

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
Dec 6, 2022**

The meeting was called to order by Board Chair Mayor Greg Wheeler at 12:32 p.m.

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

CONSENT AGENDA

The December consent agenda included the following contracts:

- 2218 Amendment 1 (2301), *Washington State Health Care Authority, Medicaid Administrative Claiming (MAC)*
- 2203 Amendment 9 (2299), *Washington State Department of Health, Consolidated Contract*
- 2300, *Kitsap County, Clean Water Kitsap*
- 2306, *Jefferson County Public Health, Nurse Family Partnership Supervisor*

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

BOARD MEMBER COMMENTS

Commissioner Rob Gelder said the board has recently undergone a change in membership due to state legislation. Through this, and for other reasons, two long-standing board members are phasing off this board. Commissioner Gelder recognized Commissioner Charlotte Garrido for her many years of service to the residents of Kitsap County as a member of the Health Board. He also recognized Commissioner Ed Wolfe for his years of service and wished him well on his retirement. Due to ongoing composition of the board.

PUBLIC COMMENT

Allen Howe, resident of Bremerton and former Director of Planning for the University of Washington Medical Center, approached the board regarding the draft request for proposals (RFP) in the board packet this month. Mr. Howe said the RFP to conduct a needs assessment and development of healthcare system capacity improvement for Kitsap County is the right thing to do. He said the information gathered from those assessments and recommendations is needed to ensure the current and long term health and wellbeing of all residents of Kitsap County. He said this is also timely, as the Health District, the City of Bremerton and other agencies in the county are updating their strategic plans or comprehensive plans to address future needs. He said that as more people move into the county and new businesses develop, the county needs the critical infrastructure to support this growth. One of the major pieces of infrastructure is the ability to provide adequate healthcare for a growing population. He said we are currently woefully short of

primary care clinics, urgent care centers and mental health facilities and only have one emergency room, which is already overcrowded and overstaffed. He said a healthcare assessment is critical and now is the time to do it.

Tony Ives, Executive Director for Kitsap Community Resources (KCR), said KCR is currently doing their own needs assessment and is working closely with the City of Bremerton and Kitsap Public Health District in addition to a variety of other community partners. The KCR assessment has had over 4,500 respondents from demographics across the county. He said KCR and the Health District are working closely together to build a data dashboard based on the information from this assessment and hopes this information will be ready to share publicly by the end of January.

Mr. Ives said the main thing he wants to talk about today is the focus groups from the assessment. He said they have had eight focus groups with a variety of languages and demographics. He said every single focus group mentioned inability to access healthcare in Kitsap, including the focus group with Suquamish Tribal members. The tribal members said prescription costs off reservation are very high. Additionally, he said the data showed a lack of translation services and the difficulty of getting timely medical appointments. Members of the focus groups said if you can even get an appointment, individuals have to wait four to five months for their appointments. It is also difficult to get to appointments due to the lack of adequate public transit in Kitsap. Lastly, many Kitsap providers are ceasing accepting state insurance, which leaves even more residents without healthcare. He said Peninsula Community Health Services (PCHS) provides many of the services community members need, but PCHS can't do it all.

Member Drayton Jackson thanked KCR for doing the assessment and focus groups. He said this is a great opportunity for communities of color. He said he attended one of the focus group sessions and felt that they give a voice to the data and hopes this information can be taken seriously and acted on.

Member Steve Kutz would like to hear more information about this. Mr. Ives said the Suquamish Tribe reached out and Mr. Ives went to talk to them the next day. He said they discussed weatherization, elders, and lack of services. After this, he said they gathered a focus group with elders and tribal members and this data will be available through the dashboards.

Susan Brooks Young, resident of Bremerton, thanked the members of the board for moving forward with the healthcare assessment so quickly. She said it is meaningful to residents throughout the county to see that board members, including elected officials are saying this is important. Something

Robert said he is thrilled to see that local healthcare access is on the agenda today. He thanked the board for moving forward with this assessment and looks forward to participating. On an unrelated note, he said the next working group needs to be on infrastructure.

There were no further public comments.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Administrator Update:

Mr. Keith Grellner, Administrator, said he is pleased to announce the Port Gamble S'Klallam Tribe has appointed Jolene Sullivan to the Kitsap Public Health Board. She will join starting in January. With her addition, the board membership is now full 10 members.

Next, Mr. Grellner announced that the Health District is hosting a small celebration for the agency's 75th anniversary on Thursday December 8th from 3:30-4:30 p.m. in the chambers. He invited board members to attend and said several members of past leadership will also be in attendance.

Next, Mr. Grellner told the board that at their January meeting, they will be electing new board officers: Board Chair and Vice Chair. At this time the board will assign members to its committees: Finance and Operations, Personnel and Policy.

Next, Mr. Grellner said the board will receive a presentation at the January meeting relating to the Health District's voluntary cybersecurity audit from February through October 2022. As part of the audit, the Health District is required to hold a public hearing and public presentation from the State Auditors Office with results from the cybersecurity audit.

Lastly, Mr. Grellner said the Health District has posted its 2021 Program Annual Reports to the website. He said no annual reports were completed during the pandemic.

There were no further comments.

Health Officer Update:

Dr. Gib Morrow, Health Officer, thanked the individuals for their public comments and support of the Health District looking into a healthcare assessment.

Dr. Morrow also thanked Chair Wheeler for participating in the World AIDS Day event last week. He said December 1st has been annual World AIDS Day for over 40 years. He said Kitsap continues to see new cases each year and commented that this is an equity issue because we continue to see disproportionate impacts on people of color.

Dr. Morrow provided the board with a presentation on the respiratory illness surge occurring in Kitsap. He said we are in full flu season now and rates of RSV and influenza are currently very high, although RSV rates may have peaked. He said COVID-19 is currently low and rising. Flu vaccination rates nationwide are the lowest in three years. And impacts of flu on the state – pediatric. This flu season, as of November 30th, less than 20% of Kitsap residents under 18, and only 30% of residents 18 and over, have received their flu shots. He said large volumes of

pediatric emergency visits are putting even more strain on our healthcare system. There was a tragic pediatric flu death recorded in King County this year. Lastly, he reminded everyone to get vaccinated.

Member Michael Watson said the numbers presented here correlate with what he's seeing clinically. He also noted many of his patients, including young children, who have the flu can't get access to antiviral agents due to the shortage which could be contributing to the hospitalization rate. He asked if there is any indication for when this shortage may be resolved. Dr. Morrow said he doesn't know.

Commissioner Gelder said it would be interesting to see the same vaccination data for years 2019-20 to see flu vaccination rates prior to the COVID-19 pandemic and better understand why rates are going down. He suspect rates are declining due to vaccine fatigue from the pandemic.

Commissioner Wolfe asked which strains the current flu vaccine covers. Dr. Morrow said the flu vaccine covers influenza A and B strains.

Member Sell asked to hear more about GoodMatch. Dr. Morrow said the 2022-23 flu vaccine covers several strains including:

- an A/Victoria/2570/2019 (H1N1) pdm09-like virus;
- an A/Darwin/9/2021 (H3N2)-like virus;
- a B/Austria/1359417/2021-like virus (B/Victoria lineage); and
- a B/Phuket/3073/2013-like virus (B/Yamagata lineage).

He said the Centers for Disease Control and Prevention (CDC) says this vaccine is a good match for this season's influenza strains.

Member Jackson asked if data is gathered geographically to see where the highest rates of flu are occurring in Kitsap. Dr. Morrow said flu is not a notifiable condition, so we are not able to track it geographically. He said the data shows when it is happening and to what extent, as opposed to where it is happening in the county.

Member Kutz commented that people won't go much out of their way to get flu shots, so they need to be made convenient. He suspects fewer vaccines are being provided by physicians and moving to box store and pharmacies but noted hours can be inconsistent. Additionally, he said more outreach needs to occur to let people know where they can get vaccines. Dr. Morrow said, for adults, majority of flu shots are given at pharmacies and box stores. He hopes this is convenient enough for adults who need to go to these stores from time to time for other reasons.

There were no further comments.

APPROVAL OF 2023 MEETING SCHEDULE

Mr. Grellner said the draft 2023 meeting schedule is including in the board packet and reminded the board that the Super Tuesday staff work together to create this schedule. He thanked Angie Berger, Administrative Assistant, for her work coordinating this schedule with the other Super

Tuesday groups. He noted that this schedule puts the Health Board at a consistent meeting time each month.

Ms. Berger noted that this schedule moved the Health Board to earlier in the day and so that groups who meet less frequently meet at the end of the day, which allows more flexibility for those groups to add or remove meetings without disrupting the rest of the day for the board members.

Mayor Erickson explained that Super Tuesday is the first Tuesday of the month. All of the public boards with elected officials were moved to the same day for ease of scheduling and reduce travel for the board members.

Mayor Putaansuu said he appreciates the graphic with all the meeting dates and times for Super Tuesday groups.

Member Kutz moved and Mayor Putaansuu seconded the motion to approve the 2023 Meeting Schedule. The motion was approved unanimously.

There was no further comment.

RESOLUTION 2022-10, APPROVING 2023 BUDGET FOR KITSAP PUBLIC HEALTH DISTRICT

Mr. Grellner approached the board regarding the 2023 budget. He summarized key points of the budget:

- The budget is balanced at \$18.6M with the use of \$1.6M of Unrestricted/Undesignated Reserve Funds and about \$900K of Restricted/Designated Reserve Funds (Tuberculosis, Drinking Water/Onsite Sewage, and Solid/Hazardous Waste), *if needed*. Total expenditures have *decreased* about \$240K from the previous draft shared with the Board on November 1, 2022.
- No increase in contribution rates is being requested from Health Board member jurisdictions.
- The budget includes the use of \$2.4M of Foundational Public Health Services (FPHS) funding from the state, and additional FPHS funding is expected in the second half of 2023.
- Personnel is currently projected at about 138 Full-Time Equivalents (FTE). Personnel costs are the major expense and are about 81% of total proposed expenditures.
- The budget contains Environmental Health fee increases for the Food Program, and decreases for the Drinking Water/Onsite Sewage Program.
- The Health District's fund balance is healthy at about \$11M, and meets/exceeds the Board Budget Policy requirement of a minimum of two months of operating expenses, or about \$3.1M.

- Two major community investments are included in the draft budget: capital and operational funding of \$200K for the Peninsula Community Health Services Respite Care Facility, and placeholder funding for a local healthcare system assessment study as recommended by the Finance Committee on September 21, 2022.

Michael Watson had one question pertaining to the line item for a local healthcare assessment study. He previously suggested asking the local hospital organization to contribute in some way to the assessment and asked if this has been considered. Mr. Grellner said it has been considered but the Health District hasn't moved forward with it yet.

Commissioner Gelder moved and Mayor Erickson seconded the motion to approve Resolution 2022-10, Approving 2023 Budget for Kitsap Public Health District. The motion was approved unanimously.

There was no further comment.

STRATEGIC PLAN UPDATE – PLANNING PROCESS

Siri Kushner, Community Health Assistant Director, said the Health District is starting its strategic planning process with VillageReach and provided the board with an update.

In summary:

- Kitsap Public Health District's current strategic plan was created and approved by the board in 2011, underwent updates and board review in 2016, and expired in 2021.
- Creation of a new strategic plan in time for the previous plan's expiration was delayed by the Health District's COVID response.
- The Health District has started the process to update our strategic plan in partnership with DOH consultant, VillageReach.
- The strategic planning process kicked off with community key informant interviews, a board survey, and an employee survey over the last 2 months.
- The strategic planning process will continue through 3 additional phases in the new year, culminating with the dissemination of a final report.
- The Health District is currently building a Strategic Planning Workgroup that will support the strategic plan development phases in January and February 2023. The workgroup will have representation from the board, the Health District's Executive Leadership Team, and from each internal division.
- The Health District will provide the board regular status updates following the completion of each stage in the process.
- The board will be presented with the updated Strategic Plan for review and approval around May 2023.
- The Health District will provide the Board with a final report when the new strategic plan and action plans are finalized.

Ms. Kushner reminded the board to submit feedback via survey by this Thursday, December 9.

Member Jackson asked what the plan is for community outreach. Ms. Kushner said there are two different components: the Health District collected feedback through key informant interviews this fall, and the after the first few months of goal setting, the community will have a chance to review and provide feedback on the process so far.

Member Jackson asked if there is a plan for outreach to harder to reach populations, like the elderly and the homeless. Ms. Kushner said the agency is currently looking at working with the newly formed Health Equity Collaborative to leverage their partnerships and opportunities to gather input from these populations.

Member Watson asked what Health Equity Collaborative is. Ms. Kushner said the Health Equity Collaborative was formed as part of Health Board Resolution 2021-01, Declaring Racism a Public Health Crisis, which called upon the Health District to form a health equity collaborative.

There was no further comment.

LOCAL HEALTH CARE ACCESS AND STAFFING CONCERNS

Chair Wheeler said several individuals have been invited today to provide updates and information that have occurred since last month's Health Board meeting. He asked the fire chiefs and St. Michael Medical Center (SMMC) to provide updates.

Jim Gillard, Poulsbo Fire Chief, said the taskforce has been meeting and has some positive and significant strides toward mitigating the emergency department (ED) crisis and reducing wait times for crews. The taskforce consists of the fire chiefs, Olympic Ambulance, and the leadership staff from SMMC. He said there has been solid communication flow between fire chiefs and hospital leadership in the last month. He said there were a couple recent instances of backups in the ED where the fire departments had to activate procedures from their mass casualty plan but within about 30 minutes, leadership at SMMC was able to help with this by flooding the ED with staff to get patients seen and relieve the backup of emergency units. Additionally, Chief Gillard noted SMMC has taken steps to increase their staffing which is one of the root causes for these wait times. He said the taskforce is working through more policies and procedures to better understand what's going on.

Chief Gillard said, unfortunately, these improvements have not yet shown a positive impact on the wait times. He said metrics from November show wait times still exceed 16 minutes, which is where they have been over the last several months. He said over 13% of wait times are in excess of 30 minutes and 4.2% are in excess of an hour. He said there are still some ongoing concerns and said he is not sure if the fire chiefs have been clear enough or communicated effectively enough. Some sick and injured patients are not seen quickly enough and it's taking a negative impact on crews being able to get back out on calls. He said SMMC is exceptional at taking care of patients with life-threatening emergencies without delay. He wants the public to know if they experience a life-threatening emergency, SMMC will provide them with excellent

care. He specified that the issues the fire chiefs are addressing are lower acuity medical concerns, like a broken arm.

Jeff Faucett, South Kitsap Fire Chief, echoed that communication and work with the taskforce are going great. He said right now, the group is focusing on listening to better understand the other agencies' needs. The taskforce is working on communication, metrics and data, and updating procedures to get ahead of issues. Last week, fire and emergency medical services (EMS) spent some time with Virginia Mason Franciscan Health's (VMHS) data team to ensure groups can share real-time data with each other. He said the long-term strategy is looking at how we can make Kitsap County better overall. He thanked Chad Melton, SMMC for all of his work and looks forward to meeting with him and his staff in the future.

Mr. Melton thanked the fire chiefs and said they are all on the same page today with their presentations to the board. He said he communicates regularly with the fire chiefs through text messages and phone calls and said has even been some late-night phone calls to troubleshoot immediate issues. He said the hospital is now experiencing a "tri-demic", which is when folks get COVID, flu and RSV at the same time. He applauds the board and agrees that there needs to be a county wide healthcare assessment. He encouraged the board to not only look at the health care needs, but also the variables like workforce issues and regulation. He noted Alecia Nye from Olympic College (OC) Nursing program is here today and that OC is a key part of workforce development.

Mr. Melton shared a presentation about the work occurring between SMMC and the fire district and EMS. He said last week SMMC was boarding 14 people in its same-day surgery unit and had 40 patients boarding in ED in-patient. Additionally, he said the 13-bed observation unit was completely full and there were almost 280 patients in the hospital. He said this is 130% of SMMC's total bed capacity. He said St. Anthony's and other medical facilities in the VMFH system today are at or above capacity right now and their numbers have grown significantly in recent months. He also noted that data trends that acuity will continue to grow as patients do not receive primary care.

Mr. Melton said SMMC is increasing staffing and create a float pool of staff to fill gaps during daily staff call-outs, which are currently between 15%-25% daily. This is a regional effort so nurses can be moved to the hospitals with the highest needs in the VMFH system. He said SMMC Just received a 3-star (out of 3 star) rating and is in the top 3 programs for CD surgery in the state. He said SMMC and the fire chiefs have committed to meeting more frequently and having more open communication. Additionally, SMMC hired a new ED leader who just started. As of yesterday, ED leadership and staff say the culture is changing in the ED. He said a culture shift is what is needed to have a positive impact on turnover rates and for recruiting new nurses.

Mr. Melton said SMMC is hosting a kaizen event for quality improvements, which begin at the staff level not the leadership level. He said this encourages and allows for front-end staff to identify issues and challenges and bring solutions to the table to help leadership make improvements. He said he understands that leadership had not been listening to teams well enough, so he held 30-40 listening sessions in one week to ask staff what challenges they are

facing as a community and what they see as organizational issues. He said SMMC is putting plans in place to address these items and he will share more about that at a future meeting.

SMMC is exploring how Mission Control can support pre-hospital services; increasing data sharing and understanding; creating float pool nurses; working on primary care recruitment; optimizing urgent care; and is working on an Urgent Care vs. Emergency Room campaign. SMMC is also working on a physician needs analysis for the entire peninsula and planning for retirements in the next several years. But still finding that we are short urgent care in the region (wait times can be 6 hours).

Mr. Melton said SMMC can use support in the following areas: partnering in reducing low-acuity patients using ED; advocacy for allied health (not just nursing) training and education; and appreciation for hospital staff. He understands that we all need to support staff for what they do. He noted staff morale has been low and said they were seen by the public as heroes at the beginning of pandemic, but that mentality has gone away and there are negative experiences for staff. He said there is a lot of violence occurring in emergency departments right now. Lastly, he said SMMC is looking at training and workforce development.

Chair Wheeler invited SMMC and Fire Chiefs to use the health board as a public forum for communicating their updates and processes in the future.

Mayor Erickson thanked Mr. Melton for coming today. She also thanked SMMC and the fire chiefs for the energy and effort put into finding a resolution for this. She said commits to attending all these meetings. She said at the last meeting, she went to Mission Control. She also noted that Kitsap 911 came and looked at dispatch services. She said it is helpful to know what everyone is doing. She said we are short in so many medical services in the county right now.

Councilperson Kirsten Hytopoulos asked if there's some way that urgent care and ED wait times can be published for the public to view and make a choice about where they will go for care in an emergency. Mr. Melton said some places post wait times, but it is not don't locally. He said SMMC can take this into consideration. He said the main priority right now is communicating real-time capacity issues to EMS. He said a lot can change in a few minutes.

Member Jackson thanked the board for putting this out for the public. He noted it's the community that suffers when things don't work right in healthcare. He asked what the data is on the walk-ins (not arriving by EMS) at the ED. He also asked if we are looking outside the box for finding solutions. Mr. Melton said during COVID, numbers of telehealth went up, but those numbers have lowered. He said there had been a federal reimbursement program for folks using telehealth, but this has ended. He said primary care is at 100% capacity every day in all of the VMFH practices. He said some of the practices could be more efficient but here aren't enough staff to make them more efficient. He said the organization could offer additional payment and hours for providers to stay late to do telehealth. Chief Faucett added that the fire chiefs are looking at utilizing telehealth in the field down the road.

Member Jackson asked everyone to keep in mind that some folks being transported out of the county for care have access need and can't get home from the hospital once discharged. Chief Faucett said standard practice is to ask patients where they would like to go. He said EMS very rarely makes that decision for them, unless it's a life-or-death situation.

Mr. Melton said another concern that crowds the ED is frequent fliers, or individuals who visit the ED often and sometimes unnecessarily. He said SMMC is working with the fire chiefs in the region to get a list of frequent fliers so they can be contacted and assisted in finding primary care providers. He said this would lessen the burden on the system.

Member Steve Kutz said the crisis system is broken. He said they have had situations in Suquamish with delays that caused individuals to not receive the care they needed. He understands that behavioral health crisis calls need to see a social worker before they can go to a facility to receive medical care, which can be a barrier. He said the behavioral health should be doing crisis management up front. He asked VMFH has the ability to open up more Medicaid slots in urgent care and primary care. Member Watson said VMFH accepts all insurance and sees patients regardless of their ability to pay, per their mission. Mr. Melton confirmed this.

Dr. Kathy Hebard, practicing provider at Kitsap OBGYN, presented to the board about staffing issues in the obstetrics community. She said the average number of obstetric providers in a community is 25 per 100,000 people. She said Kitsap currently has about three per 100,000 people. She noted the naval hospital and PCHS have both recently closed their obstetrics units. She said their clinic presently has three providers at the Doctors Clinic and five OBGYN at the clinic. She noted Member Watson's clinic also sees a small number of these patients. Additionally, she said there are a small number of licensed midwives in Kitsap. She said the eight providers at the Doctors Clinic and Kitsap OBGYN take on the bulk of these urgent needs patients, which puts a reduction on their ability to care for gynecology patients.

Dr. Hebard said the average age of obstetrics providers in the county are over 50, so most will retire in the next 10 to 15 years. She said they have also had significant difficulty in recruiting providers into our community. She said this is mostly due to reimbursement issues. She said we don't seem to have the same reimbursement levels in Kitsap as in other areas of the state. She said this is a consequence of the American healthcare economy. She said she works in a private practice, and said it remains a private practice outside of the VMFH system to provide patients with additional options for care. She said it is becoming more difficult for providers to manage business. She said they don't have as much negotiating prowess now. She said many insurance companies are no longer interested in negotiating better contracts with providers. She said about 40% of patients are on Medicare or Medicaid. She said the number of providers in Kitsap may decrease as clinics try to keep doors open. She said insurance companies are not interested in incorporating women's health care in payor models.

Member Watson commented that the obstetric providers in Kitsap work far more than he does. He said he is on call a couple of nights a month, yet they are working overnight multiple times in a week. He doesn't know how it is sustainable for them to do this. He said if things don't change, he can see many leaving the field. He also noted that family physicians send their complicated

cases to obstetricians. He asked local elected officials to speak to federal elected officials about how this can be changed and noted many of these patients are military beneficiaries.

Mayor Erickson said she is angry at the state and federal regulations that allow things to occur. She thanked Dr. Hebard for notifying the board of this issue.

Dr. Nye, Dean of Nursing and Allied Health, said OC Nursing is the pipeline to the Kitsap medical community. She said there are shortages everywhere within our community for healthcare, not just nursing. She said the OC Nursing program graduates about 80 registered nurses (RN) into the Kitsap community each spring. She said they have added another pathway called the Veterans/LPN Program for earning a Bachelor of Science in Nursing (BSN). She said the program plans to expand by 20 more RNs by fall of 2023. By 2 years from now, 100 new RNs will be entering the community each spring.

Dr. Nye said increasing enrollment also has its barriers. She said the program is experiencing placement issues in mental health, pediatrics, obstetrics. She said that if she can't place students in these areas, she can't graduate them. She said another issue is space at OC to teach within a classroom and said they are at capacity. She said building more expansion and allied health programs isn't possible without physical expansion for classroom space. She has applied for every grant possible to try to help this issue.

Member Jackson asked what this group needs to ask the legislature for to help her program. Dr. Nye said that if we want to build the programs, she needs a building, structure, programs. She said she has a waiting list for the nursing program, but the problem is finding a place to put them physical locations to learn.

Mayor Erickson said the OC Poulsbo building is empty. She said that is where the nursing program started. She also said she would like to talk to the leadership at OC.


Member Sell asked what we can do to keep the nurses graduating the OC program in our community. Dr. Nye said the culture needs to change within healthcare which will take some time. She also said finding placement during the program is also important, as is creating a welcoming environment so that when students graduate they desire to work locally.

Member Kutz asked Dr. Nye to provide a list of her needs to the board.

There was no further comment.

ADJOURN

There was no further business; the meeting adjourned at 2:06 pm.



Robert Gelder
Kitsap Public Health Board



Keith Grellner
Administrator

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

Board Members Absent: *None.*

Community Members Present: Allen Howe, *Self*; Chad Melton, *St. Michael Medical Center*; Alecia Nye, *Olympic College Nursing Program.*

Staff Present: Kandice Atismé-Bevins, *Program Manager, Quality Improvement and Performance Management*; Angie Berger, *Administrative Assistant, Administration*; Anne Burns, *Public Health Nurse, Communicable Disease*; Keith Grellner, *Administrator, Administration*; Karen Holt, *Program Manager, Human Resources*; Siri Kushner, *Assistant Director, Community Health Division*; Melissa Laird, *Manager, Accounting and Finance*; Martitha May, *Bilingual Community Health Worker, Parent Child Health*; Dr. Gib Morrow, *Health Officer, Administration*; Tad Sooter, *Communications Coordinator and Public Information Officer*; Meghan Tran, *Disease Intervention Specialist, Communicable Diseases*; Laura Westervelt, *Environmental Health Specialist 1, Water Pollution Identification and Correction*; Erica Whares, *Community Liaison, Chronic Disease Prevention*;

Zoom Attendees: *See attached.*

Kitsap Public Health Board Meeting (Virtual Attendance)

Webinar ID	Actual Start Time	Attendee Count
861 8605 2497	12/6/2022 12:04	63

NAME	NAME	JOINED BY PHONE
Alena Schroeder	Kelsey Stedman (she/her)	13607282027
Ally Power (she/her)	Kitsap Public Health PCH	
Amanda Tjemsland (she/her)	Laura	
Angie Berger (she / her)	Lexi Tiemeyer	
Anne Blair	Lisa Warren	
Anne Burns	Mac Murray	
Anne M	marci burkel (she/her)	
Anne Presson	Michelle McMillan	
April Fisk	Nancy Acosta	
Bremerton Fire	Nancy RN Kitsap A<C	
Brian nielson	npilling	
Carin Onarheim	Ornela Abazi	
Carolynn Zimmers	Pam Keeley# RN	
Charlotte Garrido	Patty Lyman	
Chief Faucett (Jeff Faucett)	Rachel Perry	
Dana Bierman	Robert - Silverdale	
Dave	Rudy Baum	
Dawn Morris	Sarah Kinnear	
Dayna Katula	Shannon Schroeder	
Erin Larsen-Cooper	Stacey Smith	
Fergus Maria (She/Her/Ella)	Stephanie	
Gabby Hadly	Steve Brown	
Gus Bell (Bremerton# WA)	Susan Brooks-Young	
Hank Teran	Suzanne Plemmons	
Hannah Vinyard	Tameka Phelps	
Jan Wendt	Tom	
Janet Wyatt (she/her)	Victoria Lehto	
Jeanell Rasmussen	Wendy Jones she/her	
Jeff Coughlin	Winnie	
jennifer pancholi	Xinia Ebbay	
Jewel Shepherd-Sampson	Yolanda Fong	
Jim Gillard		
Joe Hoffman		
Kari Hunter		
Karina Mazur# she/her		
Katie Sprague		
Katy Crabtree (Rep. Kilmer) she/her		