

KITSAP PUBLIC HEALTH BOARD

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

MEETING AGENDA

June 6, 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
Mayor Becky Erickson, Chair
- 10:31 a.m. 2. Approval of May 2, 2023, Meeting Minutes
Mayor Becky Erickson, Chair Page 5
- 10:32 a.m. 3. Approval of Consent Items and Contract Updates
Mayor Becky Erickson, Chair [External Document](#)
- 10:34 a.m. 4. Public Comment – **Please See Notes at End of Agenda for Remote Attendees**
Mayor Becky Erickson, Chair
- 10:44 a.m. 5. Health Officer and Administrator Reports Page 16
Dr. Gib Morrow, Health Officer & Keith Grellner, Administrator

DISCUSSION ITEMS

- 10:54 a.m. 6. Update of Work Implementing Resolution 2021-01, Declaring
Racism a Public Health Crisis Page 21
Siri Kushner, Director of Public Health Infrastructure
- 11:10 a.m. 7. Community Assessments Update Page 42
Siri Kushner, Director of Public Health Infrastructure
Kari Hunter, Assessment & Epidemiology Program Manager
Ally Power, Epidemiologist
Anthony Ives, Executive Director of Kitsap Community Resources
- 11:45 a.m. 8. Adjourn

*All times are approximate. Board meeting materials are available online at
www.kitsappublichealth.org/about/board-meetings.php*

Instructions for virtual attendance at hybrid Kitsap Public Health Board meetings**

Health Board Meetings Via Zoom

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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.

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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

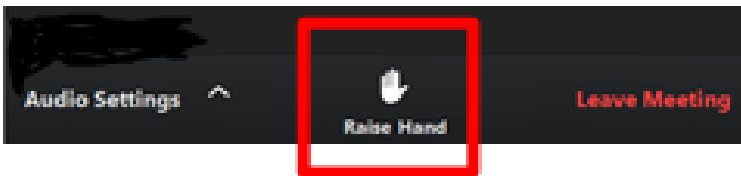
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Time Limit: Each speaker testifying or providing public comment will be limited to a time period specified by the Chair.

Instructions for virtual attendance at hybrid Kitsap Public Health Board meetings**

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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
May 2, 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.

Chair Gelder noted that this will be his last meeting as a member of the Kitsap Public Health Board.

Chair Gelder asked members of the Board to introduce themselves. Mayor Becky Erickson with the City of Poulsbo, Chair Gelder of the Kitsap County Board of Commissioners, Mayor Robert Putaansuu with the City of Port Orchard, Mayor Greg Wheeler with the City of Bremerton, Member Jolene Sullivan of the Port Gamble S'Klallam Tribe, Member Drayton Jackson, and Dr. Tara Kirk Sell each introduced themselves. Additionally, Kitsap Public Health District (KPHD) staff Administrator Keith Grellner, Health Officer Dr. Gib Morrow, Administrative Assistant Margo Chang, and Management Analyst Angie Berger introduced themselves.

APPROVAL OF MINUTES

Mayor Putaansuu moved and Mayor Erickson seconded the motion to approve the minutes for the April 4, 2023, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The May consent agenda included the following contracts:

- 2197 Amendment 1 (2332), *Washington State Department of Ecology, Solid Waste Management Local Solid Waste Financial Assistance Agreement*

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

PUBLIC COMMENT

Pam Keeley of Poulsbo began by noting that two years ago, the Health District adopted a resolution declaring racism a public health crisis. She said over the weekend, North Kitsap School District was made aware of a school shooting threat. Ms. Keeley said the school district sent differing information regarding the threat to some parents, but not all parents. She said, as a result, she and Carolyn Zimmers went to the Poulsbo Police Department to meet with Police Chief Ron Harding to discuss the ongoing issues with school threats, police response, communication with families, and the need for more interaction with local officials. Ms. Keeley went on to say Chief Harding shared an incident in which a young person posted a photo of himself in Nazi regalia and a gun, then made specific threats using racial slurs. Consequently,

this person was charged and arrested, but the county prosecutor dropped the charges, and the person was released. She said this situation is domestic terrorism and the passive response by authorities and officials frightened her. She noted that Hispanic community leaders were not contacted about the threat to students and that people need answers from authorities and officials. Ms. Keeley said Chief Harding is willing to host a townhall meeting and that he suggested Dr. Evans participate, though Dr. Evans has not responded to this request. She said the county sheriff, Mayor Becky Erickson, and an MKEA representative should also be involved with the townhall meeting. Ms. Keeley asked what the role of the Kitsap Public Health Board should be before something cataclysmic happens.

There was no further comment.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Administrator Update:

Mr. Grellner, Administrator, began his report by explaining the Washington State Legislature has completed its business on time and *sine die* was on April 23, 2023. Mr. Grellner said the legislature this year has been supportive of public health in several ways. The operating budget contains an additional \$100M for the biennium for Foundational Public Health Services (FPHS), bringing the total investment in FPHS to \$324M per biennium. That funding is shared between the Washington State Department of Health (DOH), the Washington State Board of Health, Washington tribes, and local health jurisdictions throughout the state. The Health District currently receives about \$2.4M of this funding per year, which has helped the agency rebuild its programs, most notably the Communicable Disease Program. Mr. Grellner noted that the new additional funding from the Legislature has a “downside” as \$28M of the allocation is tied to vapor tax revenues. The Health District was attempting to work with the Legislature to prevent the funding of FPHS with sin taxes, or taxes that are raised through the selling of materials the District is working to prevent people from using. Mr. Grellner thanked the Legislature for their continued support of public health.

Mr. Grellner said, additionally, \$5M was allocated to DOH to provide continuing support for the Health District's tobacco prevention and control work. DOH also received \$20M for ongoing COVID-19 services through DOH, local health jurisdictions, and local tribes. This funding was allocated to support sustainable COVID-19 services as the funding from the federal government comes to an end. The Department of Ecology received \$115M in funding to continue funding the Model Toxics Control Act, which allows for the clean-up of contaminated sites by providing support to local efforts. The Health District receives grants from the Department of Ecology's funding and the grant was a line item on this month's consent agenda. This year, the grant was increased from \$315,000 to \$495,000.

Mr. Grellner ended his report by thanking and congratulating Chair Gelder, on behalf of the Health District, for his many years of service on the Board. He said Chair Gelder has been on the

Board as a Kitsap County Commissioner representative for 12 years. Mr. Grellner wished the Chair good luck and good health going forward.

There was no further comment.

Health Officer Update:

Dr. Gib Morrow, Health Officer at the Kitsap Public Health District, began his report by noting that the month of May is Hepatitis Awareness Month. He said that there are many people living with chronic hepatitis that are unaware they have it, so screening and testing for the disease is widely recommended for all adults. He urged the Board and the public to get tested if they haven't already.

Next, Dr. Morrow provided the Board with an update on COVID-19. He noted that the CDC has decided to retire their metrics on community and transmission levels of COVID-19 on May 11. The CDC has plans to develop a replacement metric for disease rates at the community level. The WA Notify program, which pings the phones of people who may have been exposed to COVID-19, will also be retiring on May 11. Dr. Morrow also said Kitsap COVID-19 immunization rates continue to lag behind the state average. Additionally, communities are learning more about long COVID. The University of Washington operates Washington State's only treatment evaluation center for this condition. Dr. Morrow touched on the emerging COVID-19 variant, XBB 1.16, also known as Arcturus, in that a common symptom is conjunctivitis or "pinkeye".

Dr. Morrow then provided the Board with an update on the Kitsap healthcare access study. He thanked Mayor Erickson and Member Kirk Sell for their participation on the advisory panel. The Johns Hopkins consultants have been meeting monthly with the Kitsap advisory panel to focus their efforts on this complex, wide-ranging topic and to share data and other resources. The advisory panel and consultants are working to integrate themselves into ongoing meeting in Kitsap, including healthcare coalition meetings, Emergency Medical Services (EMS) Council, Long Term Care Alliance, Kitsap Health Equity Collaborative, Alliance for Equitable Healthcare Access, and the Kitsap Healthcare Continuum Stakeholders meetings. Dr. Morrow anticipates that the Johns Hopkins researchers will present their progress at the July 11 Board meeting, prior to beginning the key informant interviews and focus group sessions later that month.

Next, Dr. Morrow explained that on April 26, 2023, the Health District issued a cyanobacteria warning for Kitsap Lake advising the public to avoid contact with the lake due to health risks for people and animals. He noted that drowning is another summer safety issue and the Health District's Chronic Disease and Injury Prevention team is distributing life jackets and providing water safety education throughout the county. Dr. Morrow said that the summer beach monitoring program for the bacterial E. coli will begin later this month and will continue through the summer. He reminded the Board and the public that the health risk from eating raw oysters and other shellfish is the highest in the summer months, from May through September. During this part of the year, raw shellfish is more likely to cause severe gastrointestinal illness due to the presence of *Vibrio parahaemolyticus*.

Dr. Morrow then provided updates on immunizations in Kitsap County. He explained that vaccines provided by the Navy and other military entities in Kitsap and across the state are now being entered into the Washington Immunization Information System (WAIIS). He said Washington is the first state in the country to achieve this level of interoperability when it comes to vaccines. Vaccine rates, for standard vaccines such as measles, are still lagging at the local, state, and national levels. Dr. Morrow noted that measles is a serious disease with a highly effective vaccine developed in 1963. Measles is beginning to reemerge around the world, most notably in India, Indonesia, Africa, the state of Ohio, and American Samoa. In Ohio earlier this year, 73 cases of measles resulted in 26 pediatric hospitalizations. In American Samoa, measles is currently a public health emergency and schools are closed until all children in grades one and above are fully vaccinated. Dr. Morrow said between 2000 and 2023, the vaccine has prevented an estimated 60 million measles deaths. The Health District's Immunization Program is planning a broad media campaign for later this year to promote vaccination across all ages. He added that the Immunization Program has also been working with local schools to integrate their immunization registries into WAIIS. This integration will provide more accurate data on vaccination rates and efforts.

Next, Dr. Morrow displayed data for the opioid crisis in Kitsap. He explained that the opioid crisis is continuing to worsen in Kitsap, as it is throughout the state and country. The Health District is currently tracking and reporting EMS opioid responses, which are on a sharp upward trajectory. In the last week, the Health District was informed anecdotally of six overdose events, including one fatality, in a 24-hour period in downtown Bremerton. District staff responded by communicating with law enforcement and EMS, distributing Narcan to those in the vicinity of the overdose events, and by notifying the public about the possible presence of higher potency opioids. The Health District's Epidemiology Program is working to refine local surveillance systems for the opioid crisis. Staff are also notifying the local healthcare provider community of federal policy changes that allow for unrestricted prescribing of medications like buprenorphine for those with substance abuse disorders. Additionally, the Health District is distributing naloxone and providing training on the administration of the drug.

Dr. Morrow then explained that the CDC and Washington DOH have identified data modernization as a pressing public health need. The COVID-19 pandemic has demonstrated that the diseases spread faster than the data, highlighting the need to create interoperable systems across federal, state, local, and healthcare systems. Dr. Morrow said it is important to strengthen real-time communications of data by improving disease surveillance systems and improving modeling, data visualization, and predictive analytics. He noted that the Immunization Program's efforts to integrate vaccine data systems with the Navy and local schools is an example of this type of work. The work will require coordination across internal teams such as Epidemiology, IT, and Communications, as well as coordination with external partners.

Lastly, Dr. Morrow introduced Adrienne Hampton, the Health District's first Policy, Planning, and Innovation Analyst. Ms. Hampton has a master's degree in public health administration from the University of Washington's Evans School of Public Policy and Governance. Dr. Morrow said she brings a valuable background of perspective, knowledge, and experience from her work in

environmental justice. Additionally, Ms. Hampton has a certificate in Climate Change and Health from the Yale School of Public Health and has broad policy experience centering health equity in nonprofit, academic, and public service sectors. Dr. Morrow displayed a list of policy opportunities and potential targets for improvement, including health equity and racism, the opioid crisis, climate change and public health, and the healthcare systems assessment. He added that Ms. Hampton will ride her bike to work each day.

Dr. Morrow explained there is a new opportunity for him to receive call coverage from the Northwest Regional DOH Medical director, though it would require approval from the Board as a consent agenda item. He went on to say that his role of health officer requires he be available 24 hours per day, seven days per week, all year long, so this opportunity for call coverage would provide some relief.

When Board members were given the opportunity to ask questions, Member Jackson asked if the data demonstrating a lag in measles vaccine rates is provided from healthcare clinics. Dr. Morrow responded to say vaccine data from most of the major healthcare systems is directly uploaded to the state's immunization registry, but that does not provide a microscopic view into the small pockets of unvaccinated populations, which would allow for more focused vaccine promotion efforts. Dr. Morrow explained that once 90-95% of the population has received the measles vaccine, true herd immunity is acquired, and disease transmission stops. Measles provides a great risk to the community because it is an efficient viral spreader, more so than COVID-19, so the District's Immunization Program is working to increase measles vaccine rates.

Mayor Wheeler welcomed Ms. Hampton to Bremerton and noted that he looks forward to seeing her on their non-motorized commutes each day.

Chair Gelder asked Dr. Morrow about the efficacy of the COVID-19 home test kits in detecting the new variants that are emerging. Dr. Morrow said most of the home test kits received from state or federal programs have expired, but that as long as the control line displays on the test, the kit should still be effective. Chair Gelder asked Dr. Morrow to confirm that the current test kits should be sensitive enough to detect new COVID-19 variances, to which Dr. Morrow said yes.

There was no further comment.

BACK-UP HEALTH OFFICER PROVISIONS FOR KITSAP PUBLIC HEALTH DISTRICT

Chair Gelder then moved on to discuss the back-up health officer provisions offered to the Health District. He summarized Dr. Morrow's previous mention of the opportunity, adding that this resource is being offered to all local health jurisdictions in Washington.

Dr. Morrow noted that he does not see a downside to this opportunity for call coverage.

Mayor Erickson said that having a back-up for the health officer is very important as emerging health crises can be serious. She agreed that this is a good resource to utilize.

Member Kirk Sell asked for clarification regarding the line of back-ups that are available to the health officer. She said this resource provides a back-up, but the agency's organizational chart shows additional back-ups. Dr. Morrow explained that the internal back-ups listed on the organizational chart are for the administrator position. Local health jurisdictions each have their own health officer available, and that person must have a medical degree and master's degree in public health. Historically, when Dr. Morrow is on leave, he will notify the Jefferson-Clallam Health Officer so they can provide call coverage. Mr. Grellner said while there are other health officers who can provide coverage, their capacity is very limited. Mason County's Health Officer works part-time while one health officer, Dr. Allison Berry, covers both Jefferson County and Clallam County. Mr. Grellner said he anticipates that this item will be added to the consent agenda for either the June or July Board meeting.

There was no further comment.

RESOLUTION 2023-02, APPROVING A LINE OF SUCCESSION FOR THE HEALTH DISTRICT ADMINISTRATOR

Mr. Grellner explained that the Health District's Continuity of Operations Plan, developed in 2011, has a line of succession approved by the Board for Administrator back up. A line of succession will allow the Health District the ability to sign contracts or address urgent issues while the Administrator is unavailable. The Health District has done cross-training with the Health Officer and directors. The division directors are the main Administrator back-ups, followed by the Health Officer, but this is not ideal as the Health Officer should be available to focus on the medical aspects of the agency's work. Mr. Grellner noted that the proposed line of succession for the Administrator includes the director of the agency's new division, Public Health Infrastructure. He listed the order of succession as the Environmental Health Director, the Community Health Director, the Public Health Infrastructure Director, and lastly the Environmental Health Assistant Director.

Mayor Putaansuu moved to approve Resolution 2023-02 for the line of succession for the Health District Administrator, as outlined in the Board packet, in the event the Administrator is unable to fulfill their role and conduct essential agency functions during an emergency or disaster. Mayor Wheeler seconded the motion. Resolution 2023-02 was approved unanimously.

There was no further comment.

RESOLUTION 2023-03, APPROVING AMENDED HEALTH DISTRICT MISSION AND VISION STATEMENTS, GUIDING PRINCIPLES, AND OVERARCHING STRATEGIC PLAN INITIATIVES FOR 2024 – 2030

Siri Kushner, Public Health Infrastructure Division Director, provided the Board with a resolution to approve the Health District's updated vision, mission, guiding principles, and strategic initiatives.

Ms. Kushner displayed for the Board the proposed mission and vision statements, with the current statements displayed for comparison. The proposed vision statement is, "Our vision is a safe and healthy Kitsap County for all," while the current vision statement is, "Striving to make Kitsap County a safe and health place to live, learn, work and play." Ms. Kushner said the proposed vision statement is simplified and demonstrates where the Health District wishes to see Kitsap in the future.

The proposed mission statement is, "The Kitsap Public Health District prevents disease and protects and promotes the health of all people in Kitsap County," while the current mission statement is, "The Kitsap Public Health District prevents disease and protects and promotes the health of all persons in Kitsap County." Ms. Kushner noted that the action-oriented mission statement had one word revised, in which "persons" has been changed to "people."

Next, Ms. Kushner displayed the Health District's proposed guiding principles next to the agency's current guiding principles. She noted that this work was developed by the District's strategic planning work group in January and February. Ms. Kushner read through each of the proposed 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.

Next, Ms. Kushner displayed an updated 2023 strategic planning timeline. She summarized the steps of planning that have already been completed and discussed the revision of the timeline, in which the creation of strategic implementation plans and work plans were shifted to later in the year to align with the Health District's existing annual program work plan timeline. Today, the Health District is bringing the proposed mission and vision statements, guiding principles, and strategic planning initiatives to the Board for approval.

Ms. Kushner then displayed draft resolution 2023-03 and asked the Board to consider approving this resolution.

Member Jackson asked if the 7-year strategic initiatives were the Health District's goals for Kitsap County. Ms. Kushner responded by saying yes, that these initiatives are very broad and high level, and that there will be more specific goals to go with each initiative. This will be accompanied by 2- or 3-year work plans, to break the initiatives down further to allow for process improvements and innovations over the 7-year period.

Member Kirk Sell commented that the strategic planning workgroup was a very collaborative process and involved several stakeholders from different areas of public health. She added that the process was very well done.

Chair Gelder shared his concern for the first initiative. He said the verb "stop" seems very absolute. Disease is going to happen, and the Health District is not necessarily able to stop it. He asked other Board members if they had similar concerns. Member Jackson explained his interpretation was that the only choice for the Health District was to stop disease, no matter what, because that is their job. Ms. Kushner added that the initiative refers to the transmission of disease. She said the Health District recognizes the transmission and will implement strategies to stop that transmission. Chair Gelder said the clarification that the initiative is referring to disease transmission is helpful and that he appreciates the intention behind it.

Ms. Kushner continued her presentation by providing a process update. The Health District will synergize their standard timeline for annual program work plans with the creation of strategic implementation plans. In addition to the goals, objectives, and activities, the District will also develop metrics for evaluating and monitoring implementation. The plans will be informed by ongoing and new work, as well as the community and staff input that was collected in March. Ms. Kushner reiterated that the strategic implementation plans will be for 2- or 3-year plans, meaning this is planning for multiple years. She said the plans are meant to capture the coordination that happens across programs.

Lastly, Ms. Kushner explained how the strategic plan fits into the Health District's performance management system. In the future, the District will be designing an internal performance management system, integrating strategic implementation and program work plans, reconvening the Quality Improvement Council, and conducting annual assessments of progress and performance.

Member Kirk Sell moved to approve Resolution 2023-03, approving amended Health District mission and vision statements, guiding principles, and overarching strategic plan initiatives for 2024-2030. Member Jackson seconded the motion.

Mayor Erickson noted that the proposed initiatives and goals were terrific, but that she did not see any measurement of effectiveness within this resolution. Member Jackson asked if the measurement aspect would be covered under the annual assessment in progress and performance. Ms. Kushner said yes and that the Health District will be designing metrics and developing an annual assessment. Mayor Erickson said prior to the COVID-19 pandemic, the Health District would sit with Board members to discuss the current picture of the community using metrics. She said she found that very useful and valuable. Additionally, Mayor Erickson believes the

healthcare shortage in Kitsap is partially due to the lack of focus on successful systems in the county, so she does not want the Health District to make the same error. Chair Gelder agreed with Mayor Erickson on the importance of defining metrics and collecting the appropriate data.

Resolution 2023-03 was approved unanimously.

There was no further comment.

ELECTION OF NEW CHAIR AND VICE CHAIR

Chair Gelder explained that historically, when there is a vacancy for Board Chair, the Vice Chair moves in to assume that position. If the Board approves Mayor Erickson's move from Vice Chair to Chair, a new Vice Chair will need to be elected. There will also be a vacancy on the Policy Committee, which creates an opportunity for interested Board members to join the committee in the future.

Mayor Putaansuu moved and Member Jackson seconded the motion to elect Mayor Erickson as Board Chair for the rest of 2023.

Mayor Putaansuu asked Commissioner Gelder who the Kitsap County Board of Commissioners was going to appoint for the Kitsap Public Health Board. Commissioner Gelder responded by saying the decision has not been made yet.

The motion to elect Mayor Erickson as Board Chair was approved unanimously.

Next, Commissioner Gelder asked for nominations for Vice Chair. Member Jackson moved and Mayor Putaansuu seconded the motion to elect Dr. Tara Kirk Sell as Vice Chair. Mayor Putaansuu noted Dr. Kirk Sell is a great nomination. Dr. Kirk Sell said non-elected Board members are not allowed to vote on budget materials and asked if she should still become Vice Chair. Commissioner Gelder said it would be ok as there will be five elected members who will vote on budget materials. Mr. Grellner clarified that Health District fee schedules that the non-elected members are precluded by statute to vote for, but non-elected members can vote on budget matters.

The motion to elect Dr. Kirk Sell as Vice Chair was approved unanimously.

There was no further comment.

ADJOURN

There was no further business; the meeting adjourned at 11:26 am.

Becky Erickson
Kitsap Public Health Board

Keith Grellner
Administrator

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

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

Community Members Present: Susan Brooks Young.

Staff Present: Angie Berger, *Management Analyst, Administrative Services*; Brenda Calderon, *Secretary Clerk 2, Administrative Services*; Margo Chang, *Administrative Assistant, Administrative Services*; Yolanda Fong, *Director, Community Health Division*; Keith Grellner, *Administrator, Administration*; Adrienne Hampton, *Policy, Planning, and Innovation Analyst, Administration*; Cristian Inga Dominguez, *Secretary Clerk 2, Administrative Services*; Siri Kushner, *Director, Public Health Infrastructure Division*; Dr. Gib Morrow, *Health Officer, Administration*; Tad Sooter, *Communications Coordinator and Public Information Officer, Communications*.

Zoom Attendees: *See attached.*

Kitsap Public Health Board Meeting (Virtual Attendance)

Webinar ID	Actual Start Time	Attendee Count
861 8605 2497	5/2/2023 10:30	28

NAME	NAME	JOINED BY PHONE
Amy Anderson	Chris & Suzanne Plemmons	None
Leslie Banigan	Steve Powell	
Jessica Guidry	Ally Power	
Gabby Hadley	Anne Presson	
Melissa Hartman	Maura Shirey	
Grant Holdcroft	Amanda Tjemsland	
Dayna Katula	Dr. Tener Veenema	
Pam Keeley	Erica Whares	
Sarah Kinnear	Tiffany Whitford	
Melissa Laird	April	
Michelle McMillan	Echo	
Anne Moen	KIRO Radio	
Kevin Nguyen	Monte	
Kayla Petersen		

MEMO

To: Kitsap Public Health Board
From: Jolene Sullivan, Personnel Committee
Date: June 6, 2023
Re: 2023 Administrator Recruitment Plan and Recommendations

The Health District's Personnel Committee (Kirsten Hytopoulos, Becky Erickson, Steve Kutz, and me) met with Health District representatives (Dr. Morrow, Karen Holt, and Keith Grellner) on May 2, 2023, to discuss plans for the recruitment of a new administrator to replace Keith when he retires from service at the end of this year. The purpose of this memo is to summarize and recommend a recruitment plan to the full Board to replace the Health District Administrator by December 2023, or sooner (if possible to allow for overlap/cross-training).

Background:

The Health District's Health Officer and Administrator positions serve at the pleasure of the Health Board and are Board-appointed positions. Both positions have employment contracts directly with the Board to perform the statute-required duties identified in RCW 70.05, the duties identified in the Board Bylaws, and the essential functions contained in the respective Health District position classifications.

As Administrator, Keith's current contract with the Board is scheduled to terminate on June 30, 2023. During executive session with the Health Board on April 4, 2023, the Health District's Administrator, Keith Grellner, asked if the Board would consider extending his employment agreement until December 31, 2023, whereupon Keith will retire from service to the Board and Health District.

Personnel Committee Meeting Summary:

The Personnel Committee met today to review, discuss, and make recommendations to the full board concerning:

1. Extension of Keith’s employment contract from June 30, 2023, to December 31, 2023; and
2. Direction and details for the recruitment and hiring of a new Health District Administrator around November – December 2023.

In preparation for this discussion, the Personnel Committee reviewed the following (Click [here](#) for link to the Personnel Committee [meeting packet](#) with the following information):

1. Statutory provisions related to the Administrator position: RCW [70.05.040](#), [.045](#), and [.060\(1\)](#);
2. Board provisions in the [Bylaws](#) related to the duties of the Administrator position, including serving as the Board’s executive secretary and administrative officer, and the Health District’s chief executive officer (Articles V and VI, Pages 3 - 5);
3. Essential functions of the Administrator position: Health District Position Classification (see Page 4 of the Committee meeting packet linked above);
4. Current contract for Keith which sunsets on June 30, 2023 (see Page 11 of the Committee meeting packet linked above);
5. Proposed draft contract amendment between the Board and Keith to extend the terms of the current contract until December 31, 2023 (see Page 19 of the Committee meeting packet linked above);
6. A current salary survey for comparable local health jurisdiction administrators in Washington state (see Page 20 of the Committee meeting packet linked above); and
7. A draft job bulletin to post to start the recruitment for a new administrator (see Page 21 of the Committee meeting packet linked above).

Administrator Recruitment Process Recommendations:

After discussion, the Personnel Committee recommends the following course of action to the full Board to recruit and hire a new Administrator by year’s end:

1. Extend Keith’s contract to December 31, 2023, via an employment agreement amendment. The contract amendment is included on the Consent Agenda for today’s meeting.
2. Set salary range for the Administrator job recruitment bulletin at \$10,000 - \$14,000/month depending upon qualifications and experience.
3. Provide Chair Erickson with the latitude to negotiate a starting salary and contract details with the selected applicant following Board interviews this Fall. The negotiated contract will be brought to the full Board for review and approval prior to signing.

Memo – Administrator Recruitment Plan 2023

June 6, 2023

4. Set the start date for open recruitment as June 7, 2023.
5. Set a closing date of “Until filled. First interviews to be scheduled for mid-September 2023.”
6. Establish an interview committee made up of Board members and Health District Executive Team and Manager representatives.
7. Conduct interviews via two-to-three separate groups of interviewers (applicants interview sequentially with all groups). This would follow the precedent set when recruiting for Health Officer in 2020.
8. Interview top applicants in mid-September 2023.
9. Conduct additional follow-up interviews as needed until a selection is made.
10. If possible, allow for the new administrator to cross-train with Keith for a couple of weeks in November and December, 2023.

Recruitment Timeline Summary

- May 2023: Personnel Committee finalizes recommendations for full Board.
- June 2023: Personnel Committee briefs full Board; Board considers approving contract extension for Keith; recruitment for new Administrator begins.
- July – August 2023: Accept and review applications; schedule interviews for top applicants.
- September 2023: Interview top applicants.
- October 2023: Make job offer and negotiate contract.
- November – December 2023: Board approves new Administrator contract; new Administrator begins employment and cross-trains with Keith and Health District ELT.

The Personnel Committee members and Health District staff are available to answer any questions at this time.

NOW RECRUITING



ADMINISTRATOR

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

We are seeking an experienced professional to lead our high-performing local public health district. Under the direction of an engaged and supportive health board, our administrator oversees a team of more than 120 employees working to protect and improve the health of the Kitsap community.

Position details

Qualifications include:

- Bachelor’s degree in public administration, public health or a closely related field
- Ten years of progressively responsible experience in public health or health services management
- A Master’s degree in a job-related field is preferred

A first review of applications is planned for the week of Aug. 21, 2023, with a first round of interviews the week of Sept. 11.



To view the full position description and application materials, scan this code or go to:

kitsappublichealth.org/careers

Questions? Contact Karen Holt:

360-728-2294

karen.holt@kitsappublichealth.org

HELP OUR COMMUNITY THRIVE

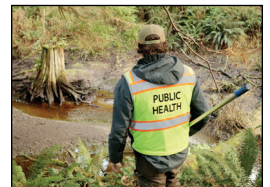
In public health, your leadership makes a difference!

Appointed by the Kitsap Public Health Board and working alongside the county health officer, our administrator oversees Kitsap Public Health District operations and ensures agency objectives are met.

This challenging and fulfilling position requires innovative leadership and active collaboration with a wide range of strategic partners and stakeholders. The administrator manages a dynamic organization to address public health issues in a rapidly changing community environment.

Kitsap Public Health is widely recognized as an innovative agency committed to quality improvement. In 2015, our health district became one the first 75 governmental public health agencies nationwide to be accredited by the Public Health Accreditation Board.

As administrator, you will have the opportunity to positively impact our organization, and the health of our community, every day.



Living on the KITSAP PENINSULA

Balanced between the wilderness of the Olympic Peninsula and the metropolitan bustle of Seattle, the Kitsap Peninsula offers an unparalleled quality of life. Kitsap residents enjoy easy access to miles of saltwater shoreline, but the city is minutes away.



Kitsap at a glance

Population: 280,900

Cities: Bainbridge Island, Bremerton, Port Orchard, Poulsbo

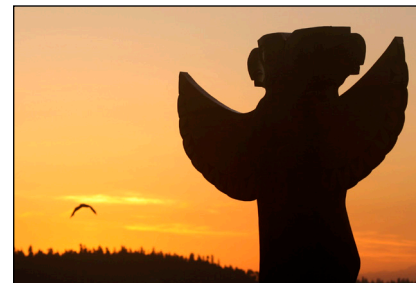
Median household income: \$84,600

Median home price: \$540,000

Fast ferry to Seattle: 30 minutes

A vibrant community ...

Kitsap County is situated on traditional territory of the S’Klallam and Suquamish peoples, whose ancestors flourished in the region long before the arrival of European settlers.



From the rich culture of the tribes, to Bremerton’s Navy heritage, Poulsbo’s Nordic roots, and Bainbridge Island’s eclectic arts scene, a collection of distinct enclaves make up the fabric of our peninsula community.

“It has been one of my greatest honors and privileges to be a part of Kitsap Public Health District, as we work tirelessly to make Kitsap a safe and healthy place for all.”

Keith Grellner,
Retiring Kitsap Public Health District Administrator



where adventure abounds

Kitsap residents don’t travel far for outdoor fun. A paddle on Puget Sound, a ski adventure at Snoqualmie Pass or a trek through the Olympic Mountains are all within a day’s reach.

When city life beckons, world-class dining, performing arts venues and professional sporting events are a ferry ride away in Seattle. Learn more at visitkitsap.com.



MEMO

To: Kitsap Public Health Board
From: Jessica Guidry, Equity Program Manager
Siri Kushner, Director of Public Health Infrastructure
Date: June 6, 2023
Re: Update on Kitsap Public Health Board Resolution 2021-01, Declaring Racism as a Public Health Crisis

It has been two years since the Kitsap Public Health Board issued Resolution 2021-01, Declaring Racism as a Public Health Crisis. That resolution (see attached) had a list of commitments for the Board and the Health District.

We are excited to provide the Board with updates on the Health District's progress in meeting the commitments within the resolution. Our updates will summarize what we have achieved regarding policy improvement using a racial justice and equity lens, workforce development, agency infrastructure, and community relationships. While we are highlighting the activities of the Equity Program, and some of our agencywide initiatives, we recognize that our whole agency is responsible for addressing the commitments in the resolution and doing what is necessary to advance health equity in Kitsap County. Programs across the Health District address equity in their work and we are working on using shared terms and concepts via our training program and cross-agency initiatives.

We have created a Status Report (also attached) and plan to offer updates annually to keep the Board updated on our work, or as otherwise directed by the Board.

If you have any questions, please contact me at jessica.guidry@kitsappublichealth.org.

Declaring Racism a Public Health Crisis

WHEREAS, modern day discrimination, including but not limited to discrimination in the form of racism, harms all individuals and communities including, but not limited to, social categories defined by class, gender, ability and race; and

WHEREAS, these social categories do not stand alone but instead are overlapping and interconnected, amplifying discrimination or disadvantage; and

WHEREAS, racism divides humans into distinct groups based on inherent physical traits --- primarily, but not limited to, skin color and/or geographical origins among people of a shared ancestry; and

WHEREAS, racism creates or provides unfair disadvantages to Black, Indigenous, and People of Color (BIPOC) individuals and communities and conversely unfair advantages to other individuals or communities; and

WHEREAS, since time immemorial the Suquamish Tribe, the Port Gamble S'Klallam Tribe and other American Indian tribes, who are independent sovereign nations, have and currently live in Kitsap County. Attempts to assimilate local tribes over time in Kitsap County have brought disease, trauma, racism, and environmental degradation that have disproportionately resulted in poor health outcomes of indigenous persons because of race; and

WHEREAS, Black, Indigenous, and People of Color in the United States of America have disproportionately suffered and continue to experience disadvantages and acts of violence because of their race, or how they look, as compared to white people; and

WHEREAS, the mission statement of the Kitsap Public Health District is to prevent disease and promote the health of all persons in Kitsap County and it is our belief that all Kitsap residents should have an equal opportunity to live healthy and safe lives, and this includes addressing issues and health outcomes due to race; and

WHEREAS, maintaining the status quo and existing systems of power and white privilege, based on our country's long history, results in the persistence of inequities, institutional policies and practices do not need to be explicitly racist in order to have racist impacts on residents; and

WHEREAS, due to existing systemic racism and the resulting socioeconomic inequities, COVID-19 has had a disproportionate impact on our Black, Indigenous, and People of Color communities; and

WHEREAS, the continued violence against BIPOC individuals and communities are present-day demonstrations of the systemic racism in institutions that have not valued and supported human life equitably; and

WHEREAS, Kitsap County public health data demonstrate persistent differences across multiple key indicators, including:

- Socioeconomic Status – median household income for American Indian/Alaska Native, Black/African American, Hispanic/Latinx and Multi-racial households is at least \$10,000 below that of White, Non-Hispanics;
- Education – high school graduation rates are at least 5 percentage points lower for Black/African American, Hispanic/Latinx, Native Hawaiian/Pacific Islander students compared to White, Non-Hispanics; the percentage of students entering kindergarten ready to learn is at least 14 percentage points lower for American Indian/Alaska Native, Black/African American, Hispanic/Latinx and Native Hawaiian/Other Pacific Islander children compared to White, Non-Hispanics; and
- Health Care Access – approximately 7 of 10 Hispanic/Latina and Black/African American pregnant women access prenatal care in the first trimester compared to about 8 out of 10 White, Non-Hispanics; and
- Health Outcomes – infant mortality is 1.8 times higher amongst non-white babies compared to White, Non-Hispanic babies; and life expectancy for Black, Non-Hispanics is 5 years lower than White, Non-Hispanics; and

WHEREAS, the current COVID-19 pandemic has exacerbated racial disparities within Kitsap County’s communities of color. COVID-19 infections have been more prevalent amongst communities of color, 36% of cases, and more severe, 40% of hospitalizations, while communities of color make up 25% of the total Kitsap population. Compared to Whites, COVID-19 vaccination initiation rates are lower amongst Asians, Black/African Americans, and Hispanic/Latinx; and

WHEREAS, Kitsap Public Health District has expressed a commitment to developing stronger and better resourced partnerships with community organizations and leaders to disrupt and dismantle racism and protect the health and well-being of our residents of color, using quantitative data about racial inequities, along with voices and knowledge of community leaders and residents to get to solutions that work and that are sustainable; and

WHEREAS, Kitsap Public Health District recognizes the historical perpetuation of structural racism and as an institution the Kitsap Public Health Board stands in support of dismantling oppressive systems that contribute to racial inequities.

NOW, THEREFORE, BE IT RESOLVED, that the Kitsap Public Health Board declares racism a public health crisis and commits to a course of action that reduces, and ultimately

eliminates, health disparities so that optimal health for all is possible and race no longer predicts health outcomes in Kitsap County. The Board and the Kitsap Public Health District commit to work to advance a public health approach in addressing institutional and systemic racism; including but not limited to:

- Ongoing review of existing policies and procedures to address and reform structures and processes that contribute to race-based decisions and actions.
- Ongoing review of programs and services through a racial justice and equity lens, using tools such as those developed by the Government Alliance for Race and Equity, to identify and implement changes to ensure equity within programs regardless of race. Programs will be encouraged to include activities that address equity into their yearly workplans.
- A commitment to apply strategies for recruiting and hiring a workforce that reflects the demographic, cultural and linguistic characteristics of the populations it serves.
- An all-staff professional development program that includes training on core competencies in health equity, cultural competency, and anti-racism.
- Establishing an internal equity committee, consisting of staff from all Kitsap Public Health District divisions, whose primary purpose will be to make recommendations regarding and help facilitate implementation of equity plans and activities.
- Sustaining a Community Liaison staff position with a focus on equity, who will be dedicated to conducting outreach to, and receiving feedback from, Black, Indigenous, and People of Color and other communities facing health inequities.
- Partnering with community to co-create solutions to address structural inequities.
- Promoting policy and system level changes within Kitsap County to move beyond equity only and undo racist structures.
- Board members commit to consulting with Tribal governments on a government-to-government basis to further understand tribal history and culture, cultural competency, and indigenous practices tied to health outcomes to incorporate that knowledge in Kitsap Public Health District's policies to improve the well-being and future public health of Tribal peoples and Black, Indigenous, and People of Color.
- Board members commit to taking a stand for nonviolence and inclusion in our communities, and for environmental restoration throughout Kitsap County.

APPROVED: May 4, 2021



Commissioner Charlotte Garrido, Chair
Kitsap Public Health Board

Kitsap Public Health Board Resolution 2021-01 Declaring Racism as a Public Health Crisis Kitsap Public Health District Status Report (Updated 5/22/2023)

This status report provides an update on the work Kitsap Public Health District (KPHD) is doing to meet the commitments adopted in Resolution 2021-01.



Ongoing review of existing **policies and procedures** to address and reform structures and processes that contribute to race-based decisions and actions.

Update: Our Equity Program has reviewed 7 internal policies using an “equity lens” and drafted an internal policy “equity lens” review form that also addresses racial equity. In our reaccreditation process, we conducted an “equity review” of documents meeting 21 requirements.

Next Steps: We will “test” our review form and make any needed improvements by the end of 2023. Once the form and process are finalized, KPHD will prioritize policies to review using the form and will train employees on the process.



Ongoing review of **programs and services** through a racial justice and equity lens to identify and implement changes to ensure equity within programs regardless of race.

Update: Some KPHD programs already review their practices through an equity lens. Others have asked our Equity Program for technical assistance on specific initiatives. Our Equity Program has assisted programs in all divisions on applying an equity lens to their work.

Next Steps: KPHD will develop a program and services racial justice and equity lens review process and toolkit by the end of 2023. This process and toolkit will be piloted by select KPHD programs in early 2024.



Application of strategies for recruiting and hiring a **workforce** that reflects the demographic, cultural and linguistic characteristics of the populations it serves.

Update: KPHD reviews employee demographic data (race, gender, age) and shares select data on our website. KPHD’s Equity Program partners with Human Resources on recruitment as needed.

Next Steps: KPHD’s Equity Program will continue supporting our Human Resources program and identify opportunities to collaborate on recruitment processes.



All-staff **professional development program** that includes training on core competencies in health equity, cultural competency, and anti-racism.

Update: In 2022, our Equity Program launched its all-employee training program with its first training on identity and power. To date, over 90% of employees have received this training. The program has also conducted 3 presentations at all-employee meetings on eliminating bias.

Next Steps: The Equity Program is currently developing its second all-employee training, which will be conducted in late 2023. The program will also complete development of an employee training resource page.

Kitsap Public Health Board Resolution 2021-01 Declaring Racism as a Public Health Crisis Kitsap Public Health District Status Report (Updated 5/22/2023)

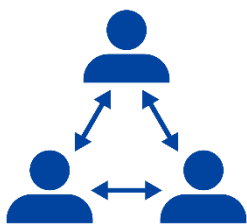
This status report provides an update on the work Kitsap Public Health District (KPHD) is doing to meet the commitments adopted in Resolution 2021-01.



Establishing an **internal equity committee**, consisting of staff from all Kitsap Public Health District divisions, whose primary purpose will be to make recommendations regarding and help facilitate implementation of equity plans and activities.

Update: Committee not yet established.

Next Steps: Our Equity Program is currently working on a proposal detailing the scope and activities of our internal equity committee. Our goal is to recruit committee members and have our first meeting by mid-2024.



Sustaining a Community Liaison **staff position** with a focus on equity, who will be dedicated to conducting outreach to, and receiving feedback from, Black, Indigenous, and People of Color (BIPOC) and other communities facing health inequities.

Update: KPHD has an Equity Program with a manager and a Community Engagement Specialist. The Community Engagement Specialist was hired in October 2022, and has met with leaders from, and organizations serving, BIPOC and other communities experiencing health inequities, and participates in community meetings and events. The Equity Program has hosted KPHD information tables at 7 community events so far in 2023.

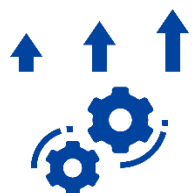
Next Steps: KPHD's Equity Program will continue developing relationships with BIPOC and other communities experiencing health inequities.



Partnering with community to **co-create solutions** to address structural inequities.

Update: In November 2022, we launched the Kitsap Health Equity Collaborative as a means of bringing together organizations and community leaders representing and serving communities experiencing health inequities to identify and co-create solutions. The collaborative has 30+ organizations represented and will be selecting priorities for 2023. Our employees participate in various community meetings regarding structural inequities in fields such as maternal and infant health, food access, and others.

Next Steps: We will continue to convene the Collaborative, participate in community discussions about structural inequities, and work with KPHD programs on developing and implementing solutions to structural inequities.



Promoting **policy and system level changes** within Kitsap County to move beyond equity only and undo racist structures.

Update: Our Equity Program is currently working with our leadership team on how it will engage in policy, systems, and environmental (PSE) change related to equity and racism. Other KPHD programs already do PSE work.

Next Steps: By the end of 2023, our Equity Program will work with our leadership team and new Policy Analyst to identify our PSE priorities related to health equity and antiracism and how we advance those priorities.

Update on Resolution 2021-01 Declaring Racism a Public Health Crisis

Siri Kushner
Director, Public Health Infrastructure



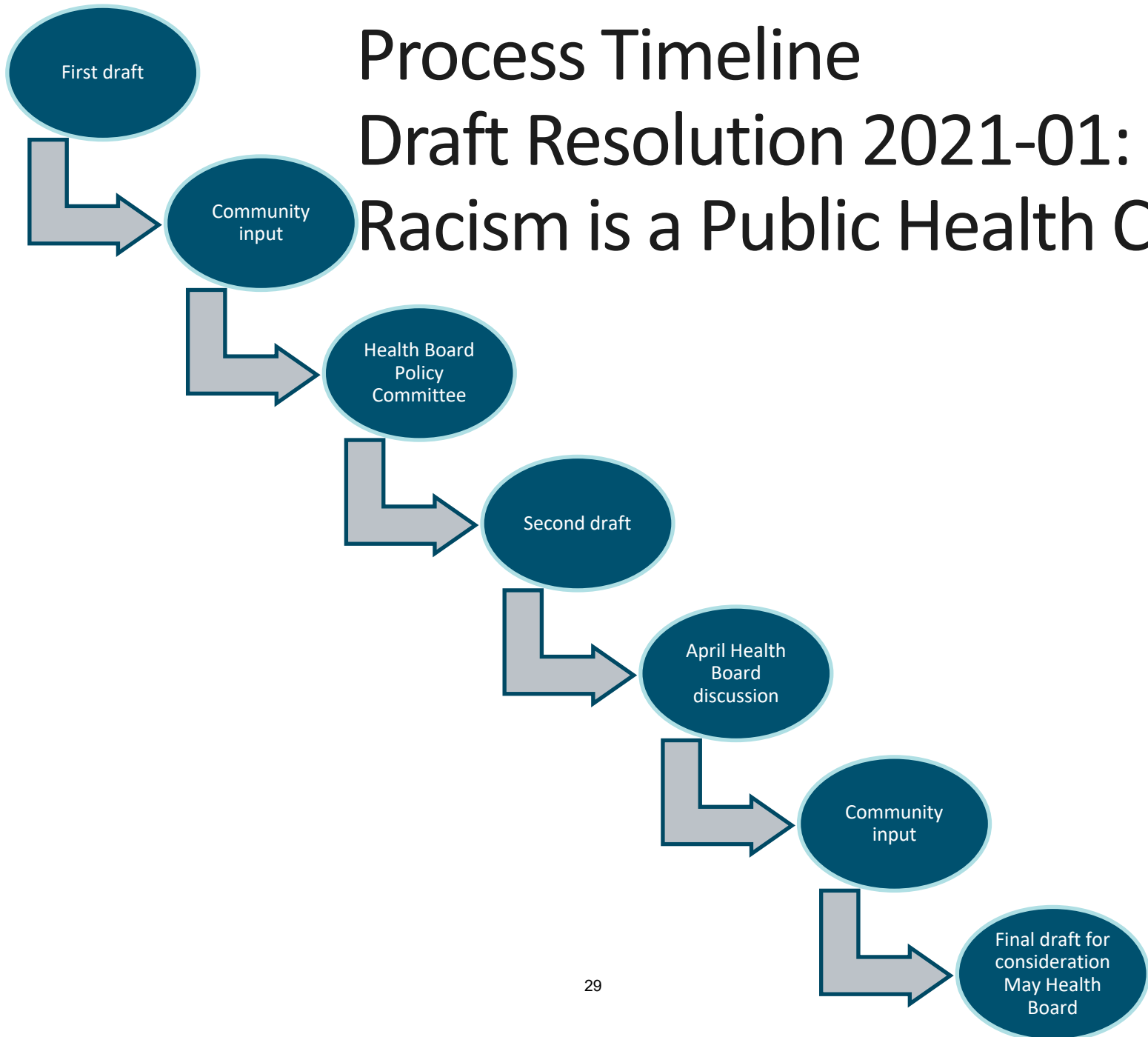
KITSAP PUBLIC HEALTH DISTRICT

Declaring Racism a Public Health Crisis

- COVID-19 revealed and widened longstanding health inequities.
- Kitsap community members called for concrete action on racism and equity.
- KPHD employees drafted a resolution, got community input, and shared with the KPHB.
- In May 2021, the Kitsap Public Health Board declared racism a public health crisis.

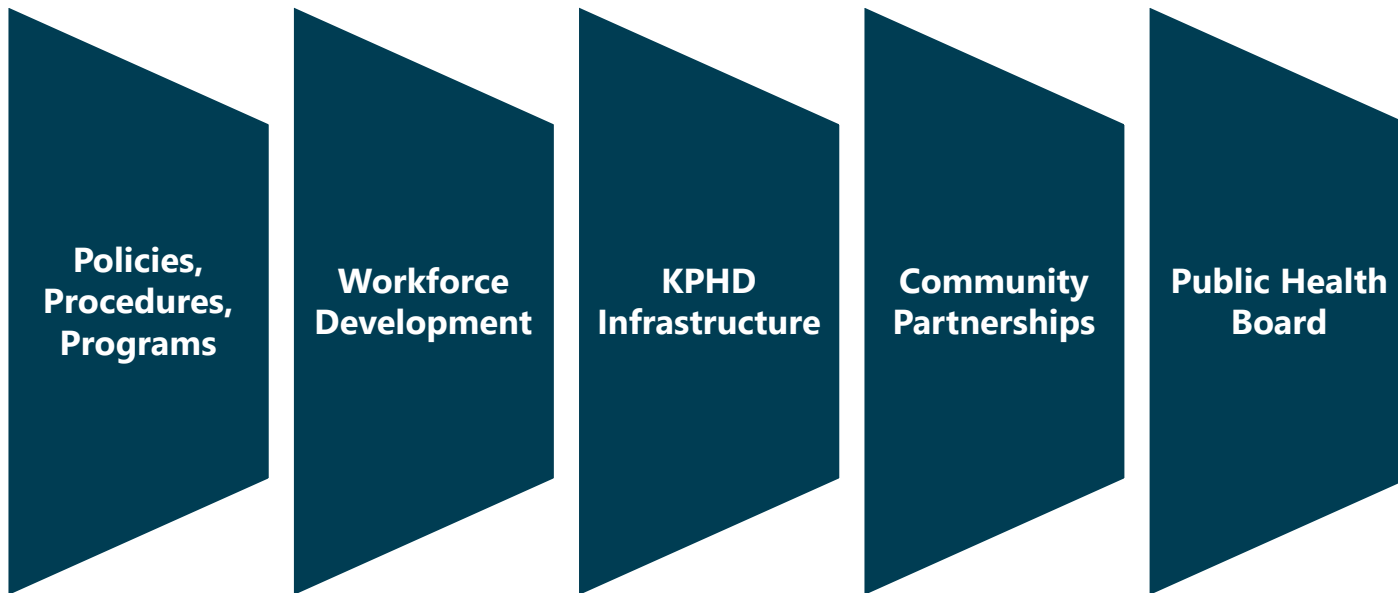
Process Timeline

Draft Resolution 2021-01: Racism is a Public Health Crisis



KPHB Resolution 2021-01

- Resolution acknowledges inequities and includes data and commitments
- Commitments fit into 5 categories:



Updates: Policies, Procedures, Programs

- Equity review of PHAB documents (for 21 requirements).
- 7 internal policies reviewed with “equity lens.”
- Provided technical assistance to programs in all divisions.
- Draft internal policy equity review form, will test and finalize by December 2023.
- Started researching policy review processes for outward facing policies.

Workforce Development

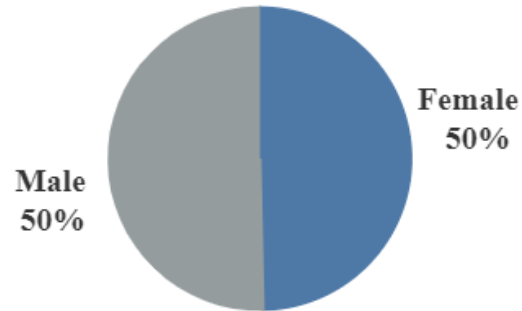
- Launched 1st employee training (focus: identity and power), > 90% of employees trained.
- Conducted 3 presentations on bias at all hands meetings.
- Currently revising equity training plan.
- Hired Equity Program Community Engagement Specialist.
- Provided input and supported recruitment of select positions.
- Employee demographics on website (updated twice year, last updated January 9, 2023).

Kitsap Public Health District (KPHD) Demographics

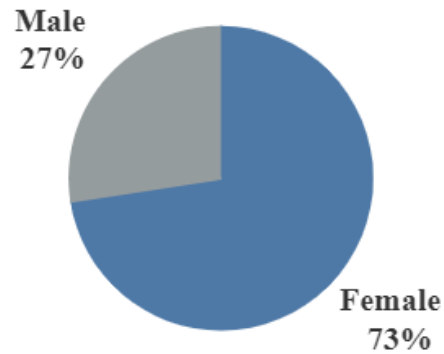
Updated January 9, 2023

Gender

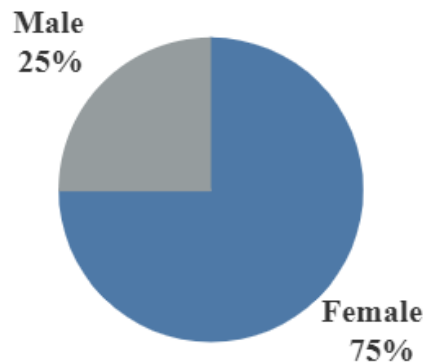
Kitsap County,
Washington



KPHD Staff



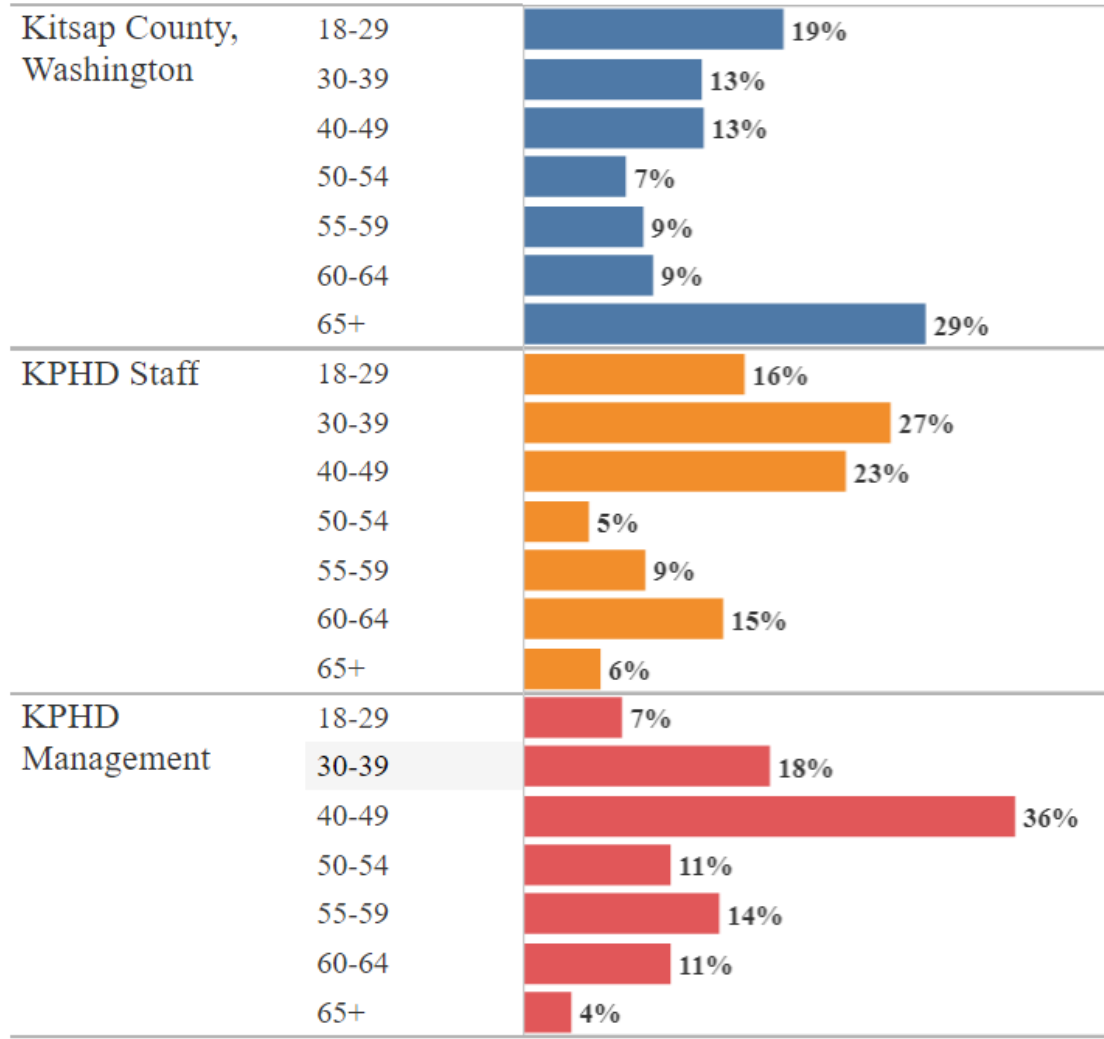
KPHD Management



Kitsap Public Health District (KPHD) Demographics

Updated January 9, 2023

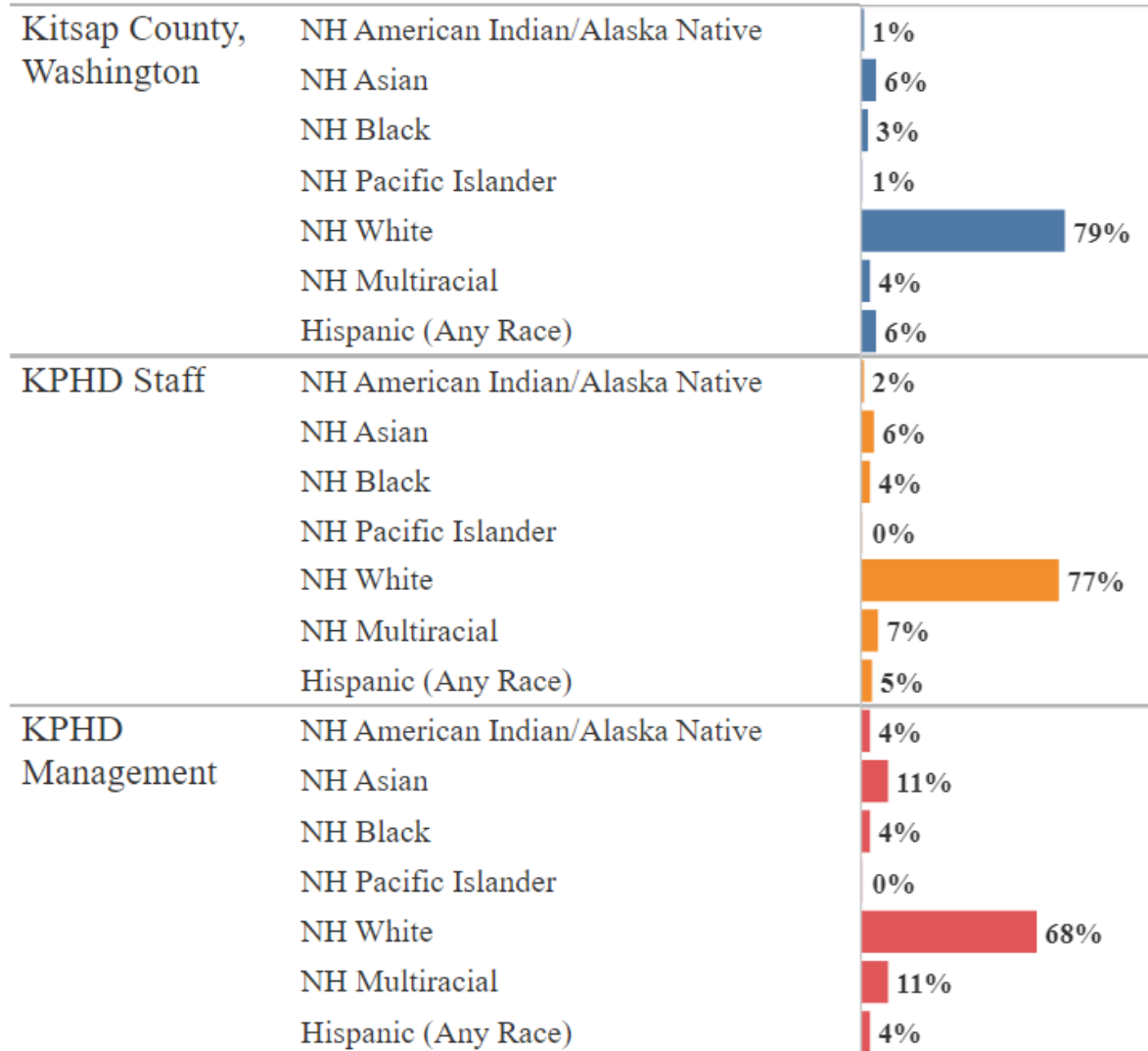
Age



Kitsap Public Health District (KPHD) Demographics

Updated January 9, 2023

Race/Ethnicity



KPHD Infrastructure

- Equity Program has 2.0 FTE (Program Manager and Community Engagement Specialist).
- Currently working on proposal for Internal Equity Committee; launch in next year.
- Conducted multi-phase equity organizational assessment in 2022. Process deemed best practice by Johns Hopkins research team.
- Incorporated equity into strategic planning process.

Community Partnerships

- Working with other KPHD programs to have information tables at community events (6 events in 2022, 7 events so far in 2023).
- Building relationships with community leaders, organizations.
- Participating in community initiatives, coalitions, and meetings.
- Convening Kitsap Health Equity Collaborative.

Kitsap Public Health Board

- Supported recruitment of non-elected board members.
- Provided 3 updates to board since Equity Program started.



Priorities for Next 12 Months

- Complete internal and external policy equity assessment form and processes.
- Conduct 2 employee trainings.
- Launch KPHD Equity Committee.
- Work with Collaborative on addressing systemic inequities.
- Continue to build relationships and listen to community.

Declarations Across the U.S.

The screenshot shows the APHA website with a search bar and navigation menu. The main content area is titled "Racism is a Public Health Crisis" and includes a "Map of declarations" section. The map shows the following data:

Type of declaring entity	Count
All levels	217
State	16
City (118)	118
County (83)	83
County Board (1)	1

Additional filters include: Health/Public Health Entity (149), City/Town Council (27), County Board (42), Other (2), State Legislature (14), Education Entity (5), and Governor/Mayoral Statement (15). The map shows states colored by declaration count, with a legend indicating "States colored by declaration count: 1 to 30+".

- As of May 11, 262 city, county, and state declarations listed.
- 11 declarations listed in WA State: Clark, Jefferson, King, Kitsap, Kent City Council, Snohomish, Spokane, Tacoma-Pierce, Thurston, Whatcom, WA Public Health Association.

<https://www.apha.org/topics-and-issues/health-equity/racism-and-health/racism-declarations>



Questions:

Jessica Guidry

Equity Program Manager

jessica.guidry@kitsappublichealth.org

(360) 509-0966

MEMO

To: Kitsap Public Health Board
From: Siri Kushner, Public Health Infrastructure Division Director
Date: June 6, 2023
Re: Community Health Assessments Update

At today's meeting we will provide an update on the Kitsap Public Health District (KPHD) community health assessment process and we will share findings and next steps from the Kitsap Community Resources (KCR) Community Needs Assessment. The presenters will be myself, KPHD Assessment & Epidemiology Program Manager Kari Hunter, Epidemiologist Ally Power and KCR Executive Director Tony Ives.

In Kitsap County, many community organizations have requirements or follow best practices for assessing community needs and developing implementation plans. These may be called community needs assessments (CNA), community health needs assessments (CHNA), landscape or gap analyses or other names.

Since 2011, Kitsap Public Health District (KPHD) has facilitated a multi-year collaborative community health assessment and prioritization process called Kitsap Community Health Priorities or KCHP. The process identifies community health priorities based on engagement with community partners and leaders to review key findings from community input from interviews, focus groups and/or surveys and public health data from many sources and broken-down to look at our community by age, race/ethnicity, sex, education or income levels and sub-county areas. A community health assessment report (CHA) report and a community health improvement plan (CHIP) are outputs. The CHA process and development and implementation of a CHIP are best practices for public health and required elements of public health accreditation.

KPHD will engage partners and the community this fall and early 2024 to review the CHA and create our next CHIP. We will build on the recent CNA and CHNA efforts. We invite you to participate in our data summit on Tuesday September 26, 2023, and our community data walks in various parts of the county in October/November, more details forthcoming.

Over the last year, KPHD has worked with KCR and Virginia Mason Franciscan Health (VMFH) to develop their CNA and CHNA respectively. This has involved gathering community input through focus groups, key informant interviews and a community survey as well as compiling over a hundred quantitative data indicators. Both organizations have developed a report for their specific process. VMFH will release their report and implementation plan later this year. KCR has published their report as well as a dashboard of results from the community survey, accessible [here](#). Today, you will hear results from the KCR community survey and focus groups and KCR Executive Director Tony Ives will share next steps his organization is planning based on key findings from the CNA.

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

Community Health Assessment Updates

Siri Kushner, Kari Hunter, and Ally Power, Kitsap Public Health District
Tony Ives, Executive Director, Kitsap Community Resources

June 6, 2023



KITSAP PUBLIC HEALTH DISTRICT

Topics we'll cover:

- KPHD Community Health Assessment and Improvement Process – Siri
- Methods for Assessment - Kari
- Results from KCR Assessment – Ally
- KCR Next Steps - Tony



KPHD Community Health Assessment updates

- Collaborative process to create a community health assessment (CHA) and improvement plan (CHIP) is best practice
 - every 5-year requirement for public health accreditation
- Last KPHD CHA/CHIP process was late 2019/early 2020
- In Kitsap, this has been called Kitsap Community Health Priorities (KCHP)

KPHD Community Health Assessment process

- Current timeline:



Community Assessment Methods

Inputs:

- Quantitative data
 - www.kitsappublichealth.org/data
- Qualitative data:
 - Focus Groups
 - Interviews
 - Community survey

Kitsap CHA Chapters:

- Demographics and Social Determinants of Health
- Environmental Health
- Access to health care
- Pregnancy and Births
- Health Related Behaviors and Violence
- Communicable Disease
- Chronic Disease
- Emotional Well-being
- Injuries, Hospitalizations and Deaths

Where possible, break down data to look at our community by sub-groups

Thank You!

We thank the many community members and organizations that supported and participated in the focus group discussions and community survey.

Kitsap Community Resources

Anthony Ives

Chelsea Amable-Zibolsky

Arber Metuku

Otto Matias

Monica Atkins

Patience Kropp

Irmgard Davis

Partnerships

- Amazon
- Bremerton Chamber of Commerce
- Coffee Oasis
- Islamic Center of Kitsap County
- Kitsap County Government
- Kitsap Economic Development Alliance
- Kitsap Immigration Assistance Center
- Kitsap Mental Health Services
- Kitsap Regional Library
- Kitsap Rescue Mission
- Marvin Williams Recreation Center
- NAACP Bremerton Unit 1134
- Olympic College
- Peninsula Community Health Services
- St. Vincent de Paul Bremerton

Survey Sponsors

- Bainbridge Island Community Foundation
- Bremerton Housing Authority
- Fishline Food Bank & Comprehensive Services
- Kitsap Community Foundation
- Kitsap Community Resources
- Kitsap Public Health District
- Kitsap Strong
- Molina Healthcare
- OESD #114
- Port Gamble S'Klallam Tribe
- Puget Sound Energy
- The Suquamish Tribe
- United Way of Kitsap County
- Washington State Department of Commerce

And the many businesses and individuals who helped with outreach and engagement!



Community Conversations

1. (10) community workshops with community members
2. (16) key informant interviews
3. Community survey
 - June-October 2022
 - More than 4,200 respondents
 - Good response rates by area of the county

Results from the KCR Community Survey & Focus Group Discussions

Ally Power, MPH
Epidemiologist
Assessment & Epidemiology Program



Who participated in the survey?

The survey was open from June through October 2022, **4,205** responses were included in the analysis.

Race and Ethnicity* (n = 4,205)		
	# of respondents	% of respondents
African American or Black	124	3%
Asian or Asian American	210	5%
Hispanic, Latino or Latinx	233	6%
Native American or American Indian	201	5%
Native Hawaiian or Pacific Islander	76	2%
White or Caucasian	3,405	81%
Middle Eastern or North African	35	1%
Prefer not to answer	371	9%
Multiracial	357	9%
Single Race or Ethnicity	3,477	91%

Age Group (n = 4,205)			Kitsap % of total
	# of respondents	% of respondents	
Younger than 18	9	0%	20%
18-24	153	4%	9%
25-34	565	13%	13%
35-44	711	17%	12%
45-54	561	13%	11%
55-64	760	18%	14%
65 or older	1,337	32%	21%
Prefer not to answer/Did not respond	109	3%	



Who participated in the focus groups?

In all, **ten focus group discussions** were held from October through December 2022 with the general community and specific community groups.

General
Community

African
American/Black
Community
Members

Community
Social Service
Agency
Providers

Mam-speaking
Community
Members

People
Experiencing
Homelessness

Spanish-
speaking
Community
Members

Tribal
Community
Members

What did we hear?

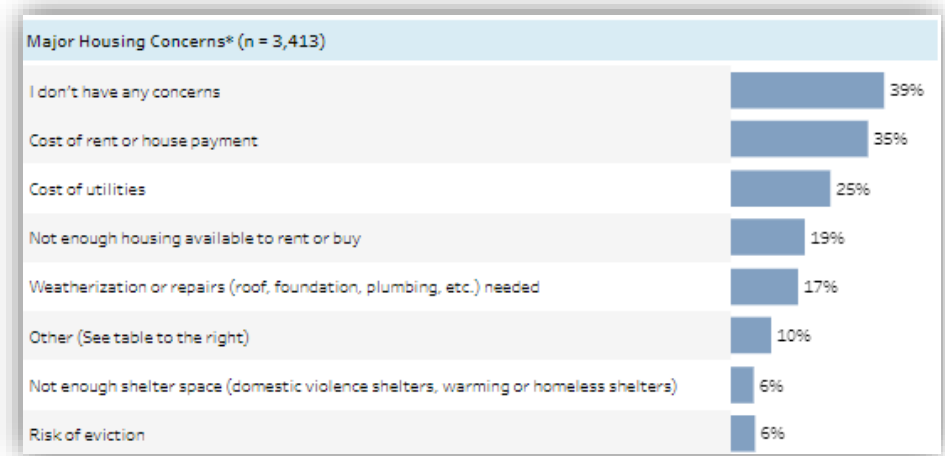
- 
- An illustration of six diverse people of various ages and ethnicities holding a large white sign. From left to right: an elderly woman with grey hair, a man in a plaid shirt, a woman in a blue hijab, a man in a yellow hoodie, a woman in a pink shirt with a rainbow flag, and a woman in a blue shirt and black skirt. The sign contains a list of three points.
- 1. Challenges meeting basic needs.**
 - 2. Disconnect between services and the people they serve.**
 - 3. Barriers to accessing healthcare.**

Source: Image by upklyak on Freepik

1. Challenges meeting basic needs

Cost was the primary barrier preventing survey respondents from meeting basic needs for housing, food, reliable transportation, and childcare. Of these basic needs, housing impacted the most participants with 35% (n=1,197) reporting cost of rent or house payment as a major housing concern (see figure on the right).

Participants in eight of ten focus groups discussed ongoing challenges to meeting basic needs for themselves and their families. Housing in particular was a major concern with participants discussing the **lack of affordable housing and shelters in Kitsap and the need for home repairs, including weatherization support and ramps for the elderly.**



“[We need] affordable housing, transportation, and better shelters, because I was in one and they banned me permanently, because I'm incontinent. So they banned me permanently. So I was sleeping outside.”

2. Disconnect between services and the people they serve

ELIGIBILITY CONCERNS

- **Being ineligible or not qualifying for help** was the primary barrier to getting needed help with basic needs among survey respondents (19%, n=658).
- When they needed services but had not used them, about one in six (16%, n=473) participants reported they had **exceeded the income guidelines to receive services they needed.**

COMMUNICATION CONCERNS

- Participants in all ten focus groups discussed a disconnect between services and the people they serve, referencing **difficulty navigating application processes, a lack of accountability, and fragmented service delivery.**
- Several participants discussed the **need for better integration and communication within and between community organizations.**

“I really think poor interagency communication and collaboration is just adding to such a significant burden to those that need, deserve, qualify, want, whatever, services in general.”

3. Barriers to accessing healthcare

Appointment wait times were reported as the primary barrier to accessing needed mental health counseling and needed medical care by survey respondents with more than two in five respondents (44%, n=476) reporting too long to wait for an appointment for medical care (see figure on the right).

Participants in nine of ten focus groups referenced several barriers to seeking and receiving healthcare, including **months-long wait times for primary and mental health care visits, fear of medical bills, and previous experiences with inadequate interpreter services.**



“...I can't find service here for my kids, I can't find doctors that will bring them in...my kids are on state, they're on Apple Care, and nobody takes it.”

What can we do?

These next steps were generated from focus group discussions, where community members shared potential solutions to address the health needs of our community:



Source: Image by pch.vector on Freepik

"[We need to make] sure that people understand what the available resources are and how to access them."

1. Develop a **directory of resources** for the community.
2. Improve **access to services** that provide basic needs.
3. Build and maintain **strong partnerships** with community, healthcare, and tribal organizations.

"We have to think about people that have the language barrier, that don't speak English...I understand there's deadlines and documents that need to be sent in and sent back, but are those hard deadlines and are they being accommodated for individuals that maybe have a disability or have a language barrier?"

"I really think it boils down to absolute lack of interagency connecting and networking and failure to address that...you're responsible to know that your clients rely on a multitude of agencies outside of the services you are giving them."

Tony Ives, Kitsap Community Resources





KITSAP PUBLIC
HEALTH DISTRICT



The Story

- Connect with the underserved population
- Information we can share within our community for all to benefit
- Not reinventing the wheel
- Access To Services
 - Healthcare
 - Housing



KITSAP COMMUNITY

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Community Needs Assessment

- Specific Needs to be addressed
- Franciscan Medical
- PSE
 - Energy Sustainability
 - Alternative energy solutions
- Kitsap Transit



KITSAP COMMUNITY
RESOURCES
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Kitsap County Affordable Housing Task Force

KitsapHousingTaskForce@gmail.com

- Government Advocacy & Funding
 - Funding Pipeline
 - KCR
- Housing Data
 - CNA
 - St. Vincent De Paul
- Housing Opportunities
 - Project development along high transit corridors
 - BHA
- Leverage Funding



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What's Next? Strategic Plan

- Improve access to services that provide basic human needs
- Build and maintain strong partnerships with community, healthcare, and tribal organizations.
- Develop a comprehensive directory of resources



KITSAP COMMUNITY
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Questions?

