

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
June 6, 2023**

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

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

APPROVAL OF MINUTES

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

CONSENT AGENDA

The June consent agenda included the following contracts:

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

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

PUBLIC COMMENT

There were no public comments.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Health Officer Update:

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

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

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

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

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

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

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

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

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

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

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

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

There was no further comment.

Administrator update:

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

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

There was no further comment.

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

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

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

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

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

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

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

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

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

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

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

There was no further comment.

COMMUNITY ASSESSMENTS UPDATE

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

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

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

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

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

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

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

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

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

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

There was no further comment.

ADJOURN

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

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

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



Becky Erickson
Kitsap Public Health Board



Keith Grellner
Administrator

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

Board Members Absent: *None.*

Community Members Present: *None.*

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

Zoom Attendees: *See attached.*

Kitsap Public Health Board Meeting (Virtual Attendance)

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

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