

**KITSAP PUBLIC HEALTH BOARD  
MEETING MINUTES  
Regular Meeting  
May 7, 2019**

The meeting was called to order by Board Chair, Commissioner Robert Gelder at 12:30 p.m.

**REVIEW AND APPROVE AGENDA**

There were no changes to the agenda.

**BOARD MEETING MINUTES**

Commissioner Charlotte Garrido moved and Mayor Rob Putaansuu seconded the motion to approve the minutes for the April 2, 2019, regular meeting. The motion was approved unanimously.

**CONSENT AGENDA**

The May consent agenda included the following contracts:

- 1749 Amendment 8 (1920), *Washington State Department of Health, Consolidated Contract*
- 1925, *Public Health Activities and Tracking (PHAST) Project, Advancing the Adoption and Use of a Uniform Chart of Accounts Crosswalk*
- 1927, *Office of Superintendent of Public Instruction, Summer Food Service Program*

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

**PUBLIC COMMENT**

Roger Gay, resident of South Kitsap, made public comment to the board regarding two topics.

Firstly, Mr. Gay said he went online to find Board meeting materials and noted that some materials were missing. He said a public organization must be transparent, up front and post materials in a timely manner, which is the only way for the public to be updated on Board activities when they are unable to attend Board meetings. He thanked Mr. Keith Grellner, Administrator, for providing the materials he requested via email earlier in the week.

Secondly, Mr. Gay said there was recently an incident at University of Washington involving the accidental spill of radioactive material, cesium 137. He said he was curious if the Board plans to look at the UW incident and consider how Kitsap Public Health District would handle a similar situation locally.

Commissioner Gelder said Mr. Gay's question about radioactive incident response may be addressed during the Public Health Emergency Planning and Response presentation later in this meeting. Commissioner Gelder asked Mr. Grellner about the website concerns.

Mr. Grellner clarified that regular Board materials and minutes have been posted in a timely fashion and noted that Board minutes can't be posted online until they have been approved by the Board. However, he said there has been a delay in getting the committee materials (finance, personnel and policy) posted due to staffing and workload issues. Staff are working on correcting this now.

There was no further comment.

## **HEALTH OFFICER/ADMINISTRATOR'S REPORT**

### Health Officer Update:

Dr. Susan Turner, Health Officer, provided the Board with several updates.

Firstly, she said flu season is on the wane in Kitsap and is at the usual level for this time of year, at a slightly elevated level. Flu activity is similar across the state and the nation. In Kitsap, nine long-term care facilities were affected by influenza & 11 influenza-related deaths were reported this season.

Next, Dr. Turner said that the Washington State Department of Health (DOH) and partners have followed a format of releasing certain data sets from the 2018 Healthy Youth Survey (HYS) on a monthly basis. Last month they released substance use data. This month they released youth mental health data. Health District staff have interacted with superintendents and Kitsap County Health and Human Services regarding this data.

In general, the mental health data in Kitsap revealed:

- An increase in youth feeling sad or hopeless, anxious.
- There was no change in youth reporting considering or attempting suicide, but there is quite a notable disparity among gay/lesbian/bisexual youth.
- The 2018 HYS introduced the modified Children's Hope Scale—about 50% of 8th, 10th and 12th graders reported having "high hope", and about 60% did not feel sad or hopeless.
- Kitsap's results were similar to Washington's.

Lastly, Dr. Turner said the Health District recently sent two Health Advisories.

Last week staff sent a health advisory to healthcare providers and service organizations (specifically those who serve individuals who use drugs) to offer Hepatitis A vaccination to people who are experiencing homelessness as well as other people at risk (those who use drugs, MSM, people who are or were recently incarcerated, and people with chronic diseases). This follows a February 2019 change to vaccination recommendations based on the nationwide outbreak involving at least 20 states, of Hepatitis A virus (HAV) among individuals experiencing homelessness and those who use drugs, spread through person to person contact. Hepatitis A vaccine is the best way to prevent infection, but the ACIP had not previously recommended

vaccinating homeless populations. Thus, Kitsap providers have not focused on this effective prevention strategy.

King County is seeing an elevated number of HAV cases this year, and the most recent cases were in an individual reporting using drugs and another experiencing homelessness, raising concern that Seattle and Washington might have the next outbreak. Public Health-Seattle & King County has activated Incident Command System (ICS) to manage the contact investigations in their cases and the partnerships with multiple clinics and organizations serving these populations across the county. Kitsap has had no cases reported to us.

Two weeks ago, staff sent a health advisory asking healthcare providers to do more screening for HIV risk as well as HIV testing, since King County is experiencing a 368% increase in new HIV diagnoses among heterosexuals who inject drugs; and Snohomish County is also seeing this type of cluster of new HIV cases. Additional cases are expected, so DOH issued their own alert due to concern that areas outside King County may also see an increase in HIV transmission among people who inject drugs. Kitsap is not seeing an increase at this time, but staff are concerned about such an increase occurring here as well due to our county's proximity.

Commissioner Gelder had several questions:

1. Has staff heard any updates about the measles case that came from British Columbia? Dr. Turner said staff haven't been advised of any measles contacts in Kitsap and have not yet received any updates from King County on this yet as their investigation is still underway.
2. Can the HYS information be analyzed by school districts? Dr. Turner said it is available by school districts and said school districts are given direct access to the data as well, so that they can assess the data and talk to their advisory group.
3. As we are moving into a dry, warm season with potential for more wildfires, does the Health District publish information about specific air quality indicators and provide outreach to those who may be sensitive to these conditions? Dr. Turner said the Washington State Association of Local Public Health Officials (WSALPHO), DOH and other partners across the state are working on resources and tools to share consistent air quality information with the public when needed. Additionally, Dr. Turner said, during situations when air quality is compromised, staff stay abreast on air quality reports from the Puget Sound Clean Air Agency. All four local health jurisdictions (LHJs) are involved in the messaging each time the Puget Sound Clean Air Agency publishes a release for the Puget sound area. They have toxicologists on staff and may be an untapped resource about the risks to public health. She said the Health District doesn't have any experts on air quality and toxicology on staff. In a week or two, the Puget Sound Clean Air Agency is hosting an event for the four LHJs to plan and coordinate how to prepare for upcoming summer. The Environmental Health Director and Public Information Officer will attend. Additionally, the WSALPHO and DOH work group will be reporting to Health Officers and Administrators at the June WSALPHO meeting to share their air quality products. The Health District is also looking at local response procedures.

Mayor Erickson noted the 368% increase in HIV in King County that Dr. Turner had mentioned earlier. Mayor Erickson asked if Dr. Turner knew what the number of individuals was, as opposed to the percentage. Dr. Turner said that the DOH advisory indicated that King County's usual case count of 7 increased to 30 cases.

There was no further comment.

Administrator Update:

Mr. Keith Grellner, Administrator, took a moment to address Mr. Gay's public comment regarding radiation incident training in Kitsap County. He said statutorily, DOH has the expertise and is responsible for radiation protection and response. However, he noted if an incident occurs in Kitsap County, the Health District works with DOH and the Department of Emergency Management (DEM) to respond. Staff have and continue to participate in radiation drills with DOH and DEM, and most recently the Navy, too. He said the Health District always has more work to do to prepare and coordinate such a response.

Next, Mr. Grellner provided an update on the State budget. The legislature's budget included \$22 million for Foundational Public Health Services (FPHS) in the 2019-21 biennium, an increase of \$10 million from the \$12 million that was directed to FPHS in the 2017-19 biennium. The FPHS steering committee is working on figuring out how to allocate the funding. Mr. Grellner said WSALPHO hopes to have a plan in place by early July or sooner. At this time, Mr. Grellner does not know what level of funding to expect for the Health District. The committees working on this allocation consist of the State Board of Health, DOH, 35 LHJs and the tribes of Washington state.

Next, Mr. Grellner thanked Kitsap Transit for their in-kind donation to the Health District through providing space and additional time for posting ads on buses promoting the Food Insecurity Nutrition Incentive (FINI) Fresh Bucks program. The Chronic Disease Prevention program gave a presentation to the Board last year about the program. The Health District contracts with five local farmer's markets to provide EBT shoppers an extra \$2 in incentives for every \$5 spent on fresh fruits and vegetables. The program is available to over 37,000 Kitsap residents that receive snap benefits.

Lastly, Mr. Grellner informed the Board that Governor Inslee released an Environmental Health Day proclamation naming the day of this meeting, May 7, 2019 as Environmental Health Specialist Day. The Health District has over 30 employees classified as Environmental Health Specialist, technicians and a support staff.

There was no further comment.

## **PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE PRESENTATION**

Ms. Jessica Guidry, Public Health Emergency Preparedness and Response (PHEPR) program manager provided the Board with a presentation on the PHEPR program.

Ms. Guidry explained that PHEPR is a foundational capability of the Foundational Public Health Services (FPHS). FPHS foundational capabilities (i.e., business competencies, policy development and support, communication, assessment/surveillance/epidemiology, communications, community partnership and development, and emergency preparedness) are areas of crosscutting capacity and expertise needed to support and successfully carryout public health programs.

The purpose of the PHEPR Program is to ensure that the Health District has the plans, procedures, systems, experience, and relationships necessary to effectively respond to public health emergencies or significant events.

During the presentation, Ms. Guidry provided a brief overview the Health District's PHEPR Program including:

- How the Health District responds to emergencies
- Key activities of the PHEPR program
- PHEPR's critical partnerships
- Some of PHEPR's major accomplishments in the past year

Ms. Guidry explained that there are two questions to ask before activation of Incident Command System (ICS):

- Is there urgent significant public health work to be done?
- Is the situation likely to overwhelm our resources?

Additionally, she explained that the role of public health doesn't change during an emergency, but the priorities may shift. The PHEPR program is funded almost entirely by the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness grant and has deliverables required for their grants.

Ms. Guidry explained that the Health District has policies and plans for how to handle emergencies in general, and specific plans for specific emergencies (such as communicable disease outbreaks and environmental health emergencies). The PHEPR program and the Health District's Emergency Response Team participate in exercises and practice plans to ensure preparedness for an incident.

In 2008, the Health District signed a local aid agreement with all seven tribes and the three local health jurisdictions in our region to help each other during an emergency. The PHEPR program does regional training with the local health jurisdictions and tribes in Clallam, Jefferson and Kitsap counties.

The PHEPR program also partners with Naval Hospital Bremerton and the Navy's Radiation Emergency Planners (Propulsion). Last May, PHEPR, the Kitsap County Department of Emergency Management (DEM), DOH, and the Navy partners participated on exercises together, including a radiation emergency planning exercise in May 2018. She said a big part of emergency management is public communication. The radiation exercise was a good example of a situation of when communication is crucial.

Additional partners include, healthcare (hospitals, clinics, dialysis center, mental health, emergency medical system, Northwest Healthcare Response Network); DEM; and the City of Bainbridge Island, the seven tribes and various LHJs in Washington State.

Some of the program's notable achievements include supporting the Health District's:

- Horseshoe Lake norovirus response
- Measles planning activities
- Assistance to the County Emergency Operations Center during the February Winter storm (e.g. providing suggestion to help individuals needing to get to dialysis appointments)

Mayor Greg Wheeler said the City of Bremerton will be reaching out to the Health District looking for ways to partner in emergency situations. For example, he noted that the Salvation Army closes at some point every year due to weather or other issues which results in tents all over their property. He said the City is looking at an emergency facility for those in need. He explained that this situation is isolated in one area of the county, but that it is a complex issue.

Ms. Guidry added that King and Pierce counties have both activated emergency operation centers to handle homelessness issues. She said that is a great example of using ICS to work through problems and address issues.

There was no further comment.

## **PEOPLES HARM REDUCTION ALLIANCE**

Mr. Grellner introduced Tom Fitzpatrick, a Peoples Harm Reduction Alliance (PHRA) board member and co-founder. In response to Health Board members' concerns about PHRA methods and activities, Mr. Fitzpatrick reached out to individual Health Board members to discuss these concerns. The purpose of this presentation is to provide a public forum to get more information about PHRA, and to facilitate a discussion between the full Health Board and PHRA about concerns with the Health District's secondary syringe exchange services contract with PHRA.

The Health District has contracted for secondary syringe exchange services with PHRA since late 2015. Each contract with PHRA has integrated guidance from the Centers for Disease Control and Prevention (CDC) for science-based behavioral health interventions into the syringe exchange program: prevention, education, referral, and counseling services.

Mr. Fitzpatrick introduced his colleagues: Shantel Davis, Director of Development; Lisa Al-Hakim, Director of Operations; Monte Levine, director of former Ostrich Bay Needle Exchange and advocate for syringe exchange in Kitsap County; and Curt Eckman, President and board member.

Ms. Davis began the presentation with an overview of the organization. PHRA was founded in 2007 in a partnership of public health professionals, concerned community members, and current and former drug users. PHRA currently provides services in King, Kitsap, Snohomish and Multnomah counties. PHRA is guided by two philosophies: harm reduction and peer involvement. Ms. Davis explained that the harm reduction philosophy works to minimize the harmful effects of drug use; acknowledgement of any positive change, such as small, incremental behavioral changes or an increase in health; calls for non-judgmental, non-coercive services to reduce harms associated with drug use; and uses health and well-being of individuals and communities, not necessarily cessation of drug use, as criteria for success.

Ms. Davis said individuals who are engaged in syringe exchange services are five times more likely to enter into treatment because the program is participant driven and non-coercive. The program provides linkages to medication-assisted treatment (MAT) and behavioral health organizations. She said syringe exchange services are the basis for reaching these groups for a wider variety of services. The program also distributes naloxone, an overdose reversal drug, to users, family members and service providers. Ms. Davis said peer involvement allows PHRA to respond and realign program to provide better access to serve this group more effectively.

Ms. Davis explained that historically Kitsap County was served by two syringe exchanges: Kitsap Public Health District and Ostrich Bay exchange. When Mr. Levine closed the Ostrich Bay exchange in 2016, the Health District contracted with PHRA to provide a mobile exchange service to the county that was complementary to the Health District's exchange program.

Current services provided by PHRA's mobile delivery model in Kitsap are:

- Syringe exchange
- Safer drug use education
- Naloxone distribution
- Hepatitis C testing and linkage to care
- Referral to addiction treatment

The mobile exchange operates on Tuesdays, Thursdays and Saturdays from 9:00 a.m. to 5:00 p.m. Anyone in Kitsap County can call or text the exchange to meet in a mutually agreed upon location the same day for services. Same day services create a stronger linkage to care. The average length of each delivery and encounter is 10 to 15 minutes.

Ms. Davis said, in 2018, the mobile exchange distributed 2,243,850 sterile syringes through 4,217 deliveries. She noted that some deliveries meet multiple people at the same time, which would still be counted as one delivery or encounter. January through April of this year, the

program has distributed 799,701 sterile syringes through 2,181 deliveries. She said PHRA's disposal rate is 95-100 percent, which is on trend with national syringe exchange data.

Mr. Fitzpatrick said these numbers can seem alarming, however they are considered successful for the exchange, because the data means the program is reaching as many drug users as possible. He said he understands that the Board has concerns about the number of syringes distributed and the possibility of them getting used and improperly disposed of. He explained that research has shown that the number of syringes improperly disposed decreases or stays the same when the number of clean syringes provided increases. Additionally, he said the rates of syringe sharing and reuse decrease with the increase of clean syringes, which reduces soft-skin infections and the spread of HIV and Hepatitis C.

Mr. Fitzpatrick explained that the total number of syringes distributed divided by the number of deliveries averages roughly 400 syringes per delivery, which seems like a lot. He said that it is impractical for the mobile delivery to supply smaller quantities more frequently to the same individuals, so the program distributes enough sterile syringes in one delivery to cover one person's use for a long period of time. Additionally, he noted that some of those syringes aren't just being used by the single individuals that order the exchange. These people act as a secondary syringe exchange, by providing clean syringes to others. He explained that through this model, the program is able to access people who otherwise wouldn't get services. He noted that these people tend to be involved in the highest risk behavior. He said that this model is a way to prevent outbreaks like those happening in Indiana and King county. Ms. Davis said the secondary exchange also increases trust with those difficult to access.

Mr. Fitzpatrick said PHRA has obtained funding outside of current contract with the Health District to do other services, such as naloxone distribution, provide fentanyl test strips and overdose prevention education and training. He said overdose is the number one killer of the program's clients. In 2019, so far, the program has distributed 380 doses of naloxone and has received reports of 328 overdose reversals.

In October 2018, PHRA, Hepatitis Education Project (HEP), and the Salvation Army partnered to implement monthly hepatitis testing events. This year, PHRA began providing at-home Hepatitis C testing with deliveries. He said of those testing positive, 80 percent were successfully referred to confirmatory testing and care.

Mr. Fitzpatrick explained that the syringe exchange provider becomes a linkage to get users into expedited treatment. The program had 461 referrals provided in 2018. He noted that PHRA has heard concerns from Board that the program isn't getting enough people into treatment. He said PHRA agrees and are working to increase access to low-barrier suboxone treatment through a partnership with Dr. Lisa Pratt at the Suquamish Tribe Wellness Center. So far in 2019, the program has provided 1,220 referrals to treatment.

Lastly, Mr. Fitzpatrick explained that this is a very cost-effective program. He said the total cost of the program is \$81,811 to do all of the services mentioned. He said there are very few



organizations in the nation who can provide these services for such low cost. He attributed this to community involvement and volunteer work.

Mr. Fitzpatrick ended his presentation stating that he would like to answer any questions or concerns the Board may have.

Commissioner Gelder said the meeting may run a little late to accommodate questions.

Mayor Erickson said she was speechless and more convinced than ever that she doesn't want PHRA's services in the county.

Mr. Fitzpatrick asked Mayor Erickson what about the presentation causes this response.

Mayor Erickson said she has done a lot of research on opioid addiction and has found different results. She said she doesn't agree with PHRA's statistics. She said she read a study from the University of Washington that contradicts most of the information provided in the presentation. She said she could only find one study, from 20 years ago, referencing number of needles brought back to services. She said the study found that only 60 percent were returned, while 40 percent were not accounted for. She said she doesn't agree with the concept of secondary exchange and asked Mr. Fitzpatrick if he knew how many people died of overdose in Kitsap or King County in 2016. Lastly, she said her fight is against addiction not HIV.

Mr. Fitzpatrick addressed the Board in response to these statements. He said there is substantial research on need based exchanges (distributing more syringes than received) and informed the Board of a spreadsheet on Washington State Department of Health's website listing syringe exchange research published domestically and internationally since 2007. He said there is a section on syringe disposal included in the spreadsheet.

Additionally, Mr. Fitzpatrick said that he agrees with Mayor Erickson that overdose is more important to prevent than Hepatitis C or HIV. He said he can point the Board to multiple studies and researchers in the field that find the key to combating opioid addiction is access to low-barrier naloxone, and when individuals are ready, access to treatment. He added that syringe exchanges are an essential part of this service, because it creates familiarity and trust for individuals to feel comfortable getting referrals to treatment. He said PHRA has been researching a correlation between syringe exchange and increased drug use for 20 years and, to his knowledge, there is no research that supports this idea. He said he also isn't aware of any evidence that syringe exchange increases overdose rates. He said, in PHRA's research, majority of people who inject drugs and have access to naloxone, get it through syringe exchange. Lastly, he said, if syringe exchange services go away, fewer people will have access to naloxone.

Commissioner Gelder asked if there are any studies that show the cost of long-term drug abuse, like there is for Hepatitis C services and treatment. Mr. Fitzpatrick explained that there is a cost analysis, but it is primarily based on HIV. He said the general cost of one new infection of HIV is \$400,000 over the individual's lifetime. He said that addiction is difficult to quantify, because it kills people early on in life, and therefore the cost over a lifetime is not comparable to that of

HIV. He said cost of life is difficult to analyze but one could look at impact of addiction on quality of life, although it is difficult to interpret. He said he has not yet found this number that Commissioner Gelder is requesting, but he is still looking.


Lastly, Mr. Fitzpatrick said there is a curated bi-monthly resource he can share with the Board by infectious disease doctor, Phil Coffin, at University of California - San Francisco. He said this is how PHRA gets the most up-to-date research in the field.

Commissioner Garrido said she would like this resource. Mr. Fitzpatrick said he will share all of the resources he referenced today with Mr. Grellner to distribute to the Board.

There was no further comment.

## ADJOURN

There was no further business; the meeting adjourned at 1:53 p.m.



**Robert Gelder**  
Kitsap Public Health Board



**Keith Grellner**  
Administrator

**Board Members Present:** *Mayor* Becky Erickson; *Commissioner* Charlotte Garrido; *Commissioner* Robert Gelder; *Mayor* Rob Putaansuu; *Mayor* Greg Wheeler.

**Board Members Absent:** *Mayor* Kol Medina; *Commissioner* Ed Wolfe.

**Community Members Present:** Lisa Al-Hakim, *Peoples Harm Reduction Alliance*; Shantel Davis, *Peoples Harm Reduction Alliance*; Tom Fitzpatrick, *Peoples Harm Reduction Alliance*; Lauren Funk, *Self*; Roger Gay, *Self*; Monte Levine, *Peoples Harm Reduction Alliance*; Rob McDonough, *Self*.

**Staff Present:** Amy Anderson, *Public Health Educator, Public Health Emergency Preparedness and Response*; Angie Berger, *Administrative Assistant, Administration*; Yolanda Fong, *Director, Community Health*; Keith Grellner, *Administrator*; Jessica Guidry, *Program Manager, Public Health Emergency Preparedness and Response*; Karen Holt, *Program Manager, Human Resources*; Joffrey Inocencio, *Intern, Public Health Emergency Preparedness and Response*; John Kiess, *Director, Environmental Health*; Betti Ridge, *Social Worker 3, HIV Prevention*; Tad Sooter, *Public Information Officer & Communications Coordinator*; Susan Turner, MD, *Health Officer*.