

## KITSAP PUBLIC HEALTH BOARD - AGENDA

February 6, 2018  
1:45 p.m. to 3:00 p.m.  
Norm Dicks Government Center, First Floor Chambers  
Bremerton, Washington

- 1:45 p.m. 1. Call to Order  
*Mayor Becky Erickson, Chair*
- 1:46 p.m. 2. Review and Approval of Agenda  
*Mayor Becky Erickson, Chair*
- 1:47 p.m. 3. Approval of January 2, 2018 Meeting Minutes  
*Mayor Becky Erickson, Chair*
- 1:50 p.m. 4. Approval of Consent Items and Contract Updates: See Warrant and EFT Registers and Contracts Signed Report  
*Mayor Becky Erickson, Chair*
- 1:55 p.m. 5. Public Comment  
*Mayor Becky Erickson, Chair*
- 2:05 p.m. 6. Health Officer and Administrator Reports  
*Dr. Susan Turner, Health Officer*

### ACTION ITEMS

- 2:23 p.m. 7. Resolution 2018-01, Approving Updates to Kitsap Public Health Board Bylaws  
*Dr. Susan Turner, Health Officer*

### DISCUSSION / INFORMATION ITEMS

- 2:30 p.m. 8. 2017 Water Quality Report Presentation  
*John Kiess, Environmental Health Director*
- 2:50 p.m. 9. School Technical Advisory Committee – Status Update  
*Jim Zimny, Environmental Health Assistant Director*
- 2:58 p.m. 10. Display of Food Inspection Forms - Update (No packet materials)  
*Jim Zimny, Environmental Health Assistant Director*
- 3:00 p.m. 11. Adjourn

**KITSAP PUBLIC HEALTH BOARD  
MEETING MINUTES  
Regular Meeting  
January 2, 2018**

The meeting was called to order by Board Chair, Commissioner Ed Wolfe at 1:48 p.m.

**REVIEW AND APPROVE AGENDA**

There were no changes to the agenda.

**ELECTION OF BOARD CHAIR AND VICE CHAIR**

Commissioner Wolfe moved and Commissioner Rob Putaansuu seconded the motion to nominate Mayor Becky Erickson as the Kitsap Public Health Board Chair, and Commissioner Rob Gelder as Vice-Chair, for 2018. The motion was approved unanimously.

Commissioner Wolfe passed the gavel to Mayor Erickson to assume her new role as Board Chair for the remainder of the meeting.

**ELECTION OF BOARD COMMITTEE ASSIGNMENTS**

Mayor Erickson reviewed the 2017 committee assignments and asked Board members if they would like to maintain the same committee assignments for 2018.

Mayor Greg Wheeler asked how often the committees meet. Mr. Keith Grellner, Administrator, said the committees will meet as needed. He specified that the Personnel Committee will meet once per month or less for union contract negotiations, the Finance and Operations Committee will meet toward the end of the year to discuss the 2019 budget, and the Policy Committee will meet as needed when the Health District has policies they need to vet before bringing to the full Board.

Mayor Putaansuu moved and Commissioner Charlotte Garrido seconded the motion for Board members to maintain the same committee assignments for 2018 that were held in 2017, with the following exceptions: Mayor Wheeler would participate on the Finance and Operations Committee and Personnel Committee and Kol Medina, if appointed as Mayor of Bainbridge Island, would replace Councilperson Sarah Blossom on the Personnel Committee. The motion was approved unanimously.

2018 Kitsap Public Health Board Officers and Committee Assignments are as follows: Board Chair is Mayor Becky Erickson and Vice Chair is Commissioner Rob Gelder; Finance and Operations Committee members are Mayor Becky Erickson, Commissioner Charlotte Garrido and Mayor Greg Wheeler; Policy Committee will remain Mayor Becky Erickson, Commissioner Rob Gelder and Mayor Rob Putaansuu; Personnel Committee members are Councilperson Sarah Blossom (or her potential replacement Kol Medina), Mayor Greg Wheeler and Commissioner Ed Wolfe.

There was no further discussion.

## **BOARD MEETING MINUTES**

Commissioner Garrido moved and Commissioner Gelder seconded the motion to approve the minutes for the December 5, 2017, regular meeting. The motion was approved unanimously.

## **CONSENT AGENDA**

The January consent agenda included the following contracts:

- 1624 Amendment 1 (1786), *OESD 114, Early Head Start and ECEAP*
- 1734 Amendment 1 (1785), *Olympic Community of Health, Chronic Care*
- 1749, *Washington State Department of Health, Consolidated Contract*
- 1765, *Clallam County, Interlocal Agreement*

Mayor Putaansuu moved and Commissioner Garrido seconded the motion to approve the consent agenda, including the Contracts Update and Warrant and Electronic Funds Transfer Registers. The motion was approved unanimously.

## **PUBLIC COMMENT**

There was no public comment.

## **HEALTH OFFICER/ADMINISTRATOR'S REPORT**

### Health Officer Update:

Dr. Susan Turner, Health Officer, provided the Board with an update on influenza (flu) activity in Kitsap County. Flu activity is on the rise in Kitsap, and is following the same trend as Washington State and the rest of the county, and, so far, the trend is similar to last year's flu season. Dr. Turner said, according to local data, Kitsap has a higher percentage of positive flu tests, higher percentage of emergency department visits due to influenza-like symptoms, and there have been two flu-related deaths in Kitsap. Additionally, two long-term care facilities have reported influenza outbreaks (only one case of flu is considered an outbreak in a long-term care facility). She also noted that Kitsap is not seeing much respiratory syncytial virus this year.

Dr. Turner informed the Board that the Health District received an alert from the Center for Disease Control and Prevention (CDC), through their health alert network, that they recommend prompt antiviral treatment to those at risk of influenza-related complications. Dr. Turner said the Health District will be sending a public health advisory with this information to the local medical community shortly.

Dr. Turner explained that this advisory is based on the predominately circulating virus strain, H3N2, Influenza A. She said H3N2 can be associated with an elevated number of hospitalizations and deaths in individuals aged 65 and older and young children. She also said the Board may recall hearing about a study in Australia that found the flu vaccine had less protection against the H3N2 strain. She reminded the Board that there is no way to know about

that in the United States yet, as she mentioned last month. However, she did note that H3N2 predominated last flu season as well, during which Kitsap County experienced 13 flu-related deaths. Dr. Turner explained that it is still important to get the flu vaccine because it still protects against the other circulating strains. Last year the CDC reported that the vaccine had a 50-60% effectiveness rate for non-H3N2 strains. She said, once a person receives the vaccination, it only takes two weeks for the vaccine to develop antibodies. She said at-risk individuals may want to seek immediate physician evaluation if they exhibit symptoms because the H3N2 strain can lead to more severe symptoms. Therefore, their physician may wish to consider antiviral treatment, even before test results are available. Additionally, she noted it is important to follow the other infection control measures such as washing hands and staying home when feeling sick.

Commissioner Wolfe asked how vaccine producers know which vaccines to produce before the flu season begins. Dr. Turner explained that, because other parts of the world experience their winter before the United States, they also experience their flu season before we do. The CDC and World Health Organization (WHO) monitor world-wide influenza activity to determine the formula for the flu vaccine. She also said the CDC and WHO may alter the planned vaccine based on other regions' flu strains.

Commissioner Gelder commented that this process requires a fair amount of lead time for research, production and distribution. Dr. Turner agreed and said this is why the flu vaccine production is not very nimble, however she also noted that in some cases, the CDC is able to update the vaccine mid flu-season.

There was no further discussion on influenza.

Next, Dr. Turner informed the Board that she had some follow-up information regarding a public concern brought to the Board in June 2017. She explained that concern was expressed about the chocolate milk in school lunches contributing to childhood obesity. She said this concern is not new, and has been expressed by others, so she was pleased with the opportunity to “dig in” to the literature on the topic. With the help of a nursing intern, she was able to research and dig deeper into the issue. She explained that the issue of chocolate and other flavored milks on school lunch menus is not simple and is not just related to the small amount of sugar that is added to the milk.

Dr. Turner said the new federal lunch regulations limit milk served at schools to low-fat (1%) and nonfat milk, including flavored milks. Thus, these beverages are in line with national dietary recommendations for youth. The concern expressed before the Board is linked to the added sugar in some flavored milks. She said, because of the obesity epidemic, the nation has made concerted prevention-related efforts to identify the major contributors to youth obesity—this is where 5210 comes from, the program that many schools in Kitsap have embraced, and now that child care centers in Kitsap are using curriculum to promote. She explained that the “0” in 5210 represents “no sugary beverages”. So, the topic of eliminating sugary beverages from youth diets is not a trivial one—it is critical to our efforts to change the life expectancy trajectory of the current generation of youth.

Dr. Turner explained that chocolate milk is not considered a sugar-sweetened beverage, and when surveys are done asking youth about sugar-sweetened beverage, chocolate milk is not included as an example. She also said that national experts and professional medical societies all agree that chocolate milk is NOT included among the “sugar sweetened beverages”, and most recommend (or are silent on the issue) allowing the consumption of flavored milks in school lunches. The one exception is that the American Academy of Pediatrics recommends that children being treated by a doctor for obesity avoid milk products with added sugar.

She also said that it’s important to note that removing chocolate milk from the lunch menu can be damaging to students. She said the few scientific studies available seem to indicate that when flavored milks are removed from the lunch menu at schools, students stop buying and consuming milk. She received similar feedback from nutritionists and a superintendent in Kitsap. She added that this actually is not a trivial matter as milk is a major source of calcium in children’s diets, and calcium consumption>Especially for girls and especially during adolescence, optimal calcium intake is critical to peak development of bone mass, during the only time “building bone” is possible during a woman’s life.

Thus, Dr. Turner said, removing chocolate milk may endanger children’s health rather than benefiting health. This is especially true for children who may have limited access to calcium-enriched foods at home. She said to be sure, it would be great to have a calcium-containing beverage without added sugar that children readily consume—but at the current time, no practical substitutions exist. In fact, research showed it would take an additional four foods to meet the same calcium levels as chocolate milk, which would cause a large budgetary impact to schools.

Dr. Turner explained that given the current state of the science, the experts do not, and she does not recommend removing chocolate milk from school lunches. She said she had a handout with additional information that she would be happy to share with the Board, if they were interested.

Commissioner Garrido asked if this information was made available to the woman who made the public comment in June. Dr. Turner confirmed this, but noted that Ms. Amber Ellis has moved out of the area, where she is advocating at the state level for healthier school lunches.

Mayor Wheeler asked if Dr. Turner spoke with superintendents within or outside of Kitsap County. Dr. Turner clarified that the superintendents she spoke with were in Kitsap County, and she reached out to inform them that she would be sharing this information with the Board.

There was no further comment.

Administrator Update:

Mr. Grellner wished the Board a Happy New Year and welcomed Mayor Wheeler to the Board. He also thanked Commissioner Wolfe for his service as 2017 Board Chair, and said the Health District looks forward to working with Mayor Erickson as 2018 Board Chair. Lastly, he thanked Councilperson Blossom for her six years on the Board.

Next, Mr. Grellner provided the Board with an update on State Legislature, which will begin session again soon. Mr. Grellner said Health District staff have already been in contact with several legislators, in addition to sending out their 2018 Legislative and Rulemaking Priorities, which the Board approved in November. There are several bills carried over from 2017 that Health District staff are monitoring. He explained that almost all of those bills are environmental health related, and that septic systems continue to be a hot discussion topic with the legislature. He said these bills seem to be spearheaded by constituents in the state who are dissatisfied with how things are run in their own jurisdiction. This is currently occurring with a bill related to onsite operations and maintenance and how local health jurisdictions fund those programs (essentially asking government to do less oversight, despite mandates). He also noted a bill that is on the opposite end of the spectrum, where the group is asking government to do more oversight and work without funding. Mr. Grellner said he will keep the Board updated throughout the legislative session, and that Health District staff hope their work on legislation will reflect in something positive for our county.

Mr. Grellner said there are also several bills regarding food and food protection. He explained that one of the bills is about internet companies. He reminded the Board that in September, he shared a letter that Kitsap, Snohomish, King, and Pierce Counties jointly wrote to ask the State Attorney General to investigate an internet company by the name of Josephine. The company encourages individuals to prepare and cook meals in their homes to sell, which violates state food regulations, because those kitchens are not permitted. He expects this bill to be brought back to the legislature this year and Health District staff will be working it. Another bill is regarding food that could be provided to those in need or the homeless. He explained that some food regulations pose barriers to this due to food safety concerns. The Health District understands both perspectives and is working with state legislature to find common ground around this issue.

Mr. Grellner also informed the Board that the state secure medicine return (SMR) bill will be brought back to the legislature this year. He reminded the Board that Kitsap County has a SMR program, along with Snohomish, King and Pierce Counties and the city of Bellingham. All of these jurisdictions follow the same program outline. He said the Health District would support a bill for statewide SMR as long as it doesn't preempt the rules already in place by the jurisdictions with SMR programs.

Lastly, Health District staff are expecting bills regarding safe injection sites at the legislation this year. Mr. Grellner told the Board that multiple cities within King and Pierce Counties have already passed local rules prohibiting safe injection sites. He explained the Health District doesn't have a position on this policy, however staff are concerned that needle exchange program bans may be tied to the bill. The Health District currently operates a needle exchange program.

Mayor Wheeler asked if the Health District provides an annual update to the Board on the needle exchange program. Mr. Grellner said the Health District has not provided an annual needle exchange update, but noted that it was last discussed with the Board in the fall as it related to the

budget. Mr. Grellner said staff would provide an update in the near future. Mayor Erickson agreed that a needle exchange update would be beneficial.

Commissioner Garrido commented that she just screened a film regarding food waste at the Sustainable Cinema. She said the film talked about waste from a variety of sources, including grocery stores and explained that it seems there is broad window of usability that could be investigated. Mr. Grellner said the Health District shares that concern, and explained that most, if not all, Kitsap County foodbanks have arrangements with grocery stores to utilize surplus food. Additionally, he noted that some of the Health District's chronic disease prevention staff work on a local gleaning program. He said Kitsap may be doing better than other counties, but agreed that there is always room for improvement. Commissioner Garrido also said it would be helpful to spread awareness about the issue by talking about it more publicly. Mr. Grellner agreed.

There was no further comment.

#### **RESOLUTION 2018-01, APPROVING UPDATES TO KITSAP PUBLIC HEALTH BOARD BYLAWS**

Mr. Grellner approached the Board regarding Resolution 2018-01, Approving Updates to Kitsap Public Health Board Bylaws. He explained that the Health District has undergone several changes since the last time the Board Bylaws and Board Budget Policy had been updated. He said the meeting packets included a strike out / underline version of the changes suggested for the Board Bylaws, as well as a clean version of the revised Board Bylaws for approval. He said the Board may or may not wish to make a motion to approve the new Bylaws today.

Commissioner Garrido said her preference was to table the Bylaws for one month before taking action. She said the Bylaws outline the responsibilities of the Health Officer and the Administrator, but she would also like the Bylaws to state clearly what parallels and coordination exist between the two positions. Mr. Grellner explained that the Bylaws cite the state laws and position descriptions that pertain to the Health Officer and the Administrator, who are both contracted, at-will, employees for the Board. He explained the Health Officer and Administrator follow legal mandates and report to the Board each month. He also explained that these two positions were previously combined into one, which was too heavy of a workload for a single position, and therefore the Board opted to divide the work between two positions. He said the Health Officer is in charge of enforcing state law and state code, while the Administrator is the executive secretary to the Board and chief executive officer to the Health District. He said that he and Dr. Turner have adjacent offices and meet weekly. Additionally, he said the executive leadership team (ELT) meets one to two times per month and the managers meet with the ELT monthly.

Commissioner Garrido thanked Mr. Grellner for the detailed explanation of Health Officer and Administrator positions. She said she is still seeking specification in the Bylaws of how the two positions work together, and requested Mr. Grellner add a line clarifying this. Mayor Erickson agreed and noted that the description of the Health Officer is vague and only refers back to the Revised Code of Washington (RCW).

Commissioner Gelder commented that it is difficult to keep the Bylaws up to date with RCW, which can change often, and said simply citing the RCW is a good way to ensure the Bylaws stay up to date with code. He said he is comfortable moving forward with this document today. Additionally, he asked if the Bylaws had undergone legal review. Mr. Grellner said the original document underwent legal review, but said the current draft has not undergone legal review because he made any substantial legal changes to the document.

Mayor Erickson said the Board could wait to review for one month while the Health District makes the suggested changes and sends the draft for legal review. She also asked if the Health District has a list of RCW and Washington Administrative Codes (WAC) that can be referenced alongside the document. Mr. Grellner said the board orientation packet includes the list of mandates, but that the list needs to be updated and that he would bring that updated list back to the board when completed sometime in the next month or two.

Dr. Turner also noted that the list is located on the Health District website with other Board documents.

Mr. Grellner said he would expand the description of roles in the bylaws, send the draft for legal review, bring back for the Board's review in February.

There was no further comment.

### **RESOLUTION 2018-02, APPROVING UPDATES TO KITSAP PUBLIC HEALTH BOARD BUDGET POLICY**

Mr. Grellner approached the Board regarding Resolution 2018-02, Approving Updates to Kitsap Public Health Board Budget Policy. He explained that the Board Budget Policy had not been updated since 2011. He said their packets included a strike out underline version of the changes suggested for the Board Budget Policy, as well as a clean version of Board Budget Policy for approval. He also said this draft had not undergone legal review.

Mayor Erickson said this document was straightforward and asked the Board if they were comfortable approving it today. Commissioner Gelder agreed and said he was comfortable approving the document.

Mayor Putaansuu moved and Commissioner Gelder seconded the motion to approve Resolution 2018-02, Approving Updates to Kitsap Public Health Board Budget Policy. The motion was approved unanimously

There was no further comment.

## **HEALTH DISPARITIES REPORT**

Ms. Maya McKenzie, Epidemiologist, presented a PowerPoint to the board regarding health disparities in Kitsap County. Ms. McKenzie explained that this presentation is based off the Health Disparities Report, which should be released at the end of the month. The Health Disparities Report provides a deeper dive into the 2017 Indicators Report that the Board received in September of 2017, by looking at subcategories to identify differences between rates and percentages (disparities).

Ms. McKenzie reviewed the definitions of health, determinants of health, and health disparities. She explained that the indicators were divided into three subcategories: gender, race and ethnicity, and sexual orientation. The reference groups within each subcategory were: male, white, and straight populations, respectively. All other groups were compared to the reference groups. Age groups from infancy through late adulthood were referenced, but no comparisons were made between age groups.

Ms. McKenzie said there were gender disparities in every age categories and occurred in both male and female categories. The disparities for women were mainly socioeconomic and health related, whereas the disparities for men were mainly health related and occurred in middle to late adulthood.

Disparities among females showed:

- Girls were enrolled less into early education programs
- Adolescent girls reported less that they had an adult to turn to when feeling sad or hopeless
- Women in early adulthood had more drug related hospitalizations
- Female residents reported more that they were living in poverty
- There is a relatively large poverty gap between women and men in late adulthood
- There is a large gap in prevalence of smoking between women and men in late adulthood

Disparities among males showed:

- Men in early adulthood reported less that they had health insurance
- Men in middle adulthood had more diabetes related hospitalizations and reported more not being at a healthy weight. This was also true for males in late adulthood

Ms. McKenzie said there were race and ethnicity disparities in every age category, and that Non-White Kitsap residents had the most identified disparities, followed by Hispanic/Latino residents. She explained that disparities ranged from socioeconomic, social, and health behavior to health outcome factors.

Disparities among the Non-White subgroup showed:

- Non-White infants had more incidences of infant mortality and being low birthweight
- Non-White adolescents reported more being physically hurt by an adult on purpose and reported less being able to turn to an adult when feeling sad or hopeless

- Non-White women in early adulthood reported less that they started prenatal care in their first trimester of pregnancy
- They also reported less that they have health insurance and that they did not have activities limited due to poor physical or mental health during the last 30 days
- Non-White residents in middle adulthood reported less that people in their communities do favors for each other often or very often
- Overall, Non-White residents reported more living in poverty

Ms. McKenzie said the disparities for Hispanic/Latino subgroup followed similar trends to the Non-White subgroup and showed:

- Hispanic/Latino women in early adulthood reported less that they started prenatal care in their first trimester of pregnancy
- They also reported less that they have health insurance in early and middle adulthood
- Overall, Hispanic/Latino residents reported less having more than a high school education and reported more that they were living in poverty

Ms. McKenzie said that the disparities in the sexual orientation subgroup were identified in adolescents due to limited data available. She said several data sources do not ask about sexual orientation, and the numbers were too small to report.

Disparities in the LGBTQ subgroup showed:

- LGBTQ adolescents reported more being physically hurt by an adult on purpose and reported less being able to turn to an adult when feeling sad or hopeless
- They also reported more that they smoke cigarettes

Ms. McKenzie said, in summary, that disparities were identified within gender, race and ethnicity, and sexual orientation, that disparities were in social, socioeconomic, and health outcome factors, and disparities were present in every age category. She said that, although this data was a snapshot of indicators and subgroups, if the data is indicative of ongoing patterns, it is imperative to consider if these differences are due to inequity, and to understand how disparities seen in childhood relates to outcomes seen in adulthood in order to prevent adverse health outcomes. As an example, she posed the question: Will the girls who report not being able to turn to an adult when feeling sad or hopeless later end up being the women in early adulthood who experience drug related hospitalization?

Commissioner Gelder asked if Health District staff are able to compare Adverse Childhood Experiences (ACEs) data with these disparities to determine if ACEs are a contributing factor. Ms. McKenzie said there is currently data on ACEs, however there is not enough data to track trends over time, and over the lifespan of an individual. Commissioner Gelder asked if systems are in place now to better track data over the lifespan of an ACEs individual. Ms. McKenzie said she is unsure, but that staff may be able to begin identifying patterns over time that may be associated to ACEs. Commissioner Gelder also said that it would be really useful to track this information as there is so much work being done in the county right now around ACEs.

Dr. Turner explained that this would involve a very complex and expensive study. She also said that staff rely on data from scientific studies that link those two things over time, but for example, the Healthy Youth Survey (HYS) study is not linked to the Behavioral Risk Factor Surveillance System (BRFSS) study, so it is not possible to identify the individuals from both studies as the same individuals.

Ms. Katie Eilers, Director of Community Health, told the Board that the disparities in Ms. McKenzie's presentation are indicative of underlying health inequities that need to be addressed. She said that Health District staff don't have the resources to follow cohorts of adolescents that may have been exposed to childhood trauma across their life course. However, staff can project some risk burden from other retrospective studies. She also said staff can see changes in the local disparities data due to addressing some of the underlying health equity issues.

Ms. Eilers also introduced Ms. McKenzie to the Board as a new epidemiologist who joined the staff in 2017. Ms. McKenzie has expertise in disparities and analyzing data around equity issues. Ms. Eilers also said this disparities report is the first of its kind done by the Health District, and is pivotal to understanding and addressing disparities in our county.

Mayor Erickson commented that the presentation provided some sad information about our community, but it raises the question: "What are we going to do about it?" Ms. Eilers said as a public health agency, it is the Health District's unique charge to figure out what to do about health equity issues. She reminded the Board that this data in the Kitsap Community Health Priorities (KCHP) process in 2014, led to the selection of ACEs as a top health priority. The Kitsap Strong collective impact network was created out of this. Ms. McKenzie is the contracted epidemiologist for the collective impact initiative and her work is informing their process. The Perinatal Task Force is also doing work around the infant mortality in non-white subgroup disparity data.

Dr. Turner said she could foresee this data informing the next KCHP prioritization process. She also expects more analysis over economic factors, which are very influential on health outcomes. She said the infant mortality data is distressing but not new and that Kitsap County's comparative rates are worse than Washington State and the United States. She said the Perinatal Task Force is starting to discuss this issue with partners who are also concerned about perinatal health and are starting to consider review and investigation of fetal infant mortality. She said the very first action must be creating public awareness and concern about this issue and that this is the first release of information from the report, and it will take time to share the report with the community to get the conversation going.

Mr. Grellner said this is inherently going to be a difficult process because it highlights problems within our community. He reminded the Board that this is a community-wide problem that needs to be addressed by a group much wider than by just the Health District. He also said that this is a worsening issue and it's time for an open and honest discussion that needs to start locally. He said Ms. McKenzie has done an excellent job on this report to raise awareness with the data.

There was no further comment.

## ADJOURN

There was no further business; the meeting adjourned at 2:48 p.m.

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**Becky Erickson**  
**Kitsap Public Health Board**

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**Keith Grellner**  
**Administrator**

**Board Members Present:** *Councilperson Sarah Blossom, Mayor Becky Erickson; Commissioner Charlotte Garrido; Commissioner Rob Gelder; Mayor Rob Putaansuu; Mayor Greg Wheeler; Commissioner Ed Wolfe.*

**Board Members Absent:** None.

**Community Members Present:** Pam Hamon, *League of Women Voters - Kitsap*; Tad Sooter, *Kitsap Sun*.

**Staff Present:** Amy Anderson, *Public Health Educator, Public Health Emergency Preparedness and Response*; Angie Berger, *Administrative Assistant, Administration*; Karen Bevers, *Communications Coordinator and Public Information Officer*; Katie Eilers, *Director, Community Health Division*; Keith Grellner, *Administrator, Administration*; Jessica Guidry, *Manager, Public Health Emergency Preparedness and Response*; Karen Holt, *Program Manager, Human Resources*; John Kiess, *Director, Environmental Health Division*; Melissa Laird, *Manager, Accounting and Finance*; Maya McKenzie, *Epidemiologist 1, Assessment and Epidemiology*; Susan Turner, *Health Officer, Administration*.

# MEMO

**To:** Kitsap Public Health Board  
**From:** Keith Grellner, Administrator  
**Date:** February 6, 2018  
**Re:** Administrator's Report for February 6, 2018

Please find herein a written Administrator's Report for today's meeting. I will not be at today's meeting because I am attending a "Public Health Leader to Leader" meeting in Lacey with the administrators from the other local health jurisdictions (LHJs) throughout Washington state, along with representatives from the Department of Health (DOH) and Washington State Association of Local Public Health Officials (WSALPHO). The all-day meeting is a forum to strengthen the relationships among LHJs, and between LHJs and DOH, to better manage change related to insufficient funding of core public health programs and health transformation work surrounding the Foundational Public Health Services.

## Welcome Mayor of Bainbridge Island Kol Medina

Mayor Kol Medina is replacing Sarah Blossom as our representative for Bainbridge Island. Welcome Mayor Medina!

## Health District Spring All Staff Meeting

We will be holding a series of three brief All Staff Meetings this Spring. The objectives of the meetings are to: 1) Explore, discuss, and share WHY we are committed to public health and the Health District, and how we can collectively make Kitsap a safe and healthy place to live, learn, work, and play (i.e., how to make our [Vision](#) come true); and 2) Strengthen the harmony and ties between our Administrative Services, Community Health, and Environmental Health divisions.

The meeting dates and times are:

1. February 28<sup>th</sup>, 8 to 9 a.m.
2. March 29<sup>th</sup>, 8 to 9 a.m.
3. April 24<sup>th</sup>, 8 to 10 a.m.

The Health District will be closed during these three short meetings. We will be notifying the public and our stakeholders as we get closer to each of these dates.

State Legislature Update

Please see Attachment 1 for a legislative update from WSALPHO.

Safe Firearm Storage Giveaway Event on March 3, 2018

The Health District is partnering with Seattle Children’s Hospital, CHI Franciscan Health Harrison Medical Center, Safe Kids Kitsap County, Kitsap Community Suicide Prevention Coalition, Lok It Up, and Sportsman’s Warehouse to host a safe firearm storage community event giveaway to promote the safe storage of firearms.

The event will be held on March 3<sup>rd</sup>, from 10 a.m. to 1 p.m. at Sportsman’s Warehouse in Silverdale, 9577 Ridgeway Blvd.

The event will giveaway lock boxes, trigger locks, and cable locks to persons 18 years and older. Several Health District staff, including myself, will be volunteering at the event. For more information, go to: <http://www.seattlechildrens.org/classes-community/community-programs/gun-safety/>

Thanks to Crystal Nuno of our Chronic Disease Prevention Program for helping to put this event together.

If you have any questions or concerns about these items, please contact me at (360) 728-2284, or [keith.grellner@kitsappublichealth.org](mailto:keith.grellner@kitsappublichealth.org).

**Attachment 1**  
**Public Health Legislative Update for February 6, 2018 (From WSALPHO)**

## **Public Health Bulletin- Week Three**

The legislature will reach its first self-imposed deadline this coming Friday, February 2nd whereby non-fiscal bills must advance from the policy committee to remain alive. Committee chairs continue to pass bills “as works in progress” to make sure the bills don’t die in the policy committee.

The state’s **Revenue And Economic Forecast** will be released on February 15th, and at that time, budget writers will fine-tune their supplemental budgets. The revenue forecast is expected to be favorable, with significant increases in forecasted revenue growth over the next 4 years. The House and Senate proposed budgets will be released in mid-to-late February, and at that time, any accompanying tax bills that may be needed to fund the respective budgets. With mid-term elections occurring in 2018, support in either chamber for a major tax increase this session is not expected.

Democrats in charge of the Senate for the first time in five years are working quickly to address some of their priority issues including regulation of firearms, repeal of the death penalty, prohibiting "conversion therapy" and other hot button topics. Democratic majorities in both Houses are working on legislation to address greenhouse gas emissions. While many Republicans support the goals, they have major concerns about the impacts on the state’s economy of the various bills being considered.

Last week, the Senate approved a bill, [SB 5992](#) (Sen. Van De Wege), to ban **Bump Stocks**, the type of rapid-fire trigger modification that entered the national consciousness after last fall’s mass shooting in Las Vegas. A “bump stock” replaces a rifle’s standard stock, which is the part held against the shoulder. It frees the weapon to slide back and forth rapidly, harnessing the energy from the kickback shooters feel when the weapon fires. SB 5992 bans the manufacture and sale of bump stocks in Washington, and also bans the possession of bump stocks beginning in July 2019.

Also last week, a Thurston County judge ruled that records such as lawmakers’ emails, work calendars and staff complaints involving legislators are subject to **Public Disclosure**. The Legislature has long argued that it was exempt from the state Public Records Act, and allowed state lawmakers to withhold this information. A coalition of media organizations sued in Thurston County Superior Court that the records should be subject to the state’s Public Records Act and this recent decision was a big win for public disclosure advocates. In response, two bills were introduced to require disclosure. [HB 2255](#) (Rep. Graves) has not been scheduled for a hearing and [SB 6139](#) (Sen. Miloscia) is scheduled for a hearing in the Senate Committee on State Government, Tribal Relations & Elections on January 31. This bill includes a requirement that the courts make their records public as well.

## **Bills/Items of Interest**

State funding for local **Group B Water Programs** is in jeopardy and a supplemental budget request is being made by DOH, WSALPHO and WSAC. DOH has provided funding for local Group B water programs for the last year. This funding helped LHJs in NE Tri, Okanogan, Lincoln, Grant, Klickitat, and Grays Harbor establish their own programs. Funding was also provided to LHJs with existing Group B programs to help them sustain and improve their programs. Local programs can provide flexibility and benefits that the state cannot provide. There is concern that several LHJs will curtail their Group B programs unless state funding is provided. The request is \$1M (\$500,000 per year). LHJs are encouraged to let your leadership and legislators know the benefits of the programs and the need to support DoH's Support Local Water Systems budget request. The request is not included in the Governor's budget.

[SB 6529](#) (Sen. Saldana) protects agricultural workers and community members from pesticides. The proposal requires growers to give DOH up to a seven-day notice every time they **spray pesticides**. The premise of, according to its preamble, is that pesticide applications are a "consistent source of pesticide exposure and pose significant risks to community members." Other provisions of the bill would require making public each month the type and amount of pesticide applied for each spraying. Farmers and pesticide applicators not filing the right information could be fined \$7,500. Farmers objected to having to reveal their management practices to competitors. They also said they were worried the information would be used against them in lawsuits. The bill is not expected to advance and the bill sponsor noted her desire to work with the agriculture community to refine the proposal for the next session.

[HB 2420](#) concerns **on-site sewage systems** and executive action still has not been taken. The proposed amendment developed by EPHD, DOH, and SBOH specifies the types of systems and natural environments that require a monitoring or maintenance contract. The amendment is expected to be adopted when the bill is considered for action.

[HB 1562](#) (Rep. Gregerson) is a bill from last session continues the work of the **Food Policy Forum**, a food system roundtable created in 2016. The bill passed the House in 2017 only to see it stall in the Senate with a Republican Coalition majority. It has been reintroduced and scheduled for a hearing on January 29 in the House Appropriations Committee. The bill would establish The Washington Food Policy Forum as a public-private partnership to develop recommendations to advance the following food system goals:

- increase direct marketing sales and consumption of Washington-grown foods;
- expand and promote programs that bring healthy and nutritious Washington-grown foods to Washington residents;
- examine ways to encourage retention of an adequate number of farmers for small scale farms, meet the educational needs for the next generation of farmers, and provide for the continued economic viability of local food production, processing, and distribution in the state;

- reduce food insecurity and hunger in the state;
- and identify ways to improve coordination and communication among local food policy entities and communication between the local food policy entities and state agencies.
- The Forum's recommendations must be submitted to the Legislature by October 29, 2018.

[HB 2639](#) (Rep. Buys) would exempt certain **mobile food units** from state and local regulations pertaining to commissaries or servicing areas. On WSALPHO's legislative call, participants thought that the intent of this bill is workable and will suggest minor language changes to add clarity. The bill is scheduled for a hearing in the House Committee on Health Care & Wellness on January 30th.

[HB 2658](#) (Rep. McBride) restricts the use of perfluorinated and polyfluorinated (PFAS) chemicals in **food packaging** beginning in 2021. It also requires an alternative assessment to be completed by the Department of Ecology by 1/2020. Toxic Free Future, Clean Production Action, Zero Waste Washington, the Hospitality Association and several physicians testified in support of the legislation. Opponents testified that the bill is too broad and that the Department of Ecology is already pursuing a chemical action plan on PFAS chemistries so action should await the CAP's review. Some proponents requested that adequate time be provided to exhaust inventory before purchasing new packaging.

[HB 2779](#)/SB 6485 (Rep. Senn/Sen. Warnick) improves **Access To Mental Health** services for children and youth. This bill is a product of the child mental health legislative workgroup created in 2016. HB 2779 advanced unanimously from the policy committee and has been referred to House Appropriations. SB 6485 is scheduled for a hearing in the Senate Committee on Human Services & Corrections on January 30th. In summary, the bill recommends:

- Reestablishing the Children's Mental Health Work Group through the year 2020.
- Allowing provider reimbursement for supervision and partial hospitalization and intensive outpatient treatment programs.
- Directing the HCA and the DCYF to develop strategies for expanding home visiting.
- Requires the DCYF to provide infant nurse consultation for child care providers in two regions.
- Establishes an additional residency in child psychiatry at the UW.
- Directs an advisory group to make recommendations regarding parent initiated treatment.
- Requires the delivery of mental health instruction in two high school pilot sites.

A variety of bills that respond to the state's **Opioid Epidemic** continue to float around and be discussed. Friday's cutoff will determine which vehicles will continue to be discussed and it is still anticipated that one of the Governor's request bills (HB 2489/SB 6150) will be the vehicle that addresses the different approaches (treatment services, PMP, prescription limits, etc). These bills are scheduled for executive action this week:

- [HB 2489](#)/SB 6150 is an opioid use disorder bill (Governor request ) that includes: a focus on treatment and prevention, Naloxone standing order at DOH, improved data systems and technology for overdosing and strengthening the PMP. This bill will most likely include agreed upon provisions from the other opioid proposals. State agencies, patient groups and various medical associations generally support this bill over other similar proposals.
- [HB 2572](#) prohibits certain health plans and BHOs from requiring, under certain circumstances, an enrollee to obtain prior authorization for substance use disorder treatment. It Mandates coverage for up to 14 days of acute treatment and clinical stabilization services for substance use disorders.
- [HB 2586](#) concerns graded dosage packets for Schedule II and III drugs. "Graded dosage pack" means a clearly delineated three, five, or seven day pharmaceutical regimen, that may include multiple strengths of the same narcotic packaged in a consumer-friendly, child-resistant form by the manufacturer. The bill is scheduled for a hearing in the House Committee on Health Care & Wellness on January 23.
- [SHB 1047](#) protects the public's health by creating a system for safe and secure collection and disposal of unwanted medications. Almost identical to local programs, the bill requires manufacturers that sell drugs in the state to operate a drug take-back program and to collect and dispose of prescription and over-the-counter drugs from residential sources. The bill is on the House floor calendar and is eligible for a floor vote. A handful of amendments will be entertained and only two are expected to be adopted: A sunset date of ten years will be applied and local program will have 12 months, instead of 18 months, to fold their local program into the state program. The sponsor accepted these amendments in order to attract more support for the bill.

### **Tobacco 21/Vapor Tax**

- [HB 1054](#) (Rep. Harris) moved from House Finance Committee on mostly party line vote. One republican (Rep. Nealey) voted with the majority to pass the bill. The fiscal note had been amended and reduced the note to \$2.6 million in first fiscal year.
- [HB 2165](#) (Rep. Harris) taxes vapor products, e-cigarettes, and nicotine products at 60%. This bill also moved from House Finance Committee on mostly party line vote. One republican (Rep. Nealey) voted with the majority to pass the bill.
- [SB 6048](#)(Sen. Kuderer) is identical to the HB 1054. The Senate Health Care Committee plans to take executive action this week.
- [SB 5025](#) (Sen. Miloscia) is the T21 proposal from last session. It is scheduled for a hearing in the Senate Labor and Commerce Committee on February 1.

# MEMO

**To:** Kitsap Public Health Board  
**From:** Keith Grellner, Administrator  
**Date:** February 6, 2018  
**Re:** Resolution 2018-01, Approving Updates to Kitsap Public Health Board Bylaws

Please find attached for your review, comment, and consideration revised drafts of the Kitsap Public Health Board Bylaws. Two versions of the revised Bylaws are included in your packet: one in strikeout/underline, and one clean copy of the updated Bylaws with revisions accepted; also included in your packet is proposed Resolution 2018-01, Approving Updates to Kitsap Public Health Board Bylaws.

A first draft of revised Bylaws was presented to the Board for consideration during your regular meeting on January 2, 2018. During the meeting, Commissioner Garrido requested clarification about the Health Officer's role, and clarification about how the Health Officer and Administrator work together. The Board agreed to table action on the revised Bylaws to allow time to address this request.

Dr. Turner and I have worked with Commissioner Garrido to address her request, and we believe that the attached draft of the Bylaws satisfactorily resolves these concerns (please see Articles VI and VII). The draft Bylaws have been reviewed by our legal counsel.

**Recommended Action:**

The Health Board may wish to consider making and taking the following action:

*The Board moves to approve Resolution 2018-01, Approving Updates to Kitsap Public Health Board Bylaws.*

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

Attachments:

1. Updates to Kitsap Public Health Board Bylaws w/ Strikeout/Underline Revisions
2. Updated Kitsap Public Health Board Bylaws (Clean Version)
3. Resolution 2018-01, Approving Updates to Kitsap Public Health Board Bylaws

## KITSAP PUBLIC HEALTH BOARD

### BYLAWS

#### ARTICLE I - NAME

The name of this organization shall be the Kitsap Public Health Board, hereafter referred to as "Public Health Board".

#### ARTICLE II - PURPOSE

The primary purposes of the Public Health Board are (1) to serve as the governing body of the Kitsap Public Health District; (2) to unite the municipalities and the county in a cooperative effort to supervise all matters pertaining to the preservation of the life and health of the citizens within its jurisdiction; (3) to comply fully with and enforce the public health statutes of the state and rules promulgated by the state board of health and the state secretary of health~~the requirements of all applicable chapters of Title 70, Revised Code of Washington~~; and (4) to create and promote prudent public health policy within the District. (See RCW 70.05, Local Health Departments, Boards, Officers – Regulations).

#### ARTICLE III – PUBLIC HEALTH BOARD/HEALTH DISTRICT ESTABLISHED

On November 3, 1947, pursuant to Chapter 183 of the Laws of 1945, the Kitsap County Commissioners approved a resolution establishing the Kitsap County Board of Health, and the Health District, and solicited membership from the incorporated cities in Kitsap County. The Kitsap County Health District was reaffirmed in 1996 in accordance with RCW 70.46 by individual ordinances adopted by the Kitsap County Commissioners and the legislative bodies of each of the incorporated city members of the Board of Health. Kitsap County reaffirmed the existence of the District in 2010 through Ordinance 455-2010. The District's name was changed to the Kitsap Public Health District by Kitsap County Ordinance Number 475-2011 in 2011. In 2011, the Public Health Board also approved this name change for the District, and approved a name change for the Board --- from the Kitsap County Board of Health to the Kitsap Public Health Board --- by Public Health Board Resolution 2011-04. The Public Health Board was reaffirmed and established through Kitsap County Ordinance 524 in 2015.

#### ARTICLE IV – MEMBERSHIP ~~(RCW 70.46.031)~~

1. In accordance with Chapter 70.46.031, Revised Code of Washington, and Kitsap County Ordinance 524-2015, the Public Health Board shall consist of the following seven (7) voting members: three (3) Kitsap County Commissioners; and the Mayor or a Councilmember as appointed by each of the cities of Bremerton, Bainbridge Island, Port Orchard, and Poulsbo. Each city may also appoint an alternate Public Health Board member. An alternate may attend any Public Health Board meeting but is not entitled to vote unless the regular member to whom the alternate is delegated is absent from that meeting. An alternate member may

also participate on committees, so long as the regular member to whom the alternate is delegated is not present during the committee meeting. The Public Health Board shall have the authority to establish and define non-voting categories of community members on the Public Health Board.

2. The term of each Public Health Board member and each alternate shall begin at the first Public Health Board meeting ~~of the calendar year in which~~ after they are ~~elected~~ sworn into office or appointed by their legislative body. Terms run concurrent with the elected official's term of office or as approved annually by the individual cities' legislative bodies.
3. In order to assure representation as outlined in Article IV, Section 1, vacancies on the Public Health Board shall be filled ~~as quickly as possible within 30 days~~ by appointment by the legislative body of the City or County whose representative is vacating a Board position- (See RCW 70.05.040).

#### **ARTICLE V - LEGISLATIVE POWERS, DUTIES AND FUNCTIONS ~~(RCW 70.05)~~**

1. The authority of the Public Health Board shall be as prescribed by ~~the laws of the State of Washington~~ RCW 70.05.060 and RCW 70.46.060.
2. The Public Health Board shall appoint a Health Officer pursuant to RCW 70.05.050 who shall serve in accordance with RCW 70.05. ~~050~~ 070. It is preferred that the Health Officer shall be a qualified physician trained and experienced in public health, but may have other ~~qualifications provided~~ qualifications provided in RCW 70.05.050. ~~through RCW 70.05.055.~~ The Public Health Board shall evaluate the performance of the Health Officer biennially.
3. The Public Health Board shall set the Health Officer's compensation per RCW 70.05.050.
4. The Public Health Board may appoint an Administrative ~~or~~ Officer pursuant to RCW 70.05.040 in addition to, and separate from, the Health Officer to serve as Executive Secretary to the Board in accordance with RCW 70.05.045. If an Administrator is appointed, the Public Health Board shall evaluate the performance of the Administrator biennially.
5. The Public Health Board shall set the Administrator's compensation, ~~if an Administrator is appointed.~~
6. The Public Health Board will annually review and approve the Health District's finances and budget to carry on public health services.
7. ~~At least annually, the~~ The Public Health Board shall review and approve a fee schedule for services provided by the Health District pursuant to RCW 70.05.060 and in accordance with Public Health Board budget policy.
8. The Public Health Board ~~will~~ shall receive regular reports from and through the Health Officer, and the Administrator ~~if appointed,~~ on the activities of the District.

~~9.~~ The Public Health Board will shall enforce through the local health officer and administrator the public health statutes of the state and rules promulgated by the state board of health or secretary of health. The Public Health Board shall enact such local rules and regulations as are necessary in order to preserve, promote and improve the public health and provide for the enforcement thereof. (Note: See RCW 70.05.060). promulgate regulations for the control of communicable diseases and other public health concerns in conformity with the provisions of the laws of the State of Washington and regulations promulgated by the State Board of Health.

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~~10.~~ The Public Health Board shall supervise the maintenance of all health and sanitary measures for the protection of public health; provide for the control and prevention of any dangerous, contagious, or infectious disease; and provide for the prevention, control and abatement of nuisances detrimental to the public health within its jurisdiction.

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~~9.11.~~ The Public Health Board shall make reports to the state board of health through the local health officer and administrator as required by the state board of health.

~~10.12.~~ The Public Health Board may hear testimony from persons or groups appearing before it at regular meetings.

~~11.13.~~ Through the Health District, the Public Health Board shall contract with an attorney whose duties shall be to advise and assist the Public Health Board and the Health District in routine legal matters. The Public Health Board may contract with special counsel for specific litigation by, or against, the District.

~~12.14.~~ The Public Health Board of Health has any and all such other authority as allowed under the law and as necessary to carry out the functions and purposes of the Health District.

## ARTICLE VI - OFFICERS AND THEIR DUTIES

1. The presiding officer of the Public Health Board shall be a Chair, who shall serve for a term of one (1) year. The Public Health Board shall elect the Chair from the Board membership by a majority vote of the Board members present at the first regular meeting of each calendar year. No Chair or Vice Chair shall serve more than two (2) consecutive terms unless the Public Health Board votes to extend their terms and finds special circumstances. The City and County Board members will alternate terms as Chair and Vice Chair. The Chair shall preside over all meetings; shall state and put to vote all motions presented; shall enforce the procedural rules of the Public Health Board during meetings; and shall act as the signatory for all decisions, acts, and orders of the Public Health Board. The Chair may participate in all deliberations and vote on motions. If a vacancy in the Chair position occurs, the Vice Chair shall automatically become Chair of the Board for the remainder of the unexpired term of the Chair.
2. The Public Health Board shall elect a Vice Chair, who shall serve for a term of one (1) year. The election of the Vice Chair shall be no later than the first meeting of the year. If a vacancy occurs, a new Vice Chair shall be elected from Public Health Board members to fill

the unexpired term at the next regular or a special meeting. The Vice Chair shall perform the duties of the Chair in the event of the Chair's absence or inability to perform.

3. In accordance with Chapter 70.05.050045, Revised Code of Washington, the ~~Health Officer~~ Administrator shall serve as Executive Secretary ~~and Administrative Officer~~ to for the Public Health Board.
  - A. It shall be the duty of the Executive Secretary to (1) record minutes of all meetings of the Public Health Board; (2) maintain a book of numbered and dated resolutions and ordinances passed by the Board; (3) be custodian of all records, books and papers belonging to the Board; and (4) carry on the usual correspondence of the Board, including such matters as notifying members of public meetings dealing with public health matters and making written recommendations thereon.
  - B. The Executive Secretary shall be empowered to employ such technical and other personnel as allowed in the approved ~~in the~~ budget to carry out the functions of the Health District. In fulfilling his or her duties prescribed under Article VI, Section 3, the ~~Health Officer~~ Administrator may delegate such duties to other personnel employed by the Health District.

4. The Administrator shall be responsible for administering the operations of the Public Health Board including such other duties as required by the Public Health Board, except for duties assigned to the Health Officer pursuant to RCW 70.05.070 and other applicable state law.

5. The Administrator shall also serve as the Chief Executive Officer for the Health District, and is responsible for the administration of all programs and functions of the district including, but not limited to, entering into contracts with third parties and other agencies within the budget set by the Public Health Board, hiring and firing of personnel, and purchasing needed supplies and equipment.

~~4.6. In the event that the Public Health Board appoints an Administrative Officer and in accordance with Chapter 70.05.045, Revised Code of Washington, the Administrative Officer shall act as Executive Secretary for the Board, and shall be responsible for administering the operations of the Board including such other administrative duties required by the Board, except for duties assigned to the Health Officer as enumerated in RCW 70.05.070 and other applicable state laws. The Administrator's appointment remains shall be at the will of the Board of Health Public Health Board. No term of office shall be established for the Administrator, but the Administrator shall not be removed from office until after notice is given and an opportunity for a hearing before the Public Health Board as to the reason for the Administrator's removal is provided.~~

## ARTICLE VII - HEALTH OFFICER

1. The Health Officer, acting under the direction of the Public Health Board or the Administrative Officer, shall perform such duties as are provided by law and directed by the Public Health Board of Health enforce the public health statutes of the state, rules of the state board of health and the secretary of health, and all local health rules, regulations

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Commented [KG1]: Matches language from the position description for Administrator.

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~~and ordinances as described authorized in RCW 70.05.070. The Health Officer is also responsible for overseeing the public health functions of community health assessment, public health policy development, and assurance of health service delivery throughout Kitsap County; take such action as is necessary to maintain health and sanitation supervision over the local public health jurisdiction; control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within his or her jurisdiction; inform the public as to the causes, nature and prevention of disease and disability and the preservation, promotion and improvement of health within the jurisdiction; prevent control or abate nuisances which are detrimental to the public health; attend all conferences called by the secretary of health or his or her authorized representative; collect fees; inspect water systems as directed in RCW 0.05.070; and take necessary measures in order to promote the public health. He/she~~

2. The Health Officer shall be responsible to the Public Health Board for his/her official actions.

~~The Public Health Board may, by separate resolution, delegate additional authority to the Health Officer including, but not limited to, the authority to hire and fire personnel, enter into contracts with third parties and other agencies within the budget set by the Public Health Board, and purchase needed supplies and equipment. If an Administrator has been appointed, the two officers shall coordinate their work planning and implementation to ensure maximum efficiency and effectiveness in ensuring the public's health.~~

3. The Public Health Board acknowledges that in the event of a health emergency, the Health Officer may take action as needed pursuant to RCW 70.05.070 and WAC Title 246 of the Washington Administrative Code, and in light of the exigencies of an extreme emergency if there is no time for the Public Health Board to meet and confer before such action is necessary.

4. The Health Officer's appointment shall be at the will of the Public Health Board. No term of office shall be established for the Health Officer, but the Health Officer shall not be removed from office until notice is given and an opportunity for a hearing before the Public Health Board as to the reason for the Health Officer's removal is provided.

**Commented [KG2]:** Language added to highlight public health policy, community health assessment, and public health service delivery (as specified in the Health Officer Position Description). Reference to RCW 70.05.070 eliminates the need to re-state minimum health officer authorities specified in state statute.

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**Commented [KG3]:** This section is now redundant with amendments made above in Articles V, VI, and VII

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## ARTICLE VIII - MEETINGS AND QUORUM

1. The Public Health Board shall meet on a regular basis. All meetings shall be conducted in accordance with the Open Public Meetings Act, Chapter 42.30, RCW. The dates, times and locations of meetings shall be established for each following year at the last meeting of the calendar year.
2. Special meetings may be called by the Chair at his/her discretion, at the request of the Health Officer, Administrator, or on the written request of a majority of the Board members, provided that written notice is given as provided by RCW 42.30.080.
3. Four (4) members of the Public Health Board shall constitute a quorum for conducting the business of the Health District.

4. Approval of all actions taken by the Public Health Board shall be by a majority of the votes cast. Only those Public Health Board members, or a City's appointed alternate, present and constituting a quorum of the Board shall be allowed to cast votes.
5. In accordance with RCW 42.30.110, the Public Health Board may call executive sessions as necessary.

#### ARTICLE IX - BUSINESS OF REGULAR MEETINGS

The business at all regular meetings, unless changed by a majority vote of members present, shall include: Call to Order; Approval of Minutes of Last Meeting; Health Officer's Report; Administrator's Report; Action Items; Discussion Items/Reports; Public Concerns; and Adjourn. The Chair and Executive Secretary shall have discretion as to the order of items on a meeting's agenda.

#### ARTICLE X - COMMITTEES

1. The standing committees of the ~~Kitsap~~ Public Health Board are the Finance and Operations Committee, the Policy Committee, and the Personnel Committee. Each committee shall consist of at least two, but no more than ~~minimum of~~ three, ~~Public Health Board of Health~~ members. A maximum of three members is considered optimum so as not to create a quorum of the Public Health Board.
2. The Chair of the Public Health Board shall make committee assignments by calling for volunteers from the Board membership at the first meeting of the calendar year.
3. The Public Health Board may establish and appoint members for temporary committees as needed to carry out the Board's work.
4. The Chair may participate in any or all of the above committees as desired.

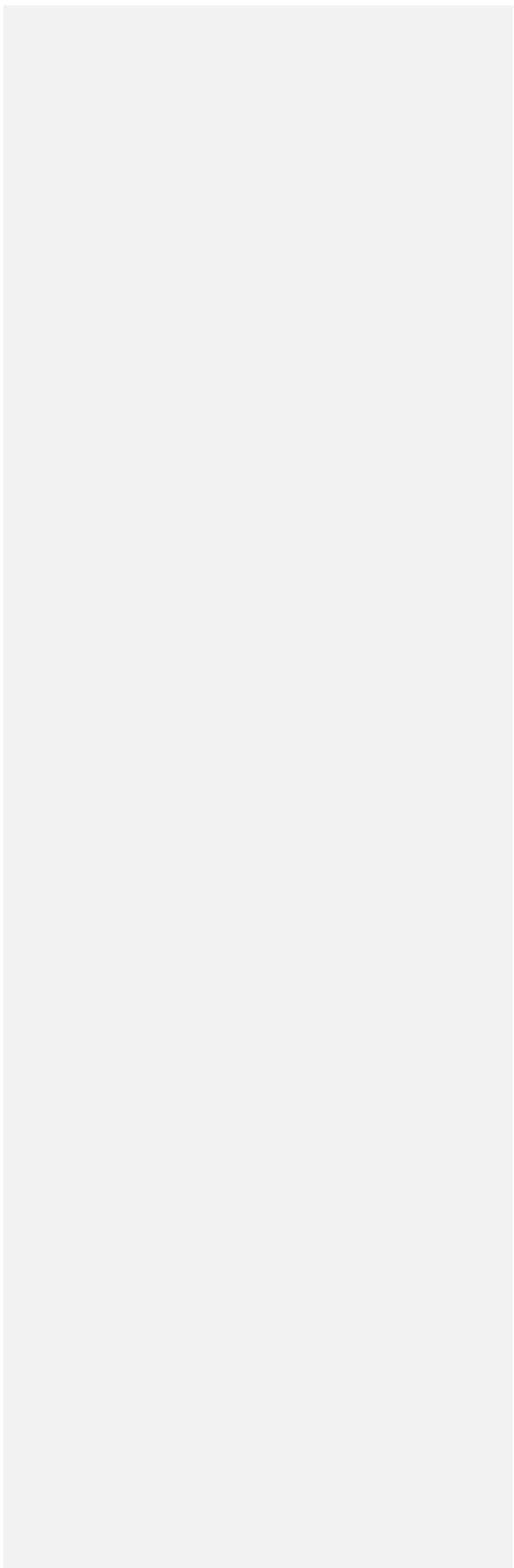
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#### ARTICLE XI - RULES OF BUSINESS

Business of the Public Health Board is ordinarily conducted in accordance with the most current edition of *Robert's Rules of Order*, so long as they are consistent with these bylaws or any amendments thereto. The Public Health Board legal counsel shall serve as parliamentarian.

#### ARTICLE XII - AMENDMENTS TO THESE BYLAWS

These bylaws may be amended at any regular or special meeting of the Public Health Board by a majority vote of members present, provided that the amendment has been presented in writing to the members of the Public Health Board at least ten (10) business days prior to said meeting.



# **KITSAP PUBLIC HEALTH BOARD**

## **BYLAWS**

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delegated is not present during the committee meeting. The Public Health Board shall have the authority to establish and define non-voting categories of community members on the Public Health Board.

2. The term of each Public Health Board member and each alternate shall begin at the first Public Health Board meeting after they are sworn into office or appointed by their legislative body. Terms run concurrent with the elected official's term of office or as approved annually by the individual cities' legislative bodies.
3. In order to assure representation as outlined in Article IV, Section 1, vacancies on the Public Health Board shall be filled within 30 days by appointment by the legislative body of the City or County whose representative is vacating a Board position. (Note: See RCW 70.05.040)

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3. The Public Health Board shall set the Health Officer's compensation per RCW 70.05.050.
4. The Public Health Board may appoint an Administrative Officer pursuant to RCW 70.05.040 in addition to, and separate from, the Health Officer to serve as Executive Secretary to the Board in accordance with RCW 70.05.045. If an Administrator is appointed, the Public Health Board shall evaluate the performance of the Administrator biennially.
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8. The Public Health Board shall receive regular reports from and through the Health Officer and the Administrator on the activities of the District.

9. The Public Health Board shall enforce through the local Health Officer and Administrator the public health statues of the state and rules promulgated by the state board of health or secretary of health. The Public Health Board shall enact such local rules and regulations as are necessary to preserve, promote and improve the public health and provide for the enforcement thereof (See RCW 70.05.060).
10. The Public Health Board shall supervise the maintenance of all health and sanitary measures for the protection of public health; provide for the control and prevention of any dangerous, contagious, or infectious disease; and provide for the prevention, control and abatement of nuisances detrimental to the public health within its jurisdiction.
11. The Public Health Board shall make reports to the state board of health through the local health officer and administrator as required by the state board of health.
12. The Public Health Board may hear testimony from persons or groups appearing before it at regular meetings.
13. Through the Health District, the Public Health Board shall contract with an attorney whose duties shall be to advise and assist the Public Health Board and the Health District in routine legal matters. The Public Health Board may contract with special counsel for specific litigation by, or against, the District.
14. The Public Health Board has any and all such other authority as allowed under the law and as necessary to carry out the functions and purposes of the Health District.

## **ARTICLE VI - OFFICERS AND THEIR DUTIES**

1. The presiding officer of the Public Health Board shall be a Chair, who shall serve for a term of one (1) year. The Public Health Board shall elect the Chair from the Board membership by a majority vote of the Board members present at the first regular meeting of each calendar year. No Chair or Vice Chair shall serve more than two (2) consecutive terms unless the Public Health Board votes to extend their terms and finds special circumstances. The City and County Board members will alternate terms as Chair and Vice Chair. The Chair shall preside over all meetings; shall state and put to vote all motions presented; shall enforce the procedural rules of the Public Health Board during meetings; and shall act as the signatory for all decisions, acts, and orders of the Public Health Board. The Chair may participate in all deliberations and vote on motions. If a vacancy in the Chair position occurs, the Vice Chair shall automatically become Chair of the Board for the remainder of the unexpired term of the Chair.
2. The Public Health Board shall elect a Vice Chair, who shall serve for a term of one (1) year. The election of the Vice Chair shall be no later than the first meeting of the year. If a vacancy occurs, a new Vice Chair shall be elected from Public Health Board members to fill the unexpired term at the next regular or a special meeting. The Vice Chair shall perform the duties of the Chair in the event of the Chair's absence or inability to perform.

3. In accordance with Chapter 70.05.045, Revised Code of Washington, the Administrator shall serve as Executive Secretary and Administrative Officer for the Public Health Board.
  - A. It shall be the duty of the Executive Secretary to (1) record minutes of all meetings of the Public Health Board; (2) maintain a book of numbered and dated resolutions and ordinances passed by the Board; (3) be custodian of all records, books and papers belonging to the Board; and (4) carry on the usual correspondence of the Board, including such matters as notifying members of public meetings dealing with public health matters and making written recommendations thereon.
  - B. The Executive Secretary shall be empowered to employ such technical and other personnel as allowed in the approved budget to carry out the functions of the Health District. In fulfilling his or her duties prescribed under Article VI, Section 3, the Administrator may delegate such duties to other personnel employed by the Health District.
4. The Administrator shall be responsible for administering the operations of the Public Health Board including such other duties as required by the Public Health Board, except for duties assigned to the Health Officer pursuant to RCW 70.05.070 and other applicable state law.
5. The Administrator shall also serve as the Chief Executive Officer for the Health District, and is responsible for the administration of all programs and functions of the district including, but not limited to, entering into contracts with third parties and other agencies within the budget set by the Public Health Board, hiring and firing of personnel, and purchasing needed supplies and equipment.
6. The Administrator's appointment shall be at the will of the Public Health Board. No term of office shall be established for the Administrator, but the Administrator shall not be removed from office until after notice is given and an opportunity for a hearing before the Public Health Board as to the reason for the Administrator's removal is provided.

## **ARTICLE VII - HEALTH OFFICER**

1. The Health Officer, acting under the direction of the Public Health Board, shall enforce the public health statutes of the state, rules of the state board of health and the secretary of health, and all local health rules, regulations and ordinances as authorized in RCW 70.05.070. The Health Officer is also responsible for overseeing the public health functions of community health assessment, public health policy development, and assurance of health service delivery throughout Kitsap County.
2. The Health Officer shall be responsible to the Public Health Board for his/her official actions.
3. The Public Health Board acknowledges that in the event of a health emergency, the Health Officer may act as needed pursuant to RCW 70.05.070 and Title 246 of the Washington Administrative Code, and considering the exigencies of an extreme emergency if there is no time for the Public Health Board to meet and confer before such action is necessary.

4. The Health Officer's appointment shall be at the will of the Public Health Board. No term of office shall be established for the Health Officer, but the Health Officer shall not be removed from office until after notice is given and an opportunity for a hearing before the Public Health Board as to the reason for the Health Officer's removal is provided.

### **ARTICLE VIII - MEETINGS AND QUORUM**

1. The Public Health Board shall meet on a regular basis. All meetings shall be conducted in accordance with the Open Public Meetings Act, Chapter 42.30, RCW. The dates, times and locations of meetings shall be established for each following year at the last meeting of the calendar year.
2. Special meetings may be called by the Chair at his/her discretion, at the request of the Health Officer, Administrator, or on the written request of a majority of the Board members, provided that written notice is given as provided by RCW 42.30.080.
3. Four (4) members of the Public Health Board shall constitute a quorum for conducting the business of the Health District.
4. Approval of all actions taken by the Public Health Board shall be by a majority of the votes cast. Only those Public Health Board members, or a City's appointed alternate, present and constituting a quorum of the Board shall be allowed to cast votes.
5. In accordance with RCW 42.30.110, the Public Health Board may call executive sessions as necessary.

### **ARTICLE IX - BUSINESS OF REGULAR MEETINGS**

The business at all regular meetings, unless changed by a majority vote of members present, shall include: Call to Order; Approval of Minutes of Last Meeting; Health Officer's Report; Administrator's Report; Action Items; Discussion Items/Reports; Public Concerns; and Adjourn. The Chair and Executive Secretary shall have discretion as to the order of items on a meeting's agenda.

### **ARTICLE X - COMMITTEES**

1. The standing committees of the Public Health Board are the Finance and Operations Committee, the Policy Committee, and the Personnel Committee. Each committee shall consist of at least two, but no more than three, Public Health Board members. A maximum of three members is considered optimum so as not to create a quorum of the Public Health Board.
2. The Chair of the Public Health Board shall make committee assignments by calling for volunteers from the Board membership at the first meeting of the calendar year.

3. The Public Health Board may establish and appoint members for temporary committees as needed to carry out the Board's work.
4. The Chair may participate in any or all the above committees as desired.

#### **ARTICLE XI - RULES OF BUSINESS**

Business of the Public Health Board is ordinarily conducted in accordance with the most current edition of *Robert's Rules of Order*, so long as they are consistent with these bylaws or any amendments thereto. The Public Health Board legal counsel shall serve as parliamentarian.

#### **ARTICLE XII - AMENDMENTS TO THESE BYLAWS**

These bylaws may be amended at any regular or special meeting of the Public Health Board by a majority vote of members present, provided that the amendment has been presented in writing to the members of the Public Health Board at least ten (10) business days prior to said meeting.

## Approving Updates to Kitsap Public Health Board Bylaws

**WHEREAS**, the Kitsap Public Health Board changed the leadership structure of the Kitsap Public Health District through Resolution 2013-08, to include one appointed individual as Health Officer in accordance with RCW 70.05.050 and RCW 70.05.051, and another appointed individual as Administrator under the provisions of RCW 70.05.040 and RCW 70.05.045; and

**WHEREAS**, the Kitsap Public Health Board, Kitsap Public Health District, and the Health District's leadership structure was reaffirmed by Kitsap County Ordinance 524-2015; and

**WHEREAS**, the Kitsap Public Health Board recognizes that it would be beneficial to have written policies and procedures to outline the Board's responsibilities and provide methods to efficiently and effectively attend to matters brought to the Board for consideration; and

**WHEREAS**, it is in the public interest to have such written policies and procedures addressing Kitsap Public Health Board responsibilities and processes; and

**WHEREAS**, the Kitsap Public Health Board adopted revised bylaws on November 5, 2013, and now requires revisions to those bylaws to reflect Kitsap Public Health District's current leadership structure, updates to state law references, and general updates to the roles of Board members and the policies and procedures related to these roles.

**NOW, THEREFORE, BE IT RESOLVED** that the Kitsap Public Health Board approves the attached Kitsap Public Health Board Bylaws.

**APPROVED:** February 6, 2018.

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Mayor Becky Erickson, Chair  
Kitsap Public Health Board

# MEMO

**To:** Kitsap Public Health Board

**From:** John Kiess, Environmental Health Director

**Date:** February 6, 2018

**Re:** 2017 Water Quality Annual Report

Each year, the Health District's Pollution Identification and Correction Program (PIC) releases an annual report summarizing the previous year's water quality monitoring and clean-up work results. The *2017 Annual Water Quality Report* has recently been completed and will be publicly released after today's Board meeting. The report introduction with links to each watershed segment, is available on the Health District's website at [www.kitsappublichealth.org/environment/files/reports/2017/Intro.pdf](http://www.kitsappublichealth.org/environment/files/reports/2017/Intro.pdf).

Please note that the report is quite lengthy and very large in size, so we have not included a hard copy of the report with this memo.

Most of the Health District's water quality monitoring and clean-up work is funded through **Clean Water Kitsap**, Kitsap County's storm water utility (see [www.cleanwaterkitsap.org](http://www.cleanwaterkitsap.org) for more information), along with periodic supplemental funds through temporary federal and state grants. Recently, the City of Poulsbo has also funded some monitoring (streams and stormwater outfalls) work in the Liberty Bay watershed area by the City.

At today's meeting, I will provide a brief PIC program overview and present the background and notable findings of the *2017 Annual Water Quality Report*, including but not limited to the following:

- Fecal bacteria levels were reduced or held stationary in 60% of targeted water bodies;
- 61 of 66 (92%) streams had an improving or stationary long term statistical trend;
- 56 of 62 (90%) marine water stations met standards;
- 21 of 66 (32%) stream monitoring stations met standards; and
- The number of streams with Public Health Advisories due to extremely elevated fecal coliform bacteria (FC) levels during summer months was unchanged from 2016 (5 streams).

A copy of my presentation for today's meeting is attached to this memo.

**Recommended Action**

None at this time --- for information and discussion only.

Please contact me at (360) 728-2290, or [john.kiess@kitsappublichealth.org](mailto:john.kiess@kitsappublichealth.org) with any questions or comments.

# Water Pollution Identification & Correction Program

*Mission - to protect the public from waterborne illness and other water quality related hazards.*

# Sources of Bacteria

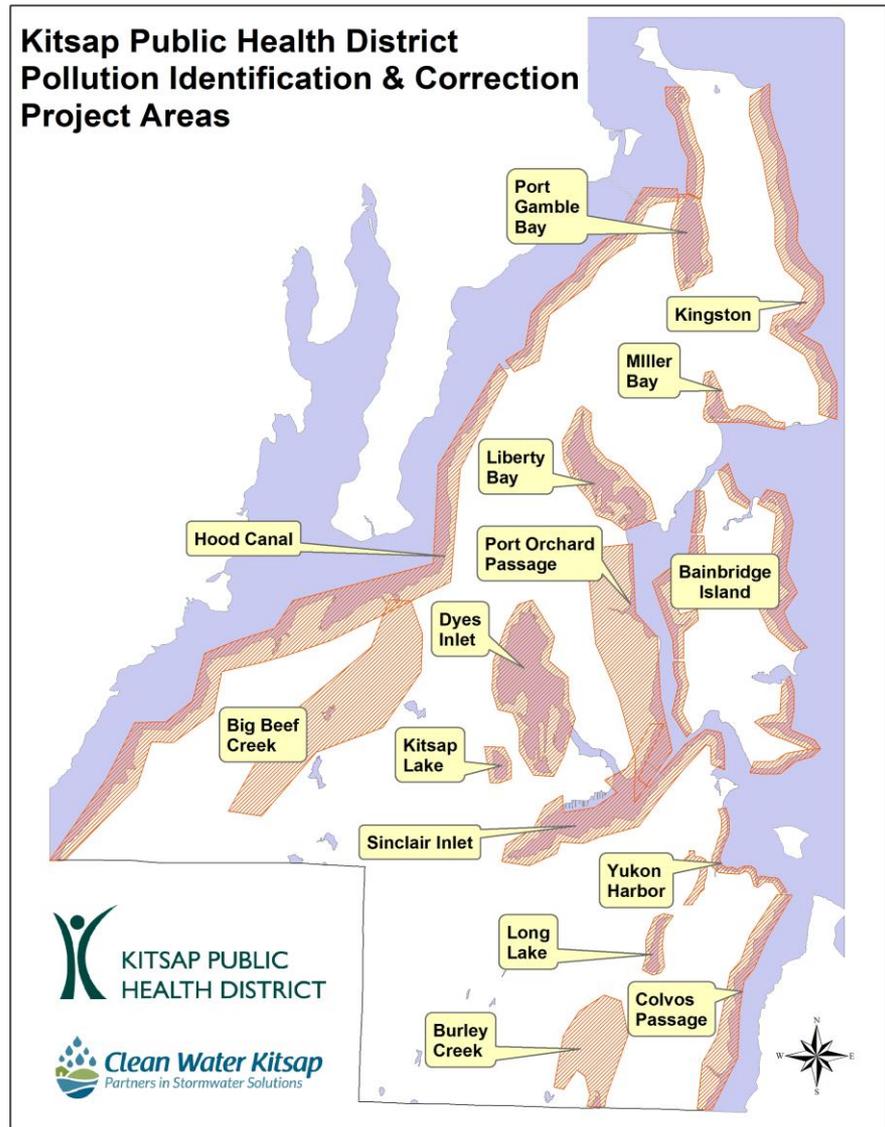




# PIC Successes

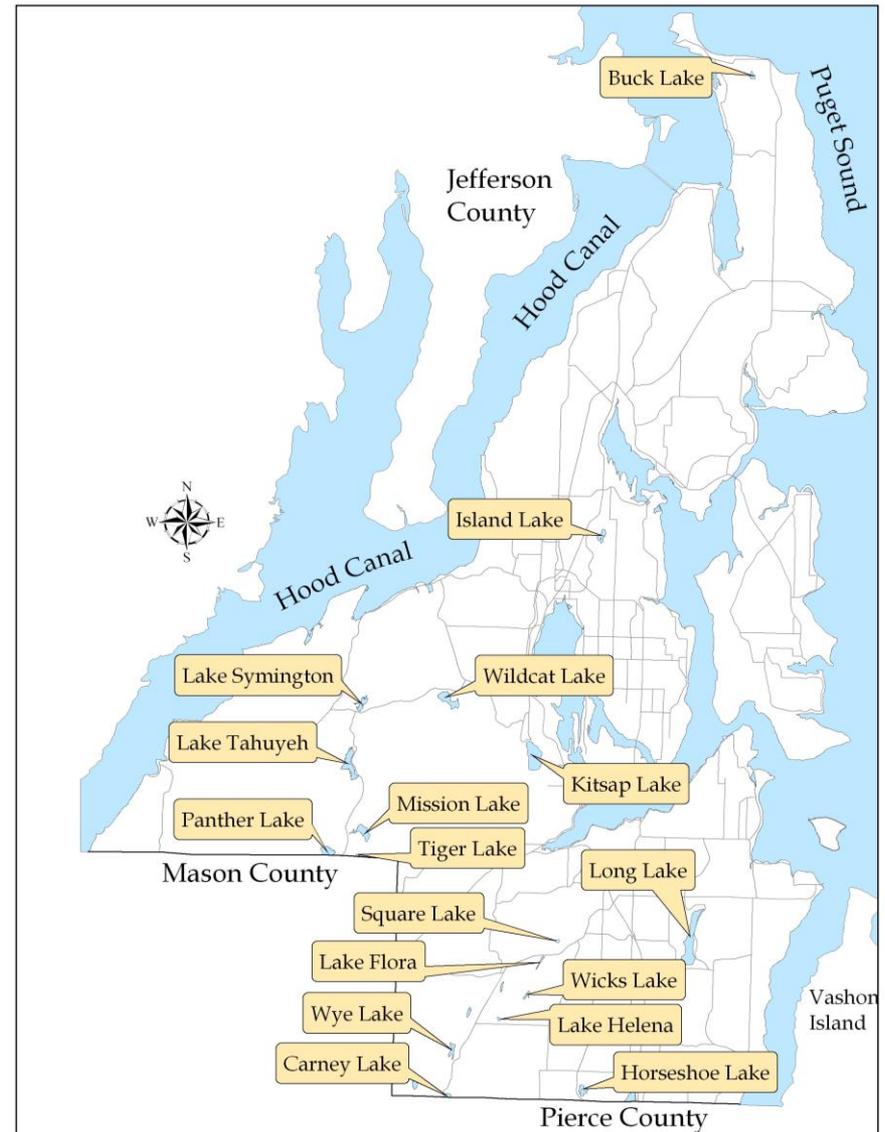
Over the last 25 years;

- 9,700 property inspections completed
- Over 1,000 failing septic systems found
- 150 miles of shoreline surveyed
- Over 4,200 acres of shellfish growing areas opened

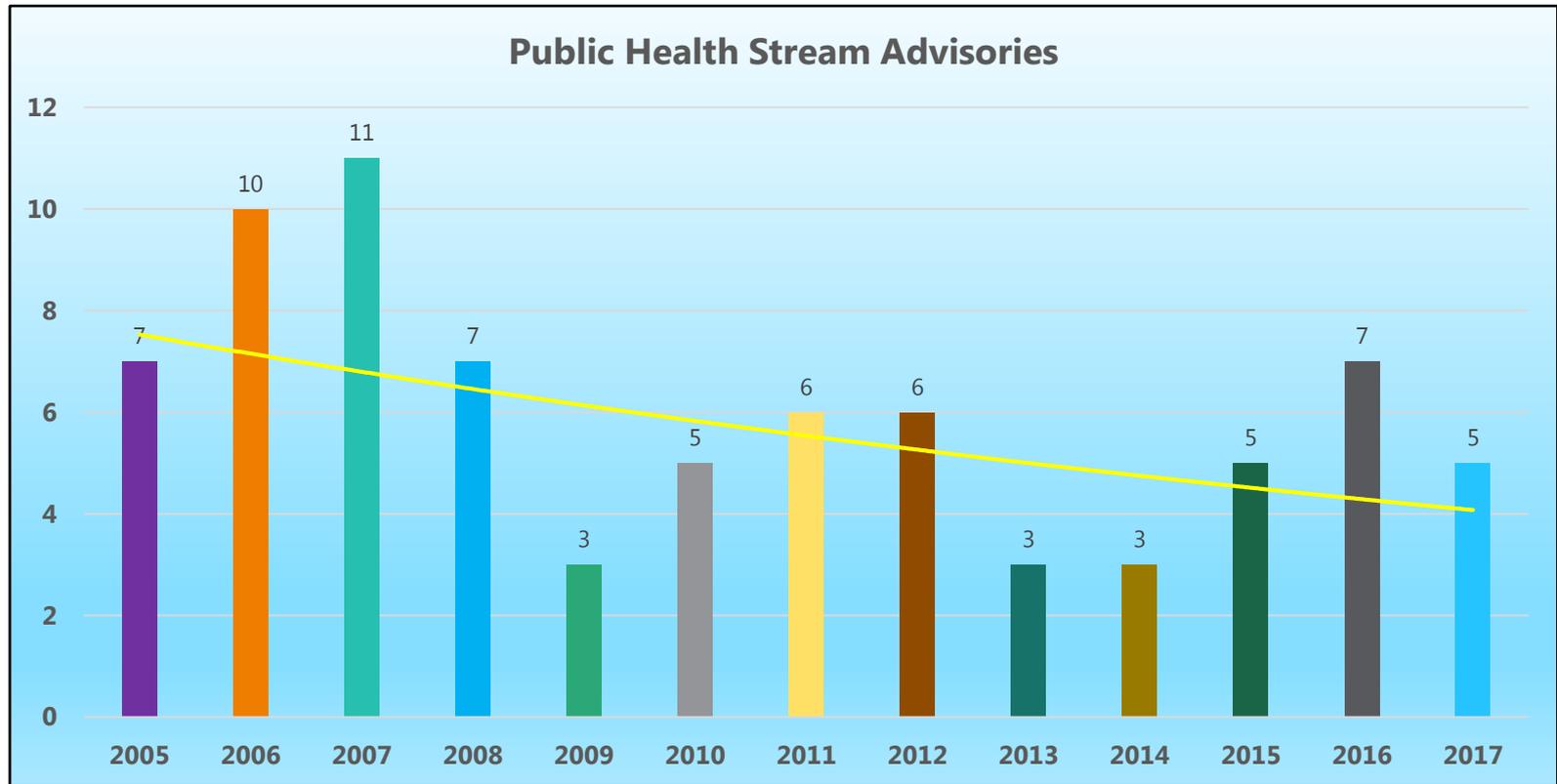


# Lake Monitoring

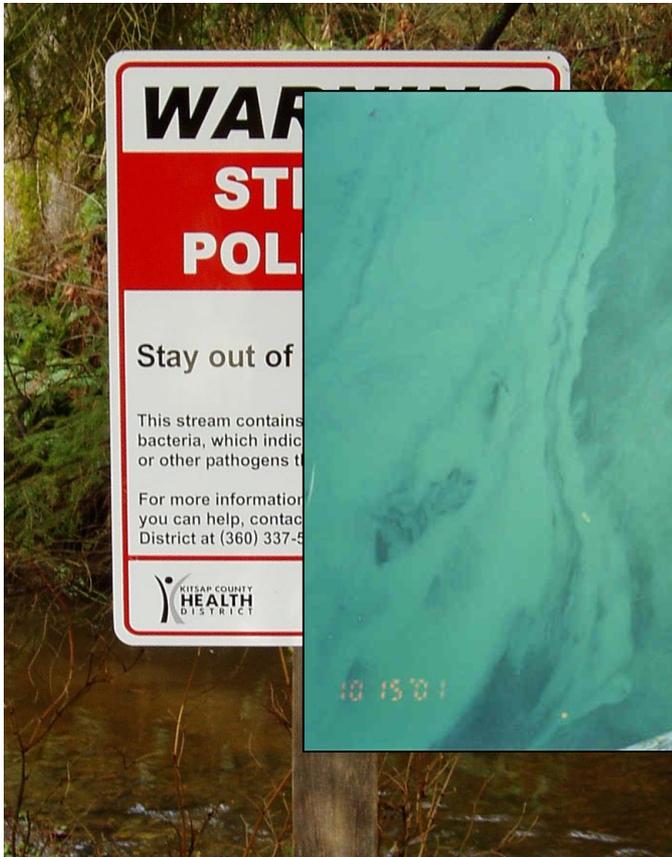
- Monitored 22 beaches at 17 lakes
- Collected over 500 lake beach samples
- Issued 2 swimming beach closure advisories
- Issued 3 advisories about toxic algae blooms



# 2017 Water Quality Trends



# Examples of Health Advisories



# Examples of Challenges & Innovations

- Identifying the source of bacteria
- Cost of fixing problems
- Informing the public
- Working even more efficiently





# MEMO

**To:** Kitsap Public Health Board  
**From:** Jim Zimny, Assistant Environmental Health Director  
**Date:** February 6<sup>th</sup>, 2018  
**Re:** **School Technical Advisory Committee – Status Update**

In July of 2015, the Kitsap Public Health Board's Policy Committee supported Health District recommendations to build and strengthen our School Health and Safety Program to fully comply with [WAC 246-366](#), Primary and Secondary Schools, especially the aspect of the Health District conducting periodic health inspections of public and private K-12 schools (see [WAC 246-366-040\(2\)\(b\)](#)). The Policy Committee directed the Health District to coordinate this effort through the local school district superintendents.

Following the recommendations of the Policy Committee, Dr. Turner started including a discussion of the school health inspection requirements during her regular meetings with each superintendent. In the fall of 2017, the Health District reached out to the superintendents of the five local districts and two private schools to recruit representatives to participate on a technical advisory committee stakeholder group.

The product of this outreach effort evolved into a School Technical Advisory Committee (STAC) that includes representatives from all five Kitsap school districts and one private school. The goals of the STAC are to examine the state school health and safety rules; determine what inspections may already be routinely performed by other agencies and how these inspections may/may not satisfy parts of the school rules; and to develop a thoughtful, risk-based inspection program that is beneficial to school officials, teachers, and students and meet the intent of the state school rules.

At today's meeting, I will update the Board on the status and progress of the School Technical Advisory Committee, outcomes to date, and future meeting goals.

## **Recommended Action**

None – informational only.

For any questions or concerns about this assessment, please contact either me at (360) 728-2300 or [jim.zimny@kitsappublichealth.org](mailto:jim.zimny@kitsappublichealth.org).