

## KITSAP PUBLIC HEALTH BOARD

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

### MEETING AGENDA

June 4, 2024

10:30 a.m. to 11:45 a.m.

Chambers Room, Bremerton Government Center  
345 6<sup>th</sup> Street, Bremerton WA 98337

(Health Board members may participate remotely via Zoom)

- 10:30 a.m. 1. Call to Order  
*Dr. Tara Sell, Chair*
- 10:31 a.m. 2. Approval of May 7, 2024, Meeting Minutes  
*Dr. Tara Sell, Chair* *Page 4*
- 10:32 a.m. 3. Approval of Consent Items and Contract Updates  
*Dr. Tara Sell, Chair* [External Document](#)
- 10:34 a.m. 4. Public Comment – **Please See Notes at End of Agenda**  
*Dr. Tara Sell, Chair*
- 10:44 a.m. 5. Health Officer and Administrator Reports  
*Dr. Gib Morrow, Health Officer & Yolanda Fong, Administrator*

### DISCUSSION ITEMS

- 10:55 a.m. 6. Kitsap Maternal Health Challenges and Opportunities *Page 10*  
*Maite Garcia, CDC Public Health Law Fellow*
- 11:15 a.m. 7. Exploring the Viability of a Public Hospital District *Page 37*  
*Susan Young, Alliance for Equitable Healthcare*
- 11:30 a.m. 8. Executive Session to Review the Performance of a Public Employee per  
RCW 42.30.110(g)  
*Dr. Tara Sell, Chair*  
**\*\*Please note that the Board will adjourn the meeting immediately  
following the executive session.\*\***
- 11:45 a.m. 9. Adjourn

*All times are approximate. Board meeting materials are available online at  
[www.kitsappublichealth.org/about/board-meetings.php](http://www.kitsappublichealth.org/about/board-meetings.php)*

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## Attending/viewing Health Board meetings

Members of the public can attend Kitsap Public Health Board meetings **in person** at the time and location listed at the top of the agenda.

Health Board meetings will broadcast **live on Comcast channel 12, WAVE channel 3, and on the BKAT website at <https://www.bremertonwa.gov/402>**. A video recording of the meeting will be made available at <https://kitsappublichealth.org/about/board-meetings.php>, typically within 48 hours of meeting adjournment.

## Providing public comment

**Verbal public comment:** Members of the public can provide spoken public comment to the Health Board by attending the meeting in person at the time and location listed at the top of the agenda. \* Members of the public who attend in person can make verbal comments during the Public Comment agenda item or as specified by the Health Board Chair.

As this meeting is a regular business meeting of the Health Board, the Chair will establish a time limit for public comment to ensure enough time is allowed for all agenda items to occur prior to adjournment. Each public commenter will receive a specific amount of time to address the board as determined by the Chair.

**Written comments** may be submitted by mail or email to:

Mail:

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

Email:

[healthboard@kitsappublichealth.org](mailto:healthboard@kitsappublichealth.org)

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

*\*If you are unable to attend a meeting in person and need to request an accommodation to provide verbal public comment, please email [healthboard@kitsappublichealth.org](mailto:healthboard@kitsappublichealth.org) or call 360-728-2235.*

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A schedule of regular Health Board meetings is posted at <https://kitsappublichealth.org/about/files/board-meeting-schedule.pdf>

Materials for each meeting, including an agenda, minutes from the prior Health Board meeting, and informational meeting packet, are posted prior to each scheduled meeting at <https://kitsappublichealth.org/about/board-meetings.php>. Printed materials are available for meeting attendees. A video recording and copies of presentations are posted to the board meetings website after each meeting.

**KITSAP PUBLIC HEALTH BOARD  
MEETING MINUTES  
Regular Meeting  
May 7, 2024**

The meeting was called to order by Vice Chair Christine Rolfes at 10:31 a.m.

**APPROVAL OF MINUTES**

Mayor Becky Erickson moved and Member Drayton Jackson seconded the motion to approve the minutes for the April 2, 2024, regular meeting. The motion was approved unanimously.

**CONSENT AGENDA**

The April consent agenda included the following contracts:

- 2408, *Washington State Department of Health, Water Recreation Facilities*
- 2210, Amendment 3, *Jefferson County, Nurse Family Partnership, Department of Children Youth & Families*
- 2410, *Office of the Washington State Auditor, SAO Audits*

Member Stephen Kutz moved and Mayor Erickson seconded the motion to approve the consent agenda. The motion was approved unanimously.

**PUBLIC COMMENT**

There was no public comment.

**HEALTH OFFICER/ADMINISTRATOR'S REPORT**

Administrator Update:

Yolanda Fong, Administrator, shared three updates:

- Lynn Pittsinger has been selected as the new Community Health Division Director. Ms. Fong explained that Ms. Pittsinger has years of experience in both nursing and leadership, noting that the Health District is fortunate to have her join the team. If Board members would like to meet with Ms. Pittsinger one-on-one, they can contact Ms. Fong.
- Documentation has been submitted to the Public Health Accreditation Board (PHAB) for the Health District's reaccreditation; a PHAB specialist will conduct a site visit in September. Part of the site visit will include a review of the Board's relationship to the Health District as its governing entity. The Board will be kept informed of the process.
- Member Jackson will be presenting at the 2023 National Association for Local Boards of Health (NALBOH) Annual Conference in Nashville, Tennessee. His presentation will discuss strategies to align the diversity of health board leadership with their communities. Member Jackson said he has enjoyed working on the Kitsap Public Health Board and appreciates the diversity of its board members.

There was no further comment.

Health Officer Update:

Dr. Gib Morrow, Health Officer, provided the Board with several updates:

- Dr. Morrow wished Kitsap mothers a happy Mother's Day.
- This week is National Nurses Week. Dr. Morrow thanked nurses for their hard work and dedication.
- May is National Hepatitis Awareness month. Dr. Morrow explained that more than half of Americans with hepatitis are unaware they are infected. He noted that those who are unaware of their hepatitis infection have a higher risk of liver dysfunction and death. The Health District will be sending a healthcare provider advisor encouraging providers to screen for and treat hepatitis.
- Dr. Morrow explained that there have been no diagnosed measles cases in Kitsap this year. Nationally, there are over 100 measles cases, exceeding the average case count in the decade since the disease was considered eliminated in the United States in 2000. The Health District disseminated a message to healthcare providers reminding them to vaccinate children for measles before international travel.
- An outbreak of over 70 pertussis cases, another highly contagious vaccine-preventable disease, activated the formation of an emergency response strategy in the counties of Chelan and Douglas. King, Pierce, and Clark counties have had over 50 cases. Dr. Morrow noted that there are likely pertussis cases in Kitsap that have not been diagnosed yet. The Health District is monitoring disease activity and preparing for pertussis cases.
- Mpox rates have subsided significantly but there are ongoing, low-level case rates. Dr. Morrow reminded those who are eligible to get the mpox vaccine.
- There has been a resurgence in avian influenza, also known as bird flu. The ongoing outbreak has led to 13 human cases globally as well as infections documented among various animal species. As 36 dairy cattle herds across nine states have been infected, cattle crossing state lines are required to be tested for bird flu and dairy workers are encouraged to wear advanced PPE with respiratory and eye protection and gloves. Though Washington has not had any known cases of bird flu in cattle, the Health District will be conducting outreach to known cattle farmers in Kitsap to explain the risks of infection and risk mitigation strategies. Dr. Morrow noted that bird flu has been found in the milk of infected dairy cows and discouraged any human or animal consumption of unpasteurized milk. The Health District is addressing the outbreak through education, risk communication, monitoring, testing, and if necessary, will use prophylactic treatment for those exposed to an infected animal.

Board members discussed Dr. Morrow's update and asked clarifying questions. Councilperson Ashley Mathews asked how the Health District plans to communicate bird flu risks and prevention strategies to the public. Ms. Fong explained that information from the Department of Health is coming in quickly and that the Health District will research updated communications that can be shared with the public, sent to the Board, and posted on the agency's website.

There was no further comment.

## **HEALTH BOARD LETTER CONCERNING MILITARY HEALTH STRATEGY**

Dr. Morrow discussed the Board letter concerning military health strategies. He thanked the US Navy representatives who joined today's Board meeting: Commander Carolyn Ellison and Acting Commanding Officer Brandon Wolf.

Dr. Morrow explained the following points:

- Kitsap has been impacted by the formation of the Defense Health Agency in 2013, which aimed to reduce healthcare costs by moving military medical care into the private sector.
- Over the past 10 years, Naval Hospital Bremerton has closed their inpatient, emergency, critical care, and obstetrical departments, despite the private sector health system in Kitsap being overstretched and underserved.
- The military's new strategic plan acknowledges that degrading and underfunding the military health system poses a significant national security risk. The plan commits to rebuilding and strengthening the military health system to reattract patients and beneficiaries, improve access to care, and increase opportunities to sustain military clinical readiness for medical forces.
- On behalf of the Board, the Health District drafted a letter requesting Pentagon officials to prioritize rebuilding military health systems in Kitsap. The letter notes specific requests, such as prioritizing primary, behavioral, and obstetrical care services; modernizing data systems; integrating data and health services with local private and public sector systems; and contributing to workforce development efforts.

Dr. Morrow asked the Board to approve, sign, and send the letter to Pentagon officials and continue community-wide efforts to advocate for a stronger health system in Kitsap.

The Board asked clarifying questions, discussed current actions being taken by the Navy to address concerns outlined in the letter, and thanked Cmdr. Ellison and Cmdr. Wolf for coming to the meeting. Mayor Erickson proposed the letter be signed by all Board members individually, rather than being signed by the Vice Chair on behalf of all members, as it may have more of an impact. Board members agreed.

Mayor Greg Wheeler moved and Member Jackson seconded the motion to approve the signing and sending of the letter to Pentagon officials, with the amendment that the letter be signed by all Board members via DocuSign. The motion was approved unanimously.

There was no further comment.

## **HEALTHCARE ACCESS UPDATE**

Vice Chair Rolfes asked that the healthcare access update be moved to the next month's meeting agenda due to time limitations. Dr. Morrow agreed.

There was no further comment.

## **PROPOSED FOOD SERVICE ESTABLISHMENT FOOD SAFETY RATING SYSTEM**

John Kiess, Environmental Health Division Director, introduced Dayna Katula, Food and Living Environment (FLE) Program Manager. Mr. Kiess explained that Ms. Katula will be proposing a new food safety rating system.

Ms. Katula provided the Board with a presentation outlining the food service establishment food safety rating system being proposed by the Health District. Ms. Katula provided an introduction of FLE program staff and explained the work conducted by the program. A significant part of their work is regulating food establishments, the main goal of which is to reduce the rate of foodborne illnesses through education, inspections, and prevention. During her presentation, Ms. Katula noted:

- The data from a large Minnesota study shows most customers want food inspection information posted at the point of sale.
- While food establishment inspection reports are available online, many members of the public do not know they are available. The reports can also be difficult to access and, because they are a legal document, the reports use technical language.
- Six years ago, when Public Health Seattle and King County (PHSKC) implemented their food safety rating system, the Board's Policy Committee discussed implementing a similar system. The committee decided to wait and observe the successes and challenges faced by PHSKC. In 2022, Tacoma-Pierce County Health Department (TPCHD) successfully implemented a similar system.
- The Health District consulted with PHSKC, TPCHD, the Policy Committee, FLE inspectors, and the Kitsap Food Advisory Council to develop the proposed food safety rating system, which aims to provide easy-to-read food safety inspection information at the point of customer interactions. Additionally, the Health District hopes the system will provide positive reinforcement to food establishment operators, communicate risks to customers, incentivize operators to improve sanitary conditions, and reduce the number of outbreaks, reinspections, and complaints.
- The proposed system will not go into effect until July 1, 2025, and will use four categories: best, great, okay, and needs to improve. Each category is associated with a specific color and an emoji. Food establishments will be placed into a category using the average score of about the past two years' worth of routine inspections. New establishments will have a sign noting they are still new and do not have a rating yet. Each sign will display a QR code, which can be scanned to allow customers to look at full inspection reports. The establishment will then be required to display their category's sign at main customer entrances or interaction sites.
- Challenges expected include the ability to keep current on routine inspections and pressure on FLE inspectors to not write violations. Ms. Katula provided strategies to address these challenges.
- If the food rating system is successful, the Health District hopes to see a decrease in the number of complaints and reinspections, and an overall shift of food establishment ratings into better categories.

- A robust communications plan has been developed to communicate the new system to food establishment operators. The plan includes messaging, education during inspections, handouts, and a long implementation phase.

At the conclusion of her presentation, Ms. Katula thanked TPCHD for the time and materials they have shared to help the Health District be successful in the system's development and implementation.

Board members asked clarifying questions and provided their feedback.

There was no further comment.

### **ONSITE SEWAGE SYSTEM (OSS) ORDINANCE REVISION**

Mr. Kiess explained to the Board that the Washington State Department of Health (DOH) recently adopted a new Washington Administrative Code (WAC) for onsite sewage system (OSS) regulations. He provided the Board with a presentation, which noted:

- The definition of an OSS and how frequently these systems are used throughout Kitsap. There are around 57,000 systems in the county due to sewer system infrastructure.
- In 1961, the first local OSS ordinance was adopted by the Board and was last amended in 2011. As a result of Chapter 246-272A being adopted, the Health District's OSS ordinance must be updated. The update will be reviewed and voted on by the Board.
- The WAC will be effective April 1, 2025, giving local health jurisdictions time to align their local ordinances. The Kitsap ordinance may only require three areas of revision as a significant part already aligns with the new WAC. Changes include:
  - Increasing minimum lot size and useable land area requirements for the creation of new lots that will utilize onsite sewage systems.
  - New definitions and updates to technical design standards.
  - DOH review of local OSS management plans to determine if updates are needed.
- Over the next few months, the Health District will create a final draft containing the proposed revisions which then will be brought to the Board.

Mr. Kiess noted that the Board will be kept up to date throughout the OSS ordinance revision process.

After Board members discussed the agenda item and asked clarifying questions, Mr. Kiess asked to provide another update. He explained that in late April, DOH released their annual water quality status report for shellfish growing areas affected by fecal pollution. In this year's report, they identified three areas in Kitsap: Dyes Inlet, Liberty Bay, and Miller Bay as threatened. These areas still meet water quality standards but are showing an increase in bacteria levels. Mr. Kiess said that is not a new listing for some of these areas, and the Health District's Pollution Identification and Correction Program is aware and actively working to identify and correct any pollution sources in these areas.



Board members discussed the update and asked clarifying questions.

There was no further comment.

## **ADJOURN**

There was no further business; the meeting adjourned at 11:53 a.m.

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**Dr. Tara Sell**  
**Kitsap Public Health Board**

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**Yolanda Fong**  
**Administrator**

**Board Members Present:** *Mayor* Becky Erickson; *Member* Drayton Jackson; *Member* Stephen Kutz; *Councilperson* Ashley Mathews; *Mayor* Rob Putaansuu; *Commissioner* Christine Rolfes; *Member* Dr. Michael Watson; *Mayor* Greg Wheeler.

**Board Members Absent:** *Member* Dr. Tara Sell; *Member* Jolene Sullivan.

**Community Members Present:** *Monica* Bernhard, *Kitsap Mental Health Services*; *Carolyn* Ellison, *United States Navy*; *Stephanie* Hahn, *Representative Derek Kilmer's Office*; *Brandon* Wolf, *United States Navy*.

**Scribe:** *Margo* Chang, *Management Analyst, Kitsap Public Health District*.

**Staff Present:** *Angie* Berger, *Management Analyst, Administration*; *Yolanda* Fong, *Administrator, Administration*; *Heather* Fucini, *Environmental Health Specialist 1, Food and Living Environment*; *Adrienne* Hampton, *Policy, Planning, and Innovation Analyst, Administration*; *Isabella* Hansen, *Disease Intervention Specialist, Sexually Transmitted Infections*; *Dayna* Katula, *Program Manager, Food and Living Environment*; *John* Kiess, *Director, Environmental Health Division*; *Sarah* Kinnear, *Community Liaison, Chronic Disease and Injury Prevention*; *Albert* Lawver, *Environmental Health Specialist 1, Food and Living Environment*; *Melissa* O'Brien, *Environmental Health Specialist 1, Food and Living Environment*; *Dr. Gib* Morrow, *Health Officer, Administration*; *Lynn* Pittsinger, *Director, Community Health Division*; *Justin* Shoriz, *Disease Intervention Specialist, Sexually Transmitted Infections*; *Tad* Sooter, *Public Information Officer*; *Jacob* Wimpenny, *Environmental Health Specialist 2-RS, Food and Living Environment*; *Layken* Winchester, *Environmental Health Specialist 2-RS, Food and Living Environment*.

# MEMO

**To:** Kitsap Public Health Board (KPHB)  
**From:** Gib Morrow, MD, MPH  
**Date:** June 4, 2024  
**Re:** Kitsap Maternal Health Challenges and Opportunities

## **Background and Information**

During the regular board meeting on June 4<sup>th</sup>, a presentation regarding Kitsap maternal health challenges and opportunities will be provided by Maite Garcia, a CDC Legal Fellow. As we know from the Kitsap Public Health District [Community Health Assessment](#), perinatal health services are limited and may be difficult to access in Kitsap County, resulting in lower than state average rates of adequate prenatal care for pregnant people and their newborns. This insufficiency of healthcare services is well-documented on the [KPHD website](#), leading to your passage of [Resolution 2023-04](#), in which you commit to promote public-private and other strategic partnerships, champion efforts to increase the transparency and affordability of health costs, strengthen the healthcare workforce, expedite healthcare infrastructure improvements, support reinvestment in our local community of healthcare profits generated in Kitsap County, and promote integration of health services and collaboration between partner organizations. This is particularly important, as inadequacy of healthcare services disproportionately impacts minoritized and marginalized groups, as you have recognized in [Resolution 2021-01](#), which commits to partnering with community to co-create solutions to address structural inequities.

On Thursday May 23, 2023, Maite Garcia, presented her research on how policy and reimbursement complexities may impair, or be used to improve, comprehensive health services delivery. Maite sought feedback on how to improve integration, promote risk-appropriate care, and ensure all Kitsap moms get the care they need during this crucial developmental period. Physicians, nurses, public health practitioners, and doulas attended the meeting, and data was presented on Medicaid and Medicare reimbursement rates in our state. Maite also shared information and sought feedback about evolving Washington policies surrounding doulas, midwives, and community health workers and the opportunities these changes may present.

## **Recommendation**

None at this time – for information and discussion only.

Please contact me with any questions or concerns about this matter at [gib.morrow@kitsappublichealth.org](mailto:gib.morrow@kitsappublichealth.org).

[kitsappublichealth.org](http://kitsappublichealth.org)



# Kitsap Maternal Health Challenges and Opportunities

**Maite Garcia**  
**Public Health Law Fellow – CDC/CLS**  
**June 4, 2024**



# Roadmap



Kitsap Community Health Assessment



Medicaid and Medicare Reimbursement Rates



Doulas, Midwives, and Community Health Workers

# Kitsap County - Community Health Assessment



## Availability of OB/GYN care

Kitsap has 47% fewer OB/GYN providers (obstetricians and gynecologists) per 100,000 residents than Washington as a whole.



## Prenatal care access

From 2018 to 2019, there was a decrease in the proportion of Kitsap residents who had adequate prenatal care during pregnancy. The rate did not improve from 2019 to 2021.

About half (52%) of Kitsap residents who gave birth in 2021 received adequate prenatal care based on the Adequacy of Prenatal Care Utilization Scale. This was lower than the statewide percentage (70%).



## Lactation support

In a 2022 community survey, more than half of respondents (54%) who were pregnant or had recently been pregnant said there was a time in the last two years when they needed lactation (breastfeeding or chestfeeding) support and could not get it.

### Reasons cited for not being able to access support included:

- 44%** Not being able to afford a copay or deductible
- 31%** A provider not taking their insurance
- 24%** Not having any way to get services
- 23%** Not being able to find services

# Kitsap County - Community Health Assessment

## AVAILABILITY OF OB/GYN CARE



In 2021, Kitsap had 8 OB/GYN providers per 100,000 population. This rate was decreasing.



In 2021, Washington as a whole had 15 OB/GYN providers per 100,000 population. This rate was increasing.

## ACCESS TO PRENATAL CARE



one out of two Kitsap residents (52%) who gave birth in 2021 received adequate prenatal care.

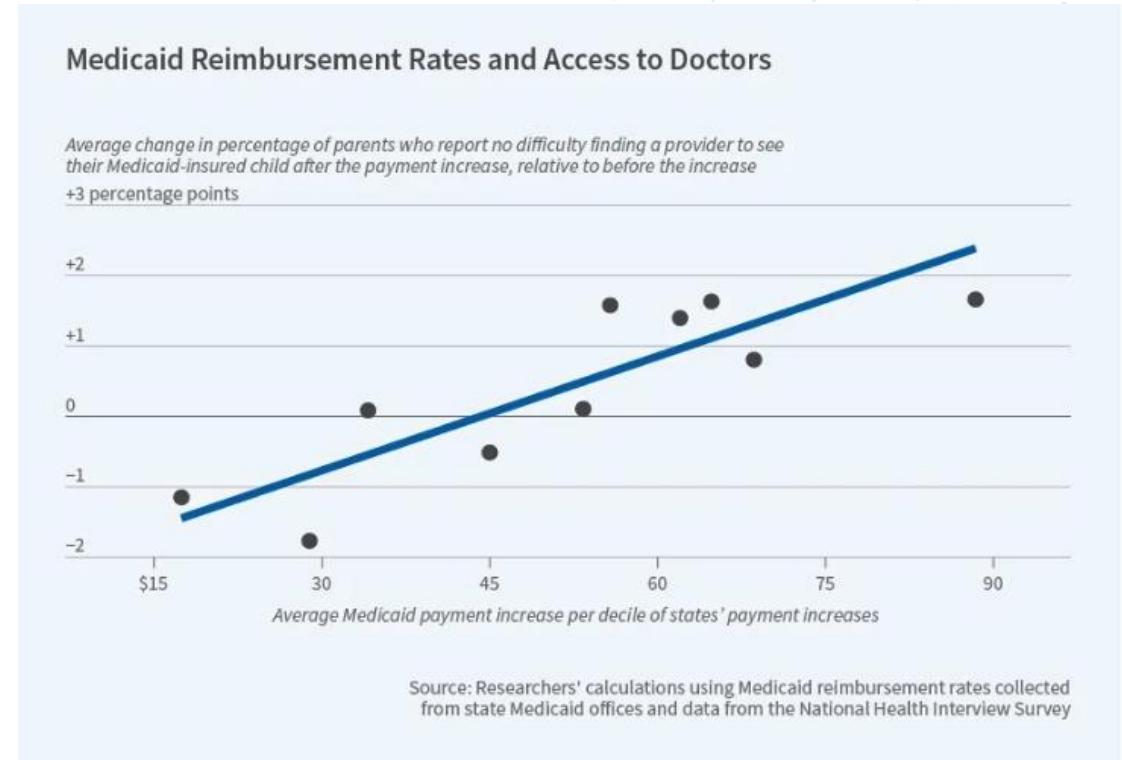


more than two out of three Washington residents (70%) who gave birth in 2021 received adequate prenatal care.

***How can we work together to develop innovative community-driven solutions that can address the disparities seen in Kitsap County?***

# Medicaid Reimbursement Rates and Access to Care

- Rates are determined by each individual state and its policies
- Each \$10 increase in Medicaid reimbursement per visit = 0.3 % point increase in the probability that a Medicaid recipient reported a doctor visit in the past two weeks.





# Medicaid Reimbursement Rates on Maternal Care

- The fee increase is a small but significant improvement in prenatal care utilization among non-Hispanic Black women and non-Hispanic White women
- Higher reimbursement rates might have benefitted women w/ more access to primary care → leading to more referrals to maternal care and awareness of importance of prenatal care
- Highlights Medicaid reimbursement rates can improve access to care and reduce income/racial disparities



# Medicaid Reimbursement Rates – State Comparative Analysis

State	Codes: 59400	
	<b>Code Description: provider and nonphysician healthcare providers in the practice provide all of the antepartum care, admission to the hospital for delivery, labor management, including induction of labor, fetal monitoring, use of low forceps and episiotomy, vaginal delivery of the fetus and placenta, and inpatient and outpatient postpartum care</b>	
MEDICAID	MEDICAID	MEDICARE
Washington	\$2,031.94	\$2578.18 (King), \$2366.80 (all other counties)
California	\$2,091.21	\$2338.90-\$2731.01
Texas	no global package	\$2290-68-\$2546.43
Florida	\$1,816	\$2495.61 -\$2914.12
Oregon	\$1,500	\$2388.89, \$2259.27
Vermont	\$1,912.40	\$2,223.43
Massachusetts	\$2,176.78	\$2572.23, \$2394.32
New York	\$2,238.52	\$2257.73-\$2942.30

# Medicare Reimbursement Rates

- Medicare reimbursement rates are consistent nationally, differing by GPCI (Geographic Practice Cost Index)
- There have been cuts in physician reimbursement amidst growing national healthcare expenditures

## Medicare PFS Payment Rates Formula



Figure 1: Arithmetic graphic of components added and multiplied together to make up the PFS payment rate

## History of Medicare Conversion Factors

Year	Conversion Factor	% Change	Primary Care Conversion Factor	% Change	Surgical Conversion Factor	% Change	Other Nonsurgical Conversion Factor	% Change
1992	\$31.0010		N/A		N/A		N/A	
1993	N/A				\$31.9620		\$31.2490	
1994	N/A		\$33.7180		\$35.1580	10.0	\$32.9050	5.3
1995	N/A		\$36.3820	7.9	\$39.4470	12.2	\$34.6160	5.2
1996	N/A		\$35.4173	-2.7	\$40.7986	3.4	\$34.6293	0.0
1997	N/A		\$35.7671	1.0	\$40.9603	0.4	\$33.8454	-2.3
1998	\$36.6873							
1999	\$34.7315	-5.3						
2000	\$36.6137	5.4						
2001	\$38.2581	4.5						
2002	\$36.1992	-5.4						
2003	\$36.7856	1.6						
2004	\$37.3374	1.5						
2005	\$37.8975	1.5						
2006	\$37.8975	0.0						
2007	\$37.8975	0.0						
2008	\$38.0870	0.5						
2009	\$36.0666	-5.3						
1/1/10-5/31/10	\$36.0791	0.03						
6/1/10-12/31/10	\$36.8729	2.2						
2011	\$33.9764	-7.9						
2012	\$34.0376	0.18						
2013	\$34.0230	-0.04						
2014	\$35.8228	5.3						
1/1/15-6/30/15	\$35.7547	-0.19						
7/1/15-12/31/15	\$35.9335	0.50						
2016	\$35.8043	-0.36						
2017	\$35.8887	0.24						
2018	\$35.9996	0.31						
2019	\$36.0391	0.11						
2020	\$36.0896	0.14						
2021	\$34.8931	-3.3						
2022	\$34.6062	-0.80						
2023	\$33.8872	-2						
2024	\$32.7442	-3.37						

Initially, the Medicare Physician Payment Schedule included distinct conversion factors for various categories of services. In 1998, a single conversion factor was implemented. The reduction in the 1999 conversion factor was offset by elimination of the work adjustor from the first Five-Year Review and increases in the practice expense and PLI RVUs. The reduction in the 2009 conversion factor was offset by elimination of the work adjustor from the third Five-Year Review. The reduction in the 2011 conversion factor was offset by increases to the practice expense and PLI RVUs resulting from the rescaling of those RVU pools to match the revised MEI weights. The 2014 conversion factor update included a budget-neutrality increase to offset decreases to the practice expense and PLI RVUs, which resulted from the rescaling of the RVU pools to match the revised MEI weights. For a number of years, the conversion factor was minimally changed to reflect budget neutrality. In 2021, the budget neutrality reduction was more significant to reflect the increases in valuation of the Evaluation & Management (E/M) office visit codes. The reduction seen in 2023 is largely a result of the expiration of a 3% increase by Congress to the conversion factor at the end of calendar year 2022 and approximately 1.6 percent decrease due to budget neutrality requirements from further E/M changes including hospital visits, emergency department visits, home visits and nursing facility visits. In response to concerted advocacy by organized medicine, the Consolidated Appropriations Act of 2023 reduced an anticipated 4.5% cut to Medicare physician payment by increasing the 2023 conversion factor by 2.5% therefore reducing the cut to 2%.



# Doulas – Who are they?

- Doula: Nonclinical birth workers who are trained to provide physical, emotional, and informational support to pregnant people in the prenatal, birth, and postpartum periods.
- Community Doula: Nonclinical birth workers who provide culturally sensitive pregnancy and childbirth education, early linkage to health care, and other services such as labor coaching, breastfeeding support, and parenting education.

# Doulas – Key Benefits

- Doulas reduce cesareans by anywhere from 28%-56% for full-term births
- Lower rates of instrument vaginal deliveries
- Shorter labor, earlier breastfeeding initiation, and better mother-baby bonding
- Infants have a higher health screening score (APGAR) at birth
- Lower rates of premature delivery
- Play an important role in mental health and emotional well-being: decreased rates of depression, anxiety, and suicide

# Doulas: Washington Policies

- March 2022 (HB 1881): created state-certified birth doulas as a new health profession
- 2023, UnitedHealthcare (Medicaid managed care plan), offers doula services



# Doulas – Policies in Washington

- Starting July 2024, Medicaid reimbursement rates for professional maternity services (maternity/OB codes listed in Physician Fee Schedule) will be increased to the Medicare level
- Reimbursement rate is set up to \$3500 (FFS model) for state-certified doulas providing services to pregnant people enrolled in Medicaid (pregnancy visits, labor support, postpartum visits)

	Start date	Rate increase	Type of state directed payment	Budget section reference
ABA	January 2024	15%-20%	MCOs to pay no less than the FFS fee schedule	Sec 211(49)
Lower-level BH (non-BHA)	January 2024	7%	MCOs to pay no less than the FFS fee schedule	Sec 211(51)
Developmental Screening	January 2024	100%	MCOs to pay no less than the FFS fee schedule	NA <sup>3</sup>
Home and Birthing Center	January 2024	\$2,500 for Birthing Center Facility Fee, \$500 for kit	MCOs to pay no less than the FFS fee schedule	Sec 211(77)
Kidney Dialysis	January 2024	30%	MCOs to pay no less than the FFS fee schedule	Sec 211(80)
Pediatric Palliative Care	January 2024	Average 158%	MCOs to pay no less than the FFS fee schedule	Sec 211(57)
Newborn screening fee	January 2024	\$15.73 increase	MCOs to pay no less than the FFS fee schedule	NA <sup>4</sup>
MCO BH (BHA-Non-Hospital)	January 2024	15%	MCOs to increase rates by 15%	Sec 215(44)



# Doulas – Los Angeles Innovative Evidence-Based Models – Brandi Dejolais at CDU

## Black Maternal Health Center of Excellence

- Guaranteed Basic Income
- Maternity Homes
- Group Prenatal Care
- Pregnancy Medical Homes



**THE CALIFORNIA Abundant BIRTHPROJECT**

**CELEBRATE YOUR BIRTH JOURNEY**  
Apply for the chance to receive a monthly cash gift during pregnancy and postpartum. **NO STRINGS ATTACHED.**

**ELIGIBILITY**

- Live in Alameda, Contra Costa, Los Angeles, or Riverside counties
- Be 8-27 weeks pregnant at the time of the Abundance Drawing
- Meet income requirements\*
- Meet one of the top five risk factors for preterm birth, including:
  - Identifying as Black
  - Have had a previous preterm birth
  - Have preexisting hypertension
  - Have preexisting diabetes
  - Have sickle cell anemia (SCA)

For more information, required documents and to apply, visit

[ABUNDANTBIRTHPROJECT.ORG](https://abundantbirthproject.org)

Division of Public Health



**GROUP PRENATAL CARE**

**Black Maternal Health Center of Excellence**  
Division of Public Health

**FREE FOR BLACK BIRTHING FAMILIES REGARDLESS OF INCOME**

**FUNDED BY THE LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH AAIMI INITIATIVE**

Our group prenatal care sessions use evidence-based models to provide high quality, accessible and empowering care.

Participants receive:

- care from a medical provider
- health education
- additional risk screenings
- access to free baby supplies
- lactation support
- a community of Black birthing families and birth workers
- \$50 gas or grocery gift card for every session attended

**2 LOCATIONS IN SOUTH LOS ANGELES**  
**1 LOCATION IN THE ANTELOPE VALLEY**

**Enroll here** →

**DON'T NEED PRENATAL CARE BUT STILL NEED SUPPORT? CONTACT US!**

(323) 563-9320  
[www.bmhcoe.org](http://www.bmhcoe.org)  
[bmhcoe@cdph.eva.usd.edu](mailto:bmhcoe@cdph.eva.usd.edu)



Maternal Health Disparities: The Women Behind the Data. A Webinar Series (Webinar 2). Nationalacademies.org. (2024, May 17). [https://www.nationalacademies.org/event/42687\\_05-2024\\_maternal-health-disparities-the-women-behind-the-data-a-webinar-series-webinar-2?status=attended&session=2215221&eventID=170770&ID=38203522#webcast](https://www.nationalacademies.org/event/42687_05-2024_maternal-health-disparities-the-women-behind-the-data-a-webinar-series-webinar-2?status=attended&session=2215221&eventID=170770&ID=38203522#webcast)



# Midwives – Who are they?

- Trained healthcare professional who provide care during the prenatal, birth, and postpartum periods. Midwives may be trained to practice in birthing centers or home births without the presence of physicians or in hospitals alongside physicians. There are several pathways to the midwifery profession, including certified nurse-midwives (CNMs), certified midwives (CMs), certified professional midwives (CPMs), and traditional midwives.

# Midwives – Key Benefits

- Decreased risk of needing a cesarean
- Reduced rates of labor induction and augmentation
- Reduced use of regional anesthesia
- Decreased infant mortality rates
- Decreased risk of preterm birth
- Decreased third and fourth-degree perineal tears
- Lower costs for both clients and insurers
- Increased chances of having a positive start to breastfeeding
- Increased satisfaction with the quality of care

# Midwives – Funding and Reimbursement (Washington)

- Medicaid covers births in all settings (hospital, birth center, and home) and with all licensed providers
- WA state law limits access to birth centers, based on medical criteria “low –risk” are candidates for delivery at birth centers
- Starting June 6<sup>th</sup>, licensed midwives can offer prescription authority for common prenatal and postpartum conditions (WSR 24-05-052)

# Midwives: Training, Locations and Limitations (Washington)

- Only 19 Medicaid-approved birth centers; 28 out of 39 counties in WA do not have Medicaid-approved birthing center (in Kitsap: True North Birth Center)
- Education for certification:
  - CNM: graduate degree, bachelor's degree, RN license, clinical skills
  - CM: graduate degree, bachelor's degree, completion of science/health courses and related health skills training or w/in midwifery education program, clinical skills
  - CPM: competency-based, high school diploma, prerequisite courses (vary w/ program)
- Limitations:
  - Inadequate Medicaid reimbursement for birth centers
  - Contracting with Medicaid managed care organizations (MCOs)
  - Lengthy Medicaid application processing times.

# Community Health Workers- Who are they?

- Community Health Workers (CHWs) are recognized as trusted, front-line public health workers who provide and advocate for culturally informed care, carry out health education, and promote health in their communities. CHWs can help states advance health equity and provide higher quality care to residents

# Community Health Workers (CHWs) – Key Findings

- Increased likelihood of obtaining primary care, increased mental health outcomes, and reduced likelihood of multiple 30-day readmissions from 40% to 15.2%
- Patients with chronic diseases: improvements in mental health, increased support for disease self-management, and lower hospitalizations
- Cancer control, diabetes management, asthma knowledge, promote quality care for women/newborns

# CHW – Funding Mechanisms (Washington)

- Medicaid reimbursement strategies: FQHCs, MSS program (reimburses covered services for the Maternity Support Services Medicaid State Plan), WA Health Homes
- MCOs: pay for CHWs through admin costs employed by MCO or contracted CBO
- Section 1115 waiver: CHW assist incarcerated persons by offering screening, navigation, referral; health-related social service needs used to pay CHWs services for managed care and Medicaid w/o managed care plan populations through regional community hubs and a native hub

# CHWs – Training and Certification (Washington)

- Washington DOH offers a 10-week training course for CHWs at no cost
- DOH has convened a Community Health Worker Leadership Committee to support the implementation of recommendations to improve CHW training and strengthen the CHW workforce





# Georgia – Atlanta and Albany

## Perinatal Patient Navigators

- Maternal Health Focused-CHW
- Community-based Doula training
- Patient Navigation training
- Peer-lactation training

## What do they do?

- Access to EHR
- Coordinate care: assess and offer social support
- Link people with organizations
- Health/birth education
- Empower women

# ***Possible recommendations to address the disparities seen in Kitsap County?***

1. Increase system efforts to better integrate doulas, midwives, and CHWs into healthcare structures (ie. Integrating navy obstetricians with SMMC OB hospitalists, OB backing for midwives and family doc deliveries, Doula-FP-midwives-OB partnerships, community referrals)
2. Kitsap to collect data on the use, efficiency, progress, and outcomes of doulas and midwives (ie. asset mapping)
3. Improve efforts to increase community-level (doulas, midwives, CHW) representation of stakeholders in decision-making processes and provider recruitment (ie. Open Arms community-based doula model)
4. Amplify the expertise of folks on the ground, in clients' homes, etc.
5. Offering risk appropriate care
6. Increase the transparency of Medicaid and Medicare reimbursement

# MEMO

**To:** Kitsap Public Health Board  
**From:** Lynn Pittsinger, Community Health Division Director  
Jessica Guidry, Assistant Community Health Division Director  
**Date:** June 4, 2024  
**Re:** Kitsap Public Health District Work to Address Maternal and Infant Health

## Background and Information

Kitsap Public Health District's (KPHD) Community Health Division continues to assess and to evaluate access to maternal and infant health care in the Kitsap community. The team has initiated some new programmatic work because of the maternal infant health forum that KPHD hosted in July 2023. Jessica Guidry provided an update on this work to the Board at the February 2024 meeting.

Below are some current highlights:

- The Nurse Family Partnership (NFP) Team continues to provide home visits to eligible families through the evidence based NFP program and have worked with 45 families during the first quarter of 2024. The NFP Team is preparing for the retirement of Nancy Acosta in June after 23 years of service in maternal child health with KPHD. Lisa Warren has been mentored into the leadership role.
- The Community Health Division continues to host the Perinatal Learning Collaborative that meets every other month to bring different perinatal providers together to share resources. These meetings are facilitated by KPHD public health nurse, Janet Wyatt. The speakers at the Collaborative's May meeting were Emily Good from the Washington State Health Care Authority and Dr. Casey McCann, Associate Program Director at the Northwest Washington Family Medicine Residency.
- The team is continuing to develop a Black maternal and infant health program. Gabriel Outlaw-Spencer, one of the KPHD health educators, has been building local relationships and is currently developing a community survey to collect data regarding community perceptions regarding maternal infant care access, barriers and needs. It is anticipated that the survey will launch this summer and there will be a community gathering around this initiative.
- KPHD has initiated a centralized referral program with the requisite to link families to home visiting programs and other maternal-child services best suited to meet their needs. This work is being coordinated by Khushnum Sauna, health educator.
- We have been meeting with representatives from St. Michael's Medical Center Family Birth Center, Northwest Washington Family Medicine Residency, and Virginia Mason Franciscan Health's Community Integration Program to develop a local maternal healthcare leadership

group that will foster situational awareness, promote awareness of existing maternal health resources, identify gaps, and collectively address access barriers. The Community Health Division and St. Michael's Medical Center obstetrical/gynecological services representatives are in the process of developing a collaborative invitation to a forum to be held in September.

- Based on feedback we heard from participants during a May 23<sup>rd</sup> presentation on maternal healthcare, KPHD is evaluating additional maternal healthcare data to better establish measurable goals and next action steps.
- KPHD representatives will be attending a statewide meeting convened by the Washington State Department of Health on May 31<sup>st</sup> to discuss what is needed to create a more strategic and coordinated governmental public health system approach to promoting early child development and family well-being in the prenatal-to-3 period.
- KPHD continues to learn of ongoing and new innovations and practices that St. Michael's offers in our community to include:
  - Doula (certification not required) inclusion in the care team of birthing mothers (for those who present with a doula).
  - A Doula Volunteer Program beginning in August that will allow for mothers who are not yet connected to a doula to initiate these services as they begin the birthing process. This program will also serve as a process whereby doulas, after meeting all hospital regulatory requirements, will be able to gain clinical practice hours toward their certification.
  - Dr. McCann of the Family Practice Residency has also shared that there are currently family practice providers who are credentialed to birth infants (inclusive of C-sections as needed). The team will begin a process of marketing this information recognizing that many are not aware of this capacity.

**Recommendation**

None at this time – for information and discussion only.

Please contact Lynn Pittsinger with any questions or concerns about this matter at [lynn.pittsinger@kitsappublichealth.org](mailto:lynn.pittsinger@kitsappublichealth.org).

# MEMO

**To:** Kitsap Public Health Board (KPHB)  
**From:** Gib Morrow, MD, MPH  
**Date:** June 4, 2024  
**Re:** Exploring the Viability of a Public Hospital District

## **Background and Information**

During the regular board meeting on June 4<sup>th</sup>, a presentation regarding the exploration of a public hospital district in Kitsap will be shared by Susan Young with the Alliance for Equitable Healthcare (AEH). AEH is a group of Kitsap County residents who represent a wide range of backgrounds and experience. Launched in December 2021, their primary goal is to bring access to affordable, comprehensive, and equitable healthcare to Kitsap County.

## **Recommendation**

None at this time- for information and discussion only.

Please contact Gib Morrow with any questions or concerns about this matter at [gib.morrow@kitsappublichealth.org](mailto:gib.morrow@kitsappublichealth.org).

Attachments (2)

# Exploring the Viability of a Public Hospital District in Kitsap County— A Possibility for Community Collaboration

Alliance for Equitable Health  
June 4, 2024

# The Alliance for Equitable Healthcare

- **Mission:** To work collaboratively to increase access to affordable, comprehensive, and equitable healthcare throughout Kitsap County.
- **Grassroots non-profit organization:** Founded in December, 2021
- **Membership:** Representatives from private and public sectors as well as concerned residents across the county.

# 2023 Community Health Needs Assessment

St. Michael  
Medical Center

PRIORITIES AND SUB-PRIORITIES	INDICATORS	SCORES
<b>BEHAVIORAL HEALTH</b>		
Alcohol abuse	Alcohol-related hospitalizations/deaths	81%
Drug-related abuse, especially opioids	Drug/Opioid-related deaths	72%
Depression/suicide ideation in youth	Depression/Suicide Ideation in Youth	70%
<b>ACCESS TO HEALTHCARE</b>		
Access to primary care	Primary care physician rate	70%
Health insurance coverage	All age residents without health insurance	68%
Medicaid visits – adults & youth	Adult access to preventive/ambulatory care (Medicaid); Child and adolescent access to primary care (Medicaid)	56%
<b>PREGNANCY AND BIRTHS</b>		
Access to prenatal care	Adequate prenatal care	76%
Low birth weight	Low birth weight	26%
Infant mortality	Infant mortality	26%
<b>BASIC NEEDS</b>		
Food insecurity	Food insecurity (Adult and child)	75%
Poverty	Residents in poverty	68%
	SNAP benefits	68%
<b>CHRONIC DISEASE</b>		
Obesity	Overweight or obese (adult and child)	74%
Breast cancer in women	Breast cancer incidence in women	53%
Physical activity and diabetes prevention	Youth physically active/Adults diagnosed with diabetes	46%



# Kitsap County Community Health Assessment

- Report released in December, 2023
- Three priority areas for the next five years identified in January 2024

## 2024-2028 KITSAP COMMUNITY HEALTH PRIORITIES\*



### HEALTHCARE

- Address gaps in **healthcare access**
- Implement strategies to recruit and retain **healthcare workforce**



### MENTAL & BEHAVIORAL HEALTH

- Expand care options for **mental health** and **substance use disorders**



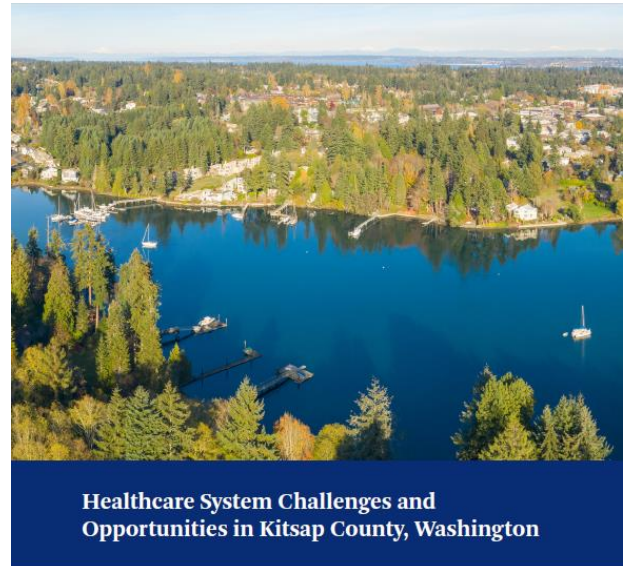
### HOUSING & HOMELESSNESS

- Ensure **affordable and safe housing**
- Address and prevent **homelessness**

# Healthcare System Challenges and Opportunities in Kitsap County, Washington

## Priority Areas: JHU

1. Mental and Behavioral Health
2. Primary Healthcare
3. Health Equity
4. Housing
5. Reproductive Health



February 2024

# What's Keeping Us from Addressing Critical Gaps?

According to healthcare providers, educators, and other community leaders we've interviewed, two major stumbling blocks are:

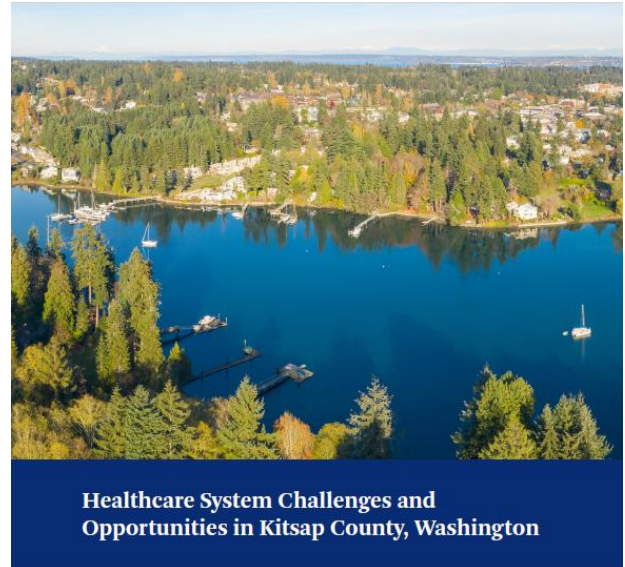
1. Lack of sustainable funding
2. Need for countywide collaboration



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# Healthcare System Challenges and Opportunities in Kitsap County, Washington

“Within the next year, the Kitsap County Board of Commissioners, the Kitsap Public Health Board, and **other relevant stakeholders** should **launch a formal commission to explore the feasibility of forming a public hospital district in Kitsap County**”



February 2024

# What is a Public Hospital District?

**Definition:** Public Hospital Districts are community-created, governmental entities authorized by state law to deliver health services—including *but not limited to* acute hospital care—to district residents and others in the districts' service areas.



Valley Medical Center, ,Renton

# Why a Public Hospital District?

A Public Hospital District (PHD) can provide direct services, but it can also serve as a mechanism for sustainable funding. Can contract with existing and/or new providers to expand or enhance services to the community.



Valley Medical Center, ,Renton

# How is a Public Hospital District formed?

1. PHDs are authorized by Chapter 70.44 of the Revised Code of Washington (RCW).
2. The process of forming a PHD involves community members petitioning for its creation, followed by an election to approve the district's establishment.
3. Once formed, PHDs are governed by publicly elected commissioners who oversee district operations and policies.



Valley Medical Center, ,Renton

# How is a Public Hospital District supported?

1. PHDs receive funding through various sources, including property taxes, grants, and revenue generated from hospital services.
2. A countywide PHD in Kitsap at \$0.35/\$1K assessed value of property would raise >\$22 million annually in property tax alone.



Valley Medical Center, ,Renton



# Assessment of Viability

- **Feasibility Study:** Assess the district's potential for sustainability and effectiveness.
- **SWOT Analysis (Strengths, Weaknesses, Opportunities) for the District:** Identify internal and external factors that impact the district's operations and success.
- **Stakeholder Engagement Strategies:** Engaging stakeholders, is vital for ensuring transparency, collaboration, and support for the Public Hospital District.



Photo by Amélie Mourichon on Unsplash

# Importance of Public Hospital Districts

Public Hospital Districts play a crucial role in promoting health equity, addressing disparities in healthcare access, and ensuring continuity of care for residents. They contribute to the overall well-being and resilience of the community.



Photo by Michael Carruth on Unsplash

Email: [Board@AllianceForEquitableHealthcare.org](mailto:Board@AllianceForEquitableHealthcare.org)

# EXPANDING HEALTHCARE ACCESS IN KITSAP COUNTY

## WHAT COULD A PUBLIC HOSPITAL DISTRICT DO?

### PUBLIC HOSPITAL DISTRICTS TAILOR THEIR SERVICES TO THE COMMUNITY'S NEEDS.

If a new Public Hospital District was formed in Kitsap County, its legal name would be Kitsap County Public Hospital District (PHD) #1. The PHD could provide services in areas like primary care, OB/GYN, emergency medical services, or mental health.

### HOW WOULD A PHD BE ORGANIZED?

Owned and governed by local citizens, a PHD could offer any service that helps people stay healthy. It would also establish financial infrastructure necessary to ensure sustainable funding for a wide range of clinical services.

1

2

### WHO WOULD BENEFIT?

All residents of Kitsap County. The PHD Board of Commissioners—elected by and responsible to the community—would ensure that we have expanded access to healthcare contracted through existing and new providers.

### WHAT WOULD A PHD'S ROLE BE?

To trigger new initiatives and ideas to meet local healthcare needs and to support collaboration and partnerships to improve the health and wellness of county residents.

3

4

### WHO WOULD A PHD SERVE?

Residents of the entire county. This spreads responsibility, lowering costs to all individuals. It also makes the district more attractive to new and existing providers.

### WHY DO WE NEED A PHD NOW?

Currently, no single entity has the financial resources to support a robust healthcare system in Kitsap. A PHD could support existing providers and networks and attract new providers and networks to accomplish this goal.

5

6

### HOW WOULD A PHD BE FUNDED?

A PHD would be funded through a variety of sources as is the case with any other healthcare provider—this includes Medicare, Medicaid, and private insurance. A small percentage of its budget would come from a property tax levy.

## Frequently Asked Questions

### What is a Public Hospital District?

A Public Hospital District (PHD) is a tax-based special district that would focus on healthcare needs in our community, collaborating with multiple health providers and organizations to ensure that the healthcare needs within the district are met.

### Is a Public Hospital District only about hospital care?

**NO!** A PHD is **not** limited to providing services through hospitals. It can support things like: nursing homes, extended care, outpatient service, rehabilitative and ambulance services, as well as services that promote health, wellness, prevention of illness and injury, and other services to meet the health needs of our community.

### Why is a Public Hospital District necessary?

Residents of Kitsap County are currently challenged to receive the full scope of the healthcare services we need: primary care, obstetrical and maternity, urgent care, and mental health for example.

We must plan for acquiring the additional healthcare services and infrastructure our county residents need, and identify how to pay for these services—a Public Hospital District.

### How would a Public Hospital District work?

A PHD is a tax-based special district authorized by State regulations. An election is held to choose district commissioners, who are accountable to the PHD they serve. Meetings are subject to the Open Public Meeting Act and all business is conducted in public for full transparency.

### How does a Public Hospital District benefit the community?

A PHD provides long term funding for healthcare, including the infrastructure (buildings and equipment) needed to provide these services.

The PHD's leadership is elected by the community it serves, ensuring local control and influence.

The tax-based revenue overseen by the PHD provides long term and local financial stability. Other funding sources such as grants, foundations, and philanthropy cannot do this, nor can they pay for ongoing infrastructure needs.

## RESOURCES

Association of Washington Public Hospital Districts website: <https://www.awphd.org/>

### Some PHDs that *do not* provide hospital services

Lopez Island Hospital District: <https://lopezislandhd.org/>

Orcas Island Health Care District: <https://orcashealth.org/>

Vashon Health Care District: <https://vashonhealthcare.org/>

PHD video – Healthcare in Kitsap County: <https://www.youtube.com/watch?v=D5UJ34My1pI>

Send questions or comments to the Alliance for Equitable Health at [Alliance4EH@gmail.com](mailto:Alliance4EH@gmail.com).