KITSAP PUBLIC HEALTH BOARD

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

MEETING AGENDA

February 7, 2023
10:30 a.m. to 11:45 a.m.

In Person: Chambers Room, Bremerton Government Center
345 6th Street, Bremerton WA 98337
Remote: Via Zoom (See Information at End of Agenda)

10:30 a.m. 1. Call to Order
Commissioner Robert Gelder, Chair

10:31 a.m. 2. Approval of January 3, 2023, Meeting Minutes
Commissioner Robert Gelder, Chair

10:32 a.m. 3. Approval of Consent Items and Contract Updates
Commissioner Robert Gelder, Chair

10:34 a.m. 4. Public Comment – Please See Notes at End of Agenda for Remote Attendees
Commissioner Robert Gelder, Chair

10:44 a.m. 5. Health Officer and Administrator Reports
Dr. Gib Morrow, Health Officer & Keith Grellner, Administrator

ACTION ITEMS

10:50 a.m. 6. 2023 Committee Assignments for Kitsap Public Health Board
Commissioner Robert Gelder, Chair

DISCUSSION ITEMS

10:55 a.m. 7. Kitsap Health Equity Collaborative Briefing
Jessica Guidry, Equity Program Manager

kitsappublichealth.org
11:13 a.m.  8. Child Death Review Briefing
   
   Erica Whares, Healthy Communities Specialist
   Page 29

11:30 a.m.  9. Communicable Diseases: 2022 In Review
   
   Wendy Inouye, Epidemiologist
   Page 46

11:45 a.m.  10. Adjourn

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

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

Health Board Meetings Via Zoom

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

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

How to Join the Zoom Meeting

To join the meeting online, please click the link below from your smartphone, tablet, or computer:
https://us02web.zoom.us/j/86186052497?pwd=TXcrQU1PRWVVHgyWERXRFluTWloQT09

Password: 109118

Or join by telephone:
Dial: +1 (253) 215-8782

Webinar ID: 861 8605 2497

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

Information & Directions for Public Comment

We apologize, but verbal public comment during the meeting may only be made in-person at the Norm Dicks Government Center or through a Zoom connection. The public may make verbal comments during the Public Comment agenda item if they are attending the meeting in-person or via Zoom.
As this meeting is a regular business meeting of the Health Board, verbal public comment to the board will have a time limit so that all agenda items will have the opportunity to occur during the meeting. Each public commenter will receive a specific amount of time to speak to the board as determined by the Chair based on the number of public commenters for the meeting.

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

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

Email:
healthboard@kitsappublichealth.org

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

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

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

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

Public Comment Period: Use “Raise Hand” to be called upon by the host. The host will announce your name when it is your turn.

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.
Instructions for virtual attendance at Kitsap Public Health Board meetings

**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.
The meeting was called to order by Board Chair Mayor Greg Wheeler at 10:32 a.m.

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

**INTRODUCTION OF NEW BOARD MEMBER**

Mr. Keith Grellner, Administrator, welcomed new board member Jolene Sullivan from the Port Gamble S’Klallam tribe. Her membership completes the conversion of the Board of Health to 10 members.

Member Jolene Sullivan said she is happy and excited to be a part of the Kitsap Public Health Board. She noted that her experience has been in the tribal health setting, that she is working to complete her doctorate in integrative behavioral healthcare, and that she spends a lot of time doing public health work within the tribal communities.

Commissioner Rob Gelder welcomed Member Sullivan and praised her for her work in developing the Tribe’s health clinic.

**2023 OFFICER ELECTIONS AND COMMITTEE ASSIGNMENTS**

Chair Wheeler called for nominations for Health Board Chair.

Mayor Becky Erickson nominated Commissioner Gelder as the Board Chair. The nomination was seconded by Mayor Rob Putaansuu. The nomination was approved unanimously.

Newly appointed Chair Gelder asked if there was a motion for someone to serve as Vice Chair for the Board of Health. Mayor Wheeler moved and Member Drayton Jackson seconded the motion to nominate Mayor Erickson. The motion was approved unanimously. Commissioner Gelder thanked Mayor Erickson for serving as Vice Chair of the Health Board.

Chair Gelder summarized the committee assignments of the previous years, which was prior to the new board make up. There are currently three committees: Finance and Operations, Policy, and Personnel. Given that there are now 10 members of the Health Board, the subcommittees are organized as such that they do not trigger a quorum of the full board. Each committee should now have four members each.
Chair Gelder asked if Bainbridge Island has completed their committee assignments. Mr. Grellner said Councilperson Kirsten Hytopoulos notified him that she would be unable to attend today’s Board meeting, though Mr. Grellner was unsure if this would be the case for the rest of the year. Chair Gelder suggested the committee assignments be moved to the February Board meeting to allow Bainbridge Island time to complete their jurisdiction’s committee assignments. He also suggested that the Board members consider which committees they have an interest in or feel they have expertise in.

Mayor Erickson discussed the occurrence of ad hoc committees and noted that she expected an ad hoc committee for the healthcare assessment request for proposals (RFP). If there is a topic of immediate concern, an ad hoc committee will be called to order.

**APPROVAL OF NOVEMBER MINUTES**

Member Michael Watson moved and Member Jackson seconded the motion to approve the minutes for the November 1, 2022, regular meeting. The motion was approved unanimously.

**APPROVAL OF DECEMBER MINUTES**

Member Watson moved and Member Tara Kirk Sell seconded the motion to approve minutes for the December 6, 2022, regular meeting. The motion was approved unanimously.

**CONSENT AGENDA**

The January consent agenda included the following contracts:

- 2251 Amendment 1 (2310), Kitsap County, Aging and Long Term Care Program Services

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

**PUBLIC COMMENT**

There were no public comments.

**ADMINISTRATOR’S REPORT**

Administrator Update:
Mr. Keith Grellner, Administrator, started the report by wishing health, happiness, and peace to the Board and the public in the new year. He noted that Dr. Gib Morrow is on vacation, so there will not be a health officer report for this meeting.
Next, Mr. Grellner provided an update on respiratory illnesses. He stated that respiratory illnesses are prevalent in Kitsap, in the state, and across the nation at this time. Flu activity continues to be high with 229 positive tests through Christmas, and 25% of all tests were positive since the beginning of October. Respiratory syncytial virus (RSV) is also elevated with 400 positive tests since October and 25 positive tests during the week of Christmas. Tests positive for COVID-19 continue to be stable at 65 cases per 100,000 population per week in Kitsap County. Mr. Grellner cautioned that due to the presence of over-the-counter COVID-19 tests, that figure is not reliable. More activity in the community is suspected because people are not able to get tested or they tested at home. Respiratory illness season is at full speed already. Typically, this activity doesn’t occur until January and February, but Kitsap has been experiencing it since November. Mr. Grellner urged member of the Health Board and the public to get vaccinated for flu and COVID-19; get plenty of exercise, sleep and healthy food; and to stay home and away from others if they have illness symptoms. He urged that people do not go to the emergency room for care if it’s not a true emergency. They should contact their regular healthcare provider or go to prompt care for treatment of illness symptoms. Lastly, Mr. Grellner asked that people consider wearing a mask in crowded indoor environments or if they have underlying health conditions.

Lastly, Mr. Grellner noted that the Health District planned for a lighter agenda for today’s meeting to allow for the Cyber Security Audit presentation by the state auditor’s office. After the presentation, the Board Members will adjourn to an executive session. Under state law, many of the important findings of the audit are protected from public view to protect the Health District’s security. During the executive session, the state auditor will go into more detail about the findings. Mr. Grellner thanked the Kitsap Public Health District’s IT department for working with the auditor’s office on the voluntary audit, which lasted around eight months.

There was no further comment.

PUBLIC PRESENTATION AND PUBLIC HEARING: RESULTS OF 2022 CYBER SECURITY AUDIT FOR KITSAP PUBLIC HEALTH DISTRICT

Michael Hjermstad of the Washington State Auditor’s Office began the presentation by thanking the Board of Health for the opportunity to address them today. The Health District volunteered for a cybersecurity audit a few years ago, though much of the work was completed in eight months. The Auditor’s Office compiled a report containing the results of the audit, which is titled, “Opportunities to Improve Kitsap Public Health District’s Information Security.”

Mr. Hjermstad explained that health districts and hospitals have been under extreme threats within the last 5-6 years, particularly from ransomware attacks. For this audit, Mr. Hjemstad’s team assessed the Health District’s IT security from two perspectives, specific vulnerabilities that can lead to an increased risk from external and internal threats and the District’s IT security practices to ensure they align with those of the Center for Internet Security’s Critical Security Controls. The audit falls under the 2005 Initiative 900 which authorizes the State Auditor’s
Office to conduct performance audits of state and local governments and was performed at no
cost to the Health District.

Next, Mr. Hjermstad explained the audit results. It was found that the District’s IT policies and
practices partially aligned with industry leading practices, though there were areas where
improvements could be made. The detailed results of the audit were communicated to Health
District management and staff for review, response, and action, who agreed with the audit
results. The District’s IT staff intend to use the results to continue to improve their cybersecurity
posture and have since taken steps to address the Auditor’s recommendations.

Mr. Hjermstad outlined the two recommendations from the audit team. First, it was
recommended that the Health District IT staff continue to remediate identified gaps. Second, the
District’s IT security policies and procedures should be revised to align more closely with
leading practices.

Lastly, Mr. Hjermstad thanked the Health District’s leadership for volunteering to do the IT
security audit and gave a special thank you to Ed North, the IT manager, as he had a large part in
the process.

Chair Gelder explained that many members of the Health Board have participated in audits for
their jurisdictions. These audits have been published and are available to the public. He asked
Mr. Hjermstad why this audit in particular requires a public hearing. Mr. Hjermstad explained
that this type of audit is a performance audit, and differs from the financial audits normally
conducted. He believes the intent of Initiative 900 was to look at the performance aspects of
government entities, determine how they can do better, and allow the public to comment on the
recommendations.

Chair Gelder opened the Public Hearing at 10:58 a.m. to give members of the public an
opportunity to comment on this matter. No comments were made.

Chair Gelder closed the Public Hearing at 10:59 a.m.

There was no further comment.

BOARD MEMBER COMMENTS

Member Steve Kutz asked if the Health District could provide contact information for Dr. Kathy
Heberd who presented at the December Board meeting. Mr. Grellner said he would get that
information to Member Kutz following this meeting.

Mayor Erickson said that she continues to meet with St. Michael Medical Center and the fire
districts and said they are making headway and are sharing data with one another.
Lastly, Chair Gelder said he has been meeting with stakeholders to discuss the state hospital district as a tool for the means of educating decision makers. He said that will dovetail well with the community health assessment.

**CLOSED EXECUTIVE SESSION PURSUANT TO RCW 42.30.110(1)(A)(II) TO DISCUSS CYBER SECURITY AUDIT RESULTS**

Chair Gelder announced the Board would recess to the closed executive session to discuss the Cybersecurity Audit Results at 11:02 a.m. and would not return. He said no decisions would be made.

**ADJOURN**

There was no further business; the meeting adjourned at 11:47 a.m.

______________________________  ______________________________
Robert Gelder                 Keith Grellner
Kitsap Public Health Board    Administrator

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

**Board Members Absent:** Councilperson Kirsten Htopoulos.

**Community Members Present:** Michael Hjermstad, Washington State Auditors Office.

**Staff Present:** James Archer, Accounting Assistant, Finance and Accounting; Margo Chang, Administrative Assistant, Administrative Services; Yolanda Fong, Director, Community Health Division; Keith Grellner, Administrator, Administration; Karen Holt, Program Manager, Human Resources; Melissa Laird, Manager, Accounting and Finance.

**Zoom Attendees:** See attached.
Kitsap Public Health Board Meeting (Virtual Attendance)

Webinar ID
861 8605 2497

Actual Start Time
1/3/2023 10:08

Attendee Count
36

NAME
Ally Power (she/her)# KPHD
Amy Anderson
Angie (Karen Holt)
Anne LeSage
Anne M - KPHD
Carin Onarheim
collil
Dara Deseamus
Denise
Doug Washburn - Kitsap County
Drayton Jackson
Ed
Erica Whares# KPHD (she/they)
Erin Laska
Gabby Hadly
Grant Holdcroft- Kitsap Public Health
J Aufderheide
Jakob
Kandice Atismé-Bevins# KPHD
Kari Hunter
Kitsap Public Health
KN
KPHB (Angie Berger (she / her))

NAME
marci burkel (she/her)
Megan Moore (she/her)
Meghan Tran# KPHD
Melina Knoop
Michelle McMillan
Nii Nortey
Nolan Simmons
Orneta Abazi
Quinn Peralta
Rebecca Pirtle
Rob Putaansuu
Steve Brown
Steve Kutz
Steve Powell
Sunny Mahil
Victoria Lehto
Xinia Ebbay
MEMO

To: Kitsap Public Health Board

From: Megan Moore, Healthy Communities Specialist

Date: February 7, 2023

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

The 2023 Washington Legislative session is underway and is currently a quarter of the way complete. Bills that do not make it past the first cutoff, February 17th, are not likely to move unless they impact the state’s budget.

There are currently two funding proposals and one bill that fit the Board approved legislative priorities, and these are briefly discussed below. For your reference, attached is a copy of the Board-approved 2023 Legislative and Policy Priorities.

Funding proposal #1: Increasing Foundational Public Health Services Funding by $100 million/biennium.
- This proposal was in the governor’s budget as well as the Washington State Department of Health’s decision-package.
- This amount was promised by the legislature in 2021 and many legislators have memory of this promise.
- This is a Board approved priority.

Funding proposal #2: Maintaining or increasing Commercial Tobacco Prevention Program funding.
- In 2022, there was a one-time allocation of $5 million to the state’s commercial tobacco prevention program.
- Kitsap Public Health District is the regional coordinator of this grant in the Olympic Region.
- The proposal to maintain the funding was not included in the governor’s budget, but advocates are working with legislative champions on a proviso for ongoing funds.
- This is a Board approved priority.

HB 1706: Concerning the operation, authorization, and permitting of microenterprise home kitchens.
- This bill would create a pilot program within DOH for microenterprise home kitchen operation.
- Depending on population, counties may authorize up to 100 permits during the pilot’s first year.
- If the bill is scheduled for a hearing, we will sign in opposition.
If you have any comments or questions, please contact me at megan.moore@kitsappublichealth.org or (360)900-7263 or Keith Grellner at keith.grellner@kitsappublichealth.org or (360) 728-2284.
Public Health is charged with ensuring the proper sanitation of recreational water facilities.

Kitsap Public Health District supports policies that will protect the health of Kitsap residents, opposes any policies that reduce local health authority, and supports efforts to maintain funding to local public health services and programs.

**PUBLIC HEALTH FUNDING**

Recent funding from the legislature has been critical in building back the local public health infrastructure.

Support maintaining existing levels of funding for Foundational Public Health Services (FPHS).

Support exploring a dedicated revenue source for FPHS funds.

Support ongoing and additional funds for communicable disease investigation, such as Covid-19, Monkeypox Virus (MPV), or Sexually Transmitted infections.

Support ongoing funds for Commercial Tobacco and Vaping Prevention.

**PUBLIC HEALTH AUTHORITY**

Efforts to reduce public health authority are detrimental to the health of our community.

Oppose efforts to reduce or eliminate local public health authority.

Efforts that add authority *without adequate funds* further degrade local public health infrastructure.

Oppose bills that include unfunded mandates to local public health authority.

**ENVIRONMENTAL HEALTH**

Public health is mandated to require that food for the public is safely prepared in a properly equipped commercial kitchen.

Oppose bills that reduce commercial kitchen facility requirements or that allow food intended to be sold to the public to be prepared in a non-commercial kitchen.

Public Health is charged with ensuring the proper sanitation of recreational water facilities.

Support efforts to restrict the use of pool-sharing apps in Washington State.

For more information: please contact Keith Grellner, KPHD administrator, at keith.grellner@kitsappublichealth.org.
MEMO

To: Kitsap Public Health Board
From: Keith Grellner, Administrator
Date: February 7, 2023
Re: Election of 2023 Health Board Officers and Committee Assignments

In accordance with RCW 70.05.040 and Article VI of the Kitsap Public Health Board Bylaws, the members of the Health Board shall elect a Chair from their membership at the first meeting of the new year. Article VI of the Bylaws also requires the election of a Vice Chair. During January’s regular Health Board meeting, Commissioner Gelder was elected Chair for 2023, and Mayor Erickson was elected as Vice Chair.

Article X of the Bylaws, Committees, requires the Health Board to make committee assignments by calling for volunteers from the membership during the first meeting of the new year, too. The Bylaws establish three standing committees: Finance and Operations, Policy, and Personnel. Each committee shall contain at least two, but no more than five, board members. Committee assignments for 2023 were shifted from January’s meeting to February’s meeting so that board members had more time to consider committee assignments.

Attached for reference are the Health Board’s 2023 Officers and Committee Assignments thus far. During this action item, Health Board members will work with the Chair to fill-out the three standing committees. Also attached for your reference is a copy of the 2022 Officers and Committee Assignments roster.

Committees meet as needed, and meetings are typically initiated at the request of the Chair, full Board, Health Officer, or Administrator. Committees usually meet from one to three times per year. Topics/items which may, or will, come to committees during 2023 are shown below:

Finance & Operations
- 2024 Budget

Policy
- Local Healthcare Needs Assessment
- Opioids/Fentanyl Crisis
Memo to Kitsap Public Health Board – Election fo 2023 Health Board Officers and Committee Assignements
February 7, 2023
Page 2

Personnel

• Potential Union Contract Negotiations for Epidemiologists

For your information, I also want to recognize Members Sell and Watson as they have volunteered for, and have been participating in, the Health District’s 2023 Strategic Plan Update.

Please contact me with any questions or concerns about this matter at (360) 728-2284, or keith.grellner@kitsappublichealth.org.

Attachments (2)
2023 KITSAP PUBLIC HEALTH BOARD OFFICERS

Chair: Commissioner Rob Gelder  
Vice Chair: Mayor Becky Erickson

2023 KITSAP PUBLIC HEALTH BOARD  
COMMITTEE ASSIGNMENTS

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### 2022 KITSAP PUBLIC HEALTH BOARD OFFICERS

Chair: Mayor Greg Wheeler  
Vice Chair: Commissioner Rob Gelder

### 2022 KITSAP PUBLIC HEALTH BOARD COMMITTEE ASSIGNMENTS

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MEMO

To: Kitsap Public Health Board
From: Jessica Guidry, Equity Program Manager
Date: February 7, 2023
Re: Kitsap Health Equity Collaborative

In May 2021, the Kitsap Public Health Board issued Resolution 2021-01, Declaring Racism as a Public Health Crisis. That resolution had a list of commitments for the Board and the Health District, including a commitment that the Health District would co-create, with community partners, solutions to systemic inequities.

In November 2022, the Health District’s Equity Program launched the Kitsap Health Equity Collaborative (“the Collaborative”) as a mechanism to bring together community organizations, coalitions, and advocates serving and representing communities who have been marginalized and experience health inequities to work collaboratively with the Health District and thereby fulfill that commitment to co-creating solutions.

The Collaborative has met twice and individuals from more than 30 organizations have participated in meetings. These organizations and community leaders serve and/or represent communities such as our communities of color, communities with disabilities, immigrants, LGBTQ+ communities, communities with lower-income, and youth. They include nonprofit organizations, governmental agencies, faith-based organizations, healthcare agencies, and grassroots organizers.

During our update to the Board, we will share which organizations have participated, what the Collaborative has done so far, and what the Collaborative plans to do this year. We will also share the Health District’s equity-centered approach to convening the Collaborative.

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

Jessica Guidry
Equity Program Manager
Our Equity Program

Our Equity Program was created in mid-2021 to carry forward the directives of a Kitsap Public Health Board resolution declaring racism a public health crisis. Our program works within the Health District and in our community to listen, collaborate, address inequities, and strive to create an environment where everyone can thrive.

Training

Policies Procedures Programs

Partnerships
Commitments in the Resolution

Review policies, procedures, programs through a racial justice and equity lens

Workforce

Structure

Community Partnerships

Board of Health
Kitsap Board Resolution 2021-01

“The Board and the Kitsap Public Health District commit to work to advance a public health approach in addressing institutional and systemic racism, including [...] partnering with community to co-create solutions to address structural inequities.”
Kitsap Health Equity Collaborative

- Organizations serving and leaders from communities experiencing health inequities; convened by KPHD
- Participants compensated if not being paid by another organization
- Mostly hybrid meetings
- Meetings every other month
30+ Organizations Participated So Far

- Bremerton Housing Authority
- Central Kitsap School District
- Fdn for Poverty & Homelessness Mgmt
- Gather Together, Grow Together
- Kingston Advisory Council
- Kitsap Accessible Communities Advisory Council
- Kitsap Black Student Union
- Kitsap Community Resources
- Kitsap Council for Human Rights
- Kitsap ERACE Coalition
- Kitsap Immigrant Assistance Center
- Kitsap Mental Health Services
- Kitsap Pride
- Kitsap Regional Library
- Kitsap Strong
- Living Arts Cultural Heritage
- Love Me For Me
- Marvin Williams Center
- Mt. Zion MBC
- NAACP Unit 1134
- Olympic College
- OESD
- PCHS
- Port Gamble S’Klallam Tribe
- Puget Sound Partnership
- Sinclair MBC
- Suquamish Tribe
- Up From Slavery Initiative
- Virginia Mason Franciscan Health
- You are Beautiful, PLLC
Other Organizations Invited

- Civil Survival
- Ebenezer AME Church
- Filipino American Association of Kitsap County
- Gods Broken Home University
- Kitsap Advocating for Immigrant Rights and Equality
- Kitsap County Veterans Program
- Islamic Center of Kitsap County
- Kitsap Parent Coalition / Easter Seals
- New Horizons Baptist Ministries
- Surviving Change
- Summit Ave. Presbyterian Church
- Voices of Pacific Island Nations
What We Have Done So Far

- **Established a Focus: Address root cause(s) to systemic inequities**
- Discussed the following:
  - Collaborative purpose, roles
  - Definition of health equity and social determinants of health
  - Barriers to good health in Kitsap County
  - Existing community assets
- Allocated time for information sharing (programs, grants, events, etc.) and relationship building
Next Steps

To discuss:

• Which root cause(s) to address (goals)
• Missing/needed/overlapping community assets
• Strategies we would like to focus on
• How we will work on those strategies
• How we interface with existing and future groups with similar goals
Questions?

Jessica Guidry
Equity Program Manager
Jessica.Guidry@kitsappublichealth.org
(360) 509-0966
MEMO

To: Kitsap Public Health Board
From: Erica Whares, Kitsap County Child Death Review Coordinator
Date: January 10, 2023
Re: Child Death Review (CDR) Introduction Presentation

In accordance with Washington State Law (RCW 70.05.170), KPHD is restarting its child fatality review process as a systematic method of identifying and addressing preventable causes of child death in our County. The purpose of the Child Death Review (CDR) is to lead to a better understanding of how and why children die, and what can be done to prevent child deaths in the future, based on findings from review meetings. These findings are used to catalyze action to prevent other deaths, ultimately improving the health and safety of communities, families, and children. The death of a child should invoke a community response, and the circumstances involved in most child deaths are multidimensional with many factors, and responsibility does not rest in any one place.

KPHD’s Child Death Review serves as a critical platform to partner with local health providers, schools, Emergency Medical Services, child protective services, community organizations, the medical examiner’s office, and other leaders to promote health and safety for all children in Kitsap County.

In summary, the presentation will:
• Provide an overview of the purpose and structure of CDR, as well as a brief explanation of the history of CDR in Kitsap County;
• Review national child death and injury trends;
• Share an updated list of multidisciplinary partners involved in the CDR process; and
• Offer an update on meeting structure, schedule, and cases

The Health District will bring a resolution to authorize and empower the CDR committee under RCW 70.05.017 for Board consideration and approval at your regular March 2023 meeting.

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

Attachment (1)
Kitsap County
Child Death Review (CDR)
Introduction

Erica Whares
Healthy Communities Specialist
Chronic Disease and Injury Prevention Program
Presentation Objectives

1. Explain the Child Death Review Panel and what review meetings will look like
2. Review national and local child mortality statistics and trends
What is Child Death Review?

- Community-oriented process involving professionals from multiple disciplines
- Facilitates an **objective review** to outline key circumstances involved with a child’s death
- Collectively examines how and why children die in our county with the goal of preventing future deaths and improving safety.
Child Death Review

Prevention-focused child death review is different from other processes.

What it IS

- An ongoing, confidential process of data collection, analysis, interpretation, and action
- A systemic process guided by policies and state law
- Intended to move from data collection to prevention activities.

What it is NOT

- A mechanism for assigning blame or responsibility for any death
- A research study
- Institutional review or substitute for existing mortality and morbidity inquiries
The death of a child is...

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

- Case logs from 1999-2015
- Last review took place in 2015
- Prevention strategies included: increased signage at local beaches, expanded messaging on safe sleeping environments, advocated for Graduated Driver’s Licenses
- Other fatality reviews in Kitsap
RCW 70.05.170 – Protected process

The legislature finds that the mortality rate in Washington State among infants and children less than eighteen years of age is unacceptably high, and that such mortality may be preventable. The legislature further finds that, through the performance of child mortality reviews, preventable causes of child mortality can be identified and addressed, thereby reducing the infant and child mortality in Washington State.

• State Law (RCW 70.05.170) enacted in 1993 and revised in 2010
• Local health jurisdictions may conduct child death reviews so that “preventable causes of child mortality can be identified and addressed” through evidence-based systems and policy changes
• State CDR team at DOH oversees local CDR data and priorities
The Fatality Review Process

Steps to Success

Tell the Story
Tell each story to identify and understand the risk and protective factors

Collect Data
Multidisciplinary data on the context in which the decedent lived should be documented

Take Action
Fatality Review Teams should be a catalyst for prevention
Why we have Child Death Reviews

**Unintentional Injury Deaths in Children and Youth, 2010-2019**

Injuries are a leading cause of death for children and teens in the U.S. The types of injury vary by age.

- **Suffocation** deaths are most common among infants <1 year old.

- **Drowning** deaths are most common among 1–4 year olds.

- **Motor vehicle crash** deaths are most common among 5–19 year olds.

**Child injury death rates decreased 11% from 2010 to 2019. However, rates increased among some groups.**

- **Poisoning and drug overdose death rates among Hispanic children** increased by 50%.

- **Poisoning and drug overdose death rates among Black children** increased by 37%.

- **Suffocation death rates among Black children** increased by 21%.

- **Motor vehicle death rates among Black children** increased by 9%.

**Focused prevention strategies can help prevent injuries and deaths.**

- Family engagement and support, parental monitoring, and school connectedness can reduce substance use.

- Safe sleep strategies can reduce suffocation deaths among infants.

- Proper use of car seats, booster seats, and seat belts can reduce motor vehicle crash injuries and deaths.

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Data Source: CDC Injury Prevention & Control
## Leading Causes of Death, by Age Group
**Washington State, 2015-2017, combined**
Listed by: Death Counts and Death Rates per 100,000 people (rates in parentheses)

<table>
<thead>
<tr>
<th>Rank</th>
<th>&lt;1</th>
<th>1-4 years</th>
<th>5-9 years</th>
<th>10-14 years</th>
<th>15-24 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Certain conditions originating in perinatal period 506 (190.1)</td>
<td>Unintentional Injury 58 (5.4)</td>
<td>Unintentional Injury 39 (2.8)</td>
<td>Suicide 32 (2.4)</td>
<td>Unintentional Injury 664 (23.6)</td>
</tr>
<tr>
<td>2</td>
<td>Congenital Abnormalities 286 (107.5)</td>
<td>Malignant Neoplasms 31 (2.9)</td>
<td>Malignant Neoplasms 25 (91.8)</td>
<td>Unintentional Injury 31 (2.3)</td>
<td>Suicide 497 (17.7)</td>
</tr>
<tr>
<td>3</td>
<td>Unintentional Injury 51 (19.2)</td>
<td>Congenital Abnormalities 19 (1.8)</td>
<td>Congenital Abnormalities 6**</td>
<td>Malignant Neoplasms 27 (2.0)</td>
<td>Homicide 167 (5.9)</td>
</tr>
<tr>
<td>4</td>
<td>Cardiovascular Diseases 25 (9.4)</td>
<td>Homicide 18 (1.70)</td>
<td>Homicide 8**</td>
<td>Congenital Abnormalities 10**</td>
<td>Malignant Neoplasms 78 (2.8)</td>
</tr>
<tr>
<td>5</td>
<td>Homicide 11**</td>
<td>Influenza and Pneumonia 9**</td>
<td>Cardiovascular Diseases 7**</td>
<td>Homicide 8**</td>
<td>Cardiovascular Diseases 61 (2.2)</td>
</tr>
</tbody>
</table>

Data Source: DOH Death Certificates
Kitsap Core CDR Panel

Will include representatives from:

Port Gamble S’Klallam Tribe  Bainbridge Youth Services
Poulsbo Fire Department  Peninsula Community Health
Central Kitsap Fire and Rescue  Medical Examiner’s Office
Public Health  Kitsap Mental Health Services
DCYF  Local Pediatrician
South Kitsap School District  OESD 114
Looking Ahead

1. Our CDR review team is conducting planning meetings before our first review in March
2. Will conduct 4 review meetings per year
3. Enter data into the National Fatality Review-Case Reporting System (NFR-CRS)
4. Catalyze prevention locally
Questions
Resources

1. The National Center for Fatality Review and Prevention: [https://ncfrp.org/](https://ncfrp.org/)


3. CDR 101 (From the National Center): [https://mediasite.mihealth.org/Mediasite/Play/1839e8222b7547e8928610af62edd98c1d?catalog=db105963a5d642c9b6237f5de124c02a21](https://mediasite.mihealth.org/Mediasite/Play/1839e8222b7547e8928610af62edd98c1d?catalog=db105963a5d642c9b6237f5de124c02a21)

Thank you

Questions? Email erica.whares@kitsappublichealth.org
Communicable Diseases: 2022 in Review

Wendy Inouye, MS MPA
Epidemiologist
Communicable Diseases
1 | Respiratory Season
2 | Mpox 2022
3 | Tuberculosis
4 | Syphilis/Gonorrhea
5 | Immunizations

All photos courtesy of CDC Public Health Image Library.
**DISCLAIMER**

- Data are preliminary (accessed 1/30/2023), and are not finalized counts for 2022.
- Data are obtained through public health surveillance:
  - Underrepresents true disease activity.
  - Contains biases in detection and reporting.
The Return of Respiratory Season
Reminder: What we track for Influenza

- **# tests done**
- **# tests positive**

**Laboratory Surveillance**

- **# ED visits at Kitsap facilities**
- **# ED visits attributable to flu**

**Emergency Dept Visits**

- **Deidentified HC visit data (syndromic surveillance)**

**Deaths**

- **Individual case reports**

**Outbreaks in Long-Term Care**

- **# new flu outbreaks**

**How reported:**
- Clinical Labs
- NREVSS

**How reported:**
- Vital Records
- LTCFs
Influenza Lab Reporting, Oct 2018 – Jan 2023

Jan – Apr 2019
A (H1N1)
A (H3N2)

Nov 2019 – Feb 2020
A (H1N1)
Flu B

May - Jun 2022
A (H3N2)

Nov - Dec 2022
A (H3N2)
Weekly reported tests performed and the percent of those that are positive for each virus, past four years.

WA Mask Mandate: Jun 2020 – Mar 2022
Flu deaths and outbreaks also “un-paused”.

**INFLUENZA-ASSOCIATED DEATHS**

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-2019</td>
<td>11</td>
</tr>
<tr>
<td>2019-2020</td>
<td>8</td>
</tr>
</tbody>
</table>

**INFLUENZA OUTBREAKS IN LONG-TERM CARE FACILITIES**

<table>
<thead>
<tr>
<th>Year</th>
<th>Outbreaks</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-2019</td>
<td>0</td>
</tr>
<tr>
<td>2019-2020</td>
<td>4</td>
</tr>
</tbody>
</table>

COVID-19 deaths:

- 2018-2019: 0
- 2019-2020: 15
- 2020-2021: 199
- 2021-2022: 173
- 2022-2023: 21

Outbreaks in long-term care facilities:

- 2018-2019: 0
- 2019-2020: 16
- 2020-2021: 46
- 2021-2022: 115
- 2022-2023: 29
Mpx: The Global Threat of 2022
2022 Mpox Epidemic in Brief

Mpox case reported in UK resident with travel to Nigeria

King County detects 1st WA mpox case

First mpox case reported in U.S. (MA)

May 6

May 17

May 23

1st mpox case reported in Kitsap County

WHO declares mpox a public health emergency

Jul 23

Jul 24

As of 1/30/2023:
- 666 cases in WA
- ~19,000 doses vaccine administered

Last mpox case reported in Kitsap County

Oct 13
3

Tuberculosis: A Public Health Crucible
TB requires a unique public health response.

Case management 4 – 12+ months.

Importance of identifying close contacts.

Most often impacts populations with other challenges and vulnerabilities.

LTFU not an option.

A typical person with TB disease in the United States requires:

- X-rays
- Lab tests
- Follow-up & testing of contacts

Several factors can complicate case/contact management.

- Interpreter needed
- Case has a lot of contacts
- Resistance to first-line TB drugs
- Case unable to tolerate drug regimen
- Patient is underinsured or has no insurance
- Case identified after death
- Case has other social needs
2022 in Kitsap required a different strategy.

Number of TB cases requiring routine case management by KPHD, by week

- Active TB
- LTBI (Close contacts)
Footnote: Global disruption of TB services has likely set back TB elimination.
We can already see a worrying impact on global TB deaths.

STI Surveillance Data: a Window to Health System & Behaviors?
Syphilis surveillance data reveal gaps in STI health.

Syphilis cases (any stage), 2017 – 2022.

[Bar charts showing reported cases of syphilis in Kitsap County from 2017 to 2022, with separate graphs for male and female under 30 and 30+ years.]
Gonorrhea surveillance also points to nuanced epidemics.
5

Immunizations at a Public Health Crossroads
The COVID-19 epidemic interrupted routine immunizations. Can we recover?

Kindergarten vaccination rates drop in all but 3 WA counties


“An additional 3.9% without an exemption were not up to date with measles, mumps and rubella vaccine. Despite widespread return to in-person learning, COVID-19-related disruptions continued to affect vaccination coverage and assessment for the 2021–22 school year, preventing a return to prepandemic coverage.”
2021 data showed decline in number of routine immunization doses administered in Kitsap County.

[Bar charts showing the decline in doses administered from 2015-2019 to 2020 and 2021 for 4-6 years and 11-12 years age groups in Kitsap and Washington State.]
In the 2021-22 school year:

- >2,700 Kitsap students were not UTD on routine immunizations.
- Only 92% of Kitsap kindergarteners were UTD on MMR.
  - >6% of Kitsap kindergarteners had no record of MMR and no exemption.

**Spotlight:** South Kitsap School District catchment area now exceeds the DHHS Healthy People 2030 Goal for routine immunizations coverage.
Additional note: What adult flu vaccines tell us.

Weekly cumulative estimated number of influenza vaccinations administered in pharmacies and physician medical offices, adults 18 years and older, U.S. (Data source: IQVIA Pharmacy and Physician Medical Office Claims.)

Source:
Strong immunization coverage is critical in protecting our community against vaccine-preventable diseases.
Thank you

wendy.inouye@kitsappublichealth.org