

**KITSAP PUBLIC HEALTH BOARD  
MEETING MINUTES  
Regular Meeting  
January 2, 2018**

The meeting was called to order by Board Chair, Commissioner Ed Wolfe at 1:48 p.m.

**REVIEW AND APPROVE AGENDA**

There were no changes to the agenda.

**ELECTION OF BOARD CHAIR AND VICE CHAIR**

Commissioner Wolfe moved and Commissioner Rob Putaansuu seconded the motion to nominate Mayor Becky Erickson as the Kitsap Public Health Board Chair, and Commissioner Rob Gelder as Vice-Chair, for 2018. The motion was approved unanimously.

Commissioner Wolfe passed the gavel to Mayor Erickson to assume her new role as Board Chair for the remainder of the meeting.

**ELECTION OF BOARD COMMITTEE ASSIGNMENTS**

Mayor Erickson reviewed the 2017 committee assignments and asked Board members if they would like to maintain the same committee assignments for 2018.

Mayor Greg Wheeler asked how often the committees meet. Mr. Keith Grellner, Administrator, said the committees will meet as needed. He specified that the Personnel Committee will meet once per month or less for union contract negotiations, the Finance and Operations Committee will meet toward the end of the year to discuss the 2019 budget, and the Policy Committee will meet as needed when the Health District has policies they need to vet before bringing to the full Board.

Mayor Putaansuu moved and Commissioner Charlotte Garrido seconded the motion for Board members to maintain the same committee assignments for 2018 that were held in 2017, with the following exceptions: Mayor Wheeler would participate on the Finance and Operations Committee and Personnel Committee and Kol Medina, if appointed as Mayor of Bainbridge Island, would replace Councilperson Sarah Blossom on the Personnel Committee. The motion was approved unanimously.

2018 Kitsap Public Health Board Officers and Committee Assignments are as follows: Board Chair is Mayor Becky Erickson and Vice Chair is Commissioner Rob Gelder; Finance and Operations Committee members are Mayor Becky Erickson, Commissioner Charlotte Garrido and Mayor Greg Wheeler; Policy Committee will remain Mayor Becky Erickson, Commissioner Rob Gelder and Mayor Rob Putaansuu; Personnel Committee members are Councilperson Sarah Blossom (or her potential replacement Kol Medina), Mayor Greg Wheeler and Commissioner Ed Wolfe.

There was no further discussion.

**BOARD MEETING MINUTES**

Commissioner Garrido moved and Commissioner Gelder seconded the motion to approve the minutes for the December 5, 2017, regular meeting. The motion was approved unanimously.

## **CONSENT AGENDA**

The January consent agenda included the following contracts:

- 1624 Amendment 1 (1786), *OESD 114, Early Head Start and ECEAP*
- 1734 Amendment 1 (1785), *Olympic Community of Health, Chronic Care*
- 1749, *Washington State Department of Health, Consolidated Contract*
- 1765, *Clallam County, Interlocal Agreement*

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

## **PUBLIC COMMENT**

There was no public comment.

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

### Health Officer Update:

Dr. Susan Turner, Health Officer, provided the Board with an update on influenza (flu) activity in Kitsap County. Flu activity is on the rise in Kitsap, and is following the same trend as Washington State and the rest of the county, and, so far, the trend is similar to last year's flu season. Dr. Turner said, according to local data, Kitsap has a higher percentage of positive flu tests, higher percentage of emergency department visits due to influenza-like symptoms, and there have been two flu-related deaths in Kitsap. Additionally, two long-term care facilities have reported influenza outbreaks (only one case of flu is considered an outbreak in a long-term care facility). She also noted that Kitsap is not seeing much respiratory syncytial virus this year.

Dr. Turner informed the Board that the Health District received an alert from the Center for Disease Control and Prevention (CDC), through their health alert network, that they recommend prompt antiviral treatment to those at risk of influenza-related complications. Dr. Turner said the Health District will be sending a public health advisory with this information to the local medical community shortly.

Dr. Turner explained that this advisory is based on the predominately circulating virus strain, H3N2, Influenza A. She said H3N2 can be associated with an elevated number of hospitalizations and deaths in individuals aged 65 and older and young children. She also said the Board may recall hearing about a study in Australia that found the flu vaccine had less protection against the H3N2 strain. She reminded the Board that there is no way to know about that in the United States yet, as she mentioned last month. However, she did note that H3N2

predominated last flu season as well, during which Kitsap County experienced 13 flu-related deaths. Dr. Turner explained that it is still important to get the flu vaccine because it still protects against the other circulating strains. Last year the CDC reported that the vaccine had a 50-60% effectiveness rate for non-H3N2 strains. She said, once a person receives the vaccination, it only takes two weeks for the vaccine to develop antibodies. She said at-risk individuals may want to seek immediate physician evaluation if they exhibit symptoms because the H3N2 strain can lead to more severe symptoms. Therefore, their physician may wish to consider antiviral treatment, even before test results are available. Additionally, she noted it is important to follow the other infection control measures such as washing hands and staying home when feeling sick.

Commissioner Wolfe asked how vaccine producers know which vaccines to produce before the flu season begins. Dr. Turner explained that, because other parts of the world experience their winter before the United States, they also experience their flu season before we do. The CDC and World Health Organization (WHO) monitor world-wide influenza activity to determine the formula for the flu vaccine. She also said the CDC and WHO may alter the planned vaccine based on other regions' flu strains.

Commissioner Gelder commented that this process requires a fair amount of lead time for research, production and distribution. Dr. Turner agreed and said this is why the flu vaccine production is not very nimble, however she also noted that in some cases, the CDC is able to update the vaccine mid flu-season.

There was no further discussion on influenza.

Next, Dr. Turner informed the Board that she had some follow-up information regarding a public concern brought to the Board in June 2017. She explained that concern was expressed about the chocolate milk in school lunches contributing to childhood obesity. She said this concern is not new, and has been expressed by others, so she was pleased with the opportunity to “dig in” to the literature on the topic. With the help of a nursing intern, she was able to research and dig deeper into the issue. She explained that the issue of chocolate and other flavored milks on school lunch menus is not simple and is not just related to the small amount of sugar that is added to the milk.

Dr. Turner said the new federal lunch regulations limit milk served at schools to low-fat (1%) and nonfat milk, including flavored milks. Thus, these beverages are in line with national dietary recommendations for youth. The concern expressed before the Board is linked to the added sugar in some flavored milks. She said, because of the obesity epidemic, the nation has made concerted prevention-related efforts to identify the major contributors to youth obesity—this is where 5210 comes from, the program that many schools in Kitsap have embraced, and now that child care centers in Kitsap are using curriculum to promote. She explained that the “0” in 5210 represents “no sugary beverages”. So, the topic of eliminating sugary beverages from youth diets is not a trivial one—it is critical to our efforts to change the life expectancy trajectory of the current generation of youth.

Dr. Turner explained that chocolate milk is not considered a sugar-sweetened beverage, and when surveys are done asking youth about sugar-sweetened beverage, chocolate milk is not

included as an example. She also said that national experts and professional medical societies all agree that chocolate milk is NOT included among the “sugar sweetened beverages”, and most recommend (or are silent on the issue) allowing the consumption of flavored milks in school lunches. The one exception is that the American Academy of Pediatrics recommends that children being treated by a doctor for obesity avoid milk products with added sugar.

She also said that it’s important to note that removing chocolate milk from the lunch menu can be damaging to students. She said the few scientific studies available seem to indicate that when flavored milks are removed from the lunch menu at schools, students stop buying and consuming milk. She received similar feedback from nutritionists and a superintendent in Kitsap. She added that this actually is not a trivial matter as milk is a major source of calcium in children’s diets, and calcium consumption>Especially for girls and especially during adolescence, optimal calcium intake is critical to peak development of bone mass, during the only time “building bone” is possible during a woman’s life.

Thus, Dr. Turner said, removing chocolate milk may endanger children’s health rather than benefiting health. This is especially true for children who may have limited access to calcium-enriched foods at home. She said to be sure, it would be great to have a calcium-containing beverage without added sugar that children readily consume—but at the current time, no practical substitutions exist. In fact, research showed it would take an additional four foods to meet the same calcium levels as chocolate milk, which would cause a large budgetary impact to schools.

Dr. Turner explained that given the current state of the science, the experts do not, and she does not recommend removing chocolate milk from school lunches. She said she had a handout with additional information that she would be happy to share with the Board, if they were interested.

Commissioner Garrido asked if this information was made available to the woman who made the public comment in June. Dr. Turner confirmed this, but noted that Ms. Amber Ellis has moved out of the area, where she is advocating at the state level for healthier school lunches.

Mayor Wheeler asked if Dr. Turner spoke with superintendents within or outside of Kitsap County. Dr. Turner clarified that the superintendents she spoke with were in Kitsap County, and she reached out to inform them that she would be sharing this information with the Board.

There was no further comment.

Administrator Update:

Mr. Grellner wished the Board a Happy New Year and welcomed Mayor Wheeler to the Board. He also thanked Commissioner Wolfe for his service as 2017 Board Chair, and said the Health District looks forward to working with Mayor Erickson as 2018 Board Chair. Lastly, he thanked Councilperson Blossom for her six years on the Board.

Next, Mr. Grellner provided the Board with an update on State Legislature, which will begin session again soon. Mr. Grellner said Health District staff have already been in contact with several legislators, in addition to sending out their 2018 Legislative and Rulemaking Priorities,

which the Board approved in November. There are several bills carried over from 2017 that Health District staff are monitoring. He explained that almost all of those bills are environmental health related, and that septic systems continue to be a hot discussion topic with the legislature. He said these bills seem to be spearheaded by constituents in the state who are dissatisfied with how things are run in their own jurisdiction. This is currently occurring with a bill related to onsite operations and maintenance and how local health jurisdictions fund those programs (essentially asking government to do less oversight, despite mandates). He also noted a bill that is on the opposite end of the spectrum, where the group is asking government to do more oversight and work without funding. Mr. Grellner said he will keep the Board updated throughout the legislative session, and that Health District staff hope their work on legislation will reflect in something positive for our county.

Mr. Grellner said there are also several bills regarding food and food protection. He explained that one of the bills is about internet companies. He reminded the Board that in September, he shared a letter that Kitsap, Snohomish, King, and Pierce Counties jointly wrote to ask the State Attorney General to investigate an internet company by the name of Josephine. The company encourages individuals to prepare and cook meals in their homes to sell, which violates state food regulations, because those kitchens are not permitted. He expects this bill to be brought back to the legislature this year and Health District staff will be working it. Another bill is regarding food that could be provided to those in need or the homeless. He explained that some food regulations pose barriers to this due to food safety concerns. The Health District understands both perspectives and is working with state legislature to find common ground around this issue.

Mr. Grellner also informed the Board that the state secure medicine return (SMR) bill will be brought back to the legislature this year. He reminded the Board that Kitsap County has a SMR program, along with Snohomish, King and Pierce Counties and the city of Bellingham. All of these jurisdictions follow the same program outline. He said the Health District would support a bill for statewide SMR as long as it doesn't preempt the rules already in place by the jurisdictions with SMR programs.

Lastly, Health District staff are expecting bills regarding safe injection sites at the legislation this year. Mr. Grellner told the Board that multiple cities within King and Pierce Counties have already passed local rules prohibiting safe injection sites. He explained the Health District doesn't have a position on this policy, however staff are concerned that needle exchange program bans may be tied to the bill. The Health District currently operates a needle exchange program.

Mayor Wheeler asked if the Health District provides an annual update to the Board on the needle exchange program. Mr. Grellner said the Health District has not provided an annual needle exchange update, but noted that it was last discussed with the Board in the fall as it related to the budget. Mr. Grellner said staff would provide an update in the near future. Mayor Erickson agreed that a needle exchange update would be beneficial.

Commissioner Garrido commented that she just screened a film regarding food waste at the Sustainable Cinema. She said the film talked about waste from a variety of sources, including grocery stores and explained that it seems there is broad window of usability that could be investigated. Mr. Grellner said the Health District shares that concern, and explained that most, if not all, Kitsap County foodbanks have arrangements with grocery stores to utilize surplus food. Additionally, he noted that some of the Health District's chronic disease prevention staff work on a local gleaning program. He said Kitsap may be doing better than other counties, but agreed that there is always room for improvement. Commissioner Garrido also said it would be helpful to spread awareness about the issue by talking about it more publicly. Mr. Grellner agreed.

There was no further comment.

### **RESOLUTION 2018-01, APPROVING UPDATES TO KITSAP PUBLIC HEALTH BOARD BYLAWS**

Mr. Grellner approached the Board regarding Resolution 2018-01, Approving Updates to Kitsap Public Health Board Bylaws. He explained that the Health District has undergone several changes since the last time the Board Bylaws and Board Budget Policy had been updated. He said the meeting packets included a strike out / underline version of the changes suggested for the Board Bylaws, as well as a clean version of the revised Board Bylaws for approval. He said the Board may or may not wish to make a motion to approve the new Bylaws today.

Commissioner Garrido said her preference was to table the Bylaws for one month before taking action. She said the Bylaws outline the responsibilities of the Health Officer and the Administrator, but she would also like the Bylaws to state clearly what parallels and coordination exist between the two positions. Mr. Grellner explained that the Bylaws cite the state laws and position descriptions that pertain to the Health Officer and the Administrator, who are both contracted, at-will, employees for the Board. He explained the Health Officer and Administrator follow legal mandates and report to the Board each month. He also explained that these two positions were previously combined into one, which was too heavy of a workload for a single position, and therefore the Board opted to divide the work between two positions. He said the Health Officer is in charge of enforcing state law and state code, while the Administrator is the executive secretary to the Board and chief executive officer to the Health District. He said that he and Dr. Turner have adjacent offices and meet weekly. Additionally, he said the executive leadership team (ELT) meets one to two times per month and the managers meet with the ELT monthly.

Commissioner Garrido thanked Mr. Grellner for the detailed explanation of Health Officer and Administrator positions. She said she is still seeking specification in the Bylaws of how the two positions work together, and requested Mr. Grellner add a line clarifying this. Mayor Erickson agreed and noted that the description of the Health Officer is vague and only refers back to the Revised Code of Washington (RCW).

Commissioner Gelder commented that it is difficult to keep the Bylaws up to date with RCW, which can change often, and said simply citing the RCW is a good way to ensure the Bylaws

stay up to date with code. He said he is comfortable moving forward with this document today. Additionally, he asked if the Bylaws had undergone legal review. Mr. Grellner said the original document underwent legal review, but said the current draft has not undergone legal review because he made any substantial legal changes to the document.

Mayor Erickson said the Board could wait to review for one month while the Health District makes the suggested changes and sends the draft for legal review. She also asked if the Health District has a list of RCW and Washington Administrative Codes (WAC) that can be referenced alongside the document. Mr. Grellner said the board orientation packet includes the list of mandates, but that the list needs to be updated and that he would bring that updated list back to the board when completed sometime in the next month or two.

Dr. Turner also noted that the list is located on the Health District website with other Board documents.

Mr. Grellner said he would expand the description of roles in the bylaws, send the draft for legal review, bring back for the Board's review in February.

There was no further comment.

## **RESOLUTION 2018-02, APPROVING UPDATES TO KITSAP PUBLIC HEALTH BOARD BUDGET POLICY**

Mr. Grellner approached the Board regarding Resolution 2018-02, Approving Updates to Kitsap Public Health Board Budget Policy. He explained that the Board Budget Policy had not been updated since 2011. He said their packets included a strike out underline version of the changes suggested for the Board Budget Policy, as well as a clean version of Board Budget Policy for approval. He also said this draft had not undergone legal review.

Mayor Erickson said this document was straightforward and asked the Board if they were comfortable approving it today. Commissioner Gelder agreed and said he was comfortable approving the document.

Mayor Putaansuu moved and Commissioner Gelder seconded the motion to approve Resolution 2018-02, Approving Updates to Kitsap Public Health Board Budget Policy. The motion was approved unanimously

There was no further comment.

## **HEALTH DISPARITIES REPORT**

Ms. Maya McKenzie, Epidemiologist, presented a PowerPoint to the board regarding health disparities in Kitsap County. Ms. McKenzie explained that this presentation is based off the Health Disparities Report, which should be released at the end of the month. The Health Disparities Report provides a deeper dive into the 2017 Indicators Report that the Board received in September of 2017, by looking at subcategories to identify differences between rates and percentages (disparities).

Ms. McKenzie reviewed the definitions of health, determinants of health, and health disparities. She explained that the indicators were divided into three subcategories: gender, race and ethnicity, and sexual orientation. The reference groups within each subcategory were: male, white, and straight populations, respectively. All other groups were compared to the reference groups. Age groups from infancy through late adulthood were referenced, but no comparisons were made between age groups.

Ms. McKenzie said there were gender disparities in every age categories and occurred in both male and female categories. The disparities for women were mainly socioeconomic and health related, whereas the disparities for men were mainly health related and occurred in middle to late adulthood.

Disparities among females showed:

- Girls were enrolled less into early education programs
- Adolescent girls reported less that they had an adult to turn to when feeling sad or hopeless
- Women in early adulthood had more drug related hospitalizations
- Female residents reported more that they were living in poverty
- There is a relatively large poverty gap between women and men in late adulthood
- There is a large gap in prevalence of smoking between women and men in late adulthood

Disparities among males showed:

- Men in early adulthood reported less that they had health insurance
- Men in middle adulthood had more diabetes related hospitalizations and reported more not being at a healthy weight. This was also true for males in late adulthood

Ms. McKenzie said there were race and ethnicity disparities in every age category, and that Non-White Kitsap residents had the most identified disparities, followed by Hispanic/Latino residents. She explained that disparities ranged from socioeconomic, social, and health behavior to health outcome factors.

Disparities among the Non-White subgroup showed:

- Non-White infants had more incidences of infant mortality and being low birthweight
- Non-White adolescents reported more being physically hurt by an adult on purpose and reported less being able to turn to an adult when feeling sad or hopeless
- Non-White women in early adulthood reported less that they started prenatal care in their first trimester of pregnancy



- They also reported less that they have health insurance and that they did not have activities limited due to poor physical or mental health during the last 30 days
- Non-White residents in middle adulthood reported less that people in their communities do favors for each other often or very often
- Overall, Non-White residents reported more living in poverty

Ms. McKenzie said the disparities for Hispanic/Latino subgroup followed similar trends to the Non-White subgroup and showed:

- Hispanic/Latino women in early adulthood reported less that they started prenatal care in their first trimester of pregnancy
- They also reported less that they have health insurance in early and middle adulthood
- Overall, Hispanic/Latino residents reported less having more than a high school education and reported more that they were living in poverty

Ms. McKenzie said that the disparities in the sexual orientation subgroup were identified in adolescents due to limited data available. She said several data sources do not ask about sexual orientation, and the numbers were too small to report.

Disparities in the LGBTQ subgroup showed:

- LGBTQ adolescents reported more being physically hurt by an adult on purpose and reported less being able to turn to an adult when feeling sad or hopeless
- They also reported more that they smoke cigarettes

Ms. McKenzie said, in summary, that disparities were identified within gender, race and ethnicity, and sexual orientation, that disparities were in social, socioeconomic, and health outcome factors, and disparities were present in every age category. She said that, although this data was a snapshot of indicators and subgroups, if the data is indicative of ongoing patterns, it is imperative to consider if these differences are due to inequity, and to understand how disparities seen in childhood relates to outcomes seen in adulthood in order to prevent adverse health outcomes. As an example, she posed the question: Will the girls who report not being able to turn to an adult when feeling sad or hopeless later end up being the women in early adulthood who experience drug related hospitalization?

Commissioner Gelder asked if Health District staff are able to compare Adverse Childhood Experiences (ACEs) data with these disparities to determine if ACEs are a contributing factor. Ms. McKenzie said there is currently data on ACEs, however there is not enough data to track trends over time, and over the lifespan of an individual. Commissioner Gelder asked if systems are in place now to better track data over the lifespan of an ACEs individual. Ms. McKenzie said she is unsure, but that staff may be able to begin identifying patterns over time that may be associated to ACEs. Commissioner Gelder also said that it would be really useful to track this information as there is so much work being done in the county right now around ACEs.

Dr. Turner explained that this would involve a very complex and expensive study. She also said that staff rely on data from scientific studies that link those two things over time, but for

example, the Healthy Youth Survey (HYS) study is not linked to the Behavioral Risk Factor Surveillance System (BRFSS) study, so it is not possible to identify the individuals from both studies as the same individuals.

Ms. Katie Eilers, Director of Community Health, told the Board that the disparities in Ms. McKenzie's presentation are indicative of underlying health inequities that need to be addressed. She said that Health District staff don't have the resources to follow cohorts of adolescents that may have been exposed to childhood trauma across their life course. However, staff can project some risk burden from other retrospective studies. She also said staff can see changes in the local disparities data due to addressing some of the underlying health equity issues.

Ms. Eilers also introduced Ms. McKenzie to the Board as a new epidemiologist who joined the staff in 2017. Ms. McKenzie has expertise in disparities and analyzing data around equity issues. Ms. Eilers also said this disparities report is the first of its kind done by the Health District, and is pivotal to understanding and addressing disparities in our county.

Mayor Erickson commented that the presentation provided some sad information about our community, but it raises the question: "What are we going to do about it?" Ms. Eilers said as a public health agency, it is the Health District's unique charge to figure out what to do about health equity issues. She reminded the Board that this data in the Kitsap Community Health Priorities (KCHP) process in 2014, led to the selection of ACEs as a top health priority. The Kitsap Strong collective impact network was created out of this. Ms. McKenzie is the contracted epidemiologist for the collective impact initiative and her work is informing their process. The Perinatal Task Force is also doing work around the infant mortality in non-white subgroup disparity data.

Dr. Turner said she could foresee this data informing the next KCHP prioritization process. She also expects more analysis over economic factors, which are very influential on health outcomes. She said the infant mortality data is distressing but not new and that Kitsap County's comparative rates are worse than Washington State and the United States. She said the Perinatal Task Force is starting to discuss this issue with partners who are also concerned about perinatal health and are starting to consider review and investigation of fetal infant mortality. She said the very first action must be creating public awareness and concern about this issue and that this is the first release of information from the report, and it will take time to share the report with the community to get the conversation going.

Mr. Grellner said this is inherently going to be a difficult process because it highlights problems within our community. He reminded the Board that this is a community-wide problem that needs to be addressed by a group much wider than by just the Health District. He also said that this is a worsening issue and it's time for an open and honest discussion that needs to start locally. He said Ms. McKenzie has done an excellent job on this report to raise awareness with the data.

There was no further comment.

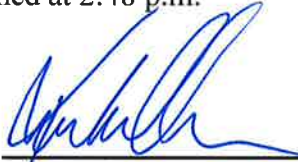
**ADJOURN**

There was no further business; the meeting adjourned at 2:48 p.m.



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**Becky Erickson**  
Kitsap Public Health Board



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**Keith Grellner**  
Administrator

**Board Members Present:** *Councilperson Sarah Blossom, Mayor Becky Erickson; Commissioner Charlotte Garrido; Commissioner Rob Gelder; Mayor Rob Putaansuu; Mayor Greg Wheeler; Commissioner Ed Wolfe.*

**Board Members Absent:** None.

**Community Members Present:** Pam Hamon, *League of Women Voters - Kitsap*; Tad Sooter, *Kitsap Sun*.

**Staff Present:** Amy Anderson, *Public Health Educator, Public Health Emergency Preparedness and Response*; Angie Berger, *Administrative Assistant, Administration*; Karen Bevers, *Communications Coordinator and Public Information Officer*; Katie Eilers, *Director, Community Health Division*; Keith Grellner, *Administrator, Administration*; Jessica Guidry, *Manager, Public Health Emergency Preparedness and Response*; Karen Holt, *Program Manager, Human Resources*; John Kiess, *Director, Environmental Health Division*; Melissa Laird, *Manager, Accounting and Finance*; Maya McKenzie, *Epidemiologist 1, Assessment and Epidemiology*; Susan Turner, *Health Officer, Administration*.