

KITSAP PUBLIC HEALTH BOARD

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

MEETING AGENDA

May 2, 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 April 4, 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
Dr. Gib Morrow, Health Officer & Keith Grellner, Administrator

DISCUSSION ITEM

- 10:50 a.m. 6. Back-up Health Officer Provisions for Kitsap Public Health District
Dr. Gib Morrow, Health Officer Page 15

ACTION ITEMS

- 11:00 a.m. 7. Resolution 2023-02, Approving a Line of Succession for the
Health District Administrator
Keith Grellner, Administrator Page 19

- 11:05 a.m. 8. Resolution 2023-03, Approving Amended Health District Mission and Vision Statements, Guiding Principles, and Overarching Strategic Plan Initiatives for 2024 - 2030
Siri Kushner, Director of Public Health Infrastructure *Page 28*
- 11:25 a.m. 9. Election of New Chair and Vice Chair
Commissioner Robert Gelder, Chair *Page 44*
- 11:45 a.m. 10. 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

Hybrid 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

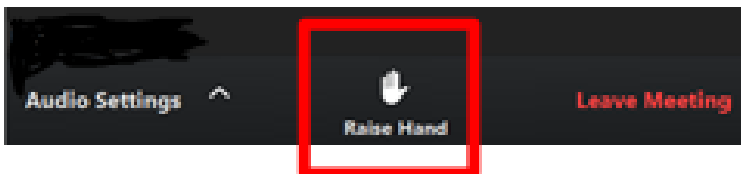
All written comments submitted will be forwarded to board members and posted on the Health Board’s meeting materials webpage at <https://kitsappublichealth.org/about/board-meetings.php>.

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
April 4, 2023**

The meeting was called to order by Board Chair Commissioner Robert Gelder at 10:30 a.m.

Chair Gelder acknowledged that the Kitsap Peninsula is home of sovereign Indian nations, namely the Suquamish and Port Gamble S’Klallam Tribes.

APPROVAL OF MINUTES

Mayor Becky Erickson moved and Mayor Rob Putaansuu seconded the motion to approve the minutes for the March 7, 2023, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The March consent agenda included the following contracts:

- *2723, Johns Hopkins University, Healthcare Assessment Project*

Member Dr. Michael Watson moved and Member Stephen Kutz seconded the motion to approve the consent agenda. The motion was approved unanimously.

CHAIR COMMENTS

Chair Gelder informed the Board he will be stepping down from the Kitsap County Board of Commissioners, effective May 23, 2023, meaning he will not be able to serve as Chair for the Kitsap Public Health Board starting in June 2023. He noted Mayor Erickson is currently Vice Chair and could be elected as Board Chair. He asked the other board members to consider moving to either Board Chair or Vice Chair, depending on if Mayor Erickson moves from Vice Chair to Board Chair at the time of the vote. This will be added to the agenda for the May 2, 2023, regular meeting.

PUBLIC COMMENT

There was no public comment.

HEALTH OFFICER/ADMINISTRATOR’S REPORT

Health Officer Update:

Dr. Gib Morrow, Health Officer for the Kitsap Public Health District, began his report by explaining that this week is National Public Health Week, the theme of which is “Centering and Celebrating Cultures in Health.” There is a focus for each day of the week and today’s focus is Violence Prevention. He expressed gratitude to members of the Board for their ongoing work in advancing public health. He also thanked employees at the Health District for their work and commitment, as well as the many partners that help protect and promote public health.

Next, Dr. Morrow said the District convened the first Child Death Review meeting on Friday, March 31, 2023. The meeting was attended by representatives of important sectors, including mental health services, healthcare, schools and education, youth and family services, tribes, emergency management services. Dr. Morrow thanked the representatives and Health District staff for attending this meeting. He noted that there is nothing more tragic than the death of a child, and reviewing the number of cases of Kitsap children who committed suicide was particularly upsetting. Though the topic of the meeting was difficult, it was very productive.

Dr. Morrow explained that as far back as before the pandemic, experts were alarmed at the number of youths in the United States experiencing mental health crises related to anxiety and depression. The social isolation, cultural divisions, and violence that resulted from the pandemic exacerbated the mental health crises children were experiencing. In Kitsap, 40% of youth have reported experiencing at least one episode of significant depression over the past 12 months and 1 in 5 children seriously considered suicide. Nationally, youth suicide rates have increased by 70% in the years leading up to the pandemic and youth homicide rates have increased by 33%. Between 2009 and 2019, the proportion of mental health hospitalizations with suicidal patients and those who self-harm more than doubled, increasing from 30.7% to 64.2%. Overdose deaths have more than doubled from 2019 to 2020. Firearm-related injuries became the leading cause of death in youth aged 1-19 years old in 2020 and accounted for half of the increase in all-cause mortality seen during that year. Dr. Morrow said so far this year, the U.S. has averaged over one mass shooting per day, many of them occurring at schools. This has compounded the anxiety and despair felt by our youth. Readily available firearms, lethal narcotics, and malignant social media are having devastating impacts on youth in our community. These issues have disparate impacts on different age, gender, and racial groups. Children of color are suffering higher rates than white children.

Dr. Morrow said that until 2019, the country observed a centuries-old decline in all-cause mortality for children under 19 years old. From 2019 to 2020, there was an 11% increase in all-cause mortality for youth, then an 8% increase from 2020 to 2021. He stated this was due to injuries, suicide, and homicide, rather than a result of the COVID-19 pandemic. Dr. Morrow said the work of the Child Death Review Panel to address underlying causes of child deaths is urgently needed. Their first meeting was very beneficial as it allowed the panel to share resources, best practices, and collaborative approaches. He said the community needs to continue to improve health education in schools, connect young people to the healthcare services they need, and make school environments safe and supportive for children. The panel discussed specific efforts to make behavioral health resources accessible and visible in schools, coordinating care across different venues, supporting families and advocating for more family therapy options, raising awareness of teacher training opportunities, and raising awareness for help lines like 9-8-8, a suicide hotline. Additional plans are underway.

Next, Dr. Morrow discussed a local initiative by the Health District's Communicable Disease (CD) program. On April 2, 2023, the CD team held an opt-out testing event at the Kitsap County Jail in which nearly 80 jail residents were tested for Hepatitis C, HIV, and syphilis. The lab results are still pending, but CD is already planning more events like this to determine the

frequency of these illnesses in this type of high-risk population. They are also working to build partnerships for telehealth treatment of Hepatitis C to get people timely treatment without overloading local healthcare providers.

Dr. Morrow then provided an update on the healthcare systems assessment, which he said is off to a strong start. The professional services contract has been signed. The advisory group met with Johns Hopkins researchers on March 29, 2023, for a progress report and to determine how the group can assist them throughout the project. He expects that the Johns Hopkins team will provide an update at the July Board meeting.

Lastly, Dr. Morrow said he is looking forward to the upcoming Drinking Water and Onsite Sewage System (DWOS) and Pollution Identification and Correction (PIC) presentation. He noted that around 60,000 structures are on septic systems, with many on small lots, contiguous with surface waters. Dr. Morrow said he recently accompanied Brian Burchett, a DWOS inspector at Kitsap Public Health, on septic inspection site visits. He said he was astounded at the location and density of areas dependent on septic systems for all household effluents. He went on to explain that as the climate gradually changes and severe weather events become more common, ensuring septic systems function properly is crucial to public health. The DWOS and PIC teams work every day to protect drinking water sources, aquatic habitats, shellfish beds, property values, and the environment.

Member Kutz commented that septic systems sometimes fail laterally into aquifers and streams. He asked Dr. Morrow if there are systems in place to look at the effects on critical shorelines and streams. Dr. Morrow responded by saying the upcoming DWOS and PIC presentation will answer that question. Member Kutz also asked how Kitsap County is preparing for the need for ongoing COVID-19 testing when most of the testing instruments are CLIA-waived. He said the COVID-19 emergency order that will be ending in May allowed agencies and organizations to use these tests without adhering to the limitations that normally affect CLIA-waived tests. He noted that the Suquamish Tribe administered 27 COVID-19 tests in the last week and asked if, once the emergency order ends, these patients will need to go to a healthcare provider for testing. At Chair Gelder's request, Dr. Morrow explained that CLIA stands for Clinical Laboratory Improvement Amendments, which requires any facility performing laboratory tests of human specimens to be certified by the government. Healthcare providers can obtain a license to use CLIA-waived tests without having a fully certified lab. Schools, jails, organizations, and private businesses have been able to receive CLIA waivers to conduct COVID-19 tests. He said he is unaware of any impacts the end of the emergency order will have on CLIA-waived testing. Dr. Morrow noted that during the monthly call with Washington State Department of Health (DOH), he learned that the state's standing orders for COVID-19 vaccines will be ending. This means medical facilities, including long term care, will need to develop their own standing orders if they would like to continue administering vaccines. Member Kutz added that another issue is the discontinuation of free COVID-19 test kits and that he does not believe primary care providers will be able to take on additional patients for COVID-19 testing. He asked that the Health District and the Board discuss this issue further. Dr. Morrow noted the Health District continues to provide test kits to the community, though the supply will likely dwindle.

Regarding the opt-out testing done at the jail, Dr. Watson asked if people who test positive received treatment that was covered. Dr. Morrow said as long as they are in the Kitsap County Jail, there is a medical presence on site. The Health District has a Memorandum of Understanding (MOU) with the jail to provide them with penicillin for treatment of jail residents with syphilis. The treatment of Hepatitis C and HIV is more complex, so the Health District will need to develop a system with the jail to connect patients with the appropriate treatment or healthcare provider. Dr. Morrow added the residency program at St. Michael Medical Center may be an option they explore. Chair Gelder noted that one of the largest contracts the jail has is for medical care.

There was no further comment.

Administrator Update:

Keith Grellner, Administrator at the Kitsap Public Health District, began his report by introducing himself.

Next, Mr. Grellner discussed the 2023 Legislative Session Update for Kitsap Public Health's legislative priorities. He thanked Megan Moore of Kitsap Public Health for drafting the legislative update. There have been no new bills involving public health. Regarding the budget, both the House and Senate budget are favorable to continued Foundational Public Health Services investments in the state public health system. Both budgets include about \$100 million of additional funding for the next biennium as well as funding for commercial tobacco prevention to prevent youths from using tobacco. The Health District will continue tracking the budget process as it develops and will reach out to the Board with additional updates when applicable.

Mr. Grellner then discussed recent improvements that the Health District has made for sewage spill response procedures. Anytime there is a significant sewage spill, usually from large municipal wastewater collection systems, the Health District takes a number of steps to respond, including notifying the public, assessing the spill, sampling, and posting warning signs. Mr. Grellner explained that in the Fall of 2022, the Health District conducted a survey to determine if the public was receiving sewage spill notifications, how the notifications were being received, the level of knowledge the public has around the Health District's sewage spill response work, and asked for suggestions on how to improve our messaging. Based on the feedback obtained through the survey, Kitsap Public Health adjusted the procedure for sewage spills. The changes include new signage with QR codes to link people more easily to water quality information on the Health District website and to help the public sign up for water quality advisories. Business cards containing information on public health advisories were supplied to fish license dealers and were placed at the front counters for distribution to the public. Mr. Grellner thanked everyone who responded to the survey. He said the Health District has been doing this work for over 30 years and the agency is always working on refining procedures as the population changes. He hopes this will make information more accessible and will help the community take better care of the environment.

Next, Mr. Grellner said the Washington State Association of Counties (WSAC) and the Washington State Association of Local Public Health Officials (WSALPHO) have partnered with a PhD student at Wharton School at the University of Pennsylvania to study how local health boards function and how they influence public health practice. The partnership is looking for volunteers to help with the study by participating in a 1-hour interview. Mr. Grellner will send Board members a copy of the invitation email following today's meeting and asked that members notify him if they are interested.

Mr. Grellner then reminded the Board of the Local Board of Health Training held by WSAC and WSALPHO. He said the training is May 2-4 at Semiahmoo in Whatcom County. The registration information was sent to Board members after the March Board meeting. He added that the training and lodging is being paid for by the event's sponsors.

Lastly, Mr. Grellner notified the Board that Siri Kushner has been promoted to director of the new Public Health Infrastructure Division and started in her new position on April 3. He said Ms. Kushner has been the Health District's Assistant Director of Community Health for several years and congratulated her on the promotion.

Chair Gelder congratulated Ms. Kushner on her promotion to division director. He added that he is very pleased to hear that the House and Senate budgets were so consistent with each other and hopes that they work forward to reconcile the two budgets, increasing the likelihood that the resulting budget will be at the same dollar-level. Mr. Grellner noted that at this point, the District prefers the House budget as it is less specific in its earmarks for certain parts of the system. He said the Senate's budget funding is earmarked and categorical. The legislature set up the Foundational Public Health Services steering committee, which Mr. Grellner and Member Kutz are a part of, to make decisions on how to allocate funding. When the legislatures make their own decisions in how to allocate funding like the Senate budget, it makes the committee nervous, but Mr. Grellner noted they have faith in the Senate leaders.

There was no further comment.

KEEPING OUR WATERWAYS CLEAN PRESENTATION

John Kiess, Kitsap Public Health's Environmental Health Director, began the presentation by introducing himself to the Board. He said that he is very proud to share the presentation with them. The Health District's Pollution Identification and Correction (PIC) and Drinking Water and Onsite Sewage System (DWOS) programs are considered model programs for local health jurisdictions across counties, the state, and the nation. Other LHJs use their model to implement regulatory requirements and to develop effective policies and procedures. Both programs have existed for decades and have long-established regulations and processes that have been put into place by previous and existing Health District Leaders who had the foresight and understanding of how to build a sustainable program that protects the health of the community. The Board's support of the PIC and DWOS programs has been an instrumental part of their success. A large part of the success is due to Health District staff who perform the day-to-day management and operations of the program functions and who are passionate about the community's health. Mr.

Kiess thanked the program staff and said he hopes the presentation helps the Board appreciate the hard work they do. He noted that he has worked in both programs, alongside the program managers as their coworker. He said he appreciates their ability to maintain program direction, efficiency, and ability to remain adaptive to emerging issues as they come up.

Next, Kimberly Jones, Kitsap Public Health's program manager for Drinking Water and Onsite Sewage Systems, introduced herself to the Board. She displayed photos of the DWOS program's inspectors and introduced Zach Ahlin and Christine Bronder, who were attending the Board meeting. Currently there are 11 inspectors in the program who work in all parts of Kitsap County and most of them spend 60-70% of their time in the field doing inspections.

Ms. Jones explained that an onsite sewage system treats wastewater from private residences, restaurants, or other structures that produce less than 3,500 gallons of effluent per day. Larger systems that produce more than 3,500 gallons per day are regulated by the Washington State Department of Health (DOH). Ms. Jones noted that there are currently more than 57,000 onsite sewage systems in Kitsap County. Of those, 12,500 are alternative systems, rather than standard gravity or pump-to-gravity. Alternative systems are more complex and require routine inspection and maintenance by licensed maintenance providers. She added that the average age of septic systems in Kitsap is 33 years old.

Ms. Jones said the DWOS program permits systems for new construction proposals. They evaluate and approve locations of septic systems in accordance with State and Local ordinances. Inspectors review site conditions, setbacks from structures and water sources, soil types, and water supplies.

Next, Ms. Jones explained the steps taken when a septic system fails. A septic designer completes a diagnosis of the failure and submits a repair plan to the Health District. Inspectors review and work with the designer to develop an approved septic design. Once a plan is approved, a licensed septic installer purchases a permit to complete the installation. Once the system is installed, inspectors will inspect the system to be sure it aligns with ordinances prior to it being covered with soil. Ms. Jones noted that staff inspected 201 repair drainfield installations in 2022.

Grant Holdcroft, Pollution Identification and Correction (PIC) program manager at the Health District, then took over the PIC portion of the presentation. He said the PIC program's mission is to protect the public from waterborne illness and other water quality-related hazards. Water that is polluted with fecal bacteria is their primary concern as it can make people sick when swimming or eating shellfish.

Next, Mr. Holdcroft explained the common sources of fecal pollution. These sources can include stormwater runoff, sewage spills, wildlife waste, livestock or farm waste, pet waste, and failing septic systems. A large part of PIC's function is to find and correct the failing septic systems. He said they typically receive a report of a failing system through concerned citizens or septic pumpers. All complaints are investigated to determine if they have merit. Mr. Holdcroft then displayed photos of PIC inspectors in the field.

Mr. Holdcroft explained that when PIC finds a septic system experiencing problems such as failure, they work with the homeowner to correct it by ensuring a septic designer creates a repair plan to the DWOS program, who then helps with the septic design and installation process. A large piece of PIC's work is offering education on the workings of a septic system, guiding the homeowner through the repair process, and offering financial resources to help with the repair. Occasionally, they need to encourage compliance by conducting enforcement activities. Other aspects of PIC's work includes the monitoring of streams, lakes, beaches, shellfish, and shorelines; water pollution and septic education; pollution investigations on streams, shorelines, and shellfish growing areas; and informing the public of fecal pollution concerns. Mr. Holdcroft displayed pictures of the PIC inspectors doing their duties in the field. He noted that each month, the program monitors and samples 69 streams.

Next, Mr. Holdcroft highlighted the PIC program's work with Chico Creek. He said Chico Creek flows through the heart of Kitsap and is the county's most productive salmon stream. Fecal pollution in the creek had caused closures of shellfish harvesting in the area. For the last six years, the PIC team has been focusing on reducing bacteria in the watershed, utilizing a number of strategies to reduce cumulative pollution from septic systems, sewer overflows, wildlife, and agriculture. Staff corrected more than 15 failing septic systems and five animal waste sources in the watershed. They also responded to illegal dumping complaints, sewer system spills, pet waste accumulations at large apartments, and provided boater education. Mr. Holdcroft said that, as a result, DOH reclassified 50 acres in Chico Bay from a "Prohibited" status to "Approved." Mr. Holdcroft reiterated the importance of education, both in classrooms and in the community.

Mr. Holdcroft then presented the 2022 Water Quality Report, which has been published as a story map for ease of use. Four different graphs were used to display data indicating the amount of pollution in waterways has been steadily decreasing year after year. He also displayed the interactive map and data dashboard that can be accessed through the report, allowing the public to check the water quality of Kitsap waterways in real time.

Mayor Erickson asked if the PIC program was still using microbial source tracking (MST) in order to identify which organisms are the source of pollution. Mr. Holdcroft responded by saying the Health District has not renewed their contract with the Environmental Protection Agency (EPA) to do MST. During the pandemic, the contract had lapsed, though Mr. Holdcroft said the program will work to reestablish the contract. Mayor Erickson agreed that step should be taken as the solution to pollution issues depends on whether it is coming from animals or humans.

Member Kutz asked what the total acreage for shellfish beds were in Kitsap County. Mr. Holdcroft said DOH manages a map that tracks shellfish acreage. Mr. Kiess added that the Health District can track areas of shellfish beds by using shoreline mileage to assess that. He went on to say acreage is calculated by depth, so that may not be the best indicator for the effectiveness of PIC's work. Mr. Kiess said Kitsap has almost reached saturation in the miles of shoreline open, discounting the shorelines that are permanently closed due to a military base or industrial pollution. He said around 95% of shorelines are open, out of all shorelines eligible to

be opened. Member Kutz asked if Mr. Kiess would send him the total acreage of shellfish areas in Kitsap and Mr. Kiess said he would send that number after today's meeting.

Member Kutz also noted that shorelines are critical and asked how the Health District addresses septic systems that used fill, making it difficult to manage underground streams. Mr. Kiess said, in theory, current septic regulations would likely prevent that situation from occurring. He added that additional building permit regulations would likely prevent an area with historic fill from being developed. The Health District tries to prevent septic systems from being installed in any high-risk areas. Member Kutz then asked if the United States Navy works with the Health District to monitor the shellfish beds located on their property. Mr. Kiess said most of those areas are not approved for shellfish as they are not publicly accessible, though the Navy works closely with the state DOH. Those areas will likely never be open due to industrial waste or a sewage treatment plant's outfall. Member Kutz said he has a number of other questions and hopes to discuss them with Mr. Kiess and Mr. Holdcroft at a later date.

Dr. Watson said the presentation mentioned multiple episodes with Island Lake and Kitsap Lake. He asked if those two lakes consistently get red-flagged due to unique similarities in their environments. Mr. Kiess said they are relatively closed basins and have dense development around them. When cyanobacteria or blue green algae advisories occur, the nutrient loading into the lakes causes conditions where algae will bloom. This type of algae can produce toxins that are harmful to humans and animals. He summarized that a combination of the historical development of the two lakes and that they are naturally closed systems in terms of outflow and inflow, the nutrients are captured in the cycle of algae blooms. Chair Gelder asked if nutrient loading is synonymous with septic failures. Mr. Kiess said it is not synonymous and can be caused by a variety of situations. It is likely the natural cycles with lake sediment and accumulation of nutrients in the sediment. Even if some of the external causes were removed, the system would continue to cause algae blooms.

Mayor Erickson asked Mr. Kiess if the PIC program is committing to renewing the contract for MST. Mr. Kiess said they would work with the EPA to see if the agency is still willing to support the Health District in that work. He said MST is valuable, though it is one tool of many the program uses to improve water quality. The most important goal is to find the source of pollution and if PIC is able to determine the source, MST is not necessary. Mr. Kiess reiterated that the program is committed to having that tool available for situations in which the source of pollution cannot be identified. Mr. Holdcroft added that in the partnership between the EPA and the Health District, the EPA developed the method to ensure it is scientifically defensible. The EPA gathered data from Kitsap MST results to build a library of potential sources of pollution. He said the problem is MST is very expensive when it is not completed through a partnership with the EPA. He agreed with Mr. Kiess and Mayor Erickson that the tool is important, but the Health District must be cautious in the way they obtain that capability to make the most of public funds.

Chair Gelder thanked the DWOS and PIC teams for the presentation. He said it was a great way to illustrate the partnership between the two Health District programs and other partners, such as Clean Water Kitsap.

There was no further comment.

EXECUTIVE SESSION PURSUANT TO RCW 42.30.110 (1)(G) TO REVIEW THE PERFORMANCE OF A PUBLIC EMPLOYEE

Chair Gelder announced that the Board would recess to the closed executive session at 11:34 a.m. to discuss the performance of a public employee.

ADJOURN

There was no further business; the meeting adjourned at 11:44 am.

Robert Gelder
Kitsap Public Health Board

Keith Grellner
Administrator

Board Members Present: *Mayor* Becky Erickson; *Commissioner* Robert Gelder; *Councilperson* Kirsten Hytopoulos; *Member* Stephen Kutz; *Mayor* Robert Putaansuu; *Member* Jolene Sullivan; *Member* Dr. Michael Watson; *Mayor* Greg Wheeler (attended the Executive Session only).

Board Members Absent: *Member* Drayton Jackson; *Member* Dr. Tara Kirk Sell.

Community Members Present: *None.*

Staff Present: Zachary Ahlin, *Environmental Health Specialist 1, Drinking Water and Onsite Sewage Systems*; Angie Berger, *Management Analyst, Administrative Services*; Christine Bronder, *Environmental Health Specialist 1, Drinking Water and Onsite Sewage Systems*; Margo Chang, *Administrative Assistant, Administrative Services*; Yolanda Fong, *Director, Community Health Division*; Keith Grellner, *Administrator, Administrative Services*; Grant Holdcroft, *Program Manager, Pollution Identification and Correction*; Karen Holt, *Program Manager, Human Resources*; Kimberly Jones, *Program Manager, Drinking Water and Onsite Sewage Systems*; John Kiess, *Director, Environmental Health Division*; Brandon Kindschy, *Environmental Health Specialist 1, Pollution Identification and Correction*; Siri Kushner, *Director, Public Health Infrastructure Division*; Victoria Lehto, *Environmental Health Specialist 1, Pollution Identification and Correction*; Ross Lytle, *Senior Environmental Health Specialist, Pollution Identification and Correction*; Megan Moore, *Community Liaison, Chronic Disease and Injury Prevention*; Dr. Gib Morrow, *Health Officer, Administration*; Sydney Perales, *Public Health Educator, Chronic Disease and Injury Prevention.*

Zoom Attendees: *See attached.*

Kitsap Public Health Board Meeting (Virtual Attendance)

Webinar ID	Actual Start Time	Attendee Count
861 8605 2497	4/4/2023 10:30	33

NAME	NAME	JOINED BY PHONE
Sam Ader	Michelle McMillan	None
Leslie Banigan	Anne Moen	
Winnie Borja	Kaela Moontree	
Karen Boysen-Knapp	Alex Moore	
Susan Brooks-Young	Dawn Morris	
Marci Burkel	Kevin Nguyen	
Callie Burton	Greg Noble	
April Fisk	Kayla Petersen	
Jakob Hughes	Steve Powell	
Kirsten Hytopoulos	Ally Power	
Wendy Inouye	Kelsey Stedman	
Thomas Jury	Erica Whares	
Sarah Kinnear	Janet Wyatt	
Melina Knoop	Dave	
Crystal Koch	Chris & Suzanne	
Melissa Laird	Fireflies.ai Notetaker Kayla	

MEMO

To: Kitsap Public Health Board
From: Gib Morrow, Health Officer
Date: May 2, 2023
Re: Back-up Health Officer Provisions for Kitsap Public Health District

Revised Code of Washington (RCW) Chapter [70.05.040](#) requires each local board of health to appoint a qualified local health officer in accordance with RCW [70.05.050](#) and [70.05.051](#).

On behalf of the local board of health, the local health officer is authorized, empowered, and required to perform certain statutory duties as outlined in [RCW 70.05.070](#). These duties must be able to be performed 24 hours a day, seven days a week, and 356 days per year.

While statute requires the state Secretary of Health to perform the duties of a local health officer when the local health officer fails or is unable to perform their duties, or when in an emergency the safety of the public demands it, or by agreement with the local health officer or local board of health (see [RCW 43.70.130\(7\)](#)), I believe it is in the best interests of the Health Board and Health District to formally identify and have agreements in place to provide for health officer back-up in the event of illness, unplanned emergencies, or vacation time.

Attached, please find a copy of Health Board Resolution 2015-03, Appointing Deputy Health Officers, for your information. This resolution allows any duly appointed local health officer from any other local public health jurisdiction to serve as a back-up for the Health District's health officer. Historically, Kitsap, Jefferson, Clallam, and San Juan county local health officers have backed each other up during times of need.

However, in 2021, a budget proviso by the Legislature funded the creation of Regional Health Offices and Regional Medical Officers in the state Department of Health (DOH). DOH has offered to local health jurisdictions to use their Regional Medical Officers as a back-up if needed.

Kitsap is in the ["Northwest Waterway" Region](#). The Regional Medical Officer for this region is [Dr. Herbie Duber](#). The Health District and I are interested in gaging the Health Board's interest in expanding the options for back-up health officer coverage.

Memo to Kitsap Public Health Board

May 2, 2023

Page 2

If the Health Board is interested in including the DOH Regional Medical Officer as a possible back-up, we will engage with DOH to formalize an agreement to do so, and bring such agreement back to the Health Board for review and approval.

If you have any questions or comments, please contact me at (360) 728-2260 or gib.morrow@kitsappublichealth.org .

Attachment

Appointing Deputy Health Officers

WHEREAS, RCW 70.05.040 authorizes Local Boards of Health to appoint a Health Officer to carry out the powers and duties specified in RCW 70.05.070; and

WHEREAS, Kitsap Public Health District periodically requires the services of a physician qualified under RCW 70.05.050 to serve as local Health Officer during periods when the appointed Kitsap Public Health District Health Officer is not available due to such things as scheduled leave, illness, or other excused absences of relatively short duration; and

WHEREAS, public health protections and public health emergency preparedness and response plans require that Kitsap Public Health District have a local Health Officer with full legal authority to take all necessary actions for the protection of public health 24 hours a day, 7 days a week, and 365 days a year; and

WHEREAS, Health Officers meeting the requirements of RCW 70.05.050, who are legally appointed in other local public health jurisdictions in Washington State are fully qualified to serve as local Health Officers anywhere in Washington State; and

WHEREAS, Health Officers in nearby local public health jurisdictions have expressed an interest and desire to serve as Deputy Health Officers for the Kitsap Public Health District during the short-term periods of Kitsap Public Health District Health Officer non-availability; and

WHEREAS, there will be times when nearby local public health jurisdictions may request the assistance of the Kitsap Public Health District Health Officer to serve as their local County Health Officer during periods when the appointed local County Health Officer is not available due to such things as scheduled leave, illness, or other excused absences of relatively short duration.

THEREFORE, BE IT RESOLVED that the Kitsap Public Health Board hereby:

1. Rescinds Kitsap County Board of Health Resolution 2004-17, Appointing Deputy Health Officers;
2. Appoints a Local Health Officer duly appointed by any other local public health jurisdiction, and meeting the requirements of RCW 70.05.050, to serve as Deputy Health Officer for Kitsap County during times of absence of the Kitsap Public Health District Health Officer and to act with the full legal authority of the Kitsap Public Health District Health Officer, upon the agreement of both local public health jurisdictions; and

Kitsap Public Health Board Resolution 2015-03

April 7, 2015

Page 2

3. Approves the revised Kitsap Public Health District Health Officer Classification, as set forth in Attachment A attached hereto and incorporated herein by this reference, identifying coverage as Deputy Health Officer to another local public health jurisdiction in Washington State as an essential function.

APPROVED: April 7, 2015



Robert Gelder, Chair
Kitsap Public Health Board

MEMO

To: Kitsap Public Health Board
From: Keith Grellner, Administrator
Date: May 2, 2023
Re: Administrator Line of Succession

Pursuant to the Kitsap Public Health District's Continuity of Operations (COOP) Plan, which provides guidance on how the District will continue to perform essential functions and critical operations during and following an emergency. One key component of the COOP is the designation of back-up personnel (i.e., a line of succession) to fill key leadership positions in the unlikely event that those leaders are unable to fulfill their duties or report to work. Attached, please find a copy of Health Board Resolution 2016-08, Approving a Line of Succession for the District Administrator, from March of 2016 (Attachment A).

For your information, a copy of the Administrator's Job Classification description is included in Attachment B.

It has been seven years since the line of succession resolution was approved by the Health Board. Recently, the Health District has modified its organization structure to add a new division of Public Health Infrastructure (see Attachment C). As such, the Health District desires to update the official line of succession to include the new division director in the line of succession for the Administrator. A copy of proposed draft Resolution 2023-02, Approving a line of Succession for the Health District Administrator, is included (Attachment D) for your review and consideration.

Recommended Action

The Health District recommends that the Health Board consider approving Resolution 2023-02, Approving a Line of Succession for the Health District Administrator.

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

Attachments (4)

Approving a Line of Succession for the District Administrator

WHEREAS, RCW 70.05.040 authorizes Local Boards of Health to appoint an Administrator to carry out the powers and duties specified in RCW 70.05.045; and


WHEREAS, Kitsap Public Health District's Administrator directs, manages, coordinates, and evaluates the day-to-day operations of the District; and

WHEREAS, Kitsap Public Health District's Continuity of Operations Plan requires a line of succession for the Administrator position in the unlikely event that the Administrator is unable to fulfill his/her role and conduct his/her essential functions during an emergency or disaster.

THEREFORE, BE IT RESOLVED that the Kitsap Public Health Board hereby approves the following Administrator line of succession (listed in succession order) if the Administrator is unable to fulfill his/her role and conduct his/her essential functions during an emergency or disaster:

1. Environmental Health Division Director
2. Community Health Division Director
3. Assistant Environmental Health Division Director
4. Assistant Community Health Division Director

APPROVED: March 1, 2016



Mayor Becky Erickson, Chair
Kitsap Public Health Board

ADMINISTRATOR

DEFINITION

Under policy direction from the Kitsap Public Health Board (“Board”), the Administrator serves as executive secretary and administrative officer for the Board and is responsible for administering the District’s operations and such other administrative duties required by the Board, except for duties assigned to the Health Officer as enumerated in RCW 70.05.070 and other applicable state law. Along with the members of the Executive Leadership Team, the incumbent has responsibility for the development and efficient delivery of public health services and programs throughout Kitsap County. The Administrator is responsible for accomplishing District goals and objectives, supervising staff, and administering the annual budget. The incumbent is expected to apply a full working knowledge of local public health programs, laws and regulations, and modern management practices and principles to varied and complex work situations. Duties require innovative leadership and active collaboration with a wide range of strategic partners and stakeholders, and managing a dynamic organization to address public health issues in a rapidly changing community environment.

DISTINGUISHING CHARACTERISTICS

Appointed by and reporting directly to the Board, the incumbent serves as the executive secretary and administrative officer for the Board, and exercises guidance and oversight over District operations and such other administrative duties required by the Board. This classification is distinguished from the Health Officer who has powers and duties set forth under state law and who oversees community health assessment, public health policy development, and assurance of health service delivery. Although the Administrator may delegate some responsibilities to fellow members of the Executive Leadership Team, the executive secretary and administrative officer responsibilities performed for the Board, and the administration of the District’s operations and activities, are ultimately the responsibility of the Administrator, except for those duties and responsibilities assigned to the Health Officer in RCW 70.05.070 and other applicable state law. This description reflects the general concept and intent of the classification and should not be construed as a detailed statement of all the work requirements that may be inherent in the position.

ESSENTIAL FUNCTIONS

- Directs, manages, coordinates, and evaluates the day-to-day operations of a comprehensive countywide public health agency that effectively identifies and addresses the needs of a diverse population.
- Oversees tasks related to effective administration of the District, such as human resources and support services management, financial management, facilities management, efficient use of resources and technology, legal compliance, and timely execution of programs, and activities performed by the agency.
- Develops and implements strategic short- and long-range plans, programs, goals, and objectives. Facilitates and coordinates cooperative planning in conjunction with other entities. Reviews and

updates planning recommendations. Balances fiscal impact, objectives, and community input when developing public health strategies.

- Participates as a member of the Executive Leadership Team, overseeing the planning, development, and implementation of District administrative, legal, and personnel policies, procedures, and regulations.
- Advises the Board and Board committees on public health needs in the community and makes recommendations to the Board on policies and programs. Ensures the provision of expert public health advice and leadership to support and inform an evidence-based approach to planning, developing, and delivering public health services and programs.
- Establishes effective performance measurement criteria to plan and evaluate public health services consistent with state mandates and public policy parameters. Oversees continuous quality improvement agency wide. Assures and measures District conformance with state public health standards and national accreditation requirements.
- Directs activities ensuring efficient and effective use of available personnel, funds, materials and space and in compliance with guidelines, procedures and regulations. Confers with appropriate Division Director on program definition, priorities and administration.
- Promotes teamwork within the agency. Identifies trends and problems hindering progress and develops and implements recommendations for problem resolution.
- Oversees the preparation of and justifies the agency budget. Monitors and maintains revenues and expenditures within budget guidelines. Monitors cash flow to assure solvency and monitors the District's debt repayments. Implements cost-effective measures and uses resources and technology effectively to increase productivity. Negotiates and manages contracts for services and agreements between the District and outside entities or consultants to provide public health services to or for community and private nonprofit and health care organizations. Assures grant and contract compliance.
- Oversees human resources programs and activities agency wide. Participates as a member of the Executive Leadership Team to select new employees. Assigns, supervises, and evaluates work consistent with assigned job classification. Establishes performance standards. Conducts and/or reviews performance evaluations to guide the development of employees and provide a record of performance and ensure consistent evaluations throughout the agency. Assists the Human Resources Manager in interpreting and applying collective bargaining agreements and personnel policies. Reviews, revises and authorizes consistent employment actions. Initiates, documents and implements disciplinary actions. Resolves and documents grievances, works in conjunction with the Human Resources Manager concerning grievances and other sensitive personnel matters.
- Oversees the District's safety and risk management programs, to include identifying and assessing the risk of loss, selecting appropriate risk management techniques, monitoring and administering insurance coverage and claims.
- On an ongoing basis, reviews, interprets and prepares data to analyze and makes recommendations about which programs and/or major project proposals should be initiated, modified or dropped. Recommends and implements changes in staffing and structure consistent with changing public health roles and agency goals and objectives. Sets policy, assesses and assures compliance, and assures equitable interpretation and application of regulations. Assures appropriate policies, procedures and tasks are created, updated, and followed.
- Represents the District on/at national, state, county, community, and other committees/task forces, associations, and meetings. Serves on various District and other governmental management teams and related community-wide committees. Provides high-level public health expertise and perspective regarding a wide range of issues. Provides public information in a courteous manner and emphasizes public accountability and a positive service approach.

- Responds to or supervises the resolution of the most sensitive or complex inquiries, complaints, emergencies or requests for information from other agencies and the public in a courteous manner. Emphasis public accountability, a positive public service approach, and the delivery of the highest professional level of patient care consistent with standards and requirements.
- Reports for scheduled work with regular, reliable, and punctual attendance.
- Performs other duties as assigned.

REQUIRED KNOWLEDGE & ABILITIES

Knowledge of:

- Principles and practices of public health and the social determinants of health, including current trends in policy, research, treatment, prevention, education, and related issues.
- Current principles and practices of public health administration, incorporating knowledge of community health, chronic disease, sanitation, environmental hazards, communicable disease control, epidemiology, and emergency preparedness.
- Community needs, resources, and organizations related to public health.
- Major types of services performed and responsibilities in public health and environmental health activities.
- Principles and practices of public administration and management.
- Applicable laws, rules, regulations, ordinances, and policies.
- Safety precautions, practices, and procedures applicable to public health.

Ability to:

- Strategically plan, prioritize, coordinate, organize, and evaluate staffing and services. Train, direct, and coach staff. Administer and change plans, policies, and work plans.
- Use tact, discretion, respect, persuasion, diplomacy, and courtesy to gain the cooperation of others and establish and maintain effective teams and a professional relationship and rapport with public officials, representatives of other entities, coworkers, employees, and diverse members of the public.
- Apply sound judgment and problem-solving techniques to evaluate operations, to make reasoned, timely and consistent decisions, and to facilitate the effective resolution of problems, grievances, and complaints.
- Provide leadership and maintain a high level of personal and professional integrity and honesty.
- Estimate and analyze revenues, costs, and effectiveness of programs. Monitor and interpret fiscal and statistical information.
- Maintain current knowledge for assigned areas and adapt to new technologies, keeping personal and team technical skills up-to-date, and using technology to increase productivity.
- Listen attentively and communicate effectively, both orally and in writing, in clear, concise language appropriate for the purpose and parties addressed, including oral presentations before groups on a variety of complex and sensitive public health issues.
- Demonstrate cultural competency, interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic, and professional backgrounds, and persons of all ages and lifestyle preferences.
- Fulfill the commitment of the District to provide outstanding and effective customer service.
- Assure that absolute confidentiality is maintained as required and sensitive information is handled appropriately.

- Read, understand, interpret, and apply appropriately the terminology, instructions, policies, procedures, legal requirements, and regulations pertinent to area of assignment.
- Organize, prioritize, and coordinate work assignments; work effectively in a multi-task environment; take appropriate initiative; apply good judgment and logical thinking to obtain potential solutions to problems; resolve complex public health problems and make major decisions involving the implementation or interpretation of policies and regulations within the scope of knowledge and authority or refer to the appropriate person.
- Initiate, prepare, and direct preparation of comprehensive charts, records, reports, materials, correspondence, and other documents relevant to area of assignment.
- Proficiently operate computers, related software, and other office equipment with sufficient speed and accuracy to accomplish assignments in a timely manner.
- Work effectively in a dynamic environment that is constantly changing, resulting in continually re-evaluating and shifting priorities.
- Work both independently and within a collaborative team-oriented environment; contribute openly, respectfully disagree, understand the ideas of others, listen well, and work for consensus.

WORK ENVIRONMENT & PHYSICAL DEMANDS

- Work is performed primarily indoors in an office environment, with occasional travel to attend meetings, conferences, seminars, etc.
- Requires the ability to communicate with others orally, face to face, and by telephone. Requires manual and finger dexterity and hand-eye-arm coordination to write and to operate computers and a variety of general office equipment. Requires mobility to accomplish other desktop work, retrieve files, and to move to various District locations. Requires visual acuity to read computer screens, printed materials, and detailed information. Essential duties may involve occasional kneeling, squatting, crouching, stooping, crawling, standing, bending, and climbing (to stack, store or retrieve supplies or various office equipment).
- May be assigned to provide on-call coverage, which may include evenings, weekends, and holidays.
- Duties require carrying a cell phone or other electronic device as well as being available to work as needed to meet District needs, which may include evenings, weekends, and holidays.
- This is an overtime-exempt position, which may require working beyond the normally scheduled workweek, modifying existing work schedules, or flexing hours.
- Duties require carrying a cell phone or other electronic device as well as being on call on a 7/24-hours basis (for Regional Duty Officer assigned shifts).
- Exposure to individuals from the public who are upset, angry, agitated, and sometimes hostile, requiring the use of conflict management and coping skills.
- Frequently required to perform work in confidence and under pressure for deadlines, and to maintain professional composure and tact, patience, and courtesy at all times.
- The environment is dynamic and constantly changing, resulting in continually re-evaluating and shifting priorities.
- May be required to stay at or return to work during public health incidents and/or emergencies to perform duties specific to this classification or to perform other duties as requested in an assigned response position. This may require working a non-traditional work schedule or working outside normal assigned duties during the incident and/or emergency.
- Performance of job duties requires driving on a regular basis, a valid Washington State driver's license, the use of the incumbent's personal motor vehicle when a District fleet vehicle is not available for use, and proof of appropriate auto insurance.

EDUCATION & EXPERIENCE REQUIREMENTS

- Bachelor's degree from an accredited institution in public administration, public health or a closely related field; and
- Ten (10) years of progressively responsible experience in public health management or health services management/administration, of which at least five (5) years have been of recent relevant management experience.
- Master's degree from an accredited institution in a job-related field is preferred and may substitute for up to two years of the experience requirement.
- Alternatively, an equivalent combination of education, experience, and professional certification may be qualifying, provided the individual's background demonstrates evidence of the knowledge, skills, and abilities required to perform the duties of the position.

LICENSES, CERTIFICATIONS & OTHER REQUIREMENTS

- Performance of job duties requires driving on a regular basis, a valid Washington State driver's license, the use of the incumbent's personal motor vehicle, and proof of appropriate auto insurance.

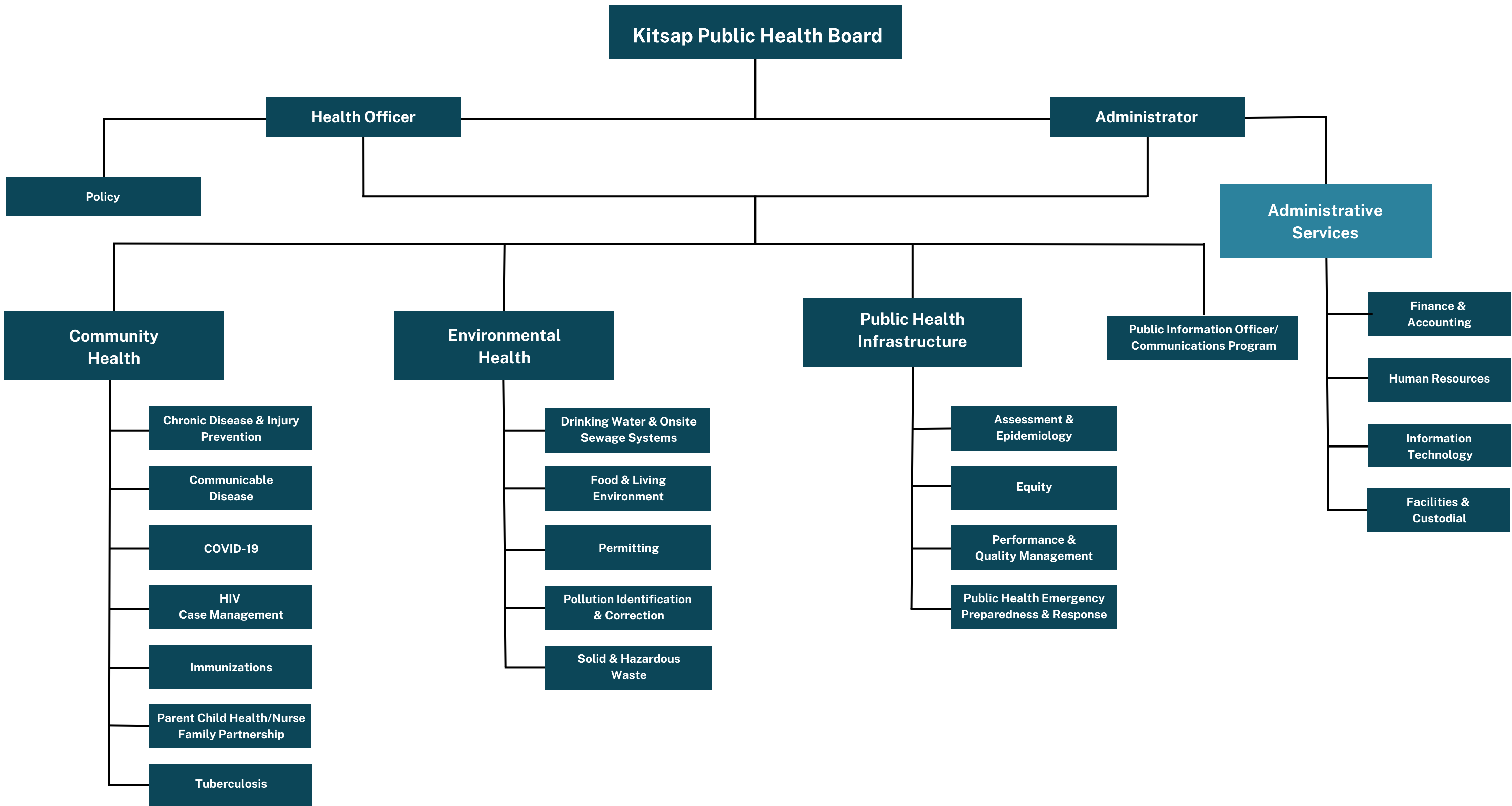
JOB CLASS INFORMATION & DISCLAIMERS

FLSA Status	Exempt
EEO Category	Officials and Administrators
Bargaining Unit Status	Executive Management
Classification History	The "Director of Health/Health Officer" job classification formerly held by one individual was replaced by two classifications, "Administrator" and "Health Officer," effective October 1, 2013
Adopted	November 5, 2013



Kitsap Public Health District Agency Organization Chart

Updated February 2023



Approving a Line of Succession for the Health District Administrator

WHEREAS, [RCW 70.05.040](#) authorizes Local Boards of Health to appoint an Administrator to carry out the powers and duties specified in [RCW 70.05.045](#); and

WHEREAS, Kitsap Public Health District's Administrator serves as the executive secretary and administrative officer for the Health Board; and

WHEREAS, the Administrator exercises management, guidance, and oversight over Health District day-to-day operations, activities, and such other administrative duties as required by the Health Board; and

WHEREAS, Kitsap Public Health District's Continuity of Operations Plan requires a line of succession for the Administrator position in the unlikely event that the Administrator is unable to fulfill his/her/their role and conduct his/her/their essential functions during an emergency or disaster.

THEREFORE, BE IT RESOLVED that the Kitsap Public Health Board hereby approves the following Administrator line of succession (listed in succession order) if the Administrator is unable to fulfill his/her/their role and conduct his/her/their essential functions during an emergency or disaster:

1. Environmental Health Division Director
2. Community Health Division Director
3. Public Health Infrastructure Division Director
4. Assistant Environmental Health Division Director

APPROVED: May 2, 2023

Commissioner Robert Gelder, Chair
Kitsap Public Health Board

MEMO

To: Kitsap Public Health Board

From: Siri Kushner MPH CPH

Date: May 2, 2023

Re: Resolution 2023-03, Approving Amended Kitsap Public Health District Mission and Vision Statements, Guiding Principles, and Overarching Strategic Plan Initiatives for 2024 - 2030

The Kitsap Public Health District is requesting Kitsap Public Health Board approval of updated versions of the District's Vision, Mission, Guiding Principles and 2024-2030 Strategic Plan Initiatives.

As presented in previous meetings, our 2011-2021 Strategic Plan has expired and we have been engaged in a 2023 strategic planning process.

In summary:

- Kitsap Public Health District's (KPHD) most recent 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 and a summary was shared at the April Health Board meeting.
 - Part 1 rated 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 included 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.
- We contracted VillageReach to facilitate our process.

May 2, 2023

Page 2

- A Strategic Planning Workgroup comprised of employees, management and Health Board representatives convened in January and February 2023.
- Tuesday February 28th, the Strategic Planning Workgroup concluded phase 2, Strategy Review/Development.
- Employees provided 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 provided input on activities and strategies for KPHD to consider in the Action planning phase at a hybrid meeting on March 16.
- The Executive Leadership Team reviewed and refined the Vision, Mission, Guiding Principles and five Strategic Initiatives to present to the Health Board.
- Today, we present the Health Board with the updated Vision, Mission, Guiding Principles and Strategic Initiatives for review and approval.
- The strategic planning process will continue with development of strategic implementation plans and alignment with 2024 program work plans.
- If the Board requests, KPHD will provide the strategic implementation plans and program work plans when they are finalized in late 2023 or early 2024.

Please find attached:

1. Updated Vision, Mission, Guiding Principles
2. 2024-2030 Strategic Plan Initiatives
3. Kitsap Public Health Board Resolution 2023-03, Approving Amended Kitsap Public Health District Mission and Vision Statements, Guiding Principles, and Overarching Strategic Plan Initiatives for 2024-2030.

Recommended Action

The Health District recommends that the Health Board approve Resolution 2023-03, Approving Amended Kitsap Public Health District Mission and Vision Statements, Guiding Principles, and Overarching Strategic Plan Initiatives for 2024-2030.

Thank you for your consideration of this request.

Contact me with any questions, siri.kushner@kitsappublichealth.org or 360-633-9239



Vision Statement

Our vision is a safe and healthy Kitsap County for all.

Mission Statement

The Kitsap Public Health District prevents disease and protects and promotes the health of all people in Kitsap County.

Guiding Principles

- | | |
|----------------------|---|
| Prevention | We protect our community by reducing the risks of disease, injury, and early death. |
| Collaboration | We engage with community, convene diverse partners, and work to ensure our efforts are community oriented and create meaningful impact. |
| Quality | We are dedicated to continuous quality improvement and our work is guided by evidence from scientific data, best and promising practices, and incorporates community input to produce the best possible outcomes. |
| Equity | We are committed to all people in Kitsap County having a fair and just opportunity to live safe and healthy lives. |
| Innovation | We proactively and flexibly deploy creative and novel strategies to address current, evolving, and future public health needs. |



Strategic Plan Initiatives

2024-2030

Initiative 1

We stop the transmission of communicable diseases through prevention, early identification, and prompt and appropriate intervention.

Initiative 2

We support well-being and resilience for people at every stage of life by focusing on prevention, harm reduction, promotion of factors that positively impact health, and reduction of the factors that negatively impact health.

Initiative 3

We protect our community by promoting healthy environments and preventing unsafe environmental exposures.

Initiative 4

We act as a trusted communicator, convener, strategist, and advocate to promote an integrated response to emergent, emergency, and ongoing public health issues.

Initiative 5

We use sound management principles to maintain a sustainable, effective, and inclusive agency that supports a diverse and engaged workforce.

Strategic Plan Update

May 2, 2023

Kitsap Public Health Board

Presented by: Siri Kushner, Public Health Infrastructure Division Director



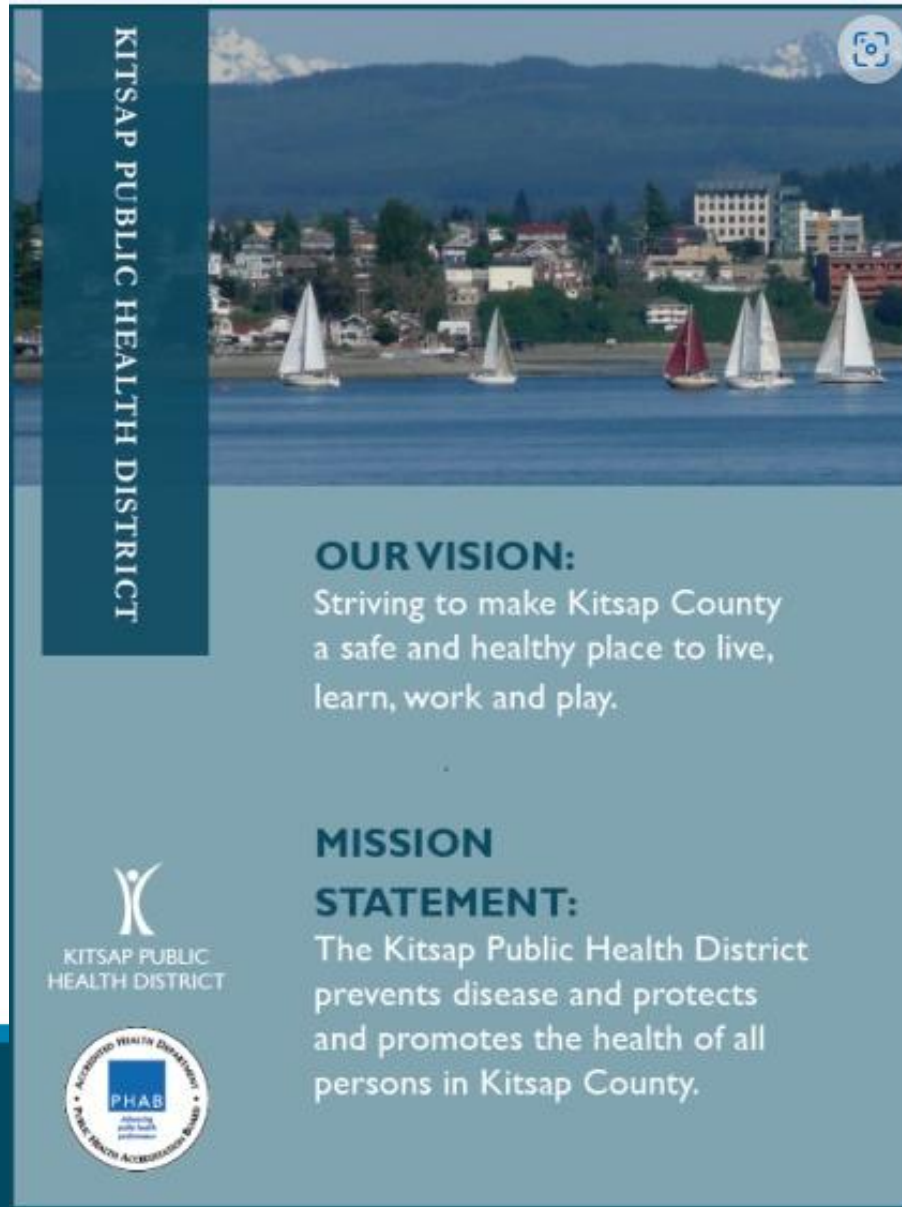
Topics:

- Present final versions for Board consideration
 - Vision
 - Mission
 - Guiding Principles
 - 7-year Strategic Plan Initiatives
- Update on next steps in strategic planning



Updated: Mission and Vision

OLD:



The graphic for the old mission and vision statement features a vertical teal bar on the left with the text "KITSAP PUBLIC HEALTH DISTRICT" in white. To the right is a photograph of a coastal town with several sailboats on the water. Below the photo, the text reads: "OUR VISION: Striving to make Kitsap County a safe and healthy place to live, learn, work and play." Below that, it says: "MISSION STATEMENT: The Kitsap Public Health District prevents disease and protects and promotes the health of all persons in Kitsap County." At the bottom left of the graphic is the Kitsap Public Health District logo, and at the bottom right is a circular seal for PHAB (Public Health Accreditation Board).

NEW:

Vision: Our vision is a safe and healthy Kitsap County for all.

Mission: The Kitsap Public Health District prevents disease and protects and promotes the health of all people in Kitsap County.

Updated: Guiding Principles

OLD

GUIDING PRINCIPLES

Prevention

We believe prevention is the most effective way to protect our community from disease and injury.

Partnerships

We work with others when collaboration will produce better and faster results.

Effectiveness

We make data-driven decisions, and use and develop science-based practices, to produce the best possible outcomes.

Equity

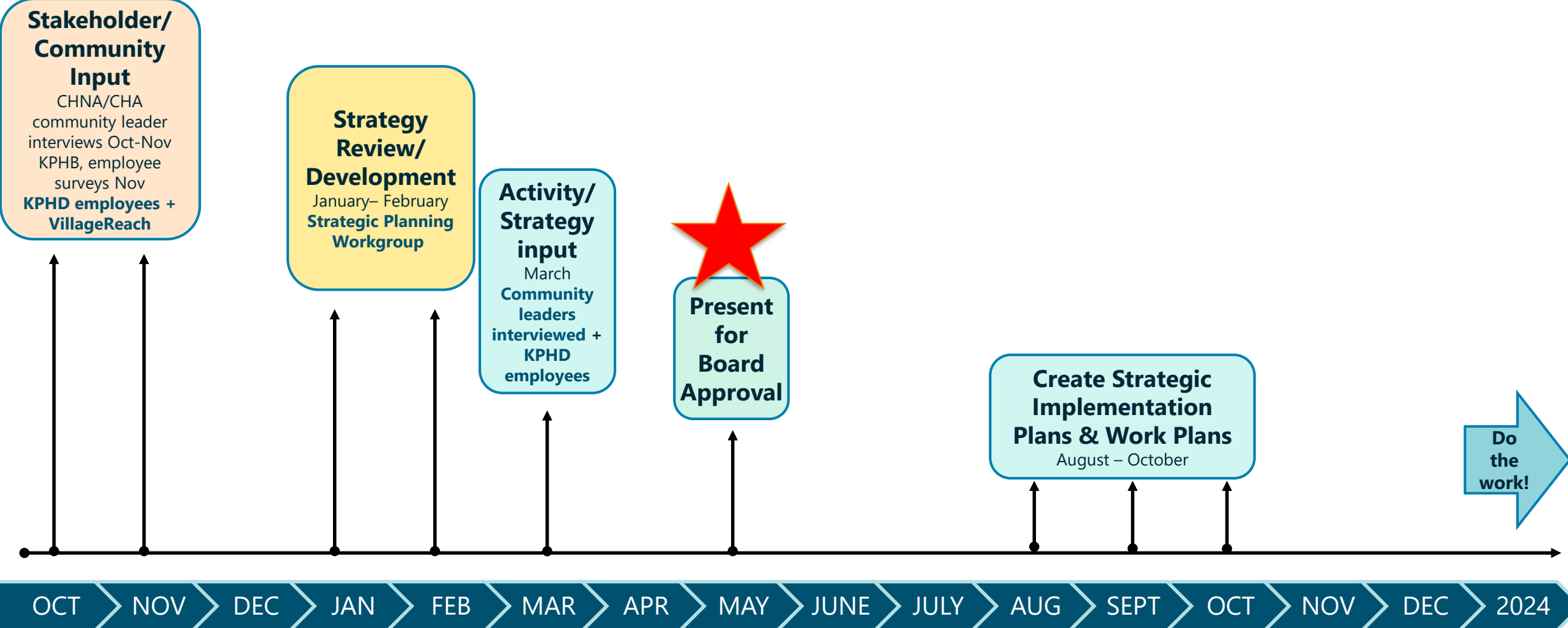
We believe all Kitsap residents should have an equitable opportunity to live healthy and safe lives.

Quality

We continuously improve the quality of our services and systems to better serve the community to which we are accountable.

- **Prevention:** We protect our community by reducing the risks of disease, injury, and early death.
- **Collaboration:** We engage with community, convene diverse partners, and work to ensure our efforts are community oriented and create meaningful impact.
- **Quality:** We are dedicated to continuous quality improvement and our work is guided by evidence from scientific data, best and promising practices, and incorporates community input to produce the best possible outcomes.
- **Equity:** We are committed to all people in Kitsap County having a fair and just opportunity to live safe and healthy lives.
- **Innovation:** We proactively and flexibly deploy creative and novel strategies to address current, evolving, and future public health needs.

Revised 2023 Strategic Planning Timeline



Recommended 7-Year Strategic Plan Initiatives

Initiative 1

We stop the transmission of communicable diseases through prevention, early identification, and prompt and appropriate intervention.

Initiative 2

We support well-being and resilience for people at every stage of life by focusing on prevention, harm reduction, promotion of factors that positively impact health, and reduction of the factors that negatively impact health.

Initiative 3

We protect our community by promoting healthy environments and preventing unsafe environmental exposures.

Initiative 4

We act as a trusted communicator, convener, strategist, and advocate to promote an integrated response to emergent, emergency, and ongoing public health issues.

Initiative 5

We use sound management principles to maintain a sustainable, effective, and inclusive agency that supports a diverse and engaged workforce.

REVIEW DRAFT RESOLUTION

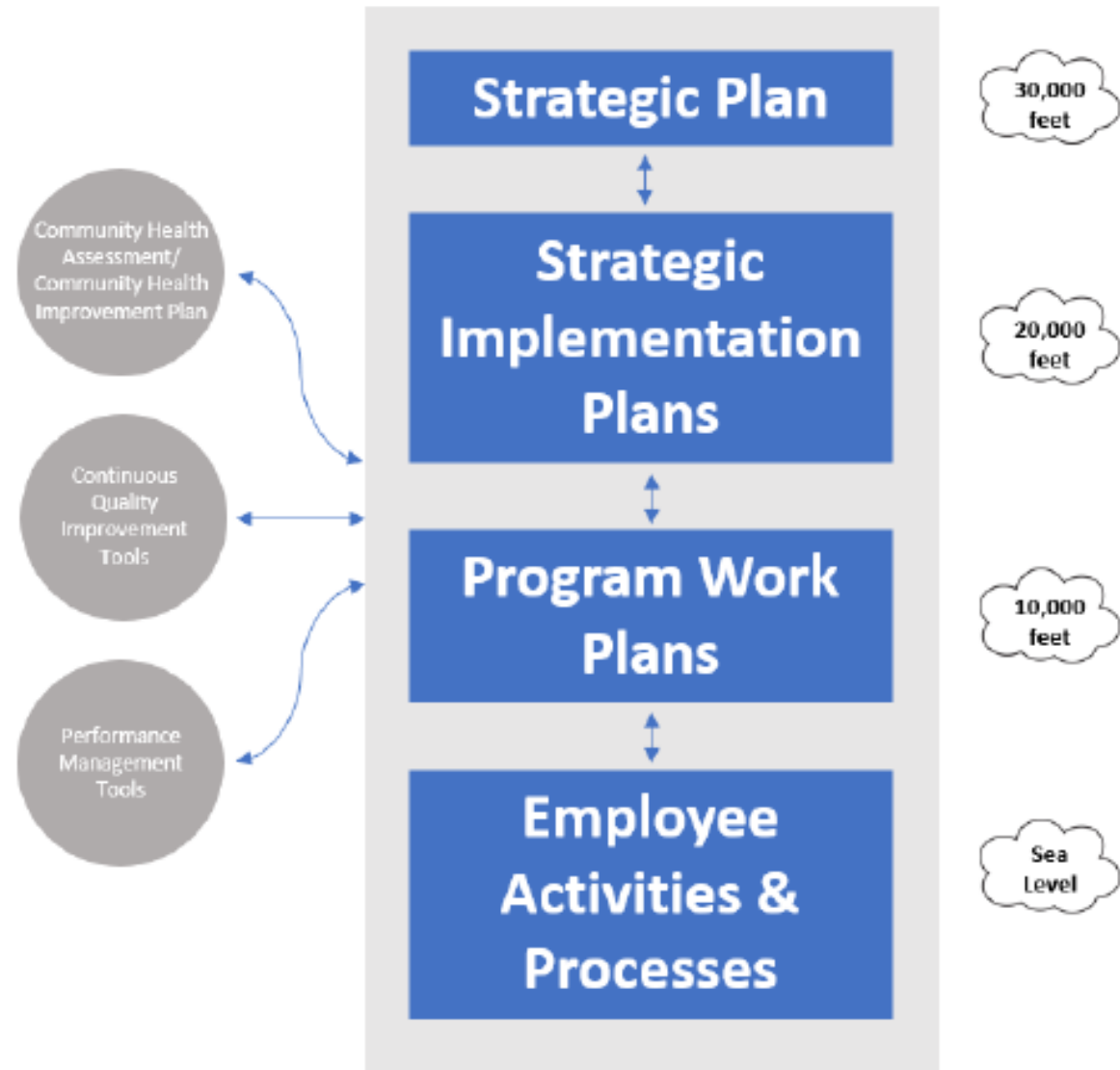
Process Update

- Synergizing our usual timeline for annual program work plans with creation of Strategic Implementation Plans
 - Define goals, objectives and activities
 - Develop metrics to measure progress
- Informed by:
 - Ongoing and new work
 - Community/employee input collected in March
- Multi-year planning
- Cross-program coordination



Performance Management System in Policy A-31:

Appendix A Connections between aspects of the District's Performance Management System



Next Steps in Performance Management

- Design performance management system
- Integrate strategic implementation and program work plans
- Reconvene Quality Improvement Council
- Annual assessment of progress and performance



Approving Amended Health District Mission and Vision Statements, Guiding Principles, and Overarching Strategic Initiatives for 2024-2030

WHEREAS, the Kitsap Public Health District is accountable to the residents of Kitsap County for the efficient use of its resources and to use those resources to address the priority health needs in the county; and

WHEREAS, it is critical that the Health District lead with a vision for the future, mission for action, align to core guiding principles, and to follow a plan for implementing strategic activities; and

WHEREAS, it is best practice to use data and community input to identify and prioritize its work and ensure maximum impact in the community; and

WHEREAS, the District has initiated a strategic planning process that:

- Included employee and community input as well as data on local, state and national health trends and local demographic and economic conditions; and
- Was accomplished by a joint employee, management and Health Board Strategic Planning Workgroup led by an experienced external facilitator; and

WHEREAS, the attached documents *Vision, Mission, Guiding Principles* and *Kitsap Public Health District 2024- 2030 Strategic Initiatives* have been drafted by the District's Strategic Planning Workgroup and Executive Leadership Team; and

WHEREAS, the Strategic Initiatives outline five high-level statements for a seven-year period to cover communicable disease prevention and control, health promotion and injury and disease prevention at every stage of life, promotion of healthy environments and prevention of unsafe environmental exposures, acting as a trusted communicator, convenor, strategist, and advocate to promote an integrated response to emergent, emergency, and ongoing public health issues, and use of sound management principles for an agency that supports a diverse and engaged workforce; and

WHEREAS, upon approval of the Vision, Mission, Guiding Principles and 2024-2030 Strategic Initiatives by the Health Board, the Health District will craft detailed implementation plans with goals, mid-term objectives, and activities to ensure progress toward the seven-year Strategic Initiatives.

NOW, THEREFORE, BE IT RESOLVED, that the Kitsap Public Health Board approves the attached Kitsap Public Health District Vision, Mission, Guiding Principles and 2024-2030 Strategic Initiatives effective immediately.

APPROVED: May 2, 2023

Commissioner Robert Gelder, Chair
Kitsap Public Health Board

DRAFT

MEMO

To: Kitsap Public Health Board
From: Keith Grellner, Administrator
Date: May 2, 2023
Re: Election of New Chair and Vice Chair

In January and February of this year, the Health Board elected a Chair, Vice Chair, and filled out committee assignments; the roster of Health Board Officers and Committee Assignments for 2023 is [here](#).

As today's meeting is the last for Health Board Chair Robert Gelder, a new Chair (and likely Vice Chair) will need to be elected from the Board's membership pursuant to Board [Bylaws](#) (see Article VI starting on Page 4). According to Article VI.1., the Vice Chair shall automatically become Chair of the Board for the remainder of the unexpired term of the Chair.

As Vice Chair, Mayor Erickson is in line to become Chair if available to do so. If Vice Chair Erickson becomes Chair, then the Board will need to elect a new Vice Chair.

Commissioner Gelder's position on the Policy Committee, when vacated, is at the option to the members whether or not another member would like to join that committee; it is not required to be refilled.

As far as Commissioner Gelder's health board member position as the representative of the Board of County Commissioners, once a successor is appointed to the Board of County Commissioners, that body will then act to replace Commissioner Gelder's roles on the various boards and commissions in which he sits.

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