

KITSAP PUBLIC HEALTH BOARD

*The Kitsap Peninsula is home of sovereign Indian nations, namely the
Suquamish and Port Gamble S'Klallam Tribes*

MEETING AGENDA

February 7, 2023

10:30 a.m. to 11:45 a.m.

In Person: Chambers Room, Bremerton Government Center
345 6th Street, Bremerton WA 98337

Remote: Via Zoom (See Information at End of Agenda)

- 10:30 a.m. 1. Call to Order
Commissioner Robert Gelder, Chair
- 10:31 a.m. 2. Approval of January 3, 2023, Meeting Minutes
Commissioner Robert Gelder, Chair *Page 5*
- 10:32 a.m. 3. Approval of Consent Items and Contract Updates
Commissioner Robert Gelder, Chair [External Document](#)
- 10:34 a.m. 4. Public Comment – **Please See Notes at End of Agenda for Remote Attendees**
Commissioner Robert Gelder, Chair
- 10:44 a.m. 5. Health Officer and Administrator Reports *Page 11*
Dr. Gib Morrow, Health Officer & Keith Grellner, Administrator

ACTION ITEMS

- 10:50 a.m. 6. 2023 Committee Assignments for Kitsap Public Health Board
Commissioner Robert Gelder, Chair *Page 14*

DISCUSSION ITEMS

- 10:55 a.m. 7. Kitsap Health Equity Collaborative Briefing
Jessica Guidry, Equity Program Manager *Page 18*

- | | | | |
|------------|-----|------------------------------------------------------------------------------------|----------------|
| 11:13 a.m. | 8. | Child Death Review Briefing
<i>Erica Whares, Healthy Communities Specialist</i> | <i>Page 29</i> |
| 11:30 a.m. | 9. | Communicable Diseases: 2022 In Review
<i>Wendy Inouye, Epidemiologist</i> | <i>Page 46</i> |
| 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 also be broadcast 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=TXcrQU1PRWVVVHgyWERXRFluTWloQT09>

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 in-person at the Norm Dicks Government Center or through a Zoom connection. The public may make verbal comments during the Public Comment agenda item if they are attending the meeting in-person or 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

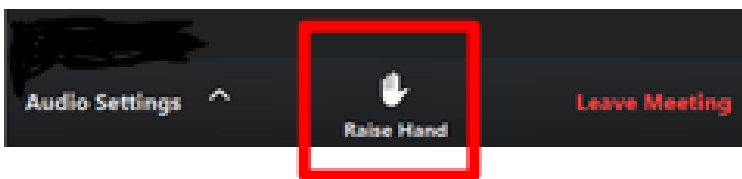
All written comments submitted will be forwarded to board members and posted on the Health Board's meeting materials webpage at <https://kitsappublichealth.org/about/board-meetings.php>.

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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.

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

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
January 3, 2023**

The meeting was called to order by Board Chair Mayor Greg Wheeler at 10:32 a.m.

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

INTRODUCTION OF NEW BOARD MEMBER

Mr. Keith Grellner, Administrator, welcomed new board member Jolene Sullivan from the Port Gamble S’Klallam tribe. Her membership completes the conversion of the Board of Health to 10 members.

Member Jolene Sullivan said she is happy and excited to be a part of the Kitsap Public Health Board. She noted that her experience has been in the tribal health setting, that she is working to complete her doctorate in integrative behavioral healthcare, and that she spends a lot of time doing public health work within the tribal communities.

Commissioner Rob Gelder welcomed Member Sullivan and praised her for her work in developing the Tribe’s health clinic.

2023 OFFICER ELECTIONS AND COMMITTEE ASSIGNMENTS

Chair Wheeler called for nominations for Health Board Chair.

Mayor Becky Erickson nominated Commissioner Gelder as the Board Chair. The nomination was seconded by Mayor Rob Putaansuu. The nomination was approved unanimously.

Newly appointed Chair Gelder asked if there was a motion for someone to serve as Vice Chair for the Board of Health. Mayor Wheeler moved and Member Drayton Jackson seconded the motion to nominate Mayor Erickson. The motion was approved unanimously. Commissioner Gelder thanked Mayor Erickson for serving as Vice Chair of the Health Board.

Chair Gelder summarized the committee assignments of the previous years, which was prior to the new board make up. There are currently three committees: Finance and Operations, Policy, and Personnel. Given that there are now 10 members of the Health Board, the subcommittees are organized as such that they do not trigger a quorum of the full board. Each committee should now have four members each.

Chair Gelder asked if Bainbridge Island has completed their committee assignments. Mr. Grellner said Councilperson Kirsten Hytopoulos notified him that she would be unable to attend today's Board meeting, though Mr. Grellner was unsure if this would be the case for the rest of the year. Chair Gelder suggested the committee assignments be moved to the February Board meeting to allow Bainbridge Island time to complete their jurisdiction's committee assignments. He also suggested that the Board members consider which committees they have an interest in or feel they have expertise in.

Mayor Erickson discussed the occurrence of ad hoc committees and noted that she expected an ad hoc committee for the healthcare assessment request for proposals (RFP). If there is a topic of immediate concern, an ad hoc committee will be called to order.

APPROVAL OF NOVEMBER MINUTES

Member Michael Watson moved and Member Jackson seconded the motion to approve the minutes for the November 1, 2022, regular meeting. The motion was approved unanimously.

APPROVAL OF DECEMBER MINUTES

Member Watson moved and Member Tara Kirk Sell seconded the motion to approve minutes for the December 6, 2022, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The January consent agenda included the following contracts:

- 2251 Amendment 1 (2310), *Kitsap County, Aging and Long Term Care Program Services*

Member Jackson moved and Member Watson seconded the motion to approve the consent agenda. The motion was approved unanimously.

PUBLIC COMMENT

There were no public comments.

ADMINISTRATOR'S REPORT

Administrator Update:

Mr. Keith Grellner, Administrator, started the report by wishing health, happiness, and peace to the Board and the public in the new year. He noted that Dr. Gib Morrow is on vacation, so there will not be a health officer report for this meeting.

Next, Mr. Grellner provided an update on respiratory illnesses. He stated that respiratory illnesses are prevalent in Kitsap, in the state, and across the nation at this time. Flu activity continues to be high with 229 positive tests through Christmas, and 25% of all tests were positive since the beginning of October. Respiratory syncytial virus (RSV) is also elevated with 400 positive tests since October and 25 positive tests during the week of Christmas. Tests positive for COVID-19 continue to be stable at 65 cases per 100,000 population per week in Kitsap County. Mr. Grellner cautioned that due to the presence of over-the-counter COVID-19 tests, that figure is not reliable. More activity in the community is suspected because people are not able to get tested or they tested at home. Respiratory illness season is at full speed already. Typically, this activity doesn't occur until January and February, but Kitsap has been experiencing it since November. Mr. Grellner urged member of the Health Board and the public to get vaccinated for flu and COVID-19; get plenty of exercise, sleep and healthy food; and to stay home and away from others if they have illness symptoms. He urged that people do not go to the emergency room for care if it's not a true emergency. They should contact their regular healthcare provider or go to prompt care for treatment of illness symptoms. Lastly, Mr. Grellner asked that people consider wearing a mask in crowded indoor environments or if they have underlying health conditions.

Lastly, Mr. Grellner noted that the Health District planned for a lighter agenda for today's meeting to allow for the Cyber Security Audit presentation by the state auditor's office. After the presentation, the Board Members will adjourn to an executive session. Under state law, many of the important findings of the audit are protected from public view to protect the Health District's security. During the executive session, the state auditor will go into more detail about the findings. Mr. Grellner thanked the Kitsap Public Health District's IT department for working with the auditor's office on the voluntary audit, which lasted around eight months.

There was no further comment.

PUBLIC PRESENTATION AND PUBLIC HEARING: RESULTS OF 2022 CYBER SECURITY AUDIT FOR KITSAP PUBLIC HEALTH DISTRICT

Michael Hjermstad of the Washington State Auditor's Office began the presentation by thanking the Board of Health for the opportunity to address them today. The Health District volunteered for a cybersecurity audit a few years ago, though much of the work was completed in eight months. The Auditor's Office compiled a report containing the results of the audit, which is titled, "Opportunities to Improve Kitsap Public Health District's Information Security."

Mr. Hjermstad explained that health districts and hospitals have been under extreme threats within the last 5-6 years, particularly from ransomware attacks. For this audit, Mr. Hjermstad's team assessed the Health District's IT security from two perspectives, specific vulnerabilities that can lead to an increased risk from external and internal threats and the District's IT security practices to ensure they align with those of the Center for Internet Security's Critical Security Controls. The audit falls under the 2005 Initiative 900 which authorizes the State Auditor's

Office to conduct performance audits of state and local governments and was performed at no cost to the Health District.

Next, Mr. Hjermstad explained the audit results. It was found that the District's IT policies and practices partially aligned with industry leading practices, though there were areas where improvements could be made. The detailed results of the audit were communicated to Health District management and staff for review, response, and action, who agreed with the audit results. The District's IT staff intend to use the results to continue to improve their cybersecurity posture and have since taken steps to address the Auditor's recommendations.

Mr. Hjermstad outlined the two recommendations from the audit team. First, it was recommended that the Health District IT staff continue to remediate identified gaps. Second, the District's IT security policies and procedures should be revised to align more closely with leading practices.

Lastly, Mr. Hjermstad thanked the Health District's leadership for volunteering to do the IT security audit and gave a special thank you to Ed North, the IT manager, as he had a large part in the process.

Chair Gelder explained that many members of the Health Board have participated in audits for their jurisdictions. These audits have been published and are available to the public. He asked Mr. Hjermstad why this audit in particular requires a public hearing. Mr. Hjermstad explained that this type of audit is a performance audit, and differs from the financial audits normally conducted. He believes the intent of Initiative 900 was to look at the performance aspects of government entities, determine how they can do better, and allow the public to comment on the recommendations.

Chair Gelder opened the Public Hearing at 10:58 a.m. to give members of the public an opportunity to comment on this matter. No comments were made.

Chair Gelder closed the Public Hearing at 10:59 a.m.

There was no further comment.

BOARD MEMBER COMMENTS

Member Steve Kutz asked if the Health District could provide contact information for Dr. Kathy Heberd who presented at the December Board meeting. Mr. Grellner said he would get that information to Member Kutz following this meeting.

Mayor Erickson said that she continues to meet with St. Michael Medical Center and the fire districts and said they are making headway and are sharing data with one another.

Lastly, Chair Gelder said he has been meeting with stakeholders to discuss the state hospital district as a tool for the means of educating decision makers. He said that will dovetail well with the community health assessment.

**CLOSED EXECUTIVE SESSION PURSUANT TO RCW 42.30.110(1)(A)(II) TO
DISCUSS CYBER SECURITY AUDIT RESULTS**

Chair Gelder announced the Board would recess to the closed executive session to discuss the Cybersecurity Audit Results at 11:02 a.m. and would not return. He said no decisions would be made.

ADJOURN

There was no further business; the meeting adjourned at 11:47 a.m.

Robert Gelder
Kitsap Public Health Board

Keith Grellner
Administrator

Board Members Present: *Mayor Becky Erickson; Commissioner Robert Gelder; Member Drayton Jackson, Member Dr. Tara Kirk Sell; Member Stephen Kutz, Mayor Robert Putaansuu; Member Michael Watson; Member Jolene Sullivan; Mayor Greg Wheeler.*

Board Members Absent: *Councilperson Kirsten Hytopoulos.*

Community Members Present: *Michael Hjermstad, Washington State Auditors Office.*

Staff Present: *James Archer, Accounting Assistant, Finance and Accounting; Margo Chang, Administrative Assistant, Administrative Services; Yolanda Fong, Director, Community Health Division; Keith Grellner, Administrator, Administration; Karen Holt, Program Manager, Human Resources; Melissa Laird, Manager, Accounting and Finance.*

Zoom Attendees: *See attached.*

Kitsap Public Health Board Meeting (Virtual Attendance)

Webinar ID	Actual Start Time	Attendee Count
861 8605 2497	1/3/2023 10:08	36
NAME	NAME	
Ally Power (she/her)# KPHD	marci burkel (she/her)	
Amy Anderson	Megan Moore (she/her)	
Angie (Karen Holt)	Meghan Tran# KPHD	
Anne LeSage	Melina Knoop	
Anne M - KPHD	Michelle McMillan	
Carin Onarheim	Nii Nortey	
collil	Nolan Simmons	
Dara Deseamus	Ornela Abazi	
Denise	Quinn Peralta	
Doug Washburn - Kitsap County	Rebecca Pirtle	
Drayton Jackson	Rob Putaansuu	
Ed	Steve Brown	
Erica Whares# KPHD (she/they)	Steve Kutz	
Erin Laska	Steve Powell	
Gabby Hadly	Sunny Mahil	
Grant Holdcroft- Kitsap Public Health	Victoria Lehto	
J Aufderheide	Xinia Ebbay	
Jakob		
Kandice Atismé-Bevins# KPHD		
Kari Hunter		
Kitsap Public Health		
KN		
KPHB (Angie Berger (she / her))		

MEMO

To: Kitsap Public Health Board

From: Megan Moore, Healthy Communities Specialist

Date: February 7, 2023

Re: 2023 Legislative Session Update for Kitsap Public Health Legislative Priorities

The 2023 Washington Legislative session is underway and is currently a quarter of the way complete. Bills that do not make it past the first cutoff, February 17th, are not likely to move unless they impact the state's budget.

There are currently two funding proposals and one bill that fit the Board approved legislative priorities, and these are briefly discussed below. For your reference, attached is a copy of the Board-approved 2023 Legislative and Policy Priorities.

Funding proposal #1: *Increasing Foundational Public Health Services Funding by \$100 million/biennium.*

- This proposal was in the governor's budget as well as the Washington State Department of Health's decision-package.
- This amount was promised by the legislature in 2021 and many legislators have memory of this promise.
- This is a Board approved priority.

Funding proposal #2: *Maintaining or increasing Commercial Tobacco Prevention Program funding.*

- In 2022, there was a one-time allocation of \$5 million to the state's commercial tobacco prevention program.
- Kitsap Public Health District is the regional coordinator of this grant in the Olympic Region.
- The proposal to maintain the funding was not included in the governor's budget, but advocates are working with legislative champions on a proviso for ongoing funds.
- This is a Board approved priority.

HB 1706: *Concerning the operation, authorization, and permitting of microenterprise home kitchens.*

- This bill would create a pilot program within DOH for microenterprise home kitchen operation.
- Depending on population, counties may authorize up to 100 permits during the pilot's first year.
- If the bill is scheduled for a hearing, we will sign in opposition.

Memo re: Update for 2023 Legislative Priorities

February 7, 2023

Page 2

If you have any comments or questions, please contact me at megan.moore@kitsappublichealth.org or (360)900-7263 or Keith Grellner at keith.grellner@kitsappublichealth.org or (360) 728-2284.

2023 LEGISLATIVE POLICY PRIORITIES



Kitsap Public Health District supports policies that will protect the health of Kitsap residents, opposes any policies that reduce local health authority, and supports efforts to maintain funding to local public health services and programs.

PUBLIC HEALTH FUNDING



Recent funding from the legislature has been critical in building back the local public health infrastructure.

Support maintaining existing levels of funding for Foundational Public Health Services (FPHS).

Support exploring a dedicated revenue source for FPHS funds.

Support ongoing and additional funds for communicable disease investigation, such as Covid-19, Monkeypox Virus (MPV), or Sexually Transmitted infections.

Support ongoing funds for Commercial Tobacco and Vaping Prevention.

PUBLIC HEALTH AUTHORITY



Efforts to reduce public health authority are detrimental to the health of our community.

Oppose efforts to reduce or eliminate local public health authority.



Efforts that add authority *without adequate funds* further degrade local public health infrastructure.

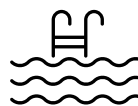
Oppose bills that include unfunded mandates to local public health authority.

ENVIRONMENTAL HEALTH



Public health is mandated to require that food for the public is safely prepared in a properly equipped commercial kitchen.

Oppose bills that reduce commercial kitchen facility requirements or that allow food intended to be sold to the public to be prepared in a non-commercial kitchen.



Public Health is charged with ensuring the proper sanitation of recreational water facilities.

Support efforts to restrict the use of pool-sharing apps in Washington State.



For more information: please contact Keith Grellner, KPHD administrator, at keith.grellner@kitsappublichealth.org.

MEMO

To: Kitsap Public Health Board
From: Keith Grellner, Administrator
Date: February 7, 2023
Re: Election of 2023 Health Board Officers and Committee Assignments

In accordance with [RCW 70.05.040](#) and Article VI of the Kitsap Public Health Board [Bylaws](#), the members of the Health Board shall elect a Chair from their membership at the first meeting of the new year. Article VI of the Bylaws also requires the election of a Vice Chair. During January's regular Health Board meeting, Commissioner Gelder was elected Chair for 2023, and Mayor Erickson was elected as Vice Chair.

Article X of the Bylaws, Committees, requires the Health Board to make committee assignments by calling for volunteers from the membership during the first meeting of the new year, too. The Bylaws establish three standing committees: Finance and Operations, Policy, and Personnel. Each committee shall contain at least two, but no more than five, board members. Committee assignments for 2023 were shifted from January's meeting to February's meeting so that board members had more time to consider committee assignments.

Attached for reference are the Health Board's 2023 Officers and Committee Assignments thus far. During this action item, Health Board members will work with the Chair to fill-out the three standing committees. Also attached for your reference is a copy of the 2022 Officers and Committee Assignments roster.

Committees meet as needed, and meetings are typically initiated at the request of the Chair, full Board, Health Officer, or Administrator. Committees usually meet from one to three times per year. Topics/items which may, or will, come to committees during 2023 are shown below:

Finance & Operations

- 2024 Budget

Policy

- Local Healthcare Needs Assessment
- Opioids/Fentanyl Crisis

Personnel

- Potential Union Contract Negotiations for Epidemiologists

For your information, I also want to recognize Members Sell and Watson as they have volunteered for, and have been participating in, the Health District's 2023 Strategic Plan Update.

Please contact me with any questions or concerns about this matter at (360) 728-2284, or keith.grellner@kitsappublichealth.org.

Attachments (2)

2023 KITSAP PUBLIC HEALTH BOARD OFFICERS

Chair: Commissioner Rob Gelder
Vice Chair: Mayor Becky Erickson

2023 KITSAP PUBLIC HEALTH BOARD COMMITTEE ASSIGNMENTS

Finance & Operations

Policy

Personnel

2022 KITSAP PUBLIC HEALTH BOARD OFFICERS

Chair: Mayor Greg Wheeler
Vice Chair: Commissioner Rob Gelder

2022 KITSAP PUBLIC HEALTH BOARD COMMITTEE ASSIGNMENTS

Finance & Operations

Mayor Becky Erickson
Commissioner Charlotte Garrido
Mayor Greg Wheeler

Policy

Mayor Becky Erickson
Commissioner Rob Gelder
Mayor Rob Putaansuu

Personnel

Councilperson Kirsten Hytopoulos
Mayor Greg Wheeler
Commissioner Ed Wolfe

MEMO

To: Kitsap Public Health Board
From: Jessica Guidry, Equity Program Manager
Date: February 7, 2023
Re: Kitsap Health Equity Collaborative

In May 2021, the Kitsap Public Health Board issued Resolution 2021-01, Declaring Racism as a Public Health Crisis. That resolution had a list of commitments for the Board and the Health District, including a commitment that the Health District would co-create, with community partners, solutions to systemic inequities.

In November 2022, the Health District's Equity Program launched the Kitsap Health Equity Collaborative ("the Collaborative") as a mechanism to bring together community organizations, coalitions, and advocates serving and representing communities who have been marginalized and experience health inequities to work collaboratively with the Health District and thereby fulfill that commitment to co-creating solutions.

The Collaborative has met twice and individuals from more than 30 organizations have participated in meetings. These organizations and community leaders serve and/or represent communities such as our communities of color, communities with disabilities, immigrants, LGBTQ+ communities, communities with lower-income, and youth. They include nonprofit organizations, governmental agencies, faith-based organizations, healthcare agencies, and grassroots organizers.

During our update to the Board, we will share which organizations have participated, what the Collaborative has done so far, and what the Collaborative plans to do this year. We will also share the Health District's equity-centered approach to convening the Collaborative.

If you have any questions, please contact me at jessica.guidry@kitsappublichealth.org.

Kitsap Health Equity Collaborative

Jessica Guidry
Equity Program Manager



KITSAP PUBLIC HEALTH DISTRICT

Our Equity Program

Our Equity Program was created in mid-2021 to carry forward the directives of a Kitsap Public Health Board resolution declaring racism a public health crisis. Our program works within the Health District and in our community to listen, collaborate, address inequities, and strive to create an environment where everyone can thrive.



Training

**Policies
Procedures
Programs**

Partnerships

Commitments in the Resolution

**Review
policies,
procedures,
programs
through a
racial justice
and equity
lens**

Workforce

Structure

**Community
Partnerships**

**Board of
Health**



Kitsap Board Resolution 2021-01

“The Board and the Kitsap Public Health District commit to work to advance a public health approach in addressing institutional and systemic racism, including [...] **partnering with community to co-create solutions to address structural inequities.**”



Kitsap Health Equity Collaborative

- Organizations serving and leaders from communities experiencing health inequities; convened by KPHD
- Participants compensated if not being paid by another organization
- Mostly hybrid meetings
- Meetings every other month



30+ Organizations Participated So Far

- Bremerton Housing Authority
- Central Kitsap School District
- Fdn for Poverty & Homelessness Mgmt
- Gather Together, Grow Together
- Kingston Advisory Council
- Kitsap Accessible Communities Advisory Council
- Kitsap Black Student Union
- Kitsap Community Resources
- Kitsap Council for Human Rights
- Kitsap ERACE Coalition
- Kitsap Immigrant Assistance Center
- Kitsap Mental Health Services
- Kitsap Pride
- Kitsap Regional Library
- Kitsap Strong
- Living Arts Cultural Heritage
- Love Me For Me
- Marvin Williams Center
- Mt. Zion MBC
- NAACP Unit 1134
- Olympic College
- OESD
- PCHS
- Port Gamble S'Klallam Tribe
- Puget Sound Partnership
- Sinclair MBC
- Suquamish Tribe
- Up From Slavery Initiative
- Virginia Mason Franciscan Health
- You are Beautiful, PLLC



Other Organizations Invited

- Civil Survival
- Ebenezer AME Church
- Filipino American Association of Kitsap County
- Gods Broken Home University
- Kitsap Advocating for Immigrant Rights and Equality
- Kitsap County Veterans Program
- Islamic Center of Kitsap County
- Kitsap Parent Coalition / Easter Seals
- New Horizons Baptist Ministries
- Surviving Change
- Summit Ave. Presbyterian Church
- Voices of Pacific Island Nations



What We Have Done So Far

- **Established a Focus: Address root cause(s) to systemic inequities**
- Discussed the following:
 - Collaborative purpose, roles
 - Definition of health equity and social determinants of health
 - Barriers to good health in Kitsap County
 - Existing community assets
- Allocated time for information sharing (programs, grants, events, etc.) and relationship building



Next Steps

To discuss:

- Which root cause(s) to address (goals)
- Missing/needed/overlapping community assets
- Strategies we would like to focus on
- How we will work on those strategies
- How we interface with existing and future groups with similar goals



Questions?

Jessica Guidry

Equity Program Manager

Jessica.Guidry@kitsappublichealth.org

(360) 509-0966



MEMO

To: Kitsap Public Health Board
From: Erica Whares, Kitsap County Child Death Review Coordinator
Date: January 10, 2023
Re: Child Death Review (CDR) Introduction Presentation

In accordance with Washington State Law (RCW 70.05.170), KPHD is restarting its child fatality review process as a systematic method of identifying and addressing preventable causes of child death in our County. The purpose of the Child Death Review (CDR) is to lead to a better understanding of how and why children die, and what can be done to prevent child deaths in the future, based on findings from review meetings. These findings are used to catalyze action to prevent other deaths, ultimately improving the health and safety of communities, families, and children. The death of a child should invoke a community response, and the circumstances involved in most child deaths are multidimensional with many factors, and responsibility does not rest in any one place.

KPHD's Child Death Review serves as a critical platform to partner with local health providers, schools, Emergency Medical Services, child protective services, community organizations, the medical examiner's office, and other leaders to promote health and safety for all children in Kitsap County.

In summary, the presentation will:

- Provide an overview of the purpose and structure of CDR, as well as a brief explanation of the history of CDR in Kitsap County;
- Review national child death and injury trends;
- Share an updated list of multidisciplinary partners involved in the CDR process; and
- Offer an update on meeting structure, schedule, and cases

The Health District will bring a resolution to authorize and empower the CDR committee under RCW 70.05.017 for Board consideration and approval at your regular March 2023 meeting.

Please contact me with any questions or concerns about this matter at (360) 979-6054, or erica.whares@kitsappublichealth.org.

Attachment (1)

Kitsap County Child Death Review (CDR) Introduction

Erica Whares
Healthy Communities Specialist
Chronic Disease and Injury Prevention Program



KITSAP PUBLIC HEALTH DISTRICT

Presentation Objectives

1. Explain the Child Death Review Panel and what review meetings will look like
2. Review national and local child mortality statistics and trends



What is Child Death Review?



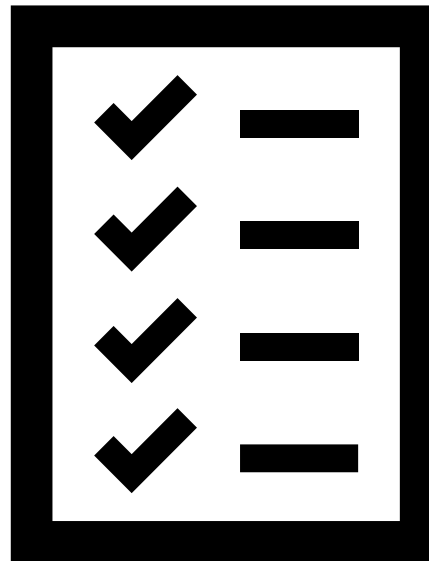
- **Community-oriented process** involving professionals from multiple disciplines
- Facilitates an **objective review** to outline key circumstances involved with a child's death
- Collectively examines how and why children die in our county with the **goal of preventing future deaths and improving safety.**

Child Death Review

Prevention-focused child death review is different from other processes.

What it IS

- An ongoing, confidential process of data collection, analysis, interpretation, and action
- A systemic process guided by policies and state law
- Intended to move from data collection to prevention activities.



What it is NOT

- A mechanism for assigning blame or responsibility for any death
- A research study
- Institutional review or substitute for existing mortality and morbidity inquiries

The death of a child is...

- A sentinel event
- Often preventable
- A community responsibility
- Often, a result of numerous system gaps



Kitsap County CDR Purpose



The purpose of the Child Death Review (CDR) is to lead to a better understanding of how and why children die, and what can be done **to prevent child deaths** in the future, based on **findings** from review meetings. These findings are used to **catalyze action** to prevent other deaths, ultimately improving the health and safety of communities, families, and children. The death of a child should invoke a **community response**, and the circumstances involved in most child deaths are **multidimensional** with many factors, and responsibility does not rest in any one place.

History of CDR in Kitsap County

- Case logs from 1999-2015
- Last review took place in 2015
- Prevention strategies included: increased signage at local beaches, expanded messaging on safe sleeping environments, advocated for Graduated Driver's Licenses
- Other fatality reviews in Kitsap



RCW 70.05.170 – Protected process

The legislature finds that the mortality rate in Washington State among infants and children less than eighteen years of age is unacceptably high, and that such mortality may be preventable. The legislature further finds that, through the performance of child mortality reviews, preventable causes of child mortality can be identified and addressed, thereby reducing the infant and child mortality in Washington State.

- State Law (RCW 70.05.170) enacted in 1993 and revised in 2010
- Local health jurisdictions may conduct child death reviews so that “preventable causes of child mortality can be identified and addressed” through evidence-based systems and policy changes
- State CDR team at DOH oversees local CDR data and priorities



The Fatality Review Process

Steps to Success



Tell the Story



Tell each story to identify and understand the risk and protective factors



Collect Data



Multidisciplinary data on the context in which the decedent lived should be documented



Take Action



Fatality Review Teams should be a catalyst for prevention

Why we have Child Death Reviews



Unintentional Injury Deaths in Children and Youth, 2010-2019

Injuries are a leading cause of death for children and teens in the U.S. The types of injury vary by age.



Suffocation deaths are most common among infants <1 year old.



Drowning deaths are most common among 1-4 year olds.



Motor vehicle crash deaths are most common among 5-19 year olds.

Child injury death rates decreased 11% from 2010 to 2019. However, rates increased among some groups.

↑ 50%

Poisoning and drug overdose death rates among Hispanic children

↑ 37%

Poisoning and drug overdose death rates among Black children

↑ 21%

Suffocation death rates among Black children

↑ 9%

Motor vehicle death rates among Black children

Focused prevention strategies can help prevent injuries and deaths.



Family engagement and support, parental monitoring, and school connectedness can reduce substance use.



Safe sleep strategies can reduce suffocation deaths among infants.



Proper use of car seats, booster seats, and seat belts can reduce motor vehicle crash injuries and deaths.

West BA, Rudd RA, Sauber-Schatz EK, Ballesteros MF. Unintentional injury deaths in children and youth, 2010-2019. Journal of Safety Research 2021;78:322-30. <https://doi.org/10.1016/j.jsr.2021.07.001>

Leading Causes of Death, by Age Group

Washington State, 2015-2017, combined

Listed by: Death Counts and Death Rates per 100,000 people
(rates in parentheses)

Rank	<1	1-4 years	5-9 years	10-14 years	15-24 years
1	Certain conditions originating in perinatal period 506 (190.1)	Unintentional Injury 58 (5.4)	Unintentional Injury 39 (2.8)	Suicide 32 (2.4)	Unintentional Injury 664 (23.6)
2	Congenital Abnormalities 286 (107.5)	Malignant Neoplasms 31 (2.9)	Malignant Neoplasms 25 (91.8)	Unintentional Injury 31 (2.3)	Suicide 497 (17.7)
3	Unintentional Injury 51 (19.20)	Congenital Abnormalities 19 (1.8)	Congenital Abnormalities 6**	Malignant Neoplasms 27 (2.0)	Homicide 167 (5.9)
4	Cardiovascular Diseases 25 (9.4)	Homicide 18 (1.70)	Homicide 8**	Congenital Abnormalities 10**	Malignant Neoplasms 78 (2.8)
5	Homicide 11**	Influenza and Pneumonia 9**	Cardiovascular Diseases 7**	Homicide 8**	Cardiovascular Diseases 61 (2.2)

Data Source: DOH Death Certificates



Kitsap Core CDR Panel

Will include representatives from:

Port Gamble S'Klallam Tribe

Bainbridge Youth Services

Poulsbo Fire Department

Peninsula Community Health

Central Kitsap Fire and Rescue

Medical Examiner's Office

Public Health

Kitsap Mental Health Services

DCYF

Local Pediatrician

South Kitsap School District

OESD 114



Looking Ahead

1. Our CDR review team is conducting planning meetings before our first review in March
2. Will conduct 4 review meetings per year
3. Enter data into the National Fatality Review-Case Reporting System (NFR-CRS)
4. Catalyze prevention locally



Questions



Resources

1. The National Center for Fatality Review and Prevention: <https://ncfrp.org/>
2. Mock Child Death Review Case Review Meeting: <https://vimeo.com/473134675>
3. CDR 101 (From the National Center):
<https://mediasite.mihealth.org/Mediasite/Play/1839e8222b7547e8928610af62edd98c1d?catalog=db105963a5d642c9b6237f5de124c02a21>
4. Public Health On Call (Podcast from Johns Hopkins):
<https://johnshopkinssph.libsyn.com/551-the-massachusetts-pediatric-injury-equity-review-a-new-process-for-reviewing-pediatric-injuries-in-order-to-prevent-them>





Thank you

Questions? Email
erica.whares@kitsappublichealth.org



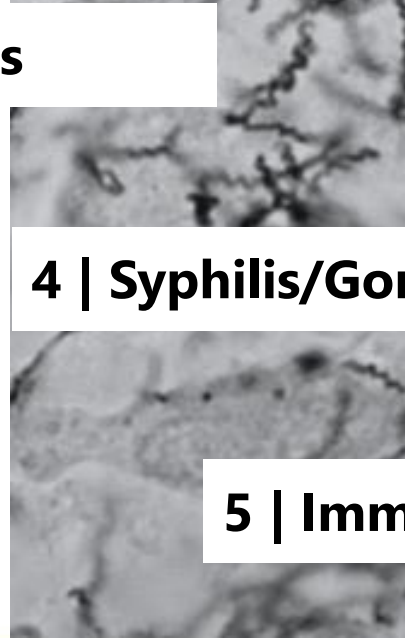
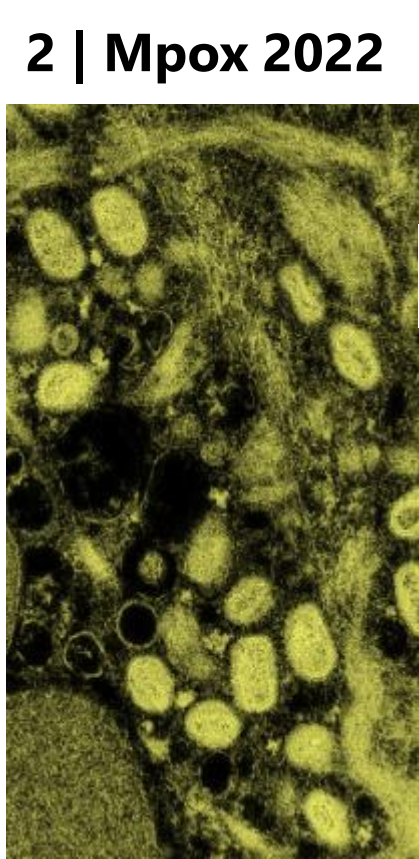
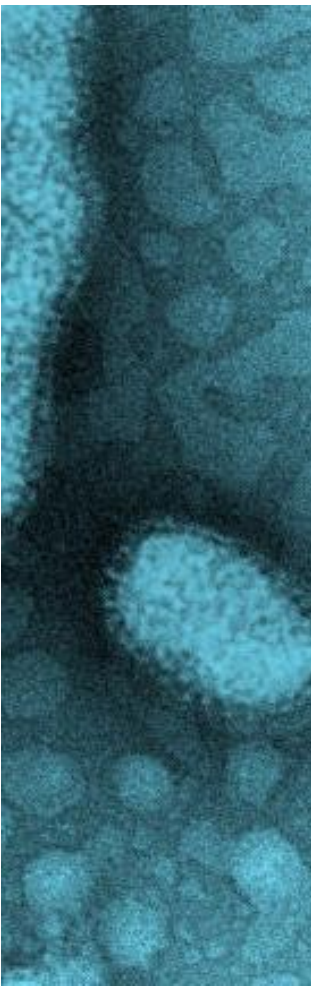
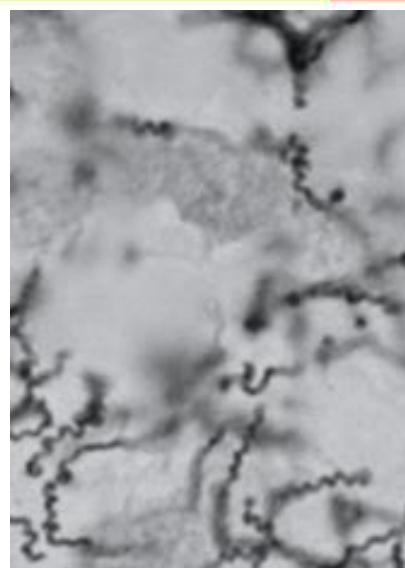
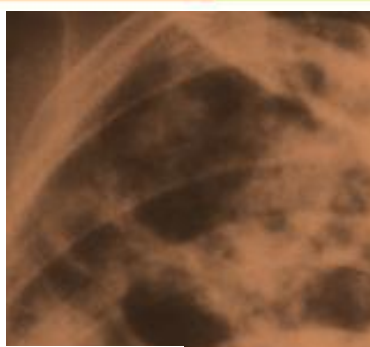
KITSAP PUBLIC HEALTH DISTRICT

Communicable Diseases: 2022 in Review

Wendy Inouye, MS MPA
Epidemiologist
Communicable Diseases



KITSAP PUBLIC HEALTH DISTRICT



1 | Respiratory Season

2 | Mpox 2022

3 | Tuberculosis

4 | Syphilis/Gonorrhea

5 | Immunizations

****DISCLAIMER****

- Data are preliminary (accessed 1/30/2023), and are not finalized counts for 2022.
- Data are obtained through public health surveillance:
 - Underrepresents true disease activity.
 - Contains biases in detection and reporting.



1

The Return of Respiratory Season



Reminder: What we track for Influenza

How reported:

- Clinical Labs
- NREVSS

tests done
tests positive



LABORATORY
SURVEILLANCE

ED visits at Kitsap facilities
ED visits attributable to flu



EMERGENCY
DEPT VISITS

How reported:

- Deidentified HC visit data (syndromic surveillance)



DEATHS



OUTBREAKS IN
LONG-TERM CARE

Individual case reports

new flu outbreaks

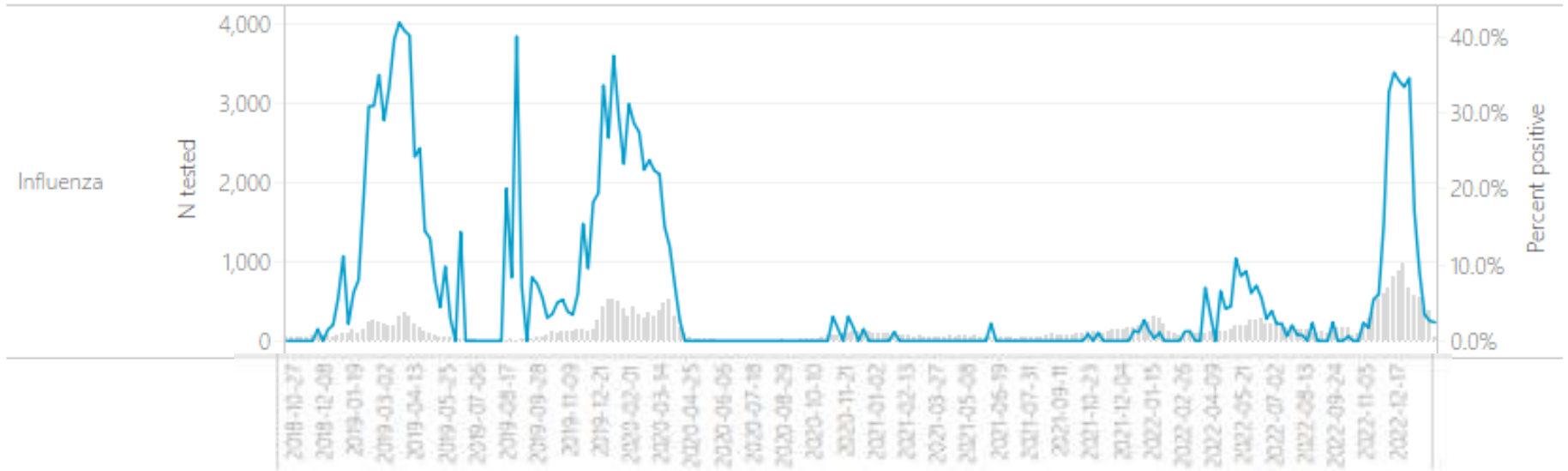
How reported:

- Vital Records
- LTCFs

How reported:

- LTCFs

Weekly reported tests performed and the percent of those that are positive for each virus, past four years.



Jan – Apr 2019

A (H1N1)
A (H3N2)

May - Jun 2022

A (H3N2)

Nov 2019 – Feb 2020

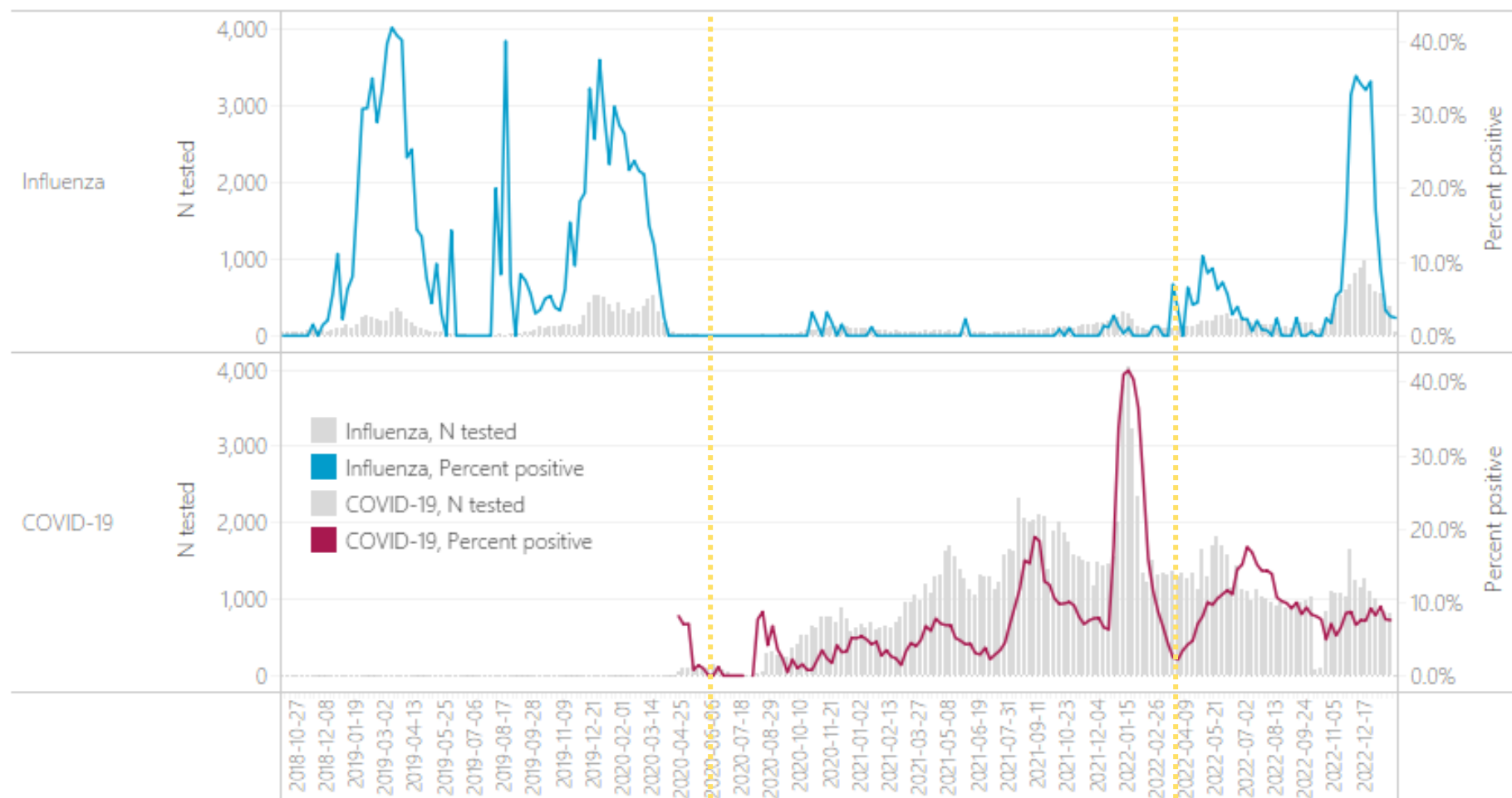
A (H1N1)
Flu B

Nov - Dec 2022

A (H3N2)

Influenza Lab Reporting, Oct 2018 – Jan 2023

Weekly reported tests performed and the percent of those that are positive for each virus, past four years.

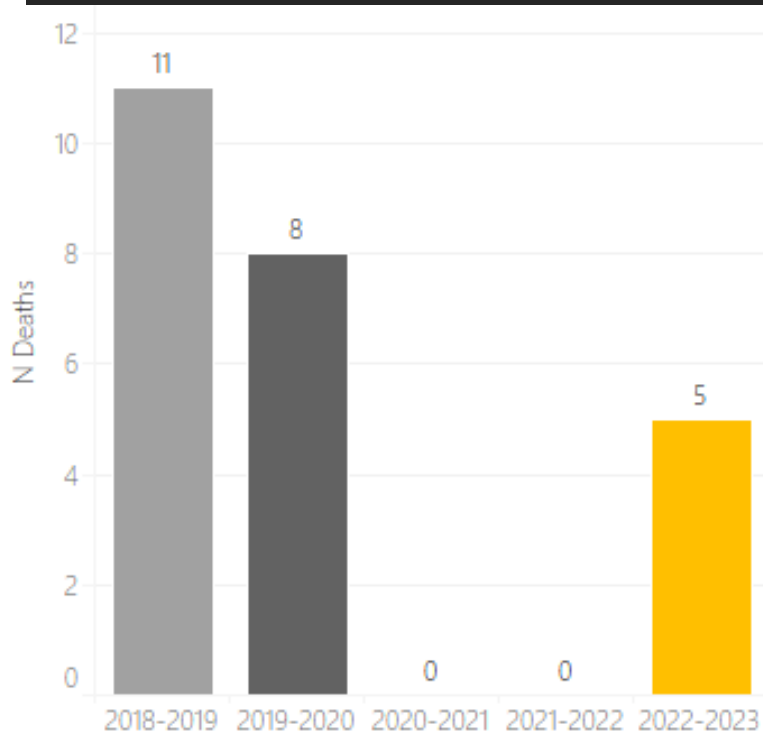


WA Mask Mandate:
Jun 2020 – Mar 2022

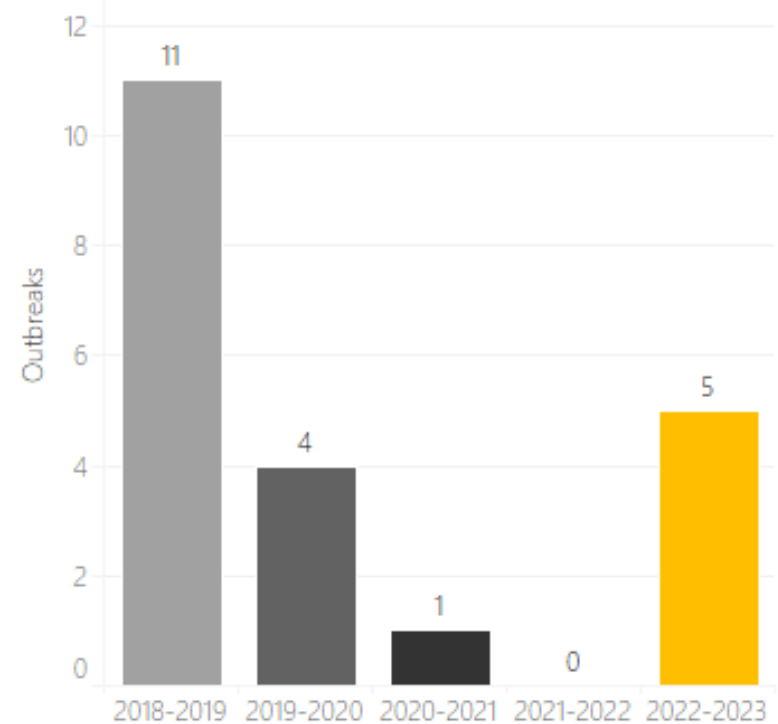


Flu deaths and outbreaks also “un-paused”.

INFLUENZA-ASSOCIATED DEATHS



INFLUENZA OUTBREAKS IN LONG-TERM CARE FACILITIES



COVID-19 **0** **15** **199** **173** **21**

0 **16** **46** **115** **29**

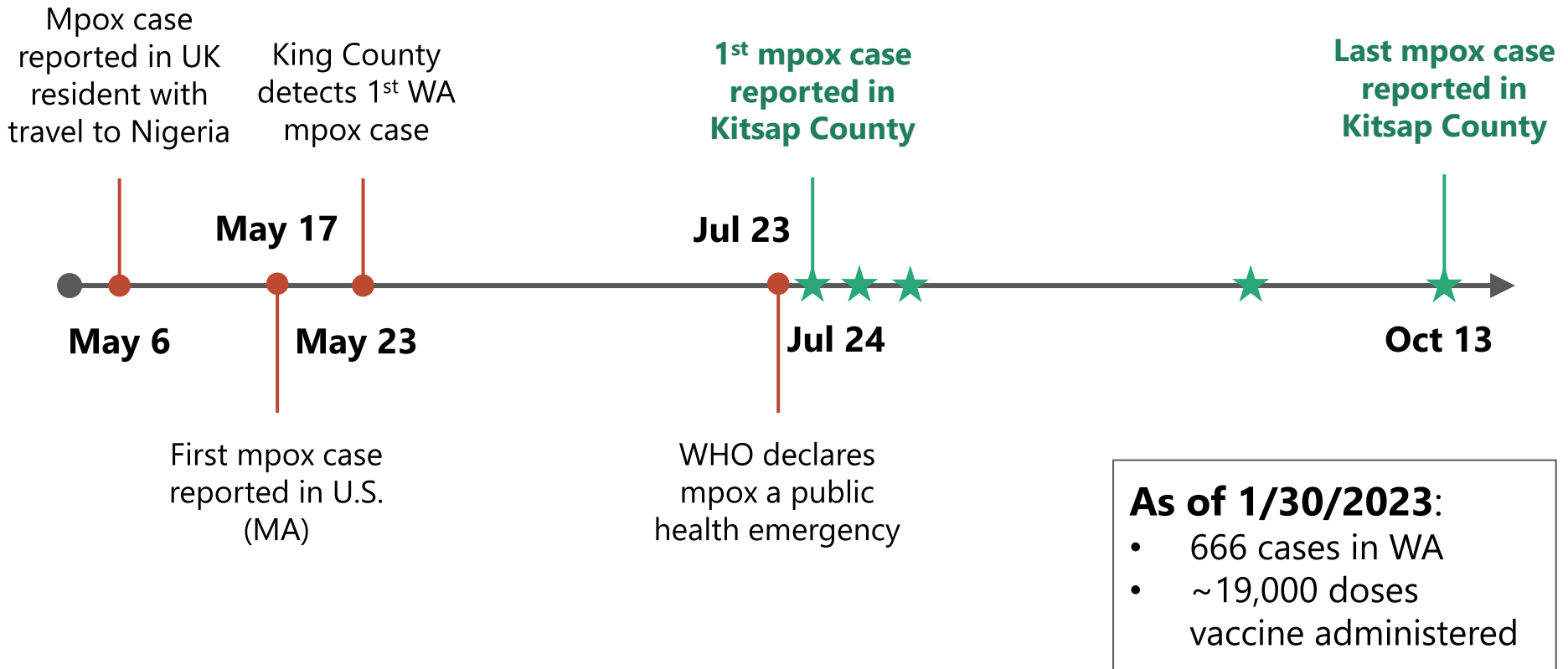


2

Mpox: The Global Threat of 2022



2022 Mpox Epidemic in Brief



3

Tuberculosis: A Public Health Crucible



TB requires a unique public health response.

Case management 4 – 12+ months.

Importance of identifying close contacts.

Most often impacts populations with other challenges and vulnerabilities.

LTFU not an option.

A typical person with TB disease in the United States requires:



PLUS

- X-rays
- Lab tests
- Follow-up & testing of contacts

Several factors can complicate case/contact management.

**Interpreter
needed**

**Case has a
lot of
contacts**

**Resistance
to first-line
TB drugs**

**Case unable
to tolerate
drug
regimen**

**Patient is
underinsured
or has no
insurance**

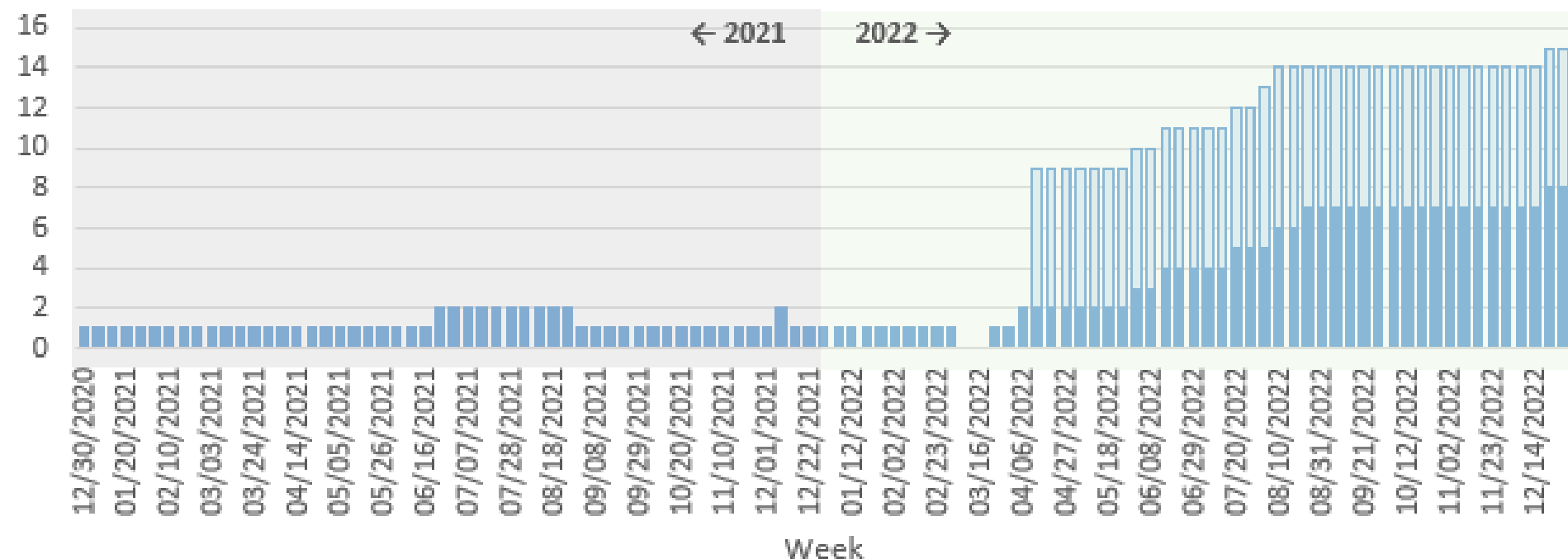
**Case
identified
after death**

**Case has
other social
needs**

2022 in Kitsap required a different strategy.

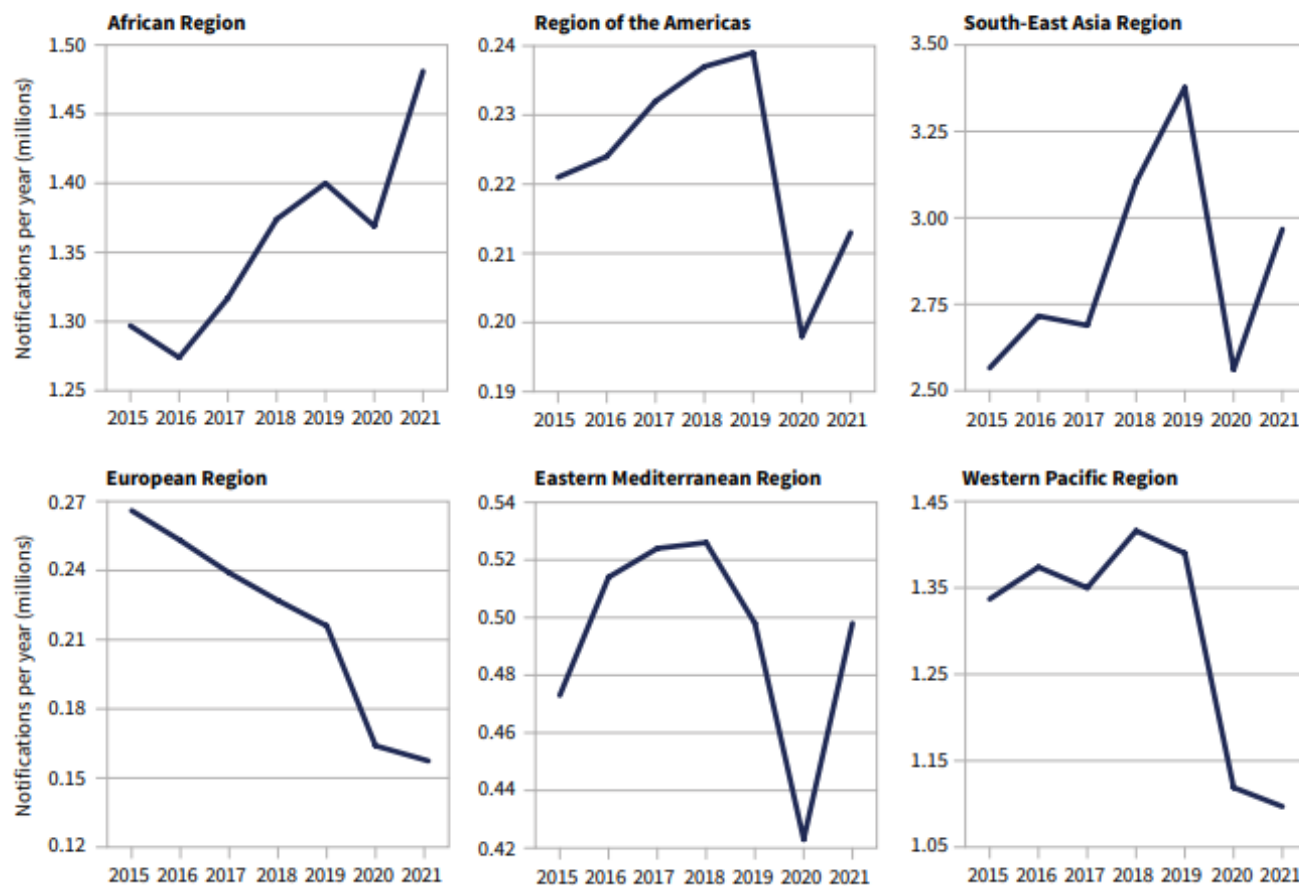
Number of TB cases requiring routine case management by KPHD, by week

■ Active TB ■ LTBI (Close contacts)



Footnote: Global disruption of TB services has likely set back TB elimination.

Trends in case notifications of people newly diagnosed with TB by WHO region, 2015–2021



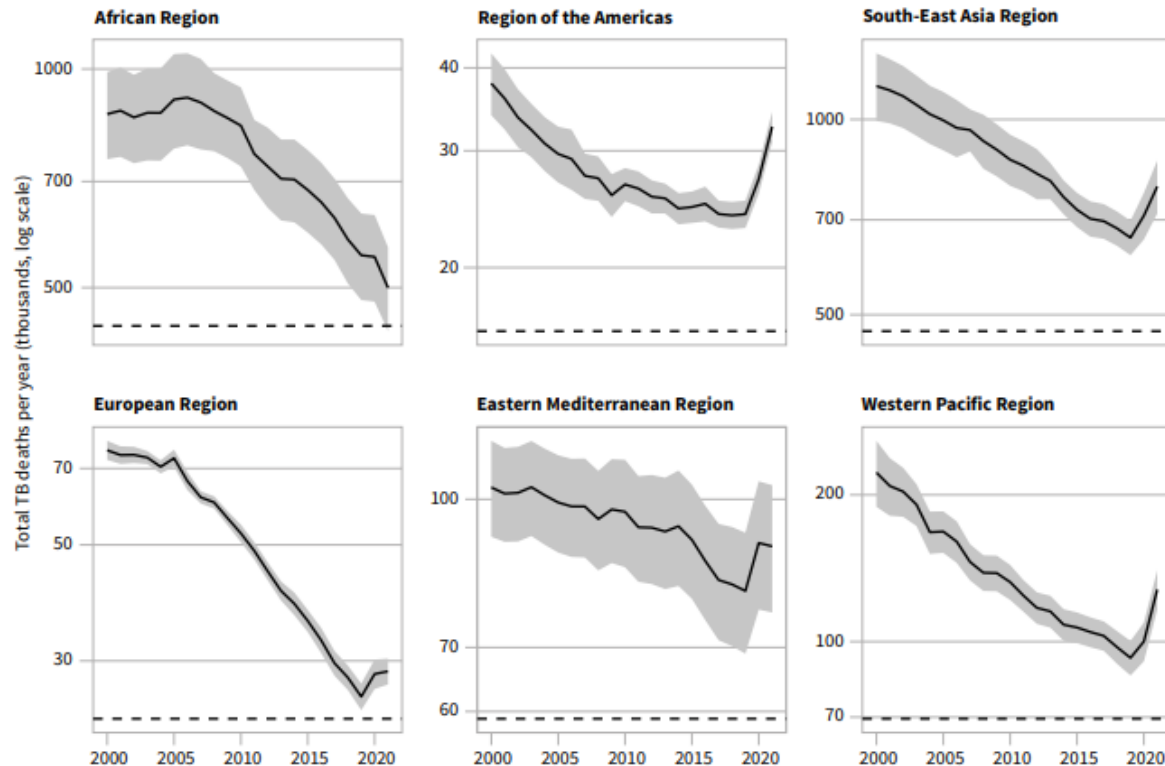
Source: Global tuberculosis report 2022. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO. URL: <https://www.who.int/publications/i/item/9789240061729>



We can already see a worrying impact on global TB deaths.

Trends in the estimated absolute number of TB deaths (HIV-positive and HIV-negative) by WHO region, 2000–2021

The horizontal dashed line shows the first milestone of the End TB Strategy, which was a 35% reduction in the total number of TB deaths between 2015 and 2020. Shaded areas represent 95% uncertainty intervals.



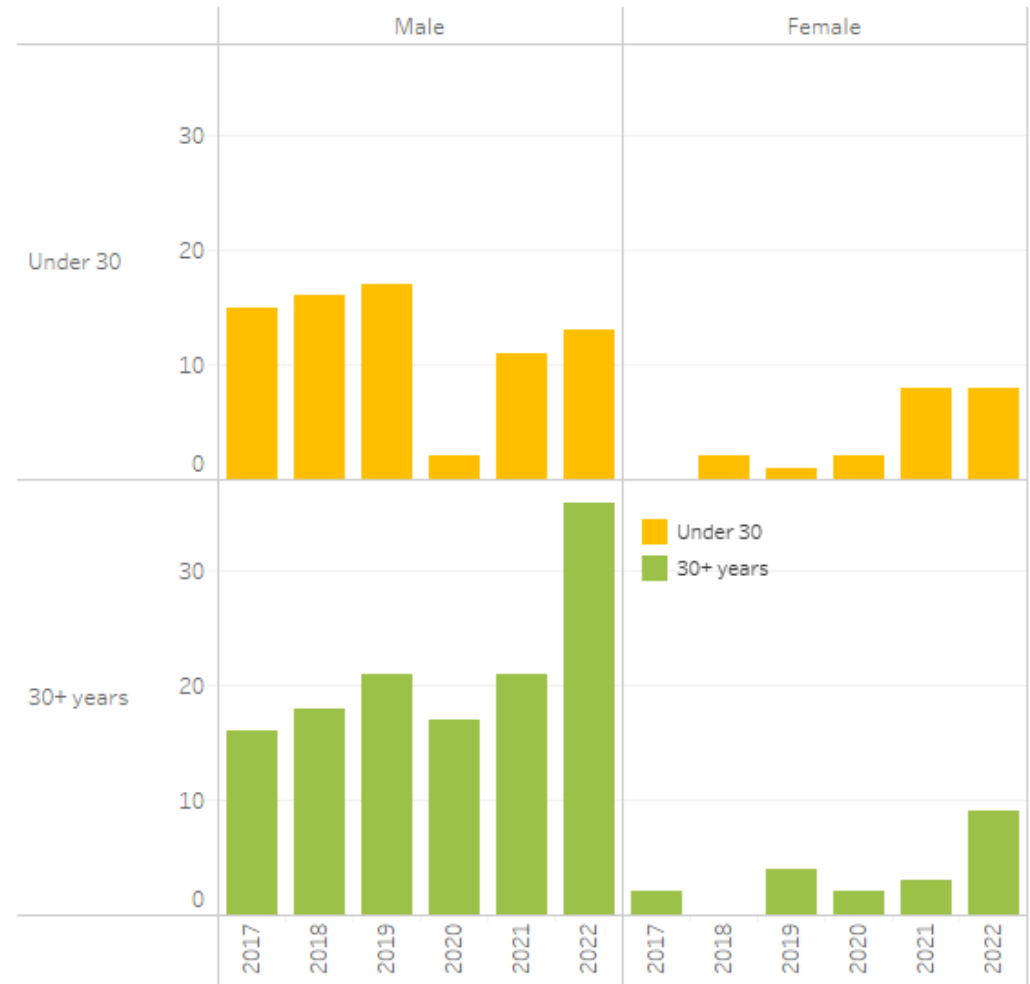
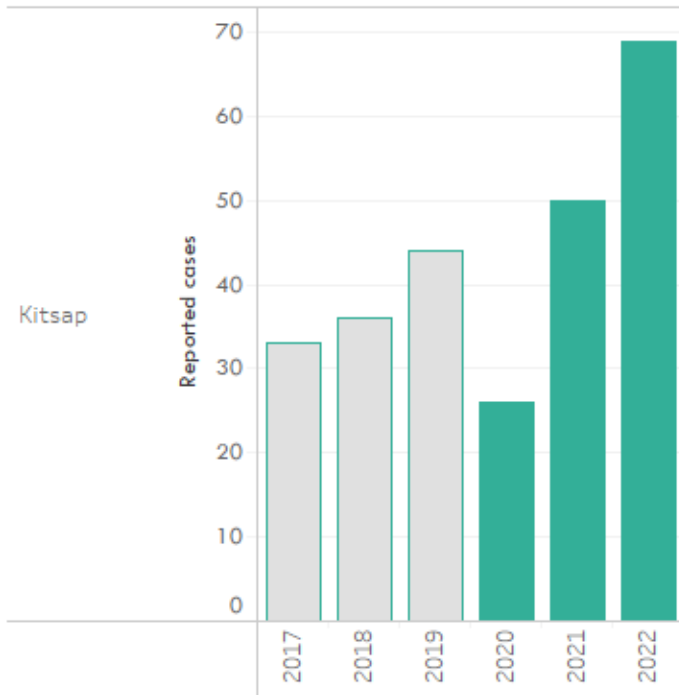
4

STI Surveillance Data: a Window to Health System & Behaviors?



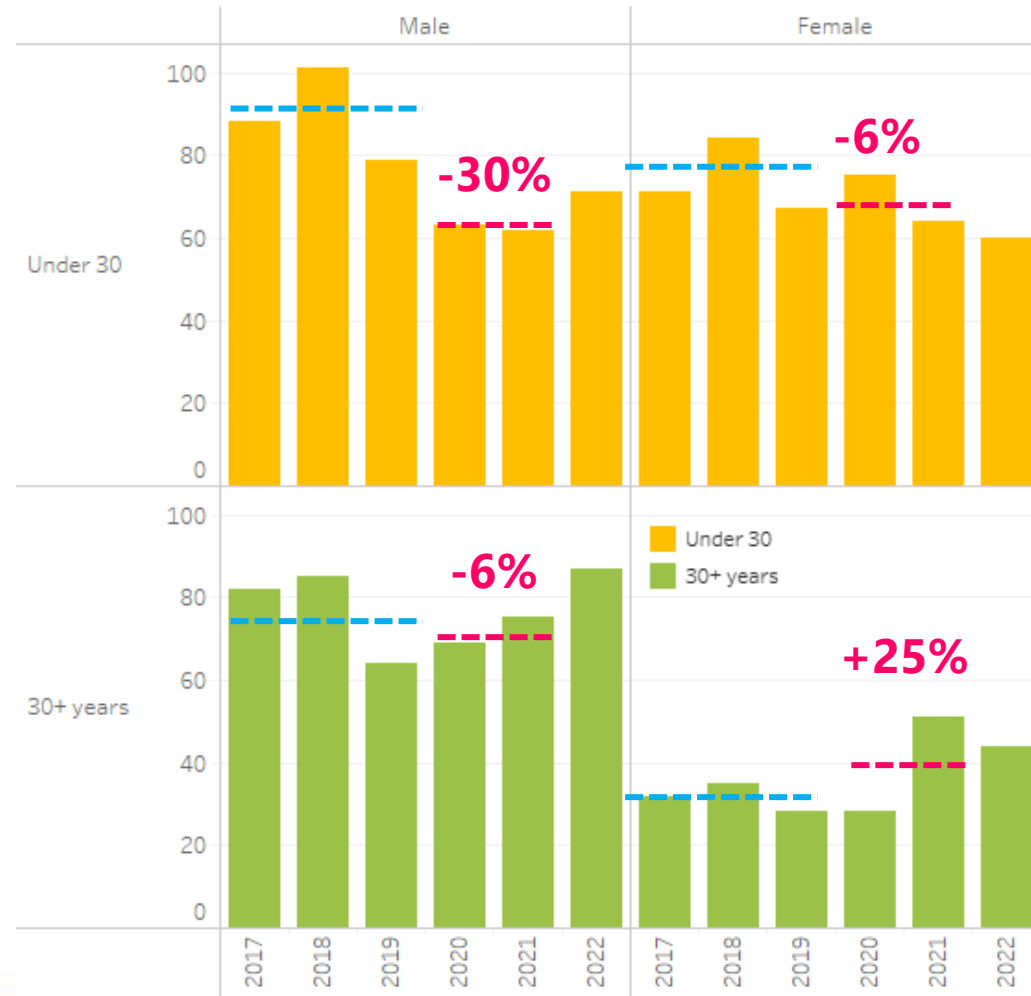
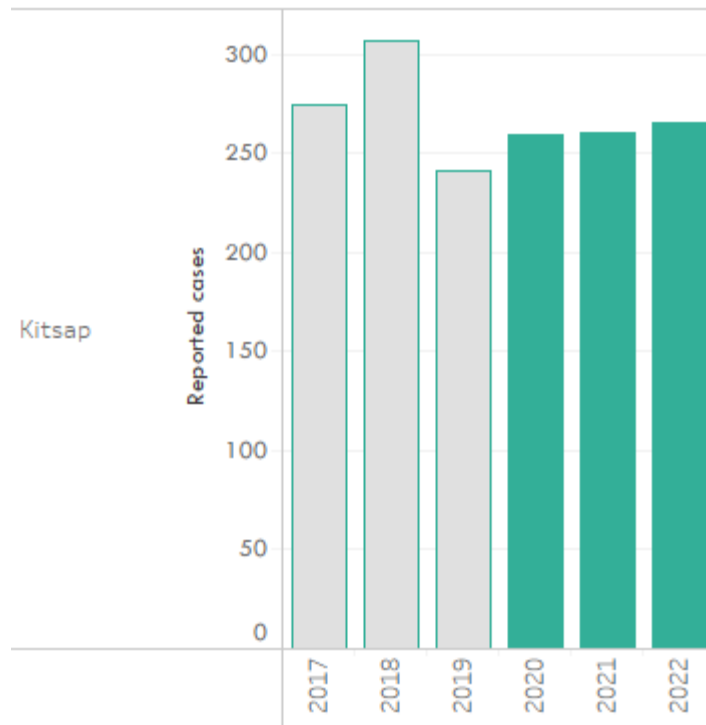
Syphilis surveillance data reveal gaps in STI health.

Syphilis cases (any stage), 2017 – 2022.



Gonorrhea surveillance also points to nuanced epidemics.

Gonorrhea cases, 2017 – 2022.



5

Immunizations at a Public Health Crossroads



The COVID-19 epidemic interrupted routine immunizations. Can we recover?

The Seattle Times

Kindergarten vaccination rates drop in all but 3 WA counties

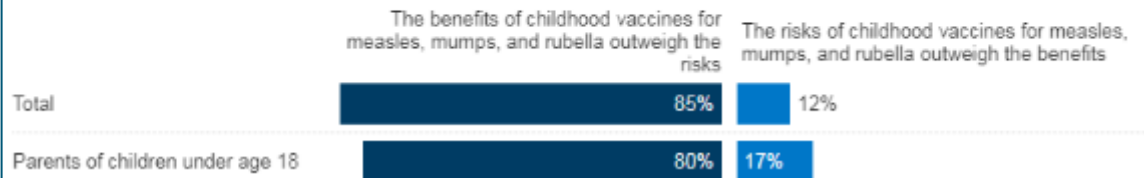
Jan. 23, 2023 at 6:00 am | Updated Jan. 23, 2023 at 10:26 am

By Gene Balk / FYI Guy

Seattle Times columnist

Even Among Adults Who Have Not Gotten The COVID-19 Vaccine, Most Say The Benefits Of Childhood MMR Vaccines Outweigh Risks

Overall, do you think...



CDC Centers for Disease Control and Prevention
CDC 24/7 Saving lives. Protecting People™

Morbidity and Mortality Weekly Report (MMWR)

"An additional 3.9% without an exemption were not up to date with measles, mumps and rubella vaccine. **Despite widespread return to in-person learning, COVID-19-related disruptions continued to affect vaccination coverage and assessment for the 2021–22 school year, preventing a return to prepandemic coverage.**"

Gene, B. (2023, January 23). [Kindergarten vaccination rates drop in all but 3 WA counties](#). *The Seattle Times*.

Seither R. [Vaccination Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten—United States, 2021–22 School Year](#). *MMWR. Morbidity and Mortality Weekly Report*. 2023;72.

KFF [COVID-19 Vaccine Monitor](#), Dec 16, 2022.

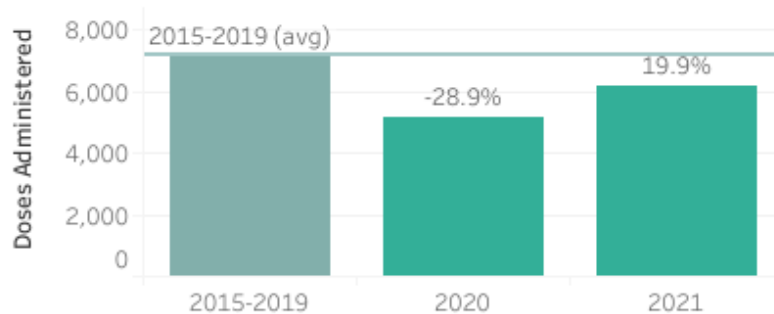


KITSAP PUBLIC HEALTH DISTRICT

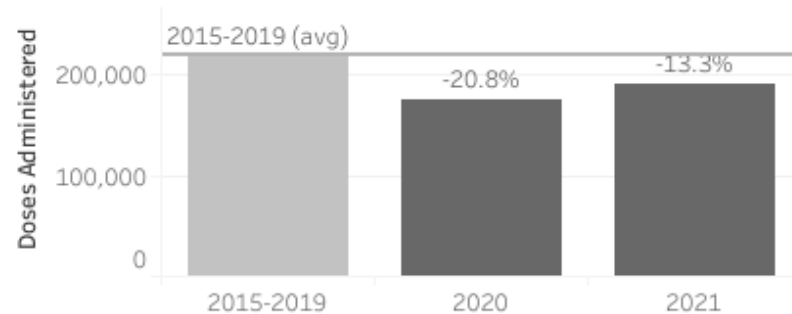
2021 data showed decline in number of routine immunization doses administered in Kitsap County.

4 - 6 YEARS

KITSAP

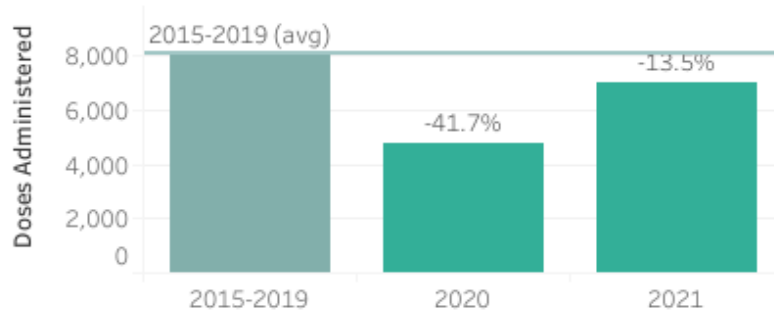


WASHINGTON STATE

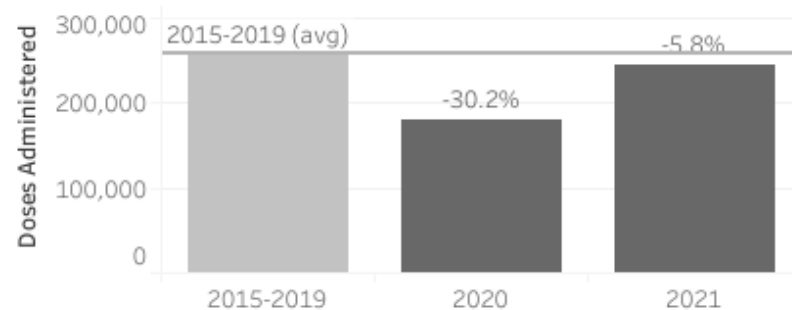


11 - 12 YEARS

KITSAP

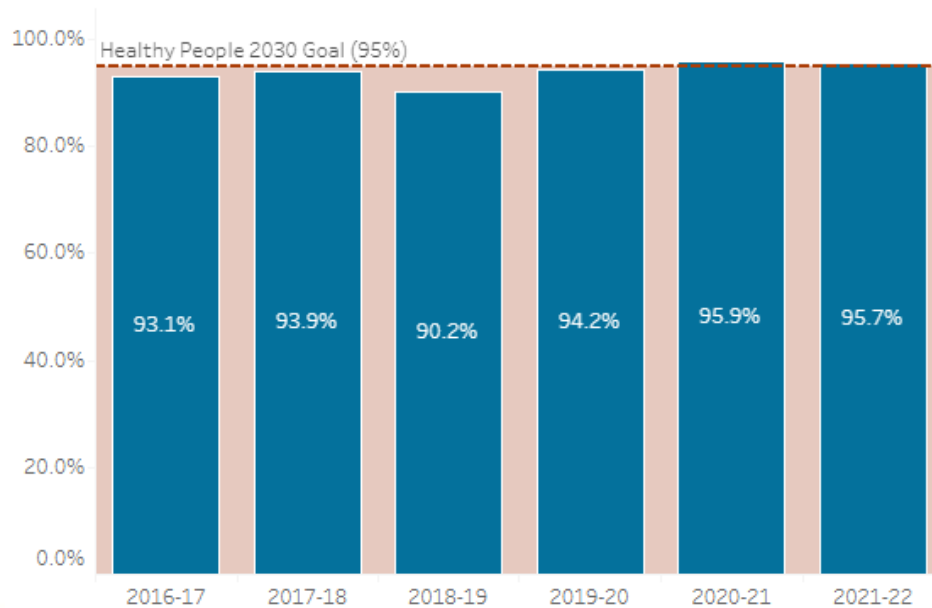


WASHINGTON STATE



In the 2021-22 school year:

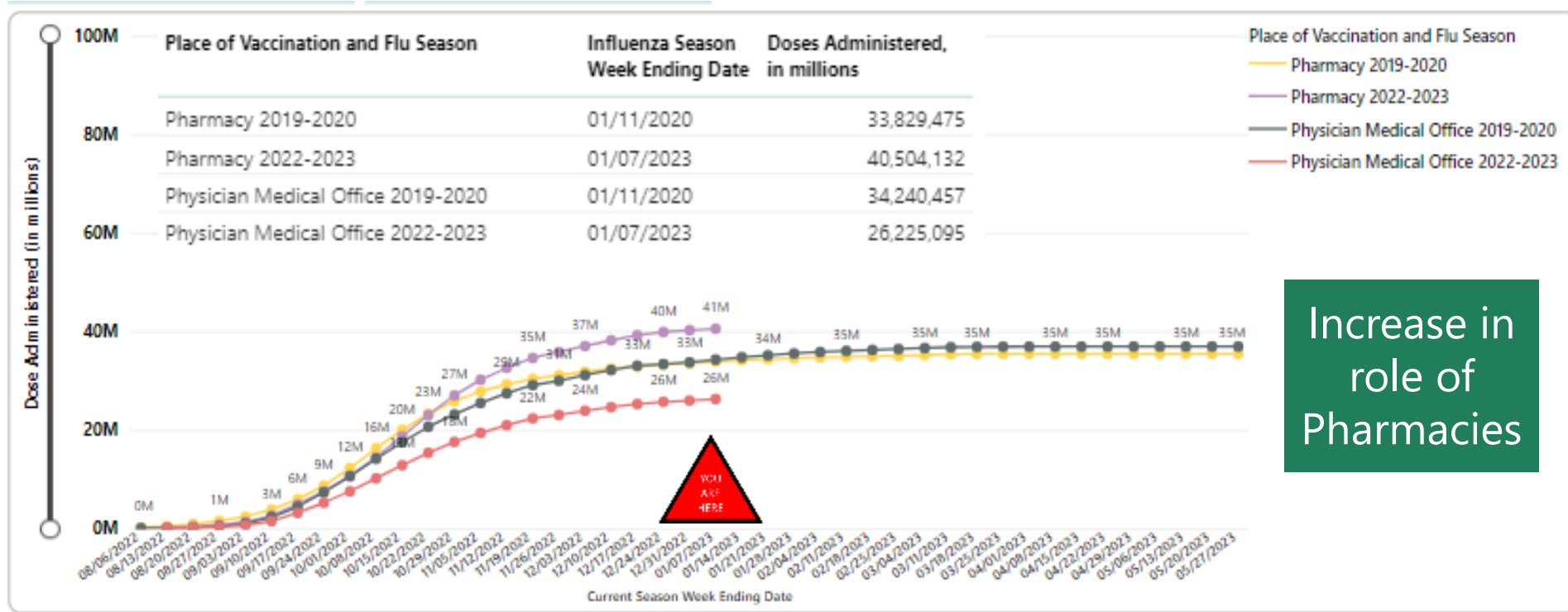
- >2,700 Kitsap students were not UTD on routine immunizations.
- Only 92% of Kitsap kindergarteners were UTD on MMR.
 - >6% of Kitsap kindergarteners had no record of MMR and no exemption.



Spotlight: South Kitsap School District catchment area now exceeds the DHHS Healthy People 2030 Goal for routine immunizations coverage.

Additional note: What adult flu vaccines tell us.

Weekly cumulative estimated number of influenza vaccinations administered in pharmacies and physician medical offices, adults 18 years and older, U.S. (Data source: IQVIA Pharmacy and Physician Medical Office Claims.



Source:
<https://www.cdc.gov/flu/fluview/dashboard/vaccination-administered.html>, accessed 1/30/2023



Strong immunization coverage is critical in protecting our community against vaccine-preventable diseases.



HEALTH | INDIA

India: Mumbai races to halt measles outbreak

Caroline Graham in Mumbai

14 JANUARY

India's financial hub of Mumbai is battling to contain a post-COVID surge in measles. Health officials partly blame a disruption to immunization programs which has resulted in measles vaccine doses.



SOUTH AFRICA

Seven baby fatalities in 2022 as whooping cough cases escalate in Western Cape

DECEMBER 2022 - 10:04
BY TIMESLIVE

BBC

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Diphtheria cases rising among asylum seekers

© 27 November 2022



Public Health news and blog

New case of measles in King County

January 21, 2023

CBC | MENU

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Rare bacterial infection outbreak impacting vulnerable populations on Vancouver Island



Haemophilus Influenza Type B, or Hib, Identified In Victoria, Parksville and Nanaimo

CBC News - Posted: Dec 05, 2022 4:24 PM PST | Last Updated: December 5, 2022



FORBES > INNOVATION > HEALTHCARE

Measles Outbreak In Ohio: 82 Children Infected, 32 Hospitalized, Most Are Unvaccinated

Bruce Y. Lee Senior Contributor

I am a writer, journalist, professor, systems modeler, computational and digital health expert, avocado-eater, and entrepreneur, not always in that order.

3

Dec 27, 2022, 11:36pm EST



Thank you

wendy.inouye@kitsappublichealth.org



KITSAP PUBLIC HEALTH DISTRICT