

KITSAP PUBLIC HEALTH BOARD

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

MEETING AGENDA

June 7, 2022
12:30 p.m. to 1:45 p.m.

**** Please note that this is a virtual / online meeting held pursuant to the COVID-19 State of Emergency (Proclamation 20-05 by the Governor) and Engrossed Substitute House Bill 1329, Open Public Meetings – Various Provisions. Electronic connection and viewing information for the meeting is provided at the end of the agenda. ****

- 12:30 p.m. 1. Call to Order
Mayor Greg Wheeler, Chair
- 12:31 p.m. 2. Closed Executive Session Pursuant to RCW 42.30.140(1)(i): Discussion
With Legal Counsel Representing the Agency in Matters Relating to
Agency Enforcement Actions
Jacquelyn Aufderheide, Office of the Kitsap County Prosecuting Attorney
- 12:50 p.m. 3. Approval of May 3, 2022, Meeting Minutes
Mayor Greg Wheeler, Chair *Page 5*
- 12:51 p.m. 4. Approval of Consent Items and Contract Updates
Mayor Greg Wheeler, Chair [External Document](#)
- 12:52 p.m. 5. Public Comment – **PLEASE SEE NOTES ON PAGE 2 OF AGENDA**
Mayor Greg Wheeler, Chair
- 1:00 p.m. 6. Health Officer and Administrator Reports
Dr. Gib Morrow, Health Officer & Keith Grellner, Administrator

ACTION ITEMS

- 1:15 p.m. 7. Resolution 2022-07, Approving Updates to Kitsap Public Health
Board Bylaws
Keith Grellner, Administrator *Page 14*

DISCUSSION ITEMS

- 1:30 p.m. 8. Equity Program Update
Jessica Guidry, Equity Program Manager *Page 37*

1:45 p.m. 9. Adjourn

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

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

Health Board Meetings Via Zoom

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

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

How to Join the Zoom Meeting

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

<https://us02web.zoom.us/j/86186052497?pwd=TXcrQU1PRWVGVHgyWERXRFluTWloQT09>

Password: 109118

Or join by telephone:

Dial: +1 (253) 215-8782

Webinar ID: 861 8605 2497

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

Information & Directions for Public Comment

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

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

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

Regular Mail:

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

Email:

healthboard@kitsappublichealth.org

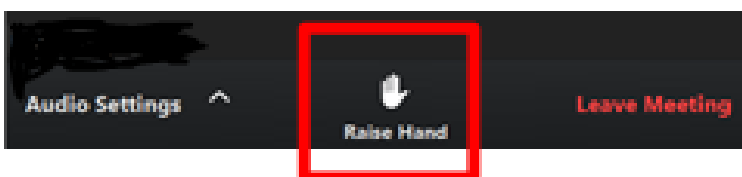
All written comments submitted will be forwarded to board members and posted on the Health Board's meeting materials webpage at <https://kitsappublichealth.org/about/board-meetings.php>.

Public Participation Guidelines

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

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

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




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

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

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

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

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

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

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
May 3, 2022**

The meeting was called to order by Board Chair Mayor Greg Wheeler at 12:32 p.m.

Mayor Wheeler acknowledge that the Kitsap Peninsula is home of sovereign Indian nations, namely the Suquamish and Port Gamble S'Klallam Tribes.

REVIEW AND APPROVE AGENDA

There were no changes to the agenda.

BOARD MEETING MINUTES

Commissioner Rob Gelder moved, and Commissioner Charlotte Garrido seconded the motion to approve the minutes for the April 5, 2022, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The May consent agenda included the following contracts:

- 2190 Amendment 1 (2255), *Washington State Department of Ecology, Local Source Control*
- 2203 Amendment 4 (2250), *WA State Department of Health, Consolidated Contract*
- 2208, *Jefferson County Public Health, Nurse Family Partnership Supervisor*

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

PUBLIC COMMENT

Chair Wheeler allowed each person 2 minutes for public comment.

There were no public comments.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Administrator Update:

Mr. Keith Grellner, Administrator, thanked Mayor Wheeler for the land acknowledgement statement and noted it was adopted at the April board meeting.

Mr. Grellner provided an update on Engrossed 2nd Substitute House Bill 1152 (now codified as WAC 246-90) and the process for recruitment of new board members. He reminded the board

that they approved moving forward with recruitments at the April meeting. The board has tasked the Personnel Committee with recruitment and will be meeting May 4 to finalize plans for recruitment. The Personnel committee will be looking at the revised board bylaws, which will hopefully be brought to the full board along with the position description and application for the positions at the June regular board meeting. With the help of the District's Public Information Officer and Equity Program Manager, the District has created a frequently asked questions document which will be posted on a new web page on the Health District website dedicated to this recruitment and changes to the board structure. He said the recruitment should be active by mid to end of May. Mr. Grellner noted that the three open positions are dictated by law: one representative each to represent Public Health or a Healthcare provider, a consumer of public health, and other community stakeholders.

Health Officer Update:

Dr. Gib Morrow, Health Officer, informed the Board that they would be receiving a letter tomorrow including a survey for the Health District's after-action report to reflect on the District's and partners' response to COVID-19. This survey is going to the board, schools, transit, healthcare systems, etc. and will help the District better understand our health systems and public health functions in Kitsap. He noted an article will be published in the Kitsap Sun likely tomorrow better explaining this survey. Lastly, he said this survey will help the District create an action plan for areas of improvement moving forward.

Dr. Morrow gave an update on COVID-19 in Kitsap County. Cases are still high with a case rate of about 153 per 100,000 over seven days. He said he believes this only captures about 15-17 percent of all cases in the county, which means there is a lot of community spread.

He said that, with 60% of adults having experienced infection, much higher numbers having been vaccinated or boosted, or some combination of the above, cases don't appear to be as serious. Hospitalization rates are climbing in the region but the rate of COVID-related deaths has not increased, which is a good sign.

Dr. Morrow said that COVID-19 is just one of the many issues the Health District is addressing right now. He noted a widespread, significant, multi-drug resistant case of tuberculosis (TB) in the county. He said the Communicable Disease program is partnering with a variety of different groups to ensure the TB outbreak is contained.

There were no further comments.

2022 COUNTY HEALTH RANKINGS

Ms. Amanda Tjemsland, Epidemiologist, provided a presentation on the latest data and county health rankings that were released last week.

Each year since 2010, the University of Wisconsin Population Health Institute, with funding from the Robert Wood Johnson Foundation, releases County Health Rankings & Roadmaps (CHR&R). This report and online dashboard provide health outcomes (length of life and quality

of life) and health factors (health behaviors, clinical care, social and economic factors, and physical environment) data for all U.S. counties. Counties are ranked within each state by indicator, section and overall, and comparison between counties, the state and the top 10% of U.S. counties.

The CHR&R are like Kitsap Public Health District's Community Health Indicators, which were presented to the board in March, in that they help raise awareness of community health, present a call to action and identify areas for more in-depth analysis, but there are some important differences. Ms. Tjemsland noted our Community Health Indicators currently have predominantly 2020 data and will be updated as new data becomes available, while the CHR&R are updated once a year and only use data that are final, mostly 2019 (pre-pandemic) for the 2022 release. The county's Indicators use a combination of local, state and national data sources, while the CHR&R uses only data sources that have data for all, or almost all, counties across the U.S.

2022 Ranking – Kitsap County:

- Kitsap's health outcomes (health of today) ranking increased from 13th to 9th in Washington state.
- Kitsap's health factors (health of tomorrow) ranking stayed the same at 4th in Washington state

Improving Trends in Kitsap:

- Decrease in those without health insurance
- Decrease in air pollution

Strengths in Kitsap:

- Low rate of adult physical inactivity
- High percentage of adults completing high school and with some college education

Worsening Trends in Kitsap:

- Increase in number of sexually transmitted infections
- Increase in number of injury deaths (all causes, all intents, including homicide, suicide, motor vehicle, falls, and poisonings)

In addition to the data that goes into the health rankings, CHR&R publishes data on additional health outcomes and health factors that are considered important. This year, the CHR&R focused on the importance of pursuing economic security for everyone and all communities, addressing equity in the wake of the COVID-19 pandemic. This additional data focused on COVID-19 mortality, school segregation, school funding adequacy, gender pay gap, living wage, residential segregation, and childcare cost burden.

Ms. Tjemsland showed the board how to access this data from the CHR&R website: countyhealthyrankings.org.

There was no further comment.

CHRONIC DISEASE PREVENTION PROGRAM SPOTLIGHT

Ms. Dana Bierman, Chronic Disease Prevention Program Manager, and Ms. Megan Moore, Community Liaison, provided a presentation on the Chronic Disease Prevention (CDP) program. Ms. Bierman explained that the CDP program works with statewide partners and community programs to provide equitable opportunities for Kitsap Residents to live a healthy life. The CDP program manages and participates in several grants and initiatives such as Youth Cannabis Prevention & Commercial Tobacco Prevention Program, SNAP-Ed, LSPAN, Healthy Eating and Active Living Coalition, Kitsap Moves Campaign.

One of the CDP grants is the Supplemental Nutrition Assistance Program Education (SNAP-Ed). The statewide goal of this program is to improve the likelihood that SNAP eligible Kitsap residents will make healthy food choices and choose active lifestyles. The CDP program works with many local partners to achieve this goal. A current project is the SNAP Market Match, which is offered at many Kitsap Farmers Markets. This program works by increasing purchasing power for those who use their SNAP benefits at Farmers Markets.

Another grant is called Local Strategies on Physical Activity and Nutrition (LSPAN) which focuses on developing systems to improve nutrition and increase physical activity. The current focus areas of this grant are:

- Collaborating with early childhood education programs in Kitsap County to increase active play and nutrition resources within their programming
- Supporting active, friendly environments (ex. Complete Street policies)
- Increasing access, opportunities and support for breastfeeding in Kitsap County in collaboration with the Kitsap Breast Feeding Coalition.

The newest grant is Age-Friendly Public Health Systems (AFPHS). The CDP program works with the Kitsap County Area on Aging and Long-Term Care to develop early interventions to promote health and well-being for people as they age.

Another grant staff work with includes the Commercial Tobacco Prevention Program, which focuses on assisting those who use commercial products to quit, preventing youth and young adults from ever starting, and protecting people from the harmful effects of secondhand smoke and vape.

Ms. Moore presented on the Youth Cannabis and Commercial Tobacco Prevention Program. She noted the Youth Marijuana Prevention program has combined with the Tobacco Prevention Program. The goal of this regional program is to create healthy environments where youth can choose not to use substances. Data shows that youth often use substances to cope with stress, adversity family challenges, or community pressures. The regional program encompasses Clallam, Jefferson and Kitsap counties. The focus of this work in all three counties is youth empowerment through building youth skills, confidence and knowledge to talk to policymakers about youth substance use, mental health and other topics important to them.

Ms. Moore said a youth forum is planned for October. She said it would be an opportunity for elected officials to hear what youth are seeing in their environment, their schools and in their friend groups as well as what's important to them as far as policy goes.

Ms. Bierman shared about the Healthy Eating, Active Living (HEAL) Coalition. The goals of the coalition include increasing equitably access to healthy foods and opportunities for active living and cultivating a community that prioritizes healthy eating and active living. The coalition includes committee members throughout Kitsap County and is guided by a steering committee. The coalition is also a platform for many work groups that gather around certain topics and current needs in the community.

The most recent workgroup is Kitsap Moves which focuses on developing strategies and support for physical activity. The workgroup began by reviewing local data and best practices in increasing physical activity. Starting May 2022, the workgroup is launching the Kitsap Moves campaign. This is a multi-sector campaign where all can participate in increasing movement, individually and within their own communities. Some community examples include the Kitsap Sun Story Walks and the Kitsap Regional Library Friday lunch walks in downtown Bremerton. These events are free opportunities for Kitsap Residents to participate in Kitsap Moves. Ms. Bierman said anyone can participate by posting on social media with #KitsapMoves.

There was no further comment.

RESOLUTION 2022-06, DECLARING MAY 2022 AS “KITSAP MOVES MONTH” AND SUPPORTING THE KITSAP MOVES CAMPAIGN

Ms. Bierman approached the board regarding proposed Resolution 2022-06, Declaring May 2022 as “Kitsap Moves Month” and Supporting the Kitsap Moves Campaign. Ms. Bierman said the Health District has been working with many community partners on the Kitsap Moves campaign.

Resolution 2022-06 asks the Health Board to support a Health District campaign to encourage all Kitsap County residents to increase movement and physical activity in spring 2022 and beyond, and to declare May 2022 as “Kitsap Moves Month” to kick-off the campaign. Many community partners have come together to create “Kitsap Moves,” a community events and social marketing campaign to promote increased movement among Kitsap residents. Kitsap Moves will provide information about events and opportunities for physical activity and messaging to support for physical activity.

During the pandemic, Kitsap residents participating in a Community Health and Well-Being survey reported decreased physical activity. Additionally, Healthy Youth Survey and Behavioral Risk Factor Surveillance System survey data show unhealthy rates of physical activity and overweight/obesity among youth and adults in our community. Physical activity is critical in helping improve wellbeing as it impacts risk factors that may reduce incidence of chronic disease.

Commissioner Garrido moved and Mayor Putaansuu seconded the motion to approve Resolution 2022-06, Declaring May 2022 as “Kitsap Moves Month” and Supporting the Kitsap Moves Campaign.

Chair Wheeler said this is a wonderful healthy initiative. He said he knows the board members believe in it and consider healthy activity in transportation and infrastructure planning and the way we evolve our communities through zoning codes.

The motion was approved unanimously.

There was no further discussion.

PUBLIC HEARING: ORDINANCE 2022-01, ENVIRONMENTAL HEALTH ENFORCEMENT ORDINANCE AMENDMENT

Mr. John Kiess, Environmental Health Division Director, provided the board with information on proposed Ordinance 2022-01, Environmental Health Enforcement Ordinance Amendment. He noted a typo in the memo and said there are no fee changes with this ordinance.

The Health Board has a current Environmental Health Enforcement Regulation, Ordinance 1996-9, originally promulgated as Ordinance 1992-15. The existing ordinance is antiquated and in need of an update. At the April 5, 2022, Board meeting, the Board was made aware of the Health District's efforts to update this ordinance.

This ordinance is relevant to enable Health District staff to enforce Washington State public health laws and rules that have not been codified locally, pursuant to RCW 70.05.060(1). The proposed enforcement language in this ordinance has already been incorporated into other, more modern Health Board ordinances: Drinking Water Supply Regulations, Solid Waste Regulations, Food Service Regulations, etc. This ordinance provides a clear enforcement process for the Health District if Washington State public health laws or rules need to be enforced.

Health District staff solicited comments about this proposed ordinance through the Health District's electronic notification system and social media outlets. Comments on the proposed fee changes were welcomed through the Health District website, phone, or mail. Public notice of today's possible action on the changes was posted in the Kitsap Sun on April 25, 2022.

The Health District received four comments about the ordinance, one in support, one with general concerns, one with grammatical edit suggestions, and one with concerns about horse boarding facilities and their regulation.

Chair Wheeler opened the Public Hearing at 1:12. There were no public comments. Public hearing was closed at 1:13.

Mayor Rob Putaansuu moved and Commissioner Gelder seconded the motion to approve Ordinance 2022-01, Environmental Health Enforcement Ordinance Amendment.

The motion was approved unanimously.

BOARD COMMENTS

Mayor Putaansuu observed that there was a lot of public participation in board meetings over the last year and said he would like to see a higher level of public participation for other topics of the health board.

Chair Wheeler said the City of Bremerton is working with Peninsula Community Health Services (PCHS) to open a respite care facility in downtown Bremerton. He said there is a big need for wound care and post-op treatment in the community, especially for homeless individuals who don't have a place to recover after being released from the hospital. Chair Wheeler believes this will be a huge public health benefit to the community.

Mayor Putaansuu asked if there is an update on the opioid settlement. Dr. Morrow said it remains to be determined. He said the District's syringe exchange program is exchanging about 1.2 million syringes each year. The District is working to push informational materials and harm reduction to individuals using this service. He said we need to start conceptualizing substance abuse as a disease as opposed to a character flaw. He noted the availability of fentanyl is concerning as it has transitioned from being used accidentally to be intentionally used. He said overdose deaths are on the rise. He said this speaks to the type of collateral damage that we're going to be witnessing coming out of the pandemic and he noted that trying to understand the magnitude and the characteristics of all of this will be an important part of the public health evaluation process going forward.

Keith said it is not clear right now how the money is going to flow. He added that the Health District's epidemiology program is working to provide more data to help us understand the impacts of opioid overdoses in our community. He said the District reached out to the EMS chair and coroner today to share about this new report.

Dr. Morrow said that jail's health clinic services are doing medically assisted treatment. He added that they are agreeable to instituting and doing evaluation and diagnostic testing for things like Hepatitis C and HIV. He said this shows the jail is able and willing to address these issues and break the cycle.

There was no further discussion.

ADJOURN

There was no further business; the meeting adjourned at 1:22 p.m.

Greg Wheeler
Kitsap Public Health Board

Keith Grellner
Administrator

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

Board Members Absent: *None.*

Community Members Present: *See attached.*

Staff Present: *Zachary Ahlin, Environmental Health Specialist 1, Drinking Water and Onsite Sewage Systems; Kandice Atismé-Bevins, Program Manager, Case and Contact Investigation, COVID-19; Angie Berger, Administrative Assistant, Administration; Dana Bierman, Program Manager, Chronic Disease Prevention; Holly Bolstad, COVID Community Outreach Specialist, Public Health Emergency Preparedness and Response; Karen Boysen-Knapp, Community Liaison, Chronic Disease Prevention; Elizabeth Davis, COVID Vaccine Public Health Nurse, COVID-19; April Fisk, Program Coordinator, Contracts Manager, Public Records & Safety Officer, MAC, Administration; Keith Grellner, Administrator, Administration; Jessica Guidry, Program Manager, Equity; Wendy Inouye, Epidemiologist 2, Assessment and Epidemiology; John Kiess, Director, Environmental Health Division; Sarah Kinnear, Community Liaison, Chronic Disease Prevention; Melina Knoop, Senior Environmental Health Specialist 2-RS; Drinking Water and Onsite Sewage Systems; Siri Kushner, Assistant Director, Community Health Division; Melissa Laird, Manager, Accounting and Finance; Anne Moen, Public Health Educator, Public Health Emergency Preparedness and Response; Megan Moore, Community Liaison, Chronic Disease Prevention; Dr. Gib Morrow, Health Officer, Administration; Ally Power, Epidemiologist 1, Assessment & Epidemiology; Amanda Tjemsland, Epidemiologist, Assessment and Epidemiology; Tiffany Whitford, Secretary/Clerk 2, Administration; Janet Wyatt, Public Health Nurse, Parent Child Health.*

Kitsap Public Health Board Meeting (Virtual Attendance)

Webinar ID	Actual Start Time	Attendee Count
861 8605 2497	5/3/2022 12:07	44
NAME	NAME	
Ally power	Keith Grellner	
Amanda Tjemsland	KIRO Radio	
Angie Berger (she / her)	Kirsten Hytopoulos	
Anne	Ky Beeson (she/her)	
Anne Moen	Lindsey	
April Fisk	Liz Davis	
Becky Erickson	Megan Moore	
Charlotte Garrido	Melina Knoop	
Dana Bierman	Melissa Laird	
Dave	Michael Spencer (BKAT)	
Ed Wolfe	Nathan	
Gib Morrow	PHEPR Team	
Greg Wheeler	Rob Putaansuu	
Holly Bolstad (she/her)	Robert Gelder	
Janet Wyatt she/her	Sarah Kinnear	
Jessica Guidry (she/her)	siri kushner	
John Clauson	Steve Powell	
John Kiess - KPHD (John Kiess)	Tiffany Whitford	
Kandice Atisme-Bevins	Wendy Inouye	
Karen Boysen-Knapp	Zach Ahlin	

MEMO

To: Kitsap Public Health Board
From: Keith Grellner, Administrator
Date: June 7, 2022
Re: Resolution 2022-07, Approving Updates to Kitsap Public Health Board Bylaws

Please find attached for your review, comment, and consideration a revised draft 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 2022-07, Approving Updates to Kitsap Public Health Board Bylaws.

The purpose of the revised Bylaws is to incorporate required changes related to Health Board membership composition in response to the state Legislature's passing of [Engrossed Second Substitute House Bill 1152](#) (mostly codified in [RCW 70.46.031](#) for single county health districts), and the Kitsap County Board of Commissioner's approval of revisions to Kitsap County Code Chapter 9.52, Kitsap Public Health District, via adoption of Kitsap County Ordinance No. 614-2022 on May 23, 2022 (also attached).

The draft updates to the Bylaws have been reviewed and commented on by the Health Board's Policy and Personnel committees; legal counsel to the Health District; the Health District; and the full Health Board.

Recommended Action:

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

The Board moves to approve Resolution 2022-07, 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.

Attachments:

1. Updates to Kitsap Public Health Board Bylaws w/ Strikeout/Underline Revisions
2. Updated Kitsap Public Health Board Bylaws (Clean Version)
3. Resolution 2022-07, Approving Updates to Kitsap Public Health Board Bylaws
4. Kitsap County Ordinance No. 614-2022

KITSAP PUBLIC HEALTH BOARD

BYLAWS

DRAFT (May 31, 2022)

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ARTICLE I - NAME

The name of this organization shall be the Kitsap Public Health Board, hereinafter 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; and (4) to create and promote prudent public health policy within the District (See Chapter 70.05 RCW, Local Health Departments, Boards, Officers – Regulations).

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ARTICLE III – PUBLIC HEALTH BOARD/HEALTH DISTRICT ESTABLISHED

On November 3, 1947, pursuant to Chapter 183 of the Laws of 1945, the Kitsap County Board of 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 Health District in 2010 through Ordinance No. 455-2010. The Health District's name was then changed to the Kitsap Public Health District by Kitsap County Ordinance Number No. 475-2011 in 2011. In 2011, the Public Health Board also approved this name change for the Health 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 524 524-2015 in 2015.

Commented [KG1]: KC Ord. 524 (KC Code 9.52) will need to be amended to reflect 1152/RCW 70.46.031/WAC 246-90.

In 2021, the Washington State Legislature passed Engrossed Second Substitute House Bill (E2SHB) 1152, requiring local boards of health in counties with populations fewer than 800,000 to expand their membership to include nonelected members and requiring that the number of elected officials on the board do not constitute a majority of the total membership of the local board of health. E2SHB 1152 amends RCW 70.05.030, 70.05.035, 70.46.020, and 70.46.031 and is codified as chapter 246-90 WAC. Kitsap County passed Ordinance 614-2022, Amending Portions of Kitsap County Code Chapter 9.52, Kitsap Public Health District, on May 23, 2022 to establish and affirm the new state requirements for local board of health membership.

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ARTICLE IV – MEMBERSHIP

1. In accordance with ~~Chapter RCW 70.46.031~~, Revised Code of Washington, and Kitsap County Ordinance ~~524 2015~~ 614-2022, the Public Health Board shall consist of ~~the following seven (7) voting ten (10) members, five (5) electeds and five (5) nonelecteds. The number of elected officials may not constitute a majority of the total membership of the Public Health Board.:- three~~
2. The five elected members shall be comprised of ~~one (31) Kitsap County Commissioners; and the mayor- from each of Kitsap's four (4) cities the Mayor or a Council member as appointed by each of the cities of (Bremerton, Bainbridge Island, Port Orchard, and Poulsbo).~~
3. The five (5) nonelected members shall be comprised of the following: ~~one (1) tribal representative from each federally recognized tribes that hold reservation, trust lands, or have usual and accustomed areas within Kitsap County selected by the American Indian Health Commission (for a total of two tribal representatives); and three (3) nonelected members selected from the categories specified in RCW 70.46.031(1)(a). The non-tribal, nonelected members shall be approved and appointed by the Board of County Commissioners after recruitment and referral from the Public Health Board.~~
4. Each ~~city-elected member jurisdiction~~ may also appoint an alternate Public Health Board member ~~from its legislative authority~~. 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 for~~ 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~~
- 4.5. ~~Nonelected board members are voting members of the Public Health Board except as it pertains to any decision related to the setting or modification of permit, licensing, and application fees in accordance with RCW 70.46.031(1)(1).~~
6. The term of each ~~elected~~ 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' a city's legislative bodies/body~~.
7. The terms of the nonelected members shall be ~~four (4) years, except for the initial term of the nonelected representative for the public health/health care category specified in RCW 70.46.031(1)(a)(i) that is appointed in 2022 --- the initial term for this position shall have a first term of two (2) years in order to stagger the terms of the nonelected/non-tribal members. Staggered terms are intended to help preserve continuity of the board membership and operations.~~
2. —

Commented [KG2]: Will need to be amended per above.

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8. In order to assure representation as outlined in this section (Article IV), ~~Section 1,~~ vacancies of elected positions on the Public Health Board shall be filled within 30 days by appointment ~~by of the~~ respective legislative body ~~of the City or County~~ whose representative is vacating ~~a~~ their Board position. (Note: See RCW 70.05.040) Vacancies of non-tribal and nonelected positions shall be filled as specified in Article IV.3. as soon as possible. Tribal vacancies shall be filled by the American Indian Health Commission.

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9. All members of the Public Health Board shall be subject to the Ethics in Public Service Act, Washington Laws of 1994 chapter 154, and particularly chapters 42.20, 42.23, and 42.24 RCW, including but not limited to conflicts of interest and non-disclosure of confidential information.

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10. Non-Tribal/Nonelected members of the Public Health Board may be removed from Health Board membership by the Board of County Commissioners for unexcused absences of three (3) consecutive regular Public Health Board meetings or for violations of the Ethics in Public Service Act.

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3.11. Nonelected members of the Public Health Board shall be entitled to compensation of eighty-five dollars (\$85) per meeting for attending meetings of the Public Health Board, Public Health Board committee meetings, or other Public Health Board-approved activities as approved by the Chair and as provided for in the approved Health District budget, provided that such members are not receiving compensation from their employer or another entity to attend Public Health Board meetings. Non-elected members shall also be entitled to mileage reimbursement, at the approved Internal Revenue Service (IRS) rate, for attending meetings of the board in-person.

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ARTICLE V - LEGISLATIVE POWERS, DUTIES AND FUNCTIONS

1. The authority and duties of the Public Health Board shall be as prescribed by RCW 70.05.060 and RCW 70.46.060.
2. The elected members of the Public Health Board shall appoint a Health Officer pursuant to RCW 70.05.050 who shall serve in accordance with RCW 70.05.070. It is preferred that the Health Officer shall be a qualified physician trained and experienced in public health, but may have other qualifications provided in RCW 70.05.050 through RCW 70.05.055. The Health Officer shall serve at the pleasure of the Public Health Board, and shall only be removed in accordance with RCW 70.05.050. 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 elected members of the Public Health Board may appoint an Administrative Officer (a.k.a., Administrator) 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 The Administrative Officer, if one is appointed, shall be responsible for administering the operations of the Public Health Board

and Health District except for the duties assigned to the Health Officer as enumerated in RCW 70.05.070 and other applicable state law. The Administrative Officer shall serve at the pleasure of the Public Health Board. The Public Health Board shall evaluate the performance of the Administrator biennially.

5. The Public Health Board shall set the Administrator's compensation.
6. The Public Health Board will annually review and approve the Health District's finances and budget to carry ~~on~~out public health services and operations.
7. The elected members, only, of the Public Health Board shall review and approve a fee schedule for services provided by the Health District pursuant to RCW 70.05.060~~(7)~~ and RCW 70.46.031(1)(l), and in accordance with Public Health Board budget policy.
8. The Public Health Board shall receive regular reports from and through the Health Officer and the Administrator on the activities of the Health District.

9. The Public Health Board shall enforce through the local Health Officer ~~and or~~ 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 to preserve, promote and improve the public health and provide for the enforcement thereof (*See RCW 70.05.060*).

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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(*See RCW 70.05.060*).

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(*See RCW 70.05.060*).

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. The Public Health Board may defer legal matters to the Health District's risk pool after consultation with the Health Officer and Administrator.

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 to do so. ~~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 their duties.

2. ~~2.1~~

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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 unless such role is assigned to the Health Officer.

A. It shall be the duty of the Executive Secretary to: (1) ~~record~~ Record minutes of all meetings of the Public Health Board; (2) ~~maintain~~ Maintain a book or electronic files of numbered and dated resolutions and ordinances passed by the Board; (3) ~~be~~ Be custodian of all records, books and papers belonging to the Board; and (4) ~~carry~~ 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.~~

~~5.4.~~ The Administrator, if one is appointed, shall also serve as the Chief Executive Officer for the Health District, unless such role is expressly assigned to the Health Officer, 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.

~~6.5.~~ The Administrator's appointment shall be at the will of the Public Health Board. No term of office ~~shall be~~ is required to be established for the Administrator, ~~but and~~ 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 and~~ 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. *(See RCW 70.05.050).*

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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 current calendar year.
2. Special meetings may be called by the Chair at his/her discretion, ~~at by the~~ request of the Health Officer ~~or~~ 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-Six (46)~~ members of the Public Health Board shall constitute a quorum for conducting the regular business of the Public Health Board and Health District, subject to the exceptions noted below.
4. Approval of ~~all~~ actions taken by the Public Health Board shall be by a majority of the votes cast of members officially in attendance. Only those Public Health Board members, ~~or a City's appointed alternate, present-officially in attendance~~ and constituting a quorum of the Board shall be allowed to cast votes.
5. In accordance with RCW 70.46.030(1)(I), only elected members shall vote on matters related to setting or modifying permit, licensing, and application fees, and a simple majority will prevail.
6. For approval of the Health District's annual budget, a majority of the quorum present shall be obtained for the budget vote to pass.
7. For tied votes on matters other than fees or budget, a 100% voting block of elected members present shall break the tie; when a 100% block of electeds present is not obtained, the tied vote/action shall fail.

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4.8. Pursuant to Kitsap County Ordinance No. 614-2022, only elected members of the board shall appoint a Health Officer and/or Administrator.

5.9. 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 and the amount of time allotted to each item.

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 (2), but no more than ~~three~~ five (5), Public Health Board members so as not to create a quorum of the Public Health Board. 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.

KITSAP PUBLIC HEALTH BOARD

BYLAWS

Version 6 DRAFT (May 31, 2022)

ARTICLE I - NAME

The name of this organization shall be the Kitsap Public Health Board, hereinafter 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; and (4) to create and promote prudent public health policy within the District (*See* Chapter 70.05 RCW, 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 Board of 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 Health District through Ordinance No. 455-2010. The Health District's name was then changed to the Kitsap Public Health District by Kitsap County Ordinance No. 475-2011. In 2011, the Public Health Board also approved this name change for the Health 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 524-2015.

In 2021, the Washington State Legislature passed Engrossed Second Substitute House Bill (E2SHB) 1152, requiring local boards of health in counties with populations fewer than 800,000 to expand their membership to include nonelected members and requiring that the number of elected officials on the board do not constitute a majority of the total membership of the local board of health. E2SHB 1152 amends RCW 70.05.030, 70.05.035, 70.46.020, and 70.46.031 and is codified as chapter 246-90 WAC. Kitsap County passed Ordinance No. 614-2022, Amending

Portions of Kitsap County Code Chapter 9.52, Kitsap Public Health District, on May 23, 2022, to establish and affirm the new state requirements for local board of health membership.

ARTICLE IV – MEMBERSHIP

1. In accordance with RCW [70.46.031](#), Revised Code of Washington, and Kitsap County Ordinance 614-2022, the Public Health Board shall consist of ten (10) members, five (5) electeds and five (5) nonelecteds. The number of elected officials may not constitute a majority of the total membership of the Public Health Board.
2. The five elected members shall be comprised of one (1) Kitsap County Commissioner the mayor from each of Kitsap's four (4) cities (Bremerton, Bainbridge Island, Port Orchard, and Poulsbo).
3. The five (5) nonelected members shall be comprised of the following: one (1) tribal representative from each federally recognized tribes that hold reservation, trust lands, or have usual and accustomed areas within Kitsap County selected by the American Indian Health Commission (for a total of two tribal representatives); and three (3) nonelected members selected from the categories specified in [RCW 70.46.031\(1\)\(a\)](#). The non-tribal, nonelected members shall be approved and appointed by the Board of County Commissioners after recruitment and referral from the Public Health Board.
4. Each elected member jurisdiction may also appoint an alternate Public Health Board member from its legislative authority. 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 for whom the alternate is delegated is not present during the committee meeting.
5. Nonelected board members are voting members of the Public Health Board except as it pertains to any decision related to the setting or modification of permit, licensing, and application fees in accordance with RCW 70.46.031(1)(l).
6. The term of each elected Public Health Board member 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 a city's legislative body.
7. The terms of the nonelected members shall be four (4) years, except for the initial term of the nonelected representative for the public health/health care category specified in RCW 70.46.031(1)(a)(i) that is appointed in 2022 --- the initial term for this position shall have a first term of two (2) years in order to stagger the terms of the nonelected/non-tribal members. Staggered terms are intended to help preserve continuity of the board membership and operations.

8. In order to assure representation as outlined in this section (Article IV), vacancies of elected positions on the Public Health Board shall be filled within 30 days by appointment of the respective legislative body whose representative is vacating their Board position. (Note: *See* RCW 70.05.040) Vacancies of non-tribal and nonelected positions shall be filled as specified in Article IV.3. as soon as possible. Tribal vacancies shall be filled by the American Indian Health Commission.
9. All members of the Public Health Board shall be subject to the Ethics in Public Service Act, Washington Laws of 1994 chapter 154, and particularly chapters [42.20](#), [42.23](#), and [42.24](#) RCW, including but not limited to conflicts of interest and non-disclosure of confidential information.
10. Non-Tribal/Nonelected members of the Public Health Board may be removed from Health Board membership by the Board of County Commissioners for unexcused absences of three (3) consecutive regular Public Health Board meetings or for violations of the Ethics in Public Service Act.
11. Nonelected members of the Public Health Board shall be entitled to compensation of eighty-five dollars (\$85) per meeting for attending meetings of the Public Health Board, Public Health Board committee meetings, or other Public Health Board-approved activities as approved by the Chair and as provided for in the approved Health District budget, provided that such members are not receiving compensation from their employer or another entity to attend Public Health Board meetings. Non-elected members shall also be entitled to mileage reimbursement, at the approved Internal Revenue Service (IRS) rate, for attending meetings of the board in-person.

ARTICLE V - LEGISLATIVE POWERS, DUTIES AND FUNCTIONS

1. The authority and duties of the Public Health Board shall be as prescribed by [RCW 70.05.060](#) and [RCW 70.46.060](#).
2. The elected members of the Public Health Board shall appoint a Health Officer pursuant to [RCW 70.05.050](#) who shall serve in accordance with RCW 70.05.070. It is preferred that the Health Officer shall be a qualified physician trained and experienced in public health, but may have other qualifications provided in RCW 70.05.050 through RCW 70.05.055. The Health Officer shall serve at the pleasure of the Public Health Board, and shall only be removed in accordance with RCW 70.05.050. 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 elected members of the Public Health Board may appoint an Administrative Officer (a.k.a., Administrator) 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. The Administrative Officer, if one is appointed, shall be responsible for administering the operations of the Public Health Board and Health District except for the duties assigned to the Health Officer as enumerated in RCW 70.05.070 and other applicable

state law. The Administrative Officer shall serve at the pleasure of the Public Health Board. The Public Health Board shall evaluate the performance of the Administrator biennially.

5. The Public Health Board shall set the Administrator's compensation.
6. The Public Health Board will annually review and approve the Health District's finances and budget to carry out public health services and operations.
7. The elected members, only, of the Public Health Board shall review and approve a fee schedule for services provided by the Health District pursuant to RCW 70.05.060(7) and RCW 70.46.031(1)(l), and in accordance with Public Health Board budget policy.
8. The Public Health Board shall receive regular reports from and through the Health Officer and the Administrator on the activities of the Health District.
9. The Public Health Board shall enforce through the local Health Officer or 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 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(*See* RCW 70.05.060).
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(*See* RCW 70.05.060).
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. The Public Health Board may defer legal matters to the Health District's risk pool after consultation with the Health Officer and Administrator.
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 to do so. 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 their duties.
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 unless such role is assigned to the Health Officer.
 - 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 or electronic files 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, the Administrator may delegate such duties to other personnel employed by the Health District.
4. The Administrator, if one is appointed, shall also serve as the Chief Executive Officer for the Health District, unless such role is expressly assigned to the Health Officer, 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.
5. The Administrator's appointment shall be at the will of the Public Health Board. No term of office is required to be established for the Administrator, and 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, and 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 (See [RCW 70.05.050](#)).

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 current calendar year.
2. Special meetings may be called by the Chair at his/her discretion, by request of the Health Officer or 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. Six (6) members of the Public Health Board shall constitute a quorum for conducting the regular business of the Public Health Board and Health District, subject to the exceptions noted below.
4. Approval of actions taken by the Public Health Board shall be by a majority of the votes cast of members officially in attendance. Only those Public Health Board members officially in attendance and constituting a quorum of the Board shall be allowed to cast votes.
5. In accordance with RCW 70.46.030(1)(1), only elected members shall vote on matters related to setting or modifying permit, licensing, and application fees, and a simple majority will prevail.
6. For approval of the Health District's annual budget, a majority of the quorum present shall be obtained for the budget vote to pass.

7. For tied votes on matters other than fees or budget, a 100% voting block of elected members present shall break the tie; when a 100% block of electeds present is not obtained, the tied vote/action shall fail.
8. Pursuant to Kitsap County Ordinance No. 614-2022, only elected members of the board shall appoint a Health Officer and/or Administrator.
9. 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 and the amount of time allotted to each item.

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 (2), but no more than five (5), Public Health Board members 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, in 2021 the Washington State Legislature adopted Engrossed Second Substitute House Bill 1152 (E2SHB 1152) which, among other things required single county health districts, such as Kitsap County, to amend the composition of its governing board; and

WHEREAS, the Kitsap County Board of County Commissioners has approved Ordinance 614-2022, Amending Portions of Kitsap County Code Chapter 9.52 Kitsap Public Health District, in order to comply with E2SHB 1152; and

WHEREAS, pursuant to the requirements of E2SHB 1152 and commensurate with the amendments to Kitsap County Code Chapter 9.52 Kitsap Public Health District, the Bylaws of the Kitsap Public Health Board are also required to be amended; and

WHEREAS, the Kitsap Public Health Board has produced a draft amended version of their Bylaws to comply with E2SHB 1152 and amended Kitsap County Code Chapter 9.52 to change the composition of the Health Board membership structure and update other related items; and

WHEREAS, the draft amended version of the Health Board Bylaws is attached hereto for Health Board review and consideration.

NOW, THEREFORE, BE IT RESOLVED that the Kitsap Public Health Board hereby approves the attached and amended Kitsap Public Health Board Bylaws, effective immediately.

APPROVED: June 7, 2022

EFFECTIVE: June 7, 2022

Mayor Greg Wheeler, Chair
Kitsap Public Health Board

ORDINANCE NO. 614 - 2022

AMENDING PORTIONS OF KITSAP COUNTY CODE CHAPTER 9.52 KITSAP
PUBLIC HEALTH DISTRICT

WHEREAS, in 2021 the Washington State Legislature adopted Engrossed Second Substitute House Bill (E2SHB) 1152 which, among other things, required single county health districts such as Kitsap County to amend the composition of its governing board; and

WHEREAS, to comply with state law Kitsap County Code Chapter 9.52 entitled "Kitsap Public Health District" must be revised.

NOW THEREFORE BE IT ORDAINED BY THE KITSAP COUNTY BOARD OF COUNTY COMMISSIONERS:

Section 1. Kitsap County Code Section 9.52.010, "Definitions" last amended by Ordinance 524-2015 is amended as follows:

9.52.010 Definitions.

- A. "Public health board" means the public health board for the Kitsap Public Health District whose membership has been composed in accordance with RCW 70.46.031.
- B. "Cities" means the cities of Bainbridge Island, Bremerton, Port Orchard, and Poulsbo.
- C. "County" means Kitsap County.
- D. "Health district" means the entity that provides public health services for the territory within the cities and within the county ~~which provides public health services to persons~~ in accordance with RCW 70.05 and 70.46, henceforth called "Kitsap Public Health District".
- E. "Health officer" means the legally qualified physician who has been appointed by the elected members of the public health board in accordance with RCW 70.05.050 and RCW 70.46.031(1)(i).
- F. "Administrative officer" means an administrative officer who may be appointed by the elected members of the public health board in addition to a health officer pursuant to RCW 70.05.040 and RCW 70.46.031(1)(i). ~~If the public health board appoints an administrative officer, the use of the term "health officer" herein shall refer to the administrative officer, with the exception of those health-related duties set out in Section 9.52.090~~

G. "Elected members of the public health board" means one member of the county legislative authority and the mayor from each of the county's four (4) cities.

H. "Non-elected members of the public health board" means those members described in RCW 70.46.031(1)(a) and (e).

Section 2. Kitsap County Code Section 9.52.050, "Control by the public health board" last amended by Ordinance 524-2015 is amended as follows:

9.52.050 ~~Control by the~~ Powers and duties of public health board.

~~The control, direction and management of the health district are hereby vested in the public health board as set forth in Chapter 70.05 RCW et seq. and Chapter 70.46 RCW et seq. The public health board shall have supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction and provide supervision and direction to the health officer and administrator pursuant to RCW 70.05.060.~~

Section 3. Kitsap County Code Section 9.52.060, "Composition of the public health board" last amended by Ordinance 524-2015 is amended as follows:

9.52.060 Composition, tenure, and appointment of the public health board.

A. Pursuant to RCW 70.46.031, ~~The~~the public health board shall be composed of ~~seven voting members: three 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 board member. An alternate may attend any 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 board shall have the authority to establish and define nonvoting categories of community members on the board.~~ten (10) members: five (5) elected officials and five (5) members who are not elected officials. The number of elected members must be equal to the number of non-elected members. The five elected members shall be comprised of one (1) member of the county legislative authority and the mayor of each of the county's four (4) cities. The five (5) non-elected members shall be comprised of the following: one (1) tribal representative from each federally recognized tribe that holds reservation, trust lands, or has usual and accustomed areas within Kitsap County selected by the American Indian Health Commission; and three (3) non-elected members selected from the categories specified in RCW 70.46.031(1)(a).

B. Non-tribal, non-elected members must be approved by a majority vote of the county legislative authority.

C. Each elected member may appoint an alternate member from its legislative authority. An alternate may attend any public health board meeting but is not entitled to vote unless the regular member for whom the alternate is delegated is absent from that meeting. An alternate member may also participate on committees, so long as the regular member for whom the alternate is delegated is not present during the committee meeting.

D. Non-elected members will each serve four year terms, except that non-elected members within the category of individuals described in RCW 70.46.031(1)(a)(i) initially appointed following adoption of this ordinance will serve a two-year term. Thereafter, such members will serve four-year terms.

E. Non-elected public health board members shall not be allowed to vote on decisions before the public health board related to the setting or modification of permit, licensing, and application fees in accordance with RCW 70.46.031(1)(l).

Section 4. Kitsap County Code Section 9.52.070, "Conduct of business by the public health board; delegation of authority" last amended by Ordinance 524-2015 is amended as follows:

9.52.070 Conduct of business by the public health board; delegation of authority.

The business and other matters which come before the public health board shall be transacted at open, public meetings in accordance with the bylaws adopted by the public health board. Meetings may be scheduled at regular times or may be called as necessary. The public health board may delegate authority on various matters to the health officer, administrator, and other public health board officers ~~or employees~~. All previous authority delegations are reaffirmed and ratified. Furthermore, the public health board focuses its primary attention on substantial policy issues of the health district. Thus, to the extent consistent with RCW 70.05.060, the public health board delegates to the health officer and administrator if one is appointed, explicit authority to manage and administer the health district and to establish routine administrative and personnel policies, procedures, and guidelines, provided they are consistent with the intent of policies established by the public health board.

Section 5. Kitsap County Code Section 9.52.080, "Health Officer" last amended by Ordinance 524-2015 is amended as follows:

9.52.080 Health officer and administrator.

A. The elected members of the public health board shall appoint a health officer who shall ~~organize, administrate, and operate the health district on a day-to-day basis~~ undertake and fulfill the powers and duties in RCW 70.05.070 and, unless an administrator is appointed to do so, shall also perform those duties described in RCW 70.05.045. The health officer shall serve at the pleasure of the public health board. The health officer may only be removed in accordance with RCW 70.05.050.

B. The elected members of the public health board may appoint an administrative officer who shall act as executive secretary and administrative officer for the local board of health. The administrative officer shall be responsible for administering the operations of the board and health district except for duties assigned to the health officer as enumerated in RCW 70.05.070 and other applicable state law. The administrative officer shall serve at the pleasure of the public health board.

Section 6. Kitsap County Code Section 9.52.090 "Powers and duties of health officer" last amended by Ordinance 524-2015 is deleted in its entirety:

~~9.52.090 Powers and duties of health officer.~~

~~The health officer shall:~~

~~A.— Enforce public health statutes of the state, rules of the State Board of Health and the Secretary of Health, and all local rules and regulations regarding public health.~~

~~B.— Take such action as is necessary to maintain the health and sanitation supervision over the county and cities.~~

~~C.— Control and prevent the spread of any dangerous, contagious or infectious diseases.~~

~~D.— Inform the public as to the causes, nature, and prevention of disease and disability and preservation, promotion and improvement of health.~~

~~E.— Prevent, control or abate nuisances which are detrimental to the public health.~~

~~F.— Attend all conferences called by the secretary of health or his/her authorized representative.~~

~~G.— Collect such fees as are established by the State Board of Health or the public health board for the issuance or renewal of licenses or permits or such other fees as may be authorized.~~

~~H. Inspect, as necessary, expansion or modifications of existing public water systems, and the construction of new public water systems, to assure that the expansion, modification, or construction conforms to system design and plans.~~

~~I. Take such measures as he/she deems necessary in order to promote the public health, to participate in the establishment of health educational or training activities, and to authorize the attendance of employees of the health district or individuals engaged in community health programs related to or part of the programs of the health district.~~

Section 7. Kitsap County Code Section 9.52.100, "Budget" last amended by Ordinance 524-2015 is amended as follows:

9.52.100 Budget and Compensation.

A. Elected members shall serve without compensation.

B. For non-elected members, bylaws adopted by the public health board must include provisions for compensation or reimbursement of expenses for attending meetings of the public health board, public health board committee meetings, or other public health board activities as approved by the chair and as provided for in the approved health district budget, except when such members receive compensation from their employer or another entity to attend public health board meetings or activities.

C. The health district budget shall be developed, approved, amended, and reported as required in the budget policy adopted by the public health board.

Section 8. Severability. If any section, sentence, clause, or phrase or this ordinance should be held invalid or unconstitutional by a court of competent jurisdiction, such invalidity or unconstitutionality shall not affect the validity of any other section, sentence, clause or phrase of this ordinance.

Section 9. Clerical/Typographical Error. Should this ordinance, upon being enacted by the Kitsap County Board of Commissioners during its deliberations on May 23, 2022, inadvertently leave out or add in error upon publication, the explicit action of the Board as discussed and passed shall prevail upon subsequent review and verification by the Board.

Section 10. Effective Date. This ordinance shall be effective July 1, 2022.

DATED this 23rd day of May, 2022.



BOARD OF COUNTY COMMISSIONERS
KITSAP COUNTY, WASHINGTON

EDWARD E. WOLFE, Chair

CHARLOTTE GARRIDO, Commissioner

ROBERT GELDER, Commissioner

ATTEST:

Dana Daniels, Clerk of the Board

Approved as to Form:

Deputy Prosecuting Attorney

MEMO

To: Kitsap Public Health Board
From: Jessica Guidry
Date: June 7, 2022
Re: Equity Program Update

Kitsap Public Health District's Equity Program was launched after Kitsap Public Health Board approved Resolution 2021-01, Declaring Racism a Public Health Crisis. The purpose of this agenda item is to provide the Health Board with an update on the progress the Health District has made in implementing several of the deliverables identified in the approved resolution.

Today's presentation will focus on the following Equity Program activities accomplished to date:

- Our definition of "equity."
- Our current priorities (organizational assessment, training, policy review, and community partnerships).
- Outreach activities.
- Future Equity Program activities.

The attached slides provide more detail.

Please contact me with any questions or concerns about this matter at (360) 509-0966, or jessica.guidry@kitsappublichealth.org.

Attachment: *Equity Program Update slides*

Equity Program Update

June 7, 2022

Jessica Guidry, MPH, CHES
Equity Program Manager



KITSAP PUBLIC HEALTH DISTRICT

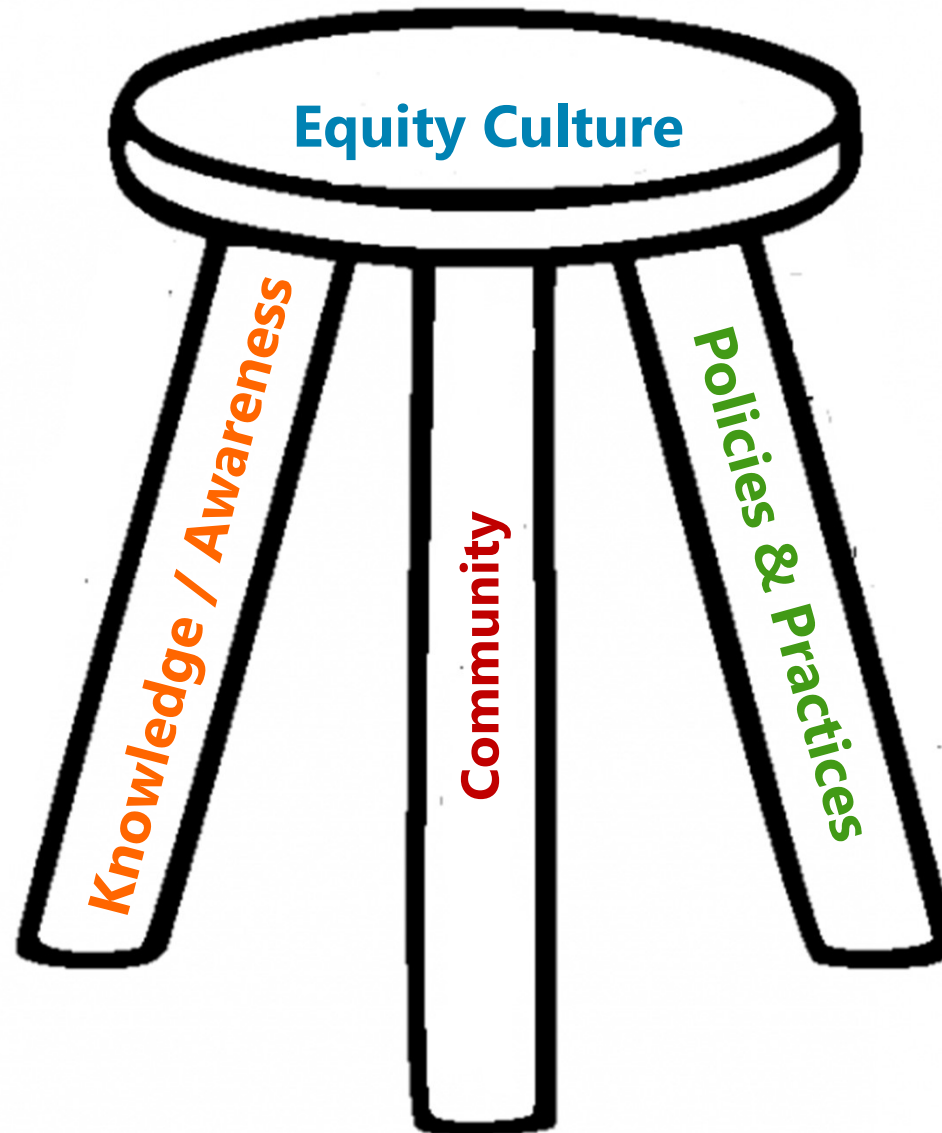
Definition of Equity

Equity is the guarantee of fair treatment, advancement, opportunity, and access for all individuals.

To achieve equity, we strive to identify and eliminate barriers that have prevented the full participation of some groups and ensure that all community members have access to community conditions and opportunities to reach their full potential and to experience optimal well-being and quality of life.

(Adapted from the International City/County Management Association)





Supported by:
Internal infrastructure
"Equity lens"
Continuous learning/QI culture



Equity Program Overview

The Equity Program guides and supports agencywide and program initiatives to advance health equity and the use of a public health approach to advancing racial equity.

The program also collaborates with the Human Resources Program and District employees to build an inclusive and antiracist workplace culture that is continuously improving and that provides services that are accessible, culturally appropriate, and equitable.

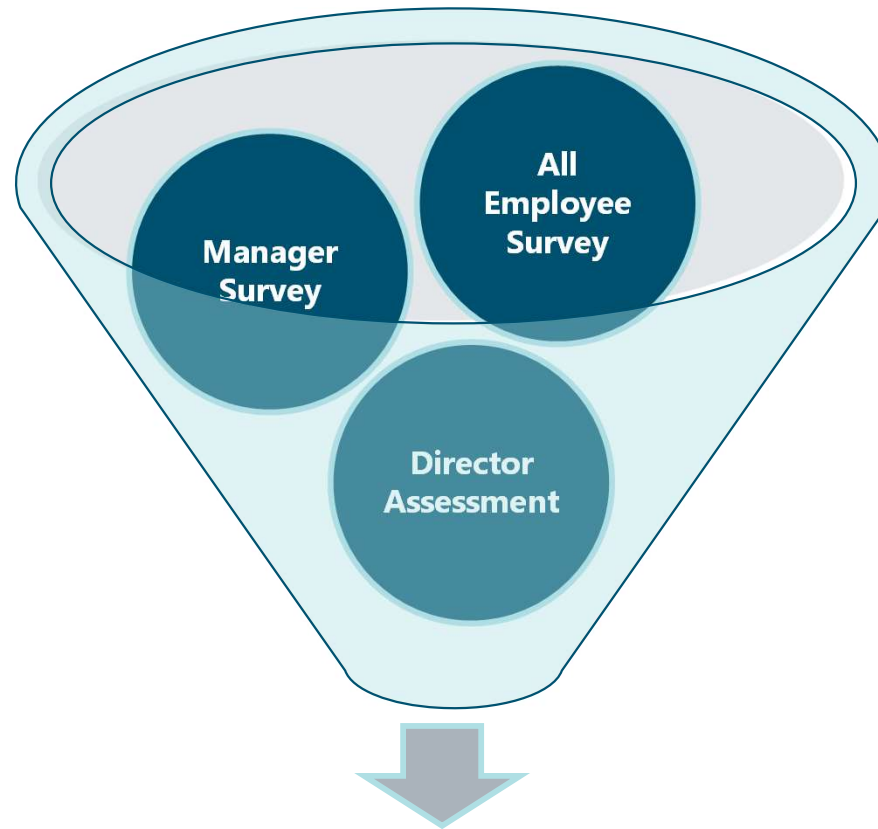


Current Priorities

- Organizational assessment
- Employee training
- Policy equity analysis tool
- Community relationships



Organizational Assessment



**Baseline Snapshot of Our
Current Equity, Knowledge, & Practices**



Training Approach

- Uses social ecological model
- Layered approach: directors, managers, all employees
- Uses social ecological model
- First employee training: June – September 2022



What is an “Equity Lens”?

- Helps our employees focus on equity in their processes (especially related to values, assumptions, inclusion) and outcomes
- Draws attention to how the decision impacts marginalized/oppressed groups



Sample “Equity Lens” Questions

1. What is the purpose of this policy/program?
2. Who is impacted? Have they been engaged in the development of this policy/program? Are there opportunities to expand engagement?
3. What are the most valid and reliable ways of measuring the impacts of the policy/program? Are we using those methods currently? Are we collecting data on the impacts?
4. Who benefits from this policy/program?
5. Who is unfairly burdened by this policy/program (e.g., women, individuals with disabilities, non-management, etc.)? Are there unintended consequences that can result?
6. How can this policy/program be improved to mitigate unintended consequences and advance health equity?
7. How is this policy/program implemented/enforced? Is there potential for this policy/program to be inequitably implemented/enforced? If so, what measures can be put in place to mitigate this?



Current Uses of “Equity Lens”

- Program collaborations, technical assistance
- Communications and data reporting
- Non-elected board member recruitment
- Community health assessment process
- Internal policy “equity lens” assessment checklist



Community Presentations

- 8 presentations at community meetings and public events since September 2021
- Public events:
 - Kitsap Human Rights Conference
 - Bremerton “Getting to Racial Equity” conversation
 - UFSI Race and Equity Summit



Groups

- Kingston Citizens Advisory Committee
- Bainbridge Island Senior Group
- NAACP Unit 1134
- League of Women Voters of Kitsap County
- Kitsap County Human Rights Council
- Kitsap Equity Race and Community Engagement (ERACE) Coalition



Current Community Engagement

- Participation in Kitsap Community Resources (KCR) Community Partnerships Committee, NAACP Vital Information Group, and other groups
- One-on-ones with community leaders and organizations
- Participate in events, e.g.,
 - NAACP Resource Fair
 - Juneteenth Freedom Festival



Other Work

- Update of KPHD's equity guiding principle
- Supported adoption of board land acknowledgement (resolution adopted by Board in March)
- Will start recruitment for additional team member this summer





Jessica Guidry, MPH, CHES

Equity Program Manager

jessica.Guidry@kitsappublichealth.org

(360) 509-0966

