Kitsap Public Health Board
Health Officer Update

Gib Morrow, MD, MPH
Health Officer, Kitsap Public Health District
June 4, 2024
Agenda Topics

• Happy Pride Month and Juneteenth!
• Reproductive Justice and MCH
• Preparedness – Ready or Not?
• Tuberculosis on the Radar
• Thanks to KPHD’s CDC Legal Fellow!
Reproductive Justice forum May 14: Panel and open discussion focuses on access to safe, comprehensive healthcare and resources.

- The right to have children
- The right to not have children
- The right to nurture children
- Provider humility
- Risk appropriate care
- Collaboration, not competition
- Partnerships!

The Kitsap County Council for Human Rights presents a free forum focused on safe and comprehensive reproductive healthcare, sharing stories and providing resources. The audience will be invited to ask questions and share their own experiences. Please join us!

Refreshments provided.

Find information about the Kitsap County Council for Human Rights, resources and more at kcowa.us/hrc or scan the QR code.
OUR TEAM

ELLIE COLLazo, LPN

Lukas Harlow, RN

Badriya Mohammad, RN

Caylee Coulter, RN

Jessica Walker, RN

OC Faculty Advisor
Linda Greene, MSN, RN

KPHD Liaison
Adrienne Hampton, MPA
Preparedness Update

- H5N1 Bird Flu
- Pertussis/Whooping Cough
- Dengue Fever
- Climate Change
- Heat & Smoke
- Radiation disaster

Alpacas infected with H5N1 avian flu in Idaho

FOX 13 Seattle
air quality worst in the nation
Tuberculosis – “consumption” still with us

- 6 Active current cases known
- 6–18-month treatment courses
- Multi-drug resistance
- Public Health Challenge

- Advisories
- Hospital Meetings
- “TB on the Radar”
- Optimize mgmt. in Kitsap County
Thanks to all KPHD staff and volunteers!
Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Pride Month
Reproductive Rights, Reproductive Justice: Redefining Challenges to Create Optimal Health for All Women
Why the New Human Case of Bird Flu Is So Alarming
Ready or Not 2024: Protecting the Public’s Health from Diseases, Disasters, and Bioterrorism
National Weather Service Central Region Climate Outlook
Naval Nuclear Propulsion Program
Captain of Death: The Story of Tuberculosis
CDC Legal Fellow Maite Garcia Presentation
About Dengue
Doc
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 PREGNATAL 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?
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.
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 with more access to primary care, leading to more referrals to maternal care and awareness of the importance of prenatal care.

Highlights Medicaid reimbursement rates can improve access to care and reduce income/racial disparities.

Medicaid Reimbursement Rates – State Comparative Analysis

<table>
<thead>
<tr>
<th>State</th>
<th>Codes: 59400</th>
<th>Medicaid</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington</td>
<td></td>
<td>$2,031.94</td>
<td>$2578.18 (King), $2366.80 (all other counties)</td>
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<tr>
<td>California</td>
<td></td>
<td>$2,091.21</td>
<td>$2338.90-$2731.01</td>
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<tr>
<td>Texas</td>
<td>no global package</td>
<td></td>
<td>$2290.68-$2546.43</td>
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<tr>
<td>Florida</td>
<td></td>
<td>$1,816</td>
<td>$2495.61-$2914.12</td>
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<tr>
<td>Oregon</td>
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<td>$1,500</td>
<td>$2388.89, $2259.27</td>
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<td>Vermont</td>
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<td>$1,912.40</td>
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<td>Massachusetts</td>
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<td>$2,176.78</td>
<td>$2572.23, $2394.32</td>
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<td>New York</td>
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<td>$2,238.52</td>
<td>$2257.73-$2942.30</td>
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</table>
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

\[
\text{Payment} = \left( \frac{\text{Work RVU} \times \text{Work GPCI}}{\text{PE RVU} \times \text{PE GPCI}} + \frac{\text{MP RVU} \times \text{MP GPCI}}{\text{CF}} \right)
\]

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

History of Medicare Conversion Factors

<table>
<thead>
<tr>
<th>Year</th>
<th>Conversion Factor</th>
<th>% Change</th>
<th>Conversion Factor</th>
<th>% Change</th>
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<td>1963</td>
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<td>1/10- S/30/10</td>
<td>$36.0791</td>
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<td>8/10- 12/31/10</td>
<td>$36.8729</td>
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<td>$33.9764</td>
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<td>$34.0376</td>
<td>0.18%</td>
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<td>N/A</td>
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<td>1/15- 6/30/15</td>
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<td>7/15- 12/21/15</td>
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<td>2017</td>
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<td>2018</td>
<td>$35.9956</td>
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<td>N/A</td>
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<td>2019</td>
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<td>2020</td>
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<td>2021</td>
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<td>N/A</td>
<td>N/A</td>
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<td>2022</td>
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<td>2023</td>
<td>$33.8872</td>
<td>-2.2%</td>
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<td>2024</td>
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<td>-3.37%</td>
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</table>
Doulas: Nonclinical birth workers who are trained to provide physical, emotional, and informational support to pregnant people in the prenatal, birth, and postpartum periods.

Community Doulas: 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
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)

<table>
<thead>
<tr>
<th>Service</th>
<th>Start date</th>
<th>Rate increase</th>
<th>Type of state directed payment</th>
<th>Budget section reference</th>
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<tr>
<td>ABA</td>
<td>January 2024</td>
<td>15%-20%</td>
<td>MCOs to pay no less than the FFS fee schedule</td>
<td>Sec 211(49)</td>
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<tr>
<td>Lower-level BH (non-BHA)</td>
<td>January 2024</td>
<td>7%</td>
<td>MCOs to pay no less than the FFS fee schedule</td>
<td>Sec 211(51)</td>
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<td>Developmental Screening</td>
<td>January 2024</td>
<td>100%</td>
<td>MCOs to pay no less than the FFS fee schedule</td>
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<td>Home and Birthing Center</td>
<td>January 2024</td>
<td>$2,500</td>
<td>MCOs to pay no less than the FFS fee schedule</td>
<td>Sec 211(77)</td>
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<td>Kidney Dialysis</td>
<td>January 2024</td>
<td>30%</td>
<td>MCOs to pay no less than the FFS fee schedule</td>
<td>Sec 211(80)</td>
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<td>Pediatric Palliative Care</td>
<td>January 2024</td>
<td>Average 158%</td>
<td>MCOs to pay no less than the FFS fee schedule</td>
<td>Sec 211(57)</td>
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<td>Newborn screening fee</td>
<td>January 2024</td>
<td>$15.73</td>
<td>MCOs to pay no less than the FFS fee schedule</td>
<td>NA³</td>
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<td>MCO BH (BHA-Non-Hospital)</td>
<td>January 2024</td>
<td>15%</td>
<td>MCOs to increase rates by 15%</td>
<td>Sec 215(44)</td>
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Black Maternal Health Center of Excellence

- Guaranteed Basic Income
- Maternity Homes
- Group Prenatal Care
- Pregnancy Medical Homes
• 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
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 enters.

Starting June 6th, 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
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
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

<table>
<thead>
<tr>
<th>Behavioral Health</th>
<th>Indicators</th>
<th>Scores</th>
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<td>Alcohol abuse</td>
<td>Alcohol-related hospitalizations/deaths</td>
<td>81%</td>
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<tr>
<td>Drug-related abuse, especially opioids</td>
<td>Drug/Opioid-related deaths</td>
<td>72%</td>
</tr>
<tr>
<td>Depression/suicide ideation in youth</td>
<td>Depression/Suicide Ideation in Youth</td>
<td>70%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access to Healthcare</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to primary care</td>
<td>Primary care physician rate</td>
<td>70%</td>
</tr>
<tr>
<td>Health insurance coverage</td>
<td>All age residents without health insurance</td>
<td>68%</td>
</tr>
<tr>
<td>Medicaid visits – adults &amp; youth</td>
<td>Adult access to preventive/ambulatory care (Medicaid); Child and adolescent access to primary care (Medicaid)</td>
<td>56%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pregnancy and Births</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to prenatal care</td>
<td>Adequate prenatal care</td>
<td>76%</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>Low birth weight</td>
<td>26%</td>
</tr>
<tr>
<td>Infant mortality</td>
<td>Infant mortality</td>
<td>26%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basic Needs</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Food insecurity (Adult and child)</td>
<td>Residents in poverty</td>
<td>68%</td>
</tr>
<tr>
<td>Poverty</td>
<td>SNAP benefits</td>
<td>68%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chronic Disease</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight or obese (adult and child)</td>
<td>Breast cancer incidence in women</td>
<td>74%</td>
</tr>
<tr>
<td>Breast cancer in women</td>
<td>Youth physically active/Adults diagnosed with diabetes</td>
<td>53%</td>
</tr>
<tr>
<td>Physical activity and diabetes prevention</td>
<td></td>
<td>46%</td>
</tr>
</tbody>
</table>
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
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
“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”
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.
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.
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.
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.
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.
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.

Email: Board@AllianceForEquitableHealthcare.org