

KITSAP PUBLIC HEALTH BOARD MEETING AGENDA

July 6, 2021
10:30 a.m. to 11:45 a.m.

**** Please note that this is a virtual / online meeting due to the COVID-19 pandemic.
Electronic connection and viewing information for the meeting is provided at the end of the
Agenda. ****

10:30 a.m. 1. Call to Order
Commissioner Charlotte Garrido, Chair

REGULAR BUSINESS ACTION ITEMS

10:31 a.m. 2. Approval of June 1, 2021, Regular Meeting Minutes
Commissioner Charlotte Garrido, Chair *Page 4*

10:32 a.m. 3. Approval of Consent Items and Contract Updates
Commissioner Charlotte Garrido, Chair *External Document*

INFORMATION AND DISCUSSION ITEMS

10:34 a.m. 4. Chair Comments
Commissioner Charlotte Garrido, Chair

10:36 a.m. 5. Public Comment – PLEASE SEE NOTES AT END OF AGENDA
Commissioner Charlotte Garrido, Chair

10:41 a.m. 6. Health Officer and Administrator Reports
Dr. Gib Morrow, Health Officer & Keith Grellner, Administrator

10:46 a.m. 7. Update on Implementation of Resolution 2021-01, Declaring Racism a
Public Health Crisis
Siri Kushner, Community Health Assistant Director *Page 12*

11:05 a.m. 8. COVID-19 Update
Dr. Gib Morrow, Health Officer *Page 26*

11:30 a.m. 9. Update on Effects of E2SHB 1152, Supporting Measures to Create
Comprehensive Public Health Districts
Keith Grellner, Administrator *Page 73*

11:45 a.m. 10. Adjourn

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

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

Health Board Meetings Via Zoom

The Kitsap Public Health Board will 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 Provide 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. To sign up for public comment in advance (recommended, not required), email: melissa.laird@kitsappublichealth.org.

Written comments may be submitted *prior* to the meeting via regular mail or email to:

Regular Mail:

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

Email:

keith.grellner@kitsappublichealth.org

Written comments must be received by midnight, Monday, July 5, 2021, to be included during the July 6, 2021, meeting.

How to Join the Zoom Meeting

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

To join the meeting online, please click the link:

<https://us02web.zoom.us/j/86186052497?pwd=TXcrQU1PRWVVVHgyWERXRFluTWloQT09>

Password: 109118

Or join by telephone:

Dial: +1 (253) 215-8782

Webinar ID: 861 8605 2497

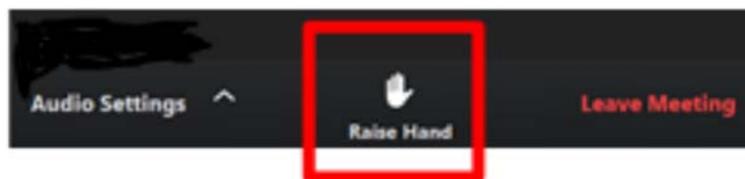
*Zoom meeting is limited to the first 500 participants. A recording of the meeting will be made available on our website within 48 hours of the meeting.

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.

Time Limit: Each speaker testifying or providing public comment will be limited to three (3) minutes.

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

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
June 1, 2021**

The meeting was called to order by Board Chair, Commissioner Charlotte Garrido at 12:32 p.m.

REVIEW AND APPROVE AGENDA

There were no changes to the agenda.

BOARD MEETING MINUTES

Commissioner Rob Gelder moved and Mayor Becky Erickson seconded the motion to approve the minutes for the May 4, 2021, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The June consent agenda included the following contracts:

- 1749 Amendment 20 (2173) *Washington State Department of Health, Consolidated Contract*
- 2111, *Jefferson County Public Health, Nurse Family Partnership*

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

CHAIR COMMENT

Chair Garrido said she really appreciated the presentation by Dr. Robertson last month. It was inspiring and enlightening.

PUBLIC COMMENT

Cynthia Bellas: Spoke about noninvasive surveillance testing and a pilot study her team would like to launch in Kitsap County utilizing CARES act funding. Ms. Bellas was joined by Dr. Jeremy Rossman, founder of Research-Aid Networks and a virologist at the University of Kent and Dr. Derek Toomre, professor, researcher and inventor from Yale. Cynthia emphasized that this is a legitimate effort to combat the Covid transmission through our community.

Dr. Jeremy Rossman: Spoke about a very cheap and accessible smell test to identify COVID cases in the community. He said COVID is looking better in many communities, however we still do not have the level of full vaccination that is needed to protect the community. We are also seeing more variants. He said, until we get to the point of really good vaccine protection we are at a place where extra precautions can make a difference. This smell test can be done at home and at a community level to help stop the spread of COVID. Dr. Rossman said it is an example

of a system that can be used locally while being a shining example of something that can be done internationally. He said there is no financial interest in this.

Dr. Derek Toomre: Explained that this is a factory test that can be done with an app. The team has done clinical trials in Brazil and with the Bill and Melinda Gates foundation. He said modeling shows that if this could be done in a repeated way it could block transmission. The team would like to do a clinical study on a large cohort of people, an island community like Bainbridge Island would be optimal. He said this would be beneficial for the community and outside of the US in general. Dr. Toomre noted this rapid COVID test won the X Prize for rapid COVID test competition out of 720 teams, but he said the key part is to show that this can work in a community and have an impact. Dr. Toomre said his team would like to ask for consideration and have a conversation about a clinical trial.

Mayor Wheeler would like to reinforce and welcome this company to discuss this with the staff. Ms. Bellas will follow up with an email to Dr. Morrow and Mr. Greller to discuss a meeting date.

Ms. Angie Berger read a public comment received via email regarding the racism as a public health crisis resolution. The individual inquired about the Health District and County's status and timeline for this resolution.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Health Officer Update:

Dr. Gib Morrow, Health Officer, deferred his remarks until the COVID-19 presentation.

There was no further comment.

Administrator Update:

Mr. Keith Grellner, Administrator, reminded the Board that last month, for the first time in over a year, we had a non-covid agenda item when the Board adopted Resolution 2021-01, Declaring Racism is a Public Health Crisis. Mr. Grellner shared the implementation plan for Kitsap Public Health District and showed an ongoing timetable. He explained the Health District's plan of identifying leads, new hire plans and an internal equity committee. He said there has been a lot of progress made since the meeting last month.

Chair Garrido commented that this was a great plan and asked if it could be emailed to the Board. She commented that it is a very ambitious piece of work that deserves a lot of discussion and mutual understanding.

Commissioner Gelder likes the idea of reporting back to the Board and noted that he would like to see an annual report to the community. This could be a portion of another process or stand alone. Chair Garrido agreed with providing an annual report for helping the public understand what we are doing. Mr. Grellner said he would be happy to make that happen.

There was no further comment from the board.

2020 WATER QUALITY REPORT FOR CLEAN WATER KITSAP

John Kiess, Environmental Health Director, introduced Grant Holdcroft, Pollution Identification and Correction (PIC) Program Manager.

Mr. Holdcroft gave a presentation on protecting public health through preventing and correcting water pollution in partnership with Clean Water Kitsap. In his report he spoke about 2020 PIC program highlights, health advisories for local streams, 2020 water quality monitoring results and standards, water quality in lakes, and pollution sources and prevention. Additionally, in 2020 the PIC program:

- Monitored 69 streams for pollution,
- Collected 3,642 water samples,
- Logged 13,107 staff hours,
- Had 340 health advisory days for local lakes, and
- Increased number of usable shellfish beds by 137 acres

Mr. Holdcroft said the vast majority of work the PIC program does is based on investigating septic tank issues and poor agricultural practices as sources of pollution. Staff work with property owners directly to keep the surface water clean. The PIC program helps people find and fix septic system issues every day to keep waste out of our water ways. Most of the time staff offer technical assistance and connect individuals with Craft3 for loans, however sometimes people are not able to qualify for a loan to fix their septic tank. Mr. Holdcroft shared an anecdote about someone who had applied for a loan but did not qualify because her income was \$500 of Social Security a month. Staff were able to find a solution with the US Department of Agriculture (USDA) and helped the resident apply for a loan. After a year and a half, and with the help with USDA and a patient septic installer, the PIC staff kept their commitment to public health and helped the low-income homeowner make the repair. Septic system designs and bids are part of the process and the design costs at least \$1,400. PIC is working to address that stumbling block. This success story is featured on the USDA website and exemplifies the work the PIC team does daily to take care of pollution.

The Washington State Department of Ecology recently changed the freshwater quality standard to test for *E. coli* instead of fecal coliform. When the state changes standards, Mr. Holdcroft explained, it becomes challenging to tell if there has been an environmental impact on water quality over time. The Health District had previously been able to use the fecal coliform sampling to show trends of water quality improving or declining. In 2020, 34 Kitsap streams met the standard, 29 streams met part of the standard, and 6 streams failed the standard.

Mayor Erickson asked what the rationale is for switching the state standard from the fecal coliform to *E. coli*? Mr. Holdcroft explained that the Environmental Protection Agency (EPA) has implemented this change nationally, so the state Department of Ecology has had to follow suit. Mr. Kiess added that the EPA changed the standard based on health data – it is shown that high *E. coli* values in recreational waters are more directly correlated with water born illness and

are proving to be the better indicator over time. The same was not found to be true for fecal coliform. Washington state was one of the last states to switch to the *E. coli* indicator.

Mayor Erickson asked if the PIC program is still using microbial source tracking (MST) with adequate libraries. Mr. Holdcroft confirmed that the PIC program still uses MST and it is constantly being upgraded with additional libraries.

Mayor Erickson said she is concerned that, by changing the standard, it is going to be more difficult to find the contaminant that is going into a failing creek and determine if it is human or animal. Mr. Kiess clarified that MST analysis is not tied to fecal coliform or *E. coli* bacteria and said staff can tell the difference between ducks and human feces in the water.

Commissioner Gelder is asked how this impacts the total maximum daily load (TMDL) and how the program focuses on that. Mr. Kiess recognized that many jurisdictions have been asking the Washington State Department of Ecology the same question and Ecology has yet to fully clarify. There are two TMDLs for bacteria in Kitsap: Liberty Bay and Dyes Inlet. Mr. Kiess said we have met the overall goals for bacteria, and the receiving waters are meeting standards. The good news, Mr. Kiess said, is as long as we continue to monitor for bacteria and keep our receiving waters safe, the State Department of Ecology will recognize our work in lowering the fecal load to our receiving waters.

Mayor Erickson asked when this transfer happened. Mr. Holdcroft said the standard changed in February 2019, but the sunset period of the previous standard ended in December of 2020.

Mayor Greg Wheeler noted the City of Bremerton has programs in place to provide payment options for those with difficulty paying sewer connection fees. Mayor Wheeler would welcome a discussion about this with PIC staff.

Mr. Holdcroft continued his presentation with maps of various regions and the stream health within those parts of the county. Additionally, he noted the PIC program monitors 17 lakes during the summer and posts public health advisories at these lakes when they are unsafe for swimming due to toxic bacteria. There are many common sources of people pollution and steps to take to improve the water quality.

Chair Garrido wanted to know how this information is getting out to the public. Mr. Holdcroft said staff hand out lots of educational materials and time talking to residents about septic systems and agricultural waste, so it does not adversely impact water quality. Mr. Kiess added that through the Clean Water Kitsap partnership, WSU Extension, Kitsap County Public Works, Kitsap Public Utility District, and other partners get the word out on how to protect water quality.

Commissioner Gelder asked why the streams of focus are changing from year to year and asked if there is a general logic to this. Mr. Holdcroft explained staff generally find, through investigation, that septic and agricultural waste is often the culprit. Staff sample 6-8 spots on a stream and find the segment that has the higher number, then focus their efforts on that segment.

Mr. Kiess added that decreased numbers for problem streams are generally due to one big pollution spot and small successes over time that add up. Some of the cleanup work in large drainage basins allowed the bacteria load to go down over time. Fixing one problem can show a large decrease in the bacterial load over the year.

There was no further comment.

COVID-19 UPDATE

Dr. Morrow approached the Board regarding COVID-19 updates and commented it is great to see the streams in good shape and commended the PIC program on a job well done.

Dr. Morrow let the board know that the case rates, hospitalizations, and deaths are all decreasing while vaccinations (now available to age 12 and up) are increasing in Kitsap. The governor plans to reopen the state on June 30th, or earlier if we can hit 70% of the population vaccinated prior to the end of the month. We are still not out of the woods; things are going in the right direction but it is important to note that the disease activity is still high. At the national level, daily averages are the lowest since June of 2020. Dr. Morrow reminded the board that vaccinations are crucial and showed a graph based on disease activities by age group. The lowest vaccinations correspond with the highest case rates. Dr. Morrow shared a graph showing the vaccination rates and disease activities by race and ethnicity. This reflects continual inequities and disparities that the Health District is working on correcting.

Dr. Morrow said that access to vaccine and willingness to get vaccinated are still issues in Kitsap. He said data shows 97% of new COVID-19 cases are in unvaccinated individuals locally and nationally. He said vaccines appear to be effective against all circulating strains and noted the UK variant is about 75% of all current cases. Washington Department of Health shows that Kitsap vaccination rates (which includes full population, regardless of eligibility) are behind the state average, behind Jefferson and ahead of Pierce County. These numbers do not reflect the Veteran's Administration or the Department of Defense. He said the Health District believes that these vaccinations increase Kitsap rates by about 7% and would bring us in line with the statewide numbers.

Dr. Morrow said the Health District is shifting strategies to encourage vaccination. There has been some shift from high throughput clinics to pharmacies giving more vaccines and the goal is to get vaccines out to physician's offices and administered there. He said strategies to get people off the fence include making vaccines available, convenient, safe, and easy. Dr. Morrow has worked with the medical community to make sure all the barriers to give vaccinations at routine clinic visits have been lifted. Vaccines can be stored in the refrigerator for a month, and there is no longer concern for using all available doses in the vial the day it is open. Dr. Morrow emphasized that providers should listen to their patients' needs and concerns and provide vaccine information to them.

Lastly, Dr. Morrow shared new guidance from Centers for Disease Control and Prevention (CDC) and Labor and Industries (L&I) regarding masks. He emphasized that unmasking is for

vaccinated people only, and noted that employers and businesses may continue masking requirements to reduce risk to staff and others in their facilities.

Mayor Wheeler acknowledged the efforts to improve vaccine accessibility in Bremerton but commented that vaccine hesitancy is a complex issue in Bremerton, which primarily has to do with lack of trust for a variety of reasons which would be economic status, race, or lack of a primary health care relationship. Mayor Wheeler encourages everyone to continue outreach and gaining trust within the communities.

There was no further comment.

ADJOURN

There was no further business; the meeting adjourned at 1:47 p.m.

Charlotte Garrido
Kitsap Public Health Board

Keith Grellner
Administrator

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

Board Members Absent: *None.*

Community Members Present: *See Attached*

Staff Present: Amy Anderson, *Public Health Educator, Public Health Emergency Preparedness and Response*; Kandice Atisme, *Program Manager, Case and Contact Investigation, COVID-19*; Sarah Beers, *COVID Emergency Operations Coordinator, Public Health Emergency Preparedness and Response*; Angie Berger, *Administrative Assistant, Administration*; Dana Bierman, *Program Manager, Chronic Disease Prevention*; Holly Bolstad, *COVID Community Outreach Specialist, Public Health Emergency Preparedness and Response*; Stephanie Byrd, *Confidential Secretary, COVID-19*; Elizabeth Davis, *COVID Vaccine Public Health Nurse, COVID-19*; Anna Diaz, *Secretary Clerk 2, COVID-19*; April Fisk, *Program Coordinator, Contracts Manager, Public Records & Safety Officer, MAC, Administration*; Yolanda Fong, *Director, Community Health Division*; Keith Grellner, *Administrator, Administration*; Jill Guerrero, *Community Liaison, Chronic Disease Prevention*; Grant Holdcroft, *Program Manager, Pollution Identification and Correction*; Karen Holt, *Program Manager, Human Resources*; John Kiess, *Director, Environmental Health Division*; Siri Kushner, *Assistant Director, Community Health Division*; Melissa Laird, *Manager, Accounting and Finance*; Megan Moore, *Community Liaison, Chronic Disease Prevention*; Dr. Gib Morrow, *Health Officer, Administration*; Beth Phipps, *Public Health Nurse Supervisor, Communicable Disease*; Tatiana Rodriguez, *Communications Specialist, COVID-19 Program*; Stephanie Schreiber,

Kitsap Public Health Board
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Community Liaison, Chronic Disease Prevention; Annye Tapia, Disease Intervention Specialist, COVID-19; Mindy Tonti, Community Health Worker, HIV Case Management.

DRAFT

Kitsap Public Health Board Meeting (Virtual Attendance)

Webinar ID
861 8605 2497

Actual Start Time
6/1/2021 11:54

First Name	Last Name	First Name	Last Name
Amy	Anderson	Bob	Russell
KANDICE	Atismé-Bevins	Stephanie	Schreiber
Sarah	Beers	Stacey	Smith
Cynthia	Bellas	Michael	Spencer (BKAT)
Angie	Berger	Annye	Tapia
Dana	Bierman	Mindy	Tonti
Holly	Bolstad	derek	toomre
Stephanie	Byrd	SHELLEY	WEATHERBY
John	Clauson	Tayler	
Tiffany	Cooper		
Kitsap	County Commissioners Office		
Liz	Davis, Kitsap Public Health		
Anna	Diaz		
Ivy	Edmonds-Hess		
April	Fisk		
Yolanda	Fong		
Keith	Grellner		
Jill	Guerrero		
Grant	Holdcroft		
Karen	Holt		
John	Kiess		
John	Koch		
Siri	Kushner		
Melissa	Laird		
Barbara	Lemon		
Monte	Levine		
Linda	McAboy		
Tracy	Miller		
Megan	Moore (she/her)		
Irene	Moyer		
Beth	Phipps		
KIRO	Radio		
Tatiana	Rodriguez		
Jeremy	Rossman		

MEMO

To: Kitsap Public Health Board

From: Siri Kushner, Assistant Community Health Director

Date: July 6, 2021

Re: Updates on Implementation of Resolution 2021-01, Declaring Racism a Public Health Crisis and Vaccine Equity Work

Attached are slides that provide updates on 1) implementation of the Board of Health Resolution 2021-01 Declaring Racism a Public Health Crisis and 2) vaccine equity work.

1) Implementation of the Board of Health Resolution 2021-01:

- We are currently recruiting a new Equity Program Manager who will be responsible for developing and carrying out plans to meet the elements of Resolution 2021-01.
- We have a new Equity Program webpage.
- We have a new staff diversity dashboard showing diversity by gender, age and race/ethnicity of the Kitsap County population, KPHD staff, and KPHD management.

2) Vaccine Equity Work:

- Registration support work continues although volumes have decreased substantially.
- Outreach work also continues and is primarily conducted by our vaccine team setting up pop-up and strike-team vaccine events. Staff continue to research additional vaccine outreach strategies.
- The Kitsap Vaccine Equity Collaborative continues to meet with strong participation. In July, meetings will shift to include 2nd Tuesday sub-committees and 4th Tuesday full Collaborative.

Please contact me at (360) 366-9239, or siri.kushner@kitsappublichealth.org with any questions or comments.

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Update on Implementation of Resolution 2021-01, Declaring Racism a Public Health Crisis

Kitsap Health Board
July 6, 2021

Siri Kushner, MPH CPH
Assistant Community Health Director



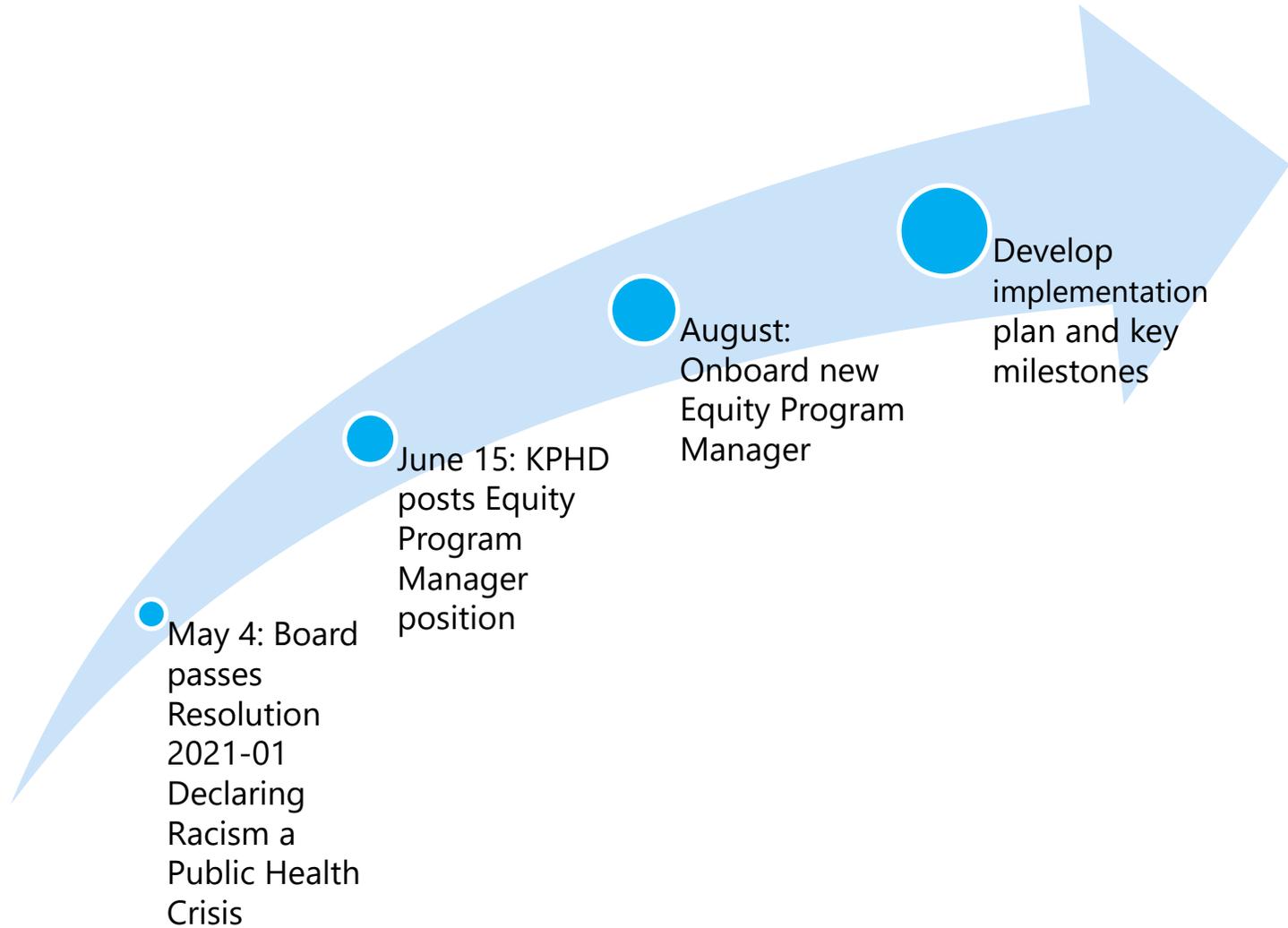
KITSAP PUBLIC HEALTH DISTRICT

New: Recruit Equity Program Manager

- Posted June 15, closes July 11
- Full-time, permanent position
- Lead efforts to develop, support, implement, and evaluate the District's associated initiatives as outlined in Board Resolution 2021-01, Declaring Racism a Public Health Crisis.
- Assist in developing an Equity program and outlining program direction, with a focus on coordination, planning, administration, and evaluation.
- Coordinate and monitor program activities; review and analyze data; provide technical assistance and guidance; and act as a liaison between various internal and external partners.



Timeline



New: Equity Program Webpage

<https://kitsappublichealth.org/about/equity.php>

Welcome to Kitsap Public Health District

 search

OUR VISION

Striving to make Kitsap County a safe and healthy place to live, learn, work and play.

- About
- Accreditation
- Mission Statement & Guiding Principles
- Our Organization
- Equity Program
- Kitsap Public Health Board
 - Board Meeting Materials
 - Committee Meeting Materials
 - Board Resources
- Customer Service Commitment
 - Reasonable Accommodations Policy
 - Non-Discrimination Policy
 - Language Access Plan
 - Contact/Feedback Form
 - Report a Public Health Concern
- Budget
- Audit Reports
- Organizational Chart
- Our Strategic Plan
- Privacy Policy (Protecting Confidentiality of Health Information)
- Board-Approved Agreements

KITSAP PUBLIC HEALTH DISTRICT PROMOTES EQUITY

Kitsap Public Health District is committed to promoting equity and dismantling racist systems that damage the health of Kitsap County residents. [We believe](#) all Kitsap residents should have equal opportunity to live healthy and safe lives.

Updates and resources related to our equity work will be posted to this page. If you have questions or suggestions, please email pio@kitsappublichealth.org

Kitsap Public Health Board resolution "Declaring Racism a Public Health Crisis"

On May 4, 2021, the Kitsap Public Health Board adopted a resolution declaring racism a public health crisis. Resolution 2021-01 commits the Health Board and Kitsap Public Health District to taking specific, meaningful actions to address institutionalized and systemic racism. Learn more:

- [Resolution 2021-01](#)
- [News release](#)
- [Recording of May 4 Health Board meeting](#)
- [Recording of April 6 Health Board meeting](#) (draft resolution presentation)

Supporting equity in the COVID-19 pandemic

Kitsap Public Health is collaborating with community members and organizations to improve equity in the rollout of COVID-19 vaccinations. This work includes hosting a regular COVID-19 Vaccine Equity Collaborative, supporting clinics offering vaccination for underserved populations, distributing educational materials in a variety of languages and formats, and sharing vaccination data. Learn more:

- [COVID-19 vaccine page](#)
- [COVID-19 Outreach Toolkit](#)
- [COVID-19 vaccination demographics dashboard](#)
- [COVID-19 case demographics dashboard](#)

June 2020 Letter to Community

Kitsap Public Health District leadership published an open letter to the community following the killing of George Floyd in Minneapolis. [Read the letter here.](#)

2017 Health Disparity Report

Kitsap Public Health District published a report identifying disparities in health outcomes among different population groups in Kitsap County. [Read the report here.](#)

Diversity within Kitsap Public Health District

Kitsap Public Health District is committed to employing a diverse workforce that reflects the communities it serves. The dashboard below compares demographics of the Health District employees with the county population as a whole.

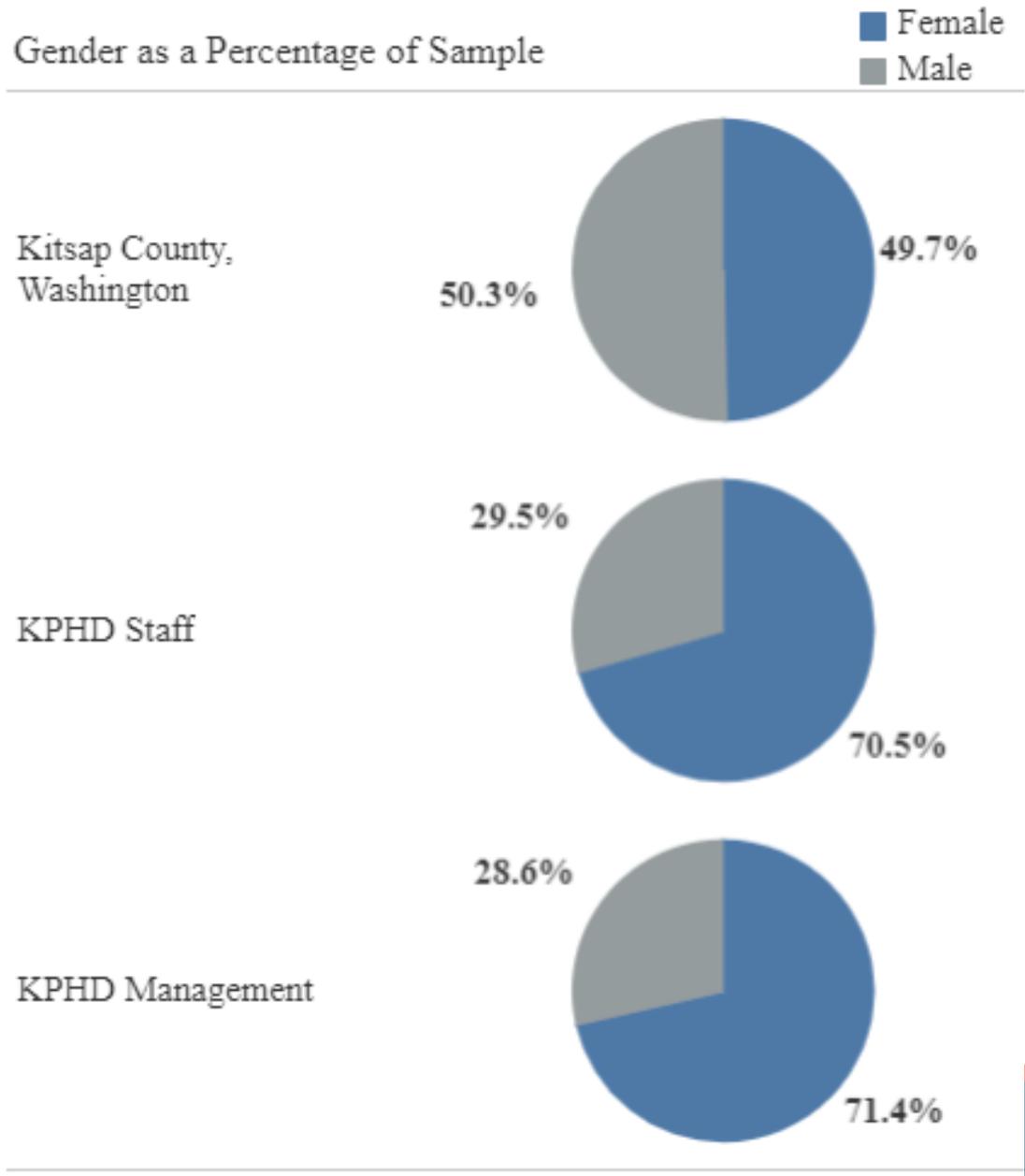
New: Diversity at Kitsap Public Health District Dashboard

- Display and comparison of demographic characteristics:
 - Kitsap County population (age 20 and older)
 - KPHD staff
 - KPHD management
- Plan dashboard updates in January and July
- Current dashboard shows staff data as of 4/26/21
- Dashboard online at: <https://kitsappublichealth.org/about/equity.php>



Diversity by Gender

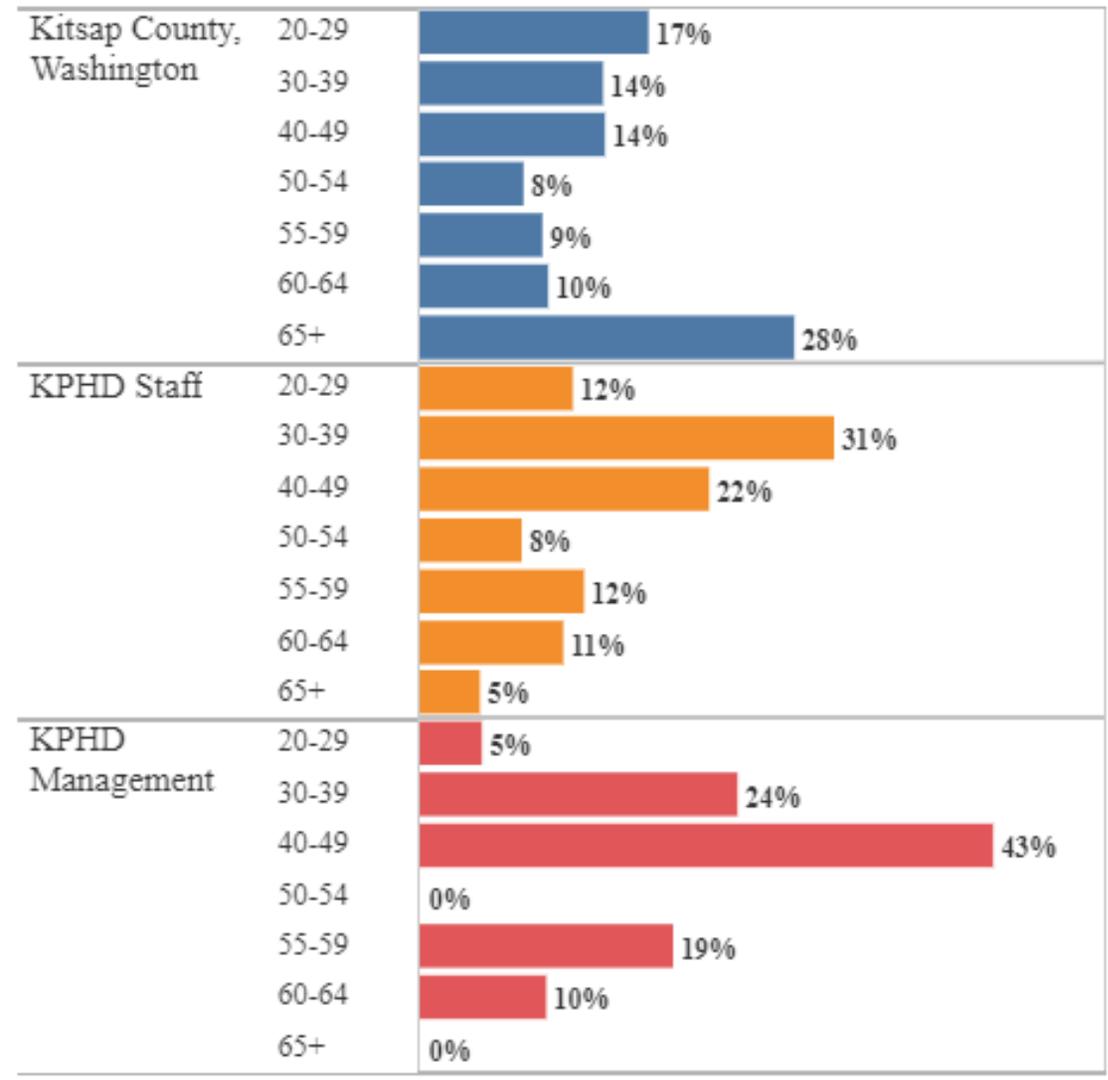
- Just over 7 in 10 KPHD staff and management are females, compared to half in the general population



Diversity by Age

- Just over half of KPHD staff and 67% of management are ages 30-49
- KPHD workforce distribution does not mirror general population which includes older adults of retirement age (65+)
 - Note: population under age 20 excluded

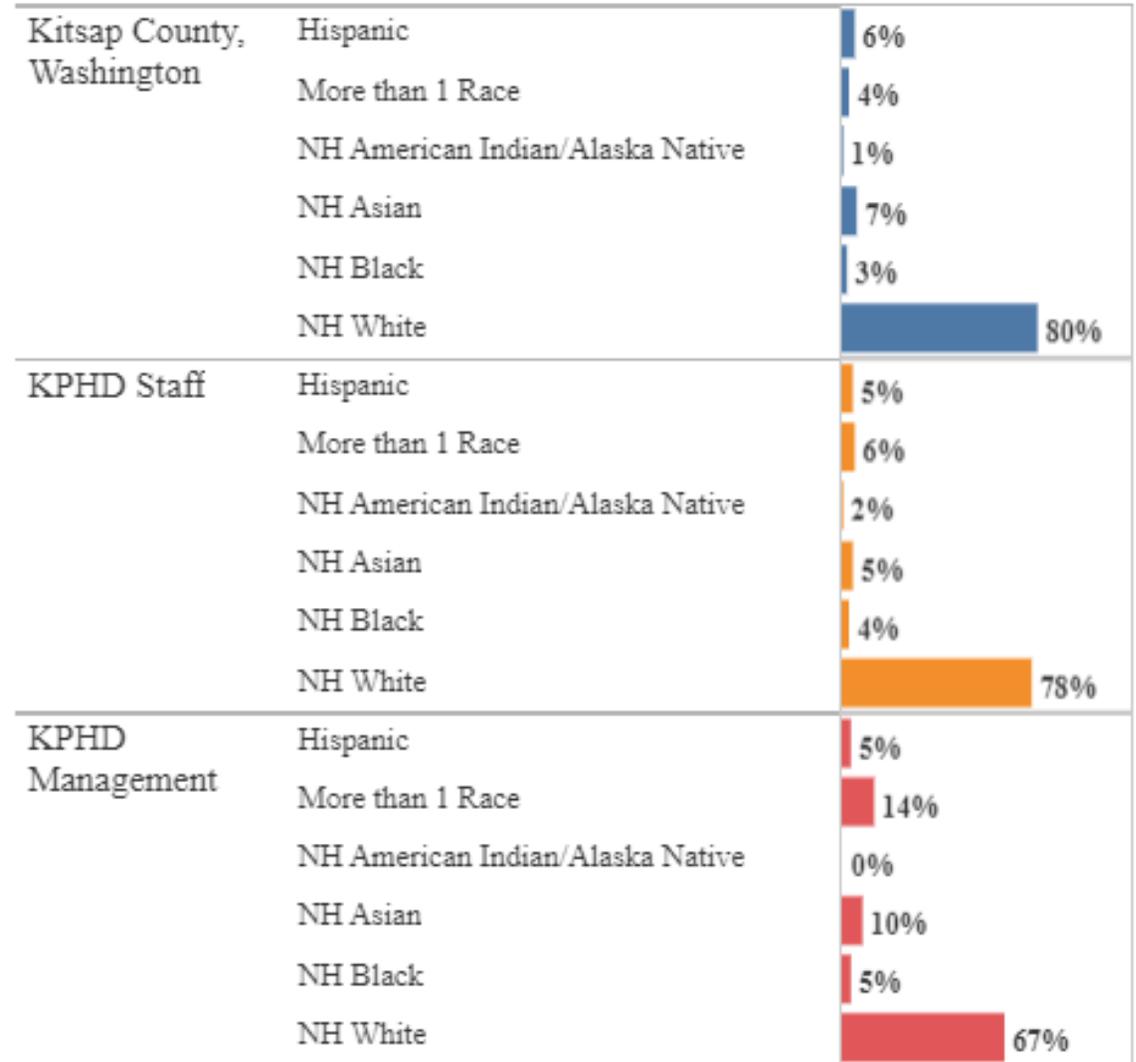
Age as a Percentage of Sample



Diversity by Race/Ethnicity

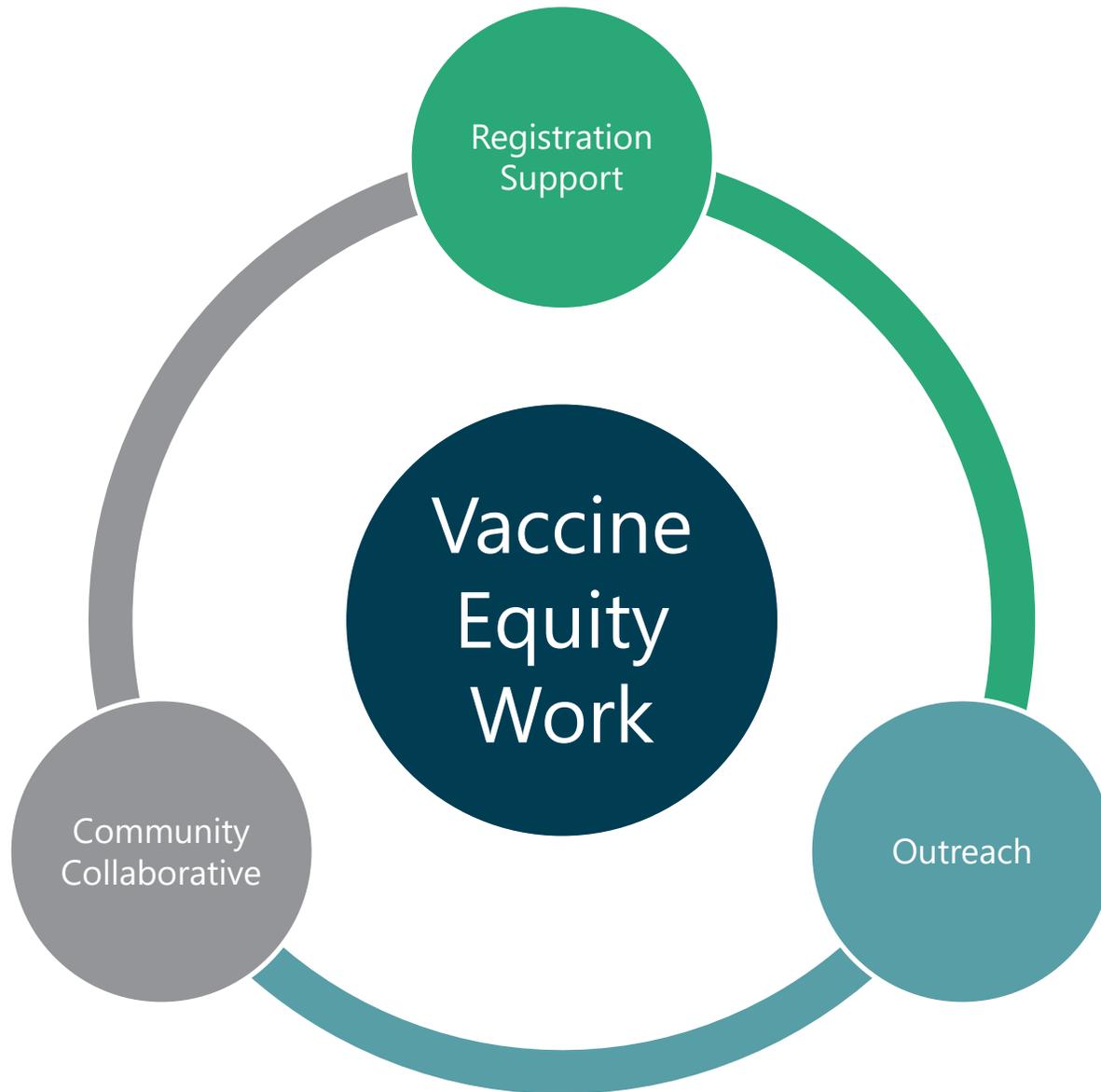
- KPHD staff of non-White race/ethnicity is slightly higher than the county, 22% vs 20%
- KPHD management of non-White race/ethnicity is higher than all staff and county, 33% vs 22% and 20%
- Staff and management are representative across all race/ethnicity groups except no AIAN in management

Race/Ethnicity as a Percentage of Sample



Note: NH = Non-Hispanic; Kitsap County population estimates for those age 20 and older only.





Registration Support

- Staff assigned to call/email community needing support with registration
 - Appointments, second doses, locations, etc.
 - Approximate monthly call/email volumes:
 - March 735
 - April 250
 - May 230
 - June 70
- Staff connected community to mobile @ home vaccine
 - May/June: 37 connected
 - Partnership with Bainbridge Prepares and DOH vaccine teams



Outreach

- Email/phone/postcard outreach to ~1,800 residents potentially homebound
- Weekly collaboration call with PCHS popup vaccine team
- Staff researching additional outreach strategies successful in other communities
- Vaccine team outreach to set up pop-up/strike team vaccine events



Collaborative

- Biweekly zoom -- strong, ongoing collaboration and discussions
- Shifting to new format
 - 4th Tuesday full group meetings
 - 2nd Tuesday sub-group meetings
 - Accountability tracking
 - Data
 - Outreach/Engagement/Communications



Questions?



COVID-19 Vaccine Update

Kitsap Public Health Board Meeting
July 6, 2021



KITSAP PUBLIC HEALTH DISTRICT

Vaccine Timeline

December 2020

- Application filed and approved to administer COVID vaccine
- Worked to increase enrollment with long-term care/ pharmacy partnership
- Coordinated with the two healthcare providers who initially received vaccine
- Issued call to action to medical community to increase provider enrollment in COVID-19 vaccine

Vaccine Timeline

January 2021

- Coordinated with local enrolled providers through weekly strategy and update calls
- Partnered with Virginia Mason Franciscan Health, Kitsap County EOC, Kitsap County Medical Society, and local EMS providers to set up first static vaccination clinic at former Saint Michael Medical Center in Bremerton
- Vaccinated 2,510 people during the first week of operation (100% of the vaccine received)

Vaccine Timeline

February 2021

- Launched Vaccine Equity Collaborative
- Reserved clinic appointment slots for individuals needing assistance
- Scouted for sites for additional static locations
- KPHD vaccine doses administered: 2,887

Vaccine Timeline

March 2021

- Set up second static vaccination clinic
- Started offering standby list for appointments
- KPHD vaccine doses administered: 11,031
- Kitsap County reached milestone of administering 100,000 doses
- By end of March:
 - 34% of Kitsap residents 16 and older received first dose
 - 64% of residents 65 and older received first dose

Vaccine Timeline

April 2021

- Partnered with Marvin Williams Center and Olympic College Nursing Program to operate clinics
- Set up third static KPHD operated vaccine clinic
- KPHD clinics administered 7,303 doses of vaccine

Vaccine Timeline

May 2021

- No longer required appointments
- Began operating pop-up clinics and vaccine strike teams
- To date, KPHD clinics have administered a combined total of 20,600 doses of the COVID-19 vaccine

Where We Are Now

- Increasing provider enrollment
- Supporting education and training efforts
- Serving as a vaccine hub
- Taking requests for pop up clinics and vaccination strike teams



Vaccine Pop-Up Clinics

- 15 conducted as of 6/30
- 405 vaccine doses administered as of 6/30
- Locations include: libraries, farmers markets, festivals/fairs, restaurants, businesses, Kitsap Mall
- Clinics have been throughout the county
- Have offered at least 2 types of vaccine at each event



“Closed” Clinics

- 5 conducted as of 6/30
- 30 vaccine doses administered as of 6/30
- Smaller event focused on an at-risk populations



Vaccine Event Schedule

The screenshot shows a web browser window with the URL https://kitsappublichealth.org/communityHealth/Covid-19/CoronaVirus_Vaccine.php. The website header includes navigation links for HOME, ABOUT, CONTACT, NEWS/MEDIA, and CAREERS. Below the header are menu items for COMMUNITY HEALTH, ENVIRONMENTAL HEALTH, FOOD SAFETY, and INFORMATION. A search bar is present next to the text "Welcome to Kitsap Public Health District".

The main content area features a blue banner with the text "COVID-19 UPDATES AND RESOURCES" and the slogan "Together, we will stop the spread of COVID-19!". Below this is a "Vaccine Information" section with a link to "INFORMACIÓN EN ESPAÑOL DEL COVID-19" and a "Return to the Main COVID-19 Page" button.

The "KITSAP PUBLIC HEALTH VACCINE CLINIC" section contains the following text:

COVID-19 vaccination appointments are now widely available in our county. Everyone 12 or older is eligible. The calendar below shows locations and times where Kitsap Public Health District vaccine clinics are available. If our clinic times/locations do not work for you, there are [more vaccine sites available](#) throughout the county. To view future clinic weeks, click on the button. For specific details about a clinic, click on the calendar event.

The calendar is for the week of June 20-26, 2021. It shows various clinic events with times and locations. For example, on Tuesday, June 22, there are events from 11-12pm at the Kitsap Regional Library and from 11-12pm at the Kitsap Regional Library. On Wednesday, June 23, there is an event from 10-2p at the Central Kitsap Food Bank. On Thursday, June 24, there is an event from 10-2p at the Central Kitsap Food Bank. On Friday, June 25, there is an event from 10-2p at the Central Kitsap Food Bank. On Saturday, June 26, there is an event from 10-2p at the Central Kitsap Food Bank.

The Windows taskbar at the bottom shows the search bar, taskbar icons, and system tray with the date 6/24/2021 and time 11:26 AM.

https://kitsappublichealth.org/communityHealth/Covid-19/CoronaVirus_Vaccine.php



For more information or to share ideas
for “pop-up” clinics:

Call (360) 728-2219 or email
covidvaccine@kitsappublichealth.org



MEMO

To: Kitsap Public Health Board
From: Kari Hunter, Program Manager, Assessment & Epidemiology
Date: July 6, 2021
Re: 2021 Kitsap County Community Health and Well-being Survey

In April 2020, the Kitsap Public Health District conducted a Community Health and Well-being survey. This survey asked about how Kitsap residents were coping with the pandemic, the prevalence of COVID-19, and the healthcare seeking behaviors of the community. The results were posted on our website in June 2020. A follow-up of this survey was conducted in May 2021 with the aim to expand on how the community is doing and the prevalence of COVID-19. It also addressed the community's attitudes towards COVID-19 vaccines as well as their current COVID-19 vaccination status.

Today we will present the results of the 2021 Community Health and Well-being survey with a primary focus on the community's ability to cope with the pandemic and their attitudes towards vaccines.

Key findings of this report included 73% of participants stating that they were handling life "well" or "mostly okay" during the COVID-19 pandemic. Despite this, over half of the participants stated that their physical fitness has worsened (52%), and they are experiencing more anxiety (56%) compared to before the pandemic. In addition, people between the ages of 16-34 and all non-white race and ethnicity groups reported lower rates of vaccination but were still interested in being vaccinated. Among those who were not yet vaccinated, but interested in being vaccinated, the participants most frequently reported that weekend vaccination appointments would make it easier to be vaccinated, and they reported a preference for being vaccinated at their doctor's office.

A major limitation of the survey was that the respondents were not entirely representative of the Kitsap population. Males, ages 16-34 and 75+, those who identified as Asian, Black, and Hispanic, and residents of Bremerton, Central Kitsap, and South Kitsap were underrepresented. Additionally, the survey participants were more likely to be vaccinated compared to the general population of Kitsap. Because of this limitation, please keep in mind that results may not be representative of everyone in our community.

KPHD is using these survey results to target our vaccination efforts. We are offering weekend vaccination opportunities and partnering with healthcare providers.

Please contact Jordan Arias or the KPHD Epi team with any questions or concerns about this matter at (360) 277-6318, or epi@kitsappublichealth.org.

Attachments: *Kitsap County Community Health and Well-being Survey Report, June 2021*
Kitsap County Community Health and Well-being Survey Presentation, June 2021

2021 Kitsap County Community Health and Well-being Survey

Executive Summary

Introduction The following analysis summarizes the responses given in the 2021 Kitsap County Community Health and Well-being Survey. This survey was conducted to better understand our community's feelings on COVID-19 and vaccination, as well as their ability to cope with the current pandemic.

The survey was conducted via SurveyMonkey and advertised in emails sent via GovDelivery, Kitsap Public Health District (KPHD), and the Kitsap County Emergency Operations Center. There was also a post on the health district's social media pages (Facebook, Twitter, and Instagram) including a paid advertisement on Facebook. KPHD also added banners to our homepage and other COVID-19 topic pages on our website. Finally, several of our community partners also shared the survey with their members which included a notice in the Kitsap Regional Library's email newsletter.

Survey Population While the survey population was not representative of the population in Kitsap County, there were a large number of respondents (7,146). Females, those between the ages of 35 and 74, and people who self-identified as white were overrepresented in this survey. The most underrepresented populations were those between the ages of 16 and 24, and those who self-identified as Asian or Hispanic. Bremerton was the least represented geographic region (Figure 1).

Vaccine Attitudes Among the survey participants overall, 86% were already vaccinated, 4% are interested in being vaccinated as soon as possible, 5% are hesitant to get vaccinated, and another 5% are not interested in being vaccinated at all (Figure 2). The largest concerns about the vaccine were related to the effectiveness and the safety of the vaccine (Figure 3). Reasons respondents provided for not being vaccinated included vaccine safety concerns, distrust of the government or media, and underlying health issues (Figure 3.2).

Higher percentages of respondents ages 50 years and older as well as participants identifying as White reported already being vaccinated; however, there was more interest in being vaccinated as soon as possible among participants between the ages of 16 and 24 and all non-white race/ethnicity groups. Those who self-identified as Native Hawaiian or Pacific Islander (NHOPI) or Black reported the greatest interest (Figure 2).

Among individuals who want to be vaccinated as soon as possible or those who are unsure if they would like to be vaccinated, "weekend vaccination appointments" was the most common response to the question, "What would make it easier for you to get vaccinated?" (Figure 5.1). Among the race/ethnicity groups who are most interested, more information on how to be vaccinated, and more convenient vaccination locations were reported more frequently (Figure 5.2). Additionally, most people would like to be vaccinated at a doctor's office (Figure 6.1), but the respondents who identified their race as Black or Asian stated that they would prefer to be vaccinated in their community such as at a church or local vaccination event (Figure 6.2).

Regardless of the opinion on vaccines, most participants reported receiving information about vaccines from health organizations such as the CDC or from the Washington State Department of Health or KPHD

(Figure 7). However, those who were not interested in being vaccinated were generally less trusting of all of the listed data sources (Figure 8).

COVID-19 Infection Sixteen percent of the participants reported experiencing symptoms or testing positive for COVID-19 since January 1, 2020 (Figure 10.1). The most common symptom reported was fatigue (Figure 10.2), and over half of the participants reported they experienced COVID-like symptoms between January and March 2020 (Figure 10.3). Almost a third of respondents reported that their symptoms lasted between 2 and 5 days (Figure 10.4).

Fifty percent of the survey respondents stated they have received a test for COVID-19 (Figure 11.1). About a quarter of participants reported being tested because they were experiencing symptoms and another quarter said they were tested routinely prior to a medical appointment (Figure 11.2).

Twenty-one percent of participants stated that they have been notified of a potential COVID-19 exposure (Figure 12.1). They were most commonly notified by a family member, friend, or neighbor; or their employer (Figure 12.2).

How is our community doing? When asked the question, “What do you think has been the most challenging part of this past year?” most respondents said they missed their family, friends, or co-workers; or the political environment was challenging (Figure 13.1).

Respondents were asked how things have changed over the course of this pandemic. Over half of the participants said that their physical fitness has worsened (Figure 14.1) and that they are experiencing more anxiety (Figure 14.2).

Thirty-nine percent of the participants stated that they have experienced at least one major life change such as a death in the family (Figure 15.1). Seventy-four percent of those respondents stated that one or more of those changes were due to the pandemic (Figure 15.2).

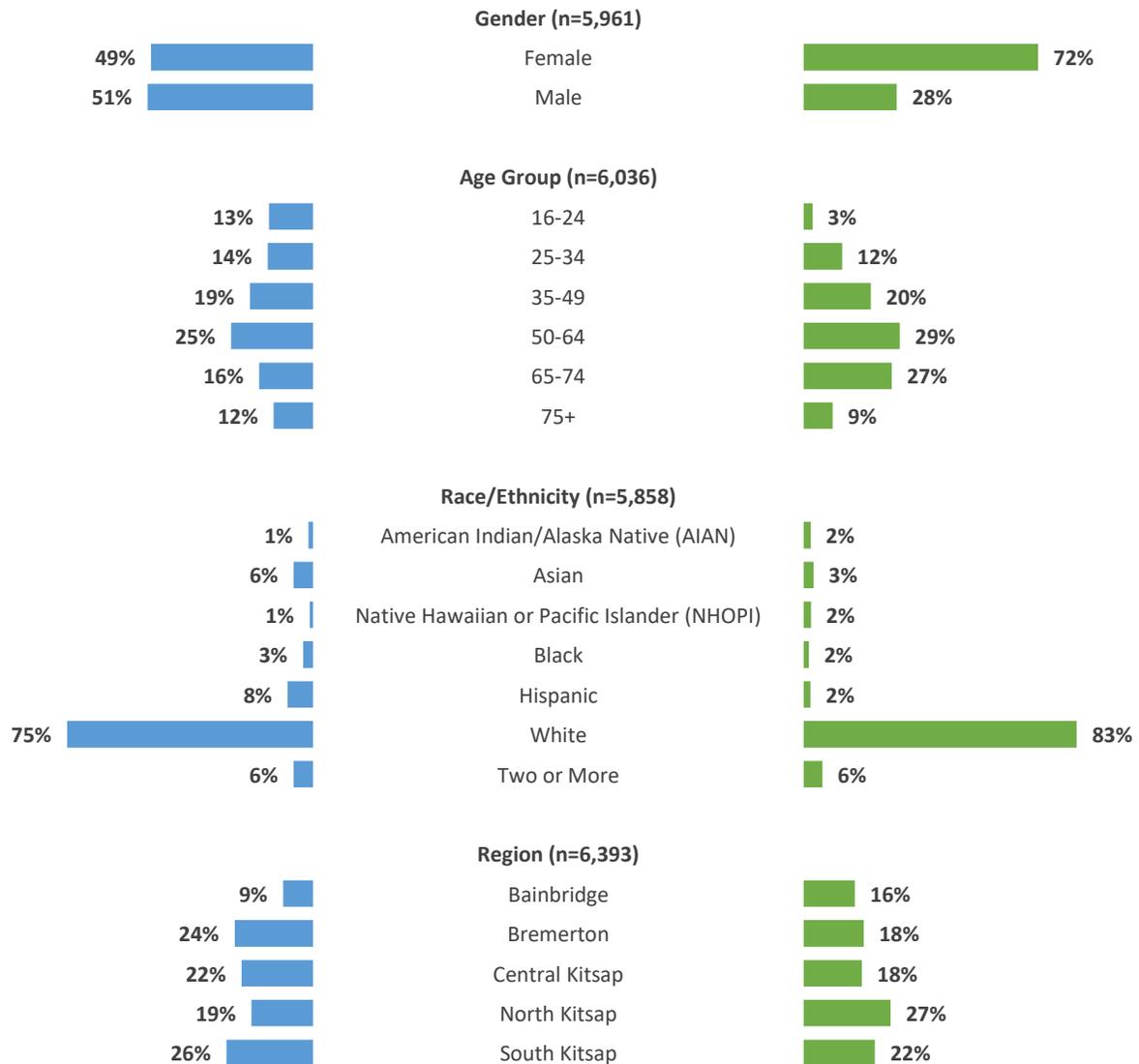
Among all the participants, 8% said they were mostly struggling or really struggling in life during the COVID-19 pandemic. 19% said it depends on the day, 42% said they were mostly okay, and 31% said they were doing well (Figure 16).

Kitsap County Survey Results

Introduction In May 2021, the Kitsap Public Health District (KPHD) conducted the Community Health and Well-being Survey to better understand the feelings of Kitsap County residents about COVID-19, vaccination, and how they are coping during the pandemic. Overall, there were 7,146 respondents and 387 non-Kitsap residents were excluded. An additional 366 individuals who did not answer the question, “Have you received a COVID-19 vaccine, or do you plan to receive one?” were also excluded. This resulted in a total of 6,393 respondents.

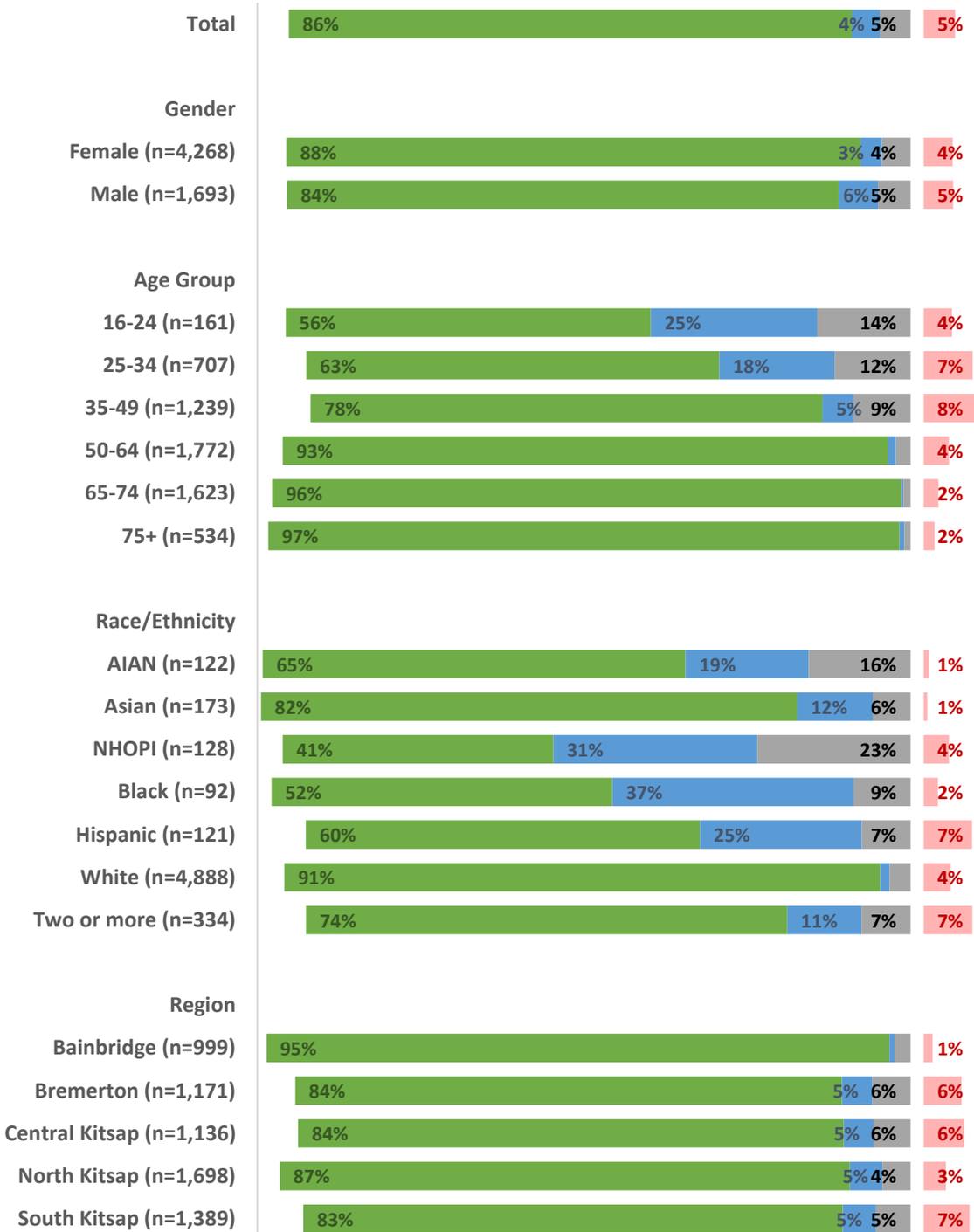
Survey demographics compared to Kitsap County’s population

Figure 1. Those who self identified as white, females, and those between the ages of 35 and 74 represented a larger proportion of the **2021 Community Survey participants** compared to **Kitsap County residents**. 0.1% of participants were under 16 and were not included in this figure.



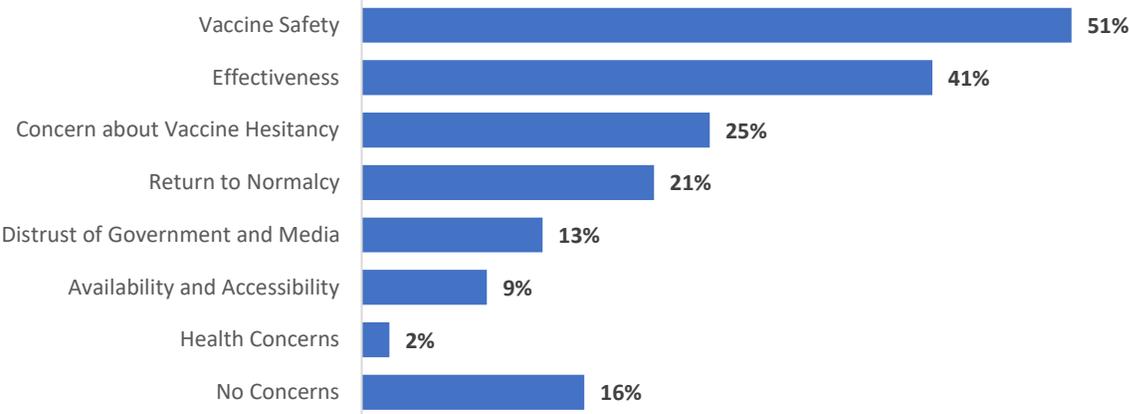
Who is already vaccinated, and who is most interested in being vaccinated?

Figure 2. Among the survey participants, 86% are **already vaccinated** while 4% want to be **vaccinated as soon as possible**. Five percent of the participants are unsure if they want to be vaccinated and another 5% are **not interested in being vaccinated**.



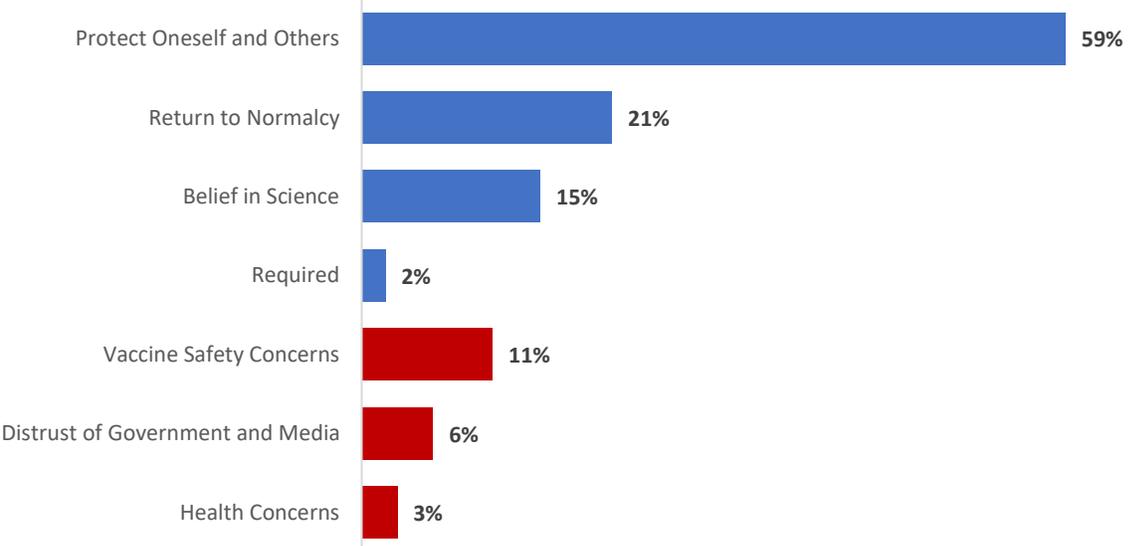
The participants answered the following questions regarding their attitudes towards vaccines. The most common concern about the COVID-19 vaccine is related to the safety of the vaccine. The most common reason people have for getting the vaccine is protecting themselves and their community. Multiple responses were possible therefore percentages may not add to 100%.

Figure 3. If you have concerns about the COVID-19 vaccine, what are your top concerns? (n=4,678)



Participants were asked to explain their reasoning and feelings around getting or not getting a COVID-19 vaccine. Figure 4 shows those who responded with why they were getting or were not getting the vaccine. There was a total of 5,333 responses to this question, but 1,703 responses were excluded because their answers were not directly relevant to the question. This resulted in 3,630 total respondents. Multiple responses were possible therefore percentages may not add to 100%.

Figure 4. Please explain your reasoning and feelings around **getting** or **not getting** a COVID-19 vaccine (n=3,630)



What would make it easier for you to get vaccinated?

Figure 5.1. Among those who want to be **vaccinated as soon as possible** (n=270) and those who were **hesitant to vaccinate** (n=302), weekend vaccination appointments was the most common answer.

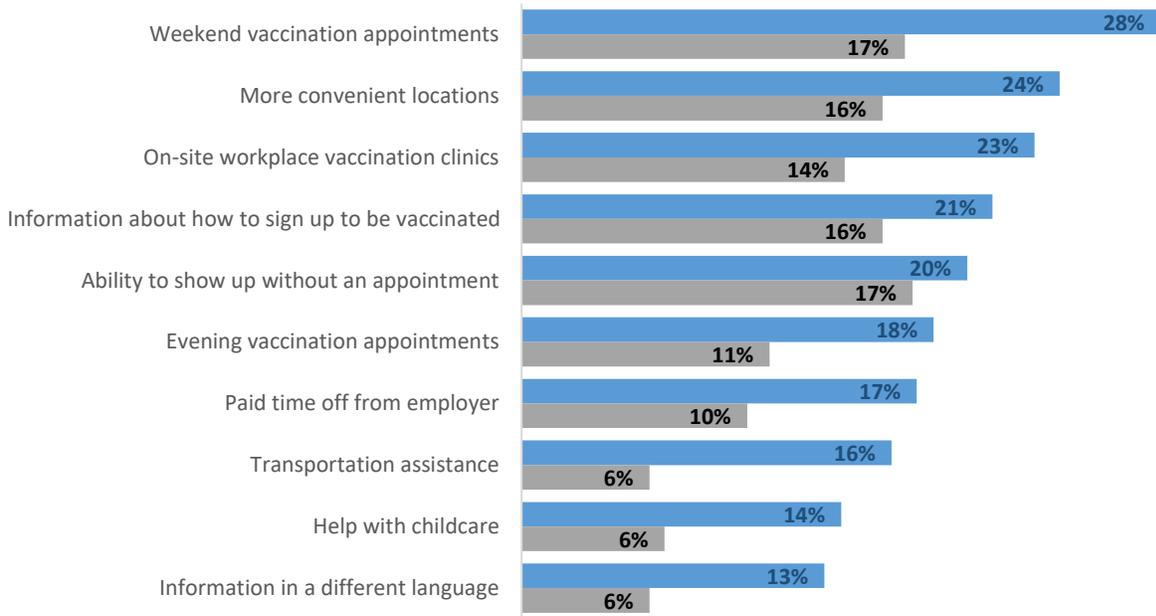
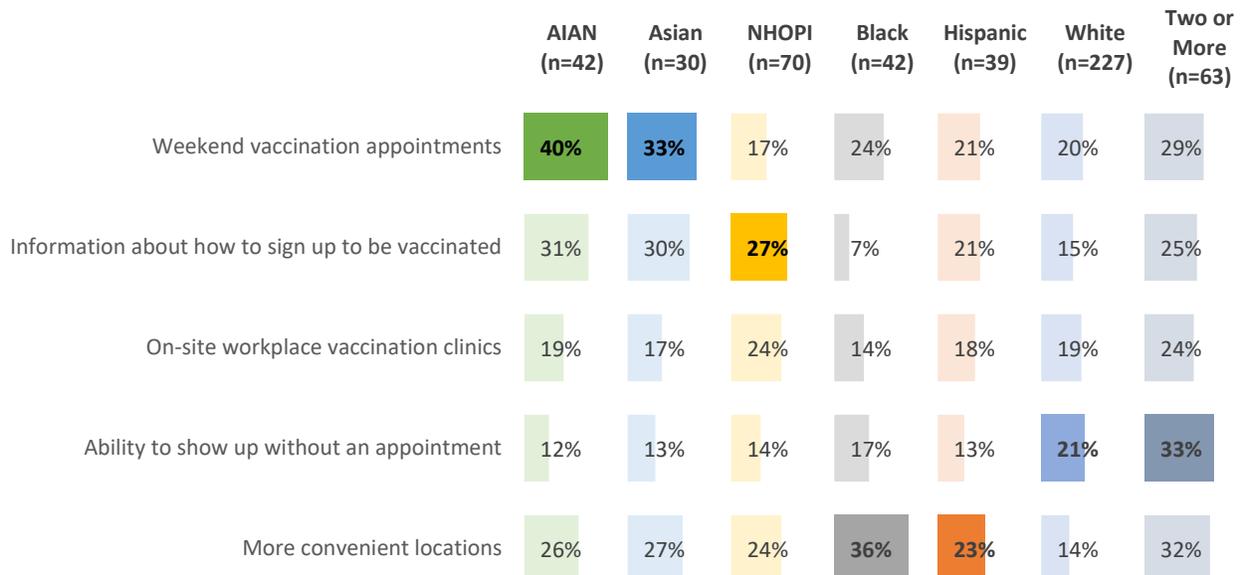


Figure 5.2. As shown in Figure 2, those who self-identified as **NHOPI**, **Black**, or **Hispanic** showed the most interest in being vaccinated as soon as possible. Among these groups, they stated that information about how to sign up for a vaccine and more convenient locations would help most.



Where would you prefer to be vaccinated?

Figure 6.1. Twenty-one percent of those who want to be vaccinated as soon as possible (n=270) and 28% of those who were hesitant to vaccinate (n=302) say they would prefer to be vaccinated at a doctor's office.

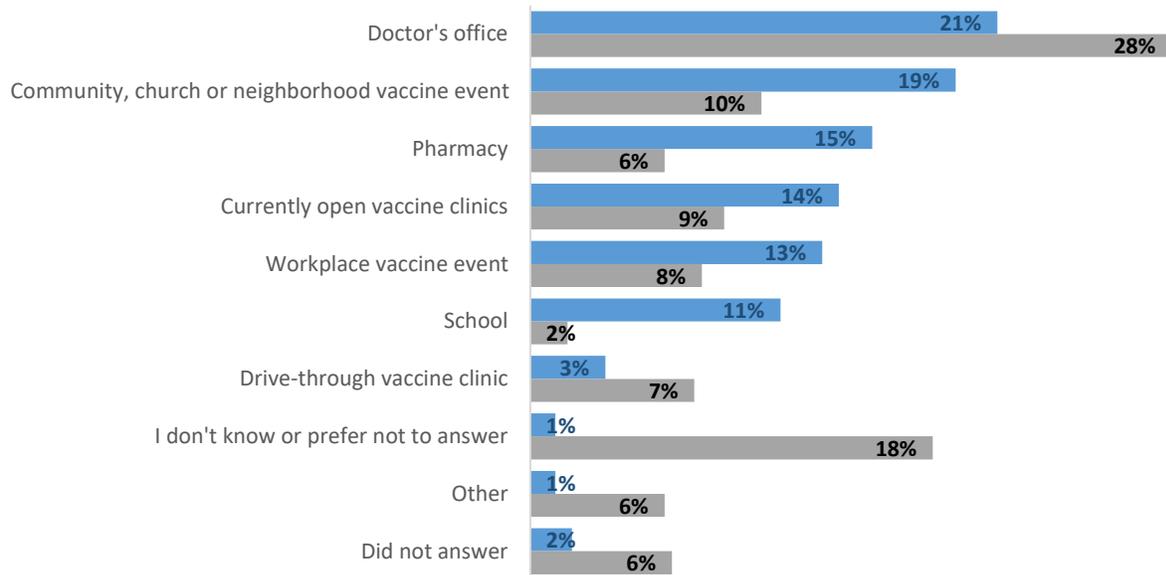
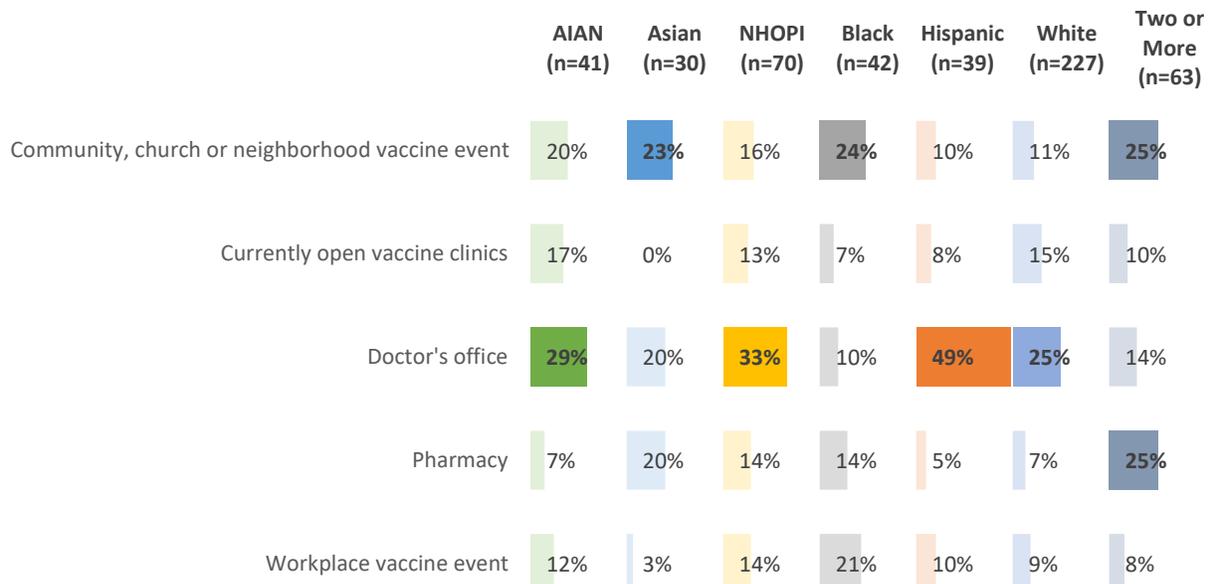


Figure 6.2. As shown in figure 4, the Black and Hispanic participants both stated that more convenient locations would make it easier to be vaccinated. The black respondents preferred to be vaccinated in their community while the Hispanic participants preferred to be vaccinated at a doctor's office.



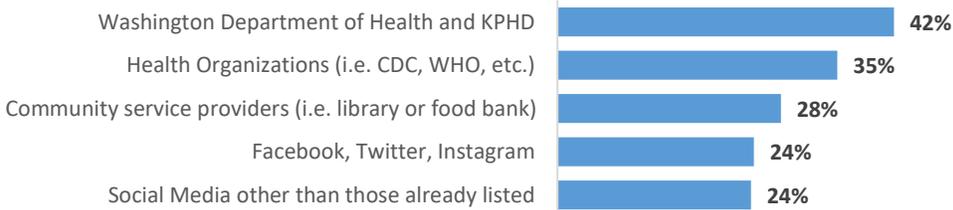
Where do you get your information about vaccines from?

Figure 7. Among all groups, health organizations like the CDC, and the Washington Department of Health and KPHD are the most common sources of information on vaccines.

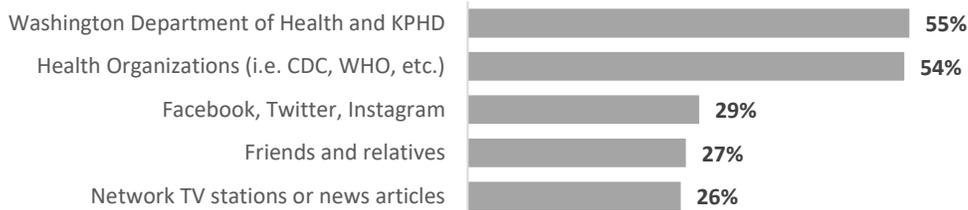
Yes, Already (n=5,512)



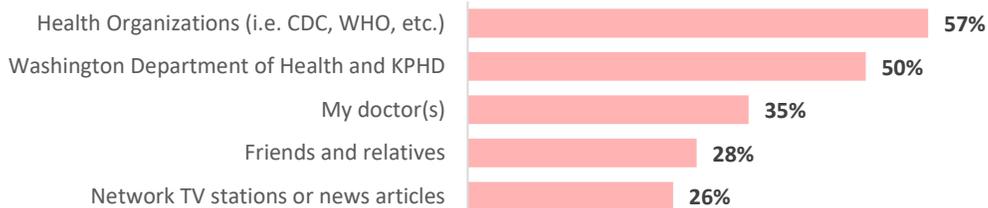
Yes, ASAP (n=270)



Hesitant (n=302)

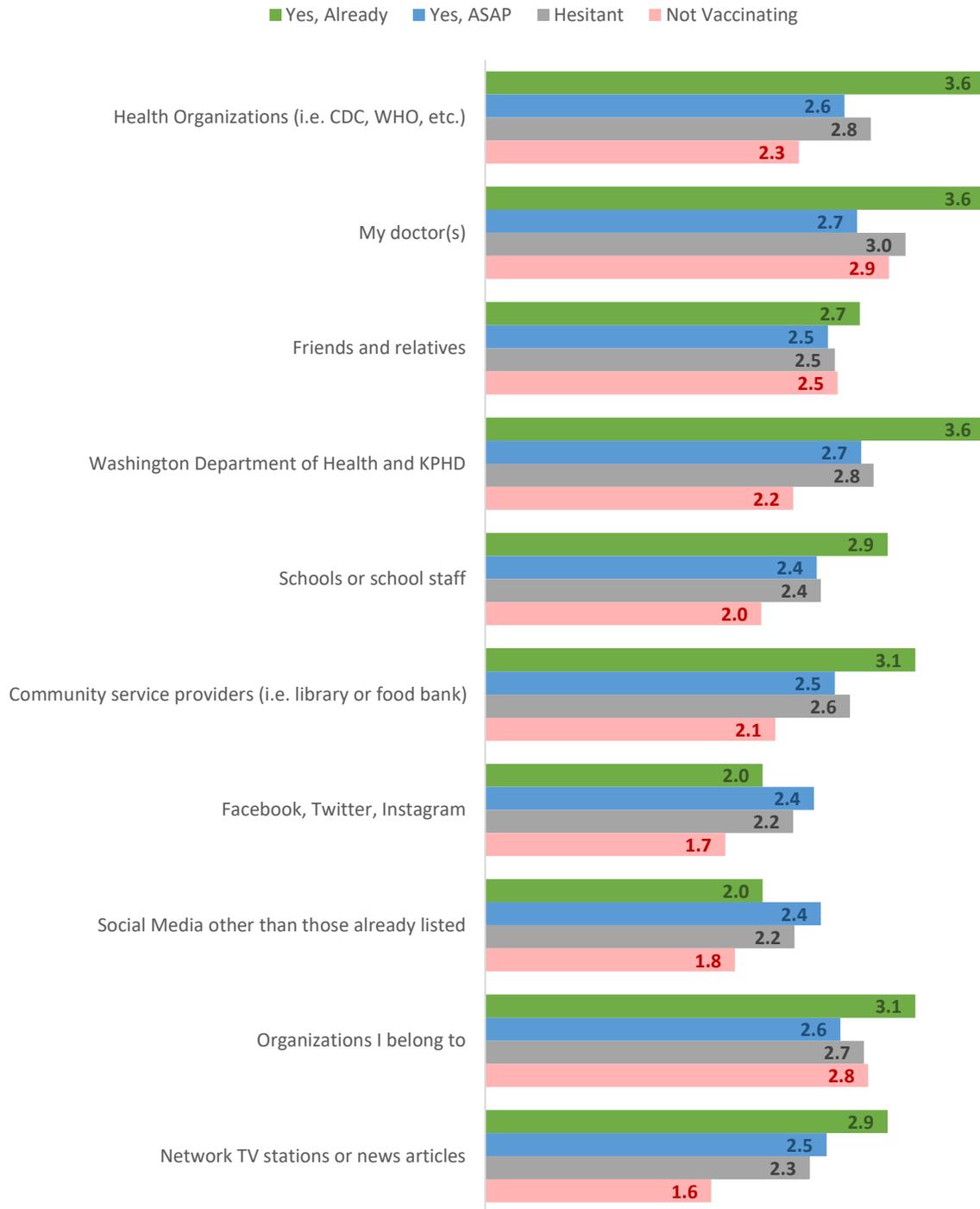


Not Vaccinating (n=309)



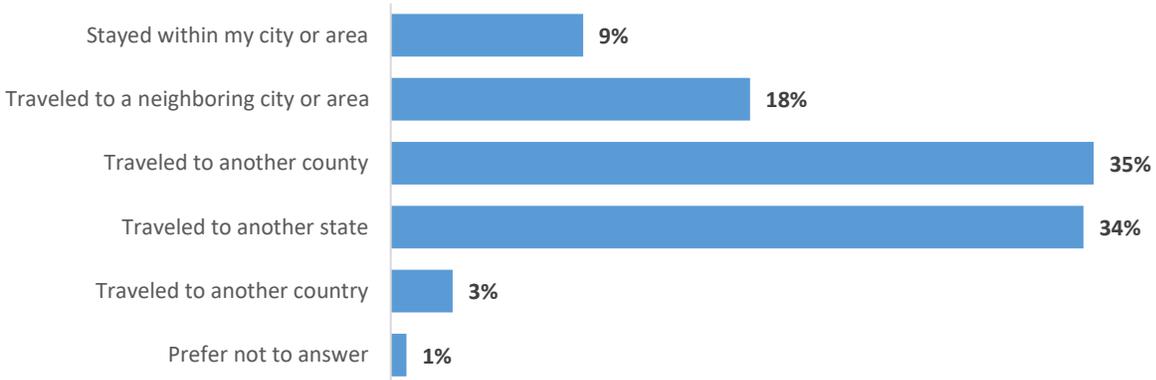
How reliable do you think the information is that comes from each of these sources?

Figure 8. Participants rated how reliable the following sources were on a scale of 1 (not reliable) to 4 (very reliable). Those who are **already vaccinated** rated health organizations, doctors, and health departments as the most reliable. Those who will not be vaccinated are more trusting of their doctors.



Travel

Figure 9. When asked, "Other than for work, what is the farthest distance you've traveled since March 2020?" 35% of participants stated that they had traveled to another county and 34% had been to another state. (n=6,139)



The participants answered the following questions regarding previous COVID-19 infection, testing, and exposure notification.

COVID-19 Infection

Sixteen percent of the participants indicated that they were infected with or tested positive for COVID-19. Among the 16%, fatigue was the most common symptom. Most of these participants believe they were symptomatic with a COVID-19 infection between January and March 2020 and over half of those who reported COVID-19 infection said that their symptoms lasted between 2 and 14 days.

Figure 10.1. Have you experienced symptoms you think were due to COVID-19 or tested positive for COVID since January 1, 2020? (n=6,238)

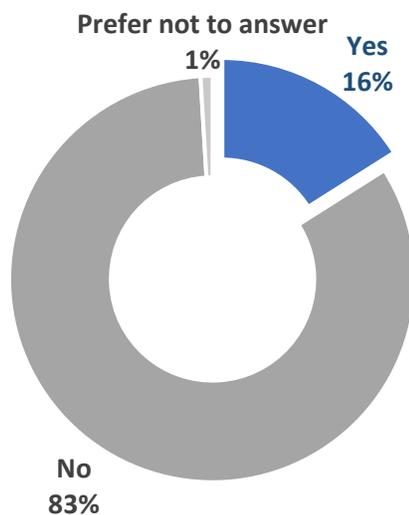


Figure 10.2. What symptoms did you experience? (n=999)

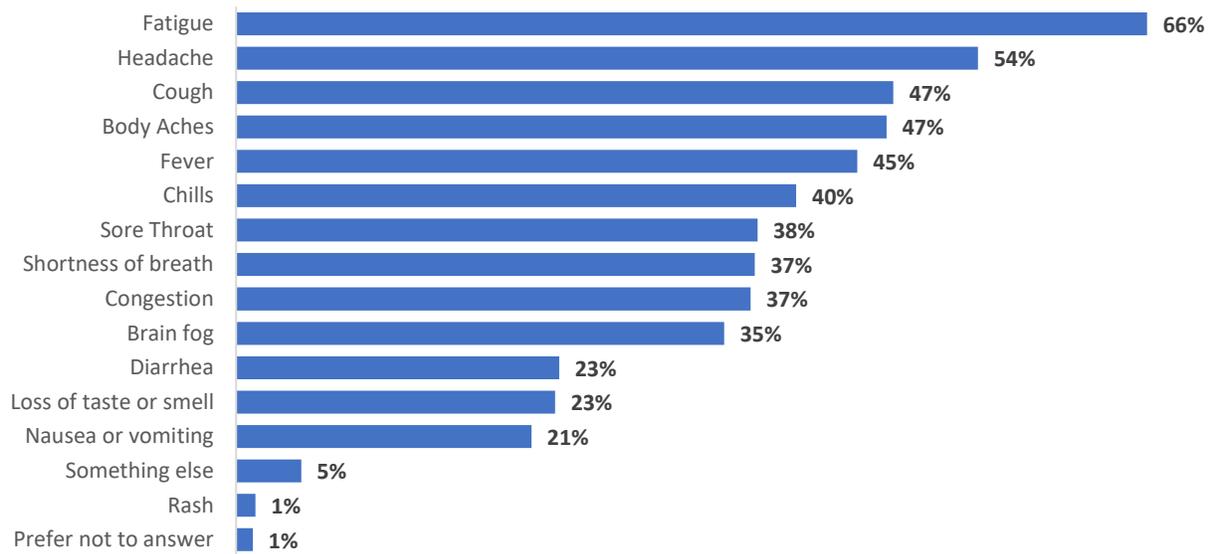


Figure 10.3. When did you start feeling symptoms? (n=967)

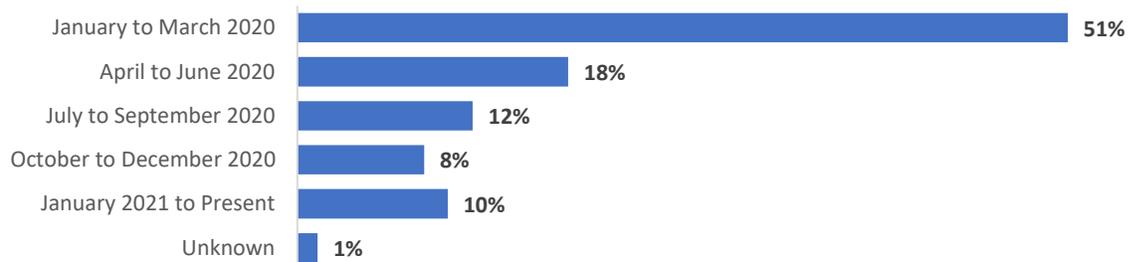
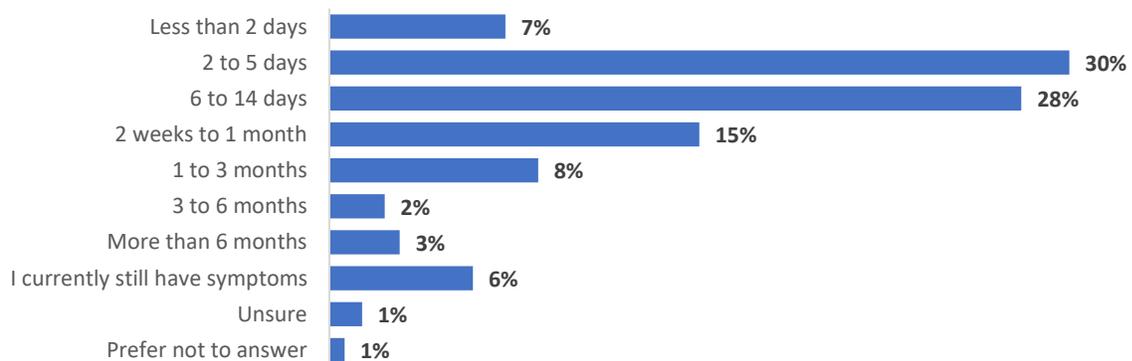


Figure 10.4. Approximately how many days did your symptoms last? (n=995)



COVID-19 Testing

Fifty percent of participants have had a COVID-19 test. These people were most commonly tested because they were feeling sick or as a routine test prior to a medical appointment.

Figure 11.1. Have you ever been tested for COVID-19? (n=6,213)

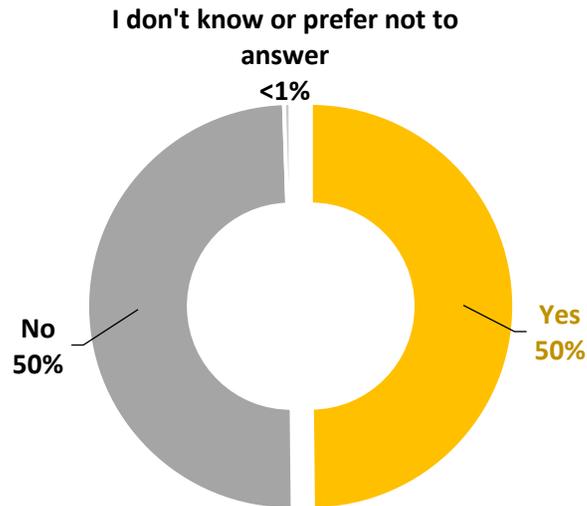
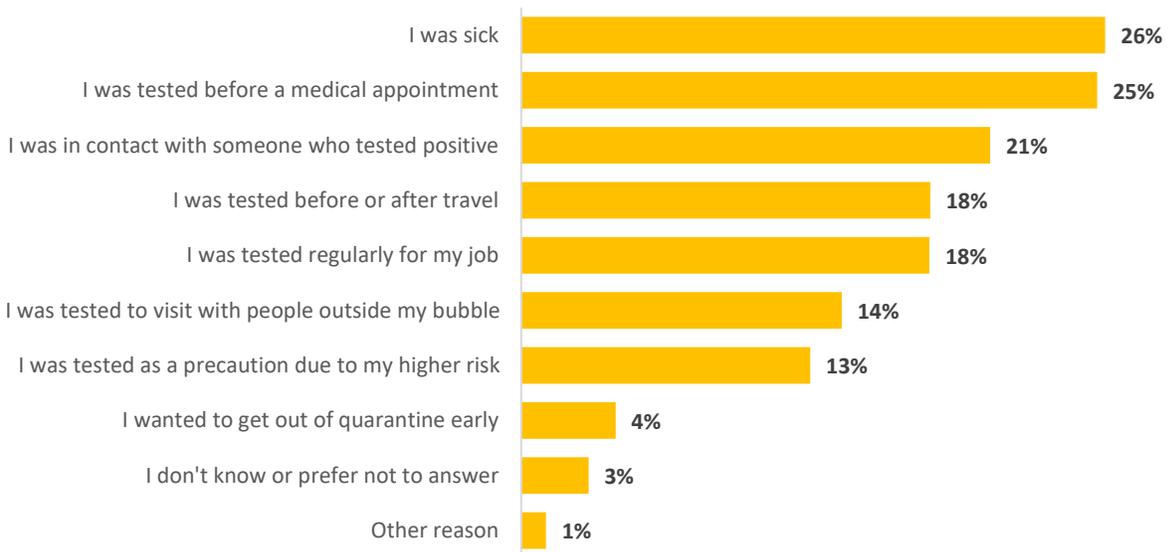


Figure 11.2. Why were you tested? (n=3,096)



COVID-19 Notification

Twenty-one percent of participants had been notified of a potential COVID-19 exposure. This was most commonly done by a friend or family member, or an employer.

Figure 12.1. Have you ever been notified about a potential exposure to COVID-19?
(n=6,218)

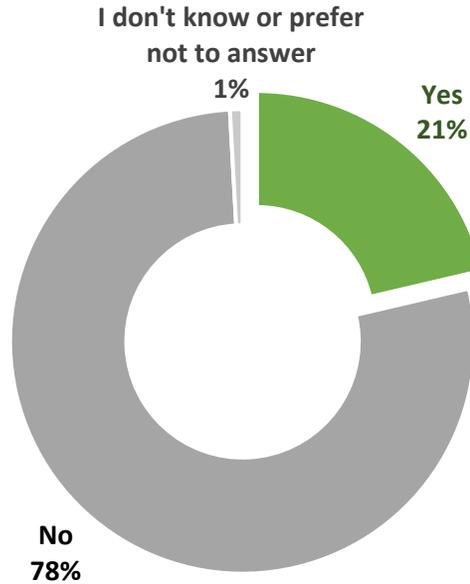
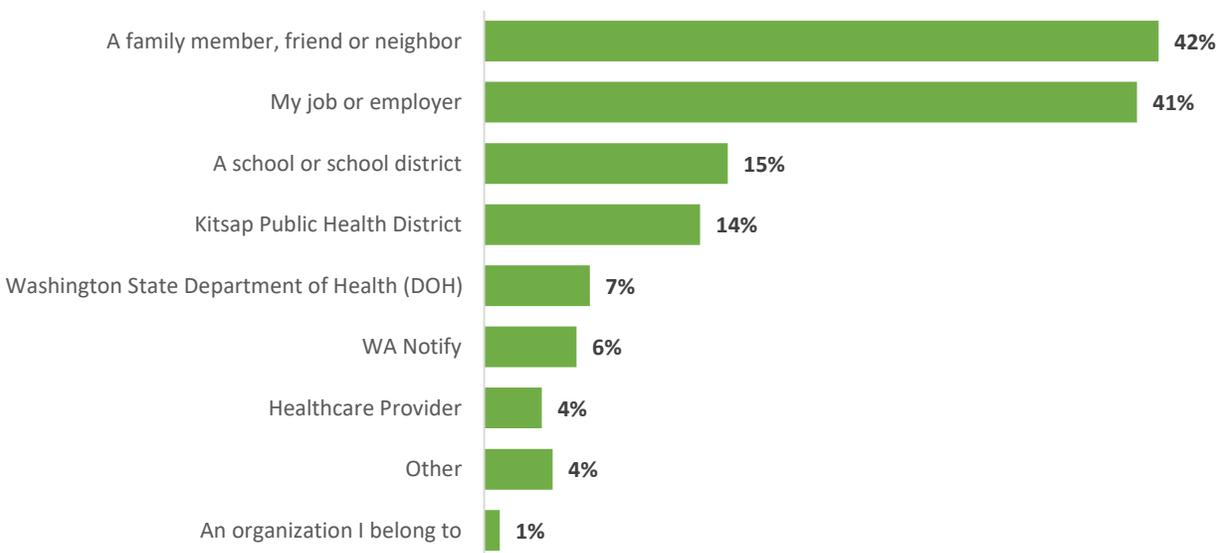


Figure 12.2. Who notified you about your potential exposure? (n=1,327)



COVID-19 challenges over the past year

The most common responses regarding challenges experienced over the past year include missing family and friends, the changing political environment, and missing usual activities.

Figure 13.1. What do you think has been the most challenging part of this past year? (n=6,130)

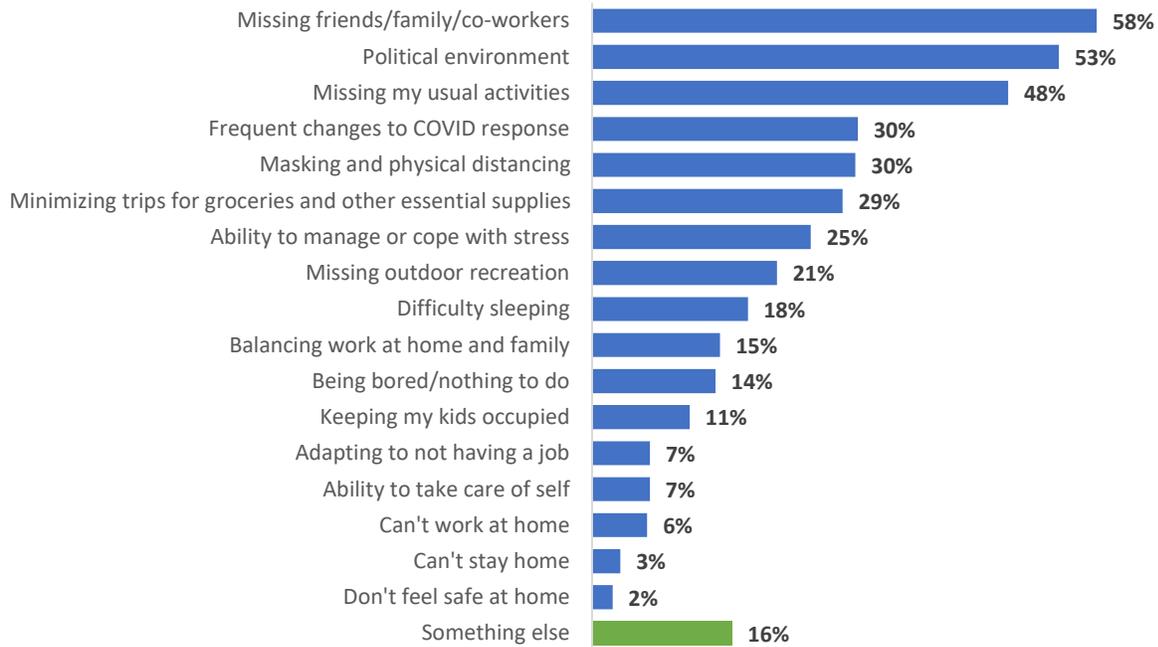
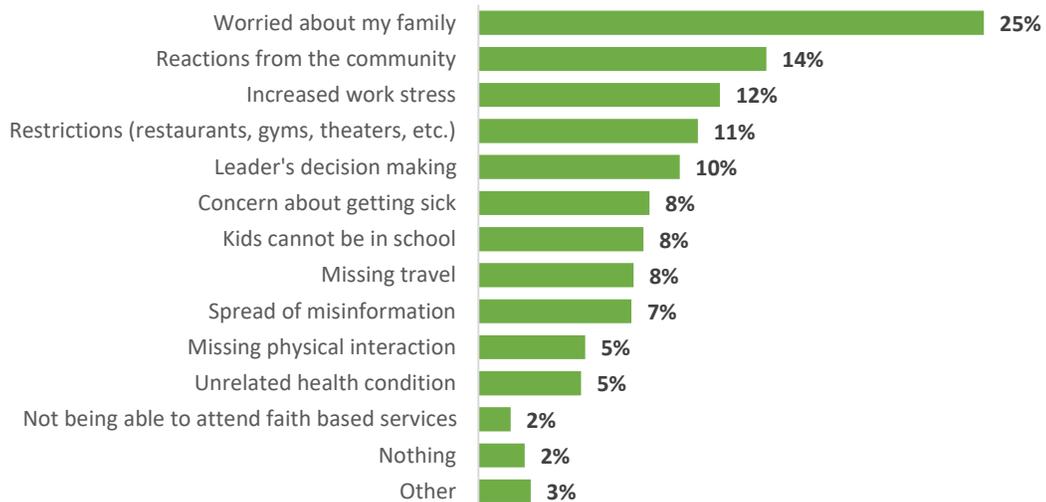


Figure 13.2. Among those who stated something other than what was listed (n=1,022), a quarter of them expressed that concern for their family's well being was the hardest part of the past year.



How do you feel the following things have changed for you since the start of the pandemic?

Figure 14.1. Overall, the respondents most commonly reported that their physical fitness has worsened over the course of this pandemic. Personal finances and access to healthy food were more likely to improve or stay the same.

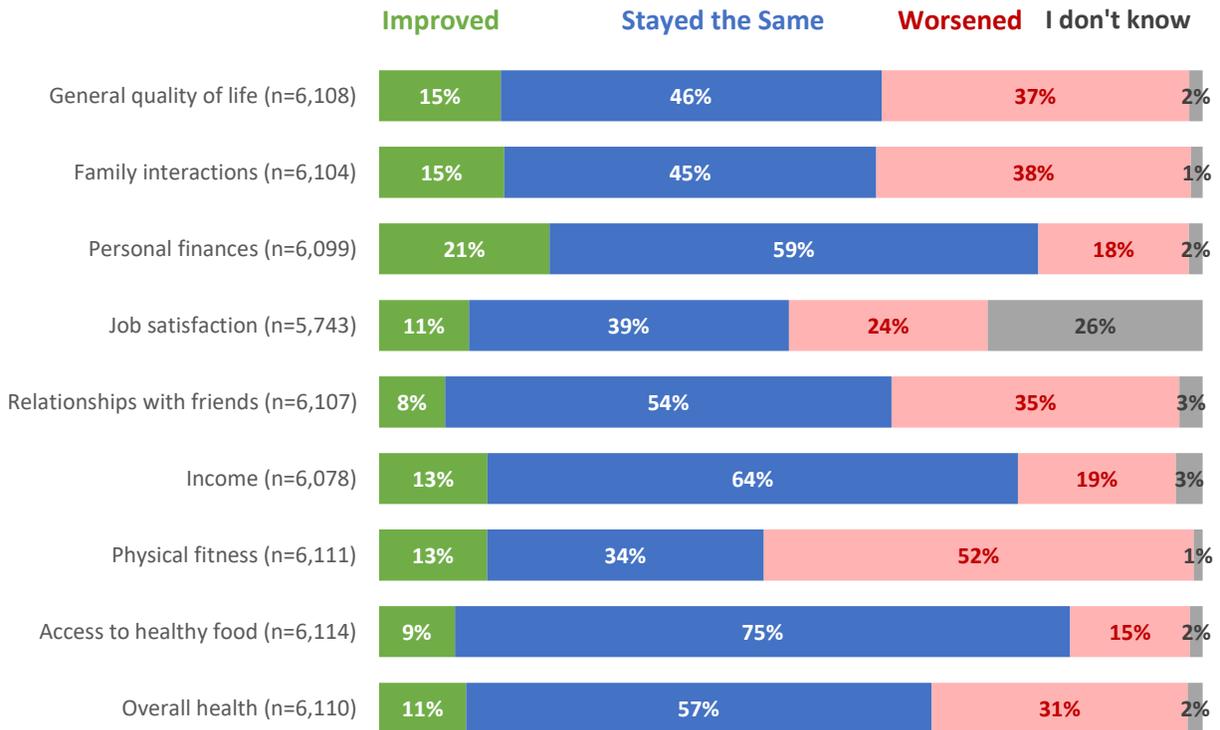
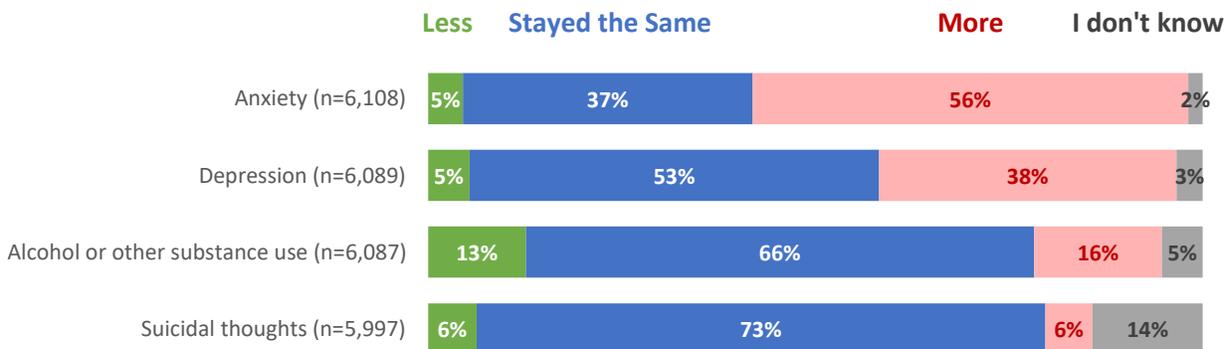


Figure 14.2. The respondents also reported more anxiety, but alcohol or substance use and suicidal thoughts improved or stayed the same in 79% of the respondents.



Major life changes

Thirty-nine percent of respondents said that they have experienced at least one major life change since the start of the pandemic. Among those who have experienced a major change, 74% say one or more were due to the pandemic.

Figure 15.1. Have you had any major life changes since the start of the pandemic? (n=6,140)

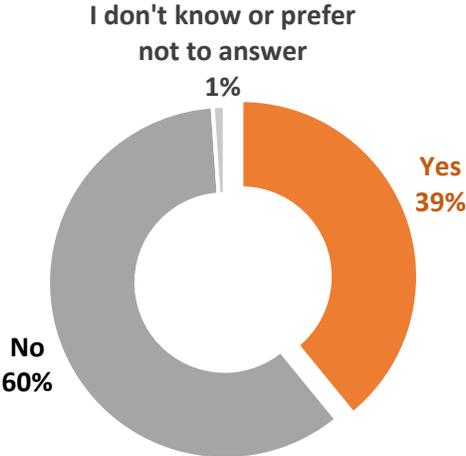
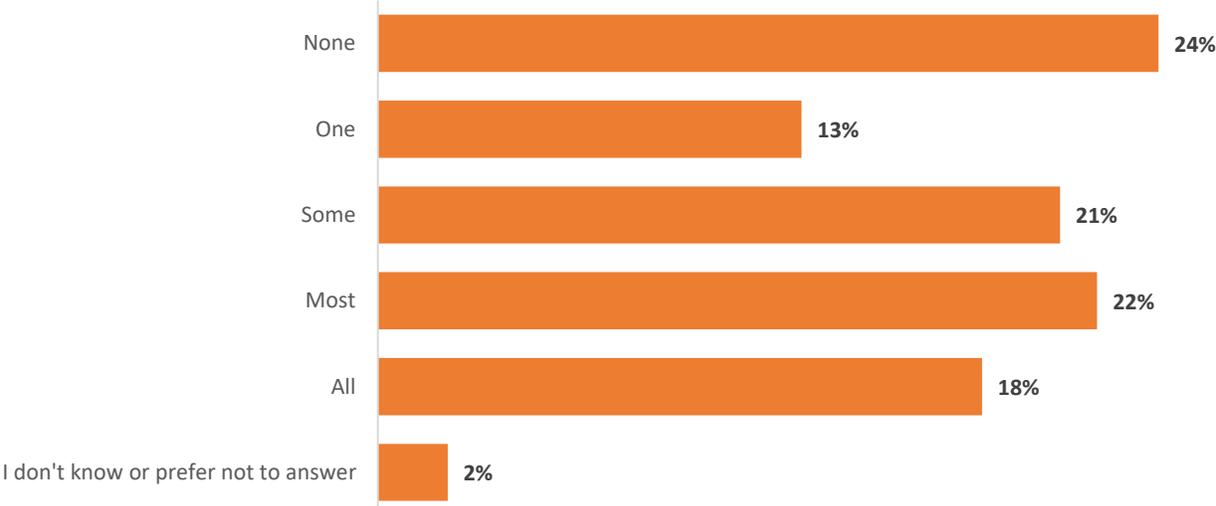
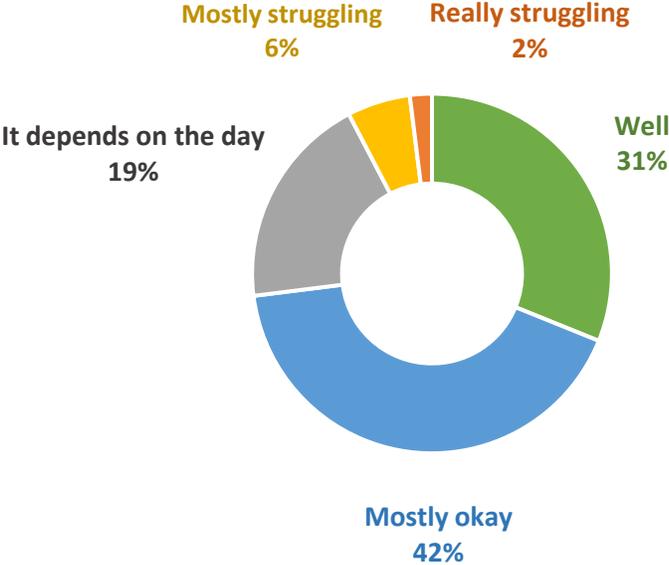


Figure 15.2. If you had one or more major life changes, how many do you feel the pandemic contributed to? (n=2,399)



How well do you feel like you are handling life during the COVID pandemic?

Figure 16. Overall, 31% of respondents answered that they are doing well during the pandemic and 42% said they were mostly okay. Eight percent of the survey respondents said they were struggling with the COVID pandemic. (n=6,377)



2021 Kitsap County Community Health and Well-being Survey

Jordan Arias
Epidemiologist
Assessment and Epidemiology Program



KITSAP PUBLIC HEALTH DISTRICT

Background

- Kitsap Public Health District (KPHD) conducted the 2021 Kitsap County Community Health and Well-being Survey in order to better understand our community's feelings on COVID-19, vaccinations, and their ability to cope with the pandemic.
- Conducted via SurveyMonkey between May 3 and May 20
- Advertised through email lists, KPHD's website, social media, and community partners.



Survey Overview

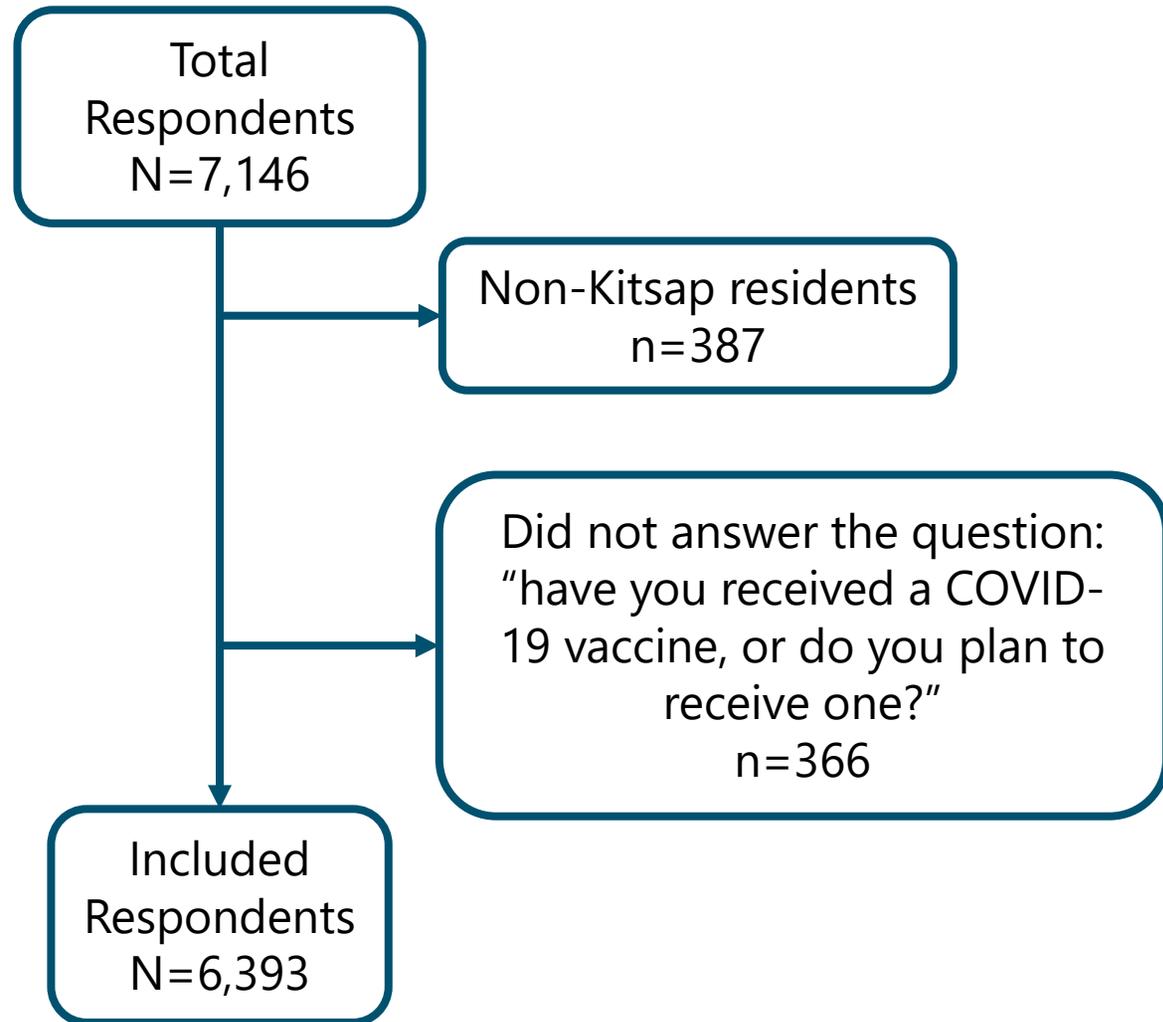
- **How is the community doing?**
- **Vaccination Attitudes**
- COVID-19 Infection Experiences

To learn more about the results, please visit:

<https://kitsappublichealth.org/communityHealth/EpiData/EpiDataMain.php>



Survey Respondents



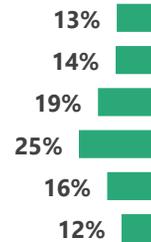
Survey Participants

Underrepresented groups among the 2021 Community Survey participants compared to the population of Kitsap County:

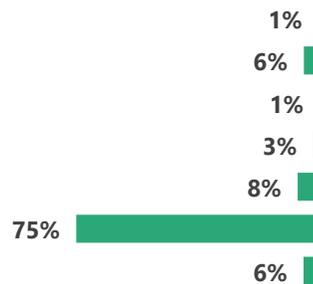
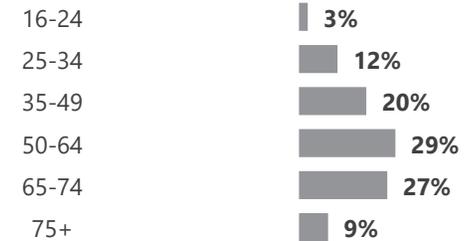
- Males
- Ages 16-34, and 75+
- Those who identified their race/ethnicity as Asian, Black, or Hispanic
- Residents of Bremerton, Central Kitsap, South Kitsap



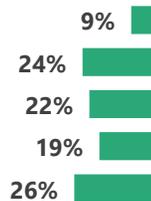
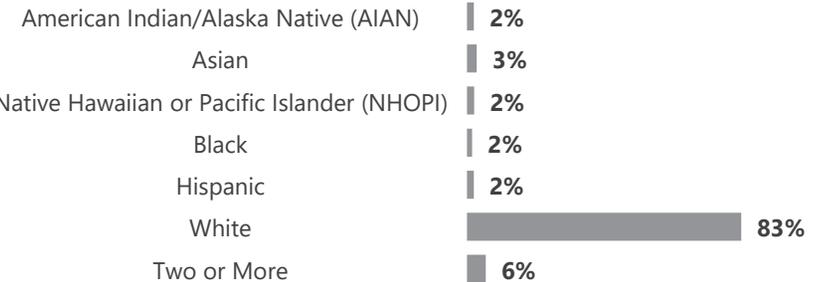
Gender (n=5,961)



Age Group (n=6,036)



Race/Ethnicity (n=5,858)



Region (n=6,393)

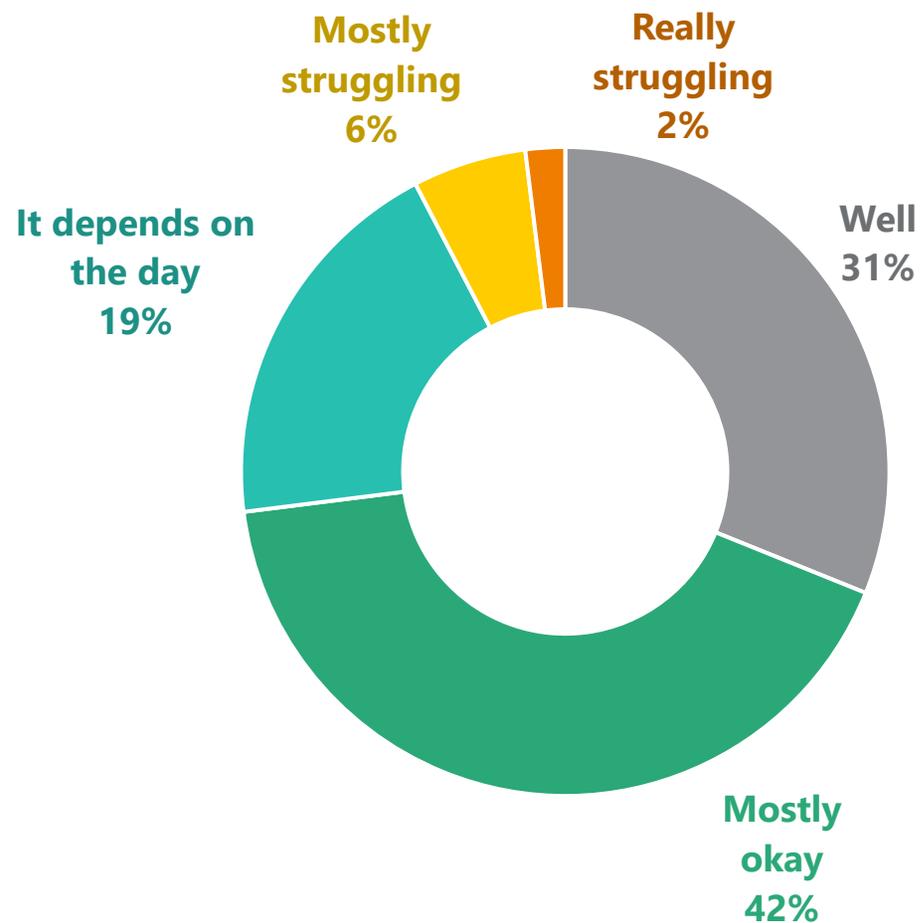




How is our community doing?

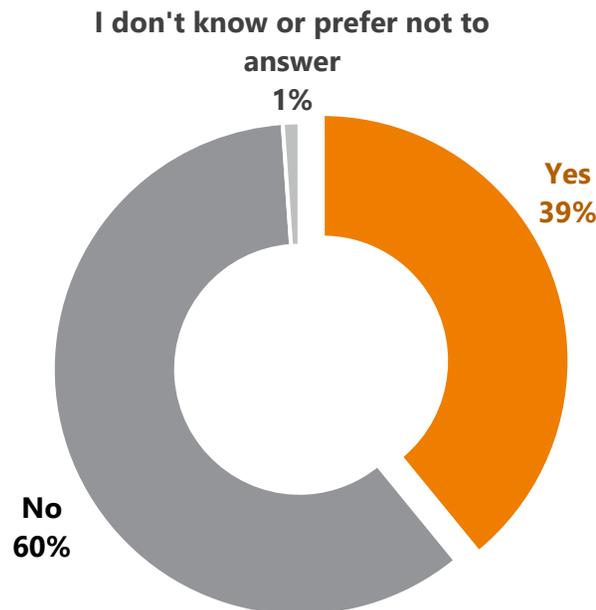


How well do you feel like you are handling life during the COVID pandemic?
(n=6,377)



Major Life Changes

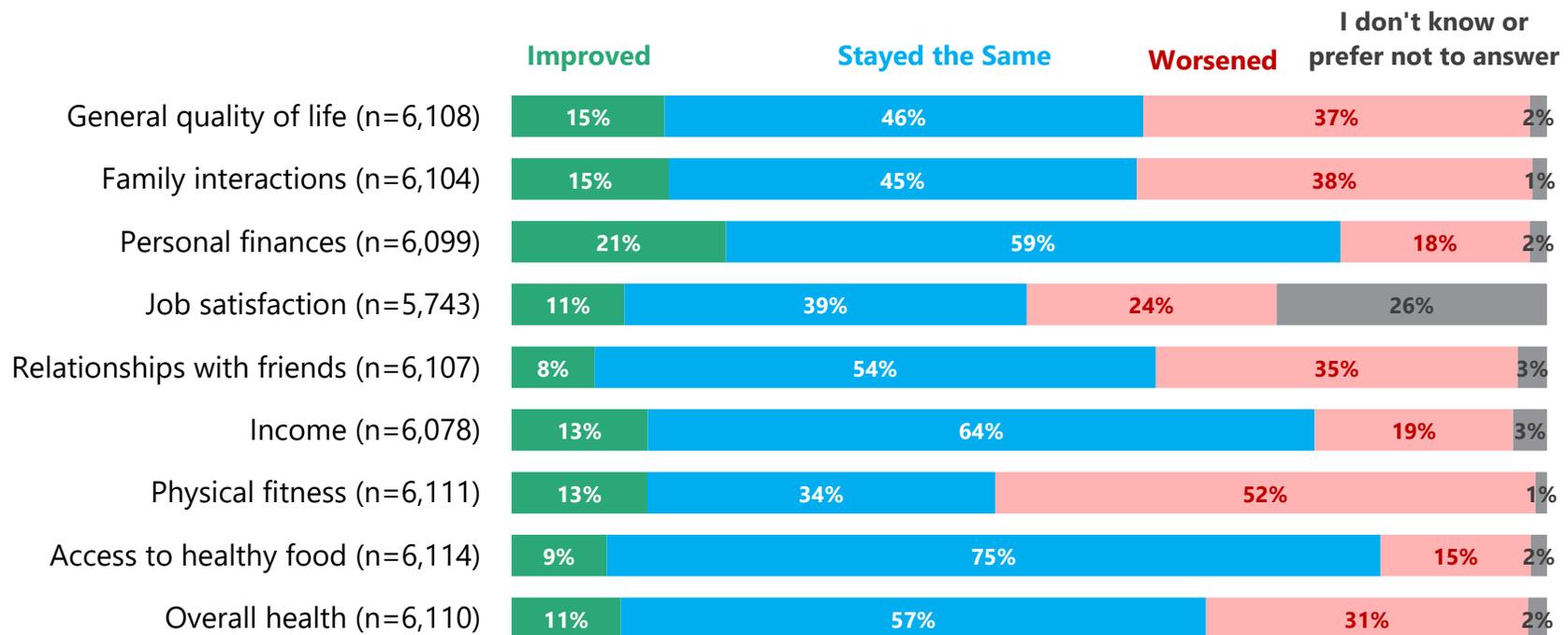
Have you had any major life changes since the start of the pandemic? (n=6,140)



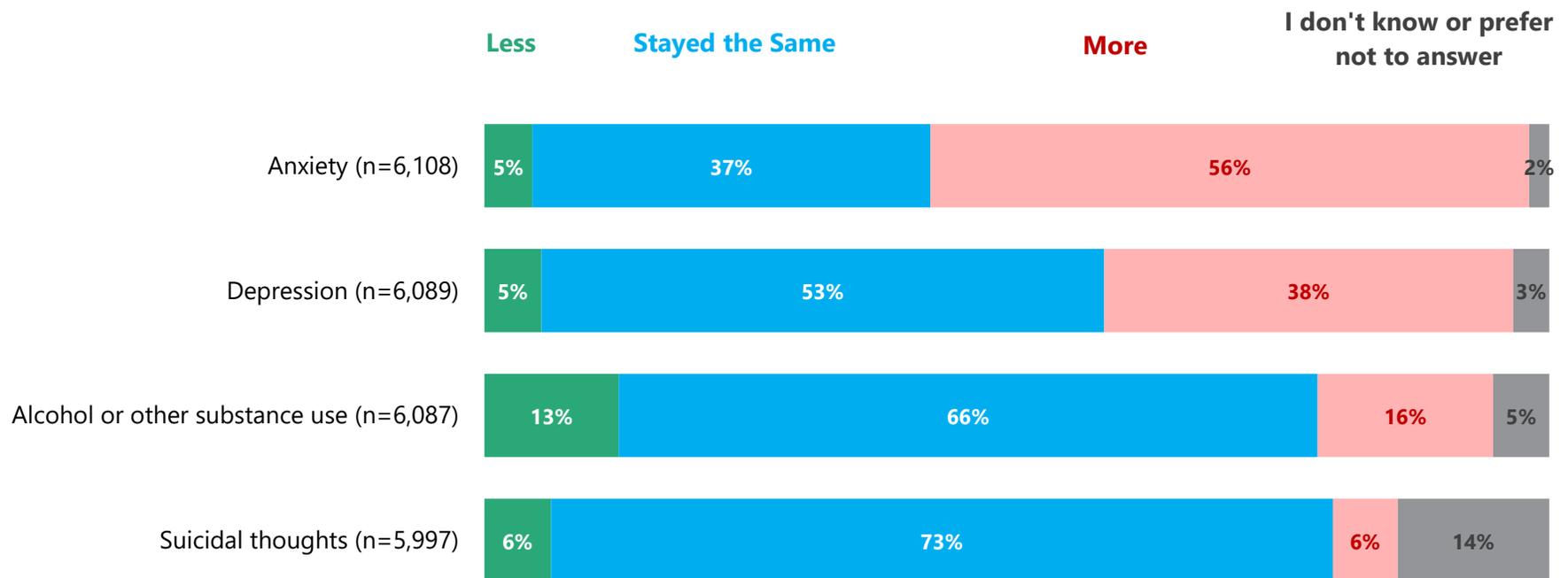
- Major life changes were defined as, “a death in your immediate family, a new child, separation or divorce, lost your job, housing change, or something else”
- More than a third of people had a major life change and 7 in 10 of those said at least one of their major life changes was due to the pandemic.



How do you feel the following things have changed for you since the start of the pandemic?



How do you feel the following things have changed for you since the start of the pandemic?



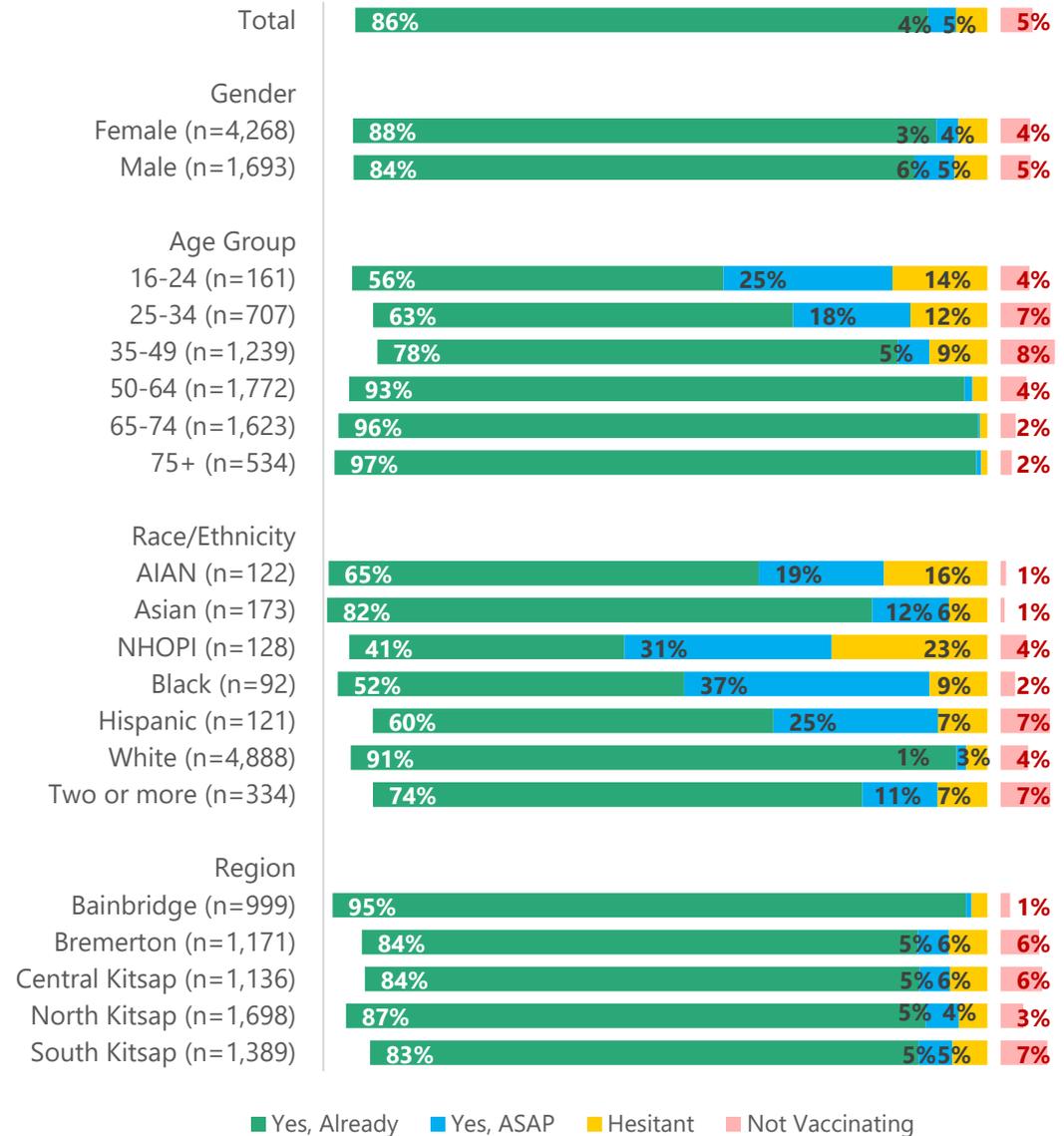


Vaccinations in our community



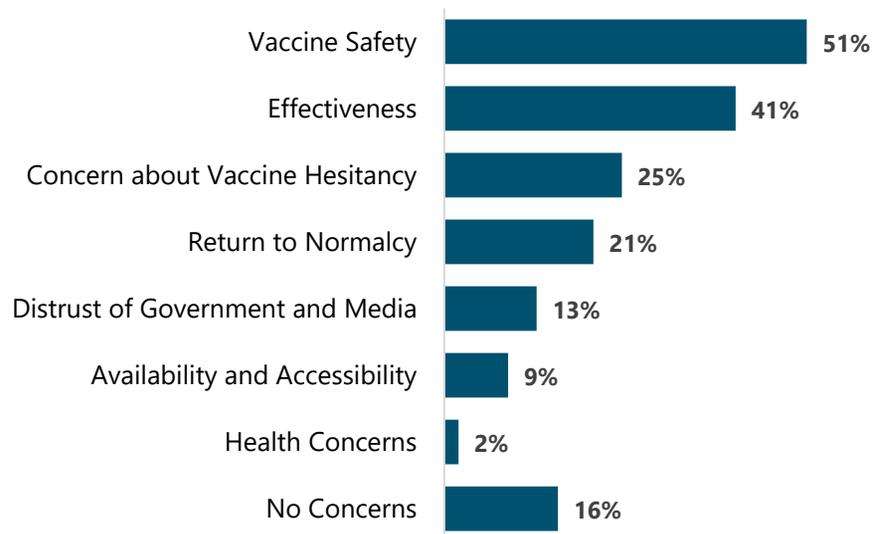
Have you received a COVID-19 vaccine, or do you plan to receive one?

- Overall, 86% of respondents were already vaccinated.
- The groups with the highest percentage of respondents who want to be vaccinated or are not sure if they will be vaccinated include:
 - Age Groups:
 - 16-24
 - 25-34
 - Race/Ethnicity
 - AIAN
 - NHOPI
 - Black
 - Hispanic

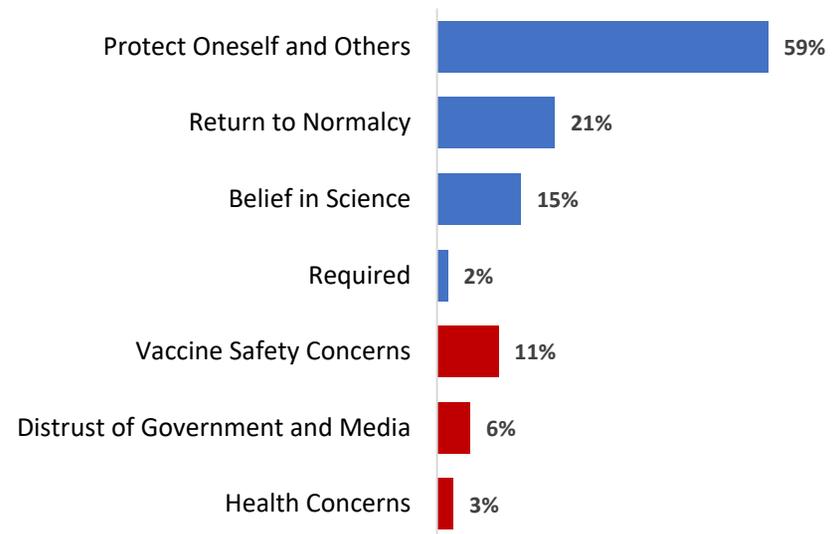


Vaccination Feelings

If you have concerns about the COVID-19 vaccine, what are your top concerns?
(n=4,678)

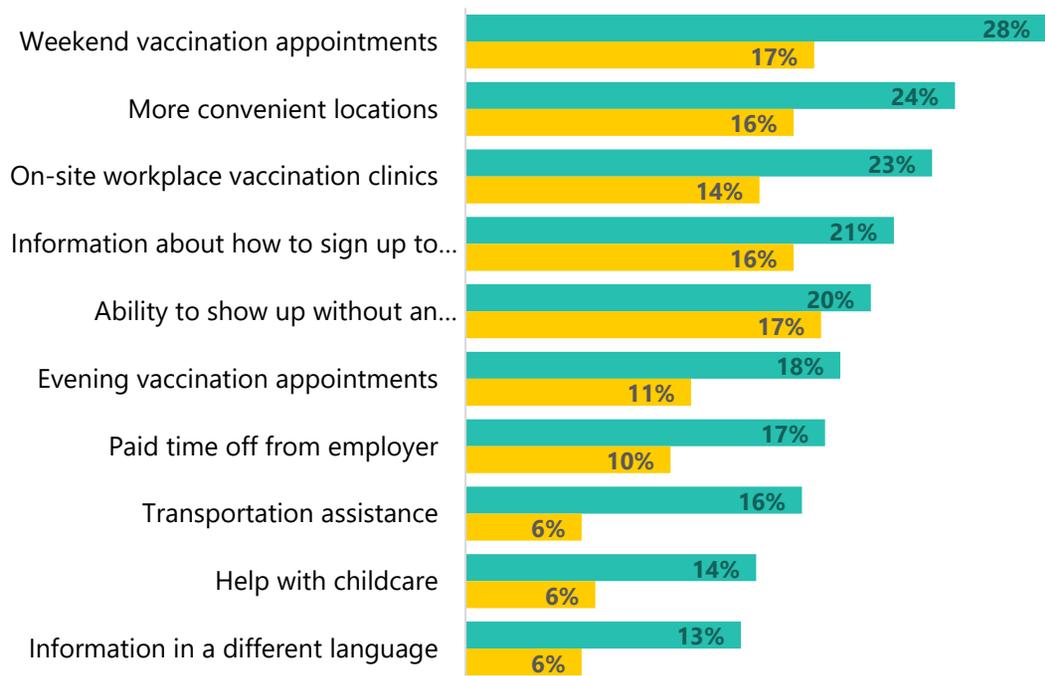


Please explain your reasoning and feelings around **getting** or **not getting** a COVID-19 vaccine (n=3,630)



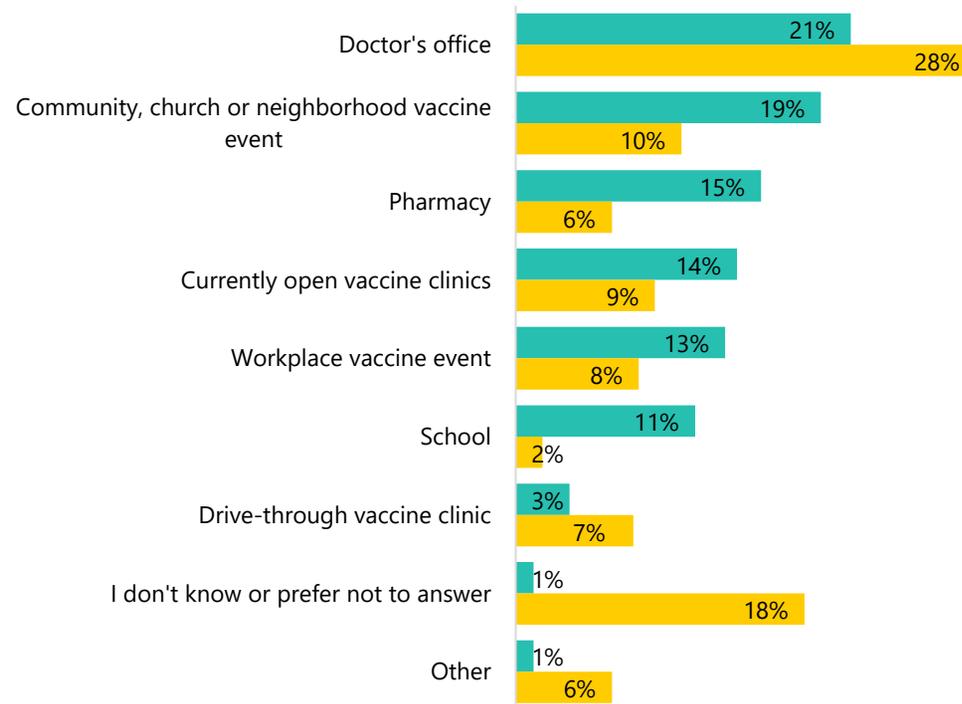
What would make it easier for you to get vaccinated?

- The most frequent response among those who said they would like to be **vaccinated as soon as possible** (n=270) was “weekend vaccination appointments.”
- Among those who were **hesitant to be vaccinated** (n=302), “ability to show up without an appointment” was the most common response.
- KPHD now offering both weekend and evening appointments.
- More locations offering vaccines without requiring an appointment.



Where would you prefer to be vaccinated?

- Both those who **want to be vaccinated as soon as possible**, and those who are **hesitant to vaccinate** most frequently said they wanted to be vaccinated at a doctor's office.
- KPHD is working with health care providers who are willing to vaccinate.
 - Staff trained on answering questions, storage, handling, and administration.
 - Vaccines offered at every health encounter.
 - Helping where it is needed (i.e. storage, distribution)



Summary

- While most respondents reported being “Well” or “Mostly Okay,” over half of the participants reported their physical fitness has worsened and they are experiencing more anxiety.
- There is a larger interest in being vaccinated among younger people and every non-white race/ethnicity group.
- KPHD is working on making vaccines more accessible to these groups by working with healthcare providers and improving availability.



MEMO

To: Kitsap Public Health Board

From: Keith Grellner, Administrator

Date: July 6, 2021

Re: Update on Effects of E2SHB 1152, Supporting Measures to Create Comprehensive Public Health Districts

Engrossed Second Substitute House Bill 1152 ([E2SHB 1152](#)), Supporting measures to create comprehensive public health districts, was [passed by the state Legislature](#) during the 2021 Legislative Session, and signed into law by the Governor on May 10, 2021.

While E2SHB 1152 is not the same as the original HB 1152 that the Kitsap Public Health Board and Health District opposed at the start of the 2021 Legislative Session (opposed as well by most local health jurisdictions [LHJ], Washington State Association of Counties [WSAC], and Washington State Association of Local Public Health Officials [WSALPHO]), and does not mandate the regionalization of the local public health system, it does still effect certain provisions of the structure and laws (RCW [70.05](#) and [70.46](#)) of the governmental public health system in Washington state.

Although the final version of the bill that was passed and signed into law is somewhat challenging to interpret, our current understanding of the local effects of ESHB 1152 can be summarized as follows:

1. Creates a state-level public health advisory board (PHAB) within the state Department of Health (DOH) to advise and provide feedback to the governmental public health system (Section 2);
2. Establishes new criteria and requirements for the composition of local boards of health for each type of local health jurisdiction that was previously established under RCW 70.05 or 70.46 (i.e., non-home rule counties where the local health jurisdiction is a county department [Section 3], home rule charter counties where the local health jurisdiction is a county department [Section 4], multi-county health districts [Section 5], and **single county health districts [Section 6]**);

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3. Establishes criteria and requirements for the composition of “community health advisory boards” (Section 7) if in existence and with its own bylaws as of January 1, 2021;
4. Assigns rulemaking authority to the State Board of Health (SBOH) for establishing the appointment process for members of the local board of health who are not elected officials, effective July 1, 2022 (Section 8); and
5. Establishes an effective date of July 1, 2022, for local boards of health to expand or amend their board composition (Section 9) if they are required to do so (i.e., local boards of health/LHJs who did not have a community advisory board with bylaws in existence as of January 1, 2021).

Of note with respect to Sections 3 through 6:

- The number of elected members of the local health board shall not exceed the number of non-elected members;
- If a federally recognized Indian tribe holds reservation, trust lands, or has usual and accustomed areas with the county, the board of health membership must include a tribal representative selected by the American Indian Health Commission; and
- Any decisions by the local board of health related to the setting or modification of permit, licensing, and application fees may only be determined by the city and county elected officials on the board.

Attached for your additional information are the following:

1. A bill summary document created by the staff of WSAC and WSALPHO;
2. A summary of current local board of health composition by LHJ from WSALPHO;
3. A copy of a presentation covering E2SHB 1152 provided to the State Board of Health by SBOH staff during their June 2021 meeting;
4. A copy of Kitsap County Code Chapter 9.52, Kitsap Public Health District, the enacting code by the Board of County Commissioners to form the Kitsap Public Health District; and
5. A copy of the current bylaws for the Kitsap Public Health Board.

Analysis

Based on our current understanding of the effects E2SHB 1152 on the Kitsap Public Health Board and Kitsap Public Health District, the following local actions, at minimum, are required by July 1, 2022:

1. The Kitsap County Board of Commissioners will need to amend Chapter 9.52 of the Kitsap County Code, Subchapter 9.52.060, Composition of the public health board, to come into compliance with E2SHB 1152 Section 6. The Board of Commissioners may also have to amend Chapter 9.52 to add provisions that are currently referred to in the Health Board Bylaws (e.g., official designated to appoint health officer and administrator; member voting rights, etc.).
2. The Kitsap Public Health Board will need to amend its Bylaws, Article IV, Membership; Article V, Legislative Powers, Duties, and Functions; Article VI, Officers and Duties; and Article VIII, Meetings and Quorum, to come into compliance with E2SHB 1152 Section 6. Specific items that will need to be addressed include the identification of the official responsible to appoint the health officer and administrator positions when applicable (the Chair of Board of County Commissioners or the Health Board?), the membership composition of the Health Board, the number of members required to constitute a quorum of the Health Board (simple majority?), and how tied votes will be decided.
3. The Kitsap County Board of Commissioners will need to select and appoint the new, non-elected members to the Health Board.

We suggest that the Health District and Board of Commissioners set up a meeting in the near future to establish a plan to complete this work, and report back to the Health Board at either the September or October meeting.

Please contact me at (360) 728-2234, or keith.grellner@kitsappublichealth.org with any questions or comments.

Attachments (5)

Summary of E2SHB 1152 & Budget Proviso

Overview – E2SHB 1152

It creates a public health advisory board within the Department of Health to advise and provide feedback to the governmental public health system. Process and details for implementation are yet to be determined. It revises the composition of local boards of health and assigns rule making to the State Board of Health.

Sec. 2 – Public Health Advisory Board (PHAB). The PHAB is established within Department of Health (DOH) and supported by DOH to:

- a) advise and provide feedback to the governmental public health system and provide formal public recommendations on public health
- b) monitor performance of the governmental public health system
- c) develop goals and direction for public health in Washington and provide recommendations to improve public health performance and to achieve the identified goals and direction
- d) Advise and report to the secretary
- e) Coordinate with the governor’s office, department SBOH, LHJs and the secretary
- f) Evaluate public health emergency response and provide recommendations for future response, including coordinating with relevant committees, task forces, and stakeholders to analyze the COVI-19 public health response
- g) Evaluate the use of foundational public health services funding by the governmental public health system

PHAB members are appointed by the Governor, with the application process to be determined by the Department of Health. Membership includes representatives from:

Voting Members:		
Governor’s Office	Secretary of Health (or designee)	Chair of the Governor’s interagency council on health disparities
State Board of Health Director (or designee)	Tribal public health (2 representatives)	County legislative authority (2 representatives; east/west)
Business association	Community and migrant health centers	Association of Washington Cities
* Local health jurisdictions (2 east – 1 from population under 200,000, 1 from population between 200,000-600,000; 2 west – 1 from population under 200,000, 1 from population between 200,000-600,000)	State Hospital Association	State Nursing Association
State Medical Association	State Public Health Association	Consumer non-profit representing marginalized populations

Non-voting members:		
2 Senate representatives (1 from each of the largest caucuses)	2 House representatives (1 from each of the largest caucuses)	

Sec. 3 – Sec. 6: Local Board of Health Composition. The bill outlines criteria for local board of health composition for each type of local health jurisdiction. Criteria includes requirements for maintaining current local board of health membership and expanding composition to require additional membership.

Section: Type of LHJ	Elected Official Requirements	Non-elected membership requirements	Other noteworthy provisions
Section 3: non-home rule counties RCW 70.05.030 , 1995 c 43 § 6 Effective July 1, 2022	Board of County Commissioners * ordinance may include local electeds from towns or cities but total # of electeds cannot outnumber non-elected members.	(i) public health, healthcare facilities and providers (ii) consumers of public health (iii) other community stakeholders (iv) tribal representatives	- LBOH appointment, term, and compensation be adopted by ordinance - local health officer appointed by official designated in charter - elected and non-elected (county, city/town) officials must be equal - fee setting by elected official only - LBOH composition not required to expand if local advisory board in place before January 1, 2021.
Section 4: home rule charter counties RCW 70.05.035 , 1995 c 43 § 7 Effective July 1, 2022	County Legislative Authority * ordinance may include local electeds from towns or cities but total # of electeds cannot outnumber non-elected members.	(i) public health, healthcare facilities and providers (ii) consumers of public health (iii) other community stakeholders (iv) tribal representatives	- LBOH appointment, term, and compensation be adopted by county legislative authority - local health officer appointed by official designated in charter - elected and non-elected (county, city/town) officials must be equal - fee setting by elected official only - LBOH composition not required to expand if local advisory board in place before January 1, 2021.

<p>Section 5: multi-county health districts</p> <p>RCW 70.46.020, 1995 c 43 § 10</p> <p>Effective July 1, 2022</p>	<p>Board of County Commissioners</p> <p>Each county has at least two representatives from the Board of County Commissioners who are appointed by the BoCC</p> <p>* ordinance may include local electeds from towns or cities but total # of electeds cannot outnumber non-elected members.</p>	<p>(i) public health, healthcare facilities and providers (ii) consumers of public health (iii) other community stakeholders (iv) tribal representatives</p>	<p>- LBOH must be at least 5 members for two-county districts, 7 members for three + county districts. - LBOH appointment, term, and compensation be adopted by resolution or ordinance - local health officer appointed by official designated in charter - elected and non-elected (county, city/town) officials must be equal - fee setting by elected official only - LBOH composition not required to expand if local advisory board in place before January 1, 2021. - LBOH comprised of local electeds and made up of three counties east of Cascades may retain composition if they establish a local PH advisory board by July 1, 2022 (NE Tri-county only, as of 5/11/21)</p>
<p>Section 6: single county health districts</p> <p>RCW 70.46.031, 1995 c 43 § 11</p>	<p>County Legislative Authority</p> <p>* ordinance may include local electeds from towns or cities but total # of electeds cannot outnumber non-elected members.</p>	<p>(i) public health, healthcare facilities and providers (ii) consumers of public health (iii) other community stakeholders (missing active or retired military member included in other sections) (iv) tribal representatives</p>	<p>- LBOH appointment, term, and compensation be adopted by resolution or ordinance - local health officer appointed by official designated in charter - elected and non-elected (county, city/town) officials must be equal - fee setting by elected official only - LBOH composition not required to expand if local advisory board in place before January 1, 2021.</p>

Sec. 7: Community Health Advisory Boards. Requirements for local community health advisory boards are outlined. These boards have had to be in place before January 1, 2021 in order for local health boards to retain current composition. By January 1, 2022, local community health boards must meet the following requirements:

- Provide input to the local board of health in the recruitment of local administrator/director and local health officer
- Use a health equity framework to conduct local health needs assessment and health improvement planning efforts.
 - Promote public participation in these efforts
- Evaluate proposed public health policies and programs and assure local needs and concerns are being met
- Provide community forums and hearings as assigned by the local board of health
- Review and make recommendations on local health jurisdiction annual budgets and fees
- Review and advise on local health jurisdiction progress, performance measures and outcomes

Local advisory board members includes 9 – 21 members that are appointed by the local board of health.

The local health officer and a local board of health member will hold ex officio positions. Composition of the local advisory board includes:

- Members with expertise in healthcare, environment, social and economic, business, government, tribal, communities that experience health inequities
- Community-based organizations, non-profits, business

Recruitment for advisory board members must be done in a way to assure diversity and representation from marginalized communities.

Advisory board members serve staggered three-year terms, select chair and vice-chair members. Staffing for the advisory board shall be provided by the local health jurisdiction. The advisory board shall meet monthly and these meetings are subject to the open public meetings act.

Sec. 8: Rulemaking authority. The State Board of Health shall adopt rules establishing the appointment process for members of the LBOH who are not elected officials that must go into effect no later than on year after the effective date of this section which is July 1, 2022.

Sec. 9: Effective Date. Sections 3 – 6 take effect on July 1, 2022. In essence, LBOH that must modify or change composition must have this in place by that date.

* Local health jurisdiction representative requirements exclude King, Pierce, and Snohomish counties

FY 21-23 Operating Budget Proviso

There were several budget provisos included in the final budget related to E2SBHB 1152. \$236,000 of the general fund—state appropriation for year fiscal year 2022 and \$236,000 of the general fund state appropriation for fiscal year 2023 are provided solely to implement the bill. This funding is dedicated to the State Board of Health for their rulemaking responsibilities. Total biennium appropriation is \$472,000.

Additional budget items included in the operating budget that were included in early iterations of HB 1152 but NOT included in the final bill as it was passed. These items are the responsibility of the Department of Health to implement and operationalize. Should these items include resources to FPHS, local health will be engaged in discussions.

- \$332,000 of the general fund - state appropriation for fiscal year 2022 and \$1,885,000 of the general fund state appropriation for fiscal year 2023 are provided solely for the department to establish and operate regional shared services centers, regional health officers, and regional coordinators.
 - The role and duties of the regional shared service centers shall be determined by the department and may include the coordination and facilitation of shared delivery of services under the foundational public health services, the implementation of health equity zones, and the development of relationships with other regional bodies
 - Regional health officers and regional coordinators must be employees of the department. The regional health officers shall be deputies of the state health officer.
 - Regional health officers may: work in partnership with local health jurisdictions, the department, the state board of health, and federally recognized Indian tribes to provide health, and federally recognized Indian tribes to provide coordination across counties; provide support to local health officers and serve as an alternative for local health officers during vacations and other absences, emergencies, and vacancies; and provide mentorship and training to new local health officers.
 - A regional health officer must meet the same qualifications as local health officers provided in RCW 70.05.050.

Washington State Local Board of Health Composition

C: 1-22-2021; U: 5-21-21

Local Health Jurisdiction	Total Members	County Elected Officials	City Elected Officials	Tribal	Health care/ Medical	Community Member	Advisory Board	Expanded LBOH Needed	Notes
Adams	3	3						Yes	
Asotin	6	3	3					Yes	
Benton-Franklin	6	3						Yes	Both county's commissioners make up LBOH
Chelan-Douglas	8	4	4					Yes	2 county and 2 city representatives from each county
Clallam	7	3	1		1	2		Yes	
Clark	5	5					X	No	
Columbia	3	3						Yes	
Cowlitz	3	3						Yes	
Garfield	5	3			2			Yes	Retired nurse and former public health staffer
Grant	7	1	6					Yes	
Grays Harbor	3	3						Yes	
Island	5	3	1		1	1*	X	No	5 th voting Board member is a Whidbey Health Hospital District Commissioner (elected by district), Commanding Officer of Naval Hospital Oak Harbor is invited to serve as an ex-officio member of the Board, Health Officer is the Executive Secretary of the Board
Jefferson	7	3	1		1	2		Yes	
Kitsap	7	3	4					Yes	
Kittitas	3	3			2		X	No	Medical members: Physician specializing in harm reduction, and nurse who is hospital's Emergency Department Director
Klickitat	5	3			2			Yes	Current citizen members are both MPH
Lewis	3	3					X	No	

Lincoln	3	3						Yes	
Mason	6	3	1		2	2		Yes	Citizen members are fire district commissioner, school board member
Northeast Tri Co (Ferry, Stevens, Pend-Oreille)	9	6	3					Yes* have until 7/1/22 to create a LPHAB	Each county has two members and a city member
Okanogan	7	3	1		1	2		Yes	Healthcare member is currently a practicing ARNP
Pacific	3	3						Yes	
Seattle-King	11	3 and one alternate	5 and three alternates		3			Yes	Alternates also attend meeting, 2 of the healthcare members are voting, one is a non-voting member
San Juan	7	3	1			3		Yes	
Skagit	3	3			1	1	X	Yes	No bylaws in place for local PH advisory board
Skamania	3	3						Yes	
Snohomish	15	5	10				X	No	
Spokane	12	3	6			3	X	Yes	
Tacoma-Pierce	8	4	2		1	1		No – interpreting as 70.08 LHJ	County: 3 council members and executive City: Tacoma council and mayor Healthcare: Pierce Co Medical Society Community: Towns Association
Thurston	3	3						Yes	* currently exploring expansion ordinance
Walla Walla	3	3					X	No	
Wahkiakum	3	3					X	No	
Whatcom	7	7					X	No	
Whitman	3	3						Yes	
Yakima	7	3	2			2		Yes	
	County Health Department								
	County Health & Human Services								
	Health District								





Washington State Board of Health

Implementation of E2SHB 1152

June 2021

Engrossed Second Substitute House Bill 1152

- E2SHB 1152 does the following:
 - Establishes a statewide Public Health Advisory Board;
 - Requires certain local boards of health to expand their membership to include non-elected persons; and
 - Requires certain local health jurisdictions to establish a community health advisory board.
- A local board of health comprised solely of elected officials may retain its composition if the jurisdiction had a public health advisory committee or board with its own established bylaws established by January 1, 2021.

Washington State Board of Health – Rulemaking Scope

- The Board has been directed to adopt rules regarding the appointment process for the members of local boards of health who are not elected officials.
 - The selection process must be fair and unbiased and ensure membership of local boards of health include balanced representation of elected officials and non-elected individuals with a diversity of expertise and lived experience.
- The Board's rules must go into effect by July 25, 2022.

Board's Rulemaking Process

- The Board filed the CR-101, Preproposal Statement of Inquiry, with the code reviser on June 9, 2021. This initiated the formal rulemaking process.
- Staff will utilize a collaborative rulemaking approach working with public health partners and interested parties to develop proposed rule language.
- This process will be iterative, with opportunity to review drafts and provide feedback.
- Following this process, a CR-102, Proposed Rule, will be filed and open a formal public comment period and public hearing.
- A a CR-103, Rulemaking Order, will be filed upon rule adoption.

Tentative Rulemaking Timeline

- The Board's rules must go into effect by July 25, 2022. Board staff anticipate the following rulemaking timeline (subject to change):
 - **June 2021:** File CR-101 and share with interested parties.
 - **June-August 2021:** Research and draft rule language.
 - **August-December 2021:** Community engagement and rule revisions.
 - **March 2022:** File CR-102 and initiate formal public comment period.
 - **April 2022:** Public hearing and possible adoption of rules by the State Board of Health.
 - **May 2022:** File CR-103.
 - **July 1, 2022:** Rules effective.

Connect with Board Staff

- If you are interested in receiving regular updates on this rulemaking, please join our interested parties list by contacting staff at LBOHComposition@sboh.wa.gov
- The Board's website will contain regular updates as rulemaking progresses and can be found here:
<https://sboh.wa.gov/Rulemaking/CurrentRulesandActivity/LocalBoardofHealthComposition>
- For all questions or other inquiries related to this rulemaking please contact Board staff via e-mail or phone:
 - Kaitlyn Donahoe, (360) 584-6737
 - Samantha Pskowski, (360) 789-2358
 - LBOHComposition@sboh.wa.gov

| THANK YOU

Chapter 9.52 KITSAP PUBLIC HEALTH DISTRICT

Sections:

- 9.52.010 Definitions.
- 9.52.020 Organization established.
- 9.52.030 Powers and duties of the health district.
- 9.52.040 Public health board established.
- 9.52.050 Control by the public health board.
- 9.52.060 Composition of the public health board.
- 9.52.070 Conduct of business by the public health board; delegation of authority.
- 9.52.080 Health officer.
- 9.52.090 Powers and duties of health officer.
- 9.52.100 Budget.
- 9.52.110 Funding.
- 9.52.120 Fund established.

9.52.010 Definitions.

The following terms are defined as follows:

- A. “Public health board” means the public health board for the Kitsap Public Health District.
- B. “Cities” means the cities of Bainbridge Island, Bremerton, Port Orchard, and Poulsbo.
- C. “County” means Kitsap County.
- D. “Health district” means the territory within the cities and within the county which provides public health services to persons.
- E. “Health officer” means the legally qualified physician who has been appointed by the public health board.
- F. “Administrative officer” means an administrative officer who may be appointed by the public health board in addition to a health officer pursuant to RCW [70.05.040](#). 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](#).

(Ord. 524 (2015) § 1, 2015: Ord. 475 (2011) § 2, 2011: Ord. 455 (2010) § 1, 2010)

9.52.020 Organization established.

The existence of the health district as a separate entity is reaffirmed in accordance with RCW [70.46.031](#).

(Ord. 455 (2010) § 2, 2010)

9.52.030 Powers and duties of the health district.

The health district shall provide public health services to the residents of and on behalf of the county and cities. In addition, the health district is vested with all the powers to perform all duties as set forth in Chapter [70.05](#) RCW et seq. and Chapter [70.46](#) RCW et seq.

(Ord. 455 (2010) § 3, 2010)

9.52.040 Public health board established.

The public health board is hereby reaffirmed and established.

(Ord. 524 (2015) § 2, 2015: Ord. 455 (2010) § 4, 2010)

9.52.050 Control by the 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.

(Ord. 524 (2015) § 3, 2015: Ord. 455 (2010) § 5, 2010)

9.52.060 Composition of the public health board.

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.

(Ord. 524 (2015) § 4, 2015: Ord. 455 (2010) § 6, 2010)

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 and other 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. Therefore, the public health board delegates to the health officer 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 the policies established by the public health board.

(Ord. 524 (2015) § 5, 2015: Ord. 461 (2010) § 1, 2010: Ord. 455 (2010) § 7, 2010)

9.52.080 Health officer.

The public health board shall appoint a health officer who shall organize, administrate, and operate the health district on a day-to-day basis. The health officer shall serve at the pleasure of the public health board.

(Ord. 524 (2015) § 6, 2015: Ord. 455 (2010) § 8, 2010)

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.

(Ord. 524 (2015) § 7, 2015: Ord. 455 (2010) § 9, 2010)

9.52.100 Budget.

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

(Ord. 524 (2015) § 8, 2015: Ord. 455 (2010) § 10, 2010)

9.52.110 Funding.

A. Basic Funding. The basic funding for the health district shall include the county's contribution from the general fund, receipt of grants, contracts, fees, and gifts, and funding from the public health account distributed by the State Treasurer.

B. Supplemental Funding. Supplemental funding for the health district may be provided by assessments from the cities according to a formula adopted by the public health board. Supplemental funding for the health district from each city shall be at the discretion of each city.

C. Special Projects. Funding for special projects may be obtained from any entity agreeing to commit funds. The county and cities shall not have the authority to commit funds of another entity.

(Ord. 524 (2015) § 9, 2015: Ord. 455 (2010) § 11, 2010)

9.52.120 Fund established.

Unless otherwise authorized by the public health board, moneys received and collected on behalf of the health district shall be deposited in a fund known as the health district fund maintained by the county's treasurer. Expenditures by the health district shall be made from this fund.

(Ord. 524 (2015) § 10, 2015: Ord. 455 (2010) § 12, 2010)

The Kitsap County Code is current through Ordinance 596 (2021), passed April 26, 2021, and Resolution 169-2013, passed November 25, 2013.

Disclaimer: The Clerk of the Board's Office has the official version of the Kitsap County Code. Users should contact the Clerk of the Board's Office for ordinances passed subsequent to the ordinance cited above.

County Website: <https://www.kitsapgov.com/>

County Telephone: (360) 337-5777 / (800) 825-4940

Email the county: openline@co.kitsap.wa.us

[Code Publishing Company](#)

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.



Mayor Becky Erickson, Chair
Kitsap Public Health Board

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; 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

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 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)

ARTICLE V - LEGISLATIVE POWERS, DUTIES AND FUNCTIONS

1. The authority of the Public Health Board shall be as prescribed by 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 70.05.070. 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 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 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.
6. The Public Health Board will annually review and approve the Health District's finances and budget to carry on public health services.
7. 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 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 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.
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.