

KITSAP PUBLIC HEALTH BOARD MEETING AGENDA

May 4, 2021
12:45 p.m. to 2:15 p.m.

**** Please note that this is a virtual / online meeting due to the COVID-19 pandemic.
Electronic connection and viewing information for the meeting is provided at the end of the
Agenda. ****

- 12:45 p.m. 1. Call to Order
Commissioner Charlotte Garrido, Chair
- 12:46 p.m. 2. Approval of April 6, 2021 Regular Meeting Minutes
Commissioner Charlotte Garrido, Chair Page 4
- 12:47 p.m. 3. Approval of Consent Items and Contract Updates
Commissioner Charlotte Garrido, Chair External Document

INFORMATION AND DISCUSSION ITEMS

- 12:48 p.m. 4. Chair Comments
Commissioner Charlotte Garrido, Chair
- 12:50 p.m. 5. Public Comment – PLEASE SEE NOTES AT END OF AGENDA
Commissioner Charlotte Garrido, Chair
- 1:00 p.m. 6. Health Officer and Administrator Reports
Dr. Gib Morrow, Health Officer & Keith Grellner, Administrator Page 12
- 1:05 p.m. 7. COVID-19 Update
Dr. Gib Morrow, Health Officer
- 1:10 p.m. 8. Presentation: “Inclusive Recovery in the COVID-19 Pandemic”
Dr. Lillian Lockett Robertson, MD, OB/GYN, FACOG
Director of Marvin Williams Center in Bremerton

POSSIBLE ACTION ITEMS

- 1:35 p.m. 9. Resolution 2021-01: Racism is a Public Health Crisis
Siri Kushner and Holly Bolstad, Community Health Division Page 14
- 2:15 p.m. 10. Adjourn

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

Health Board Meetings Via Zoom

The Kitsap Public Health Board will be held via Zoom webinar, broadcast live on Comcast channel 12, WAVE channel 3, the [BKAT website](#) and Facebook (please note: there is no physical location for this meeting. Board members and staff will all participate remotely). The Health Board and presenters are **panelists**, members of the public are **attendees**.

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

How to Provide Public Comment

We apologize, but verbal public comment *during* the meeting may only be made through a Zoom connection. The public may make verbal comments during the Public Comment agenda item if they are attending the meeting via Zoom. To sign up for public comment in advance (recommended, not required), email: angie.berger@kitsappublichealth.org.

Written comments may be submitted *prior* to the meeting via regular mail or email to:

Regular Mail:

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

Email:

keith.grellner@kitsappublichealth.org

Written comments must be received by midnight, Monday, May 3, 2021, to be included during the May 4, 2021, meeting.

How to Join the Zoom Meeting

To join the meeting online, please click the link:

<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.

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

Public Participation Guidelines

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

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

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

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.

Time Limit: Each speaker testifying or providing public comment will be limited to three (3) minutes.

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

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

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
April 6, 2021**

The meeting was called to order by Board Chair, Commissioner Charlotte Garrido at 10:33 a.m.

REVIEW AND APPROVE AGENDA

There were no changes to the agenda.

BOARD MEETING MINUTES

Commissioner Robert Gelder moved and Commissioner Ed Wolfe seconded the motion to approve the minutes for the March 2, 2021, regular meeting. The motion was approved unanimously.

Mayor Robert Putaansuu moved and Commissioner Gelder seconded the motion to approve the minutes for the March 31, 2021 special meeting minutes. The motion was approved unanimously.

CONSENT AGENDA

The April consent agenda included the following contracts:

- 1749 Amendment 20 (2153), *Washington State Department of Health, Consolidated Contract*
- 2116 Amendment 2 (2150), *Kitsap County, CARES Relief Funding*
- 2131 Amendment 1 (2151), *Kitsap County, Nurse Family Partnership*
- 2155, *Olympic Community of Health, COVID-19 Recovery Funding*

Commissioner Gelder moved and Mayor Putaansuu seconded the motion to approve the consent agenda, including the Contracts Update and Warrant and Electronic Funds Transfer Registers. The motion was approved unanimously.

CHAIR COMMENT

Commissioner Garrido said the Kitsap County Department of Emergency Management puts out regular situation reports that are very valuable for keeping up with COVID activities in the county. She also said the board is thankful for the Health District's regular reports. Lastly, she thanked the staff and Board for all the work that continues to go on around the pandemic.

PUBLIC COMMENT

There was no public comment.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Health Officer Update:

Dr. Gib Morrow, Health Officer, deferred his update until the Covid-19 update later in the meeting.

Administrator Update:

Mr. Keith Grellner, Administrator, informed the Board that Governor Inslee proclaimed this week is National Public Health Week in Washington State. For those who would like to learn more about Public Health visit NPHW.org/NPHW-2021 or the Kitsap Public Health webpage. Mr. Grellner thanked all the public health colleagues and staff, Emergency Operations staff, health care staff and EMS staff who are working on COVID-19.

Next, Mr. Grellner provided a legislative update. The state legislature remains convened until April 25th.

He said Substitute HB 1152 (regionalization of local public health) was approved by the house in early March and has been amended twice, by Senate Health and Long-term care and the Committee on Ways and Means. The Health District does not actively support this bill, but no longer actively opposes it. There are four provisions the Health District has concerns about:

- It adds new state level infrastructure by creating comprehensive health districts - 4 new added regional models that would employ new employees for the state. This would add a cost of \$2.7 million to the public health system which remains under funded.
- The bill stipulates when certain funding thresholds are met that 65% of the remaining funds must be allocated to shared services between the counties in region. Currently this happens organically between counties when the shared services.
- It requires local boards to add a suite of non-elected officials to the board which would double the size of the board. This is more of a board concern but is still a staffing and workload concern.
- Lastly, it requires counties to shoulder the expenses to enforce any proclamations from the governor during a public health emergency. Currently the state has had to shoulder those burdens, but this bill would require the county to shoulder the bill.

Commissioner Garrido would like to see this bill in writing. Mr. Grellner said he will email a link to the bill to the Board.

Commissioner Wolf asked for confirmation that this was an unfunded mandate. Mr. Grellner and Commissioner Garrido confirmed.

Commissioner Gelder stated that not only is it an unfunded mandate it is the desire of the legislature to control how or what local public health looks like and controls the funding and how it is spent.

Deputy Mayor Kirsten Hytopoulos asked Mr. Grellner why he was not actively opposing the mandate given some of the ramifications. Mr. Grellner said the Health District is not actively opposing this bill because staff have received signals that indicate opposing this bill, on any level, could impact our ability to get foundational public health services (FPHS) funding later. The Health District has been signing as “other” and working with Washington Association of Local Public Health Officials (WSALPHO) and Washington State Association of Counties (WSAC) on bill changes. If the bill passes, the Health District could live with it, but it is not ideal.

Mayor Wheeler said it appears the options from the state are defund totally or offer this bill as an alternative. Mr. Grellner agreed but noted there is nothing in the bill about defunding.

Next, Mr. Grellner discussed the biennium budget and highlighted the following attributes:

- The senate budget provides \$178 million in a base amount of public health services funding on an ongoing basis. This is the Health District's top choice.
- The house budget provides \$128 Million and is one-time funding. It is a heavy lift every year and every legislative session to request the funding on an ongoing basis.

Next, Mr. Grellner reminded the Board that last month he reported \$4.7 million in COVID vaccination funding was earmarked for Kitsap Public Health. Most of this funding was on today's consent agenda through the Washington Department of Health Consolidated Contract. However, the Health District just found out that \$1.5 million of the funding we earmarked for vaccine administration and contracting with other providers and EMS (to help offset their expenses) has been restricted by the state and the funds are not available for giving shots. Instead, the state is forcing everyone who wants vaccination administration funding to request funding through a state incident management organization format through the emergency operation center on a regional basis to request FEMA mass vaccination funding. Mr. Grellner said that, while the Health District does not totally disagree with this idea, it places a heavy burden on the local jurisdiction as the point agency.

Healthcare providers, per the state plan, are doing most of the work but there is no reimbursement from the federal government. Due to the concerns for supporting healthcare partners (who are doing 70-80% of the work in our county), Kitsap, Jefferson, and Clallam have decided to work together to submit that request to the state. There is some financial liability for local jurisdictions because we need to subcontract and reimburse healthcare first and then submit to the state for reimbursement. We also must request (and hopefully get) financial and contractual help from this program, or we will have to hire staff to process invoices and contracts.

Commissioner Gellner commented that the state created a vaccine distribution structure reliant on healthcare but did not follow through with planning to make that healthcare system whole.

Mayor Erickson agreed this is not the time to dismantle and reassemble a public health system in the middle of a pandemic. She said we are being diligent at the local level by following the states rules during the pandemic and yet the state is not recognizing or supporting local jurisdictions.

Commissioner Wolfe agreed with Mayor Erickson and Commissioner Gelder and added that this is outrageous.

Commissioner Garrido asked how the Board can educate our legislators about this. Mr. Grellner suggested reaching out to our senate members. He recognized Senator Rolfes for speaking out against this bill previously. He recommended Board members reach out to the Senate members to work on this bill before it is brought to the floor.

Mr. Grellner said he will email the Board members some high-level talking points on this matter.

Mayor Wheeler added that our talking points should include how Kitsap is different from other jurisdictions and why we should not combine our health system in this way.

Mr. Grellner introduced Tad Sooter, Public Information Officer, who walked the board through the new website with outreach materials. He spoke about the Outreach Toolkit with fact sheets on different aspects of COVID vaccination designed using feedback from the community and Kitsap County Vaccine Equity Collaborative.

Mayor Erickson asked to have the fact sheets translated into Tagalog. Mr. Sooter said he has already ordered these in Tagalog as well as Spanish.

Commissioner Gelder said the website is a great presentation and appreciates the hard work.

There was no further comment.

COVID-19 UPDATE

Dr. Gib Morrow, Health Officer, noted this is National Public Health Week and said today is focused on advancing racial equity. He thanked the hardworking professionals at the Health District for their efforts in this regard.

He provided a brief presentation on current COVID data, vaccine work and variants in Kitsap County. Case rates are increasing in Kitsap and South Kitsap is a current hot spot. Deaths continue to occur, and Dr. Morrow noted deaths have occurred in individuals as young as their thirties. He said Kitsap is doing well on vaccination efforts, comparatively to other counties, with 19.67% of residents fully vaccinated. The only other county in the state with a higher rate of vaccinated residents than Kitsap is Skagit, which has a population about half the size of Kitsap.

Dr. Morrow said some of us have been more impacted by this pandemic and its collateral than others. He asked everyone, as we climb out of this disaster gradually, to do it with kindness, generosity, and compassion.

Commissioner Gelder referenced the slide that indicated a spike in case in communities of color earlier in the pandemic. He asked what caused these levels to decrease and even out with the rest of the population Dr. Morrow explained that this graph indicates the way that COVID spreads in faster in marginalized groups and noted the Hispanic/Latinx population was hit harder than other populations at the beginning of the pandemic. Commissioner Gelder asked if the case rates are normalizing because the disease has already spread through that cohort. Dr. Morrow said he thinks we have not reached an immunity in any population to stop this from happening again. He added the Vaccine Equity Collaborative is working toward getting these populations vaccinated.

Commissioner Wolfe asked Dr. Morrow to confirm that numbers are still going in the wrong direction and asked what else we can do as a community. Dr. Morrow said, in addition to getting vaccinated, people should continue mitigation efforts such as masking, hand washing and avoiding group gatherings.

There was no further comment.

COVID-19 VACCINE EQUITY WORK STATUS UPDATE

Siri Kushner, Community Health Assistant Director, and Holly Bolstad, COVID Community Outreach Specialist, shared a presentation on the COVID-19 vaccine equity work status.

Ms. Kushner reminded the Board of the equity approach across all vaccine delivery models, which includes increasing access to hard-to-reach populations and using data and community input to inform the process. She also shared the rate of initiated vaccination by race and ethnicity, which shows much higher rates of white people receiving the first dose of vaccine, compared to a very low rate of black people receiving the first dose. She noted the Kitsap American Indian/Alaskan Native community has done a great job of getting their tribal members vaccinated.

Ms. Kushner said the Health District provides vaccine registration support and sets aside equity appointments for individuals with barriers to accessing vaccinations. Additionally, the Health District provides support to providers and community partners through vaccine information and appointment needs.

Ms. Bolstad provided an update on the Vaccine Equity Collaborative. The collaborative is made up of individuals across various sectors and fields including disability justice, mental health service providers, immigrant support organizations, Kitsap Equity Race and Community Engagement (ERACE) coalition, health care providers and culturally specific groups and community leaders.

Ms. Bolstad reminded the Board of goals of the collaborative and shared the three pillars:

1. Identify gaps in vaccine access (and strategies to address gaps)
2. Communication channel
3. Provide space for community to gather and share opportunities, successes and obstacles.

Ms. Bolstad shared the process through which the draft resolution, “Declaring Racism a Public Health Crisis”, was created. She said, consistent with Dr. Morrow and Ms. Kushner’s presentations, the vaccine rollout has not been equitable at a national or local level to date, furthering gaps for communities of color who have been most impacted by COVID cases, hospitalizations and deaths. This, coupled with the recent hate crimes in this country, led to a call to action from the Kitsap community for the Health Board to declare racism a public health crisis. This call to action led to Health District staff creating a draft resolution, which was then circulated around the community to collect feedback. The draft presented to the Board today, includes feedback from community input as well as the Health Board Policy Committee.

Ms. Bolstad thanked the board members for their engagement. The Health District will be creating a new draft with the Board’s feedback, which will be shared with the community again for additional input and will be brought back to the Board at the May 4 board meeting.

Mayor Erickson commented that she is concerned that this does not speak to gender discrimination in women. She would like to see stronger language regarding sexism and gender discrimination and noted women have been disproportionately affected by the pandemic.

Commissioner Gelder said the Policy Committee met last week to review and discuss the draft resolution and noted the first two paragraphs addressed some of the committee's concerns. He said the first paragraph addresses the caste structure, though does not call it out, which he feels may be needed. The second paragraph addresses the compounding factors of gender, race and class that exacerbate what people experience in our community.

Commissioner Wolfe requested a draft that shows comments and input from community members.

Deputy Mayor Hytopoulos said she appreciates Mayor Erickson's concern; however, she feels that this either is a declaration about racism or a broader declaration about caste and posed the question to the board: what are we trying to address?

Mayor Wheeler said Dr. Lillian Lockett Robertson gave a very informational presentation at the Professional Women of Color conference on how racism is affecting the public health response. He suggested inviting Dr. Robertson to providing a presentation to the Board to help clarify some of the concerns on this topic. Mayor Wheeler said there is a very distinct disadvantage for people of color during this pandemic right now, but noted it is not his role to explain this and said it should come from Dr. Robertson.

Commissioner Wolfe said he is conflicted about prioritizing the word caste because it complicates the issue at hand. He said, if the Board is addressing racism, he hates to see it watered down with other language, unless the Board wants to change the intention of the resolution.

The decision was made to have this conversation carried over for a more robust conversation. Mayor Erickson and Commissioner Gelder would like to carry this over. Commissioner Garrido suggested a workshop to look at this resolution. Commissioner Gelder stated that the policy committee did look at this and the board has reviewed the draft. Would like Ms. Bolstad and Ms. Kushner to update the draft and writing before we provide refined draft to go to the policy committee in advance of the next board meeting in May.

The Board agreed no decision would be made today. The Policy Committee will meet before the May 4 Board meeting to workshop the resolution and provide more time for community input.

Mr. Grellner said he will pursue inviting Dr. Robertson to the May meeting.

Mayor Erickson asked for clarification on the vaccine data Ms. Kushner presented. Ms. Kushner confirmed the data were on number of individuals by place of residence receiving vaccine. Additionally, she said the breakdown of data and percentages is available on the Health District website.

Commissioner Gelder said he would like to look for a location for a South Kitsap vaccination site. Mr. Grellner said the Health District is pursuing options and will let the Board know when a site has been confirmed.

There was no further comment.

ADJOURN

There was no further business; the meeting adjourned at 11:57 a.m.

Charlotte Garrido
Kitsap Public Health Board

Keith Grellner
Administrator

Board Members Present: *Deputy Mayor Kirsten Hytopoulos; Mayor Becky Erickson; Commissioner Charlotte Garrido; Commissioner Robert Gelder; Mayor Robert Putaansuu; Mayor Greg Wheeler; Commissioner Ed Wolfe.*

Board Members Absent: *None.*

Community Members Present: *See Attached.*

Staff Present: *Amy Anderson, Public Health Educator, Public Health Emergency Preparedness and Response; Angie Berger, Administrative Assistant, Administration; Holly Bolstad, COVID Community Outreach Specialist, Public Health Emergency Preparedness and Response; April Fisk, Program Coordinator 2, Communicable Disease; Yolanda Fong, Director, Community Health Division; Keith Grellner, Administrator; Karen Holt, Program Manager, Human Resources; Jill Guerrero, Community Liaison, Chronic Disease Prevention; Siri Kushner, Assistant Director, Community Health Division; Melissa Laird, Manager, Accounting and Finance; Megan Moore, Community Liaison, Chronic Disease Prevention; Dr. Gib Morrow, Health Officer, Administration; Suzanne Plemmons, COVID-19 Community Testing Coordinator; Betti Ridge, Social Worker 3, Communicable Disease; Tad Sooter, Communications Coordinator and Public Information Officer.*

Kitsap Public Health Board Meeting (Virtual Attendance)

Webinar ID **Actual Start Time**
861 8605 2497 4/6/2021 10:30

First Name	Last Name	First Name	Last Name
Kristie	Adams	Mary	Schofield
Amy	Anderson	Stephanie	Schreiber
Kandice	Atisme	Katharine	Shaffer
Angie	Berger	Tad	Sooter
Holly	Bolstad	Michael	Spencer (BKAT)
James	Caroon	Cari	Stricker
Elizabeth	Davis		
April	Fisk		
Yolanda	Fong		
Kathi	Foresee		
Linda	Fyfe		
Karen	Goon		
Keith	Grellner		
Jill	Guerrero		
Karen	Holt		
richard	kirton		
Siri	Kushner		
Melissa	Laird		
Monte	Levine		
Mandy	Meigs		
Michele	Moen		
Megan	Moore		
Gib	Morrow		
Irene	Moyer		
Jessie	Palmer		
Nathan	Pilling		
Rebecca	Pirtle		
Suzanne	Plemmons		
Betti	Ridge		
Cristina	Roark		
Bob	Russell		

MEMO

To: Kitsap Public Health Board

From: Megan Moore, Healthy Communities Specialist

Date: May 4, 2021

Re: 2021 Legislative Session Wrap-up for Kitsap Public Health Legislative Priorities

Please find below an update from the 2021 legislative session, which ended on April 25, 2021.

[E2SHB 1152](#) *Supporting measures to create comprehensive public health districts.*

As of 4/22/21, the bill has been sent to the governor and is waiting signature. Several of the provisions that KPHD/KPHB had issues with were stricken from the bill. Although we are seeking clarification, our current understanding of the potential local implications of the bill as passed by the legislature may include:

1. Requires creation of a state Public Health Advisory Board housed at the Department of Health. The advisory board must:
 - Have 16 governor-appointed members and 4 non-voting ex-officio legislative members.
 - Evaluate the use of foundational public health services funding by the governmental public health system.
 - Advise and provide feedback to the governmental public health system and provide formal public recommendations on public health.
 - Evaluate public health emergency response and provide recommendations for future response.

2. Restructures Local Boards of Health (See Sections 6 and 9)
 - Each Local Board of Health must include non-elected members selected from among three main categories to form a total board make-up that is divisible by three: Public Health/Healthcare Practitioners; Consumers of Public Health, priority to residents who self-identify as having faced significant health inequities; and other community stakeholders (i.e., so Kitsap Public Health Board will have to add two new members from the above groups to increase its total members from 7 to 9).

- Requires the addition of a local tribal representative appointed by the American Indian Health Commission.
- The expanded local board of health has a deadline of July 1, 2022.
- Any decisions by the board related to the setting or modification of permit, licensing, and application fees will only be voted on by the city and county elected officials on the board.

2021-2023 State Operating Budget

There were several wins for local public health in the 2021-2023 State Operating Budget. As of 4/26/21, the budget has been sent to the governor and is waiting signature. The full budget can be found [here](#) and the summary can be found [here](#). Below is a summary of wins from our partners at WSALPHO:

1. *Foundational Public Health Services*: an additional \$147 million, on-going funding is dedicated to FPHS for FYs 2022-2023 in addition to the current \$28 million dedicated to FPHS.
2. *Group B Water Programs*: \$984,000 ongoing funding is provided to local health jurisdictions (through joint plan of responsibility) to implement and maintain local Group B Water Programs.
3. *County Public Health Assistance Account*: \$72.7 million to county and health districts to support public health services including public health nursing (this is on-going funding that hasn't changed from past sessions).
4. *Post-pandemic Review Team*: \$500,000 to the State Military Department to conduct an after-action review of the COVID-19 pandemic response. The review team will have 1 WSAC member and 2 LHJ representatives.
5. *COVID Response*: Over \$1.5 billion dedicated to current public health response efforts including vaccine distribution, testing, contact tracing, and general response.
6. *Home visiting*: \$17.7 million to the home visiting services account which supports local home visiting programs such as the Nurse Family Partnership or Strengthening Families.

Thank you for your work during this legislative session. If you have any comments or questions, please contact me at keith.grellner@kitsappublichealth.org or (360) 728-2284.

MEMO

To: Kitsap Public Health Board

From: Keith Grellner, Administrator

Date: April 30, 2021

Re: Draft Resolution 2021-01, Declaring Racism a Public Health Crisis

Attached, please find a strike-out/underline version and a clean version of proposed draft Resolution 2021-01, Declaring Racism a Public Health Crisis, for your review and consideration.

Since the Health Board's first review and discussion of the draft resolution during your April 6, 2021, regular meeting, the Health District has continued to work with community partners and stakeholders to refine the resolution. Included in the attached versions are comments and suggestions from Chairman Leonard Forsman of the Suquamish Tribe, Kitsap ERACE Health Systems Team, and the Health Board's Policy Committee.

The Policy Committee met to discuss the resolution with Health District staff on April 28, 2021 and recommended bringing the revised second draft to the full Health Board for consideration at today's meeting.

If Health Board members have any suggested edits to the revised draft resolution, the Policy Committee requested that those comments be submitted to me by 9 a.m., Tuesday, May 4, 2021, so that a new revised draft can be shared during your meeting on May 4th at 12:45 p.m.

If you have any comments or questions, please contact Dr. Morrow at gib.morrow@kitsappublichealth.org, or (360) 728-2260 or me at keith.grellner@kitsappublichealth.org or (360) 728-2284.

Attachments (2)

**PUBLIC COMMENT VERSION:
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 demonstration 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 XX, 2021

Commissioner Charlotte Garrido, Chair
Kitsap Public Health Board

DRAFT

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 demonstration 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