

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?



Assessment & Epidemiology

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



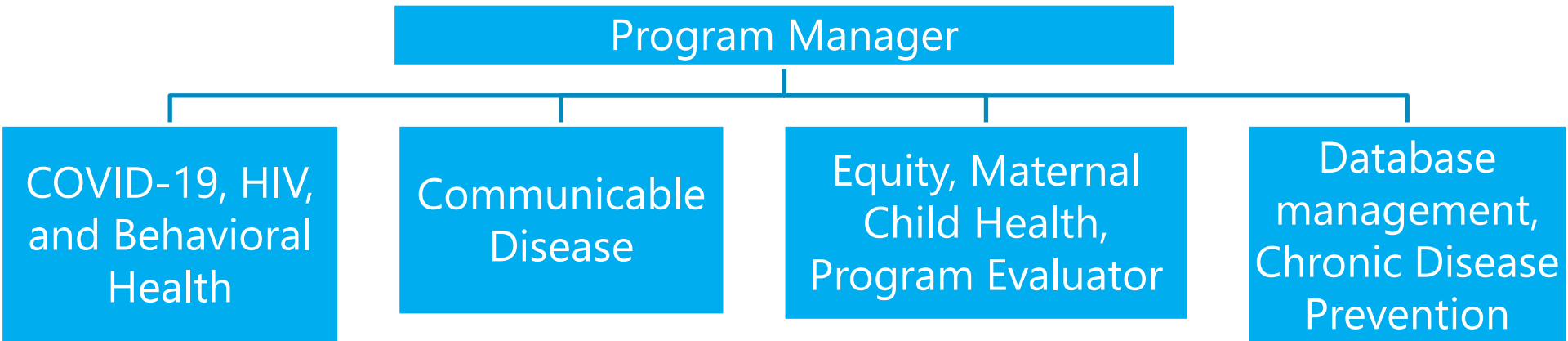
KITSAP PUBLIC HEALTH DISTRICT

Agenda

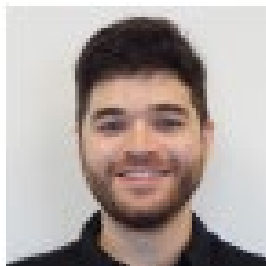
- Introduction of Assessment & Epidemiology
- Indicators and Disparities
 - Background
 - Sources & Limitations
 - Example
 - Key Findings



Assessment & Epidemiology Team



Ally Power



Jordan Arias



Amanda Tjemsland

Wendy
Inouye



Kari Hunter



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

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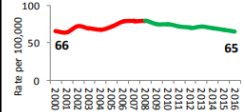
INTRODUCTION

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

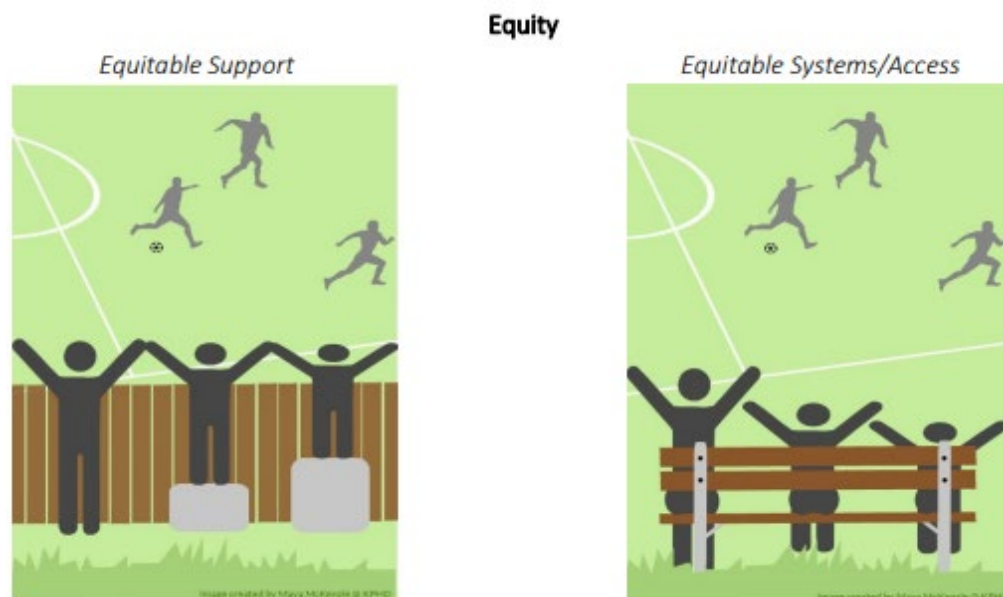
Kitsap data for each indicator are presented for a series of years in a trend line graph. The entire line or segments of the line are color coded: green is a statistically significant improving trend, red is a statistically significant worsening trend, purple is a statistically increasing or decreasing 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.

Green line = Statistically better Red line = Statistically worse Purple line = Statistically significant Black line = No statistical change			
Indicator	Kitsap Rate Over Time	Overall	Compared to WA
Fast food restaurant and convenience store density per 100,000 residents ^{1, 25}		↔ Kitsap Trend 2000-2016	Same as WA 2016 Kitsap = 65 per 100,000 WA = 75 per 100,000

- Updated annually from 2006 to 2018

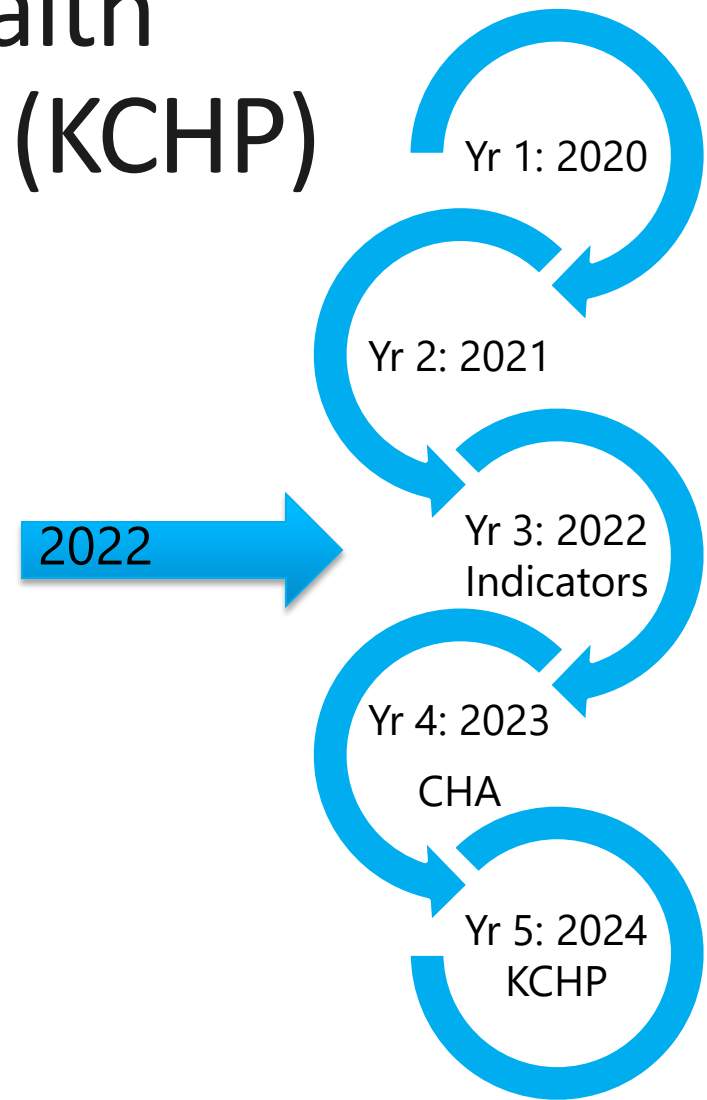
Kitsap County Health Disparities Report

- 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

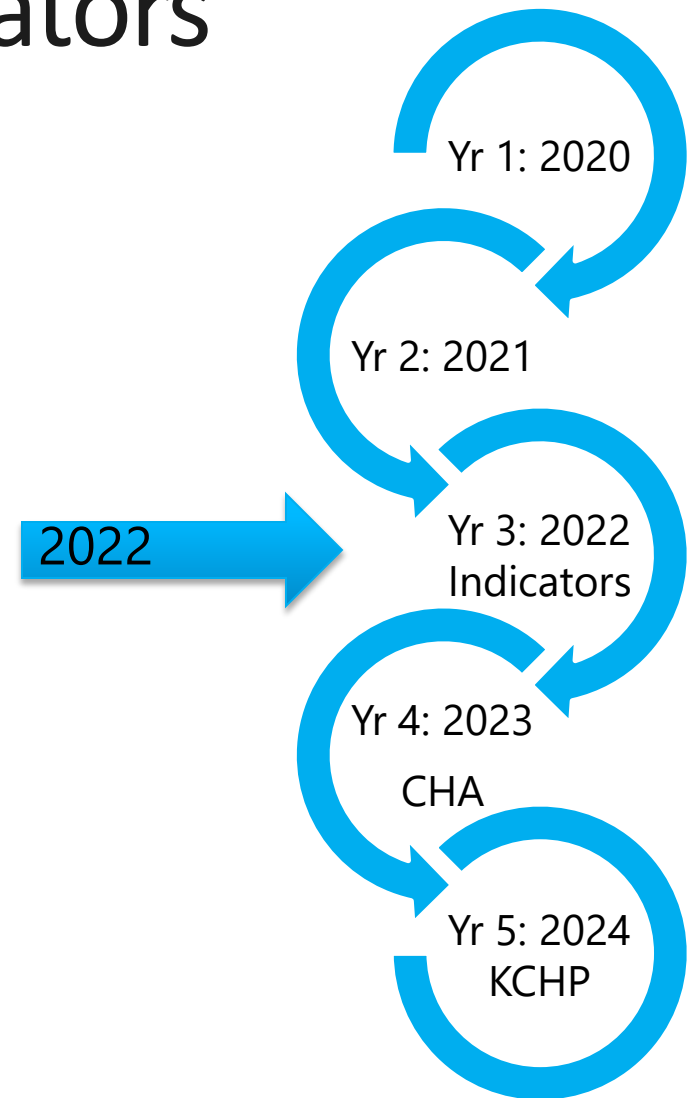


www.kitsapchp.org



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]

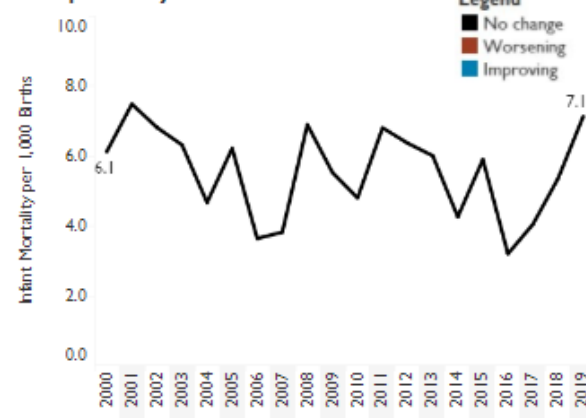


Kitsap Trend
No Change
2000 to 2019

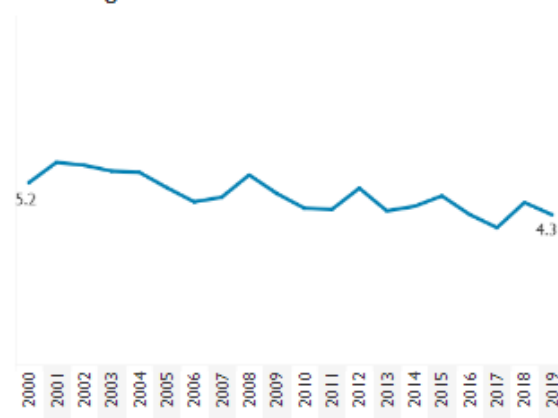


Higher than WA
2019

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

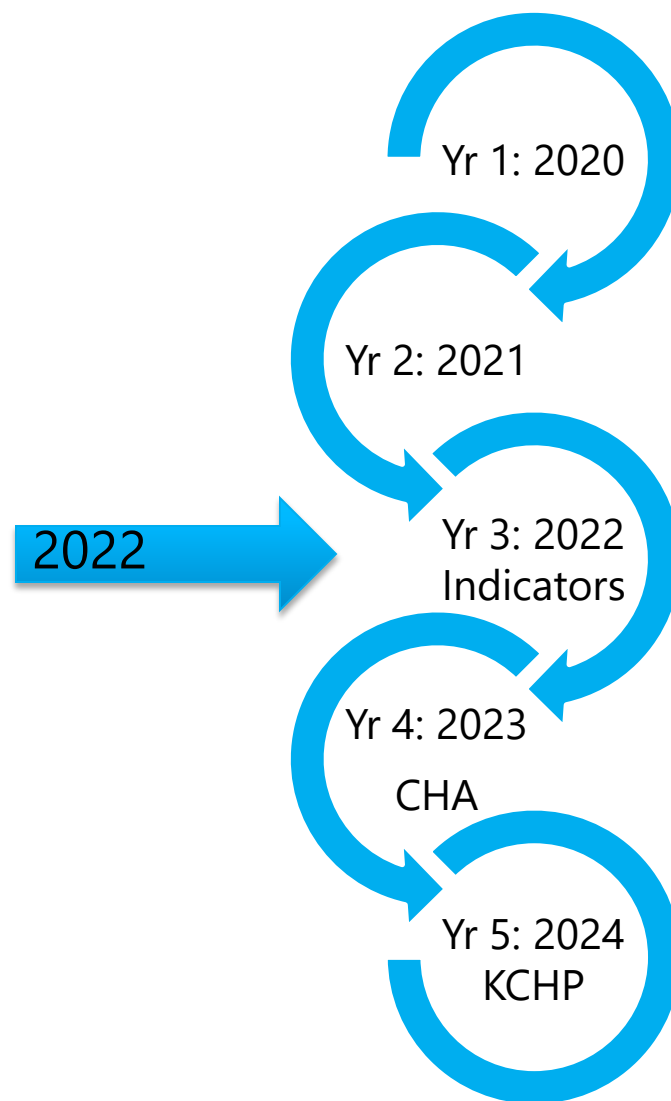
Fentanyl deaths increasing based on preliminary reports

- 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



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

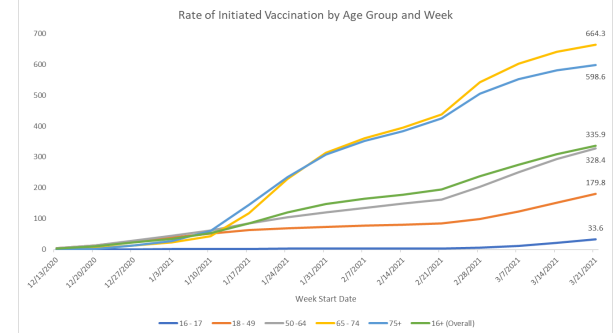
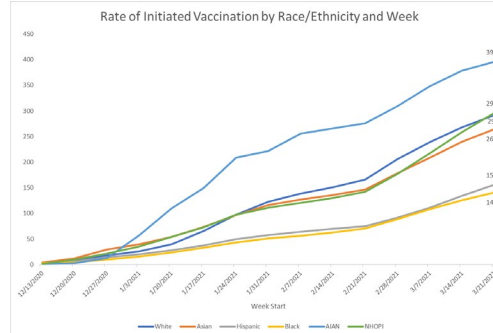
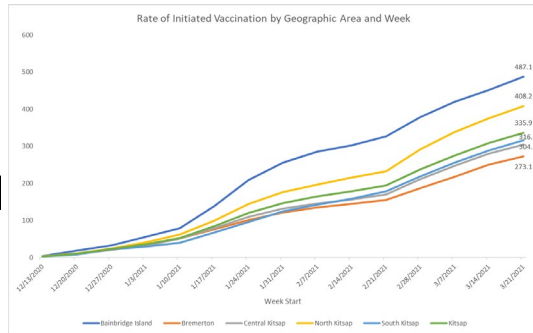
Equity Approach Across All Vaccine Delivery Models, Strive to:

- 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



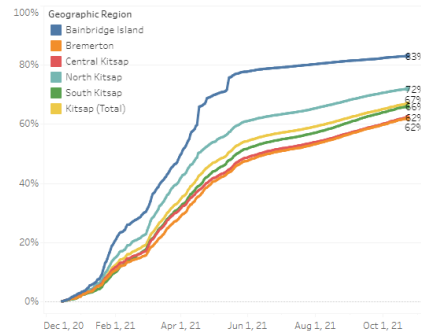
Equity approach is imperative - vaccine initiation rates by geography, race/ethnicity, age as of:

March
21, 2021

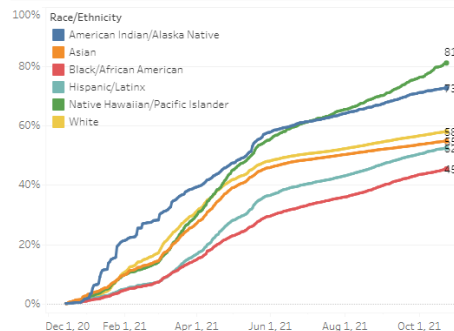


October
23, 2021

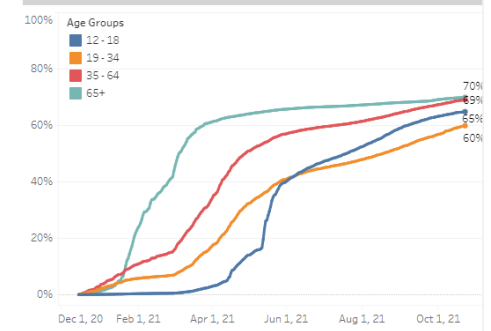
Percent of 12 + Kitsap Residents who have Initiated Vaccination by Geographic Region and Date of Vaccination



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

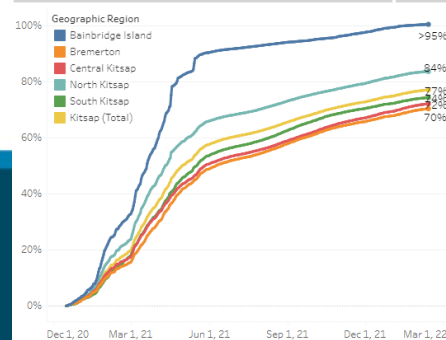


Percent of Kitsap Residents who have Initiated Vaccination by Age Group and Date of Vaccination

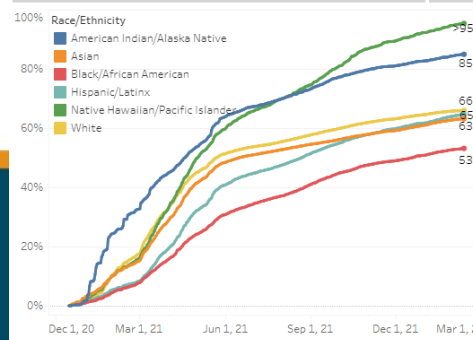


February
17, 2022

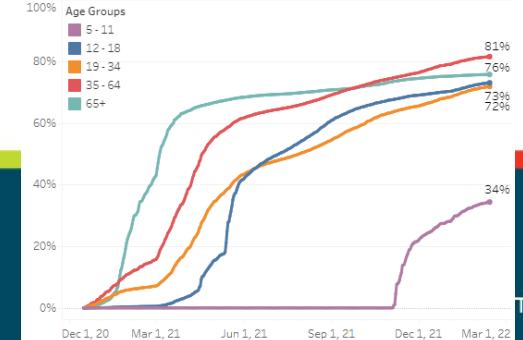
Percent of Kitsap Residents who Have Initiated Vaccination by Geographic Region and Date of Vaccination



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

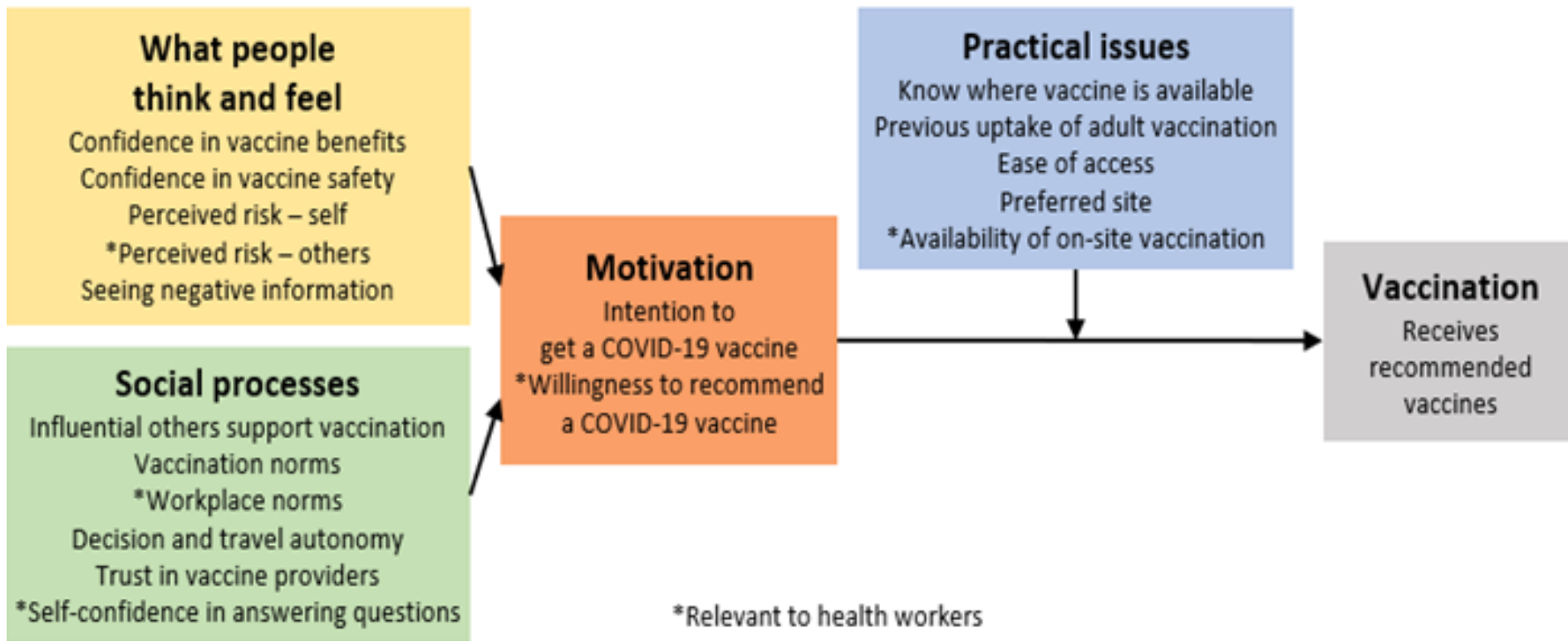


COVID Vaccine Outreach Project – key informant interviews

- 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



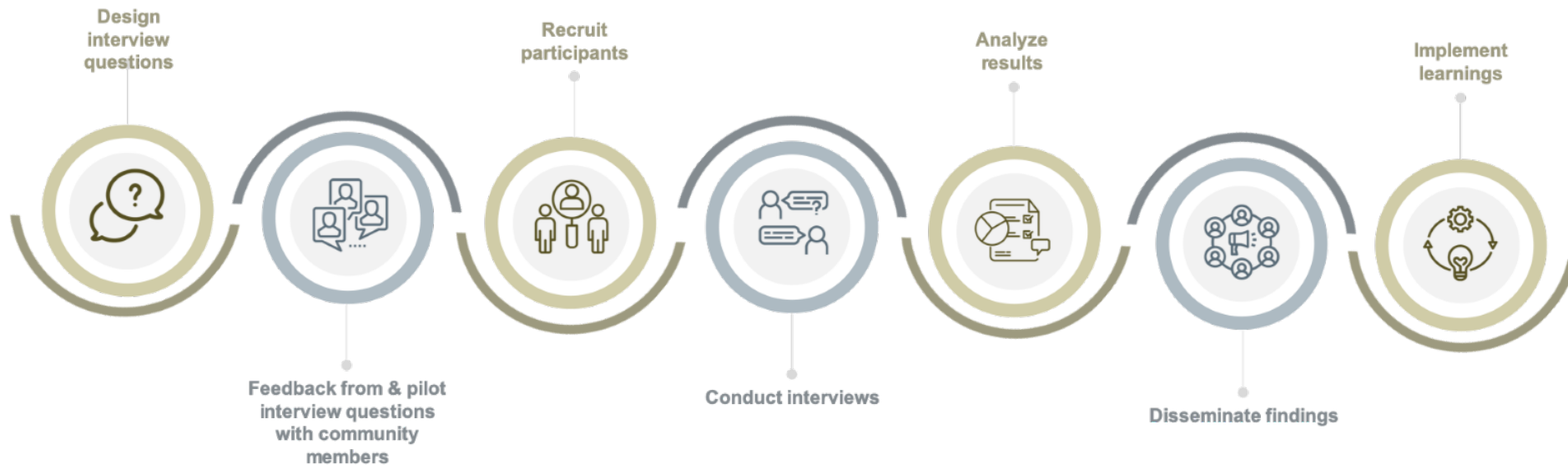
- Populations of focus: adults ages 19-34, Hispanic/Latinx, Black/African American, Bremerton, South Kitsap
- Goal: gather insights from the community to inform strategies for addressing the four domains influencing vaccination uptake

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



Kitsap Public Health Board COVID Update

Gib Morrow, MD, MPH
Health Officer, Kitsap Public Health District
March 1, 2022



KITSAP PUBLIC HEALTH DISTRICT

Agenda

- CDC Community Indicators and Levels (2/25)
- Western States Masking Requirement (2/28)
- Universal Case Investigation and Contact Tracing
- Shifting Responsibility from Governmental Requirements to Individual Responsibility
- Vaccination, Testing, and Therapeutics Update



CDC's COVID-19 Community Levels and Indicators

New Cases (per 100,000 in the last 7 days)	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

COVID-19 community level is determined by the higher of the inpatient beds and new admissions indicators, based on the current level of new cases per 100,000 population in the past 7 days

Cases

Cases per 100,000 per 7 days*

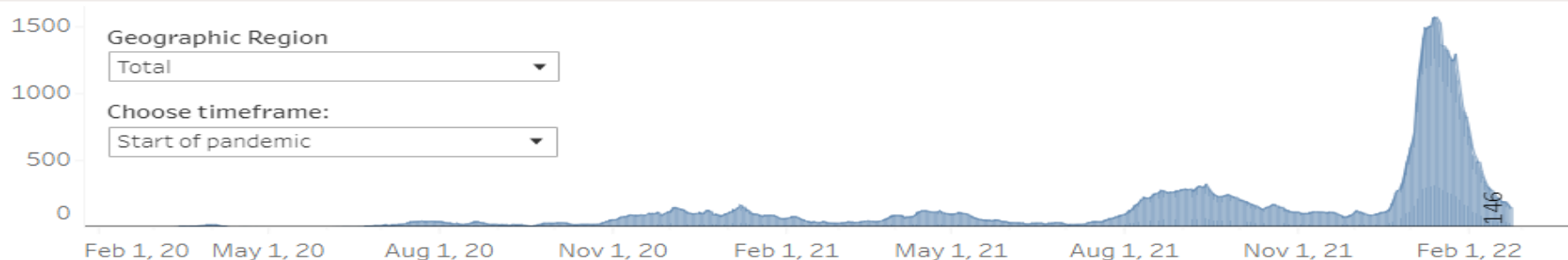
145.8

[Click here to view our weekly data dashboard.](#)

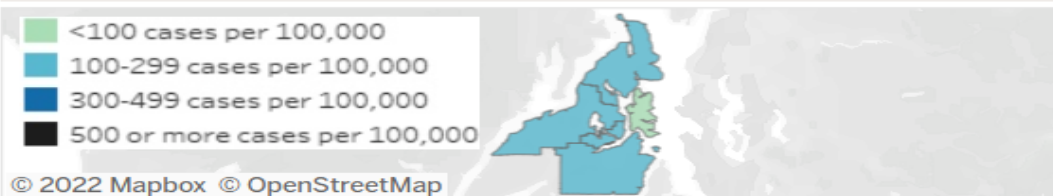
% of total population initiating vaccination, including DoD (updated Thurs)

76.8%

Rate of COVID-19 Cases per 100,000, Past 7 days*, Filter by Geographic Region



Rate of COVID-19 Cases per 100,000 Residents by Geographic Region in Past 7 Days*



Deaths, March 2020 to Present
Current as of 2/27/2022

Deaths**

314

Kitsap County's rate of cases per 100,000 population over 7 days was **146** as of Feb. 28 (includes cases reported through Feb. 23).

Source: Washington Disease Reporting System (WDRS)

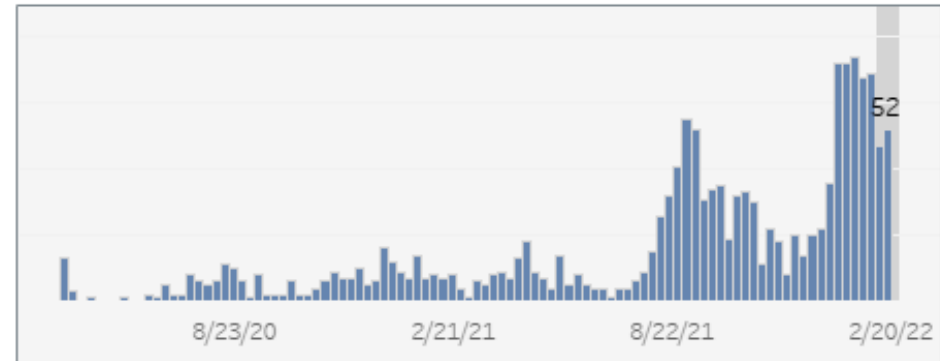


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Hospitalizations

New Hospitalizations, by Week of Admission

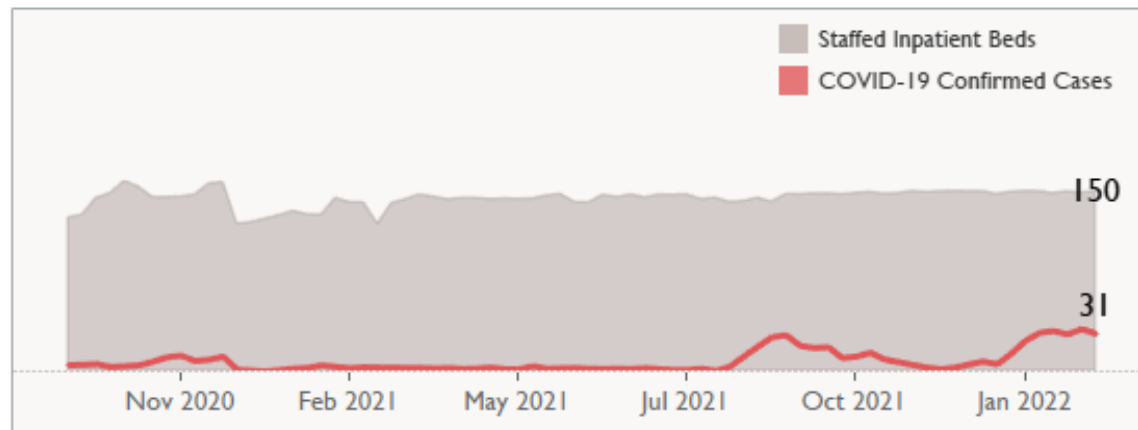
During the week ending **2/19/2022**, **52** COVID-19 hospitalizations among Kitsap County residents have so far been identified, which is a rate of **19** new COVID-19 admissions per 100,000.



Staffed Inpatient Beds*

During the week ending **2/19/2022**, there was an average of **31** COVID-19 confirmed cases per day in Kitsap County facilities, which was **21%** of overall staffed inpatient beds per day on average.

*Refers to acute care staffed beds and does not include ICU, surge, or other beds (such as maternal care beds).



Sources: 1) Washington Disease Reporting System (WDRS) 2) Washington's Healthcare Emergency and Logistics Tracking Hun (WA Health).



KITSAP PUBLIC HEALTH DISTRICT

Kitsap County

COVID-19 Community Level

New Cases (per 100,000 in the last 7 days)	Indicators	Kitsap County (146 cases per 100,000 for the week ending 2/23)	Level	Overall Community Level
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	19 new COVID-19 admissions per 100,000 for the week ending 2/19	Medium 10.0- 19.9	HIGH
	% of staffed inpatient beds occupied by COVID-19 patients (7-day average)	21% of staffed inpatient beds* occupied by COVID-19 patients on average for the week ending 2/19	High ≥15.0%	
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	N/A	≥10.0	
	% of staffed inpatient beds occupied by COVID-19 patients (7-day average)	N/A	≥10.0%	

*Refers to acute care staffed beds and does not include ICU, surge, or other beds (such as maternal care beds).

COVID-19 community level is determined by the higher of the inpatient beds and new admissions indicators, based on the current level of new cases per 100,000 population in the past 7 days

Sources: 1) CDC COVID-19 Community Levels 2) Washington Disease Reporting System (WDRS) 3) Washington's Healthcare Emergency and Logistics Tracking Hun (WA Health).



KITSAP PUBLIC HEALTH DISTRICT

CDC COVID Data Tracker Reporting Discrepancy

- Washington State Department of Health (DOH) has identified a reporting discrepancy between the CDC COVID Data Tracker and the DOH COVID-19 Dashboard.
- DOH is working closely with the CDC to address the issue.
- In the meantime, DOH is advising to use caution when reviewing U.S. COVID-19 Community Levels by County, which underestimates COVID-19 levels in some Washington counties.

CDC's COVID-19 Community Levels

WHAT'S A COVID-19 COMMUNITY LEVEL?

- It's a new tool to help communities decide what prevention measures to take based on the latest data
- Every community in the United States is classified as:

Low

Limited impact on healthcare system, low levels of severe illness

Medium

Some impact on healthcare system, more people with severe illness

High

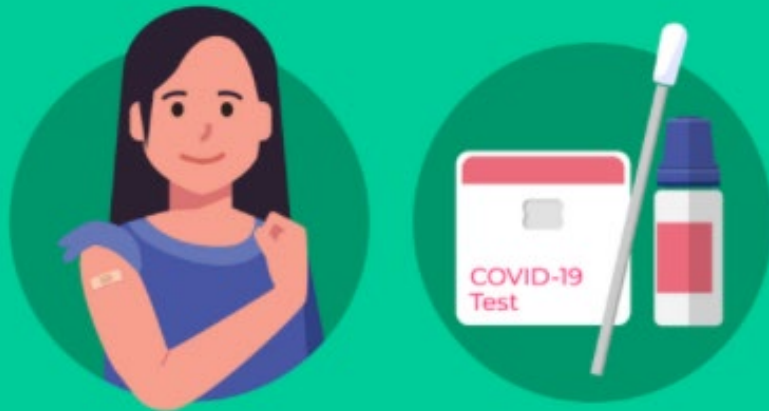
High potential for healthcare system strain; high level of severe illness

CDC's COVID-19 Community Levels

LOW COVID-19 COMMUNITY LEVEL

You should:

- Stay up to date with COVID-19 vaccines
- Get tested if you have symptoms



MEDIUM COVID-19 COMMUNITY LEVEL

You should:

- Talk to your healthcare provider about whether you need to wear a mask and take other precautions if you're at **high risk for severe illness**
- Stay up to date with COVID-19 vaccines
- Get tested if you have symptoms



CDC's COVID-19 Community Levels

HIGH COVID-19 COMMUNITY LEVEL

You should:

- Wear a mask indoors in public
- Stay up to date with COVID-19 vaccines
- Get tested if you have symptoms
- Take additional precautions as needed, if you're at **high risk for severe illness**



REGARDLESS OF YOUR COVID-19 COMMUNITY LEVEL, YOU SHOULD MASK IF YOU HAVE



Symptoms of COVID-19



Positive COVID-19 Test



Exposure to someone with COVID-19



Masking Requirements End 3/12

State Indoor Mask Requirements Starting March 12, 2022

Local governments are still able to enact local mask requirements.

Many individuals will choose to continue to wear masks. Please be kind and compassionate.



Still Required:

- Healthcare and medical facilities, including hospitals, outpatient, dental facilities and pharmacies
- Long-term care settings
- Public transit, taxis, and rideshare vehicles (federal requirement)
- Correctional facilities
- Private businesses and local governments that want to require masks for their employees, customers or residents



*Not Required:

- Schools, childcare facilities and libraries
- Restaurants and bars
- Houses of worship
- Gyms, recreation centers and indoor athletic facilities
- Grocery stores, businesses and retail establishments

*Private businesses can still require masks if they choose. Please respect the rules of the room.



Resources and Final Thoughts

- [CDC COVID-19 by County](#)
- [Say Yes to Test](#) (free rapid antigens from DOH)
- KPHD [Case Rates](#), [Hospitalization](#), [Healthcare](#)
- [Proportion of Individuals with Positive Rapid Antigen Test \(days 5 - 9\)](#)

