

## KITSAP PUBLIC HEALTH BOARD - AGENDA

July 11, 2017

1:45 p.m. to 3:00 p.m.

Norm Dicks Government Center, First Floor Chambers  
Bremerton, Washington

- |           |    |  |
|-----------|----|--|
| 1:45 p.m. | 1. | Call to Order<br><i>Commissioner Ed Wolfe, Chair</i>   |
| 1:46 p.m. | 2. | Review and Approval of Agenda<br><i>Commissioner Ed Wolfe, Chair</i>   |
| 1:47 p.m. | 3. | Approval of June 6, 2017 Meeting Minutes<br><i>Commissioner Ed Wolfe, Chair</i>  |
| 1:50 p.m. | 4. | Approval of Consent Items and Contract Updates: See Warrant and EFT Registers and Contracts Signed Report<br><i>Commissioner Ed Wolfe, Chair</i> |
| 1:55 p.m. | 5. | Public Concerns/Comments<br><i>Commissioner Ed Wolfe, Chair</i>  |
| 2:05 p.m. | 6. | Health Officer and Administrator Reports<br><i>Dr. Susan Turner and Keith Grellner</i>   |

### INFORMATION/DISCUSSION ITEMS

- |           |     |  |
|-----------|-----|--|
| 2:15 p.m. | 7.  | Assessment of E-Cigarette, Cigarette, and Marijuana Use Among Pregnant Women in Kitsap County<br><i>Nicola Marsden-Haug, MPH, Epidemiologist</i> |
| 2:35 p.m. | 8.  | Sanitation Options for Tiny House Developments for the Homeless<br><i>John Kiess, RS, Environmental Health Director</i>                          |
| 2:50 p.m. | 9.  | Executive Session: Pursuant to RCW 42.30.110(1)(i), to Receive and Evaluate Potential Litigation   |
| 3:00 p.m. | 10. | Adjourn  |

**KITSAP PUBLIC HEALTH BOARD  
MEETING MINUTES  
Regular Meeting  
June 6, 2017**

The meeting was called to order by Board Chair, Commissioner Ed Wolfe at 1:47 p.m.

**REVIEW AND APPROVE AGENDA**

There were no changes to the agenda.

**BOARD MEETING MINUTES**

Commissioner Charlotte Garrido moved and Mayor Becky Erickson seconded the motion to approve the minutes for the May 2, 2017, regular meeting. The motion was approved unanimously.

**CONSENT AGENDA**

The June consent agenda included the following contracts:

- 1316 Amendment 14 (1678), *Washington State Department of Health, Consolidated Contract, Interlocal Agreement*
- 1462 Amendment 3 (1691), *Kitsap County, MH/CD/TC Shared Metrics, Interlocal Agreement*
- 1554 Amendment 1 (1687), *Kitsap County, Nurse Family Partnership, Interlocal Agreement*
- 1673 (Revised), *Washington State Department of Social and Health Services, General Terms and Conditions, Interlocal Agreement*
- 1688, *City of Poulsbo, Illicit Discharge Detection & Elimination, Interlocal Agreement*
- 1689, *Washington State Department of Ecology, Water Quality Combined Financial Assistance Agreement, Interlocal Agreement*
- 1690, *EnviroStars, New Member Addendum, Interlocal Agreement*
- 1693, *Office of Superintendent of Public Schools, Summer Food Service Program, Interlocal Agreement*

Mayor Erickson 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**

Ms. Amber Ellis provided public comment to the Board regarding chocolate milk in schools. Ms. Ellis asked the Board to put pressure on schools to remove excess sugar from schools, primarily in the form of chocolate milk. She explained that chocolate milk is offered twice per day in schools often to low income students who don't have other options. She also noted that when given the choice, children under a certain age will select chocolate milk, because they don't

understand how sugary beverages can affect their health. Ms. Ellis said she circulated a survey to other parents asking which alternatives they would prefer be served in schools in the absence of chocolate milk. Options include almond milk and additional fruits and vegetables, among others. Ms. Ellis believes the most affordable and effective option would be simply removing chocolate milk from schools.

Ms. Ellis asked the Board to contact Bremerton School District Superintendent Aaron Leavell and request chocolate milk be removed from schools. Ms. Ellis provided the Board with her comments in writing.

Commissioner Wolfe noted the Board would seek input from the public health department and health leaders on this matter.

There was no further public comment.

## **ADMINISTRATOR'S REPORT**

### Administrator Update:

Mr. Keith Grellner, Administrator, passed along salutations from Dr. Susan Turner, Health Officer, and regrets that she could not be there for the meeting as she is in Chelan representing the Health District at the Washington State Association of Local Public Health Officials meetings.

Mr. Grellner informed the Board that the state legislature is on its second special session and has yet to approve a state budget for the next biennium. Because of this, the Health District is starting to receive notice letters from state funding agencies, such as the Department of Health and the Department of Ecology, letting the Health District know that if legislature does not approve a state budget by June 30th, the Health District will not be reimbursed for any expenditures on those state contracts from July 1<sup>st</sup> onward, unless and until a budget is approved or a special budget appropriation is made.

Mr. Grellner explained that, in response to these letters, the Health District is starting contingency planning for how it will handle business and operations if no budget is approved by the state legislature by June 30<sup>th</sup>. He also reminded the board that roughly twenty five percent of the Health District's annual budget is comprised of state funding that would be affected by a state government shut down.

Mayor Erickson commented that this affects grants and other local funding as well, which means many grant funded projects will need to shut down until a budget is approved.

There was no further comment regarding the state budget.

## **ADDITIONAL DISCUSSION**

Mayor Erickson commented that she and Commissioner Garrido have been working on affordable housing options. One of the obstacles they have encountered is the cost of sewer and water hookups for things like tiny houses. Mayor Erickson asked the Health District to provide the Board with information about sewer options for tiny houses and affordable housing, including composting toilets.

Mr. Grellner explained that composting toilets are legal if they are on the state approved list of devices. He explained that one of the challenges with composting toilets is the ongoing maintenance of them.

Mr. Kiess agreed with Mr. Grellner about composting toilets and added that the designers should also be considering where greywater from sinks and showers would go. He explained that the state Department of Health has greywater rules, and that the greywater system can be costly and not necessarily efficient. He also said there are some other options that could be explored.

Mr. Grellner noted that the water and sewer options will depend on the level or permanency and involvement. The Health District is willing to help with this process by waiving fees and having staff volunteer time to assist.

The Board asked the Health District to put together a presentation with a suite of options for the July Board meeting. Mr. Grellner agreed to this.

There was no further comment regarding tiny houses and sewer systems.

Next, Mayor Erickson asked for an update on the Salish Behavioral Health Organization (SBHO) Request for Proposals (RFP) for an opioid treatment facility and where it might be located. Mr. Grellner said it is his understanding that the SBHO only received one letter of intent, and at this point all nine accountable communities of health (ACHs) in the state are vetting all applications received with the state Health Care Authority to decide which projects will get funded and at what levels. He said that he will ask Dr. Susan Turner, Health Officer, to include an update on the status of this project in her report to the Board in July.

There was no further comment regarding the opioid treatment facility.

## **ADJOURN**

There was no further business; the meeting adjourned at 2:10 p.m.

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**Ed Wolfe**  
**Kitsap Public Health Board**

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**Keith Grellner**  
**Administrator**

Kitsap Public Health Board  
Regular Meeting  
June 6, 2017  
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**Board Members Present:** Councilperson Sarah Blossom; *Mayor* Becky Erickson; *Commissioner* Charlotte Garrido; *Commissioner* Ed Wolfe.

**Community Members Present:** Amber Ellis, *Self*.

**Staff Present:** Yolanda Fong, *Assistant Director, Community Health Division*; Keith Grellner, *Administrator*; Patrick Hamel, *Environment Health Specialist 1, Solid and Hazardous Waste*; John Kiess, *Director, Environmental Health Division*; Angie Larrabee, *Confidential Secretary, Administration*; Beth Phipps, *Public Health Nurse Supervisor, Communicable Disease*.

DRAFT

# MEMO

**To:** Kitsap Public Health Board  
**From:** Nicola Marsden-Haug, MPH, Epidemiologist  
**Date:** July 11, 2017  
**Re:** **An Assessment of E-cigarette, Cigarette, and Marijuana Use During Pregnancy in Kitsap County**

In 2015, the Kitsap Public Health District (KPHD) identified a sharp decline in smoking among pregnant civilian women. Dropping from 12% in 2013 to 8% in 2014 (a statistically significant decline), the county rate fell below that of Washington State for the first time in over 20 years. While seemingly a positive trend, this coincided with both declining rates of youth cigarette smoking and soaring rates of youth E-cigarette use. KPHD had also received anecdotal reports of increased E-cigarette and recreational marijuana use by pregnant women.

Out of concern that the reduced smoking rate might be related to other substance use during pregnancy, and in the absence of local or statewide data, we launched an assessment project to gather our own data. Our goal was to gain an understanding of our local community trends of E-cigarette and recreational marijuana use during pregnancy to guide any necessary public health interventions. Cigarette use was also evaluated.

We enlisted the participation of all civilian prenatal care clinics in Kitsap County, and during summer 2015 surveyed both pregnant women and prenatal care providers. Prior to initiation, the project synopsis and both survey tools were submitted to the University of Washington Human Subjects Division, which determined that our project qualified as exempt from needing Institutional Review Board (IRB) approval.

At today's meeting, I will present the findings from our assessment.

## **Recommended Action**

None – informational only.

For any questions or concerns about this assessment, please contact either me at (360) 633-9240 or [Nicola.Marsden-Haug@kitsappublichealth.org](mailto:Nicola.Marsden-Haug@kitsappublichealth.org), or Katie Eilers at (360) 728-2224 or [katie.eilers@kitsappublichealth.org](mailto:katie.eilers@kitsappublichealth.org).

# Assessment of E-cigarette, Cigarette, and Marijuana Use among Pregnant Women in Kitsap County

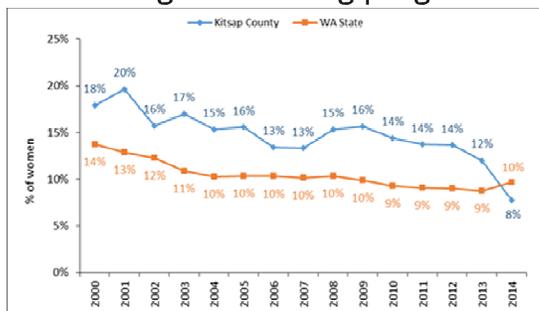
Nicola Marsden-Haug, MPH  
Epidemiologist



KITSAP PUBLIC HEALTH DISTRICT

## Background

- Drop in smoking rate among pregnant women



Statistically significant  
( $p < 0.0001$ )

- Coincided with:
  - Youth E-cigarette use soaring; declining cigarette smoking
  - Anecdotal reports of E-cig & marijuana use in pregnancy
- No local or statewide data

## Assessment Project Synopsis

- **Goal:**
  - Improve understanding of community-wide trends in smoking, E-cigarette, and marijuana use among pregnant women to guide any necessary public health interventions.
- **Specific Aims:**
  - Estimate % of pregnant women using the 3 substances
  - Assess prenatal care provider perceptions about the prevalence of use among their patients
  - Assess current regional practices for cessation counseling, and availability of educational resources

## Methods

- Engaged all civilian prenatal care clinics in county
- Patient survey
  - Pregnant women ( $\geq 18$  years) presenting to their prenatal care appointments
  - Self-administered in clinic waiting rooms
- Healthcare provider survey
  - Electronic survey link sent to all providers via office managers
- Human Subjects Division at UW reviewed surveys and project plan prior to initiation
  - Deemed exempt

## Respondent Demographics (n = 468)

Characteristic	# (%) Respondents
Age group: 18-23	86 (18%)
24-28	171 (37%)
29-33	133 (28%)
34-38	64 (14%)
39+	13 (3%)
Race: White*	364 (78%)
Hispanic*	28 (6%)
Medicaid insurance	192 (41%)
Trimester: First	54 (12%)
Second	176 (38%)
Third	235 (50%)

\* Categories not mutually exclusive

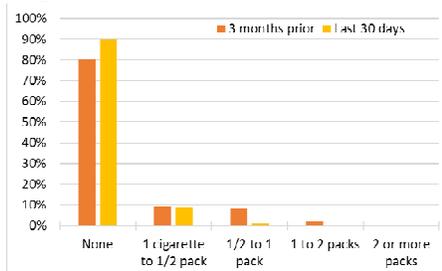
## Patient Reported Usage by Substance

Substance	Number (%) of respondents		
	3 months prior	Last 30 days	% Reduction
Cigarettes	20%	10%	50%
E-cigarettes	7%	2.5%	65%
Marijuana	17%	10%	45%

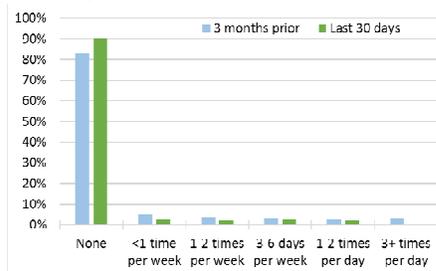
- Younger women (18-23 years) reported use more than older women (>=24 years)
  - Cigarettes: 32% vs 17%
  - E-cigarettes: 13% vs. 6%
  - Marijuana: 27% vs. 16%

## Usage in 3 Months Prior vs. Last 30 Days

### Cigarette Use



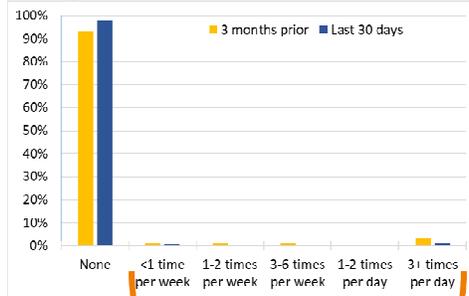
### Marijuana Use



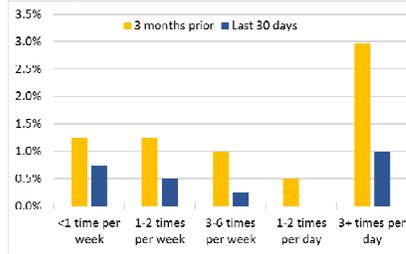
- Quitting and reduced usage were reported during pregnancy
- Significant shifts toward less use for all 3 substances

## Usage in 3 Months Prior vs. Last 30 Days

### E-cigarette Use



### only users shown



## Top Reasons for Switching/Quitting During Pregnancy

### Switched from Cigarettes to E-cigarettes or Both

Reason Cited	#	%
It is better for my unborn baby	11	39%
I'm trying to quit cigarettes	10	36%
<b>Mother's health:</b> I feel healthier &/or It's better for me	9	32%

### Stopped Using Marijuana

Reason Cited	#	%
It is better for my unborn baby	38	64%
I'm trying to quit marijuana	8	14%
<b>Mother's health:</b> I feel healthier &/or It's better for me	10	17%

## Patient Education from Providers about Substance Use

Substance	% of respondents	
	Talked with you	Gave you written info
Cigarette smokers	75% *	38% *
E-cigarette users (Vapers)	39%	--
Marijuana users	46% *	21% *

- Of those that desired information:
  - 61% preferred conversation
  - 38% wanted written materials

\* Statistically significant differences between smokers vs. non-smokers and between marijuana users vs. non- users.



## Healthcare Provider Survey

- 57% response rate
  - 75% physicians; 25% midwives
- Providers reported they routinely...

Substance	Ask About Use	Counsel Patients to Quit	Give Educational Materials
Cigarettes	100%	100%	36%
E-cigarettes	50%	75%	0%
Marijuana	100%	100%	13%

- Desired educational resources for E-cig & marijuana
  - Patient materials: 100%
  - Scientific literature: 88% and 75% (respectively)



## Conclusions

- Providers accurately perceived E-cigarette use less than cigarette smoking
- Uncertain why low-point of smoking in 2014
  - Subsequent increase (prelim. 2016 data)
  - Local youth data and national trends lend credibility to hypothesis of temporary spike in E-cigarette use
- Reduction in pregnancy highest for E-cigarettes
  - Might be more willing to quit
- Most vapers also smoked (though not opposite)
  - Dual use might lead to increased nicotine
- Missed opportunities for cessation

## Public Health Implications

- CDC, Surgeon General, USPSTF warn about E-cigarettes
  - Harmful effects on developing fetus
  - Should not be used for smoking cessation
  - Yet women reported use because: trying to quit smoking (36%) and better for unborn baby (39%)
- Perception that E-cigarettes are “safer” might influence decision to use during pregnancy
  - Need education to combat lack of risk awareness
  - Better understanding of motivations to use E-cigarettes and to quit smoking might inform cessation counseling strategies
- Desire for conversations with providers; need for more provider education
- Building blocks for surveillance and policy

## Acknowledgements

- Kathleen Salisbury
  - MPH Candidate, University of Washington
- Local prenatal care provider clinics in Kitsap County
- KPHD support
  - Katie Eilers, Dr. Susan Turner, Siri Kushner



## Questions?

Nicola Marsden-Haug, MPH

Epidemiologist

[Nicola.Marsden-Haug@kitsappublichealth.org](mailto:Nicola.Marsden-Haug@kitsappublichealth.org)



# MEMO

**To:** Kitsap Public Health Board  
**From:** John Kiess, Environmental Health Director  
**Date:** July 11, 2017  
**Re:** **Sanitation Options for Tiny House Developments for the Homeless**

Per the Board's request at the June 6, 2017, regular Board meeting, we have prepared information about sewage disposal options to serve tiny house development projects for the homeless. This continuum of options should be evaluated and applied based on funding and the location and "permanency" of the housing project; and a mix of options may be the best fit for some project proposals.

During today's Board meeting, I will present this information and provide further background about the regulatory requirements that affect each option.

**Recommended Action**

None – informational only.

Please contact me with any questions or concerns about this matter at (360) 728-2290, or [john.kiess@kitstappublichealth.org](mailto:john.kiess@kitstappublichealth.org).

Attachment: *Sanitation Options for Tiny House Developments for the Homeless*

**SANITATION OPTIONS FOR TINY HOUSE DEVELOPMENTS FOR THE HOMELESS**

<p align="center"><b>Low Cost - Short term / Temporary</b></p>  <p align="center"><b>Higher Cost - Long term / Permanent</b></p>	<b>Sewage Disposal Option</b>	<b>Ideal Duration of Use</b>	<b>Notes</b>	<b>Estimated wastewater cost considerations</b>
	Portable toilets & portable hand washing station	Short term ≤ 6 months	Requires a certified service provider for regular pumping and disposal of wastewater and sewage, and cleaning of toilets and hand wash station; does not allow for showering or bathing	Estimated rental costs of units – \$140/month per unit, minimum 3 units per week (including handwashing station); includes cleaning service
	Vault toilet & portable hand washing station	Short term ≤ 6 months	Vault toilets require periodic servicing/pump-out from a certified provider	Vault toilet construction similar to a septic tank installation – approximate installation cost of \$2,000 plus service/pump-out costs of \$500
	Holding tank septic system serving restroom facility with running water	6 -24 months or more	Holding tank systems require periodic servicing/pump-out from a certified provider; servicing would be more frequent if hand washing and showers were included; could serve a mobile, temporary, or permanent restroom facility. Allows one system for both toilets, hand washing, and showering.	Holding tank system capital and installation costs about \$2,000 plus costs of restroom facility and water supply connection. Service / pump-out costs \$500/event
	“Temporary” gravity septic system serving a flush-toilet restroom facility with running water	6 -24 months or more	Higher initial costs, but lower ongoing costs; could serve a mobile, temporary, or permanent restroom facility. Allows one system for both toilets, hand washing, and showering.	Estimated cost for an installed gravity onsite sewage system - \$10,000 or more depending on soils, plus the building and water connection
	DOH approved composting toilets	Long term ≥ 12 months	Most require electrical connection, some non-electric models available. Less “forgiving” than other options, and ongoing maintenance will be an issue. Likely requires a stick-built restroom. Hand washing and showering would need a separate system.	Average cost - \$2000/unit and higher depending on model plus ongoing maintenance costs by a knowledgeable person, plus restroom facility and hand washing/showering disposal system
	DOH approved incinerating toilets	Long term ≥ 12 months	All units require electrical connection, and thus a stick-built restroom facility. Hand washing and showering would need a separate system.	Average cost - \$2000/unit and higher depending on model, plus restroom facility costs. Ongoing maintenance of toilet required, and an additional hand washing / showering disposal system required
	Greywater disposal system & composting/incinerating toilets	Long term ≥ 12 months	Per DOH WAC 246-274 rules, the system can only be used during the growing season, otherwise diverted to an approved wastewater disposal system; requires separate system for winter/wet season use	Estimated cost for an installed greywater and onsite sewage system - \$20,000 or more for separate systems, depending on soils, plus restroom facility and additional winter/wet season system
	Sewer	Long term ≥ 12 months	Allows most flexible use and least amount of maintenance, but highest capital costs; can be use with temporary, mobile, or permanent restroom facilities or existing buildings in sewerred areas	Public water and sewer system connection costs likely \$10,000 or more for a new connection plus monthly usage costs, but once connected, virtually no ongoing maintenance costs other than general cleaning of the facility

- An approved public water supply or bottled water will be required to be provided to the housing project. A water storage tank system at the site could also be utilized with approved water delivery.
- Any holding tank arrangement will require a pumping service provider.
- All composting / incinerating toilets generate solid waste which will require proper disposal.
- Public water and/or sewer connection costs vary based on jurisdiction.
- All sites will require proper solid waste storage and off site removal.

# Transient Accommodation Sanitation Options

**Presented by:**  
**John Kiess**  
**Environmental Health Director**



KITSAP PUBLIC HEALTH DISTRICT

## Transient Accommodation Sanitation Options

- Wastewater disposal option will mostly dependent on the permanency or duration of the housing.
- Highly variable costs depending on selected options
- Various rules and guidelines apply

Kitsap County Board of Health Ordinance 2008A-01

General Sanitation - WAC 246-203

Greywater Reuse for Subsurface Irrigation – WAC 246-274

Camps - WAC 246-376

Various guidance documents from the World Health Organization, FEMA, CDC, and DHS about emergency camps and shelters



## Portable toilets and handwashing stations



- Short term solution
- Requires weekly service
- Lowest “infrastructure” cost
- No bathing facilities for residents



## Vault toilets



- Short term solution
- Requires pumpout as needed
- No water connection required
- No bathing or handwashing facilities for residents

## Mobile shower / bathroom unit



- “Medium” term solution
- Requires connection to approved wastewater disposal system
- Requires water connection
- Provides bathing facilities for residents

## Composting / Incinerating Toilets



- Long term solution
- Most units require electrical connection
- Requires handwashing facilities
- Price per unit can be prohibitive, the units do require maintenance and proper disposal of finished waste

## Greywater disposal



- Long term solution
- Regulated by WA Department of Health rules – like a “second” septic system
- Can only be utilized during the growing season
- Requires secondary connection to approved wastewater disposal system

## Permanent Bathroom / Shower Facility



- Long term solution
- Requires connection to approved wastewater disposal system
- Requires water connection
- Provides bathing facilities for residents
- Provides kitchen facilities for residents

## Other Considerations

- Public water and/or sewer connections vary based on jurisdiction.
- An approved public water supply or bottled water is required to be provided to the housing project. An onsite water storage tank system could also be utilized with approved water delivery.
- Any holding tank arrangement will require a pumping service provider.
- All composting / incinerating toilets generate solid waste which will require proper disposal.
- All sites will require proper solid waste storage and off site removal.