

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
February 7, 2023**

The meeting was called to order by Board Chair Commissioner Robert Gelder at 10:32 a.m.

Chair Gelder asked each Kitsap Public Health Board member who was present to give a brief introduction. During introductions, Councilperson John Clauson of Kitsap Transit noted he was present as Mayor Rob Putaansuu's alternate.

APPROVAL OF MINUTES

Mayor Becky Erickson moved and Member Stephen Kutz seconded the motion to approve the minutes for the January 3, 2023, regular meeting. The motion was approved with seven votes in favor and one abstention by Councilperson Clauson.

CONSENT AGENDA

The February consent agenda included the following contracts:

- 2203 Amendment 10, *Washington State Department of Health, Consolidated Contract*
- 2311, *Clallam County, Communicable Disease/Opioid Dashboard*

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

PUBLIC COMMENT

Pam Keeley, resident of Poulsbo, discussed the issue of racism and anti-LGBTQ activities occurring in Poulsbo, and the recent loss of a Poulsbo Middle School student. She described the ongoing issue of a man with anti-LGBTQ signs walking around Poulsbo. She noted that the Mayor of Poulsbo and councilmembers published a strong statement against intolerance and bigotry. Ms. Keeley notified the Board of a Poulsbo Town Hall meeting tonight at ChocMo for Hispanic parents and families of students who attend Poulsbo public schools. She asked the Board to prioritize anti-racism programs and to work with the public school districts to share related messaging in Spanish and English.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Administrator Update:

Mr. Keith Grellner, Administrator, started the report by discussing the updates to Kitsap Public Health's 2011-2021 Strategic Plan. The plan has expired and updates were delayed due to the COVID-19 pandemic. A work group of 16 members has been assembled that consists of the Health District executive leadership team, program managers, and other Health District staff, as well as Board Members Tara Kirk Sell and Michael Watson. Two meetings have been held so far with a third meeting scheduled for Friday, February 10th. Mr. Grellner noted that a final plan should be ready for Board review and approval by May or June of 2023.

Next, Mr. Grellner explained that the Health District has initiated the reaccreditation process through the national Public Health Accreditation Board. The process was started in 2019, but, again, was suspended due to the COVID-19 pandemic. The Health District hopes to complete the documentation process by September of 2023. Mr. Grellner added that Kitsap Public Health has been accredited since 2015 and that the District is one of five local health jurisdictions in Washington State and one of only 315 local health jurisdictions nationally to achieve accreditation. The process is being led by Siri Kushner and Kandice Atisme-Bevins.

Lastly, Mr. Grellner discussed the legislative update concerning the Health District's 2023 legislative and policy priorities. He noted that there are currently two funding proposals and one bill that are being tracked closely as they fall within those priorities. The funding proposals concern increasing foundational public health services funding and tobacco prevention funding. The bill concerns microenterprise home kitchens. The Health District supports both of the funding bills and opposed to the microenterprise home kitchen bill as it is currently written. Mr. Grellner will continue to update the Board at future meetings.

There was no further comment.

Health Officer Update:

Dr. Gib Morrow, Health Officer, began his report by welcoming the most recent Kitsap Public Health Board member, Jolene Sullivan, and thanked her for joining.

Dr. Morrow also thanked the Kitsap Public Health staff who will be presenting this morning. Jessica Guidry, the Equity Program Manager will be discussing the development of the Equity Collaborative. He noted that she is working internally within the Health District to ensure each program is adopting and promoting equity throughout the agency.

Next, Dr. Morrow discussed Erica Whares, Healthy Communities Specialist, and her upcoming presentation about resuming child death reviews. She will be discussing why this work is important and beneficial to our communities. Dr. Morrow said he is confident that this forum will bring meaningful focus and policy change to some of the more challenging aspects of public health, including youth depression and mental health, suicide, gun violence, substance abuse, overdose, and domestic violence.

Dr. Morrow then provided an update on the Health District's partnership activities. The Health District's emergency preparedness team is working to convene a coalition of partners across multiple sectors, including healthcare, emergency management, EMS, tribes, mental health, human services, the Navy, and others. The goal of the coalition is to increase communication line-up plans and response activities for public health emergencies, such as pandemics, atmospheric rivers, wildfire and adverse air quality events, natural disasters, mass casualty situations, and the like. Dr. Morrow noted that the Health District is also participating in emerging efforts to increase community awareness and collaboration in confronting the opioid, now primarily fentanyl, crisis.

Dr. Morrow discussed the final presentation of the agenda, by Health District epidemiologist, Wendy Inouye, with the Communicable Disease team. She will be explaining the infectious challenges and issues the agency faced in 2022, including respiratory illness, tuberculosis, and sexually transmitted infections. Wendy will briefly discuss Mpox, formerly known as Monkeypox, and how the Health District responded to this event locally. Dr. Morrow noted that Yolanda Fong, the Community Health Director, will lead a more in-depth discussion on the Mpox response at next month's Board meeting.

Next, Dr. Morrow reviewed the community health assessments that are occurring in Kitsap this year. Health District staff have been instrumental in data collection for several evaluations, including the Kitsap Community Needs Assessment for Kitsap Community Resources and the still ongoing Community Health Needs Assessment for Virginia Mason (VM) Franciscan Health. Dr. Morrow explained that these types of studies integrate quantitative data trends from numerous health indicators with qualitative data from surveys, interviews, and focus groups. The goal is to create a well-rounded and comprehensive look at the issues and challenges of highest importance and concern in Kitsap, including behavioral health issues, substance abuse, access to healthcare, pregnancy and prenatal care, basic needs like housing, food security, transportation, poverty, and chronic diseases. Kitsap Public Health will use this information to develop their priorities and evolve their work as part of the ongoing strategic planning, which should be completed later this year.

Lastly, Dr. Morrow noted that the Health District is looking forward to seeing the completed VM Franciscan Community Health Needs Assessment, once their board of directors has finalized their review and has developed an implementation plan to address the issues that were identified. The information from these studies will be used for an in-depth analysis of the Kitsap health system, which will include a study of the historic forces and policies which have contributed to the current state of the healthcare system. The analysis will also provide specific, detailed recommendations for how to improve access and quality of services for Kitsap residents. The Request for Proposals for this assessment closed on January 31st and a committee is reviewing each proposal. They are expected to make a final decision at the end of the week. Dr. Morrow noted that the submitted budgets range from \$60,000 to just under \$500,000, with timelines ranging from five to nine months. The selection committee will meet tomorrow to discuss the proposals and will likely make an offer by Friday. All proposals will be posted on the website once we make an offer and work to finalize a contract, which will come to the Board for final approval.

Mayor Wheeler asked Dr. Morrow if the nine proposals that came in contained a dollar amount. Dr. Morrow explained that, yes, a dollar amount was submitted and that it is a bell-shaped curve. Dr. Morrow noted the lowest budget was in the \$60,000 range and the highest was just under \$500,000. Mayor Wheeler then said that \$200,000 was budgeted for this project because there was no model for the Kitsap Public Health Board to follow. Mayor Wheeler said he hopes the Health District will provide options for the board to consider, not just those within the budget. If a proposal is outside of the budget, the Board can discuss it further at a policy level. Mr. Grellner clarified that the budget was \$500,000, so the proposals received are well within that budget. He

said that at this point, we can select the proposal that the Board and the Health Officer feel is the best proposal.

Mayor Erickson noted that the worst outcome would be if such a large amount of money is spent on the project, and the assessment was not useful in improving the local health systems. She explained that once a proposal is selected, that team needs to be held accountable throughout the process to ensure the resulting report is useful to the community.

Member Kirk Sell asked if, after the pandemic, the Health District is experiencing issues with their workforce or staff burnout. Dr. Morrow answered that the Health District's workforce is stable and healthy. He said he believes the agency survived the pandemic and is in good shape. He compared the agency to other health jurisdictions in the state and country, who had workforces that were decimated during the pandemic. He noted that the healthcare system is another situation, and that nurses, physicians, and para nursing professionals are struggling. He discussed a study published by the Commonwealth Fund that focuses on this issue. The study noted that around 117,000 physicians left the workforce in the last year, while the number of replacements that came into the field was around 40,000, most of which are in primary care. Dr. Morrow also discussed the fact that the United States is among the countries that spend the most per year on healthcare, though the outcome is still not good. Mr. Grellner added that the marketplace is currently very dynamic and concerning for the Health District, so it is being monitored closely. He noted that during the pandemic, the agency had a 40% turnover rate. A small number of staff have left the agency, not because they wanted to leave, but because they received an offer from another agency that the Health District could not match based on the current environment. Mr. Grellner believes the issue will come up again in the next year or two, and the Health District and the Board will need to reconcile that.

Member Kutz noted that part of the assessment should cover the quality of care being provided. He explained that so many providers are treating patients like they are on an assembly line and the quality of care is suffering. He said he is unsure of how to address the loss of providers, but we cannot achieve a health community by sending a number of people through just 40-something providers each day.

Chair Gelder noted that he's relieved nine proposals were submitted and asked Dr. Morrow how the proposals will be scored. Dr. Morrow explained that a matrix was developed that contains four elements that will be scored: the quality of the proposal itself, the quality of prior work that the team has performed, the qualifications of the respondents, and lastly, the budget and timeline. There will still be flexibility in how each reviewer scores the parameters of each proposal. Dr. Morrow assured the Board that some of the proposals are going to be excellent choices.

Mayor Erickson said the assessment was similar to an After-Action Report in the questions that are asked. For example, what did we learn, what worked or didn't work, and so on. She asked if the Health District has considered this throughout the process. Dr. Morrow explained that this is one of the agency's top priorities and that a consultant was hired to help develop an After-Action Report. He noted that, in a perfect world, the After-Action Report should have been done sooner, but we would still develop that report to see how the Health District's response lines up with the

response plans at the state and federal level. That is additional assessment being done and Dr. Morrow said he hopes it will be completed by summer of this year.

There was no further comment.

2023 COMMITTEE ASSIGNMENTS

Chair Gelder asked Member Watson if, after looking through the committee materials, he had a preference between Finance and Operations, Policy, or Personnel Committees. Member Watson responded via Zoom chat that he would like to join the Policy Committee. Chair Gelder noted that committee is now full.

Chair Gelder then asked Member Jackson to choose between the Finance and Operations or the Personnel Committee. Member Jackson selected Finance and Operations.

Next, Chair Gelder read each list of committee assignments. The Finance & Operations Committee consists of Mayor Becky Erickson, Mayor Greg Wheeler, and Member Drayton Jackson. The Policy Committee consists of Chair Robert Gelder, Mayor Becky Erickson, Mayor Rob Putaansuu, Member Tara Kirk Sell, and Member Michael Watson. The Personnel Committee consists of Member Stephen Kutz, Member Jolene Sullivan, and Councilperson Kirsten Hytopoulos.

Mayor Wheeler noted that Chair Gelder can move him to a different committee if there are any that are over- or under-represented. Chair Gelder responded by saying the current committee assignments are adequately represented. Chair Gelder also noted that they are keeping Mayor Putaansuu on the same committees as assigned in 2022, unless he objects at the next Kitsap Public Health Board meeting.

Chair Gelder asked for motion to approve committee assignments. Mayor Wheeler moved and Mayor Erickson seconded the motion to approve the 2023 Kitsap Public Health Board Committee Assignments. The motion was approved unanimously.

KITSAP HEALTH EQUITY COLLABORATIVE BRIEFING

Jessica Guidry, Equity Program Manager, began her presentation by introducing herself and thanked the Board for allowing her to present.

In a brief overview, Ms. Guidry explained that the Equity Program works within the Health District and our community to listen, collaborate, address inequities, and strive to create an environment where everyone can thrive. The program has an internal focus for the various Health District programs in order to determine if there are barriers to the services provided, how to address those barriers, and how to promote a diverse and equitable workplace. They also do that work within the community. She noted that training is a big part of this process, so the Health District began rolling out Identity and Power Training as the first step of the training plan the program developed. The Equity Program also looks at internal policies, procedures, and

programs, providing technical assistance as needed. Ms. Guidry went on to explain the partnership aspect of the program's work. Equity work should be informed by the communities that experience health inequities, therefore the Equity Program, which consists of Ms. Guidry and Community Engagement Specialist Maria Fergus, has been developing partnerships with members of the community. Ms. Fergus works full time to ensure community members are engaged in this work, indicating that this is a high priority for the Health District. Ms. Guidry referenced the community meetings mentioned by Pam Keeley during the public comment period. The Equity Program is aware and tracking these types of meetings consistently. To ensure they hear the concerns of the community, they attend community events, town hall meetings, and community conversations.

Ms. Guidry explained that the Equity Program was founded when the Board approved Resolution 2021-01, Declaring Racism a Public Health Crisis. The American Public Health Association has a map online that shows these types of resolutions. Ms. Guidry noted that there are currently 260 resolutions declaring racism a public health crisis, either at the city, state, or organizational level. In Washington State, there are 10 of these resolutions, including Kitsap's, and one declaration from the Washington State Public Health Association. Kitsap's resolution is unique from many others because, in addition to data, it provides a commitment and an action plan to address racism. The plan contains 10 action items, each fitting into one of five buckets: review policies, procedures, and programs through a racial justice and equity lens; workforce; structure; community partnerships, and the Board. The Health District has tools, such as forms and checklists, to determine if their programs are inadvertently serving one community more than another. The resolution also commits to ensuring the agency's workforce reflects the community. There is a dashboard on the Health District's website that displays employee demographics, including gender, age, race, and ethnicity and how that compares to Kitsap County demographics. Ms. Guidry went on to explain that having a community liaison, dedicated to equity, as was described in the resolution, doing this work has been a tremendous improvement. In terms of structure, the resolution commits to having a General Equity Committee along with two commitments from the board: one regarding tribal relationships and one regarding non-violence and environmental justice. Community partnerships are described in the resolution as a way to co-create solutions to address structural inequities, so the Health District is an equal of a partner as others in the community.

Next, Ms. Guidry discussed the Kitsap Health Equity Collaborative. This collaboration, convened by the Health District, is made up of Health District staff and organizations or leaders serving the communities experiencing health inequities. Participants in the collaborative are compensated if not being paid by another organization for their participation. They are viewed as consultants and are compensated as any other consultant would be. The meetings are held every other month and a majority of the meetings are hybrid to ensure inclusivity, though one meeting was held in-person. Thus far, the Kitsap Health Equity Collaborative has convened two times.

More than 30 organizations have been represented in the collaboration, with many other organizations who have been invited to participate. A number of participants represent healthcare, including representatives from Peninsula Community Health Services and Virginia Mason Franciscan Health.

Ms. Guidry then provided a summary of what the Kitsap Health Equity Collaboration has done to date. A focus for the collaborative was established, and that is to address root causes to systemic inequities. In the first meeting, there were participants present who did not have experience working with the Health District, they attended because they were invited. Ms. Guidry noted that this was a powerful aspect to the collaboration. Participants have discussed roles within the collaborative, the definition of health equity and social determinates of health, barriers to good health in Kitsap County, existing community assets, and what the Health District as an agency was willing to commit to. In addition to providing a table where organizations could leave flyers and information, the collaborative gave participants a lot of space to be able to share what they have been experiencing within the community. They also allocated time for information sharing and relationship building activities. Ms. Guidry explained that to help participants to feel comfortable enough to discuss inequities, there must be a foundation of trust present. Participants need to know that they will be listened to and that their opinions will be honored. During a collaborative meeting, the participants discussed having electeds present. Ms. Guidry said they may include elected officials in the future, but at this time they are focusing on their existing priorities, which are driven by the collaborative.

Lastly, Ms. Guidry discussed the plans for upcoming meetings. The team will be discussing which root causes of inequity to address, what community assets are missing or needed, strategies they will focus on and how to work on those strategies, and how the collaborative interfaces with existing and future groups with similar goals. Because a number of groups focused on equity and inclusion are forming, leaders from each group should strategize and communicate to ensure their meetings do not conflict with each other.

Member Jackson said he attended the first meeting and found it to be very fruitful. He noted that the community, particularly communities of color, are happy to have and be included in this discussion. The meetings have begun to instill trust between the Health District and communities that have experienced events that have damaged trust in these types of institutions. Member Jackson praised the collaborative for the types of questions that were asked of participants.

Mayor Wheeler also praised the outstanding work of the collaborative. He noted that he has the budget authority to do a thorough outreach program into the Bremerton community and to go into a public process where all are engaged in bringing on the first Equity and Inclusion Director at the City of Bremerton. He said he hopes this new position will fit into the collaborative that the Health District's Equity Program has established. He offered his agency's support and participation. Ms. Guidry responded by saying they would welcome the support and participation of any jurisdiction's equity points of contact, especially before they create their own committees.

Next, Mayor Erickson discussed Charles Patton at Puget Sound Regional Council. She explained that Dr. Patton has done amazing work and given presentations about the history of structural racism in our region. She encouraged Ms. Guidry to begin working with Dr. Patton, and Ms. Guidry responded by saying Dr. Morrow will be introducing them to Dr. Patton.

CHILD DEATH REVIEW BRIEFING

Erica Whares, Healthy Community Specialist at the Health District, began her presentation by noting that she specializes in injury prevention within the Chronic Disease and Injury Prevention program. She explained the presentation will cover a brief introduction to the Child Death Review process, which is currently restarting after a 7-year hiatus. In addition to this, Ms. Whares noted she will also explain the Child Death Review Panel, what review meetings will look like, and she will review national and local child mortality statistics and trends.

Ms. Whares explained that Child Death Review is a community-oriented process involving professionals from multiple disciplines. Their goal is to prevent future deaths and to improve safety. The panel facilitates an objective review to outline key circumstances involved with a child's death and will collectively examine how and why children die in Kitsap. Ms. Whares noted that this process is unique in that it is focused on the future. They are not aiming to place blame; their only focus is to prevent future child deaths or fatalities.

Next, Ms. Whares outlined what Child Death Review is and is not. The panel is an ongoing, confidential process of data collection, analysis, interpretation, and action; a systemic process guided by policies and state law; and, lastly, it is intended to move from data collection to prevention activities. She noted that the Child Death Review Panel is not a mechanism for assigning blame for any death, it is not a research study, and it is not an institutional review or substitute for existing mortality and morbidity inquiries. They approach each child fatality by looking at the entire context of that child's life in their family situation.

Ms. Whares explained that the death of a child is a sentinel event and often preventable. It should invoke a community response, because ultimately it is the community's responsibility to act and to prevent child deaths. She noted that more often than not, a child's death is a result of numerous system gaps. It is very rare that there are no prevention opportunities surrounding the circumstances of a child's death. It is frequently a cascade of missed opportunities for intervention and prevention.

Ms. Whares explained that the panel's purpose is to lead to a better understanding of how and why children die in Kitsap, and what can be done to prevent future deaths based on findings from the review meetings. She noted that the review findings are used to catalyze action to prevent other untimely deaths, ultimately improving the health and safety of community's families, and children. It was reiterated that a child's death should invoke a community response and that the circumstances around child deaths are multi-dimensional. Kitsap Child Death Review will be reviewing child fatalities from birth up to, and including, age 18, in which the child resided in Kitsap or the critical event took place in Kitsap.

Next, Ms. Whares discussed the history of Child Death Review in Kitsap County. They have case logs from 1999 to 2015, as the last review took place in 2015 after a 7-year hiatus. Thus far, the prevention strategies have included increased signage at local beaches, expanded messaging on safe sleeping environments, and advocating for Graduated Driver's Licenses. There have been other fatality review processes in Kitsap, so there are a number of opportunities to collaborate with other fatality review teams that are reviewing child deaths as well.

Ms. Whares noted that this is a protected process. A state law was enacted in 1993 and revised in 2010, which gives local health jurisdictions the agency to conduct child death reviews in order to address preventable causes of child mortality. The Washington State Child Death Review team oversees local Child Death Review data and priorities. This process is not mandated or required, but there are currently nine counties, including Kitsap, which have Child Death Review processes in place.

Ms. Whares then described the basic review process. First, the panel looks at the child's life and story to identify and understand modifiable risks and protective factors present in the child's life and family. Second, the panel collects multidisciplinary data on the context in which the decedent lived. Last, they focus on advocating for action so the panel is the catalyst for prevention going forward. Ms. Whares discussed data from the CDC, which indicates that unintentional injuries are the leading cause of death for children ages 1 through 19 nationwide. Though the overall unintended fatal injury among youth has decreased steadily since 2010, due in large part to improvements in motor vehicle safety, data has shown an increase in rates among certain demographic groups which has widened health disparities. To address the disparities, the Child Death Review panel will do a more in-depth investigation into the context of each child's life. Statewide data shows that, aside from cancer and congenital conditions, most child deaths are caused by unintentional injury, suicide, or homicide. The Child Death review will review these types of deaths and will review natural deaths that could have a prevention lens, such as asthma attacks and influenza. Ms. Whares noted that if these important causes of death are addressed, the community can ensure future deaths are prevented and that more children are living to see adulthood.

Lastly, Ms. Whares explained that the core Kitsap Child Death Review panel will include representatives from the Port Gamble S'Klallam Tribe, fire departments, EMS, healthcare providers, public health, schools, social service organizations, and the Department of Children, Youth, and Families. An invitation was also extended to members of the Suquamish Tribe. The first review meeting will occur in March, though starting last week, they began to hold planning meetings prior to the first review. The panel will conduct four review meetings per year and they will enter data into the National Fatality Review-Case Reporting System. Lastly, they will catalyze prevention locally. The Health District will be bringing a resolution to authorize and empower the Child Death Review process for board consideration and approval at the next regular meeting on March 7, 2023. If the Board approves it, the resolution would authorize the Child Death Review team to discuss confidential information related to each individual case as an internal Child Death Review process.

Member Kirk Sell asked if the Child Death Review team will be developing concrete policy and practice recommendations that need to be implemented at the conclusion of each review. Ms. Whares stated that is a goal of the Child Death Review team. She noted this will be an agenda item at least one time per year, depending on the number of cases they are reviewing.

Mayor Wheeler asked if the data shown on slide 10 of the presentation is by volume or per capita. He said he is trying to understand the trend shown on this slide. Ms. Whares said she believes these CDC statistics are by volume.

Chair Gelder thanked Ms. Whares for highlighting this process and said he appreciated the review that will occur in order to get at some of the root causes and the metrics.

Member Jackson asked if the data would include children who are homeless or if they are within poverty levels. Ms. Whares answered by explaining that the Kitsap Medical Examiner will share files that include whether the child was living at home at the time of a critical incident that led to the child's death. Member Kutz noted that the Child Death Review team would only have the information provided on the death certificate, not necessarily the background of the child's life. He said the community might be able to better inform us of the specifics.

Chair Gelder asked how the work would be funded. Ms. Whares answered by saying the funding will come from Foundational Public Health Services. Chair Gelder also asked if the program surrounding cribs for kids, touted by the previous county Coroner in an effort to reduce suffocation and SIDS deaths, still exists. Ms. Whares noted that there are resources on the Kitsap County Coroner's website that allude to safe sleep practices, but that she is unaware of any specific, agency-wide programs involved with this issue.

COMMUNICABLE DISEASES: 2022 IN REVIEW

Wendy Inouye, epidemiologist for the Communicable Disease Program, explained that one of her key responsibilities is to monitor and investigate various measuring communicable disease activities and to identify gaps and issues in our community that public health should respond to. She also identifies strengths in the community and how to build off of those further. Ms. Inouye noted that this presentation will share some of the Health District's key observations and communicable disease data for the year of 2022. She will be covering five key themes for today's presentation: respiratory illness season, Mpox 2022, tuberculosis and its impact on public health response resources, sexually transmitted diseases and what they tell us about vulnerabilities in primary care, and routine immunizations.

Ms. Inouye reiterated that this data is obtained through public health surveillance. This means most of the data represent what people with a given condition went to a provider for, got tested for, and that got reported to us.

Ms. Inouye explained that the respiratory viruses, other than COVID-19, have returned to their historical seasonality. For two years, there was almost zero flu activity, followed by an unseasonal blip in May 2022. She noted that, as an epidemiologist, this year's winter flu season is one of the first indicators that the community might be coming out of the disruptions of COVID-19 and getting back to a more predictable communicable disease landscape. CDC flu seasons run from the beginning of October through the end of December, and the peaks usually occur from mid-November through the end of February. Ms. Inouye reminded the audience that individual flu cases are not reportable, so a combination of available indicators are used to create

a composite picture of influenza in the community. The first indicator is weekly reports from local clinical labs that contain the number of flu tests administered and the number of those which were positive. The second indicator used is de-identified emergency department visit records, accessible through the National Syndromic Surveillance Program. This will provide the proportion of weekly emergency department visits attributable to influenza-like illness. These first two measures help the Health District gauge the overall circulation of clinical influenza in the community. While individual influenza cases are not reportable, there are two situations which are: influenza deaths and influenza outbreaks in long term care facilities. Ms. Inouye presented a graph that shows influenza lab reporting for October 2018 through January 2023. She noted that the 2018 and 2019 flu seasons are clearly represented by the number of positives shown on the graph. Looking at the 2019 through 2022 seasons, the graph shows a very minimal amount of flu activity. In looking at the end of November of 2022, the graph shows similar activity to the 2018 and 2019 flu seasons, largely driven by A(H3N2). Ms. Inouye then showed a graph containing the same type of data, but for COVID-19 instead of influenza. She explained that these data are something that should be tracked in the upcoming years to determine how flu and COVID-19 co-circulate, and whether COVID-19 starts to follow the timing of other respiratory viruses. Another graph was presented, containing data on flu deaths and outbreaks, which show a similar pattern. Ms. Inouye noted that public health is more prepared for influenza after COVID-19, due in part to stronger relationships with long term care facilities and schools. She also said the community has become more aware about respiratory illness prevention.

Next, Ms. Inouye discussed Mpox (monkeypox), noting this is just a brief, 90-second summary of this disease. A more in-depth discussion will be presented at the next Board meeting. On May 6, 2022, an Mpox case was reported in a UK resident with travel to Nigeria. Within seven days, two more cases were identified with no reported travel and no link to the index case, and within three weeks, there were 38 cases in seven European countries. Unlike Mpox epidemiology in endemic regions, where transmission looks similar to chickenpox before the vaccine became available, new cases appeared to be occurring mostly among adult males reporting recent sex with men. On May 17, 2022, the first case in the United States was reported, occurring in Massachusetts. One week later, King County reported a case who had reported recent international travel. Over the next two months, cases increased dramatically in non-endemic countries, and on July 23 the WHO declared Mpox a public health emergency. The next day, on July 24, the first case in Kitsap County was reported, and within the next three months, Kitsap Public Health identified a total of five laboratory confirmed Mpox cases, with the most recent case occurring in October of 2022. As of January 30, 2023, there have been 666 Mpox cases in Washington, with over 75% of the cases occurring in King County. Of those cases, 18 required hospitalizations, though there were no deaths. Around 19,000 doses of Mpox vaccine were administered statewide, and 250 of those were administered in Kitsap.

Next, Ms. Inouye discussed the topic of tuberculosis as a public health crucible. She said she chose to highlight this theme because it shows how one small change in epidemiology can really test public health's ability to respond. Tuberculosis requires a unique public health response for a number of reasons. Typically, instead of a single case investigation, most cases require long-term case management, lasting from four months to over a year. In some cases, daily check-ins are required. Public health has a more hands-on role than other conditions, including ordering

medications, monitoring drug tolerance, and ensuring medication adherence. There is also a more active approach to identify close contacts who must then be assessed, tested, and potentially treated for three months or more. Ms. Inouye noted that tuberculosis disproportionately impacts people who have other challenges, such as language barriers, unstable or overpopulated housing, lack of transportation, or an unfamiliarity with the United States healthcare system. Because of this, public health must have multiple scalable strategies. In tuberculosis cases, loss to follow up is not an option. We need to locate and maintain 100% of our tuberculosis cases until they complete treatment. Additionally, there are a number of factors that can complicate case and contact management that require considerably more resources. These factors include language barriers that require an interpreter, resistance to first-line medications, or an intolerance to drug regimens. Ms. Inouye displayed a graph that showed how different day-to-day responsibilities can change. The graph showed the difference in strategies needed in 2022 compared to those in 2021. Ms. Inouye explained that the communicable disease team managed two cases in 2021 and up to 15 cases and close contacts in 2022. Kitsap Public Health had to check in with many of the 2022 cases and close contacts daily, in addition to the challenges that compound the required public health response. Ms. Inouye said she believes the communicable disease team is now better equipped to handle tuberculosis cases in the future. They have trained more staff, have standardized processes and procedures, and have developed a response that can be scaled up during emergencies. She noted that, per WHO data, tuberculosis case diagnoses decreased dramatically in 2020. Tuberculosis response in endemic countries relies heavily on community health workers who go door-to-door and do house visits, which were shut down during COVID-19 lockdowns. The concern is that cases who do not get diagnosed do not get treatment and remain infectious. Stay-at-home policies helped with COVID-19 activity, but it had likely increased the spread of tuberculosis. Ms. Inouye showed another set of graphs that displayed tuberculosis death data. The rate of deaths increased in five of six WHO regions. WHO posited that disruptions to global TB programs caused by the COVID-19 epidemic has set the world back 10 years in tuberculosis elimination. She noted that we may be able to see this impact over the long term in the local epidemiology.


Next, Ms. Inouye discussed sexually transmitted infections (STI) data, specifically some of the nuances that have appeared since the appearance of COVID-19. First, she displayed data for annual syphilis surveillance and how it revealed gaps in STI health. Since 2021, the number of syphilis cases has increased dramatically. There is also an increasing proportion of these cases in women, though 70% of cases are still in males. Ms. Inouye noted that there was a drop in cases in 2020. She then displayed a set of graphs containing disaggregated data by sex and age. Nearly all of the 2020 decrease in cases occurred in males under 30 years old and the reason for this is still unknown. It may be due to social distancing and a change in risk perception, but this demographic is known to be difficult to reach in primary care and one of the groups least likely to present to healthcare. This is especially true if the condition they have has symptoms that go away, even though they are still infectious. Ms. Inouye said the second observation regarding this data is that the increase in cases this past year occurred in people 30 years of age and older, which may signal a need to reevaluate messaging and prevention strategies. She added that this brings up the question of whether the local epidemic is shifting or if cases are not diagnosed or reported. The same analysis was true of gonorrhea surveillance, though Ms. Inouye skipped this section due to time constraints.

The last theme Ms. Inouye discussed was immunizations. COVID-19 caused a disruption in routine immunizations. Three months ago, the WHO and CDC published a report that estimated that 61 million MMR doses were missed or delayed worldwide, between March 20 and December 20, 2021. They further estimated that 25 million children did not receive their first dose of MMR vaccine in 2021. In the United States, CDC, using national school vaccination coverage data, reported that, "...despite a widespread return to in-person learning, COVID-19 disruptions continue to affect vaccination coverage and assessment for 2021 to 2022 school year, preventing a return to pre-pandemic immunization coverage." Additionally, on December 20, 2022, a national survey by the Kaiser Family Foundation found that 17% of parents believe that the risks associated with MMR vaccines outweighed the benefits. This percentage has increased from pre-pandemic numbers. Ms. Inouye shared a report published by DOH in 2022, which showed that the number of annual doses of routine childhood vaccinations, excluding flu and COVID, has declined from pre-COVID-19 numbers. Ms. Inouye discussed data reported by local schools based on immunization verification, which occurs at the beginning of the school year. Based on these data, over 2,700 Kitsap students were not documented as up to date on routine immunizations. In addition, only 92% of kindergarteners had a documentation of two MMR vaccines on file. Of that 8% that were not documented, only one quarter of these had an exemption. Ms. Inouye noted that she believes Kitsap is in a better place than in 2019, in part because of the WAC in 2019 which removed personal beliefs exemption from the MMR requirement, and also because of the proactive work local schools have been doing. She said that South Kitsap School District specifically has almost 96% of K-12 students up to date on routine immunizations, the highest in Kitsap County. They are in the top 10% of school districts in Washington. Lastly, Ms. Inouye displayed immunization data for adults and flu vaccine. National data from the CDC showed a cumulative number of doses, administered at provider offices and pharmacies over a flu season. The graph showed the last pre-COVID-19 season compared to the current flu season. The number of people getting flu vaccines is similar, but, while it used to be a 50/50 split between vaccines administered at provider offices versus at pharmacies, adults now appear 40% more likely to get vaccines at pharmacies rather than at their healthcare provider's office. Ms. Inouye displayed a number of headlines that reported outbreaks of measles, pertussis, diphtheria, and vaccine-preventable influenza B. This reiterates the importance of increasing rates of vaccines in our community.

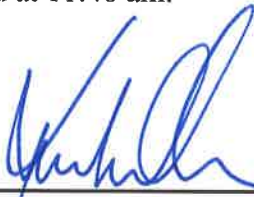
There were no questions asked due to time constraints, though Board members can email Ms. Inouye with any questions.

ADJOURN

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



Robert Gelder
Kitsap Public Health Board



Keith Grellner
Administrator

Board Members Present: *Councilperson John Clauson (Alternate for Mayor Robert Putaansuu); Mayor Becky Erickson; Commissioner Robert Gelder; Councilperson Kirsten Hytopoulos; Member Drayton Jackson, Member Dr. Tara Kirk Sell; Member Stephen Kutz' Member Michael Watson; Member Jolene Sullivan; Mayor Greg Wheeler.*

Board Members Absent: *Mayor Robert Putaansuu.*

Community Members Present: *Jeff Faucett, South Kitsap Fire District.*

Staff Present: *Angie Berger, Administrative Assistant, Administrative Services; Margo Chang, Administrative Assistant, Administrative Services; Maria Fergus, Community Engagement Specialist, Equity Program; Yolanda Fong, Director, Community Health Division; Keith Grellner, Administrator, Administration; Jessica Guidry, Program Manager, Equity; Karen Holt, Program Manager, Human Resources; Wendy Inouye, Epidemiologist 2, Assessment and Epidemiology; Crystal Koch, Community Liaison, Chronic Disease and Injury Prevention; Martitha May, Bilingual Community Health Worker, Parent Child Health; Kaela Moontree, Social Worker 1, HIV Case Management; Megan Moore, Community Liaison, Chronic Disease and Injury Prevention; Dr. Gib Morrow, Health Officer, Administration; Emmy Shelby, Public Health Nurse; Nurse Family Partnership; Tad Sooter, Communications Coordinator and Public Information Officer; Kelsey Stedman, Program Manager, Communicable Disease; 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	2/7/2023 10:12	41

NAME	NAME	JOINED BY PHONE
Alena Schroeder	Leslie Banigan	13604340601
Ally Power (she/her)	Liz Davis	
Amelia Stites - Fishline	Marci Burkel (she/her)	
Amy Anderson	Meghan Tran	
Angie Berger (she/her)	Melissa Laird	
Anne Moen	Michael Watson	
Annika - KIAC	Nolan Simmons	
April	Pam Keeley	
Carin Onarheim	Rebecca Pirtle	
Carolynn Zimmers	Sarah Kinnear	
Dave	Shannon Schroeder	
Drayton Jackson	Siri Kushner	
Gabby Hadly	Stacey Smith	
Kandice Atismé-Bevins	Steve Brown	
Karen Holt	Thomas Jury	
Kayla Petersen	Wendie Borja	
Kelsey Stedman (she/her)	Xinia Ebbay	
Kevin Nguyen		
Kirsten Hytopoulos		