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

Chair Erickson, Mayor of the City of Poulsbo, introduced herself and asked each Board member to introduce themselves. Mayor Greg Wheeler with the City of Bremerton, Mayor Rob Putaansuu with the City of Port Orchard, Member Stephen Kutz, and Member Dr. Michael Watson each provided a brief introduction. Kitsap County Commissioner Christine Rolfes had stepped away briefly and did not provide an introduction. Additionally, Members Drayton Jackson, Dr. Tara Kirk Sell, and Jolene Sullivan were present virtually, but due to technical issues were unable to introduce themselves.

APPROVAL OF MINUTES

Mayor Putaansuu moved and Member Kutz seconded the motion to approve the minutes for the October 3, 2023, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The November consent agenda included the following contracts:

- 2203 Amendment 15, Washington State Department of Health, Consolidated Contract
- 2369, United Business Machines of Washington, Copier Lease and Maintenance
- 2371, Kitsap Public Health Board, Employment Agreement

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

PUBLIC COMMENT

There was no public comment.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Health Officer Update:

Dr. Gib Morrow, Health Officer, started the report by explaining it is currently respiratory illness season. Respiratory illness activity is still low, but with three influenza cases reported in the previous week and the University of Washington Virology Lab reporting an increase in RSV, the rate is starting to increase slightly. Once cases start to get reported, the rates tend to rise rapidly. Rates of COVID-19 in October have been low compared to the rate observed in September.

Next, Dr. Morrow discussed the issue of housing and homelessness. He said that although the Health District does not have specific programs dedicated to working with the unhoused, programs such as Solid and Hazardous Waste, Communicable Disease, Preparedness, and
Assessment work closely with this population. The Health District is working to define the agency’s approach to housing and homelessness. Dr. Morrow noted that the Growth Management Policy Board of the Puget Sound Regional Council presented data last week showing an overly concerning insufficient supply of housing around the region, which is contributing significantly to homelessness in the region. Additionally, housing is becoming increasingly unaffordable due to rising mortgage rates. Since 2015, the average household income required to afford the price of a median home has increased from $60,000 to $160,000. Incomes have not kept pace with that rate of increase. In addition, rental costs have increased significantly as well, putting housing costs outside the reach of many low-income people. Dr. Morrow said he is hopeful that some of the policy matters currently being discussed and developed will help with housing and homelessness issues.

Dr. Morrow said that substance use, addiction, and mental health issues are intertwined with economic stress and affordable housing. He displayed a graph showing increasing opioid mortality is inversely related to housing affordability, noting that this data shows an association between the two factors.

Next, Dr. Morrow explained that Kitsap is seeing a dramatic rise in opioid overdose events. At the October Board meeting, Board members requested more frequent updates on opioid overdose data. Dr. Morrow said it is difficult to get data quickly for overdose deaths because the numbers are relatively small and there is often a lag in reports from the coroner. He displayed data from a Health District data dashboard for opioid overdoses and said this dashboard is a useful way to get the most recent data. Kitsap emergency medical services (EMS) calls for opioid overdoses in 2023 are nearly double the amount of the same type of service calls in 2022. The number of incidents in which opioid use was indicated has been increasing by 15-20% each quarter. He said overdose deaths have increased and hospitalizations have decreased, reflecting that highly potent short-acting synthetic narcotics like fentanyl cause death before a victim can arrive at a hospital for treatment.

Dr. Morrow continued his report, noting that the Health District was told it would be granted additional state funding for opioid response work. As a result, the Health District has been expanding its opioid response by adding more naloxone education and delivery work and has hired a program coordinator. The Health District met with the Salish Behavioral Health ASO to strategize about how to address this crisis most efficiently. Additionally, Salish Behavioral Health ASO is working with community partners to conduct a needs assessment. Dr. Morrow said they are aiming to complete the assessment next month, with the findings shared with the Board and the community just after the holidays.

Next, Dr Morrow provided the Board with an update on the Johns Hopkins healthcare assessment for Kitsap. He noted that the project is nearing completion, and that the Johns Hopkins team will provide the final report to the Health District at the end of December. The report will be published in January and the Board will be presented with its findings at the February meeting. Later in the meeting, Policy Analyst Adrienne Hampton will be presenting the proposed Health District Policy Map that they hope will address more difficult health and social challenges.
To conclude his report, Dr. Morrow shared a list of references he utilized in the development of the Health Officer report.

When given the opportunity to comment, Mayor Wheeler thanked Dr. Morrow for the data he shared on homelessness and opioid overdoses. He said that, as these complex issues are addressed, it will be important to determine and separate the different causes of homelessness. The causes of homelessness can include economics, mental health issues, job loss, and addiction. Mayor Wheeler went on to say that in discussing policies to address the issue, there is a general approach that prioritizes affordable housing, which may be the case in some instances. One part of the homeless population to consider is made up of unhoused people who do not seek shelters and instead camp on the streets. Mayor Wheeler said that even if additional affordable housing units were built, many people would not qualify for a unit as they are not ready. In talking about approaches, he said we need to support people at all stages, rather than only with affordable housing. In Bremerton and other jurisdictions, the complex issues of homelessness and addiction lack funding and clear solutions, other than providing low-barrier shelters. He concluded his comments by saying these components must be considered while policy development is being discussed.

Commissioner Christine Rolfes thanked Mayor Wheeler for his comments, then asked if the Board was considering a county-wide strategic plan with a public health perspective to address homelessness and substance use. Chair Erickson said they discussed a plan of this nature at the Policy Committee meeting held last Friday, November 3rd, but as of right now, they are unsure of what that plan looks like. She added that there should be policy statements surrounding the two issues.

Member Jackson thanked the Board members for their comments and their recognition of the various issues being discussed. He said there is no single-approach solution for an issue like homelessness. Because there are various stages, the solution will require a community-wide effort, rather than just one agency or department working on a solution. Member Jackson went on to say that he is glad to see the Health District recognize the health issues that are associated with homelessness, especially because the unhoused population is often unable to get medical treatment without experiencing judgement and bias. He said just having this conversation is promising but asks that any further discussions include people who have been through homelessness, as they know what resources are needed for the physical, mental, and emotional components of health.

There was no further comment.

Administrator Update:

Keith Grellner, Administrator, began his report by explaining that in December of 2022, Health District epidemiologists petitioned to be accreted into the employee union PROTEC 17. Mr. Grellner said today’s meeting materials contain the Memorandum of Agreement between the Health District and PROTEC 17 for the accretion of epidemiologists’ unit into the union.
Currently, the accretion does not include changes to or increases in salary for the job classification. Mr. Grellner extended the Health District’s thanks and appreciation to the union and epidemiologists for negotiating in good faith and helping to craft the mutually beneficial agreement.

Next, Mr. Grellner referred to a draft of the Super Tuesday meeting schedule for 2024, noting that it is essentially the same schedule as 2023. He explained he is sharing the draft with the Board for their awareness and to ensure those involved in developing schedules for the other board meetings are on the same page. The basis for the schedule is that the boards who meet monthly are held in the morning so there is no significant gap between meetings.

Mr. Grellner recognized Member Kutz and the Suquamish Tribe’s decision to open Healing House, their primary care clinic, to Medicaid patients and non-tribal members. He referred to the article in the Kitsap Sun that was published on November 3rd. When given the opportunity to comment, Member Kutz said the intent of the Suquamish Tribe has always been to bring resources to severely underserved populations. New patients are already being registered and seen by healthcare providers. They are currently recruiting for another provider to allow for flexible scheduling. Member Kutz noted there are space constraints but said they will work through it and revisit the situation one year from now.

Lastly, Mr. Grellner explained that with the Board’s approval of Yolanda Fong’s contract as the new Health District Administrator, Ms. Fong and Mr. Grellner will begin the cross-training and transition process immediately. Ms. Fong will join Mr. Grellner and Dr. Morrow at the December Board meeting.

When given the opportunity for questions or comments, Chair Erickson thanked those involved in the Administrator interview process. It was a very long and detailed process with great candidates. The selection of a candidate was a deeply considered decision throughout the process and Ms. Fong demonstrated that she was the best choice. Chair Erickson welcomed and congratulated Ms. Fong.

There was no further comment.

PROPOSED RESOLUTION 2023-06, APPROVAL ENVIRONMENTAL HEALTH SERVICE FEES FOR 2024

John Kiess, Environmental Health Division Director, introduced himself and explained that he will be proposing a resolution to amend Environmental Health (EH) fees for 2024.

Mr. Kiess began by providing an overview of the current fee schedule situation. Currently, Environmental Health is in the middle of an 8-year fee plan. In 2017, the Board approved a resolution adjusting the EH fees, which increased the hourly rate from $109 to $145 and have automatic adjustments built in using the Consumer Price Index (CPI) in the remaining six years of the plan. In 2019, the fee resolution was amended to allow for individual fees within the EH fee schedule to be modified as needed to recover the cost of services. In 2020, food
establishment fees were adjusted to lighten the financial impacts caused by the COVID-19 pandemic. In 2022, the Board suggested that, due to the high CPI seen that year, a resolution be established to put collars on the proposed CPI increases. Resolution 2022-09 was approved, which set CPI-related fee adjustments at a minimum of 3% and a maximum of 6% per year.

Mr. Kiess went on to say that current fee resolutions base fee adjustments on the CPI in April of the previous year. In April of 2022, the CPI was 6.8% for the Kitsap area, but that will be capped at the 6% maximum as outlined in Resolution 2022-09. Mr. Kiess said at this time, they are only proposing an increase in the Food and Living Environment fees. This program does not fully recover the cost of the services they provide, meaning a fee increase would be appropriate for these types of permits. Other EH programs that are fee-based, such as Drinking Water and Onsite Sewage and Solid and Hazardous Waste, are doing well financially and are currently working through a financial plan to spend down the programs’ reserve funds. Fee adjustments are not being proposed for those programs.

Next, Mr. Kiess explained that the proposed fee adjustments were discussed with the Finance and Operations Committee on October 4th. The Health District also published a bulletin that was disseminated to Food and Living Environment permit-holders using Gov Delivery and social media platforms. The bulletin explained the fee increases, the rationale behind the increases, and proposed fees. Mr. Kiess noted that the 6% increase would reflect as a $20 to $50 increase annually for the average food establishment.

In addition to the increases for Food and Living Environment fees, Mr. Kiess said the resolution proposes a change to the fee structure, which would help streamline the process and would allow EH to charge the appropriate fee for each situation. Some specific fees will be reconciled because they are out of adjustment. There are two more changes proposed that were not included in the bulletin to permit-holders. First, a footnote was removed that noted the first inspection for food establishments is free. The note was removed because the cost of providing services for facilities requiring reinspection should be administered. The second change was a revision of the administrative conference fee. An administrative conference is held when a facility is having difficulties with their compliance status – the permit-holder meets with the Health District to discuss strategies to help them meet compliance requirements. If this resolution is approved, the Health District would be allowed to charge a fee for administrative conferences as needed. Mr. Kiess said the Health District has received a limited amount of feedback from the public. There were three inquiries through social media that the Health District has responded to.

Mr. Kiess explained the Health District is bringing forth the resolution proposing these changes to the EH fee schedule, including the 6% increase in Food and Living Environment fees. He reminded the Board that only elected officials can vote on fee changes, per the Board bylaws and Washington State’s Local Board of Health Membership composition laws.

Commissioner Rolfs asked why the Board packet contained the 2017 and 2018 fee schedules. Mr. Kiess said at the end of 2017, the Board established a fee structure that would be effective from 2018 to 2026. For the first two years of the cycle, the hourly base rate was adjusted, then
the subsequent six years would follow a CPI escalator. The automatic escalators have since been revised.

Member Kutz said when you put a fee escalator in two years ago, there’s been a significant change in the landscape. He asked if EH would have a way to address that in the future. Mr. Kiess said he believes so. The fee escalator was established in Resolution 2017-03 and has since been amended to allow the Health District to be flexible in applying the fee adjustments. Last year, the collars were applied due to the increase in inflation. Those conditions will remain in effect for another two years, at which point the Board will need to revisit the fee structure. Chair Erickson added that the decision to apply fee collars was very deliberate as, at the time, it was difficult to predict what the fee landscape would look like.

Chair Erickson provided one more opportunity for public comment before the Board votes on the resolution, but there were no public comments made.

Mayor Putaansuu moved and Commissioner Rolfes seconded the motion to approve Resolution 2023-06 Approving 2024 Environmental Health Division Service Fees. The motion was approved unanimously.

There was no further comment.

**2024 POLICY & LEGISLATIVE PRIORITIES FOR KITSAP PUBLIC HEALTH DISTRICT**

Adrienne Hampton, Policy, Planning, and Innovation Analyst, introduced herself and explained that in the six months she has worked at the agency, she has been working hard to set a policy agenda and framework. She is excited to share the Health District’s 2024 Policy Map and Legislative Preview and hopes to receive feedback from the Board at today’s meeting.

Ms. Hampton began by explaining the overview and process for the local policy map. She said this topic was discussed at the Policy Committee meeting on November 3rd and received a lot of feedback, as well as encouragement to be more innovative in this space to move policy development and action around the topics. The policy map is a play off of a traditional legislative agenda and a map style was used to make the information more accessible to the community and to provide direction to the items on the map. The policy map places a particular focus on areas where public health may not have been the lead agency, which will help the Health District work more closely with partners who take the lead on specific focus areas. Lastly, the policy map will act as an executive summary for future action plans and policy recommendations.

Next, Ms. Hampton explained that the Health District is in the process of the strategic planning process. For policy development, there will be an emphasis on partnerships and community engagement, formalizing a process for policy recommendations and interventions, generating local policy directives such as resolutions, strengthening existing interagency relationships, increasing visibility of information and technical assistance opportunities, and addressing
workforce development and staff trainings. Ms. Hampton noted that the policy development process will also align with the Community Health Improvement Plan that is being developed.

Ms. Hampton said the policy map will be based on qualitative and quantitative data compiled by the Health District’s epidemiologists. The data will inform the topic areas that impact the Kitsap community, such as opioid related overdoses and healthcare accessibility. It will also help formulate specific questions and allow for a deeper discussion of potential solutions or evidence-based policy recommendations.

Next, Ms. Hampton discussed the four focus areas for local policy development, which were designed with consideration to state and federal policies. The focus areas include optimizing Foundational Public Health Services (FPHS), promoting equitable access to quality healthcare and services, responding to emergency public health needs to increase equity, and supporting collective impact championed by community partners. Ms. Hampton then described each focus area more in depth.

Lastly, Ms. Hampton provided the Board with the legislative preview for 2024. Legislation includes increasing local health jurisdiction access to statewide health data, allowing the Secretary of Health to write standing orders outside of emergency declarations, authorizing and permitting microenterprise home kitchens as food operations, septage capacity assessment, State Board of Health School Rules Budget Proviso, addressing language issues in Washington’s Child Mortality Review Statute, broadening the statutory language of “vaccine”, and allowing medical assistants with telehealth access to a supervising clinician to provide intramuscular injections for syphilis treatment.

Ms. Hampton thanked the Board and asked for questions, comments, or suggestions regarding the local policy map.

Commissioner Rolfes said with the microenterprise home kitchens legislation, the hope is to help small businesses, often run by refugees, but each year public health does not support the bill. She asked if, because it is listed in the legislative preview, public health and the microenterprise home kitchens have come to an agreement or because public health’s position has changed. Ms. Hampton said the bills listed are those being watched closely by Health District partners. Mr. Grellner said if the bill comes back in the same form proposed in previous years, public health will oppose it. The reason is because as the bill is written, it provides exemptions to sanitary codes that all other food establishments must comply with. The health implications of exemptions to requirements such as hot- or cold-holding, allowing pets or other animals in the food preparation area, allowing people to eat at the residential kitchen without full inspections. Public health’s position depends on the nature and content of the bill, which has not changed in the last six to seven legislative sessions. Mr. Grellner said they feel uncomfortable opposing it but have to take the protection of the public’s health into consideration. Member Jackson added that at the National Association of Local Board of Health conference, they placed an emphasis on strategies that can be used to bring public health and partners together to work on legislation.
Member Kutz added that a kitchen in size is similar to what public health deals with when it comes to mobile food establishments. If mobile establishments can successfully run a food establishment small area, so can microenterprise home kitchen.

Member Kutz asked for more information regarding the septage capacity assessment legislation and what Kitsap’s role would be in that. Ms. Hampton responded by saying the septage capacity assessment legislation is a supplemental budget request that calls for adequate capacity for septage treatment as it is a critical aspect of community health. This would ask for a $250000 proviso to conduct this one-time assessment because looking into if the state has adequate infrastructure to support communities with poor septage infrastructure and the state’s population growth. Councilperson Kirsten Hytopoulos asked if the Health District will be taking a stance on the septage capacity assessment legislation. Mr. Kiess offered to give an explanation of the history behind the legislation. He said septage is the material that is pumped out of septic tanks. That material needs to be transported to and treated at a treatment facility. In Kitsap, the only location that accepts and treats septage is the Central Kitsap Wastewater Treatment Plant managed by Kitsap County Public Works. Some larger pumping companies take the material outside of Kitsap, to places like Pierce and King County. Kitsap County is fortunate in that there is a place within the county that receives and processes septage because other counties do not have that ability. As an example, Jefferson County does not have a local treatment facility, so septage needs to be transported to Thurston County, which adds prohibitive costs to pumping bills. Kitsap County Public Works has been doing a great job in planning how they will handle increased septage in the coming years. They currently have a treatment plant rebuild program which would enhance the local septic receiving station. The jurisdictions without a local receiving station are struggling with the impacts and do not have solutions, so environmental health directors put together a funding proviso request to allow the state’s Department of Ecology to study the issue because they are the permitting agency for wastewater treatment plants. Councilperson Hytopoulos said this is an interesting aspect of population growth issues that must be considered. Chair Erickson said there are significant bills resulting from the Brownsville treatment facility, which processes wastewater for Poulsbo, due to increasing capacity and water quality issues. Mr. Kiess emphasized the importance of considering sewage disposal when discussing population or planning growth. Member Kutz said Kitsap is fortunate that they don’t have any land application sites and asked if this assessment would look at capacity around land application. Mr. Kiess said it impacts land application sites, but not directly.

Dr. Watson asked if the intention for broadening the statutory language of “vaccine” was to allow RSV nirsevimab to be administered for free under the Vaccines for Children program. Ms. Hampton said her understanding is the definition needs to be updated because the RSV vaccine is not prepared from a living microorganism. Dr. Morrow said yes, it is a monoclonal antibody that does not stimulate an immune reaction but attacks the virus directly. It does not meet the current definition of vaccine. Dr. Watson said hospitals intend to administer the vaccine to newborn babies, so thought it might allow it to be provided at no cost to the patient.

Ms. Hampton asked if the Board has any questions or feedback regarding the focus areas shown on the policy map. Chair Erickson said the most significant crises the Kitsap community faces
are homelessness and addiction and those must be addressed. Member Kutz said the Suquamish Tribe, and other tribes across Washington, have declared an opioid emergency. With that declaration, they have organized action teams to address the issue at the community level. Additionally, a statewide summit and a national summit have been held to address what tribes consider to be the most pressing issue their communities are facing. Chair Erickson said this matter will be discussed further in the future.

There was no further comment.

DRAFT 2024 BUDGET PRESENTATION

Mr. Grellner began his 2024 draft budget presentation by noting that each November, the Health District provides the Board with a preview of the proposed budget for the following year that will be presented and voted on in December. He directed the Board’s attention to the 2024 Draft Budget and the 2023 Budget Status Report, located in the meeting materials. He noted that the Finance Committee met in October to review the draft budget and they did not have any concerns. Today’s presentation will provide all Board members with the proposed budget, allowing them the opportunity to provide direction or feedback before the vote in December.

Next, Mr. Grellner said the budget is primarily based on delivering the mandated work required of a local public health district. He then explained the laws behind the mandated work, discussed the Health District’s mission and vision statements, and outlined the agency’s strategic plan initiatives. All of these components are incorporated into the budget plan.

Mr. Grellner then displayed an expenditure summary, which shows that 81% of expenditures are dedicated to personnel costs and 19% is dedicated to non-personnel costs (supplies, contractors, rents, leases, etc.). The non-personnel portion of the budget has been kept stable over the years, despite increases in costs. The total proposed budget for 2024 is $19,164,816.

Next, Mr. Grellner displayed a graph showing major revenue sources for 2024. He explained that the Health District is a special purpose district, meaning the agency does not have taxing authority and does not receive direct tax revenues. The biggest funding source is contracts and grants, followed by service fees and FPHS funding. The state FPHS funding shown on the graph will likely increase in 2024, though a dollar amount has not been specified yet.

In discussing the 2024 Draft Budget notes, Mr. Grellner noted that the budget proposes status quo funding requests for Board member jurisdictions, the use of $3.18M of reserves to balance the budget, and fee increases for food establishment and water recreation facility services. The proposed staffing levels will be similar to those seen between 2021 and 2023. The budget was developed with conservative budgeting, meaning it errs higher for expenses and only counts confirmed revenue sources. Historically, new revenues are added throughout the year after the budget has been approved, expenses are less at year’s end than budgeted, and the result is the use of less reserve funds than budgeted by the end of the year. Overall, the Health District is in a positive budget situation for 2024.
Mr. Grellner displayed a graph showing the number of full-time equivalent (FTE) positions showing actual levels from 2021 to 2023, and the proposed FTEs for 2024. He noted that the staffing levels remain stable. Next, a graph showing month-end total cash and investments displayed data from 2022 and January through July of 2023. Mr. Grellner explained the breakdown of reserve fund balances, noting that $6.1M is for restricted and designated reserves (earmarked funds for specific uses), $3.2M is for the minimum two months operating cash reserve (to be used in the event of an emergency), and $2.4M is for unrestricted and undesignated reserves (flexible funds that can be used as needed). He then showed a slide with the proposed usage of reserve funds for 2024 and explained what the Health District is proposing.

Next, Mr. Grellner discussed the noteworthy additions and new proposed investments for the 2024 budget. There is $200K to support Peninsula Community Health Services Respite Facility for the isolation of communicable disease patients, $80K for a contractor to complete a salary study, $80K for an employment law attorney for upcoming union negotiations, and $40K to upgrade the Human Resources database system. Mr. Grellner concluded his report by noting that this presentation is a high-level preview of the 2024 Draft Budget and, unless the Board has any changes they would like to make, it will be brought to the Board in December for final approval.

Chair Erickson asked whether Mr. Grellner or Ms. Fong would be presenting the budget for approval in December. Mr. Grellner said he and Ms. Fong will be bringing it to the Board together.

There was no further comment.

**ADJOURN**

There was no further business; the meeting adjourned at 11:48 a.m.

---

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

**Board Members Absent:** None.
Kitsap Public Health Board
Regular Meeting
November 7, 2023
Page 11 of 11

Community Members Present: Community Member Monte Levine.

Additional Presenters: None.

Staff Present: Leslie Banigan, Senior Environmental Health Specialist, Pollution Identification and Correction; Angie Berger, Management Analyst, Administration; Dana Bierman, Program Manager, Chronic Disease and Injury Prevention; Margo Chang, Administrative Assistant, Administration; Jessica Chen, Epidemiologist 1, Assessment and Epidemiology; Yolanda Fong, Administrator, Administration; Heather Fucini, Environmental Health Specialist 1, Food and Living Environment; Keith Grellner, Administrator, Administration; Gabriel Hammond, Epidemiologist 1, Assessment and Epidemiology; Adrienne Hampton, Policy, Planning, and Innovation Analyst, Administration; John Kiess, Director, Environmental Health Division; Siri Kushner, Director, Public Health Infrastructure Division; Kaela Moontree, Public Health Educator, Chronic Disease and Injury Prevention; Dr. Gib Morrow, Health Officer, Administration; Gabrieil Outlaw-Spencer, Public Health Educator/Community Liaison, Parent Child Health; Tad Sooter, Public Information Officer and Program Manager, Communications; Tobbi Stewart, Environmental Health Specialist 1, Pollution Identification and Correction; Laura Westervelt, Environmental Health Specialist 1, Pollution Identification and Correction; Erica Whares, Community Liaison, Chronic Disease and Injury Prevention;

Zoom Attendees: See attached.
<table>
<thead>
<tr>
<th>NAME</th>
<th>NAME</th>
<th>JOINED BY PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kandice Atisme-Bevins</td>
<td>Sarah Kinnear</td>
<td>13608017553</td>
</tr>
<tr>
<td>Eric Baker</td>
<td>Anne Moen</td>
<td>13609328619</td>
</tr>
<tr>
<td>Lou Baum</td>
<td>Brian Nielson</td>
<td>13602309414</td>
</tr>
<tr>
<td>Margaret Behning</td>
<td>Suzanne Plemons</td>
<td></td>
</tr>
<tr>
<td>Liz Davis</td>
<td>Steve Powell</td>
<td></td>
</tr>
<tr>
<td>April Fisk</td>
<td>Quynh Sample</td>
<td></td>
</tr>
<tr>
<td>Kirsten Hampton</td>
<td>Emmy Shelby</td>
<td></td>
</tr>
<tr>
<td>Josh Harmon</td>
<td>Linnea Sherman</td>
<td></td>
</tr>
<tr>
<td>Jakob Hughes</td>
<td>Leni Skarin</td>
<td></td>
</tr>
<tr>
<td>Kari Hunter</td>
<td>Kelsey Stedman</td>
<td></td>
</tr>
<tr>
<td>Thomas Jury</td>
<td>KIRO Radio</td>
<td></td>
</tr>
<tr>
<td>Dayna Katula</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Kitsap Public Health Board Meeting (Virtual Attendance)

Webinar ID 861 8605 2497
Actual Start Time 11/7/2023 10:30
Attendee Count 26