air and insanitary environments.

Ongoing implementation of policy and enforcement interventions - vapor product ordinance, school safety inspections, drinking water ordinance

Initiative 4

Promote healthy child development and health equity by ensuring all children have healthy starts.

Ongoing implementation of Nurse Family Partnership (NFP), expansion to serve 12 additional families/year

Initiative 5

Strengthen our ability to provide the Foundational Public Health Services.

Strengthened capacity for assessment, emergency preparedness, communications and performance and quality; invested Foundational Public Health Services funds across KPHD

Initiative 6

Support statewide and regional efforts to address the Triple Aim of health system reform.

Participation in regional Olympic Community of Health Action Groups and funded for “Connect to Vax” project



... moving ahead to 2023

New Strategic Plan Process

2023 Strategic Planning Timeline

Stakeholder/Community Input

CHNA/CHA community leader interviews Oct-Nov
KPHB and employee surveys Nov
KPHD employees + VillageReach

Strategy

Review/Development

early January– February
meet Jan x 1 long, and Feb x2 (1 long)
Strategic Planning Workgroup

Action Plans

March – April
KPHD employees +
VillageReach

Board Approval

Activity/ Strategy input

March
Community
leaders
interviewed
+ KPHD
employees

Dissemination

Monitor

June- December
KPHD employees
+ VillageReach

October

November

December

January

February

March

April

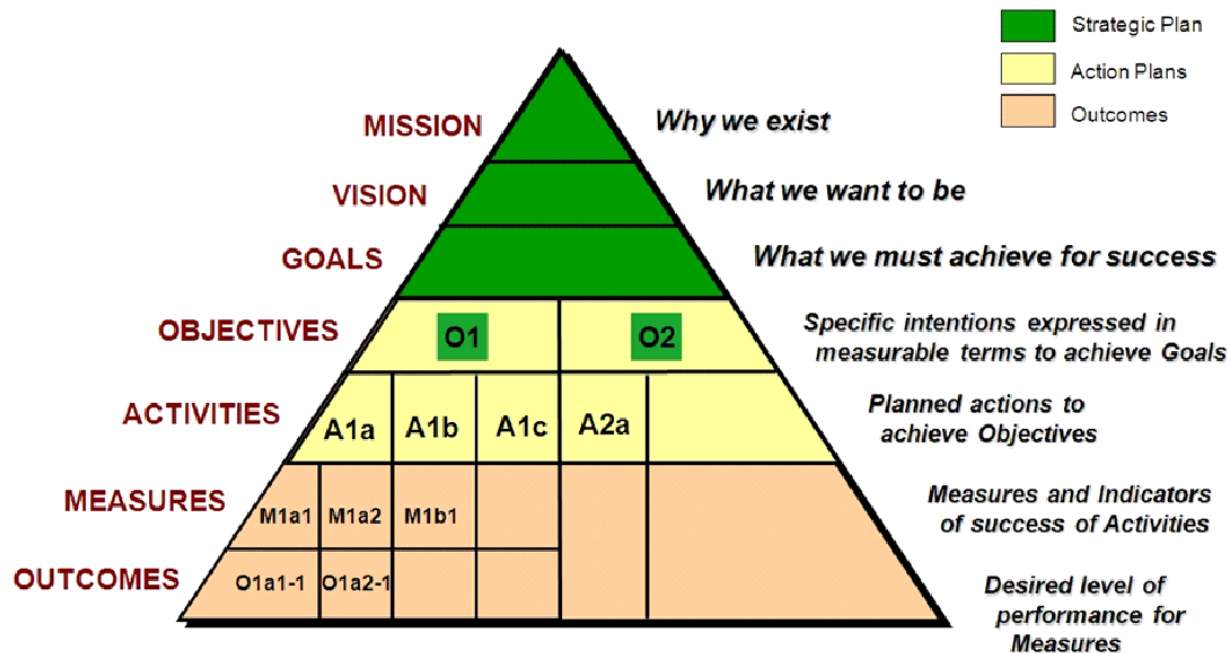
May

June



What's in a Strategic Plan?

Strategic Plan Major Components



Two major components of a strategic plan:

1. Strategy Discernment: Provides strategic direction. Without this, planning lacks a clear purpose. (Green)
2. 2-3 year Action Plan for each Initiative: Outlines the plan to bring the strategic direction into being. Without this, it remains a vision. (Yellow and Orange).

KPHD will have program-level annual work plans with activities aligned to the 2-3 year Action Plans and the 7-year Strategic Plan

Questions or comments -
Siri.kushner@kitsappublichealth.org



MEMO

To: Kitsap Public Health Board
From: Yolanda Fong, Director of Community Health
Date: March 7, 2023
Re: Mpox Response Informational Presentation

In 2022, Kitsap Public Health District responded to a global outbreak of mpox (monkeypox virus) that was then spreading in Western Washington. The World Health Organization declared mpox a global public health emergency on July 23. The U.S. Department of Health and Human Services declared mpox a national public health emergency on August 4.

With guidance from our Public Health Emergency Preparedness and Response (PHEPR) Program, the Health District activated an Incident Command System (ICS) to coordinate a multifaceted response to this complex and high-profile disease outbreak. Key response activities included case and contact investigations, support for testing, vaccination, and treatment, and public information and engagement efforts to promote awareness in our community.

We believe this response helped limit the spread of mpox in Kitsap County. A total of five mpox cases were confirmed among Kitsap residents, with the most recent case reported in October. The Health District has provided JYNNEOS vaccination to 243 eligible community members and continues to offer clinics.

This year, we have provided two internal presentations based on the mpox response to highlight the successful implementation of the incident command system, encourage employees to build skills and knowledge they can apply to their work, and share ideas for improving future emergency responses. We are pleased to bring this presentation to the Health Board.

In summary, this presentation will provide an overview of:

- The role of our PHEPR program and how we organized our response
- Risk communication and community engagement in response to mpox
- Medical countermeasures, including testing, treatment, and vaccination

For more information, contact Yolanda Fong at 360-535-9290, or yolanda.fong@kitsappublichealth.org.

2022: Responding to Mpox

An overview from our strategy team

Yolanda Fong, Gabrielle Hadly, Tad Sooter, Wendy Inuoye, Michelle McMillan & Elizabeth Davis



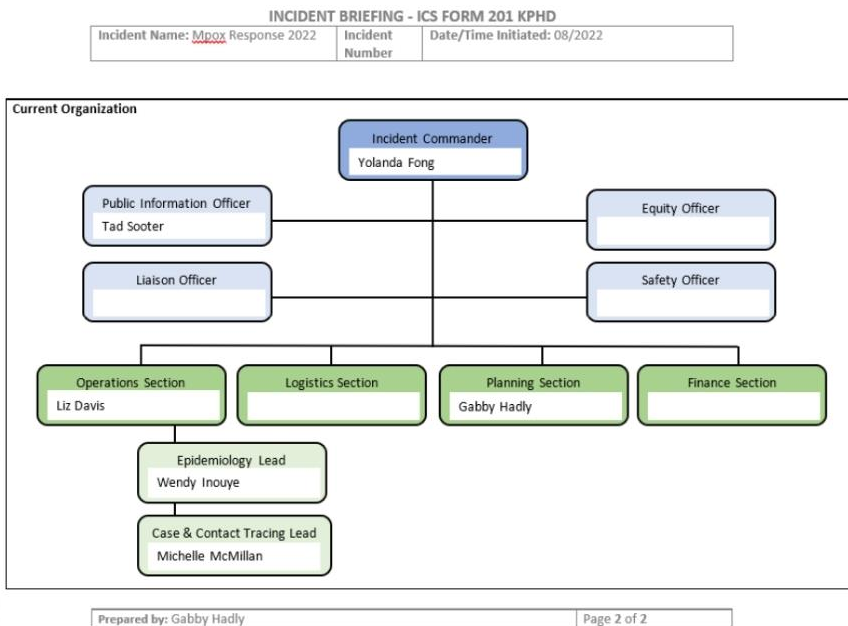
KITSAP PUBLIC HEALTH DISTRICT

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1. Acknowledgments & response org chart
2. What is Mpox + response timeline
3. PHEPR overview + KPHD emergency response overview
4. Communications & outreach overview
5. Medical countermeasures & case and contact investigations summary
6. Time for questions



Acknowledgments & org chart



With special thanks to:

- George Fine
- Kaela Moontree
- Siri Kushner
- Jessica Guidry
- KPHD staff

What is Mpox?

WHAT TO KNOW ABOUT **MONKEYPOX**

What is monkeypox?

Monkeypox is a disease caused by a virus. Monkeypox is being reported this year in many countries that do not normally have monkeypox cases, including the United States. People who get monkeypox typically recover in 2-4 weeks, but monkeypox can cause severe illness.

HOW DOES IT SPREAD?



Monkeypox most often spreads through skin-to-skin contact, including during sex.

Monkeypox can also spread through:

- Respiratory droplets or saliva during face-to-face contact, such as kissing.
- Contact with items such as clothing or bedding used by someone with monkeypox.

WHAT ARE THE SYMPTOMS?



A rash, bumps, or sores can appear anywhere on the body.



Some people have flu-like symptoms including fever, aches, or swollen glands.

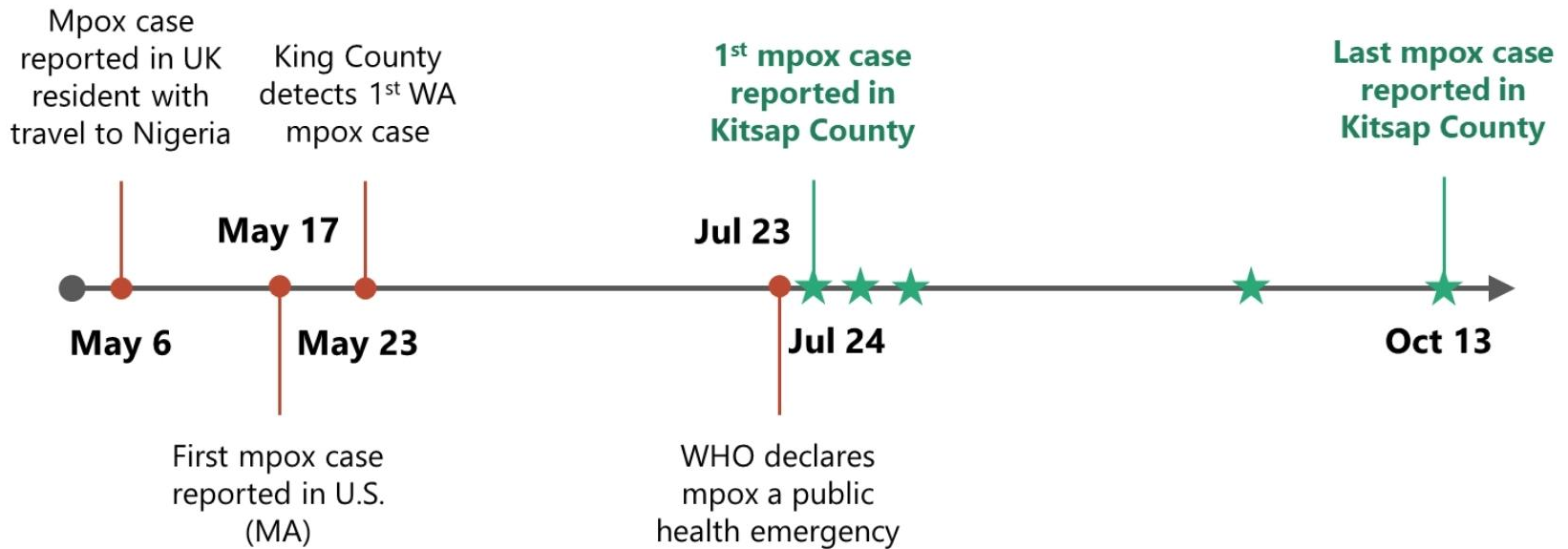
Symptoms begin 5-21 days after exposure.

- A virus in the Orthopox family
- Signs and symptoms historically have a characteristic rash preceded by prodrome
- Cases associated with this outbreak had atypical features. Rash still characteristic, but often onset in genital and perianal region (prodrome mild or not occurring)

Excerpted from CDC Clinician Outreach and Communication Activity (COCA) call 5/25/2022



2022 Mpox epidemic in brief



Emergency Preparedness & Response

- Overview of the Public Health Emergency Preparedness and Response Program (PHEPR)
- Introduction to how KPHD responds to emergencies
- Overview of PHEPR's role in this response
- Review of lessons learned





What does Public Health Emergency Preparedness & Response do?

Goal: Protect and promote the health of all persons in Kitsap County during emergencies by ensuring KPHD has the plans, procedures, trainings, and relationships needed to rapidly respond to and recover from health threats and emergencies.

Before:

- Ensure KPHD staff are prepared emergencies
- Ensure the agency can carry out effective responses to public health emergencies

During:

- Help to organize and carry out responses
 - Provide trainings
 - Document response work
 - Notify partners
 - Utilize relationships

After:

- Reflect on responses - find out what went well and what can be improved
- Update plans and processes
- Conduct trainings and exercises to practice changes



How does KPHD respond to emergencies?

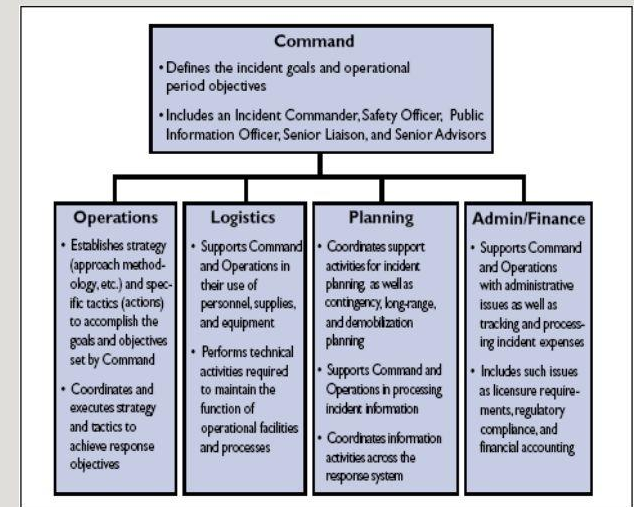
Incident Command System

Provides guidance on how to organize assets and respond to incidents

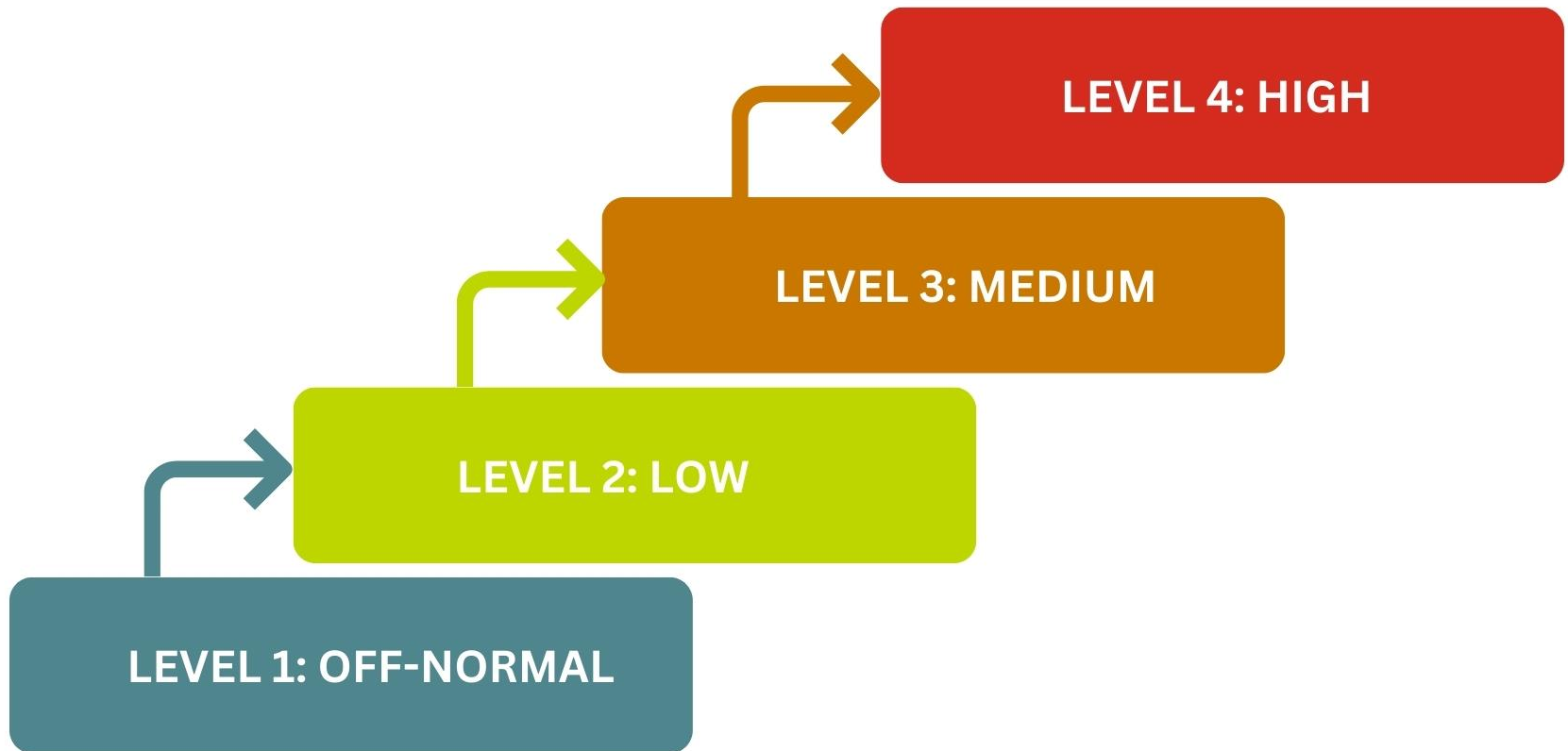


Incident Command System

All responses are organized into five functional areas



The 4 Levels of Response



Response Level Identification Tool

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
	OFF-NORMAL	LOW	MEDIUM	HIGH
Level of public interest	Little to no interest - regular PIO can handle	Moderate - may be managed without ICS PIO	Likely High - ICS PIO activation needed	Potential to cause widespread alarm - call center needed
Staffing utilized	Involves one division	Involves up to two cross-cutting programs	Involves four non-cross-cutting programs from various divisions	All divisions have roles
Personnel duties	Normal	Somewhat different	Very different	Completely different
Proposed ICS structure	IC	IC, PSC, OSC, maybe PIO	IC, PSC, OSC, PIO	IC, PSC, OSC, PIO, LSC, FC
Needed ICS forms	None	IAP, SITREP	IAP, SITREP	IAP, SITREP
Who to notify	ELT, PIO	ELT, PIO, DOH, NWHRN, LHJ, Tribes, HC, EMS, DEM, PHB, Navy	ELT, PIO, DOH, NWHRN, PHB, LHJ, Tribes, HC, EMS/DEM, Navy	ELT, PIO, DOH, NWHRN, PHB, LHJ, Tribes, HC, EMS/DEM, UC, Navy
Demobilization	None	AAR, Team debrief	AAR, Team debrief	AAR, Team debrief





Communications

- How communications started and progressed
- Lessons learned



1



Be First:

Crises are time-sensitive. Communicating information quickly is crucial. For members of the public, the first source of information often becomes the preferred source.

2



Be Right:

Accuracy establishes credibility. Information can include what is known, what is not known, and what is being done to fill in the gaps.

3



Be Credible:

Honesty and truthfulness should not be compromised during crises.

4



Express Empathy:

Crises create harm, and the suffering should be acknowledged in words. Addressing what people are feeling, and the challenges they face, builds trust and rapport.

5



Promote Action:

Giving people meaningful things to do calms anxiety, helps restore order, and promotes some sense of control.³

6



Show Respect:

Respectful communication is particularly important when people feel vulnerable. Respectful communication promotes cooperation and rapport.

Risk comms principles

Based on the CDC's Crisis & Emergency Risk Communication system.
emergency.cdc.gov/cerc



Engage Community • Empower Decision-Making • Evaluate

Preparation

- Draft and test messages
- Develop partnerships
- Create plans
- Determine approval process

Initial

- Express empathy
- Explain risks
- Promote action
- Describe response efforts

Maintenance

- Explain ongoing risks
- Segment audiences
- Provide background information
- Address rumors

Resolution

- Motivate vigilance
- Discuss lessons learned
- Revise plan


Risk comms principles

Based on the CDC's Crisis & Emergency Risk Communication system.

emergency.cdc.gov/cerc

When to message

1st monkeypox case in US this year reported in Massachusetts
A possible case has been identified in New York.
By **Mary Kekatos**
May 19, 2022, 9:08 PM




2:14
What to know about monkeypox
With clusters of the disease popping up in Europe and

A Massachusetts resident has tested positive for monkeypox on Wednesday, making it the first case of the disease reported in the United States.

According to a release from the Massachusetts Department of Health, a 36-year-old male who recently traveled to Canada was confirmed by the Centers for Disease Control and Prevention.

LOCAL NEWS
Washington state confirms first case of monkeypox
May 27, 2022, 9:26 AM




King County

Jeff Duchin, Health Officer, Public Health for Seattle and King County speaks following the death of a King County, Washington resident due to novel coronavirus (COVID-19) during a press conference in Seattle, Washington on February 28, 2020. (Getty Images)

BY KIRO NEWSRADIO NEWSDESK
Your best source for local news

The first case of monkeypox in Washington has officially been confirmed.

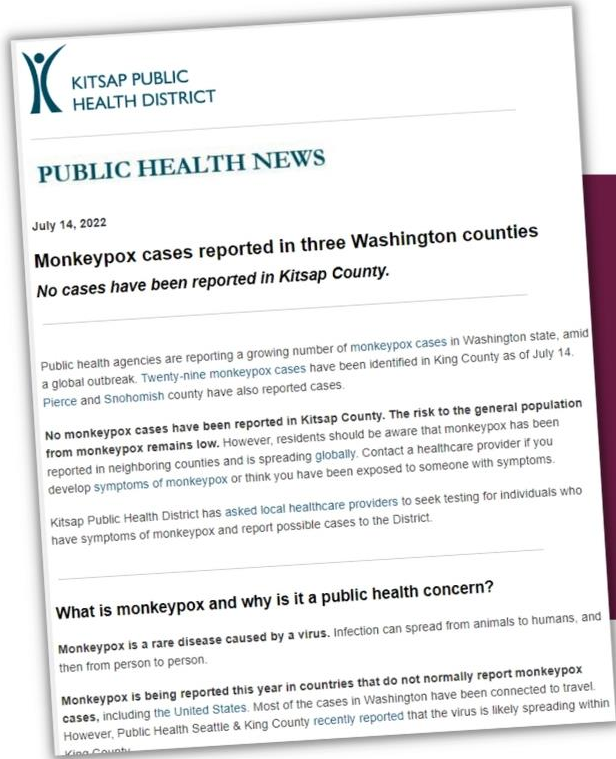
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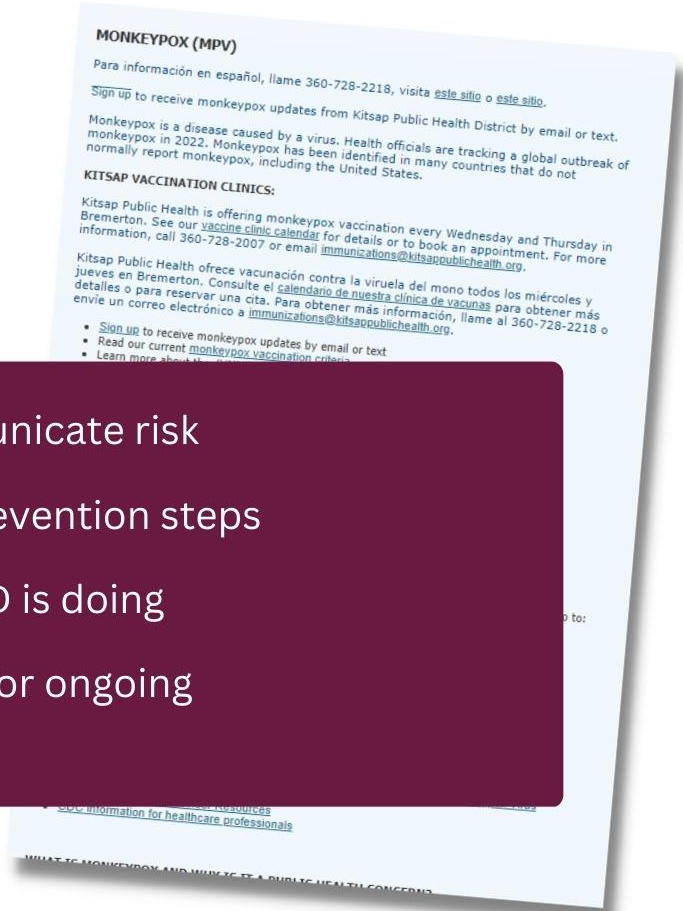
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Being proactive



- Accurately communicate risk
- Provide simple prevention steps
- Explain what KPHD is doing
- Set expectations for ongoing communication



First case!



PUBLIC HEALTH NEWS

July 27, 2022

First case of monkeypox reported in Kitsap County

KITSAP COUNTY, WA — Local health officials are responding to a probable case of monkeypox in a Kitsap County resident. It is the first case of monkeypox reported in the county.

The resident, an adult male, tested positive this week for Orthopoxvirus — the group of viruses that causes monkeypox. The CDC will conduct follow-up testing to confirm the case. Health officials are working to identify and notify anyone who might have been in close contact with the infected person.

More than 100 cases of monkeypox have been identified in Washington since May, with the majority of cases reported in King County. The United States is experiencing a monkeypox outbreak this year.

Monkeypox most often spreads through close, physical contact with an infected person who has symptoms. Symptoms include a rash with fluid-filled bumps or sores, which can appear anywhere on the body. Most people who have monkeypox recover in two to four weeks. Monkeypox can cause severe illness, especially in people who are immunocompromised. See the Q&A below or visit the state Department of Health website for more information.

"The first case of monkeypox in Kitsap is cause for awareness but not alarm," Kitsap Public Health District Health Officer Dr. Gib Morrow said. "We are asking residents to be aware of how monkeypox spreads and contact a healthcare provider if they experience symptoms."

Kitsap Public Health District has also asked local healthcare providers to seek testing for individuals who have symptoms of monkeypox and report possible cases to public health. Updates on monkeypox in Kitsap County will be posted to the Kitsap Public Health District website.

Vaccination limited to close contacts

Vaccination for monkeypox is not available to the general public or local healthcare providers at this time. Vaccine supplies are limited. Vaccination is being prioritized for people who have had close

NEWS

First probable monkeypox case reported in Kitsap County

Nina Baker
Kitsap Sun

Published 3:18 p.m. PT July 27, 2022

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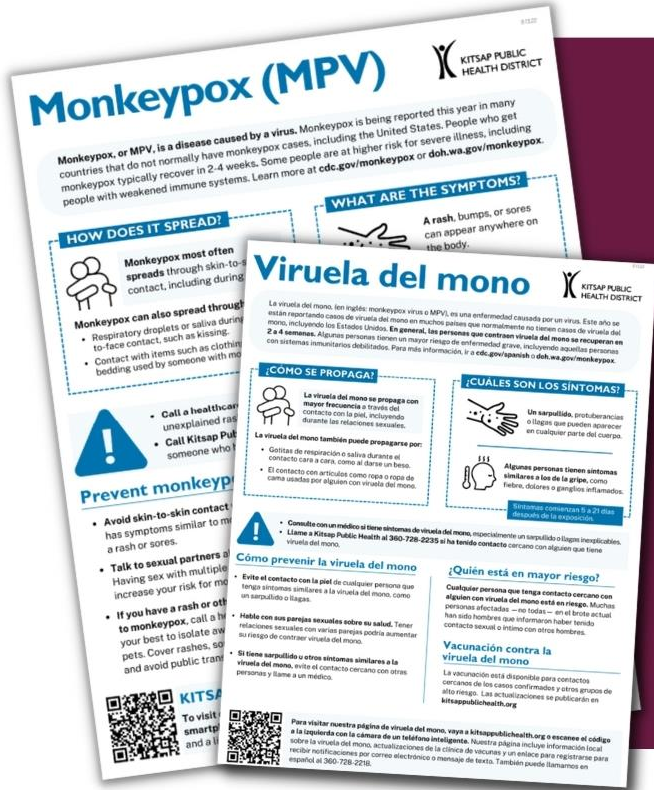


- Discuss in advance how we will communicate a case
- Clearly communicate risk
- Provide simple prevention steps
- Be prepared for inquiries

... monkeypox, cowpox and monkeypox — the genus of virus for Disease Control and Prevention will conduct follow-up testing to confirm the case as monkeypox. Health officials are currently identifying and notifying anyone who might have had contact with the infected resident, according to the press release.



Maintenance



- Reporting additional cases/updates
- Supporting our outreach and response efforts (vaccination, community engagement)
- Tailoring messages to specific audiences
- Producing and distribute educational materials
- Monitoring feedback, responding to inquiries
- Addressing misinformation/stigma





Outreach



- Identifying target audiences

- Developing messages/strategies

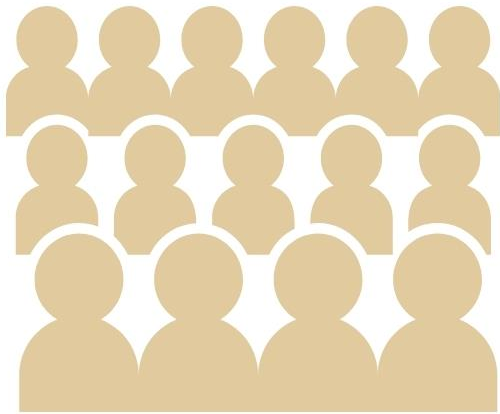
- Lessons learned

- Questions

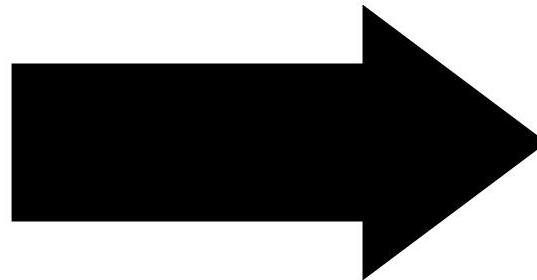


Identifying audiences

- Review data & science
- Consult KPHD experts and partners
- Listen to community feedback



General population



Higher risk
and/or barriers to accessing
information

How do we reach our audience?

Populations most impacted by mpox outbreak

- Gay, bisexual, and other men who have sex with men
- People with multiple/anonymous sexual partners

Agencies who serve those populations

- KPHD HIV program
- Kitsap Pride and other LGBTQ+ organizations & social networks
- Healthcare and service providers



MPOX WEBINARS

KPHD monkeypox webinar for community organizations
Kitsap Public Health District

AGENDA

1. Monkeypox overview and outbreak update
2. Prevention
3. Public health response and vaccination updates
4. Information sources and

KPHD Monkeypox Update for Providers
Kitsap Public Health District

Our Ask for Providers:

- Be familiar with the clinical presentation and local epidemiology of monkeypox.
- **PPE! Gloves | Mask | Eyes**
- If high clinical suspicion, coordinate testing with KPHD.
- Educate your patients on transmission and infection prevention.
- Work with Public Health to identify close contacts and coordinate vaccination, if indicated.
- Identify and talk with high-risk patients about vaccination.
- Enroll as a TPOXX prescriber with CDC.

KITSAP PUBLIC HEALTH DISTRICT



How do we communicate risk without increasing stigma?

Goal: Prevent discrimination. Ensure effective public health response.

Challenges:

- Communities most affected by mpox outbreak already experience stigma.
- Risk factors associated with mpox are stigmatized.
- "Monkeypox" name is problematic.

Strategies:

- No perfect solution.
- Communicate risk accurately: Anyone can get mpox; some behaviors increase risk.
- Focus on behaviors rather than identity.
- Tailor messages to audience.
 - General info for general audience.
 - Specific prevention guidance and discreet materials for at-risk populations.



Key lessons

We need to **build and foster strong community relationships** outside of emergency response.

Reach out to partners early.

Case and contact investigations

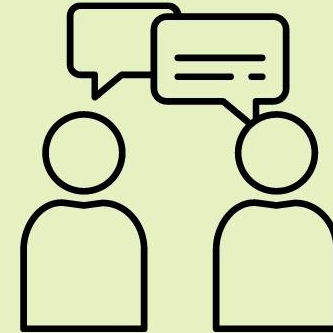
- What we did
- Lessons learned



What we did

- **Trained investigators**

- Mpox overview
- Sensitive investigations trainings



- **Prepared investigation and case / contact materials**

- **Conducted investigations and follow up**

- Isolation guidance, address questions / concerns
- Close contact information

Lessons learned

Balancing sensitivity with directness

Adjust investigation guidance from DOH to meet needs of community

Medical Countermeasures

- Overview of Medical Countermeasures
 - Challenges and strategies
 - Summing it up
-

What are medical countermeasures?

Medical countermeasures (MCMs) are **medicines and medical supplies that can be used to diagnose, prevent, or treat diseases** related to chemical, biological, radiological, or nuclear threats.

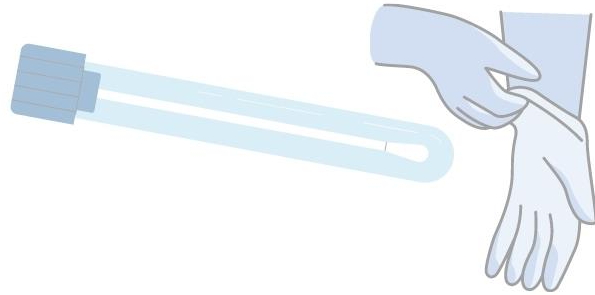


MCMs can include:

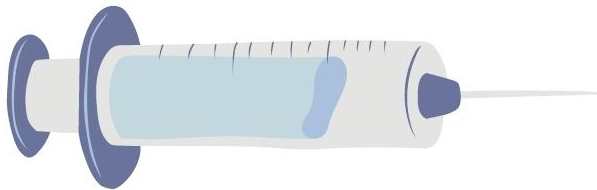
- Biologic products – vaccines, blood products, and antibodies
- Drugs – antimicrobial or antiviral drugs
- Devices – diagnostic tests to identify threat agents and personal protective equipment (PPE)

Medical countermeasures for Mpox

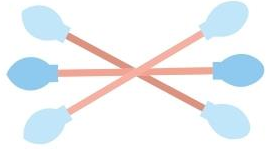
Testing



Tecovirimat (TPOXX)



Jynneos vaccine



Testing

Goal: Ensure access to timely, accurate Mpox testing in Kitsap County

Challenges:

- Varied clinical presentation made knowing when to test difficult
- Confusion over when to connect with Public Health
- Reports of being turned away when seeking testing

Strategies:

- Support providers with info via:
 - Advisories
 - Webinar/Q&A
 - On-call support
- Follow-up on testing issues as they occur
- Made local issues known to state

Treatment: Tecovirimat (TPOXX)

Goal: Identify and establish a pathway to Mpox treatment in Kitsap

Challenges:

- Antiviral available under an investigational new drug (IND) protocol
- Initial requirements of IND protocol were barriers for providers
- Medication only available through the Strategic National Stockpile

Strategies:

- Worked with VM and SeaKing to understand IND protocol
- Received stock to transfer to prescribing provider if/when needed
- Engaged local VMFH to create pathway to treat

Prevention: Jynneos vaccine

Goal: Mitigate mpox transmission through timely vaccination of close contacts and those at high risk of exposure.

Challenges:

- Extremely limited supply available only through Strategic National Stockpile
- Complex, stigmatizing and frequently changing eligibility criteria
- Prioritizing Post Exposure Prophylaxis (PEP) while allowing for Pre-Exposure Prophylaxis (PrEP) administration
- 2 dose series, 28 days apart
 - How do we ensure completion of series

Strategies:

- Served as a hub for DOH
- Adopted intradermal administration strategy when it was approved
- Release doses as first doses vs. second dose hold-back
- PrEP administration
 - Kept PEP doses set aside
 - Clinics at KPHD
 - Transferred doses to partners working with high risk populations
 - Used DOH eligibility criteria
 - Eligibility determined with attestation

Medical countermeasures in action

We used a flexible and collaborative approach to connect cases to resources.

Case study:

- The immunization team receives a call on a Friday afternoon from a parent concerned that their adult child has mpox.
- The caller describes their adult child as having a painful rash that has not been responding to topical treatment and is getting worse.
- They have taken the adult child to urgent care for mpox testing and were turned away. The adult child does not have a primary care provider, is uninsured.

Kitsap Mpox response



Total Mpox cases: **5**
TPOXX prescribed: **0**
Partner/provider webinars: **2**
Close contacts identified: **18**
Close contacts vaccinated: **11**
KPHD Jynneos clinics: **5**
Jynneos doses administered: **243**



Key partners: VMFH, Northwest Washington Family Medicine Residency, PCHS, Planned Parenthood, and the UW Madison Clinic



Questions?