Kitsap Health Equity Collaborative

Jessica Guidry
Equity Program Manager
Our Equity Program was created in mid-2021 to carry forward the directives of a Kitsap Public Health Board resolution declaring racism a public health crisis. Our program works within the Health District and in our community to listen, collaborate, address inequities, and strive to create an environment where everyone can thrive.
Commitments in the Resolution

- Review policies, procedures, programs through a racial justice and equity lens
- Workforce
- Structure
- Community Partnerships
- Board of Health
“The Board and the Kitsap Public Health District commit to work to advance a public health approach in addressing institutional and systemic racism, including [...] partnering with community to co-create solutions to address structural inequities.”
Kitsap Health Equity Collaborative

- Organizations serving and leaders from communities experiencing health inequities; convened by KPHD
- Participants compensated if not being paid by another organization
- Mostly hybrid meetings
- Meetings every other month
30+ Organizations Participated So Far

- Bremerton Housing Authority
- Central Kitsap School District
- Fdn for Poverty & Homelessness Mgmt
- Gather Together, Grow Together
- Kingston Advisory Council
- Kitsap Accessible Communities Advisory Council
- Kitsap Black Student Union
- Kitsap Community Resources
- Kitsap Council for Human Rights
- Kitsap ERACE Coalition
- Kitsap Immigrant Assistance Center
- Kitsap Mental Health Services
- Kitsap Pride
- Kitsap Regional Library
- Kitsap Strong
- Living Arts Cultural Heritage
- Love Me For Me
- Marvin Williams Center
- Mt. Zion MBC
- NAACP Unit 1134
- Olympic College
- OESD
- PCHS
- Port Gamble S’Klallam Tribe
- Puget Sound Partnership
- Sinclair MBC
- Suquamish Tribe
- Up From Slavery Initiative
- Virginia Mason Franciscan Health
- You are Beautiful, PLLC
Other Organizations Invited

- Civil Survival
- Ebenezer AME Church
- Filipino American Association of Kitsap County
- Gods Broken Home University
- Kitsap Advocating for Immigrant Rights and Equality
- Kitsap County Veterans Program
- Islamic Center of Kitsap County
- Kitsap Parent Coalition / Easter Seals
- New Horizons Baptist Ministries
- Surviving Change
- Summit Ave. Presbyterian Church
- Voices of Pacific Island Nations
What We Have Done So Far

• **Established a Focus: Address root cause(s) to systemic inequities**
• Discussed the following:
  • Collaborative purpose, roles
  • Definition of health equity and social determinants of health
  • Barriers to good health in Kitsap County
  • Existing community assets
• Allocated time for information sharing (programs, grants, events, etc.) and relationship building
Next Steps

To discuss:

- Which root cause(s) to address (goals)
- Missing/needed/overlapping community assets
- Strategies we would like to focus on
- How we will work on those strategies
- How we interface with existing and future groups with similar goals
Questions?

Jessica Guidry
Equity Program Manager
Jessica.Guidry@kitsappublichealth.org
(360) 509-0966
Kitsap County
Child Death Review (CDR)
Introduction

Erica Whares
Healthy Communities Specialist
Chronic Disease and Injury Prevention Program
Presentation Objectives

1. Explain the Child Death Review Panel and what review meetings will look like
2. Review national and local child mortality statistics and trends
What is Child Death Review?

- **Community-oriented process** involving professionals from multiple disciplines
- Facilitates an **objective review** to outline key circumstances involved with a child’s death
- Collectively examines how and why children die in our county with the **goal of preventing future deaths and improving safety**.
Child Death Review

Prevention-focused child death review is different from other processes.

What it IS

- An ongoing, confidential process of data collection, analysis, interpretation, and action
- A systemic process guided by policies and state law
- Intended to move from data collection to prevention activities.

What it is NOT

- A mechanism for assigning blame or responsibility for any death
- A research study
- Institutional review or substitute for existing mortality and morbidity inquiries
The death of a child is...

- A sentinel event
- Often preventable
- A community responsibility
- Often, a result of numerous system gaps
The purpose of the Child Death Review (CDR) is to lead to a better understanding of how and why children die, and what can be done to prevent child deaths in the future, based on findings from review meetings. These findings are used to catalyze action to prevent other deaths, ultimately improving the health and safety of communities, families, and children. The death of a child should invoke a community response, and the circumstances involved in most child deaths are multidimensional with many factors, and responsibility does not rest in any one place.
History of CDR in Kitsap County

- Case logs from 1999-2015
- Last review took place in 2015
- Prevention strategies included: increased signage at local beaches, expanded messaging on safe sleeping environments, advocated for Graduated Driver’s Licenses
- Other fatality reviews in Kitsap
RCW 70.05.170 – Protected process

The legislature finds that the mortality rate in Washington State among infants and children less than eighteen years of age is unacceptably high, and that such mortality may be preventable. The legislature further finds that, through the performance of child mortality reviews, preventable causes of child mortality can be identified and addressed, thereby reducing the infant and child mortality in Washington State.

- State Law (RCW 70.05.170) enacted in 1993 and revised in 2010
- Local health jurisdictions may conduct child death reviews so that “preventable causes of child mortality can be identified and addressed” through evidence-based systems and policy changes
- State CDR team at DOH oversees local CDR data and priorities
The Fatality Review Process

Steps to Success

Tell the Story
Tell each story to identify and understand the risk and protective factors

Collect Data
Multidisciplinary data on the context in which the decedent lived should be documented

Take Action
Fatality Review Teams should be a catalyst for prevention
Why we have Child Death Reviews

Unintentional Injury Deaths in Children and Youth, 2010-2019

Injuries are a leading cause of death for children and teens in the U.S. The types of injury vary by age.

- **Suffocation** deaths are most common among infants <1 year old. Current trends and rates:
  - **50%**: Poisoning and drug overdose death rates among Hispanic children

- **Drowning** deaths are most common among 1–4 year olds. Current trends and rates:
  - **37%**: Poisoning and drug overdose death rates among Black children

- **Motor vehicle crash** deaths are most common among 5–19 year olds. Current trends and rates:
  - **21%**: Suffocation death rates among Black children
  - **9%**: Motor vehicle death rates among Black children

Focused prevention strategies can help prevent injuries and deaths.

- Family engagement and support, parental monitoring, and school connectedness can reduce substance use.
- Safe sleep strategies can reduce suffocation deaths among infants.
- Proper use of car seats, booster seats, and seat belts can reduce motor vehicle crash injuries and deaths.

Data Source: CDC Injury Prevention & Control

## Leading Causes of Death, by Age Group
### Washington State, 2015-2017, combined
**Listed by: Death Counts and Death Rates per 100,000 people (rates in parentheses)**

<table>
<thead>
<tr>
<th>Rank</th>
<th>&lt;1</th>
<th>1-4 years</th>
<th>5-9 years</th>
<th>10-14 years</th>
<th>15-24 years</th>
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<tbody>
<tr>
<td>1</td>
<td>Certain conditions originating in perinatal period 506 (190.1)</td>
<td>Unintentional Injury 58 (5.4)</td>
<td>Unintentional Injury 39 (2.8)</td>
<td>Suicide 32 (2.4)</td>
<td>Unintentional Injury 664 (23.6)</td>
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<td>2</td>
<td>Congenital Abnormalities 286 (107.5)</td>
<td>Malignant Neoplasms 31 (2.9)</td>
<td>Malignant Neoplasms 25 (91.8)</td>
<td>Unintentional Injury 31 (2.3)</td>
<td>Suicide 497 (17.7)</td>
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<tr>
<td>3</td>
<td>Unintentional Injury 51 (19.20)</td>
<td>Congenital Abnormalities 19 (1.8)</td>
<td>Congenital Abnormalities 6**</td>
<td>Malignant Neoplasms 27 (2.0)</td>
<td>Homicide 167 (5.9)</td>
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<tr>
<td>4</td>
<td>Cardiovascular Diseases 25 (9.4)</td>
<td>Homicide 18 (1.70)</td>
<td>Homicide 8**</td>
<td>Congenital Abnormalities 10**</td>
<td>Malignant Neoplasms 78 (2.8)</td>
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<tr>
<td>5</td>
<td>Homicide 11**</td>
<td>Influenza and Pneumonia 9**</td>
<td>Cardiovascular Diseases 7**</td>
<td>Homicide 8**</td>
<td>Cardiovascular Diseases 61 (2.2)</td>
</tr>
</tbody>
</table>

**Data Source: DOH Death Certificates**
Kitsap Core CDR Panel

Will include representatives from:

Port Gamble S’Klallam Tribe       Bainbridge Youth Services
Poulsbo Fire Department           Peninsula Community Health
Central Kitsap Fire and Rescue    Medical Examiner’s Office
Public Health                     Kitsap Mental Health Services
DCYF                              Local Pediatrician
South Kitsap School District     OESD 114
Looking Ahead

1. Our CDR review team is conducting planning meetings before our first review in March
2. Will conduct 4 review meetings per year
3. Enter data into the National Fatality Review-Case Reporting System (NFR-CRS)
4. Catalyze prevention locally
Questions
Resources

1. The National Center for Fatality Review and Prevention: [https://ncfrp.org/](https://ncfrp.org/)
3. CDR 101 (From the National Center): [https://mediasite.mihealth.org/Mediasite/Play/1839e8222b7547e8928610af62edd98c1d?catalog=db105963a5d642c9b6237f5de124c02a21](https://mediasite.mihealth.org/Mediasite/Play/1839e8222b7547e8928610af62edd98c1d?catalog=db105963a5d642c9b6237f5de124c02a21)
Thank you

Questions? Email erica.whares@kitsappublichealth.org
Communicable Diseases: 2022 in Review

Wendy Inouye, MS MPA
Epidemiologist
Communicable Diseases
1 | Respiratory Season

2 | Mpox 2022

3 | Tuberculosis

4 | Syphilis/Gonorrhea

5 | Immunizations

All photos courtesy of CDC Public Health Image Library.
**DISCLAIMER**

- Data are preliminary (accessed 1/30/2023), and are not finalized counts for 2022.
- Data are obtained through public health surveillance:
  - Underrepresents true disease activity.
  - Contains biases in detection and reporting.
The Return of Respiratory Season
Reminder: What we track for Influenza

How reported:
- Clinical Labs
- NREVSS

# tests done
# tests positive

How reported:
- Deidentified HC visit data (syndromic surveillance)

Individual case reports

How reported:
- Vital Records
- LTCFs

# new flu outbreaks

LABORATORY SURVEILLANCE

EMERGENCY DEPT VISITS

DEATHS

OUTBREAKS IN LONG-TERM CARE

# ED visits at Kitsap facilities
# ED visits attributable to flu

How reported:
- LTCFs
Weekly reported tests performed and the percent of those that are positive for each virus, past four years.

Jan – Apr 2019
A (H1N1)
A (H3N2)

Nov 2019 – Feb 2020
A (H1N1)
Flu B

May - Jun 2022
A (H3N2)

Nov - Dec 2022
A (H3N2)

Influenza Lab Reporting, Oct 2018 – Jan 2023
Weekly reported tests performed and the percent of those that are positive for each virus, past four years.

WA Mask Mandate: Jun 2020 – Mar 2022
Flu deaths and outbreaks also “un-paused”.

**INFLUENZA-ASSOCIATED DEATHS**

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<th>Year</th>
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<td>2019-2020</td>
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<tr>
<td>2020-2021</td>
<td>0</td>
</tr>
<tr>
<td>2021-2022</td>
<td>0</td>
</tr>
<tr>
<td>2022-2023</td>
<td>5</td>
</tr>
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</table>

**COVID-19**

<table>
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<th>Year</th>
<th>Outbreaks</th>
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</thead>
<tbody>
<tr>
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<tr>
<td>2021-2022</td>
<td>115</td>
</tr>
<tr>
<td>2022-2023</td>
<td>29</td>
</tr>
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</table>

**INFLUENZA OUTBREAKS IN LONG-TERM CARE FACILITIES**

<table>
<thead>
<tr>
<th>Year</th>
<th>Outbreaks</th>
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<td>2021-2022</td>
<td>0</td>
</tr>
<tr>
<td>2022-2023</td>
<td>5</td>
</tr>
</tbody>
</table>
Mpox: The Global Threat of 2022
2022 Mpox Epidemic in Brief

- May 6: First mpox case reported in U.S. (MA)
- May 17: Mpox case reported in UK resident with travel to Nigeria
- May 23: King County detects 1st WA mpox case
- Jul 23: 1st mpox case reported in Kitsap County
- Jul 24: WHO declares mpox a public health emergency
- Oct 13: Last mpox case reported in Kitsap County

As of 1/30/2023:
- 666 cases in WA
- ~19,000 doses vaccine administered
3

Tuberculosis: A Public Health Crucible
TB requires a unique public health response.

Case management 4 – 12+ months.

Importance of identifying close contacts.

Most often impacts populations with other challenges and vulnerabilities.

LTFU not an option.

Several factors can complicate case/contact management.

- Interpreter needed
- Case has a lot of contacts
- Resistance to first-line TB drugs
- Case unable to tolerate drug regimen
- Patient is underinsured or has no insurance
- Case identified after death
- Case has other social needs
2022 in Kitsap required a different strategy.
Footnote: Global disruption of TB services has likely set back TB elimination.

We can already see a worrying impact on global TB deaths.

STI Surveillance Data: a Window to Health System & Behaviors?
Syphilis surveillance data reveal gaps in STI health.

Syphilis cases (any stage), 2017 – 2022.
Gonorrhea surveillance also points to nuanced epidemics.

Gonorrhea cases, 2017 – 2022.
5

Immunizations at a Public Health Crossroads
The COVID-19 epidemic interrupted routine immunizations. Can we recover?

“An additional 3.9% without an exemption were not up to date with measles, mumps and rubella vaccine. Despite widespread return to in-person learning, COVID-19–related disruptions continued to affect vaccination coverage and assessment for the 2021–22 school year, preventing a return to prepandemic coverage.”
2021 data showed decline in number of routine immunization doses administered in Kitsap County.
In the 2021-22 school year:

- >2,700 Kitsap students were not UTD on routine immunizations.
- Only 92% of Kitsap kindergarteners were UTD on MMR.
  - >6% of Kitsap kindergarteners had no record of MMR and no exemption.

**Spotlight:** South Kitsap School District catchment area now exceeds the DHHS Healthy People 2030 Goal for routine immunizations coverage.
Additional note: What adult flu vaccines tell us.

Weekly cumulative estimated number of influenza vaccinations administered in pharmacies and physician medical offices, adults 18 years and older, U.S. (Data source: IQVIA Pharmacy and Physician Medical Office Claims.)

Source:
Strong immunization coverage is critical in protecting our community against vaccine-preventable diseases.
Thank you

wendy.inouye@kitsappublichealth.org