

## KITSAP PUBLIC HEALTH BOARD

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

### MEETING AGENDA

July 11, 2023

10:15 a.m. to 11:45 a.m.

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

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

- 10:15 a.m. 1. Call to Order  
*Mayor Becky Erickson, Chair*
- 10:16 a.m. 2. Approval of June 6, 2023, Meeting Minutes  
*Mayor Becky Erickson, Chair* Page 5
- 10:17 a.m. 3. Approval of Consent Items and Contract Updates  
*Mayor Becky Erickson, Chair* [External Document](#)
- 10:19 a.m. 4. Public Comment – **Please See Notes at End of Agenda for Remote Attendees**  
*Mayor Becky Erickson, Chair*
- 10:29 a.m. 5. Health Officer Report  
*Dr. Gib Morrow, Health Officer*

### DISCUSSION ITEMS

- 10:33 a.m. 6. COVID-19 After-Action Report Page 15  
*Gabrielle Hadly, Public Health Emergency Preparedness &  
Response Program Manager*  
*Pattijean Hooper, Deputy Project Manager of Tetra Tech Inc.*
- 10:48 a.m. 7. Kitsap County Healthcare Assessment Update Page 28  
*Dr. Gib Morrow, Health Officer*

- 11:20 a.m. 8. Resolution Declaring High Costs and Insufficient Access Of Healthcare Services in Kitsap County are a Public Health Crisis *Page 35*  
*Mayor Greg Wheeler, Policy Committee*  
*Member Dr. Michael Watson, Policy Committee*
- 11:30 a.m. 9. Executive Session Pursuant to RCW 42.30.110 (1)(g) to Evaluate The Qualifications of an Applicant for Public Employment or to Review the Performance of a Public Employee **Note: The Board will not reconvene following conclusion of the executive session.**
- 11:45 a.m. 10. Adjourn

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

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

### Health Board Meetings Via Zoom

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

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

### How to Join the Zoom Meeting on Zoom

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

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

**Password:** 109118

**Or join by telephone:**

Dial: +1 (253) 215-8782

**Webinar ID:** 861 8605 2497

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

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

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

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

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

**Regular Mail:**

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

**Email:**

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

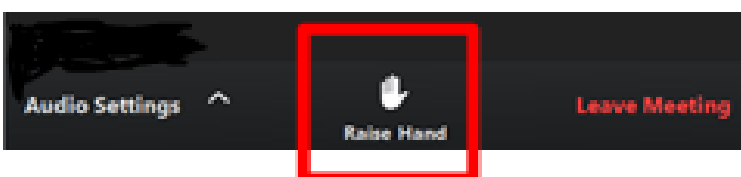
All written comments submitted will be forwarded to board members and posted on the Health Board’s meeting materials webpage at <https://kitsappublichealth.org/about/board-meetings.php>.

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Below are recommendations for use by members of the public attending/participating in meetings 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 hybrid 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  
June 6, 2023**

The meeting was called to order by Board Chair Mayor Becky Erickson at 10:30 a.m.

Chair Erickson asked each Kitsap Public Health Board member who was present to give a brief introduction. introduce themselves. Chair Erickson introduced herself first, followed by Mayor Greg Wheeler, Member Tara Kirk Sell, Mayor Rob Putaansuu, Commissioner Charlotte Garrido, Member Michael Watson, and Member Jolene Sullivan. Councilperson Kirsten Hytopoulos, Member Drayton Jackson, and Member Stephen Kutz were also present virtually on Zoom.

**APPROVAL OF MINUTES**

Mayor Putaansuu moved and Mayor Wheeler seconded the motion to approve the minutes for the May 2, 2023, regular meeting. The motion was approved unanimously.

**CONSENT AGENDA**

The June consent agenda included the following contracts:

- 1890 Amendment 1, *Kitsap Board of Health, Employment Agreement*
- 2203 Amendment 12, *WA State Department of Health, Consolidated Contract*
- 2262 Amendment 2, *Jefferson County Public Health, Youth Cannabis & Commercial Tobacco Prevention Program (YCCTPP)*
- 2263 Amendment 12, *Kitsap County, Youth Cannabis & Commercial Tobacco Prevention Program (YCCTPP)*
- 2330, *Office of Superintendent of Public Instruction, Summer Food Inspections*
- 2340, *Kitsap County, Nurse Family Partnership*
- 2346, *Hood Canal Coordinating Counsel, Hood Canal Regional PIC*

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

**PUBLIC COMMENT**

There were no public comments.

**HEALTH OFFICER/ADMINISTRATOR'S REPORT**

Health Officer Update:

Dr. Gib Morrow, Health Officer at the Kitsap Public Health District, began his report by explaining on May 31, 2023, the Washington State Department of Health (DOH) published its

COVID-19 annual report for 2020. Dr. Morrow said DOH's key findings showed population-based rates for cases, hospitalizations, and deaths were higher in eastern Washington than in western Washington, particularly in the southeastern and central parts of the state. Another key finding showed Kitsap was among the counties with the lowest case and hospitalization rates statewide, and Washington was among the top five to 10 states for all measures. The results of the COVID-19 annual report indicate that Kitsap effectively followed public health containment and mitigation measures and protected community members successfully.

Last week, DOH also presented their work on evaluating excess mortality rates, which is the overall number of deaths seen compared to expected mortality rates using historical data. The data was evaluated over time, throughout the pandemic, and in association with community vaccination uptake by geographic area, sex, race, and ethnicity, and deaths associated with the heat dome that occurred from June to July of 2021. Key findings from this data analysis showed that death rates in 2020 were 5% above expected, with about 3,000 excess deaths. Because COVID-19 was responsible for around 3,700 deaths, the excess mortality from COVID-19 was partially offset by declines in other deaths. In 2021, the state saw 7,400 excess deaths which is 12% above expected. Of those deaths, COVID-19 accounted for 6,300 deaths, indicating that COVID-19 did not fully account for all the excess deaths seen in 2021. During the heat dome that occurred in June to July of 2021, there were 1,200 excess deaths with only 157 deaths directly attributable to heat impacts. Dr. Morrow explained that because the data was based on death certificates, additional deaths may have been attributable to the heat, but this was not noted on the death certificate. Prior to the COVID-19 vaccines being available, the geographic areas with the highest community vaccination uptake rates had lower increases in excess deaths than areas with lower vaccination uptake in 2020. This may indicate better adherence to other interventions, such as physical isolation and masking. In 2021, those areas with more vaccinated communities saw a 6% increase with 478 excess deaths compared to a 21% increase with 2,400 excess deaths in the least vaccinated parts of Washington. Lastly, Excess death rates were higher in men than in women, and in Hispanic, Black, and American Indian populations.

Next, Dr. Morrow explained that the National Weather Service updated its forecast to favor warm and dry conditions, which would lead to above-normal fire activity starting in July. In response to this forecast, the Health District is expecting and preparing for an extended fire season. Being smoke-ready means that communities and individuals have the knowledge and ability to stay safe and healthy during smoke episodes, they know what is in smoke, the health risks associated with exposure to smoke, how to access forecast and air quality conditions, and how to reduce exposures to smoke. The website for Washington Smoke Information, located at [wasmoke.blogspot.com](http://wasmoke.blogspot.com), is a resource toolkit that provides information for Washington communities affected by wildfire smoke.

Dr. Morrow then provided an update on mpox. He noted that the CDC issued an advisory last month about a recent cluster of cases in Chicago, though Washington State is continuing to see a handful of cases each month, most of them located in Seattle-King County. Mpox vaccines are available, the restrictions have been loosened, and the Health District continues to offer JYNNEOS mpox vaccines every Wednesday.

Next, Dr. Morrow said the Health District sent out communications last week explaining that three Kitsap residents have been associated with a multi-state salmonella outbreak connected to backyard poultry flocks. Kitsap residents should wash their hands after encountering chicken and other poultry to avoid salmonella infections, which can cause significant gastrointestinal illness and hospitalization.

Dr. Morrow then continued his report by thanking the Health District's tuberculosis (TB) team for their excellent work over the past two years. Over one year ago, Kitsap saw a significant spike in TB activity that led to the activation of an Incident Command System response to manage the higher volume and complexity of identified cases. To date, all active TB cases in Kitsap have been successfully treated and based on the National TB Indicators Snapshot for 2022, the Health District outperformed the state overall on 10 of 12 indicators. This data is evidence that the Health District's Communicable Disease team is effectively containing and managing this challenging disease.

Next, Dr. Morrow invited Board members to a forum on Maternal and Infant Health that is being convened and hosted by the Health District on July 20, 2023, from 12:00 – 3:00 p.m. The forum will have a panel of speakers from DOH, St. Michael Medical Center, tribal clinics, the Health District, Kitsap Mental Health Services, and a local obstetrician. The panel and attendees will be discussing the recent Maternal Mortality Report published by DOH; reviewing the local community health assessments; and discussing findings, challenges, and solutions to issues related to this key developmental period, which is so crucial to long-term health outcomes. Dr. Morrow said a save-the-date for this event will be sent out in the near future and that he hopes Board members will be able to attend.

To conclude the Health Officer report, Dr. Morrow noted that at the July Board meeting, the results of the COVID-19 After-Action Report will be shared, and the Johns Hopkins University consultants will provide an update on the progress of the Kitsap healthcare access study.

When Board members were given the opportunity to ask questions, Member Kutz asked what the other causes of premature death were, aside from heat impacts and COVID-19. Dr. Morrow replied by saying accidents in childhood, trauma, suicide, and opiates were other significant causes of premature death; mental health issues and substance abuse are continuing to trend upward. He went on to say there are several things that factor into the analysis of excess mortality rates, particularly during a pandemic, so these are difficult epidemiological studies to perform. Additionally, there are oftentimes competing causes of death when documenting death certificates, which contributes to the complex analysis of excess death rates. Member Kutz explained that the reason he asked that question is to determine if fentanyl was a significant cause of excess death.

Mayor Wheeler thanked Dr. Morrow for his report. He said he had been informed there is a new compound being added to fentanyl and asked if that has risen to the level of a public health crisis. Dr. Morrow noted there are various compounds that vary in potency and are all unregulated because they are developed in labs. There is another drug being added to fentanyl

called xylazine, also known as “tranq,” which is used as a horse tranquilizer. The combination results in users falling asleep while standing up and can lead to skin damage, but its effects are not easily reversed by naloxone. Dr. Morrow said he is unsure of how widely this drug is being used in Kitsap, though that can be determined by coordinating with law enforcement and emergency medical services. Chair Erickson said law enforcement has been briefing the mayors on this new fentanyl compound and noted that the main concern is the inability of naloxone to reverse its effects.

There was no further comment.

Administrator update:

Keith Grellner, Administrator at the Kitsap Public Health District, began his report by notifying the Board of audio issues occurring on the Zoom feed. The BKAT link to the recording will be posted on our website instead of the standard Zoom link.

Next, Mr. Grellner stated that the Board’s Personnel Committee held a meeting in May to discuss the recruitment of a new Health District Administrator. Member Sullivan outlined the result of the Personnel Committee’s discussion. The committee is recommended that Mr. Grellner’s contract be extended to December 31, 2023, set the salary range at \$10,000 to \$14,000 per month, and asked that Chair Erickson be provided with the latitude to negotiate a starting salary and contract details with the selected applicant. Additionally, the committee recommended June 7, 2023, as the start date for open recruitment and that it remains open until the position is filled. Interviews would be conducted in mid-September 2023 and the final applicant would begin in November 2023. Mr. Grellner noted that this would not require formal Board action, but he would like to address any concerns the Board might have with the recruitment plan recommended by the Personnel Committee. Member Kirk Sell asked what recruitment mechanisms are planned to ensure the recruitment reaches a wide variety of candidates. Mr. Grellner said the employment market is currently very fluid, so the Health District’s Human Resources program has had to alter the way recruitments are distributed. Mr. Grellner said Karen Holt, Human Resources Program Manager at the Health District, has a list of local, state, and national resources she utilizes to distribute recruitments in an effort to reach qualified applicants. Additionally, leadership will be networking at upcoming statewide conferences to encourage qualified applicants to apply. Chair Erickson noted there is a timeline and salary information in the Board packet and asked Board members to contact her, Mr. Grellner, or Dr. Morrow with any questions or ideas regarding this process. Mr. Grellner added that the recruitment process for an Administrator will be the same as that used for Health Officers Dr. Morrow and Dr. Turner. Member Jackson encouraged the Health District to expand their recruitment research to include a focus on people of color, particularly Kitsap’s native community. He said he hopes the recruitment will be looked at through an equity lens and it would be ideal if one to three candidates were people of color. Mr. Grellner said the Health District is working with the Equity program and the Kitsap Health Equity Collaborative (KHEC) to expand outreach during the recruitment process. Jessica Guidry, Equity Program Manager, has reviewed the recruitment materials and her feedback was incorporated into the materials.



There was no further comment.

## **UPDATE OF WORK IMPLEMENTING RESOLUTION 2021-01, DECLARING RACISM A PUBLIC HEALTH CRISIS**

Siri Kushner, Division Director of Public Health Infrastructure, began the update on Resolution 2021-01 by noting Ms. Guidry created the presentation but was unable to attend the Board meeting. Ms. Kushner introduced Equity Program employee Maria Fergus, who was present in the audience, and then briefly explained the history of the resolution. The COVID-19 pandemic revealed and widened longstanding health inequities that resulted in calls for action on racism and equity. Health District employees then drafted a resolution with input from the community and brought it to the Board. In May 2021, the Board approved the resolution to declare racism a public health crisis. Ms. Kushner displayed a slide to illustrate the timeline of the resolution's development.

Next, Ms. Kushner explained that Resolution 2021-01 acknowledges inequities and includes data and commitments that fit into five categories: Policies, Procedures, Programs; Workforce Development; Health District Infrastructure; Community Partnerships; and Public Health Board. She then highlighted updates related to each category of commitments:

- Policies, Procedures, and Programs
  - Equity review of Public Health Accreditation Board (PHAB) documents.
  - Seven internal policies reviewed with an “equity lens.”
  - Technical assistance was provided to programs in all divisions.
  - Drafting an internal policy equity review form that will be finalized by December 2023.
  - Started researching policy review processes for outward facing policies.
- Workforce Development
  - Launched first employee training and successfully trained over 90% of Health District employees.
  - Conducted three presentations on bias at all hands meetings.
  - Revising the equity training plan.
  - Hired a Community Engagement Specialist for the Equity Program.
  - Provided input and supported recruitment of select positions.
  - Added employee demographics to the Health District website and updates the data biannually.
- Health District Infrastructure
  - The Equity Program has two full-time positions.
  - Currently working on proposal for Internal Equity Committee that will launch in 2024.
  - Conducted a multi-phase equity organizational assessment in 2022.
  - Incorporated equity into the strategic planning process.
- Community Partnerships
  - Working with other Health District programs to have information tables at community events.
  - Building relationships with community leaders and organizations.

- Participating in community initiatives, coalitions, and meetings.
- Convening the Kitsap Health Equity Collaborative.
- Public Health Board
  - Supported recruitment of non-elected Board members.
  - Provided three updates to the Board since the Equity Program has started.

Lastly, Ms. Kushner then explained that in the next 12 months, the Health District plans to complete internal and external policy equity assessment forms and processes, conduct two employee trainings, launch the Health District's internal Equity Committee, work with Collaborative on addressing systemic inequities, and continue to build relationships and listen to the community. She noted that as of May 11, 2023, 262 city, county, and state declarations have been listed, with 11 of those being in Washington State.

When given the opportunity to ask questions, Member Watson asked if the Health District plans to provide equity education or presentations to community organizations. Ms. Kushner said that the Equity Program has been participating in informal networking with similar programs throughout Kitsap to brainstorm and share best practices. Additionally, Ms. Guidry would like to explore strategies to expand equity outreach to governmental partners to engage with other counties and jurisdictions.

Member Jackson commented that the Health District has been doing great work under Resolution 2021-01, though he would like the agency to provide tools and education to community organizations or individuals who have witnessed or experienced racism and who have trauma as a result. He used counseling or group therapy as examples of tools that would help heal the trauma resulting from racism. Ms. Kushner said KHEC could support the work of community organizations offering those tools, and the Health District is looking at this work from a public health lens, which includes policy, systems and environmental change perspectives, to make changes. She reiterated that KHEC would be a more suitable space to provide direct support to organizations and programs who are doing this type of work. Member Jackson added that he hopes the Health District and the Board understand there must be resources behind this work and urged them to look at what programs are being offered nationally and across other states and counties.

Commissioner Garrido shared her appreciation for the equity work, adding that because Board members regularly do community outreach, it would be welcome to have public conversations about this work to get community input.

Chair Erickson asked who the accreditation is through and how the process works. Ms. Kushner explained that the accreditation is for the Health District as an agency, rather than for the Equity Program in particular. The accreditation is through a national accreditation body called the Public Health Accreditation Board. Ms. Kushner said equity review was one part of how the Health District was determining the type of documentation that should be submitted for the accreditation process. She added that the Health District initially became accredited through the same process in 2015 and that the Board approved the agency's effort to become re-accredited in 2019. Chair Erickson thanked Ms. Kushner for the information and asked if the Board will be

reviewing the PHAB documentation being submitted in September. Ms. Kushner said Mr. Grellner would share the packaged documentation for the Board's review if requested.

There was no further comment.

## **COMMUNITY ASSESSMENTS UPDATE**

Ms. Kushner began the update on community assessments by introducing the other team members: Kari Hunter, Assessment and Epidemiology Program Manager at the Health District; Ally Power, an epidemiologist at the Health District; and Tony Ives, Executive Director of Kitsap Community Resources (KCR). She then explained that a collaborative process was used to create a community health assessment (CHA) and community health improvement plan (CHIP). The last CHA/CHIP process, also referred to as Kitsap Community Health Priorities (KCHP) was between 2019 and 2020. The current timeline for the next CHA/CHIP was displayed, showing the work would be completed between 2023 and 2024, then the Health District would work on addressing the top two priorities from 2024 to 2027.

Next, Ms. Hunter explained the data component of the community assessment. She noted that a large piece of the community assessment involves quantitative data, or the data metrics. Currently, the Assessment and Epidemiology Program has over 100 data reports and fact sheets covering various categories on the Health District's website, all of which are being used in the CHA. Ms. Hunter said quantitative data tells only one part of a community's story and qualitative data, through focus groups and interviews, tells the other part of the story. To collect this data, the Health District partnered with KCR and held 10 community workshops, 16 key informant interviews, and distributed a community survey that resulted in 4,200 responses. Ms. Hunter thanked all the community members and organizations that supported and participated in the focus groups and the community survey.

The presentation was continued by Ms. Power, who provided a high-level overview of the KCR community survey and focus group discussions. Ms. Power summarized the demographics of the survey respondents and the various focus group discussions held with the general community and specific community groups. She emphasized the importance of these focus groups to gain rich, in-depth understanding of the community's needs. The key themes that resulted from the survey and discussions showed that the community is experiencing challenges meeting basic needs (primarily due to costs, particularly for housing), disconnect between services and the people they serve (primarily due to eligibility and communication concerns), and barriers to accessing healthcare (primarily due to months-long appointment wait times, fear of medical bills, and previous experiences with inadequate interpreter services). Ms. Power went on to share potential solutions, generated by focus group discussions, to these issues. Community members said a directory of resources could be developed for the community, access to services that provide basic needs could be improved, and strong community partnerships could be built and maintained.

Next, Mr. Ives explained the story behind the development of the community assessment. He noted the goal was to connect with the underserved population to gather information that can be

shared with the whole community for all to benefit. In developing the assessment, he said they wanted to get information from a very large number of community members using data collection methods they know are effective. Mr. Ives explained that once the data was being analyzed, it became clear that housing was a need for several respondents and KCR created the Kitsap County Affordable Housing Task Force made up of several partners. KCR is also utilizing the needs assessment data to inform their strategic planning process to address the key themes that became apparent. Mr. Ives concluded the presentation by thanking the Health District's Assessment and Epidemiology team and the many partners that supported the needs assessment.

When given the opportunity to ask questions, Member Kirk Sell asked how KCR and the Health District plan to keep up the momentum of the survey. Mr. Ives said there are currently several organizations who are using this needs assessment as the starting point for their own assessments.

Mayor Putaansuu said Mr. Ives was a breath of fresh air for KCR's organization and asked that he keep up the good work.

Member Kutz asked if additional analyses of Kitsap's provider base, such as the healthcare access assessment being conducted by Johns Hopkins University, is going to be added into the community assessment. Ms. Power responded by saying the community assessment has been shared with the Johns Hopkins team and there will be a healthcare access chapter in the CHA. Member Kutz congratulated the Health District and KCR on doing a great job with the community assessment.

Member Jackson noted this is a great opportunity to align legislative priorities with the needs of the community. He added that this conversation should be started now to ensure priorities address the needs indicated by the assessment.

Chair Erickson asked how the data was collected and what type of outreach was done. Ms. Hunter said the numerous partners helped with this by organizing and hosting community listening sessions. She said there were also some sessions held via Zoom. Mr. Ives added that they aimed to use the same process as the US Census, going to churches, Grocery Outlet stores, postings on the city and county websites, and other areas in the community that would make outreach most effective. Mayor Erickson asked if they did outreach in locations other than those listed on the community needs assessment report and presentation, to which Mr. Ives responded there were many other locations they went to.

There was no further comment.

## **ADJOURN**

Prior to adjourning, Mayor Wheeler said he appreciates all the work and effort that went into collecting the community assessment data and to expand the network of partners in the community. He referenced the feedback from the assessment asking for improved inter-agency

communication and said it is also important to, as separate agencies, expand and improve the network of partners. In interviewing the organizations providing services directly to clients experiencing homelessness and substance use issues, it has become apparent that people who have completed detox or recovery programs are struggling with finding a place to go after program completion. He noted that oftentimes these individuals have been out of the system for years and are unable to get back into the system easily, so this will be a key component while working with community members and legislators. Member Kutz said he has read Senator Murray met with leaders at the Naval base to discuss healthcare issues and asked if local elected officials received feedback on this meeting. Chair Erickson said they are unaware of this and will be asking the senator about it. She added that, earlier in the meeting, she had asked how the data for the community needs assessment was gathered because the presentation did not reference any city governments as partners.

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

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

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**Keith Grellner**  
**Administrator**

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

**Board Members Absent:** *None.*

**Community Members Present:** *None.*

**Staff Present:** Angie Berger, *Management Analyst, Administrative Services*; Margo Chang, *Administrative Assistant, Administrative Services*; Jessica Chen, *Epidemiologist 1, Assessment and Epidemiology*; Maria Fergus, *Community Engagement Specialist, Equity*; Keith Grellner, *Administrator, Administration*; Adrienne Hampton, *Policy Planning, and Innovation Analyst, Administration*; Kari Hunter, *Program Manager, Assessment and Epidemiology*; John Kiess, *Division Director, Environmental Health Division*; Siri Kushner, *Division Director, Public Health Infrastructure Division*; Martitha May, *Bilingual Community Health Worker, Parent Child Health*; Dr. Gib Morrow, *Health Officer, Administration*; Ally Power, *Epidemiologist 1, Assessment and Epidemiology*; Jenny Weaver, *Student.*

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

**Kitsap Public Health Board Meeting (Virtual Attendance)**

<b>Webinar ID</b>	<b>Actual Start Time</b>	<b>Attendee Count</b>
861 8605 2497	6/6/2023 10:30	23

<b>NAME</b>	<b>NAME</b>	<b>JOINED BY PHONE</b>
Amy Anderson	Michelle McMillan	None
Dana Bierman	Carin Onarheim	
Susan Brooks-Young	Kayla Petersen	
Maria Fergus	Suzanne Plemmons	
April Fisk	Kelsey Stedman	
Gabby Hadly	Diana Sullivan	
Grant Holdcroft	Amanda Tjemsland	
Wendy Inouye	Laura Westervelt	
Thomas Jury	Erica Whares	
Sarah Kinnear	Nancy RN Consultant & Nurse CM	
Melissa Laird	KPHD CD Zoom	
Gary Lidstrom		

# MEMO

**To:** Kitsap Public Health Board  
**From:** Gabrielle Hadly, Public Health Emergency Preparedness and Response Program Manager  
Pattijean Hooper, Deputy Project Manager, Tetra Tech Inc.  
**Date:** July 11, 2023  
**Re:** COVID-19 After-Action Report Project

**Action Requested:** None

We are excited to provide a summary of the findings from the Kitsap Public Health District (KPHD) COVID-19 After-Action Review (AAR) Project. Today, we will share a high-level overview of the findings from this project, including some of the strengths and areas for improvement identified in the report. The presenters will be myself and Tetra Tech Deputy Project Manager, Pattijean Hooper.

Over the last 7-months, KPHD and Tetra Tech have worked together to examine how KPHD and Emergency Support Function-8 (ESF-8) partners responded to the COVID-19 Pandemic. This project involved gathering input through interviews, surveys, and document reviews. The key themes identified in the report are:

- Collaboration: Partners adapted quickly to create new relationships with each other, however, the lack of pre-existing relationships prior to the pandemic was a limitation.
- Incident Response Roles: There was a lack of clarity around roles and responsibilities within the incident response structure.
- Deferred Maintenance: Chronic underfunding of the public health system had many impacts on the pandemic response including on data, staffing, and preparedness.

This report outlines an improvement plan that KPHD will work with Kitsap County ESF-8 partners to complete over the next few years. KPHD will release the full report later this month.

Contact me with any questions, [gabrielle.hadly@kitsappublichealth.org](mailto:gabrielle.hadly@kitsappublichealth.org) or 360-328-4909.



TETRA TECH

# COVID-19 After-Action Report Project

Board of Health Presentation

11 July 2023



KITSAP PUBLIC  
HEALTH DISTRICT



# Introductions

- **Gabrielle Hadly, MPH**

- Program Manager, Public Health Emergency Preparedness & Response Kitsap Public Health District

- **Michelle McMillan, MPH**

- Program Coordinator, Immunization and General Communicable Disease Kitsap Public Health District

- **Sara van der Capellen, MPH, MBCP, MEP**

- Project Manager. Tetra Tech Inc.

- **Pattijeau Hooper, Ph.D., CEM**

- Deputy Project Manager, Tetra Tech Inc.



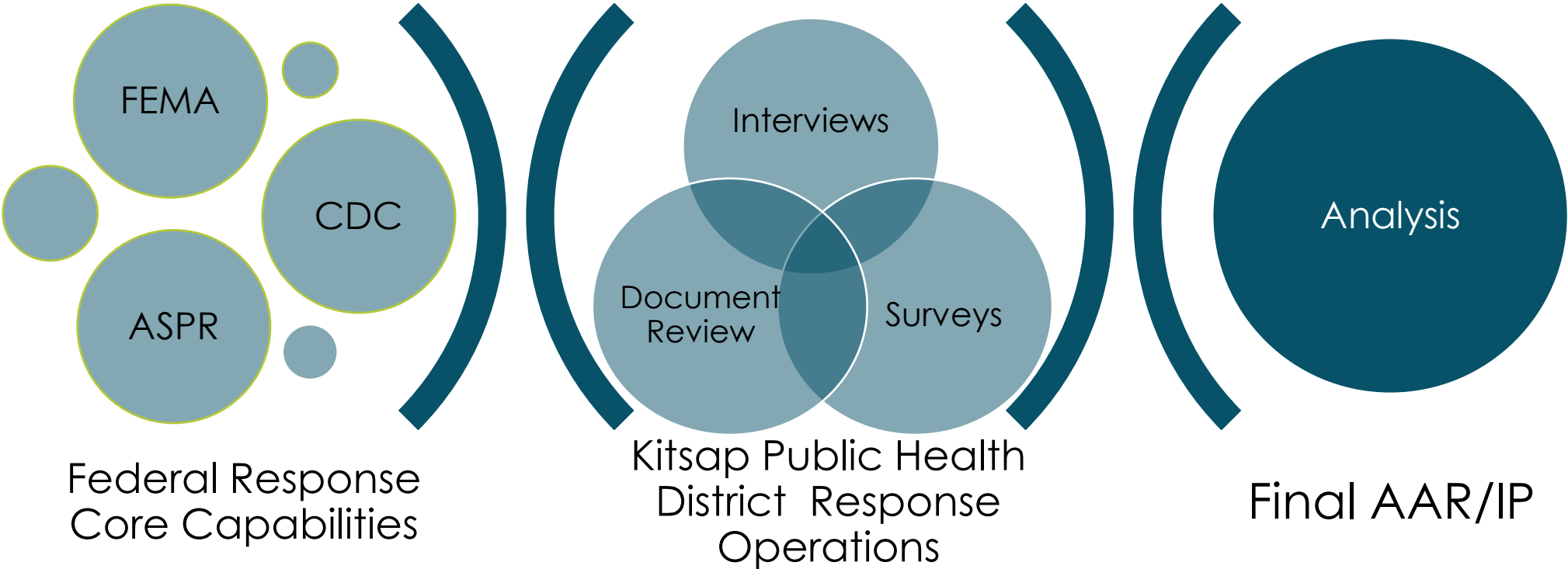
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# Process



# Methodology



# Themes

- Collaboration
  - Adapted quickly to the need for relationships with response partners
  - Limited pre-existing relationships
- Incident Response Roles
  - Lack of clarity among partnerships
  - Private sector and public sector
- Deferred Maintenance
  - Chronic underfunding impacts multiple systems
  - Data, staffing, training, exercises



# Major Strengths

- Staff demonstrated dedication and professionalism to serve the whole community during the rapidly changing and sustained incident.
- Kitsap community volunteers displayed dedication to serving the community throughout the incident.



# Major Strengths

- Through successfully leveraging community partnership, KPHD established the Vaccine Equity Collaborative. This group informed emergency-related communications and supported equitable vaccine
- KPHD identified and implemented resources to address the stress and mental health needs of responders as a routine element of the operation.



# Primary Areas for Improvement

- The lack of an agreed-upon method for information sharing impacted responding agencies' ability to coordinate at the onset of operations. This affected coordination efforts among Fire, EMS, KPHD, and Kitsap County Department of Emergency Management (KCDEM).
- The roles and responsibilities for Emergency Support Function 8 (ESF-8) within the county response structure were unclear and should be reviewed in partnership with KCDEM to improve future responses.
- Training and exercises in multiple modalities are needed on a routine basis for all KPHD staff, those with primary positions in response operations, and just in time training to adapt to novel incidents.



# Primary Areas for Improvement

- Response operations were dependent on federal funding indicating lack of sustained County support.
- Deferred maintenance to planning, training, exercise, and volunteer engagement programs impacted response operations.
- Data infrastructure systems do not reflect modern expectations of production and interoperability with stakeholders to best serve the public.
- KPHD struggled to implement local guidance and update policies based on ever-changing State and Federal Guidance.





# Improvement Plan



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# Improvement Plan

- Identified in the Report
  - 47 elements
    - 32 strengths
    - 15 areas for improvement
  - 64 recommendations
    - Addressed according to resources and capabilities of the KPHD
- Improvements currently underway
- ESF-8 Task Force
  - Prioritizing relationship building for operational effectiveness
- Volunteer Specialists
  - To address operational readiness and relationship support with KDEM



# Questions?



Thank you



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# Kitsap County Healthcare System Needs Assessment and Recommendations

KPHD Board Meeting: July 11, 2023



**JOHNS HOPKINS**  
BLOOMBERG SCHOOL  
*of PUBLIC HEALTH*

**Center for  
Health Security**

# Johns Hopkins University Research Team

## Research Team



Tener Veenema, PhD,  
MPH, MS, RN, FAAN  
Senior Scholar



Diane Meyer, RN, MPH  
Associate Scholar



Sanjana Ravi, PhD  
Senior Scholar



Erin Fink, MS  
Analyst

## Support Staff

Hannah Ottman-Feeney  
Senior Program Coordinator

# Project Overview

- COVID-19 has exposed weaknesses within local healthcare system infrastructure
  - Lack of workforce capacity, closures of health facilities, inequities in access to care
- These challenges are not unique to any one county, but systematic and tailored assessments are critical to understanding where failures are occurring and how to address gaps

# Project Overview

- We proposed conducting a comprehensive assessment and evaluation of Kitsap County's healthcare system and workforce
  - Where are the strengths and weaknesses? How has the COVID-19 pandemic exacerbated weaknesses?
  - What communities are experiencing inequities in access to care?
  - What programs or policies are needed to help address weaknesses within the health system? How should these be prioritized?
- Assessment and evaluation builds on previous work conducted by the Kitsap Public Health District (KPHD)
  - 2023 St. Michael Medical Center Community Health Needs Assessment
  - KPHD After Action Review
  - Health indicators collected by KPHD
- Project length: 9 months (April to December 2023)

# Study Methods

- Historical analysis of the Kitsap County health system
  - Explore social, economic, and political factors shaping the provision, administration, accessibility, and quality of health services available
- Policy analysis
  - Review of relevant laws, policies, norms, and industry standards governing the administration of health services
- Key informant interviews
  - Conduct a series of qualitative, semi-structured interviews to gain insight into the culture and institutional dynamics of the health system; identify strengths/weaknesses and opportunities for improvement
- Focus groups
  - Meet with members of the community to gather their opinions about the health system and areas for improvement



# Delphi Study

- Overview of Delphi Study
- Step 1: Thematic coding of key informant interview and focus group transcripts; integration with data acquired through policy and historical analysis
- Step 2: Generate a comprehensive list of healthcare challenges and interventions
- Step 3: Recruitment of participants (approx. 25) to participate in Delphi study
  - Round 1: Open-ended questions about needed healthcare policy changes and reforms
  - Round 2: Likert-style questions asking participants to rate the feasibility of the most salient policy changes and reforms
  - Round 3: Re-rating of suggested policy changes and reforms for which there was little or no consensus in round 2
  - Final in-person working group meeting to discuss results and formulate implementation plan

# Study Deliverables

- Final report of data collected during study, including:
  - Summary of key themes identified in the historical and policy analyses
  - Detailed report of themes highlighted by the interviewees and focus group members, along with poignant quotes
  - Detailed report of the findings from the Delphi study
  - Detailed list of recommendations for how to increase access to, and quality of, healthcare services in Kitsap County

# MEMO

**To:** Kitsap Public Health Board  
**From:** Mayor Greg Wheeler and Dr. Michael Watson  
**Date:** July 11, 2023  
**Re:** Informational Briefing on Draft Resolution 2023-04

The purpose of this briefing is to present the draft Resolution, 2023-04, Declaring High Cost and Insufficient Access of Healthcare Services in Kitsap County a Public Health Crisis.

Attached, please find a draft of this resolution for your review and comment.

An initial draft of the resolution was shared and discussed with the Kitsap Public Health Board (KPHB) Policy Committee on June 23, 2023, which elected to advance this Draft Resolution to the Health Board for discussion and public comment.

During today's meeting, KPHB Board members Mayor Greg Wheeler and Dr. Michael Watson will co-present the draft resolution to the full Board and lead discussion concerning this draft resolution.

## **Background:**

Nearly all counties in Washington state are designated geographic Health Professional Shortage Areas (HPSAs) by the Health Resources and Services Administration (HRSA), including Kitsap County.<sup>1</sup>

The 2023 Kitsap Community Resources (KCR) Needs Assessment confirmed that cost and access to needed healthcare services are significant issues in Kitsap, with community members from nine of ten focus groups reporting barriers to accessing healthcare and identifying access to healthcare as ongoing challenges for the community. In addition, more than half (58%, 1916 participants) of survey respondents were very (17%) or somewhat (41%) worried about paying medical bills. The report also described community concern with the strain on, and capacity of, the emergency department.<sup>2</sup> The Health Board has also received testimony from local

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<sup>1</sup> [HPSA Find \(hrsa.gov\)](https://www.hrsa.gov/hpsa/)

<sup>2</sup> [2022-Kitsap-Community-Needs-Assessment\\_FINAL.pdf \(kcr.org\)](https://www.kcr.org/2022-Kitsap-Community-Needs-Assessment_FINAL.pdf)

healthcare professionals that maternity obstetrical care delivery systems are severely strained and at crisis levels.

The 2022 Kaiser Family Foundation (KFF) Health Care Debt survey found that four in ten adults nationally have some form of health care debt. The likelihood of having health care debt is not evenly distributed and disproportionately impacts Black, Indigenous, People of Color and communities of limited economic means. Kitsap Public Health District data shows that in 2020-2021, 6.5% of adults in Kitsap County reported delaying medical care due to cost.<sup>34</sup>

Kitsap Public Health District and the Kitsap Public Health Board have contracted for a comprehensive healthcare systems assessment to identify local, regional, and national solutions to improving healthcare cost and access issues facing our community. Kitsap Public Health District and the Health Board remain committed to eroding barriers and championing the availability, affordability, and accessibility of healthcare in Kitsap County.

**Discussion:**

This Draft Resolution will be discussed by the Health Board and is open for public comment.

If you have questions or comments, please contact Dr. Morrow at:

[gib.morrow@kitsappublichealth.org](mailto:gib.morrow@kitsappublichealth.org), or (360) 728-2260

Attachment: *See document draft Resolution 2023-04*

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<sup>3</sup> [Health Care Debt In The U.S.: The Broad Consequences Of Medical And Dental Bills – Main Findings – 9957 | KFF](#)

<sup>4</sup> [UnmetHealthcareNeedsDueToCost | Tableau Public](#)

## **Resolution Declaring High Costs and Insufficient Access of Healthcare Services in Kitsap County are Public Health Crises**

**WHEREAS**, the mission statement of the Kitsap Public Health District is to prevent disease and protect and promote the health of all people in Kitsap County; and

**WHEREAS**, all Kitsap residents should have equitable access to affordable and quality healthcare services; and

**WHEREAS**, many Kitsap residents encounter barriers to receiving needed and culturally competent healthcare services. These barriers include, but are not limited to, high and unpredictable costs, inadequate or unavailable insurance coverage, insufficient supply of local providers in multiple specialties, inconsistent access to interpreters or accommodations, and fear of discrimination; and

**WHEREAS**, the complexity of cost and reimbursement structures in our healthcare delivery system harms healthcare worker morale and recruitment at all levels, further depleting a stressed and insufficient workforce; and

**WHEREAS**, these increased costs, strained and diminished workforce, and inaccessible services in Kitsap constitute significant barriers to people receiving necessary care; and

**WHEREAS**, Kitsap Public Health District tracks and publishes data showing the County is underserved relative to the State and Nation in the number of hospital and emergency department beds, urgent care centers, and providers working in primary care, obstetrical and maternal care, mental health services, and additional service lines; and

**WHEREAS**, the inadequacy and inaccessibility of these needed services have been compounded by the closure of the St. Michael Medical Center Emergency Department in Bremerton in 2021 and the subsequent closure of Naval Hospital Bremerton birthing center in 2022; and

**WHEREAS**, these barriers to receiving needed services lead to disparate and often poor health outcomes, disproportionately impacting historically excluded groups, racial and ethnic groups, people of limited economic means and disabilities, including both healthcare workers and the Kitsap public; and

**WHEREAS**, Kitsap Public Health District publishes data that confirm Kitsap residents are well below State averages for certain indicators, with only 52% of pregnant Kitsap residents receiving adequate prenatal care (compared to 70% for Washington State) at a time when gestational hypertension rates nearly doubled from 2016 to 2021 in Kitsap County; and

**WHEREAS**, Kitsap Public Health District tracks and publishes data that show increasing rates of mental health disorders, substance abuse, sexually transmitted diseases, and opioid related illness and death; and

**WHEREAS**, there were indications of a stressed local healthcare system in Kitsap County before the COVID-19 pandemic, after three years of pandemic response, the healthcare system is further strained and at times overwhelmed; and

**WHEREAS**, the Kitsap Public Health Board passed Resolution 2021-01 declaring racism a public health crisis and is committed to eliminating inequities and ensuring equitable access to needed health services for all Kitsap County residents,

**NOW, THEREFORE, BE IT RESOLVED** that the Kitsap Public Health Board declares high costs and insufficient access of healthcare services in Kitsap County are public health crises. Furthermore, the Health Board and the Kitsap Public Health District commit to work to advance a public health approach to address cost and access barriers to receiving healthcare in Kitsap County, including but not limited to:

- Using the results of the KPHD Local Healthcare Systems Needs Assessment (an independent study), formulate and implement initiatives that address and reduce deficiencies in healthcare services in Kitsap; and
- Support processes which advance public health and healthcare related infrastructure improvements, including but not limited to projects such as MultiCare’s Bremerton emergency facility, Peninsula Community Health Services’ medical respite and employee housing facilities, Olympic College’s healthcare educational complex in Poulsbo, the CommonSpirit Virginia Mason Franciscan Health hybrid Emergency Room - Urgent Care facility on Kitsap Way in Bremerton, and the expansion of St. Michael Medical Center to build all beds approved through the Certificate of Need process; and
- Support reinvestment in our local community of healthcare profits generated in Kitsap County; and
- Support and champion public-private partnerships and multi-sector models for innovative work for maternity, mental health, substance abuse, and sexually transmitted infections; and
- Increase education and generate co-created guidance for high quality wrap-around services, including social, medical, psychiatric, nursing, behavioral health, and substance use disorder treatment services, in combined facilities; and
- Promote strategic partnerships between federal, state, and local governmental public health agencies, federally qualified health centers, healthcare systems, mental health and addiction treatment services, and academia; and
- Champion efforts to increase the transparency and affordability of health costs; and

- Support opportunities to strengthen the healthcare workforce, including, but not limited to, support for loan repayment and career advancement programs, increased educational opportunities especially for local students from underrepresented communities and with diverse lived experiences, and recruitment and retention incentives; and
- Champion policy and system level change that increases funding for public health, additional important services, and preventive services.

**Presented for Health Board and public consideration by Health Board Policy Committee Members, Mayor Greg Wheeler, and Dr. Michael Watson on July 11, 2023.**

DRAFT