

**KITSAP COUNTY BOARD OF HEALTH**  
**Regular Meeting**  
**May 3, 2011**

The meeting was called to order by the Chair of the Board, Commissioner Charlotte Garrido, at 11:27 a.m.

**MINUTES**

Mayor Patty Lent moved and Commissioner Rob Gelder seconded a motion to approve the minutes of the April 5, 2011, regular Board meeting as amended. The motion carried unanimously.

**CONSENT AGENDA**

Scott Lindquist, MD, MPH, Director of Health, informed the Board that Contract 917, Pierce County Public Works, Pierce County Shellfish Program Centennial Clean Water Fund Grant, on the Consent Agenda was being pulled for further review on the advice of counsel.

The remaining contracts were included on the consent agenda:

- Contract 567, Amendment 6, Department of Ecology, Dyes Inlet Restoration project
- Contract 246, Amendment 31, Department of Health Consolidated Contract
- Contract 914, Kitsap Homeless Management Project
- Contract 556, Amendment 1, Department of Ecology, Kitsap Regional IDDE Clean Run-off Project

Mayor Lent moved and Commissioner Josh Brown seconded a motion to approve the May consent agenda, removing the aforementioned contract. The motion carried unanimously.

**PUBLIC COMMENT**

There was no public comment.

**DIRECTOR'S REPORT**

Dr. Lindquist asked Mr. Scott Daniels, Deputy Director, to update the Board on the District's budget. He introduced a document into the record that shows the District's year to date cash flow for the current year compared to the cash flow of the previous three years. With regard to potential revenue impacts of the current biennium state budget, Daniels explained that the District is waiting for final numbers on the size of revenue reductions that will affect the HIV/AIDS, Family Planning, and Parent Child Health programs. There is good news in the form of a \$100,000 grant from Harrison Medical Center to help support the Nurse Home Visiting program and a \$45,000 grant from the Department of Health working in local schools on teen pregnancy programs. The District is also monitoring the various state budgets for the upcoming biennium and coordinating outreach to the Legislature to advocate for public health programs.

**DISCUSSION REGARDING ONSITE SEWAGE ORDINANCE REVISION**

Mr. Keith Grellner, Director Environmental Health, provided an update on the revision to the onsite sewage regulations. Grellner and his staff have sent a draft regulation to stakeholders in the community for comments, including the onsite industry, Kitsap Board of Realtors, Home Builders Association, and the Kitsap Alliance of Property Owners. As discussed with the Board in previous meetings, the draft regulations will allow some applicants on shoreline parcels with

small lots more flexibility. In the next few weeks, the District will be engaging the public further through press releases and a public meeting to be held on May 24 from 5 - 7 p.m.

Mayor Becky Erickson had a question about the table on page 88 that shows minimum lot size requirements. She asked that the ordinance be reviewed by Senior Deputy Prosecuting Attorney Shelley Kneip with a focus on the minimum lot size requirement. Erickson expressed a concern that this regulation specifies a maximum of 4 lots per acre in residential low-density areas which is at odds with Growth Management Act regulations. Grellner responded that Kneip has already reviewed the District's proposed ordinance and explained that there is a conflict in the state regulations with regard to urban lot requirements that don't have an urban level of service, i.e., sewers. He further said that a similar question was raised in the previous revision of this ordinance in 2008 regarding this issue, specifically that state regulations governing lots using septic systems don't allow the density required by the Growth Management Act (4 lots per acre versus 5 lots per acre). Grellner said he would bring Kneip's comments with regard to this issue back when the regulation is brought to the Board at the June meeting with a final recommendation for approval.

#### **WORK STUDY SESSION: STRATEGIC PLAN**

Dr. Lindquist provided an overview of the strategic planning process that will guide the District's activities through the next 20 years. The strategic plan identifies our vision with milestones set at 5-year intervals coupled with strategies to put the milestones into action. At the program level, work plans will capture work at the vision level. Lindquist explained that the strategic planning team is made up of a cross section of the District's workforce. Lindquist then presented the draft strategic plan section by section.

The first critical issue identified is to establish a stable, long-term funding sources -- local, state, and federal. Within this, the team set two five-year milestones, including securing at least one stable source of funding and second to re-visit the local funding formula paid to the District by the Cities and the County. An important part of this effort will be to begin to move the agency towards accreditation. Daniels commented that the District's current work in meeting the state's standards will be helpful in meeting the national accreditation standards because the state and national standards align about eighty percent. The details of the plan include the implementing strategies that will be brought back to the Board for their review and concurrence.

At this point, there was a wide-ranging discussion about the current mission statement: "Making Kitsap County the greatest place on the planet to live, work, and play." Comments included:

- The mission statement needs to be "attainable".
- The phrase "on the planet" is "a little silly".
- It needs to be taken seriously by the District as well as other jurisdictions so it needs to be simple and crisp, e.g., "a healthy place to live, work, and play".
- The suggestion to add the phrase "engage our citizens with healthy behaviors".
- A suggestion to emphasize the importance of education by adding "... healthy place to live, work, play, and learn".

- This comment: "It's a little corny. I struggle with the fact that I don't know what it means for the organization." "It throws the whole kitchen sink in and people don't take it seriously".
- This comment: "It's quite lofty. It would be fine to say "making Kitsap County a healthy place".
- A suggestion that it needs something about "engaging our citizens and healthy environments as a goal".
- A suggestion that we compare ourselves to the "other counties in the state and if we happen to surpass the whole country, that's great".

Lindquist summarized the Board's direction as recommending a re-working of the mission statement to something like: "Striving to make Kitsap County a healthy place to live, work, play, and learn while engaging our citizens to improve their health".

Lindquist turned the Board's attention to the first goal of securing sustainable funding and asked for feedback:

- This comment: Does not like funding being first and suggested that the real goal of the District starts at number 3 (enhance our ability to prevent and control communicable diseases) through six. Even though they are not prioritized, having this first is "distracting." Lindquist suggested that this opinion be brought back to the team to review the goals to tighten them up before bringing them back to the Board again for review.
- An opinion expressed that even though addressing funding first is "awkward", there is "nothing on this list that can be done unless funding is addressed". To accomplish these goals, we "must be bold".
- This comment: "Without the resources, you can't do the rest." A suggestion was also made to use letters instead of numbers to reduce the impression of ranking.
- This suggested re-wording to add at the end: "to meet the objectives of the organization" to make it less about funding for funding's sake and more about the goals of the organization.
- This comment: "If we do public health which is the last four and do a bang-up job, the funding will follow".
- A suggestion was also made to focus on the functions, the last four, followed by number two, and end with number one.

Lindquist then moved the Board's attention to goal two: "The public understands and values what public health does". As part of this discussion, Lindquist explained that the District had hired a marketing consultant to review our public documents, web presence, etc., to help us better present a consistent image to the public. One Board Member suggested that it not be called marketing but instead call it "public outreach" or "education." Lindquist commented that the District is well on the way to completing this goal, including the impending name change from Kitsap County Health District to Kitsap Public Health District.

One Board member suggested it would be helpful to have a flowchart that shows what the District does and what activities flow from those programs. He further said this would be helpful to give to new Board members and new staff members, clarifying in response to a

question that it was more than an organization chart with greater emphasis on functions. One Board member suggested as a way to separate the District from other organizations that it pay for a three-day Board orientation in Hawaii. Another Board member suggested using one meeting early in the year and devoting it to an orientation for the Board.

Another Board member suggested something that “pulls all the pieces together” like an employee newsletter or a bi-weekly manager report, by copying the Board would “build Board understanding”. Another Board member commented that the Program Matrix has been very helpful in understanding the breadth of the programs the District provides. There was a comment that a personal orientation is more helpful than just receiving a notebook because when you are first elected, “it’s like drinking out of a fire hose --- you don’t know what you don’t know”.

Lindquist then turned to goal three: Maintaining the communicable disease program presence. He commented that this is an expectation of the public and remains a priority for us. There were no Board comments.

Lindquist then moved the Board’s attention to goal four: Decrease chronic disease and their impact on their community. He then explained that policy development in this area will “be the tool” to accomplish this goal. There was a question about how a Board composed of elected officials with no medical experience can be expected to promulgate health policies. Following this question was a discussion about the Board membership and proposals to incorporate non-electeds such as local doctors as members. Lindquist pointed out that the Board has not been open to changing the Board membership to include non-electeds. He then proposed that a Public Health Advisory Board of “on-the-ground professionals” be established as an outgrowth of the Community Health Improvement Plan process now underway. The Advisory Board could meet quarterly and advise the Board on health issues. Lindquist asked for feedback on this proposal. Several Board members expressed support for an Advisory Board. Another Board member expressed a preference to change the Board’s make-up. Two Board members seconded that, adding that they would support adding a doctor to the Board. Another Board member suggested that an ad hoc member without voting authority would be acceptable. Lindquist offered to poll other jurisdictions to see how many have boards allow non-elected members to vote and report back to the Board.

Although not related to this goal, a Board member asked why Environmental Health is not part of the Kitsap County Department of Community Development and used the stormwater program as an example. Another Board member agreed saying that it would be better if there were “one agency” that dealt with “all of this”. Lindquist responded that when Environmental Health is split out of the “house”, the health effects are not looked after. He further suggested that they ask counties that have done this, how well it has worked and suggested they speak to officials in Clallam County. Following on from that was a comment that the Health District does “a level of data measurement” that “does not happen in our jurisdictions”, which was seconded by another Board member who supported the “independent voice” that the Health District provides.

Lindquist then moved the Board to review the final two goals: “We will improve the safety, sustainability and environmental health of our community” and “We will prevent adverse

outcomes and promote health equity in Kitsap County by ensuring all children have healthy starts and healthy childhood development". Lindquist noted that it will be important to improve our partnership with the development and planning community to achieve the fifth goal. He also explained that when left alone without an advocate for health, planning documents do not include elements that will improve the health of those communities, through an emphasis on improving walkability, addressing safety issues, and an emphasis on non-motorized public transit. One Board member applauded this new approach saying this is exactly what she just spoke to --- greater involvement with the Department of Community Development. Lindquist then commented briefly on the sixth goal: the home visitation program, which prevents adverse events and is evidence-based.

Lindquist asked that Board member send any additional comments to him and he would take them back to the Strategic Planning Group. Lindquist then said the group will re-work these suggestions and bring them back to the Board for further review.

#### **ADJOURN**

There was no further business; the meeting was adjourned at 1:20 p.m.

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**Commissioner Charlotte Garrido, Chair**  
**Kitsap County Board of Health**

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**Scott W. Lindquist, MD, MPH**  
**Director of Health**

**Board Members Present:** *Commissioner Josh Brown; Mayor Lary Coppola; Commissioner Charlotte Garrido; Commissioner Rob Gelder; Council Member Kirstin Hytopoulos; Mayor Becky Erickson; Mayor Patty Lent; Council Member Roy Runyon (Alternate)*

**Board Members Absent:** None

**Staff Present:** *Karen Boysen-Knapp, Public Health Educator, Health Information Resources Program; Scott Daniels, Deputy Director; Yolanda Fong, Public Health Nurse, Parent Child Health Program; Keith Grellner, Director, Environmental Health Division; Grant Holdcroft, Senior EHS, Solid & Hazardous Waste Program; Karen Holt, HR Analyst, Administration; Leslie Hopkins, Management Analyst, Administration; Tracey Kellogg, Accounting Program Manager; Scott Lindquist, MD, MPH, Director of Health; Beth Lipton, Epidemiologist, Health Information Resources; Suzanne Plemmons, Director, Community Health Division; Shelley Rose, Public Health Educator, Health Information Resources Program*

**Public Present:** None