Strategic Plan Updates: 2011-2021 Closeout and 2023 Progress Report

Presented by Siri Kushner, Assistant Community Health Director
Kitsap Public Health Board
March 7, 2023
KPHD’s most recent 10-year strategic plan was created and approved by the Board in 2011.

In 2016, that plan was updated, and board approved.

Activities delayed by COVID:

- No bandwidth to carry out many of the elements of the plan
- Unfinished systems to assess progress
- No time to develop a new strategic plan

2022 we continued under the same strategic plan
# Amended 2011-2021 STRATEGIC PLAN

Approved by Kitsap Public Health Board on January 5, 2016

## Initiative 1
**We will decrease communicable diseases and their impacts in our community.**

**Goals:**
- Enhance tracking and analysis to decrease significant communicable disease threats.
- Assess and increase immunization rates.

## Initiative 2
**We will decrease chronic diseases and their impacts in our community.**

**Goals:**
- Enhance partnerships to prevent chronic disease.
- Strengthen systems to increase chronic disease data gathering, sharing and evaluation.
- Promote access and linkage to preventative care across all ages.

## Initiative 3
**We will protect the public from contaminated water, food, land, and air, and insanitary environments.**

**Goals:**
- Prevent and reduce the public’s exposure to unhealthy and unsafe environments.
- Develop and implement key policy and enforcement interventions.

## Initiative 4
**We will promote healthy child development and health equity by ensuring all children have healthy starts.**

**Goals:**
- Increase evidence-based prenatal and early childhood interventions.
- Build capacity to assess poor birth outcomes.
- Increase access and linkage to pre-conceptual, inter-conceptual and prenatal care.

## Initiative 5
**We will strengthen our ability to provide the Foundational Public Health Services.**

**Goals:**
- Strengthen our capacity to do assessment, surveillance, and epidemiologic work.
- Strengthen our capacity for public health emergency preparedness and response.
- Strengthen our capacity for internal and external public health communication.
- Enhance our ability to develop and implement strategic Public Health policies.
- Increase capacity to implement effective business practices and ensure agency sustainability and accountability.
- Ensure capability to provide Foundational Public Health Programs.

## Initiative 6
**We will support statewide and regional efforts to address the Triple Aim of health system reform.**

**Goals:**
- Support regional efforts to establish a collective impact process to improve population health across the region.
- Participate as a public health stakeholder to accomplish performance-based projects that improve population health.
We do Strategic Planning to...

- Set a proactive (not reactive) path to guide organizational decision making for the future
- High-level strategic direction (green) provides purpose for planning
Assessment of our progress in 2021 and 2022

- Subject matter experts at KPHD conducted a two-part assessment

  - Part 1: rating on a scale of 0 to 3 for each goal within each initiative
    - 0 = not started
    - 1 = planning
    - 2 = implementing
    - 3 = completed
    - Blank = not applicable

  - Part 2: narrative examples of progress

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<th>4</th>
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<td>1.8</td>
<td>1.6</td>
<td>1.9</td>
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Assessment of our progress – examples for 2022

Initiative 1
Decrease communicable diseases and their impacts in our community.
Dedicated and embedded
Communicable Disease Epidemiologist

Initiative 2
Decrease chronic diseases and their impacts in our community.
Sustained partnerships in Healthy Eating/Active Living (HEAL) coalition, Kitsap Moves, new Injury Prevention program

Initiative 3
Protect the public from contaminated water, food, land, air and insanitary environments.
Ongoing implementation of policy and enforcement interventions - vapor product ordinance, school safety inspections, drinking water ordinance

Initiative 4
Promote healthy child development and health equity by ensuring all children have healthy starts.
Ongoing implementation of Nurse Family Partnership (NFP), expansion to serve 12 additional families/year

Initiative 5
Strengthen our ability to provide the Foundational Public Health Services.
Strengthened capacity for assessment, emergency preparedness, communications and performance and quality; invested Foundational Public Health Services funds across KPHD

Initiative 6
Support statewide and regional efforts to address the Triple Aim of health system reform.
Participation in regional Olympic Community of Health Action Groups and funded for “Connect to Vax” project
... moving ahead to 2023

New Strategic Plan Process
2023 Strategic Planning Timeline

**Stakeholder/Community Input**
CHNA/CHA community leader interviews Oct-Nov
KPHB and employee surveys Nov
KPHD employees + VillageReach

**Strategy Review/Development**
early January–February
meet Jan x 1 long, and Feb x2 (1 long)
Strategic Planning Workgroup

**Action Plans**
March – April
KPHD employees + VillageReach

**Board Approval**

**Activity/Strategy input**
March
Community leaders interviewed + KPHD employees

**Dissemination**
June–December
KPHD employees + VillageReach

**Monitor**
June–December
KPHD employees + VillageReach
Two major components of a strategic plan:

1. **Strategy Discernment**: Provides strategic direction. Without this, planning lacks a clear purpose. (Green)

2. **2-3 year Action Plan for each Initiative**: Outlines the plan to bring the strategic direction into being. Without this, it remains a vision. (Yellow and Orange)

KPHD will have program-level annual work plans with activities aligned to the 2-3 year Action Plans and the 7-year Strategic Plan.
Questions or comments - Siri.kushner@kitsappublichealth.org
2022: Responding to Mpox

Yolanda Fong, Gabrielle Hadly, Tad Sooter & Elizabeth Davis
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3. PHEPR overview + KPHD emergency response overview
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6. Time for questions
Acknowledgments & org chart

With special thanks to:
- George Fine
- Kaela Moontree
- Siri Kushner
- Jessica Guidry
- KPHD staff
What is Mpox?

- A virus in the Orthopox family
- Signs and symptoms historically have a characteristic rash preceded by prodrome
- Cases associated with this outbreak had atypical features. Rash still characteristic, but often onset in genital and perianal region (prodrome mild or not occurring)

Excerpted from CDC Clinician Outreach and Communication Activity (COCA) call 5/25/2022
2022 Mpox epidemic in brief

- **May 6**: First mpox case reported in U.S. (MA)
- **May 17**: Mpox case reported in UK resident with travel to Nigeria
- **May 23**: King County detects 1st WA mpox case
- **Jul 23**: 1st mpox case reported in Kitsap County
- **Jul 24**: WHO declares mpox a public health emergency
- **Oct 13**: Last mpox case reported in Kitsap County
Emergency Preparedness & Response

- Overview of the Public Health Emergency Preparedness and Response Program (PHEPR)
- Introduction to how KPHD responds to emergencies
- Overview of PHEPR's role in this response
- Review of lessons learned
**What does Public Health Emergency Preparedness & Response do?**

**Goal:** Protect and promote the health of all persons in Kitsap County during emergencies by ensuring KPHD has the plans, procedures, trainings, and relationships needed to rapidly respond to and recover from health threats and emergencies.

<table>
<thead>
<tr>
<th>Before:</th>
<th>During:</th>
<th>After:</th>
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<tbody>
<tr>
<td>• Ensure KPHD staff are prepared emergencies</td>
<td>• Help to organize and carry out responses</td>
<td>• Reflect on responses - find out what went well and what can be improved</td>
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<tr>
<td>• Ensure the agency can carry out effective responses to public health emergencies</td>
<td>◦ Provide trainings</td>
<td>• Update plans and processes</td>
</tr>
<tr>
<td></td>
<td>◦ Document response work</td>
<td>• Conduct trainings and exercises to practice changes</td>
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<tr>
<td></td>
<td>◦ Notify partners</td>
<td></td>
</tr>
<tr>
<td></td>
<td>◦ Utilize relationships</td>
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How does KPHD respond to emergencies?

Incident Command System

- Provides guidance on how to organize assets and respond to incidents

All responses are organized into five functional areas

- Command: Defines the incident goals and operational period objectives. Includes an Incident Commander, Safety Officer, Public Information Officer, Senior Liaison, and Senior Advisers.
- Operations: Establishes strategy (methodology, etc.), and specific tactics (actions) to accomplish the goals and objectives set by Command. Coordinates and executes strategy and tactics to achieve response objectives.
- Logistics: Supports Command and Operations in their use of personnel, supplies, and equipment. Performs technical activities required to maintain the functionality of operational facilities and processes.
- Planning: Coordinates support activities for incident planning, as well as contingency, logistics, and demobilization planning.
- Admin/Finance: Supports Command and Operations with administrative issues, as well as tracking and processing incident expenses. Includes such issues as logistics requirements, regulatory compliance, and financial accounting.
The 4 Levels of Response

- **LEVEL 1: OFF-NORMAL**
- **LEVEL 2: LOW**
- **LEVEL 3: MEDIUM**
- **LEVEL 4: HIGH**
# Response Level Identification Tool

<table>
<thead>
<tr>
<th>LEVEL 1</th>
<th>LEVEL 2</th>
<th>LEVEL 3</th>
<th>LEVEL 4</th>
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<tr>
<td><strong>OFF-NORMAL</strong></td>
<td><strong>LOW</strong></td>
<td><strong>MEDIUM</strong></td>
<td><strong>HIGH</strong></td>
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<tr>
<td>Level of public interest</td>
<td>Little to no interest - regular PIO can handle</td>
<td>Moderate - may be managed without ICS PIO</td>
<td>Likely High - ICS PIO activation needed</td>
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<tr>
<td>Staffing utilized</td>
<td>Involves one division</td>
<td>Involves up to two cross-cutting programs</td>
<td>Involves four non-cross-cutting programs from various divisions</td>
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<tr>
<td>Personnel duties</td>
<td>Normal</td>
<td>Somewhat different</td>
<td>Very different</td>
</tr>
<tr>
<td>Proposed ICS structure</td>
<td>IC</td>
<td>IC, PSC, OSC, maybe PIO</td>
<td>IC, PSC, OSC, PIO</td>
</tr>
<tr>
<td>Needed ICS forms</td>
<td>None</td>
<td>IAP, SITREP</td>
<td>IAP, SITREP</td>
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<tr>
<td>Who to notify</td>
<td>ELT, PIO</td>
<td>ELT, PIO, DOH, NWHRN, LHJ, Tribes, HC, EMS, DEM, PHB, Navy</td>
<td>ELT, PIO, DOH, NWHRN, PHB, LHJ, Tribes, HC, EMS/DEM, Navy</td>
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<tr>
<td>Demobilization</td>
<td>None</td>
<td>AAR, Team debrief</td>
<td>AAR, Team debrief</td>
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Communications

- How communications started and progressed
- Lessons learned
1. Be First: Crises are time-sensitive. Communicating information quickly is crucial. For members of the public, the first source of information often becomes the preferred source.

2. Be Right: Accuracy establishes credibility. Information can include what is known, what is not known, and what is being done to fill in the gaps.

3. Be Credible: Honesty and truthfulness should not be compromised during crises.

4. Express Empathy: Crises create harm, and the suffering should be acknowledged in words. Addressing what people are feeling, and the challenges they face, builds trust and rapport.

5. Promote Action: Giving people meaningful things to do calms anxiety, helps restore order, and promotes some sense of control.

6. Show Respect: Respectful communication is particularly important when people feel vulnerable. Respectful communication promotes cooperation and rapport.

Risk comms principles
Based on the CDC’s Crisis & Emergency Risk Communication system.
emergency.cdc.gov/cerc
Risk comms principles

Based on the CDC's Crisis & Emergency Risk Communication system.

effective.cdc.gov/cerc
When to message
Being proactive

- Accurately communicate risk
- Provide simple prevention steps
- Explain what KPHD is doing
- Set expectations for ongoing communication
First case!

- Discuss in advance how we will communicate a case
- Clearly communicate risk
- Provide simple prevention steps
- Be prepared for inquiries
Maintenance

- Reporting additional cases/updates
- Supporting our outreach and response efforts (vaccination, community engagement)
- Tailoring messages to specific audiences
- Producing and distribute educational materials
- Monitoring feedback, responding to inquiries
- Addressing misinformation/stigma
<table>
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<th>Outreach</th>
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<td></td>
<td>Identifying target audiences</td>
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<td>Lessons learned</td>
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Identifying audiences

- Review data & science
- Consult KPHD experts and partners
- Listen to community feedback

General population → Higher risk and/or barriers to accessing information
How do we reach our audience?

**Populations most impacted by mpox outbreak**
- Gay, bisexual, and other men who have sex with men
- People with multiple/anonymous sexual partners

**Agencies who serve those populations**
- KPHD HIV program
- Kitsap Pride and other LGBTQ+ organizations & social networks
- Healthcare and service providers
MPOX WEBINARS

AGENDA
1. Monkeypox overview and outbreak update
2. Prevention
3. Public health response and vaccination updates
4. Information sources and

Our Ask for Providers:

- Be familiar with the clinical presentation and local epidemiology of monkeypox.
- PPE! Gloves | Mask | Eyes
- If high clinical suspicion, coordinate testing with KPHD.
- Educate your patients on transmission and infection prevention.
- Work with Public Health to identify close contacts and coordinate vaccination, if indicated.
- Identify and talk with high-risk patients about vaccination.
- Enroll as a TPOXX prescriber with CDC.
How do we communicate risk without increasing stigma?

**Goal:** Prevent discrimination. Ensure effective public health response.

**Challenges:**
- Communities most affected by mpox outbreak already experience stigma.
- Risk factors associated with mpox are stigmatized.
- "Monkeypox" name is problematic.

**Strategies:**
- No perfect solution.
- Communicate risk accurately: Anyone can get mpox; some behaviors increase risk.
- Focus on behaviors rather than identity.
- Tailor messages to audience.
  - General info for general audience.
  - Specific prevention guidance and discreet materials for at-risk populations.
Case and contact investigations

- What we did
- Lessons learned
What we did

- Trained investigators
  - Mpox overview
  - Sensitive investigations trainings

- Prepared investigation and case / contact materials

- Conducted investigations and follow up
  - Isolation guidance, address questions / concerns
  - Close contact information
Medical Countermeasures

- Overview of Medical Countermeasures
- Challenges and strategies
- Summing it up
What are medical countermeasures?

Medical countermeasures (MCMs) are medicines and medical supplies that can be used to diagnose, prevent, or treat diseases related to chemical, biological, radiological, or nuclear threats.

MCMs can include:

- Biologic products – vaccines, blood products, and antibodies
- Drugs – antimicrobial or antiviral drugs
- Devices – diagnostic tests to identify threat agents and personal protective equipment (PPE)
Medical countermeasures for Mpox

**Testing**

Tecovirimat (TPOXX)

Jynneos vaccine
Testing

**Goal:** Ensure access to timely, accurate Mpox testing in Kitsap County

**Challenges:**
- Varied clinical presentation made knowing when to test difficult
- Confusion over when to connect with Public Health
- Reports of being turned away when seeking testing

**Strategies:**
- Support providers with info via:
  - Advisories
  - Webinar/Q&A
  - On-call support
- Follow-up on testing issues as they occur
- Made local issues known to state
Treatment: Tecovirimat (TPOXX)

Goal: Identify and establish a pathway to Mpxo treatment in Kitsap

Challenges:
- Antiviral available under an investigational new drug (IND) protocol
- Initial requirements of IND protocol were barriers for providers
- Medication only available through the Strategic National Stockpile

Strategies:
- Worked with VM and SeaKing to understand IND protocol
- Received stock to transfer to prescribing provider if/when needed
- Engaged local VMFH to create pathway to treat
Prevention: Jynneos vaccine

**Goal:** Mitigate mpox transmission through timely vaccination of close contacts and those at high risk of exposure.

**Challenges:**
- Extremely limited supply available only through Strategic National Stockpile
- Complex, stigmatizing and frequently changing eligibility criteria
- Prioritizing Post Exposure Prophylaxis (PEP) while allowing for Pre-Exposure Prophylaxis (PrEP) administration
- 2 dose series, 28 days apart  
  - How do we ensure completion of series

**Strategies:**
- Served as a hub for DOH
- Adopted intradermal administration strategy when it was approved
- Release doses as first doses vs. second dose hold-back
- PrEP administration  
  - Kept PEP doses set aside  
  - Clinics at KPHD  
  - Transferred doses to partners working with high risk populations  
  - Used DOH eligibility criteria  
  - Eligibility determined with attestation
Medical countermeasures in action

We used a flexible and collaborative approach to connect cases to resources.

Case study:

- The immunization team receives a call on a Friday afternoon from a parent concerned that their adult child has mpox.

- The caller describes their adult child as having a painful rash that has not been responding to topical treatment and is getting worse.

- They have taken the adult child to urgent care for mpox testing and were turned away. The adult child does not have a primary care provider, is uninsured.
Kitsap Mpox response

Total Mpox cases: 5
TPOXX prescribed: 0
Partner/provider webinars: 2
Close contacts identified: 18
Close contacts vaccinated: 11
KPHD Jynneos clinics: 5
Jynneos doses administered: 243

Key partners: VMFH, Northwest Washington Family Medicine Residency, PCHS, Planned Parenthood, and the UW Madison Clinic
Questions?