

KITSAP PUBLIC HEALTH BOARD MEETING AGENDA

March 1, 2022
10:30 a.m. to 11:45 a.m.

**** Please note that this is a virtual / online meeting due to the COVID-19 pandemic.
Electronic connection and viewing information for the meeting is provided at the end of the
agenda. ****

- 10:30 a.m. 1. Call to Order
Mayor Greg Wheeler, Chair
- 10:31 a.m. 2. Approval of February 1, 2022, Meeting Minutes
Mayor Greg Wheeler, Chair Page 5
- 10:33 a.m. 3. Approval of Consent Items and Contract Updates
Mayor Greg Wheeler, Chair [External Document](#)
- 10:35 a.m. 4. Public Comment – **PLEASE SEE NOTES AT END OF AGENDA**
Mayor Greg Wheeler, Chair
- 10:45 a.m. 5. Health Officer and Administrator Reports
Dr. Gib Morrow, Health Officer & Keith Grellner, Administrator

ACTION ITEMS

- 10:50 a.m. 6. Resolution 2022-04, Repealing Kitsap Public Health Board Ordinance
2016-02, Secure Medicine Return Regulations
Steve Brown, Solid & Hazardous Waste Program Manager Page 17

INFORMATION ITEMS

- 11:00 a.m. 7. Kitsap Public Health Core Indicators: Assessment and Epidemiology
Kari Hunter, Program Manager Page 25
- 11:20 a.m. 8. COVID-19 Vaccine Community Engagement Project Report
Siri Kushner, Assistant Director Community Health Division Page 42
- 11:35 a.m. 9. COVID-19 Update
Dr. Gib Morrow, Health Officer

11:45 a.m. 10. Adjourn

*All times are approximate. Board meeting materials are available online at
www.kitsappublichealth.org/about/board-meetings.php*

Instructions for virtual attendance at Kitsap Public Health Board meetings**

Health Board Meetings Via Zoom

The Kitsap Public Health Board will be held via Zoom webinar, broadcast live on Comcast channel 12, WAVE channel 3, the [BKAT website](#) and Facebook (please note: there is no physical location for this meeting. Board members and staff will all participate remotely). The Health Board and presenters are **panelists**, members of the public are **attendees**.

Webinar **attendees** do not interact with one another; they join in listen-only mode, and the host will unmute one or more attendees as needed.

How to Join the Zoom Meeting

To join the meeting online, please click the link below from your smartphone, tablet, or computer:

<https://us02web.zoom.us/j/86186052497?pwd=TXcrQU1PRWVVBHgyWERXRFluTWloQT09>

Password: 109118

Or join by telephone:

Dial: +1 (253) 215-8782

Webinar ID: 861 8605 2497

*Zoom meeting is limited to the first 500 participants. A recording of the meeting will be made available on our website within 48 hours of the meeting.

Information & Directions for Public Comment

We apologize, but verbal public comment *during* the meeting may only be made through a Zoom connection. The public may make verbal comments during the Public Comment agenda item if they are attending the meeting via Zoom.

As this meeting is a regular business meeting of the Health Board, verbal public comment to the board will have a time limit so that all agenda items will have the opportunity to occur during the meeting. Each public commenter will receive a specific amount of time to speak to the board as determined by the Chair based on the number of public commenters for the meeting.

Written comments may be submitted via regular mail or email to:

Regular Mail:

Kitsap Public Health Board
Attention: Executive Secretary
345 6th Street, Suite 300
Bremerton, WA 98337

Email:

HealthBoard@kitsappublichealth.org

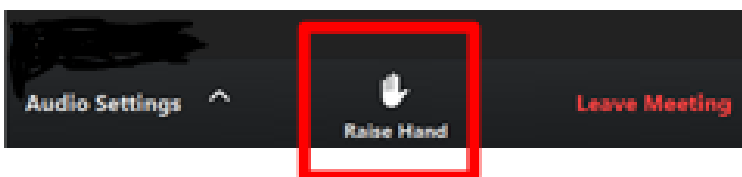
All written comments submitted will be forwarded to board members and posted on the Health Board's meeting materials webpage at <https://kitsappublichealth.org/about/board-meetings.php>.

Public Participation Guidelines

Below are recommendations for use by members of the public in meetings conducted via Zoom Webinar.

Identification: Upon entering the webinar, please enter your name, number or other chosen identifier, so that the host can call upon you during the public comment period.

Raise Hand (pictured below): You have the ability to virtually raise your hand for the duration of the meeting but you will not be acknowledged until you are called on during the public comment period. NOTE: If you have used your telephone to access the Zoom meeting, **you may press *9** to "raise your hand". The host will unmute you when it is your turn to speak.




Public Comment Period: Use "Raise Hand" to be called upon by the host. The host will announce your name when it is your turn.

Mute/Unmute: Attendees will be muted and not audible to the Board except during times they are designated to speak. When you are announced, you will be able to unmute yourself. NOTE: If you have used your telephone to access the Zoom meeting, **you may press *6** to mute/unmute yourself.

Time Limit: Each speaker testifying or providing public comment will be limited to a time period specified by the Chair.

Use Headphones/Mic for better sound quality and less background noise, if possible.

Closed Captions/Live Transcripts are available. On the bottom of your zoom window, click the  button to turn on/off captions. You can adjust the way captions appear on your screen in settings. Please be aware, captions are auto-generated by Zoom and may contain errors.

This is a public meeting of the Health Board. It is expected that people speaking to the board will be civil and respectful. Thank you for your cooperation.

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
February 1, 2022**

The meeting was called to order by Board Chair, Mayor Greg Wheeler at 12:31 p.m.

REVIEW AND APPROVE AGENDA

There were no changes to the agenda.

BOARD MEETING MINUTES

Mayor Becky Erickson moved and Commissioner Ed Wolfe seconded the motion to approve the minutes for the January 4, 2022, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The February consent agenda included the following contracts:

- 1869 Amendment 3 (2231), *Olympic Community Health, Change Plan*
- 2183 Amendment 1 (2219), *Kitsap County, Youth Cannabis and Commercial Tobacco Prevention Program*
- 2203 Amendment 1 (2228), *WA State Department of Health, Consolidated Contract*
- 2216, *North Kitsap School District, Covid-19 Case Investigation Assistance*
- 2217, *South Kitsap School District, Covid-19 Case Investigation Assistance*
- 2229, *Bainbridge Island School District, Covid-19 Case Investigation Assistance*

Mayor Erickson moved and Councilperson Kirsten Hytopoulos 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

Chair Wheeler provided each member of the public three minutes to speak.

Dan Bogar said he worked at the Puget Sound Naval Shipyard for thirty-seven years. He said the VAERS system is an early warning system for vaccines, much like a radar system for symptoms. He said this radar system is alarming with the number of adverse reactions reported in the last year, which exceeded all other reports of vaccine reactions in the hundred-year history of the VAERS system. Mr. Bogar said that the gene therapy vaccinations have been shown to be among the least effective of modern vaccines at preventing breakthrough transmission and string mutations. He said that, since the start of 2021, there have been 227 deaths associated with COVID-19 vaccines in Washington State, while during the same time period there were only 4 deaths associated with any other vaccine in Washington State. Mr. Bogar stated the children 17 and younger in the VAERS system have had 44 heart disease issues reported and five serious neurological problems. He said 43 of the heart disease cases followed the second dose of the

Pfizer Bio-Tech vaccine, 1 of the cases followed the first dose of the Pfizer Bio-tech vaccine, however this case was previously diagnosed with Autism. He continued stating that both myocarditis and pericarditis were the symptoms most directly to the vaccines. He said these cases were missed in all previous testing until children began to receive the vaccine. He said that the pillar of pandemic responses is early treatment. Mr. Bogar stated that over 200 studies have shown that early treatment is more effective versus waiting to go to the hospital. He said clinical physicians that were treating patients reported a 50-80% better survival rate than standard CDC and NIH mandated protocols. He said clinicians reported that in the first 72 hours from a positive test are the most important. He went on to share an October 2021 vaccine cost-benefit analysis from Columbia University Irving Medical Center which demonstrated that mortality rates are higher in those COVID-19 vaccinated who were 25 and under. This study didn't require that primary symptom cause or death be associated to the vaccine. He encouraged the board to read all the children's reports and thanked them for their time. Chair Wheeler encouraged Mr. Bogar to send any other information to the Health Board.

Jay Huffman from Poulsbo spoke to the board regarding resources he believes the community will benefit from. He said he'd like to share his conclusion with the community members and the Board of Kitsap County regarding research that he has done so that they can have balanced information for making decisions. He said we know that from the data in our county we have virtually no risk of serious issues from COVID-19, however there is the risk of the adverse events or serious events due to the COVID-19 vaccine. He noted that some will say it's a small group who has reactions, but nobody says it's zero. He stated that it is important for Kitsap County residents to know that they can check out the national Public Health Emergency website, PHE.gov. He also noted that, when reading through the Public Readiness and Emergency Preparedness (PREP) Act declaration, which we have been under for two years, the only recourse for those who lose a family member or their ability to work is the Countermeasures Injury Compensation Program (CICP). Mr. Huffman said that this program only pays out about 6% of the time and doesn't cover many costs. He said the death benefit is just over \$300 thousand and noted that wouldn't provide for a family if they lost a working mother or father or parent who is non-working and taking care of children. He suggested that, since there is little or no risk of COVID, community members can wait for the PREP Act to be declared over and for congress to possibly add the COVID-19 vaccines to the Vaccine Injury Compensation Program. Mr. Huffman said that this program covers far more costs and pays out about 7 times the amount of the CICP. He noted, with the Vaccine Injury Compensation plan, and individual can also bypass the plan and go straight to court, which you cannot do with the CICIP. Lastly, Mr. Huffman said community members need to start informing themselves and challenged the board to promote balanced information.

There were no more public comments.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Health Officer Update:

Dr. Gib Morrow, Health Officer, provided the Board with an update regarding other work outside of the COVID-19 work that the Health District is currently involved in.

Dr. Morrow said the Kitsap Public Health HIV team met with the St. Michael Medical Center Residency Program and educated them about case management work. Dr. Morrow said it was important to train these doctors to understand that treatment is prevention and the game plan for eradication of AIDS/ HIV is getting everyone with HIV to have undetectable viral loads and that would make the HIV virus untransferable to other people (undetectable = untransmittable).

Dr. Morrow explained that Kitsap Public Health District recently met with Peninsula Community Services to discuss expedited partner treatment for sexually transmitted diseases such as Gonorrhea and Chlamydia. He explained that, with this approach, doctors would be able to provide an additional prescription to give to any partners who are likely to be infected but unlikely to seek care. Dr. Morrow shared this is a great public health opportunity that he would like to promote and drive the rate of transmission in sexually transmitted diseases down in the county.

Dr. Morrow said a grant has been received by the Residency Program that will allow the emergency departments at local hospitals to screen eligible individuals who are potentially HIV or Hepatitis C positive. He warned that this is a program that could potentially push our numbers up for a while due to the better case identification, however it will help with case investigation and better long-term control in the future.

Dr. Morrow shared some interesting information from the Kitsap Public Health Epidemiologist team. Numbers are showing that routine childhood vaccinations dropped during the COVID-19 pandemic. Kitsap Public Health's research shows that between 20-46% of students are out of vaccine compliance at schools within evaluated districts. Dr. Morrow assured the board that Kitsap Public Health was helping schools get back on track with the immunization systems for their students. He also let the board know that Kitsap Public Health District is partnering with Peninsula Community Health to obtain the goal of closing these gaps.

Lastly, Dr. Morrow shared that Kitsap Public Health District has been reviewing tuberculosis cases in the past 5 years and has found some concerning gaps in the way cases are reported to the public health system. He shared that Kitsap Public Health has developed a partnership with infectious disease specialist Dr. Kristen Lee at St. Michael Medical center who is helping with the effort to get this information out and helping with individual clinical treatments.

Administrator Update:

Mr. Keith Grellner, Administrator, provided the board with an update from Megan Moore on the Health District's adopted Legislative and Rulemaking Priorities for 2022. He shared that only two bills have been introduced that fall under the District's legislative priorities.

1. House Bill 1676 – using the taxation of vapor products to fund additional tobacco and vapor use prevention and cessation programs and services. Kitsap Public Health signed in as pro for this bill during a hearing on January 13th.
2. Engrossed 2nd Substitute House Bill (E2SHB) 1258 – concerning the operation and permitting of micro enterprise home kitchens. This is a carryover bill from the past few sessions. Kitsap Public Health remains opposed due to food safety concerns that have not

been adequately addressed. Kitsap legislator, Representative Simmons, is a co-sponsor of the bill, Kitsap Public Health has reached out to her regarding concerns with this bill.

Mr. Grellner informed the Board the Health District is diligently working to put together a packet for the scheduled March 10th Policy Committee meeting. He let the board know the focus of the meeting would be implementation of Engrossed 2nd Substitute House Bill (E2SHB) 1552, which will be forming a comprehensive local health board membership. Mr. Grellner said that the committee will also be discussing the inclusion of a land acknowledgement statement, recognizing our indigenous peoples into our health board processes. He let the board know there would be more information coming at the March 1st board meeting.

RESOLUTION 2022-01, APPROVING 2022-2024 COLLECTIVE BARGAINING AGREEMENT BETWEEN KITSAP PUBLIC HEALTH DISTRICT & PROTEC 17

Mr. Grellner approached the Board regarding negotiations for the 2022-2024 collective bargaining agreement. He noted some minor changes were made to the draft resolution yesterday and the updated version is posted to the website. Mr. Grellner said the bargaining team did a really good job collectively of addressing issues and coming to reasonable and appropriate agreements. He let the board know that there was a tentative agreement met between the Health District and PROTEC 17, the union representing Kitsap Public Health District employees, which includes the following:

- Wage Adjustments:
 - 5.5% increase in 2022
 - 2.5% in 2023
 - 2.0% increase in 2024
 - Additionally, 2.0% increase for the clerical unit for 2022. All these increases were negotiated because KPHD fell behind comparable wages and market analysis.
- Step increase effective date for the Environmental Health Specialists (EHS 1) who earn their Registered Sanitarian credential has been changed. The original hire date will remain as the anniversary date for all step increases going forward.
- Add Juneteenth (June 19th) to the list of paid holidays
- Amend Health Benefits Program to reflect current practice: The Health District will pay immunization costs for employees.
 - The Health District no longer provides adult immunizations onsite as those services are readily available through primary healthcare providers and pharmacies. Employer required tuberculin skins tests (PPD) will still be administered by the Health District. If a chest x-ray is required, the Health District will provide a referral to an outside provider and cover the cost. If any other vaccination or associated health service is required by the District, the District will provide time during the workday and reimbursement for any associated employee out-of-pocket costs. Influenza vaccinations will continue to be provided to employees onsite and at no charge.

- Children of employees will no longer be provided with free childhood immunizations by the Health District (the Health District provides medical insurance coverage for employees and their family and childhood immunizations are provided by primary healthcare providers).
- Probationary and Trial Service - Amends Article 26 (Probation and Trial Service Periods) to clarify that during the probation period, an employee may be dismissed with one day's notice.

Lastly, Mr. Grellner noted the cost of the 2022 wage adjustments will be about \$360K, this is reflected in the 2022 budget amendment on today's agenda. Mr. Grellner assured the board that this has been accounted for and the budget is still balanced. Mr. Grellner recommended that the board adopt resolution 2022-01.

Commissioner Wolfe moved, and Councilperson Hytopoulos seconded the motion to approve Resolution 2022-01, Approving 2022-2024 Collective Bargaining Agreement between Kitsap Public Health District and PROTEC 17. The motion was approved unanimously.

Commissioner Wolfe said that this is a good outcome for the team.

There was no further comment.

RESOLUTION 2022-02, APPROVING 2022-2024 SALARY ADJUSTMENTS FOR NON-REPRESENTED EMPLOYEES

Mr. Grellner approached the Board regarding approving salary adjustment for non-represented employees. He explained to the board that there is an amended 2022 salary schedule for non-represented employees that would take effect if the board approved the adjustment. He reminded the board that in December the board approved a 4% wage increase place holder while the bargaining process continued. Kitsap Public Health and PROTEC17 settled on a 5.5% increase for 2022 for represented employees. In the past the Health Board has always matched salary adjustment for non-represented staff with the union. This would add a 1.5% for non-represented staff on top of the 4% approved in December. Mr. Grellner explained that this adjustment would make non represented staff increases equal to represented staff. Mr. Grellner recommended board approval of Resolution 2022-02.

Commissioner Charlotte Garrido would like to see the cumulative increases for non-represented employees in the future. Mr. Grellner said he will include it in his presentation next time.

Mayor Erickson moved, and Commissioner Garrido seconded the motion to approve Resolution 2022-02 salary adjustments for non-represented employees. The motion was approved unanimously.

RESOLUTION 2022-03, APPROVING 2022 BUDGET AMENDMENT FOR KITSAP PUBLIC HEALTH DISTRICT

Mr. Grellner approached the Board regarding the proposed 2022 Budget Amendment. Mr. Grellner explained that this budget amendment reflects the changes the board just approved regarding wage adjustment for represented and non-represented staff. The total cost of those wage adjustments for 2022 is about \$640 thousand. He assured the board that the budget remains balanced even with adding the market adjustment and increasing staffing levels to approximately 141.3 FTE. Mr. Grellner explained that about 40 of those FTEs are COVID-19 program related with respect to the pandemic. He explained that those employees have been assigned to work in community-based testing sites, vaccination clinics, are helping to get personal protective equipment and home tests into the community, continuing to respond to PPE requests from health care and other businesses in our community, outbreak disease investigations and operating a community isolation and quarantine center for people ill with covid. Mr. Grellner let the board know that all those expenses are included in the budget amendment, which is balanced at \$18,682,535. Mr. Grellner recommends approval of Resolution 2022-03.

Mayor Erickson moved and Councilperson Hytopoulos seconded the motion to approve Resolution 2022-03, Approving the 2022 Budget Amendment for Kitsap Public Health District. The motion was approved unanimously.

Mayor Erickson asked if money had been set aside in the budget during negotiations and had been accounted for in the previously approved budget. Mr. Grellner confirmed that the District was able to move money from other categories to cover the wage increases and remain with a balanced budget.

COVID-19 UPDATE

Dr. Morrow introduced Ms. Ally Power, Epidemiologist at Kitsap Public Health, to the board.

Ms. Powers provided a presentation to the Health Board regarding COVID-19 assessment and epidemiology. She proceeded to let the board know that due to the current surge in COVID-19 cases the Washington State Department of Health (DOH) is receiving a high volume of COVID-19 testing data and experiencing substantial slowdowns within their data system. She shared that this has resulted in a backlog in Kitsap Public Health District's data and the county may see some increases in previously reported data over time. She also shared that last week, the Health District identified a large volume of duplicate cases in the Kitsap data sent by the DOH. The Health District made the decision to delay updating its dashboards until the duplication issue could be investigated and corrected, which was yesterday. Ms. Powers said that, due to the high volume of cases, the Health District has had to focus on investigating outbreaks in high-risk settings and is no longer investigating all potential outbreaks. Due to this change the Health District can no longer report the total number of outbreaks in the community and have discontinued this reporting feature on the website. Kitsap Public Health will continue to investigate, assist and respond to outbreaks within Kitsap County.

Ms. Powers said right now cases are on a slight decline, however there could be a seven-day case increase due to the DOH delay. Ms. Powers shared that in the past week, ending January 26th, there were 1,120 cases per 100,000 residents of Kitsap County. Using the most recent DOH data available the seven-day case rate for the week ending January 15th was 1,704 cases per 100,000 Washington residents. Ms. Powers explained that these rates are underestimates of the true extent of disease transmission because of the state data delay and many tests have been completed at home and are unreported.

Ms. Powers said there continues to be a steep increase in COVID-19 hospitalizations with both Kitsap and Washington State residents. Overall, she expects that hospitalizations and deaths will increase in the weeks ahead because they lag behind the case counts. During the week ending January 22nd there were 74 hospitalizations identified in Kitsap County, the same as the previous week. Ms. Powers explained this was the highest number yet. Ms. Powers said that in January, Kitsap County is currently reporting 11 deaths, however this number will continue to climb as death certificates are processed and investigated. She shared the most recent state data shows a similar pattern.

Ms. Powers shared that, with the Omicron variation, vaccination doesn't always prevent symptoms of COVID-19 if you are exposed to the virus. However, she also shared those vaccinations are effective at preventing hospitalizations and death. Those who aren't vaccinated in the 12–59-year-old age group are 8.8 times more likely to be hospitalized with COVID-19, those ages 60 and over who are unvaccinated are 4.3 times more likely to be hospitalized with COVID-19. She shared this is consistent with the risks shared by both the CDC and DOH. Unvaccinated individuals in Washington State have 5-7 times increased risk of hospitalization. She shared that those with a booster vaccination are 44 times less likely to be hospitalized than those who are unvaccinated.

Ms. Powers shared that it has been just over a year since Kitsap County administered their first doses of COVID-19 vaccine. She said some big milestones have been reached as of January 22nd:

- More than 75% of all Kitsap County residents have started their Covid-19 Vaccination
- 80% of eligible residents (ages 5+) have started their vaccination.
- 72% of Kitsap residents are fully vaccinated.
- In the 5-11 age groups, 32% of residents have initiated vaccination, which is a 2% increase in the past two weeks.

Ms. Powers finished her presentation and turned the meeting back over to Dr. Morrow.

Dr. Morrow explained that the data from the epidemiology team provides helped inform work and direct our initiatives. He said Kitsap County is seeing the highest disease rates with about 3,000 cases reported each week. He reiterated this was only the number of confirmed cases and actual numbers are much higher. He understands that everyone is struggling to keep their organizations staffed due to people being sick. The healthcare system is strained and the workforce is depleted; hospitalizations are at their highest peak for two weeks running; and hospitals continue to be operating above their license capacity and discharge is delayed because long term facilities have their own critical staffing issues. Dr. Morrow explained that Kitsap Public Health is helping with some revisions to the guidelines, allowing facilitated transfers out of hospitals and into nursing homes.

Dr. Morrow said the overall outlook right now is much brighter. While the Omicron variant infects more readily, he said it causes less severe disease and binds to the nasal tissue while less damaging to the lungs. He also shared that data out of Greece showed that hospital intubations have remained unchanged in a ten-fold spike in cases. He shared that cases in Kitsap resulting in hospitalization is nearly half of what prior waves have caused, even while large numbers go unrecognized or unreported. Dr. Morrow said people are being admitted to the hospital for unrelated to Covid issues who are testing positive while in the hospital. Dr. Morrow said this is a less severe variant. He also noted that data from other localities around the world show that, while cases do spike rapidly, these surges resolve more quickly than with prior variants and that the bottom line is that the virus has changed but we have too as hosts.

Dr. Morrow shared that our population is more immunologically competent and said four out of five Kitsap residents have started vaccination and community immunity is increasing daily. He shared that Seattle's Institute for Health Metrics and Evaluation estimates that 50% of the world's population will be infected between November of 2021 and March of 2022. He said experts expect that proportion will be similar or less locally in Kitsap. Dr. Morrow said those who have not been previously infected or vaccinated are still at a high risk for severe hospitalization and severe illness and death. While Dr. Morrow did not want to minimize the risks of his disease, he was pleased to let the board know that the actual number of people at the highest risk is dropping daily.

Dr. Morrow said COVID-19 is likely to be reduced to an endemic disease soon. He said we currently know of 4 coronaviruses that are current causes of the common cold and hopefully we are headed in that direction. He reminded the board that endemic doesn't mean harmless and noted we will see new variants and spikes of disease activity.

Dr. Morrow informed the Health Board of a few shifting strategies that are accompanying these changes:

- Case Investigation and Contact tracing efforts are going to be more focused directly on vulnerable populations, congregate settings, and high-risk individuals. The universal case investigation and contact tracing has become more challenging and less productive with Omicron due to the huge number of asymptomatic or minimally symptomatic cases and he noted many cases are going untested and unreported. Dr. Morrow said efforts are going to be focused on outbreak investigations, particularly in high-risk settings and on increasing the numbers of people up to date on their vaccination. They will also be increasing the availability of testing and improving the distribution in available therapies like antiviral drugs and monoclonal antibodies.
- Kitsap Public Health is asking all the health care providers to agree to vaccinate their own patients using the SAVE acronym: seek (reach out to patients), ask (about vaccination history and provide education), vaccinate, and empower (staff to discuss the safety and importance of vaccines). Dr. Morrow shared that Kitsap Public Health acts as a vaccine depot and can assist providers in vaccination efforts and provide the technical advice they may need.

Dr. Morrow continued to share that the Moderna vaccine has received full FDA approval under the name Spikevax. He also shared that Novavax, which is the first protein vaccine, has submitted its standard at the FDA and will likely be receiving some sort of authorization for short term use. Dr. Morrow also said we are expecting vaccinations for those 6 months and older to occur as early as this month or March. Dr. Morrow explained that there are some DOH funding initiatives available at this time which may provide financial assistance to get these programs up and going.

Dr. Morrow said the Health District appreciates all the local citizens who have relayed their concerns about COVID Control in Port Orchard. These concerns were relayed to the DOH and the operation has closed and left town. Washington State has filed a lawsuit against this company regarding invalid and false test results. Dr. Morrow explained that the Health District realizes that PCR testing is somewhat limited in South Kitsap and is working to bring a new private testing vendor into that area. Dr. Morrow also explained that Kitsap Public Health is hoping to get that up and running quickly and then integrate a testing center in Central and North Kitsap as well for additional options. He reiterated that testing is still available through Kitsap's community-based test sites and that hundreds of people are being tested daily. He noted the positivity rates at those test sites are more than 35%, meaning that over a third of those tested are positive, which is a high positivity rate. Dr. Morrow said that Northwest Labs continues to provide excellent services and provides direct notifications to patients with their results with high turnaround times. He also noted that in the past few days they have seen a small decrease of residents

being tested in Kitsap County. This is a good, optimistic sign that we are on the back side of this wave. Dr. Morrow shared that testing is moving into households and away from public health and establishments. He shared that rapid antigen tests are available free of charge from federal and state programs and encouraged all families to obtain these tests commercially or through the government programs. He encouraged the public to test themselves if they have any concerns about possible disease. He said if you test positive, stop activities and quarantine for the next five days.

Councilmember Hytopoulos asked Dr. Morrow if he wanted to address any of the concerns expressed regarding the vaccines during public comment. Dr. Morrow explained that the VAERS system is an early warning system that has been set up through the government and any concern related to a vaccine that has been administered can be entered into that system. He explained that, while this is a good system which works as a surveillance system, the data that is used in the VAERS system can then be used to evaluate and identify potential issues. He explained that there have been no COVID vaccine myocarditis deaths reported, as far as he knows, in this county. He said myocarditis basically means inflammation of the heart muscle. He said there is a small likelihood of young males who receive their second dose Moderna (more often than Pfizer) experiencing myocarditis. The few cases have all recovered. Dr. Morrow shared he reviewed those case and they have not shown significant long-term disease. He said Myocarditis is a significant concern, but noted the likelihood of getting it from the COVID-19 vaccine is much less likely versus getting it from a COVID-19 infection.

Dr. Morrow said, of the 8 million vaccinations that have been given to kids 5 to 11, there have been about 100 adverse effects that have been characterized as serious. Dr. Morrow said any complication is concerning, but zero adverse effects is simply not possible with pharmacological therapy. He said the benefits outweigh the downside. Dr. Morrow reiterated that these are important and valid concerns and Kitsap residents should speak to their doctors about their concerns for these or any issues related to COVID-19.

Dr. Morrow shared that right now we have a lot of transmission through our community with the less severe Omicron variant, which is leading to basic community immunity, however nobody knows how long that immunity is going to last. He noted that saying COVID-19 is an inconsequential disease completely disregards a million American deaths. Dr. Morrow pointed out that he has death certificates on his desk of 40-year-olds, who were otherwise healthy, who died from COVID-19.

Chair Wheeler asked Dr. Morrow what signs we would see when we are approaching, or have moved into, an endemic. Dr. Morrow reminded everyone that that endemic doesn't mean harmless. He stated with respiratory virus, no vaccine that has been able to provide sterilizing immunity. There were many people who believed if we were able to get 70% of the people vaccinated COVID-19 would completely disappear, however Dr. Morrow explained that was not possible. He said because the virus is able to live in animals and cross species, is a tough virus. He explained that four coronaviruses cause the common cold, and likely, those caused prior pandemics a lot like we are seeing now. Dr. Morrow explained this is what happens when you have a completely immediate immunologically naïve population. He used the example of the Native Americans who were wiped out by Smallpox because they had never seen it before and did not have any immunity. Dr. Morrow explained that when people are vaccinated and as COVID-19 circulates and we are exposed to it, our immunity continues to boost due to vaccination status and small exposures of COVID-19 which will hopefully cause this virus to become the common cold. Dr. Morrow explained that this virus is going to have the potential to mutate and evolve and we will see new variants. He continued to explain that mRNA technology it allows safe and effective variant specific vaccines to be developed quickly. Dr. Morrow shared that he is optimistic that we are moving toward COVID-19 being something that we can live with a lot more successfully, however he does not feel like it's time to throw

away the masks. He shared he is optimistic that we're getting through this and we have the tools and techniques that allow us to resume our usual activities safely.

Chair Wheeler let the board know he is interested in continuing to discuss the endemic at a later date. He shared that he does not fully understand when or how we would transition from this pandemic to an endemic and what difference that would involve. Chair Wheeler shared that he would look at hospitalizations and how many workers are out sick so we can deliver services for our citizen's expectations.

Mayor Erickson said 58 people died in our county from COVID-19 in September and 275 people died from COVID-19 in Kitsap County since this all started. She said in the time period from March of 2020 to present day, someone has died every 2.5 days from COVID-19 in Kitsap County. Mayor Erickson shared that she wonders how Kitsap County would have reacted if those deaths were car fatalities where someone died on our highways every 2.5 days for 23 months. Mayor Erickson asked Dr. Morrow if there was a bright line showing us when the pandemic has reached an endemic point. She shared that looking at hospitalizations and deaths, she believes people are going to say they are going to be done with it and move on like the Spanish flu. Dr. Morrow replied that it'll be a dial versus a switch and we will continue to be aware when we are sick. He explained fatalities and hospitalization rates will be watched along with some ongoing surveillance looking at the indicators of hospital system strain and fatalities. Dr. Morrow believes that it'll look a lot like how we track influenza right now. He shared that influenza takes between 35,000 and 70,000 lives each year. He explained that if we can get it down to those levels, which would be 10% of what we are seeing with Omicron right now he believes that we will learn to live with this virus. Dr. Morrow went on to explain that different people have different risk tolerance and that being vaccinated is the safest. He noted that the people who are unvaccinated tend to participate in riskier behaviors.

Mayor Erickson commented that it used to be that you went to work whether you were sick or not now that mindset is going toward if you had sneezes or a cough you are going to stay home. She also shared that everyone has learned better hygiene habits. While she explained she is not trying to downplay COVID-19 she is optimistic we will be in a better place within the next six months.

Chair Wheeler thanked Dr. Morrow for all his work and allowing himself to be put on the spot answering questions.

ADJOURN

There was no further business; the meeting adjourned 1:42 p.m.

Greg Wheeler
Kitsap Public Health Board

Keith Grellner
Administrator

Board Members Present: *Mayor Becky Erickson; Commissioner Charlotte Garrido; Councilperson Kirsten Hytopoulos; Mayor Robert Putaansuu; Mayor Greg Wheeler; Commissioner Ed Wolfe.*

Board Members Absent: *Commissioner Robert Gelder.*

Community Members Present: *See Attached.*

Staff Present: Amy Anderson, *Public Health Educator, Public Health Emergency Preparedness and Response*; Jami Armstrong, *Disease Intervention Specialist, COVID-19*; Angie Berger, *Administrative Assistant, Administration*; Stephanie Byrd, *Confidential Secretary, COVID-19*; Holly Bolstad, *COVID Community Outreach Specialist, Public Health Emergency Preparedness and Response*; Eric Evans, *Program Manager, Drinking Water and Onsite Sewage*; April Fisk, *Program Coordinator, Contracts Manager, Public Records & Safety Officer, MAC, Administration*; Callie Ford, *Secretary Clerk 2, Environmental Health Permitting*; Keith Grellner, *Administrator, Administration*; Sarah Henley, *COVID Emergency Operations Coordinator, Public Health Emergency Preparedness and Response*; Grant Holdcroft, *Program Manager, Pollution Identification and Correction*; Karen Holt, *Program Manager, Human Resources*; Jakob Hughes, *Environmental Health Specialist 1, Solid and Hazardous Waste*; Kari Hunter, *Manager, Assessment and Epidemiology*; Wendy Inouye, *Epidemiologist 2, Assessment and Epidemiology*; John Kiess, *Director, Environmental Health Division*; Brandon Kindschy, *Environmental Health Specialist 1, Pollution Identification & Correction*; Sarah Kinnear, *Disease Intervention Specialist, COVID-19*; Siri Kushner, *Assistant Director, Community Health Division*; Melissa Laird, *Manager, Accounting and Finance*; Victoria Lehto, *Environmental Health Specialist 1, Pollution Identification & Correction*; Alex Moore, *Environmental Health Specialist 1, Drinking Water and Onsite Sewage Systems*; Dr. Gib Morrow, *Health Officer, Administration*; Melissa O'Brien, *Environmental Health Specialist 1, Food and Living Environment*; Carin Onarheim, *Disease Intervention Specialist, Communicable Disease*; Ally Power, *Epidemiologist 1, Assessment & Epidemiology*; Kelsey Stedman, *Program Manager, Communicable Disease*; Mindy Tonti, *Community Health Worker, HIV Case Management*; Lisa Warren, *Public Health Nurse, Parent Child Health*; Laura Westervelt, *Environmental Health Specialist 1, Water Pollution Identification and Correction*; Layken Winchester, *Environmental Health Specialist, Food & Living Environment*.

Kitsap Public Health Board Meeting (Virtual Attendance)

Webinar ID
861 8605 2497

Actual Start Time
2/1/2022 12:08

Attendee Count
74

NAME

Alex Moore
Ally Power (she/her)
Amy Anderson
Angie Berger (she / her)
April Fisk
Becky Erickson
Yuka
Brandon Kindschy
Christina Thacker
Callie Ford
PC
Carin Onarheim
Charlotte Garrido
Carol Larsen
D
Dan Bogar
David Emmons
Dave
Deb Montez
donna
Edub
Eric Evans
Ed Wolfe
Fletcher Sandbeck
Gib Morrow
Grant Holdcroft
Greg Wheeler
helice
Holly Bolstad
Irene Moyer
Jakob Hughes
Jami Armstrong
janell hulst
J Huffman
John Kiess
John Clauson
Jerry Flapjacks
Karen Holt
Kari Hunter
Keith Grellner
Kelsey Stedman (she/her)
Kirsten Hytopoulos
Kitsap County Commissioners Office
Keri Sieckowski
Laura Westervelt
Layken Winchester
Lisa Warren
Melissa Laird
Mel O'Brien

NAME

Michael Spencer (BKAT)
Mindy Tonti
Mandy Meigs
monte levine
Richard Kirton (K911)
Rob Putaansuu
Rachael Taylor
Baumr
Sarah Henley (she/her)
Sarah Kinnear
Stacey Smith
Sheri Frontiero
Shannon
siri kushner
Taura
Victoria Lehto
Wendy Inouye (KPHD-EPI)

JOIN BY PHONE

13605091007

MEMO

To: Kitsap Public Health Board
From: John Kiess, Environmental Health Director
Date: March 1, 2022
Re: Resolution 2022-04, Repealing Ordinance 2016-02, Secure Medicine Return Regulations

Attached for your review and consideration, please see draft Resolution 2022-04, Repealing Kitsap Public Health Board Ordinance 2016-02, Secure Medicine Return Regulations.

At the December 2016 regular meeting, the Kitsap Public Health Board adopted [Ordinance 2016-02, Secure Medicine Return Regulations](#). This ordinance established a convenient, secure medicine return system for the residents of Kitsap County, and contained requirements that the pharmaceutical industry provide sufficient resources to operate the program – relieving the burdens on local government agencies and taxpayers.

In 2018, the Washington State legislature passed Engrossed Substitute House Bill No. 1047, which required drug manufacturers that sell drugs in Washington to operate a statewide drug take back program. This led to the development of [RCW 69.48](#) and [WAC 246-480](#). The RCW included preemption language for local medicine return ordinances (see RCW 69.48.160) based on the approval of a statewide plan by the Washington State Department of Health (DOH).

The statewide approved plan was approved by DOH and has been operating since November 2020. Based on the RCW preemption language, our local ordinance is no longer able to be enforced. More about the state-wide program can be found here: [WA DOH Safe Medication Return Program](#) and local Kitsap County medicine return options under the new state program are here: [Secure Medicine Return | Kitsap Public Health District | kitsappublichealth.org](#).

During today's meeting, Steve Brown, Solid and Hazardous Waste Program Manager, will provide a brief summary of the regulation history, program successes, and current medicine disposal options for Kitsap County residents.

Recommended Action

The Health Board may wish to make and approve the following motion:

The Board moves to approve Resolution 2022-04, Repealing Ordinance 2016-02 Secure Medicine Return Regulations effective immediately.

Memo to Kitsap Public Health Board – *Resolution 2022-04*

March 1, 2022

Page 2

Please feel free to contact me at any time regarding this proposed resolution. I can be reached at (360) 728-2290, or john.kiess@kitsappublichealth.org with any questions or comments.

Attachment (1)

Repealing Kitsap Public Health Board Ordinance 2016-02 Secure Medicine Return Regulations

WHEREAS, the Kitsap Public Health Board approved Ordinance 2016-02 *Secure Medicine Return Regulations* on December 6, 2016, to establish a convenient, secure medicine return system for the residents of Kitsap County; and

WHEREAS, in 2018, the Washington State legislature passed Engrossed Substitute House Bill No. 1047, which required drug manufacturers that sell drugs into Washington to operate a drug take-back program to collect and dispose of prescription and over-the-counter drugs;

WHEREAS, Chapter 69.48 Revised Code of Washington (RCW) and Chapter 246-480 Washington Administrative Code (WAC) were developed by the legislature and Washington State Department of Health to implement the statewide program; and

WHEREAS, RCW 69.48.160 preempts all local programs twelve months from the date that the approved statewide program began operation, or November 20, 2020; and

WHEREAS, RCW 69.48 and WAC 246-480 preempt Ordinance 2016-02, rendering it ineffective and unnecessary.

NOW, THEREFORE, BE IT RESOLVED, that the Kitsap Public Health Board Ordinance 2016-02, *Secure Medicine Return Regulations*, is hereby repealed effective immediately.

APPROVED: March 1, 2022

EFFECTIVE: March 1, 2022

Mayor Greg Wheeler, Chair
Kitsap Public Health Board

Secure Medicine Return Regulation Update

Presented by:
Steve Brown
Solid and Hazardous Waste Program Manager



KITSAP PUBLIC HEALTH DISTRICT

Secure Medicine Return Regulation History

- December 2016 – the Health Board adopts Ordinance 2016-02, *Secure Medicine Return Regulations*
- March 2018 - Collection operations begin in Kitsap County
- June 2018 – Statewide program becomes law – RCW 69.48
- August 2019 - State rules become effective – WAC 246-480
- November 2020 - Statewide program operations begin after plan approval by DOH. Based on the RCW preemption language, our local ordinance is no longer able to be enforced.



KPHD Secure Medicine Return Program

- 2017 – Program development, plan submittal / approval process
- 2018 – 3,848 pounds of medicine collected (14 kiosks)
- 2019 – 6,665 pounds of medicine collected (14 kiosks)
- 2020 – 5,333 pounds of medicine collected (13 kiosks, some with COVID access restrictions)



Medicine Disposal in Kitsap County

- Washington State DOH program - [WA DOH Safe Medication Return Program](#)
- Kitsap County medicine return options here: [Secure Medicine Return | Kitsap Public Health District | kitsappublichealth.org](#)
- 16 kiosks distributed throughout Kitsap County as well as mail-back option
 - Accepting prescription and non-prescription drugs
 - Brand name and generic drugs
 - Drugs for veterinary use
 - Pre-filled auto injectables (e.g. Epipens) are accepted via the mail-back option



Questions?



MEMO

To: Kitsap Public Health Board
From: Kari Hunter, Program Manager, Assessment and Epidemiology Program
Date: March 1, 2022
Re: 2022 Kitsap County Core Public Health Indicators

Each year from 2006 to 2018, the Kitsap Public Health District released an updated *Kitsap County Core Public Health Indicators Report*. The *Indicators Report* is a high-level synthesis of demographic and public health data designed to provide an overview of the health of Kitsap County. Most indicators are derived from standard public health data systems from national, state, county, and program sources. In 2018, Kitsap Public Health District created a Disparities Report which compared subgroup data (age, race/ethnicity, sex, sexual orientation) for the annual indicators to identify differences between populations within Kitsap County. In 2019, Kitsap Public Health District completed a comprehensive community health assessment for the Kitsap Community Health Priorities – KCHP - process, combining indicators metrics with subgroup disparity analyses (kitsapchp.org).

Although the work on core indicators was paused in 2020 and 2021 due to the COVID-19 pandemic, Kitsap Public Health District has produced an updated set of Core Indicators for 2022, integrating indicator metrics for Kitsap and subgroup comparison analysis. Each indicator is available in a interactive dashboard under “Reports & Fact Sheets” on our website (www.kitsappublichealth.org/information/data_Indicators.php).

- At the top of each indicator page, a definition, brief interpretation of findings, and source are shown.
- To the right of the definition in a grey dotted box, a summary of the most recent Kitsap trend over time and the comparison to Washington for the most recent year(s) are reported.
- Following the definition, Kitsap data for each indicator are presented for a series of years in a large trend line graph and compared to a similar graph for Washington State. The lines and summary are color coded: blue is a statistically improving trend, red is a statistically worsening trend, and black is neither statistically better nor statistically worse. Purple is used to indicate trends that are statistically significant, but neither better nor worse.
- Below the graphs of Kitsap and Washington, a comparison of Kitsap subgroups is shown. Within each subgroup, the group with the best rate or percentage is shown as the reference group in dark grey. Please note that the reference group will change from indicator to indicator, depending on which subgroup has the best outcome for that indicator. The rest of the subgroups are color coded based on whether they are statistically significantly different (orange) or not statistically significantly different (light yellow) when compared to the reference group.

The *Indicators* are intended to show data and trends reflecting much more than the Health District’s work. The 2022 Indicators are a selection of metrics assessing Kitsap’s overall health, reflecting both successes and areas that need improvement. Health outcomes included in the Indicators are influenced by environmental factors, social determinants, and the work and the decisions that are made by individuals, public agencies, healthcare providers, and private businesses throughout Kitsap County and beyond.

The 2022 *Indicators* are very different than previous reports, which were published as static documents. By publishing the Indicators in an online dashboard format, we can provide the community with an ever-growing and evolving collection of metrics that have many implications for public health practice and policy. This sound, reliable data can be used to help focus resources, encourage new and existing partnerships, and support the work necessary to make Kitsap County a healthy and safe place to live, learn, work, and play. The indicators provide opportunities for individuals, public agencies, healthcare providers, and private businesses to identify and make, or support, decisions to improve health.

Below, please find highlights of the report in three selected areas.

Economic Determinants Indicator Highlights:

Key Findings	Indicators
Prior to 2020, the economy was improving in Kitsap.	In 2019, data showed improvements as follows: a reduction in poverty, an increasing median household income, a reduction in food insecurity, and a reduction in the population eligible for SNAP benefits.*
2020 showed worsening economic trends.	From 2019 to 2020, increases were seen in unemployment and public school students eligible for free/reduced lunches.*
Subgroups in Kitsap experience disparities in economic disparities.	Across multiple economic indicators, disparities exist by: <ul style="list-style-type: none"> • Sex • Household type • Educational Attainment • Racial & ethnic group • Geographic Region

*Many economic determinant indicators were not yet available for 2020.

Maternal and Child Health Indicator Highlights:

Key Findings	Indicators
Infant mortality is not improving and was higher than Washington in 2019. Disparities exist by racial & ethnic group.	Washington State has a decreasing trend in infant mortality, but not Kitsap. In addition, Kitsap's rate in 2019 was statistically significantly higher than Washington's rate. Over the past ten years (2010-19), Kitsap resident Black mothers have experienced almost 3 times the rate of infant mortality than Kitsap resident White mothers experienced.
Some maternal risk factors are worse in Kitsap than Washington State overall.	Starting prenatal care during the first trimester of pregnancy is lower in Kitsap than in Washington. The percentage of mothers smoking during pregnancy is higher in Kitsap than WA.

Substance Use and Abuse Indicator Findings:

Key Findings	Indicators
All drug hospitalizations decreasing, but all drug deaths increasing.	Drug hospitalizations are decreasing and lower than WA in 2019, but deaths associated with drug overdose are increasing, similar to WA.
Opioid deaths worsening since 2000; recent increase due to fentanyl	Opioid deaths worsening since 2000, and preliminary 2020 data shows the highest single year in the past 20 years. Preliminary reports show an increasing percentage of opioid deaths due to fentanyl in 2020 and 2021.

Recommended Action

None – informational only.

Please contact me with any questions or concerns about this matter at (360) 900-7025, or kari.hunter@kitsappublichealth.org.

Assessment & Epidemiology

Kari Hunter, DVM, MPH, DACVPM
Program Manager
Assessment & Epidemiology Program
March 1, 2022



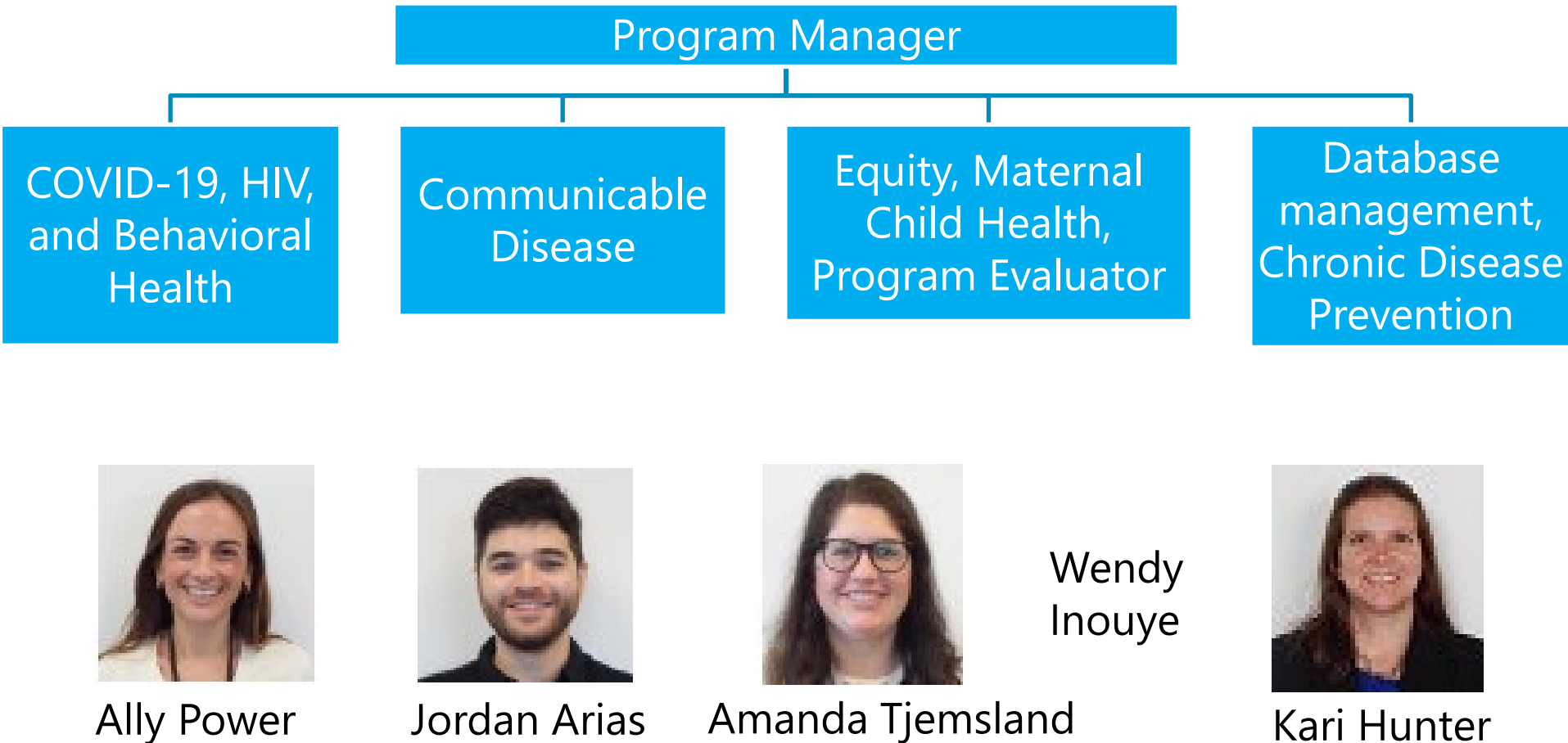
KITSAP PUBLIC HEALTH DISTRICT

Agenda

- Introduction of Assessment & Epidemiology
- Indicators and Disparities
 - Background
 - Sources & Limitations
 - Example
 - Key Findings



Assessment & Epidemiology Team



Kitsap Public Health Core Indicators

- Overview of the health and wellbeing of residents and factors that affect health
 - Kitsap County as a whole
 - Selection of 40-60 indicators
 - Rates & percentages, trends over time, comparison to WA

KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS
December 2018^α

TABLE OF CONTENTS	PAGE
Introduction	1
Indicator changes since last release	2-3
Demographic Profile	4-7
Indicators	
I. Who Are We?	8-11
II. How Healthy Are We?	12-18
III. How Healthy Are Our Lifestyles and Behaviors?	18-22
IV. How Safe and Healthy Are Our Surroundings?	22-24
Sources	25
Background Information	26-29
Indicator Data Tables	30-36

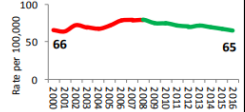
INTRODUCTION

The *Kitsap County Core Public Health Indicators* report is a high level synthesis of demographic and public health data designed to provide an overview of the health of Kitsap County. The majority of data come from standard public health sources: vital records, public health program tracking, reportable illnesses, surveys, and the U.S. Census. Data sources are footnoted throughout and described in the *Data Sources* and *Data Details* sections. Indicators have the newest available data and should be interpreted as estimates. The indicators in this report have many implications for public health practice, policy, and services. These indicators are presented in an effort to provide sound, reliable data that can be used to monitor change over time, help focus resources, encourage new and existing partnerships, and support the work necessary to make Kitsap County a healthy and safe place to live, learn, work, and play.

^α The 2018 report was originally released 1/2/19. It was re-released 1/14/19 with updates to 3 birth-related indicators, and released again 1/31/2019 with corrections to labels for opioid prescriptions and drug and opioid hospitalizations.

EXAMPLE: HOW TO READ AN INDICATOR

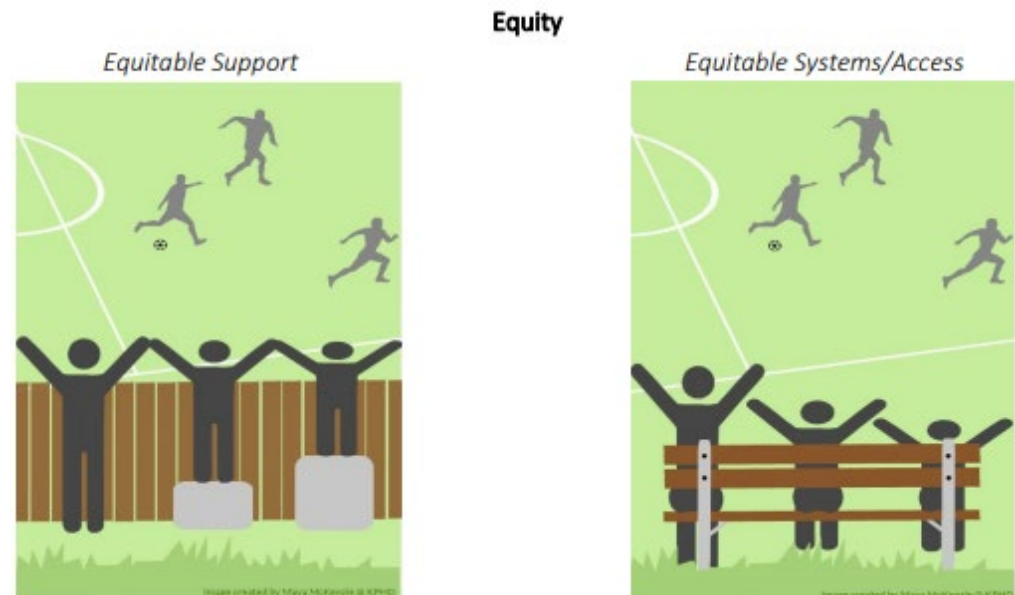
Kitsap data for each indicator are presented for a series of years in a trend line graph. The entire line or segments of the line are color coded: green is a statistically significant improving trend, red is a statistically significant worsening trend, purple is a statistically increasing or decreasing trend not assessed as improving or worsening, and black is no statistical change. The overall statistical trend in Kitsap is presented from the earliest to the most recent year, reported as an increase (↑), decrease (↓), or no change (↔) and follows the color coding described previously. Kitsap County trend lines can have multiple segments indicated by a change in color, a thin vertical line across a purple trend line indicates a statistical change in trend. A recent year statistical comparison between Kitsap and Washington is reported as better or worse, higher or lower, or same and also follows the color coding described previously. N/A indicates insufficient data were available for a trend analysis or no WA data for a comparison.

Indicator	Kitsap Rate Over Time	Overall	Compared to WA
Fast food restaurant and convenience store density per 100,000 residents ^{1, 25}		↔	Same as WA 2016 Kitsap = 65 per 100,000 WA = 75 per 100,000

- Updated annually from 2006 to 2018

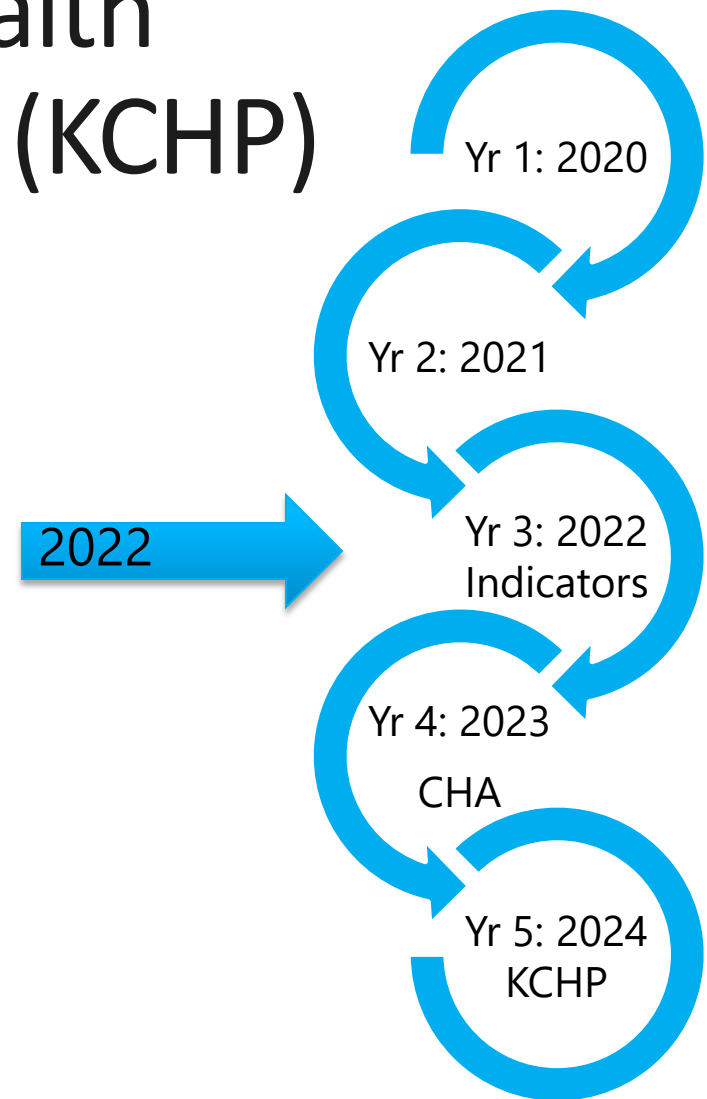
Kitsap County Health Disparities Report

- Disaggregation of Indicators by Subgroups
 - Age, Sex, Race/Ethnicity, and Sexual Orientation
 - Comparison between groups
- Report produced in 2018



Kitsap Community Health Priorities Assessment (KCHP)

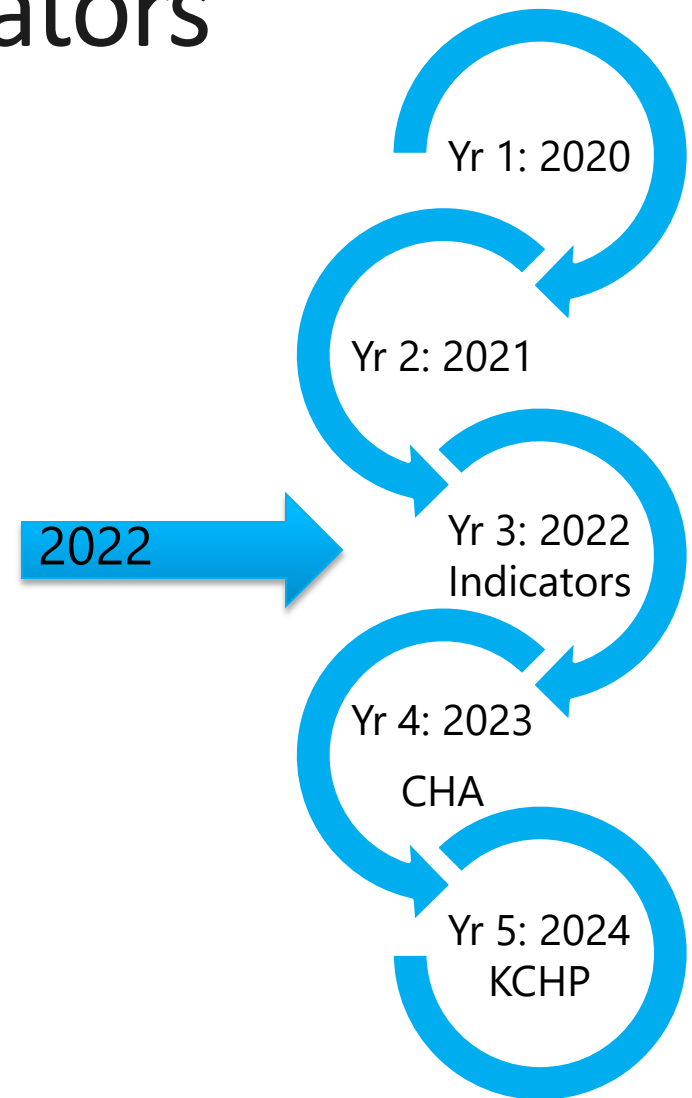
- 2011, 2014, 2019
- 5-year cycle
- Indicators + Subgroups



www.kitsapchp.org

2022 KPHD Core Indicators

- Selection of 38 indicators
 - New format and look
 - Kitsap County as a whole AND subgroups
- Starting point for discussion, problem identification and action



Where do the data come from?

National

- CDC
- US Census
- Small Area Income & Poverty Estimates
- Feeding America
- Business Patterns
- Bureau of Labor Statistics

State-level

- OFM - Population
- Hospitalizations
- OSPI - Schools
- WA Dept of Commerce – Homeless
- WA DOH
- WASPC – Crime
- Puget Sound Clean Air Agency (Regional)

Surveys

- BRFSS- Adults
- Healthy Youth Survey
- American Community Survey (2020 data not available)

KPHD

- Vital statistics
- Program metrics
- Notifiable conditions
- Immunizations
- Environmental Health

Blue = sources not used in this report



Limitations

- Available data
 - Often 2 years old
 - Subgroup data not available or not reliable
 - Sometimes must combine multiple years of data
- Healthy Youth Survey - 2018 data, no survey in 2020
- US Census/American Community Survey, no 2020 data

Example Indicator:

https://kitsappublichealth.org/information/data_indicators.php;

INFANT MORTALITY RATE PER 1,000

Updated December 22, 2021

Definition: The number of infants that die before their first birthday for every 1,000 live births.

Interpretation: In 2019, there were 7.1 infant deaths prior to their first birthday for every 1,000 live births in Kitsap. Kitsap's rate has been unchanged from 2000 to 2019, but was higher than Washington's rate of 4.3 per 100,000 in 2019.

Data Sources: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990–2019, Community Health Assessment Tool (CHAT), Nov 2021. [Analyzed by Kitsap Public Health District]

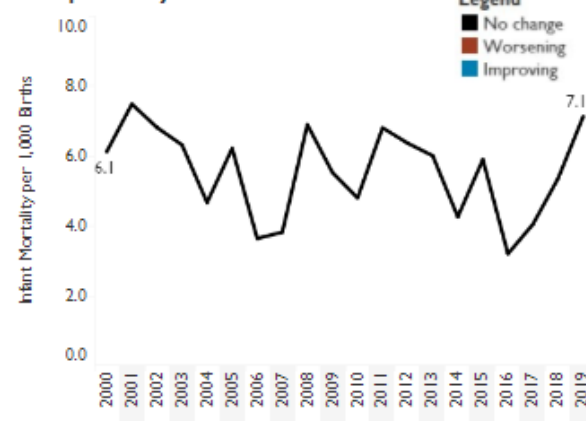


Kitsap Trend
No Change
2000 to 2019

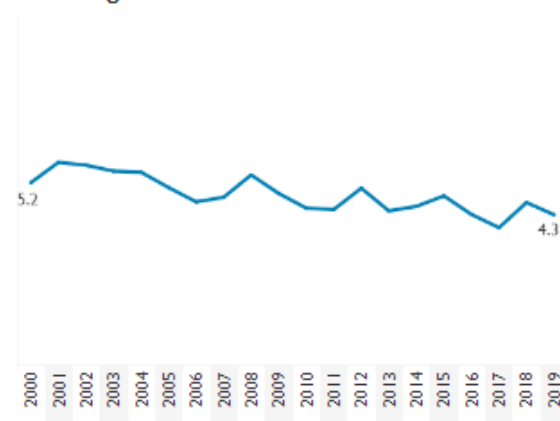


Higher than WA
2019

Kitsap County



Washington State



INFANT MORTALITY RATE PER 1,000, KITSAP SUBGROUPS (2010-19)



Notes:

* This estimate is suppressed because the count is between zero and ten.

** Use caution in interpreting. The estimate has an elevated relative standard error and doesn't meet KPHD reliability standards.

1. Age is mother's age at birth of infant.

2. Geographic region is obtained by rolling up ZIP Codes.

Economic Wellbeing Key Findings

Prior to 2020, improvement economically in Kitsap

- Reduction of poverty (6.9% in 2019)
- Increasing median household income (\$79,624 in 2019)
- Reduction of food insecurity (10.4% in 2019)
- Reduction of population eligible for SNAP benefits (7.8% in 2019)

2020 – Worsening economic trends

- Increase in unemployment (4.5% to 7.7% from 2019 to 2020)
- Increase in students eligible for free/reduced lunch (33.4% to 36.8% from 2019 to 2020)

Economic disparities exist within Kitsap

- By sex, household type, educational attainment, racial/ethnic group, and geographic region

Maternal Child Health Key Findings

Infant mortality – no significant decrease from 2000 - 19

- WA State has seen a decreasing trend
- Kitsap higher than WA in 2019 (7.1 compared to 4.3 per 1,000 births)
- Black mothers experiencing 2.9 times the rate of white mothers from 2010 - 2019 (13.5 compared 4.7 per 1,000)

Maternal risk factors worse than WA

- Prenatal care initiation in first trimester (68.9% compared to 74.5%)
- Smoking during pregnancy (7.7% compared to 5.7%)

Substance Use and Abuse Key Findings

All drug hospitalizations decreasing, lower than WA

- In 2019, 57.8 per 100,000 compared to 70.7 per 100,000

All drug mortality increasing, similar to WA

- In 2019, 15.9 per 100,000 compared to 16.2 per 100,000

Opioid deaths worsening since 2000s

- In 2019, 8.7 per 100,000 compared to 10.8 per 100,000 for WA
- Preliminary data from 2020 shows highest single year in past 20 yrs

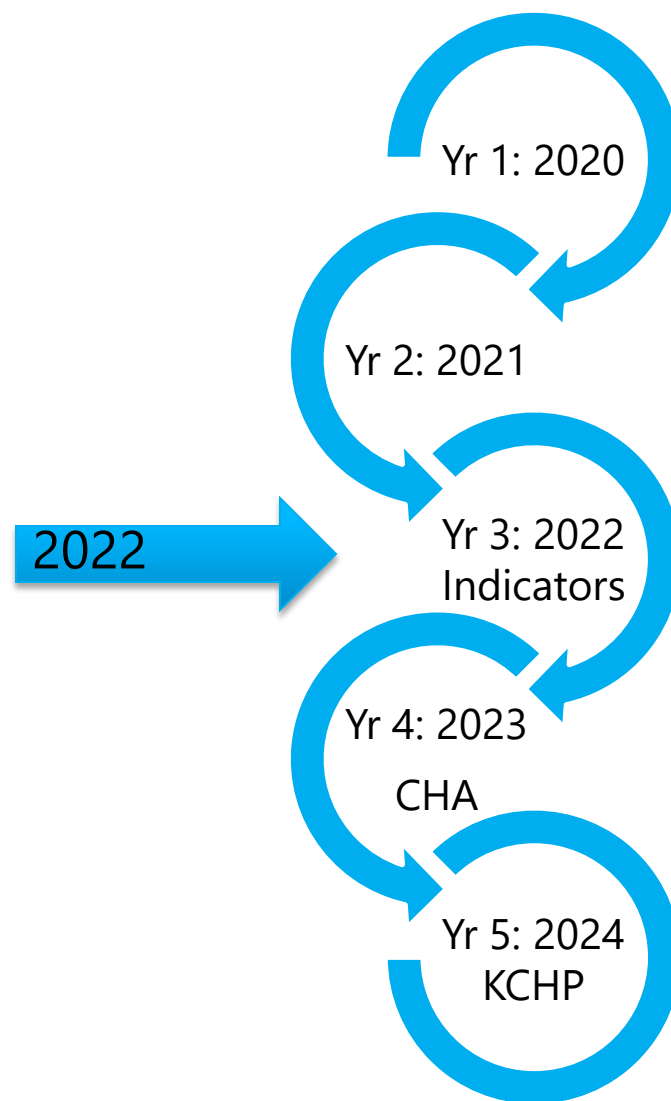
Fentanyl deaths increasing based on preliminary reports

- 1/3 of all drug-related deaths in 2020, 44% of those reported so far for first half of 2021

Subgroup data not available currently

Looking to the future

- Ever-grown and evolving collection of metrics
- Starting point for discussion, problem identification and action



MEMO

To: Kitsap Public Health Board
From: Siri Kushner, Assistant Community Health Director
Date: March 1, 2022
Re: COVID-19 Vaccine Community Outreach Project - Key Informant Interview Update

This memo provides an overview to our COVID-19 Vaccine Community Outreach project - Key Informant Interviews - that the District conducted in partnership with the Washington State Department of Health and their sub-contractor, Village Reach.

The District is committed to an equity approach throughout our COVID-19 vaccine strategies. We convene the Kitsap Vaccine Equity Collaborative with a shared goal to ensure vaccine distribution prioritized in communities most impacted by COVID-19. Through ongoing conversations in the Collaborative, we determined a need to better understand vaccine uptake - barriers, motivators, and reasons for hesitancy. To learn about these topics, we conducted 25 key informant interviews with individuals from populations identified as having lower rates of COVID-19 vaccination to date.

The interview questions were based on the Behavioral and Social Drivers of vaccination framework developed by the World Health Organization based on research on vaccine uptake. This framework is a means for immunization programs and partners to collect context-specific information on how people think, feel and act in relation to vaccination. With these insights, local and national health departments can devise solutions to generate acceptance and uptake for vaccines. The framework measures four domains that influence vaccine uptake: what people think and feel about vaccines; social processes that drive or inhibit vaccination; individual motivations (or hesitancy) to seek vaccination; and practical factors involved in seeking and receiving vaccination. Assessing all domains will enable more comprehensive planning and evaluation.

The framework and tools have been validated and used in the context of routine immunization and were quickly adapted to support implementers in understanding COVID-19 vaccine uptake and how to improve it. By leveraging this existing framework in Kitsap County, we can gather insights from the community that will inform potential interventions/strategies for addressing the four domains that have been shown to influence vaccination uptake.

Overview of interview sections:

- Thoughts and feelings
 - COVID-19 risk
 - COVID-19 vaccination

- Motivation & Social processes re: COVID-19 vaccination
- Practical issues: Accessing COVID-19 vaccine
- Input on community engagement and resources in Kitsap
- Pediatric vaccinations (if relevant)
- Demographics
- Closing and next steps

The populations of focus for interviews were: adults age 19-34, Hispanic/Latinx, Black/African American, geography Bremerton and South Kitsap.

Throughout November and December we conducted 25 interviews. Interviewers were District staff and VillageReach staff, 3 interviews were in-person with physical distancing and masking and 22 by phone or online meeting platform. Interviewees were compensated for their time with a gift card, which was funded using a COVID recovery award from the Olympic Community of Health. Interviews ranged from 45 minutes to 150 minutes.

Individuals interviewed included:

- 13 fully vaccinated, 2 partially vaccinated, and 10 unvaccinated community members.
- Twenty interviews were conducted in English, and five interviews were conducted in Spanish, in accordance with the interviewee's preference.
- Ethnicities (as described by themselves) included Latinx (n=10), Black/African American (n=5), White (n=5), Mixed Race (n=4), and Asian (n=1).
- Area of residence included: Bremerton (n=12), Central Kitsap (n=3), North Kitsap (n=3), South Kitsap (n=4), and Bainbridge Island (n=1), 2 preferred not to say.

The Village Reach team compiled results and worked with the District and Department of Health to interpret and develop recommendations for vaccine program planning and implementation, the executive summary is attached.

Key Themes:

- Healthcare providers could use support in how to talk to unvaccinated patients
- Conflicting information from government, medical community, and media regarding vaccine efficacy and potential side effects
- Vaccine development process and approval felt rushed
- Feelings of being forced or bribed exacerbate hesitancy and mistrust
- Don't like being told what to do with their body

We hope to integrate our findings into plans for a longer-term vision of hosting community conversations to hear additional input from the community related to COVID-19 vaccination, prevention and recovery.

Please contact me with any questions or concerns, 360-633-9239 or siri.kushner@kitsappublichealth.org

COVID-19 Vaccine Community Engagement Project Executive Summary

Background

Throughout November and December 2021, Kitsap Public Health District, with the support of Washington State Department of Health subcontractor VillageReach, conducted 25 interviews with community members in Kitsap County to better understand:

- 1) Beliefs and behaviors regarding the COVID-19 virus and vaccine;
- 2) Current barriers and potential motivators regarding getting the vaccine; and,
- 3) Community generated ideas for promoting vaccine information and access.

The original overarching objective was to use these findings to inform vaccine planning, and ultimately increase equitable access to COVID-19 vaccination and services in Kitsap. Through conversations with participants, we expanded our objectives to include improving services for those who might choose to remain unvaccinated, and we report on findings and potential action items that include but are not limited to ideas to increase vaccination access and rates.

Our Approach

Interview Instrument

The semi-structured instrument used to conduct these interviews was guided by the behavioral and social drivers (BeSD) of vaccination framework developed by the World Health Organization. The framework was based on vaccine uptake research and is a means for immunization programs to collect context-specific information on how people think, feel and act in relation to vaccination.

BeSD measures four domains that influence vaccine uptake: what people think and feel about vaccines; social processes that drive or inhibit vaccination; individual motivations (or hesitancy) to seek vaccination; and practical factors involved in seeking and receiving vaccination.

We adapted the BeSD interview guide to fit our specific objectives in Kitsap, and created an instrument that covered the following topics:

- Thoughts and feelings related to COVID-19 risk and vaccination
- Motivation & social processes re: COVID-19 vaccination



- Practical issues: Accessing COVID-19 vaccine
- Attitudes, beliefs, and preferences regarding Pediatric vaccination
- Input on community engagement and resources in Kitsap County

Participants

We conducted a data review to identify and prioritize communities with low rates of vaccine uptake based on race and ethnicity, geography, and age. Through that process we decided to seek conversations with our Latinx communities (including Spanish-speakers), Black/African American communities, and people 18-34 years old. We recruited potential participants by asking community contacts to recommend potential participants, and by sharing an invitation to participate via our weekly COVID-19 newsletter and social media platforms.

We called and/or emailed potential participants to describe the process further and confirm whether they wanted to participate. Participants were able to choose to have the interview in person or by phone. Ultimately, we conducted 25 interviews (three were in-person with proper distancing and masking, and 22 were by phone or online meeting platform).

Individuals interviewed included 13 fully vaccinated, two partially vaccinated, and 10 unvaccinated community members. All participants were compensated for their time with a gift card.

Identifying Themes and Potential Actions

Assigned KPHD and Village Reach staff participated in a rapid analysis of written notes from each interview to pull out the key themes and ideas for KPHD to consider in their ongoing response to COVID-19. These ideas are not solely for KPHD and can be opportunities for collaboration.

Key Learnings and Potential Actions

Provider Support

What we heard	What we learned	Potential next steps
---------------	-----------------	----------------------

<p>Several participants had interactions with primary care providers where vaccination was not discussed, and one participant who was not yet vaccinated was told by a health care worker that she was to blame for the pandemic.</p>	<p>The health care workforce could benefit from more support in having informative and compassionate conversations with patients about vaccination.</p>	<ul style="list-style-type: none"> • Ask health care providers, through outreach (such as the COVID-19 team's enrolled provider project) or provider meetings/events, about any barriers to promoting COVID-19 vaccinations. • Provide resources to health care providers, such as DOH's Power of Provider materials, to support their conversations with patients not yet vaccinated. • Disseminate insurance billing codes to providers to bill for their conversations with unvaccinated patients. • Conduct events (such as roundtables or trainings) and send strike teams to provider offices to support providers with their vaccination efforts. Incorporate this topic into unenrolled provider project - implement round tables, strike teams, or training to support providers. • Engage other organizations (such as the Olympic College nursing student program) to work on projects to address vaccine hesitancy among local medical students.
--	---	---

Messaging

What we heard	What we learned	Potential next steps
The health district's messaging and materials lean heavily on promoting vaccination and people would like more comprehensive information about how to protect themselves and access testing.	Unvaccinated community members do not feel their questions and needs are being addressed by KPHD messaging centered around vaccination.	<ul style="list-style-type: none"> On website and materials, include information on precautions people can take to reduce risk regardless of vaccination status. Convene an advisory group of community members with varying attitudes on vaccination provide input and ideas for KPHD materials.
When community members hear of vaccine side effects and breakthrough cases amid heavily pro-vaccine messaging , it makes them seriously question the safety and effectiveness of the COVID-19 vaccine in general.	Messaging that touts vaccination as the answer and does not transparently and clearly address potential side effects and potential breakthrough cases head-on is counterproductive to instilling confidence in the vaccine, and instead leads people to question the safety and the utility of being vaccinated.	<ul style="list-style-type: none"> Ensure messaging clearly acknowledges the risk of vaccine side effects (relative to the risks associated with COVID-19 infection). Use effective framing of messages to acknowledge that what we know about COVID-19 and the vaccines is evolving as the pandemic goes on; emphasize what we do know. Ensure messaging clearly acknowledges and explains the possibility of breakthrough cases; explain why breakthrough cases can happen and how vaccination is still beneficial (in relation to risk of cases in unvaccinated). Seek and share credible resources that track and explain side effects in detail.
The KPHD website was highly complimented by several respondents, while other(s) found	KPHD can be a great resource for community members, although not all are aware of it, and some who do use it think it could be improved	<ul style="list-style-type: none"> Inform website team about the many compliments they received and

it difficult to navigate, and many others had not accessed it before.		<p>encourage continued reporting of the daily stats.</p> <ul style="list-style-type: none"> • Relay feedback that some users found the site difficult to navigate and lacking content in other languages. • Use end-user testing to ensure people can navigate and understand content. • Assess/reassess need for which language(s) to provide content. • Continue to promote the KPHD website as a resource, and link to it from Facebook pages etc. that might be more accessible/frequented by residents.
Community members really trust the personal stories they hear from friends, family, and neighbors when it comes to vaccine side effects, reasons for being vaccinated, etc.	Personal stories can have a powerful influence on attitudes and beliefs towards vaccination, and ultimately increase or decrease vaccine hesitancy.	<ul style="list-style-type: none"> • Conduct a messaging campaign that highlights personal stories of Kitsap residents who chose to get vaccinated and why. Consider focusing on people who got vaccinated long after they were eligible (King County and DOH contractor have done some of this work already). Also include stories from people who chose to have their children vaccinated and from those who chose to get boosters. • Ensure stories represent the diversity of residents.

Addressing Misinformation

What we heard	What we learned	Potential next steps
---------------	-----------------	----------------------

<p>Fear of infertility was a reason several participants did not want to be vaccinated.</p>	<p>Misinformation and lack of information continue to impact the community and vaccination decisions.</p>	<ul style="list-style-type: none"> • Send educational team(s) to community events or gatherings, community organizations, and other settings (virtual or in person) to address vaccine concerns. • Conduct information sharing, Q&A sessions, and other educational opportunities to address vaccine concerns. • Support community leaders already engaging in this work (Kitsap Regional Library, Marwan Cameron, etc.) and ensure they are up to date on pervasive questions and concerns; support can look like training, provision of materials, and other strategies and should be based on what they need/request. • Hire leaders as community health workers and give them training and tools to support having these conversations.
<p>Concern around the vaccine development process was a key reason unvaccinated community members were wary of considering vaccination.</p>	<p>A lack of clarity around how the vaccine was developed undermines confidence in vaccine safety.</p>	<ul style="list-style-type: none"> • Continue disseminating messaging that explains how the vaccine was developed and how it came together in a short timeline; explore disseminating this messaging through new channels (e.g. BKAT, radio, blog, etc.) • Test messaging with non-public health and clinical staff to ensure that the messaging is clear, digestible, and easy to remember. Leverage existing language from KPHD, other LHJs, DOH, CDC, etc. that might be helpful.

Several community members stated a personal belief or friends' belief that God will protect them and therefore they are not in a rush to or will not get vaccinated.	Some beliefs might delay vaccination or make people see it as unnecessary altogether.	<ul style="list-style-type: none"> Consider partnering with faith leaders on Yes/And messaging that embraces belief systems while also allowing room for the importance of being vaccinated against COVID-19. Look at bright spots, like churches that have seen high rates of vaccination against COVID-19, and/or take safety precautions (virtual attendance, strict masking requirements, etc.) to inform outreach and resources for other faith-based institutions.
---	---	--

External Factors

What we heard	What we learned	Potential next steps
Some shared that incentives for vaccination lead them to think that there is something wrong with the vaccine if they have to be bribed to get it.	Incentives might have the unintended consequence of making people less inclined to be vaccinated. At this point many unvaccinated people have likely chosen not to be vaccinated for strong beliefs, and incentives do not target the drivers of vaccine hesitancy.	<ul style="list-style-type: none"> Inform community partners who are considering vaccination incentives on the nuances. Consider framing any incentives as assistance getting to the appointment or for work missed, and not tying the incentive to the decision itself.
Several unvaccinated respondents shared that they have larger problems than COVID-19 and need more holistic support for their communities.	Communities are desiring more support and resources, and a lack of established relationships and trust between local government and marginalized communities can	<ul style="list-style-type: none"> Continue to build bridges and collaborative relationships with marginalized communities (including immigrant and refugee groups) to better understand their needs. Co-create solutions to the identified needs/gaps communities share.

	undermine success of vaccine promotion.	<ul style="list-style-type: none"> • Think about a Yes/And messaging approach to help communities understand that protection from COVID-19 is important, and KPHD understands it is not the only thing that is important. • Pair COVID-19 education with activities already happening in communities.
--	---	---

Next steps

- Share findings with Kitsap Public Health Board and publish summary on website.
- Disseminate findings to participants.
- Share potential next steps with KPHD staff; incorporate selected next steps into KPHD mid action review process.
- Implement potential next steps through process of prioritization and collaboration.
- Talk to more communities.
- Continue to engage these participants and other community members to ensure we are on track.

COVID Outreach Project Update

Kitsap Health Board
March 1, 2022

Siri Kushner, MPH CPH
Assistant Community Health Director

Holly Bolstad, MPP
COVID Program Community Liaison



KITSAP PUBLIC HEALTH DISTRICT

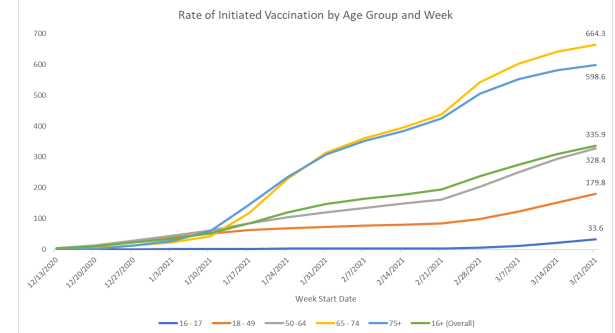
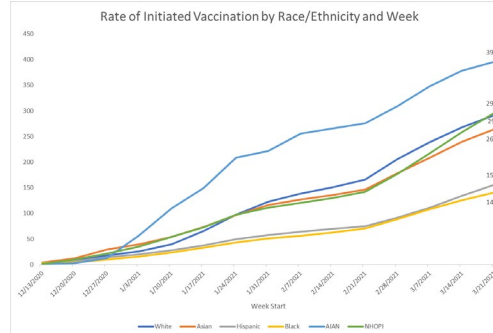
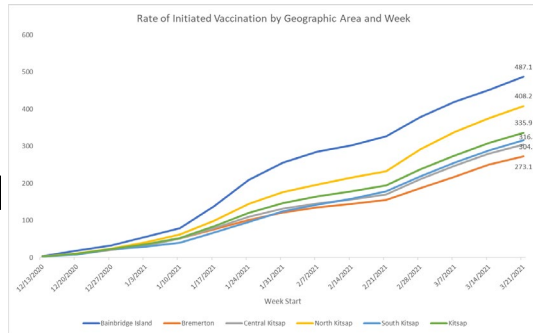
Equity Approach Across All Vaccine Delivery Models, Strive to:

- Focus on highest risk and most impacted
- Work with community for input on planning and communication
- Share factual, culturally appropriate information
- Make registration easy
- Provide diversity in appointment days/hours/locations
- Address transportation and mobility barriers
- Ensure language access



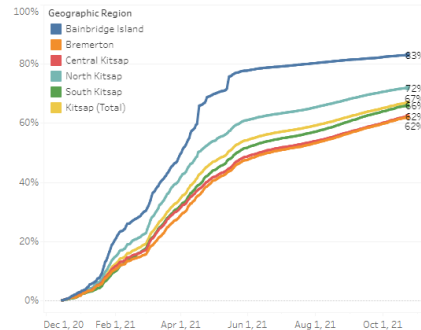
Equity approach is imperative - vaccine initiation rates by geography, race/ethnicity, age as of:

March
21, 2021

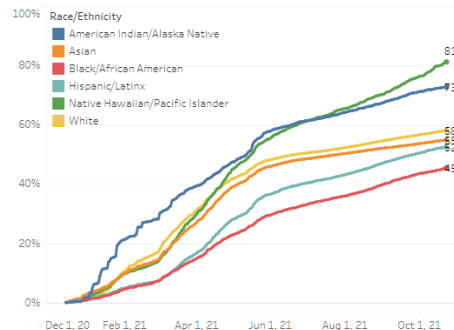


October
23, 2021

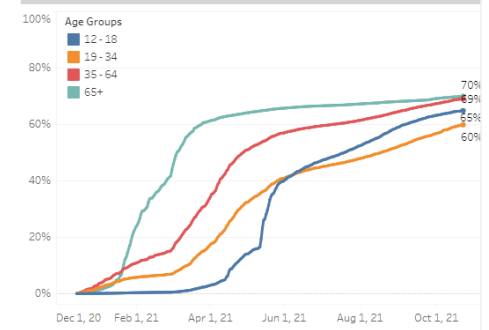
Percent of 12 + Kitsap Residents who have Initiated Vaccination by Geographic Region and Date of Vaccination



Percent of 12 + Kitsap Residents who have Initiated Vaccination by Race/Ethnicity and Date of Vaccination

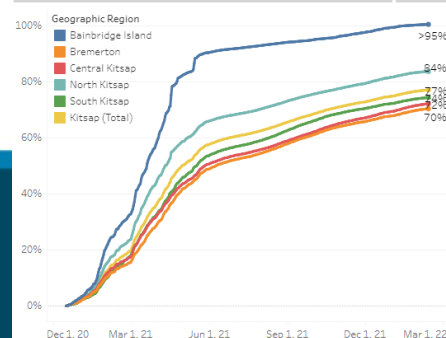


Percent of Kitsap Residents who have Initiated Vaccination by Age Group and Date of Vaccination

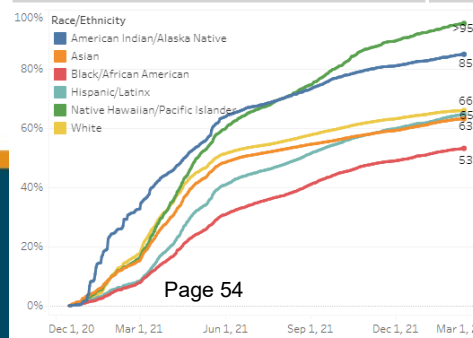


February
17, 2022

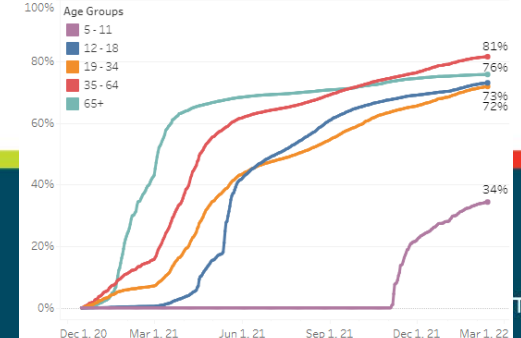
Percent of Kitsap Residents who Have Initiated Vaccination by Geographic Region and Date of Vaccination



Percent of Kitsap Residents who Have Initiated Vaccination by Race/Ethnicity and Date of Vaccination



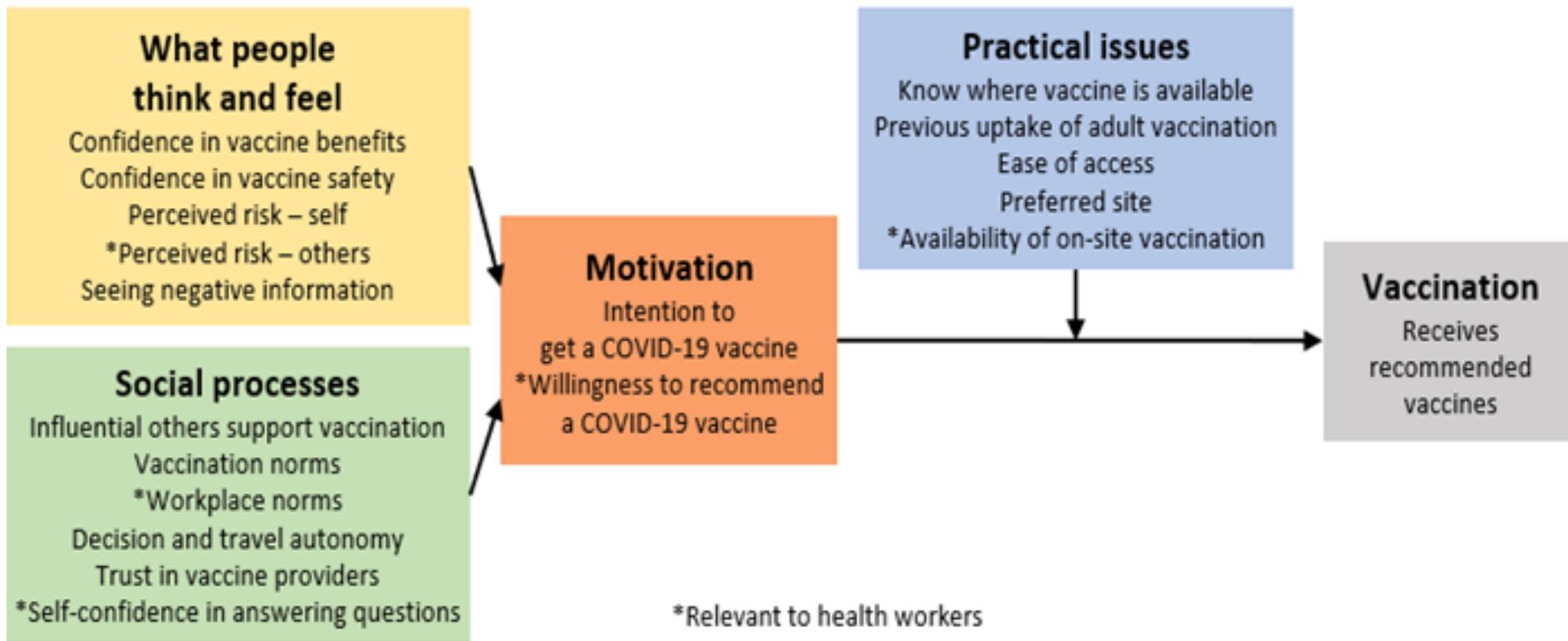
Percent of Kitsap Residents who Have Initiated Vaccination by Age Group and Date of Vaccination



COVID Vaccine Outreach Project – key informant interviews

- Grew from an identified need to better understand vaccine uptake – barriers, motivators, and reasons for hesitancy
- Partnership with Washington State Department of Health and Village Reach (non-profit contracted by DOH)
- Questionnaire based on Behavioral and Social Drivers of vaccination framework by World Health Organization

World Health Organization framework



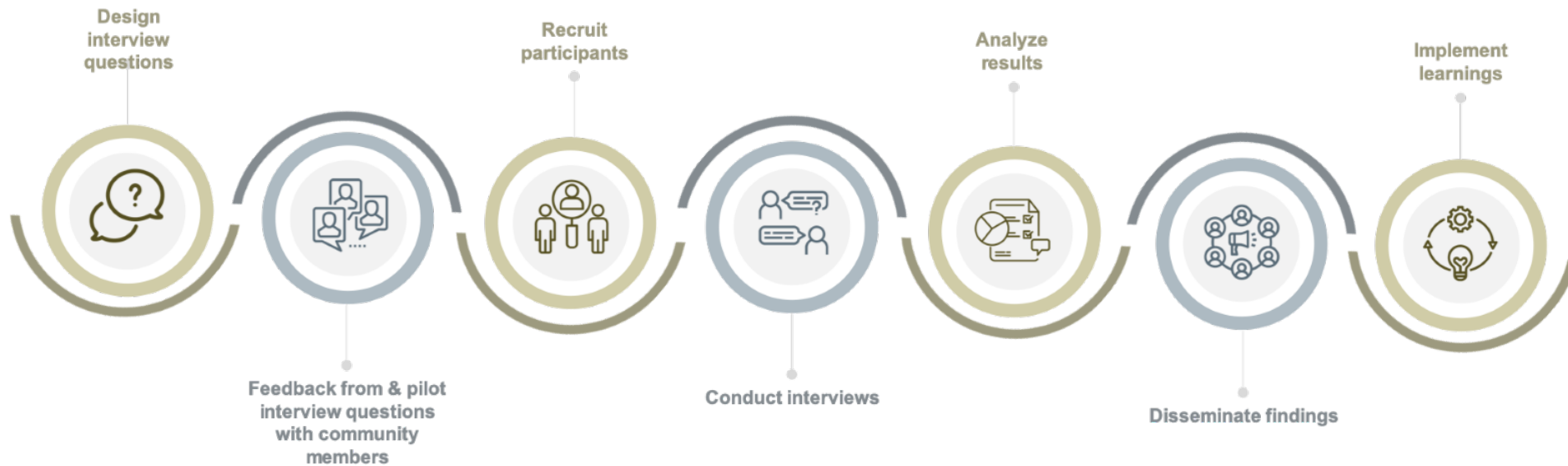
- Populations of focus: adults ages 19-34, Hispanic/Latinx, Black/African American, Bremerton, South Kitsap
- Goal: gather insights from the community to inform strategies for addressing the four domains influencing vaccination uptake

Overview of interview sections:

- Introduction
- Thoughts/feelings about COVID-19 risk and vaccination
- Motivation and social processes around COVID-19 vaccination
- Practical issues around accessing COVID-19 vaccine
- Input on community engagement and resources in Kitsap
- Pediatric vaccinations (if relevant)
- Demographics
- Closing and next steps



Process timeline



Interviews

- Conducted 25 interviews
 - 3 in person and 22 by phone or online platform
- Ranged from 45 to 150 minutes
- 13 fully vaccinated, 2 partially vaccinated, and 10 unvaccinated community members
- 20 interviews conducted in English, 5 in Spanish
- Ethnicities (as described by themselves) included Latinx (n=10), Black/African American (n=5), White (n=5), Mixed Race (n=4), and Asian (n=1).
- Area of residence included: Bremerton (n=12), Central Kitsap (n=3), North Kitsap (n=3), South Kitsap (n=4), and Bainbridge Island (n=1), 2 preferred not to say.



Key Learnings and Recommendations

- Provider support - how to talk to unvaccinated patients
- Messaging
 - Too pro-vaccine
 - Dismissal of side effects and breakthrough cases
 - Website – mixed reviews, generally positive
 - Personal stories
- Addressing misinformation
 - Fear of infertility
 - Vaccine development process
 - Belief that God will protect
- External factors
 - Incentives - Feeling of being forced or bribed exacerbate hesitancy and mistrust
 - Larger problems than COVID

Next Steps

- Share findings with Kitsap Public Health Board and publish summary on website
- Disseminate findings to participants
- Share potential next steps with KPHD staff; incorporate selected next steps into KPHD mid action review process
- Implement potential next steps through process of prioritization and collaboration – some real-time implementation complete
- Talk to more communities
- Continue to engage community members to ensure we are on track

