Kitsap Community Health Priorities 2023 Data Summit

September 26, 2023

Norm Dicks Government Center, Bremerton

WELCOME

LAND ACKNOWLEDGEMENT

We gather on lands where Coast Salish peoples have long resiliently resisted the ongoing harms of colonialism. Let us continually ask how we are respecting the Tribes' sovereignties, rights to self-determination, and sacred connections to this place. In solidarity, we work with intention toward truth-telling reconciliation. Please center yourself in this context ...and in the following words from the Port Gamble S'Klallam and Suquamish Tribes.

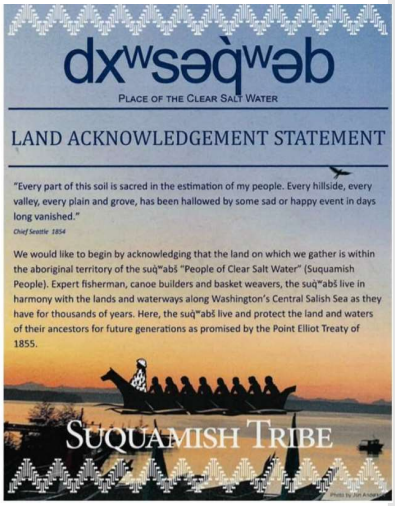
nəxʷqíyt nəxʷsX̌áýəm̓
PORT GAMBLE S'KLALLAM TRIBE

from the Preamble to the Point No Point Treaty Council Constitution

...the Port Gamble S'Klallam and the Jamestown S'Klallam Tribes, of the Point No Point Treaty Area, recognize the responsibility and need to protect and advance the treaty reserved hunting, fishing and gathering rights of [their] Tribes.

[The Port Gamble S'Klallam and the Jamestown S'Klallam Tribes] further recognize that [their] inherent traditional and cultural rights constitute vital and irreplaceable resources for [their] future. These resources are essential for the social, cultural and economic self-sufficiency and well-being of [their] Tribal communities.

[The Port Gamble S'Klallam and Jamestown S'Klallam Tribes] believe that in unity and mutual respect [they] can best accomplish [their] community goals, not only for the benefit of Indian people, but for all people.



ATTENDANCE

Organizations/Groups represented here today include:

Alliance for Equitable Healthcare	Bainbridge Island Community Foundation
Bremerton Housing Authority	Bremerton Municipal Court
Bremerton School District	Catalyst Public Schools
City of Bremerton	City of Port Orchard
City of Poulsbo	Fishline
Helpline House	Kaiser Permanente
Kitsap Black Student Union	Kitsap County Division of Aging and Long Term Care
Kitsap County Veterans Program	Kitsap County Dept. of Community Development
Kitsap Economic Development Alliance	Kitsap EMS & TC Council
Kitsap Mental Health Services	Kitsap Immigrant Assistance Center
Kitsap Regional Library	Kitsap Public Health District
Kitsap Strong	Kitsap Transit
League of Women Voters	Naval Hospital Bremerton
Olympic Educational Svcs District 114	Olympic College
Peninsula Community Health Services	Port Gamble S'Klallam Tribe
Rotary of Bainbridge Island	Suquamish Tribe
Virginia Mason Franciscan Health	West Sound Wellness Foundation
YMCA of Pierce and Kitsap	YWCA of Kitsap County

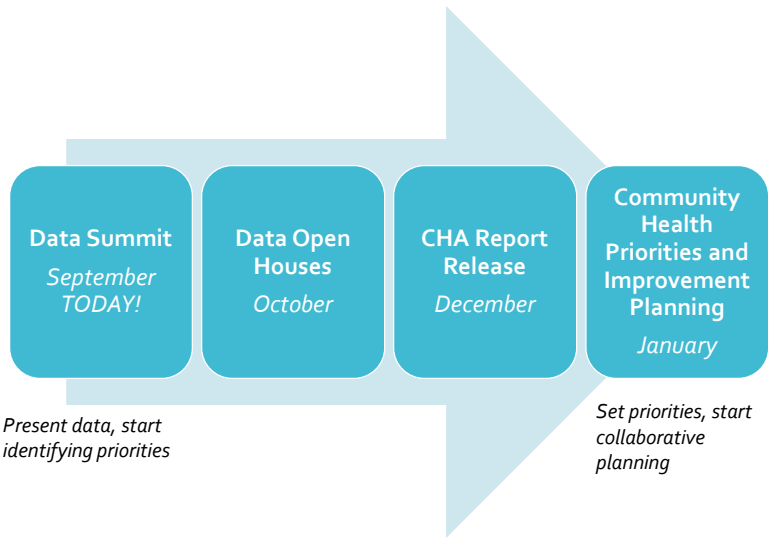
Here are the goals for our time together today (read the goals).

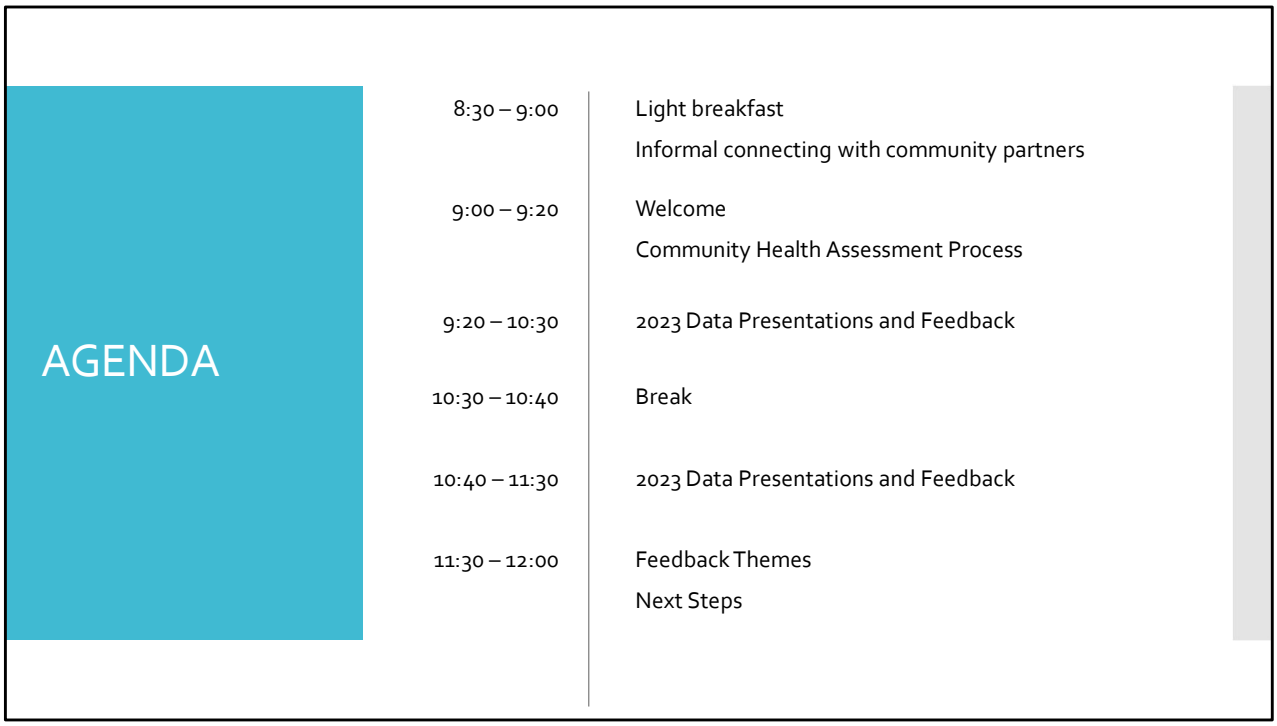
You'll see a lot of data and information today. In your participant packets there is a yellow note-taking sheet that has the headers for each of our data topics. As you listen to the data presentations, please write some notes on your thoughts on what our organizations can work on collectively to address any gaps or disparities on the topics and any questions you may have about this topic.

We have 9 data topics that are divided into blocks. At the end of each block of presentations, we'll ask for your feedback. This is the real goal of this meeting for us. We will ask you to write on the sticky notes at your table:
1. From the data you have just seen and your experiences, what should be our community's top health priorities related to **this topic?**
2. What additional questions do you have related to these topics?

Your table guides will collect those stickies. Your answers to these questions will help guide the suggested priorities that we bring to the Community Health Improvement Process (CHIP) meeting in January 2024. During the time between now and then, you can expect to receive copies of these slides (if you haven't already), a compilation of our responses to the questions today, and the completed CHA report, which will be out by the end of the year.

OUR PROCESS


Data Summit
September
TODAY!
Data Open Houses
October
CHA Report Release
December
Community Health Priorities and Improvement Planning
January
Present data, start identifying priorities
Set priorities, start collaborative planning



One thing I forgot to mention earlier: please make sure you sign in for today's meeting and indicate if you are here on paid time or not. In other words, if your organization is paying for your time to be here. This will help us make sure that your email address is included in future communications and we will follow up with individuals here on unpaid time about their interest in compensation.

SOME NOTES ABOUT FLOW…

- Please **use your yellow note-taking form** to document your ideas. We will be asking you share them on sticky notes during allocated "input times" throughout the summit.
- Please **write down questions you have about the data** and ask us during the breaks or after the summit.
- Please come back from breaks in a timely manner, if possible.

Please use your yellow note-taking form to document your ideas about community health priorities and additional information that would be helpful to know. We will be asking you to put those on sticky notes.
A lot of data will be presented, and we won't have time today to answer questions about the data. We will be emailing the slides out after the Data Summit and invite you to contact us after the summit with any questions you have.

Community Health Assessment (CHA)

WHAT IS A CHA?

Written report that identifies health trends, health disparities, and areas of concern in our county based on publicly available data and community conversations.

The CHA leads to identifying priorities that community will help to turn a *Community Health Improvement Plan* that we work on together.

This CHA builds on other assessments by Kitsap Community Resources and St. Michael Medical Center

The CHA is a comprehensive review of the health of our community, based on publicly available data and community conversations, and identifies areas of concern in Kitsap based on that data. It will also include context and potential gaps in data available to us at this time.

This CHA informs a future Community Health Improvement Plan (CHIP)

This CHA builds on assessments from KCR, SMMC

USES OF A COMMUNITY ASSESSMENT

The CHA is can be used for:

- understanding health issues and trends
- strategic planning
- budgeting
- program planning
- collaborative planning
- grant writing
- informing community health priorities

…and other purposes!

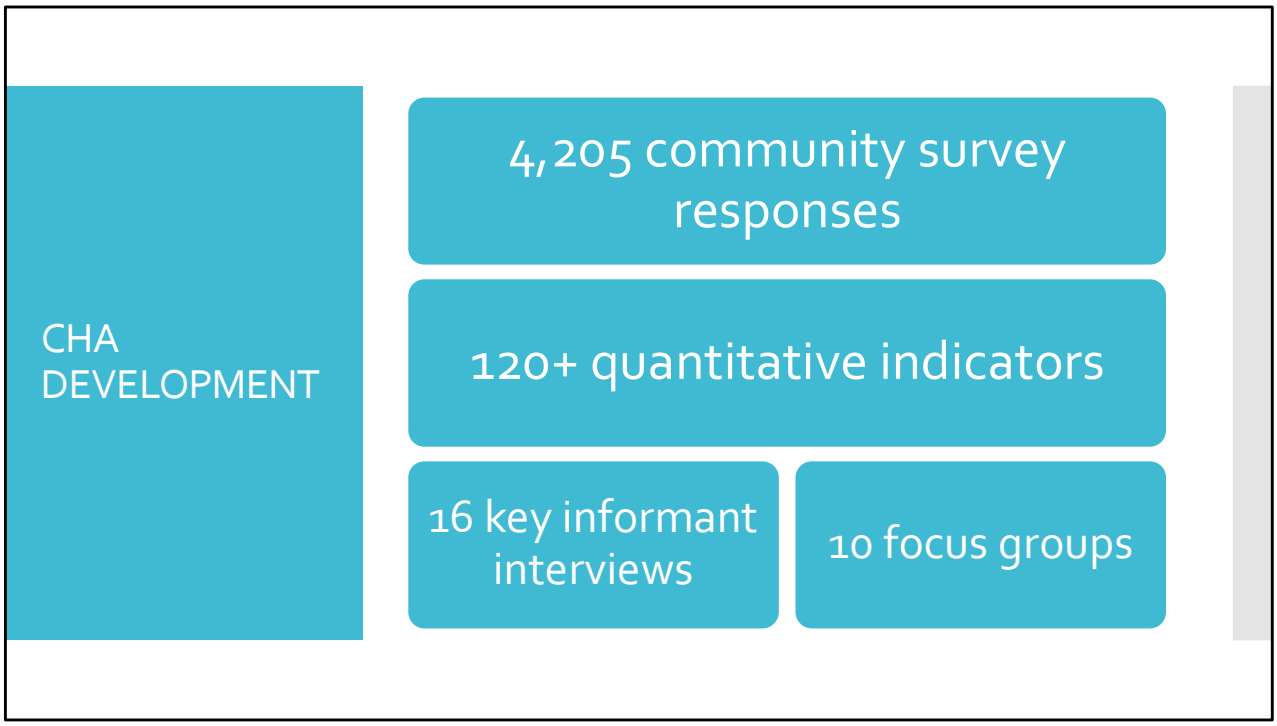
APPRECIATION

Thank you

Kitsap Community Resources, Virginia Mason Franciscan Health, and assessment partners for your collaboration!

Appreciation for all individuals who took the survey and/or participated in focus groups or interviews.

2023 Assessment Methods & Findings



The 2023 Community Health Assessment (CHA) highlights the current demographics, socioeconomics, and health status of residents; it includes many factors that contribute to – either positively or negatively – optimal health outcomes; the CHA shares experiences of community members and resources in our community to improve health.
Our process was informed by a national framework and included several components:

Community Voice:
•16 key informant interviews - VMFH collaboration
•10 focus group discussions - KCR, VMFH, community partners collaboration
• community survey – KCR other community partners collaboration

Community Status Assessment:
•More than 120 health indicators
*resources in our community to improve health.

Kitsap Public Health District's Assessment and Epidemiology Program worked with

programs throughout the health district to compile this report, including Chronic Disease and Injury Prevention, Communicable Disease, Environmental Health, Equity, and Parent-Child Health.

NOTES ON DATA

- Some limitations
  - Some topics don't have good sources
  - Most data are several years old - more recent data are not available or preliminary and subject to change
  - We can't always provide data for all subgroups for different reasons – small numbers, participation in data collection

NOTE: data sources will be available in the full report if not on the slides.

There are limitations in data sources and methodologies.
There are not sources for everything and even when there are, data can be old; small numbers of events or participants may limit what can be shared.

Data sources are not always listed on our slides but are on fact sheets at your tables and will be in the final report out later this year.

MORE NOTES ON DATA

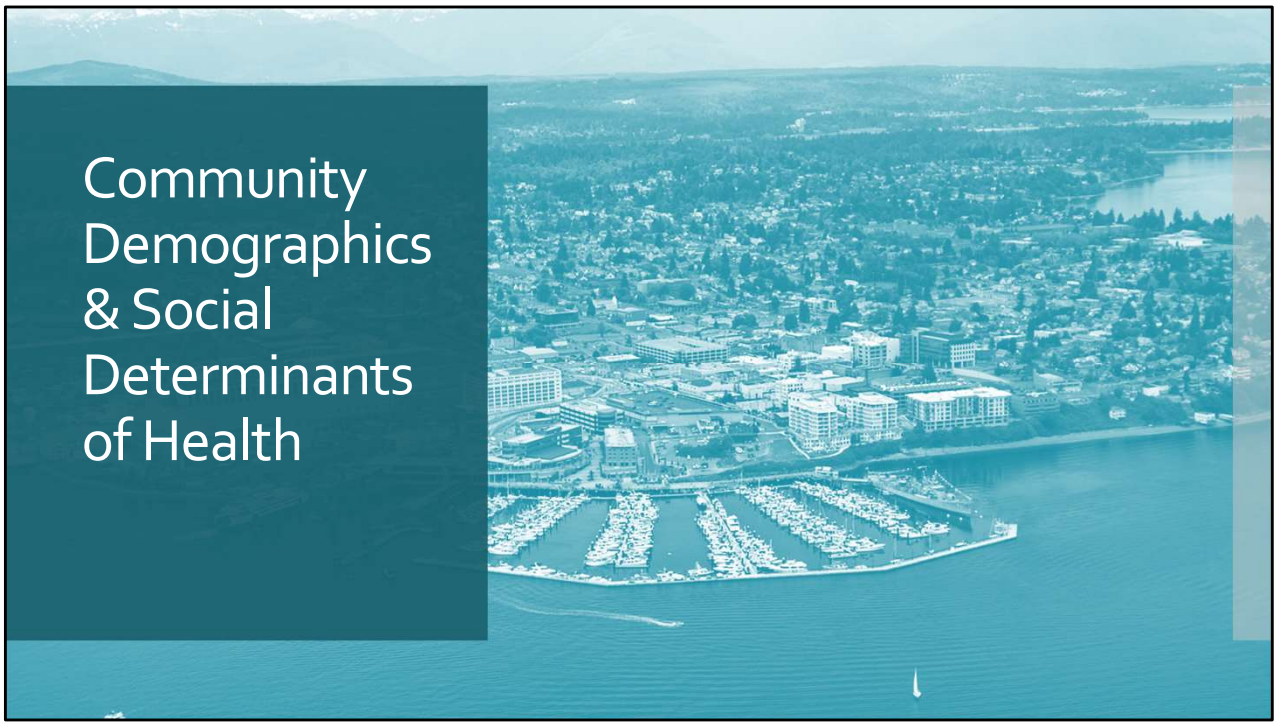
- Differences are identified by statistical comparison
- Charts showing trend over time include statistical analysis
- Community conversations represent those who participated not representative of all people in Kitsap

Our Epidemiologists use statistical methods to compare groups or make comparisons over time.
When we talk with people in the community – interviews and focus groups - they represent their experiences but not those of all people in the community.

CONTENTS

- Community Demographics & Social Determinants of Health
- Environmental Health
- Access to Healthcare
- Pregnancy & Births
- Mental Health & Wellbeing
- Health Behaviors
- Communicable Diseases
- Chronic Diseases
- Injuries, Hospitalizations & Deaths

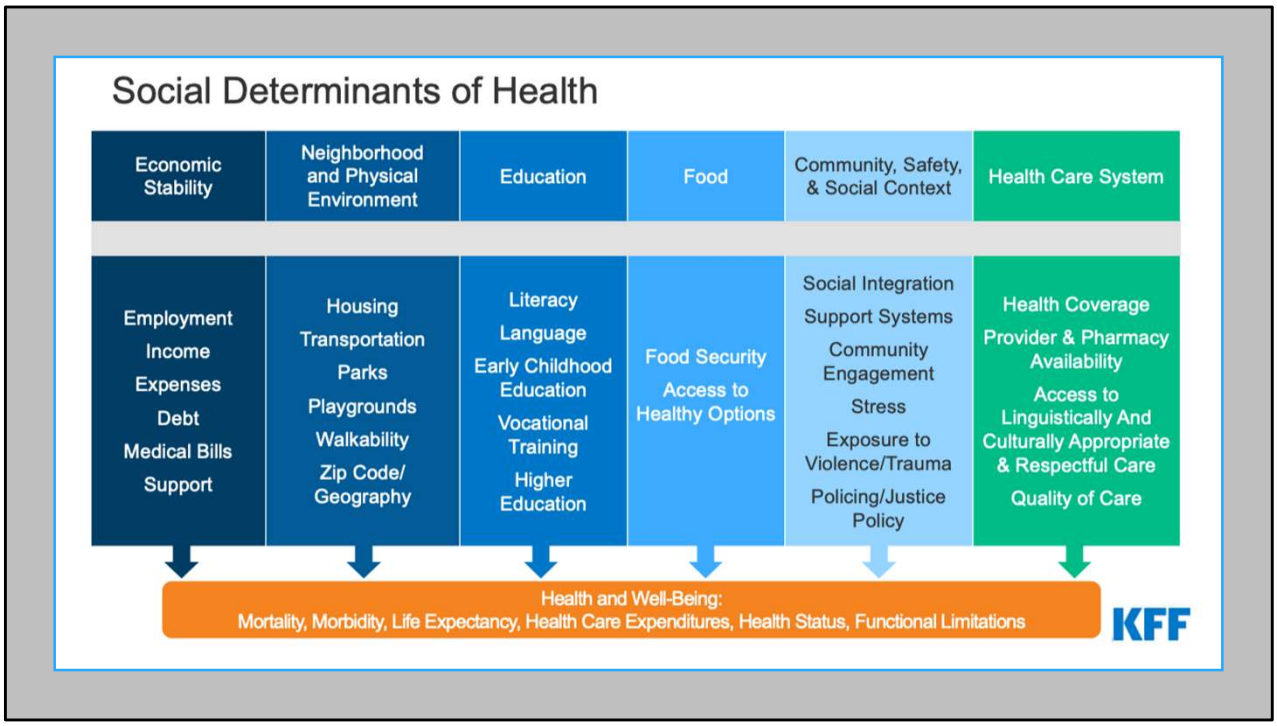
Amanda, Kari and I will be presenting the different chapters.
After every few topics we'll pause and give you 5-8 minutes to write down key issues.
At the tables, we have notetaking forms and sticky notes



Demographics is the study of human populations – these data and trends can help communities identify and address current and future health needs, including culturally appropriate and geographically accessible healthcare, public health, and social services.

This topic provides an overview of key demographic indicators for Kitsap County and also shows how social and economic indicators vary among different parts of the county and among different subpopulations by age, race, and other characteristics.
This chapter also presents data on factors that substantially shape the health these are called social determinants of health (SDOH) and include economic stability, educational attainment, food security, and housing stability, among others.

SDOH are the conditions in which people are born, grow, live, work, and age. Some models show health as a tree and these determinants as soil conditions, the better the soil, the healthier the tree. Other models use a river and show health as the "downstream" result of "upstream" factors.

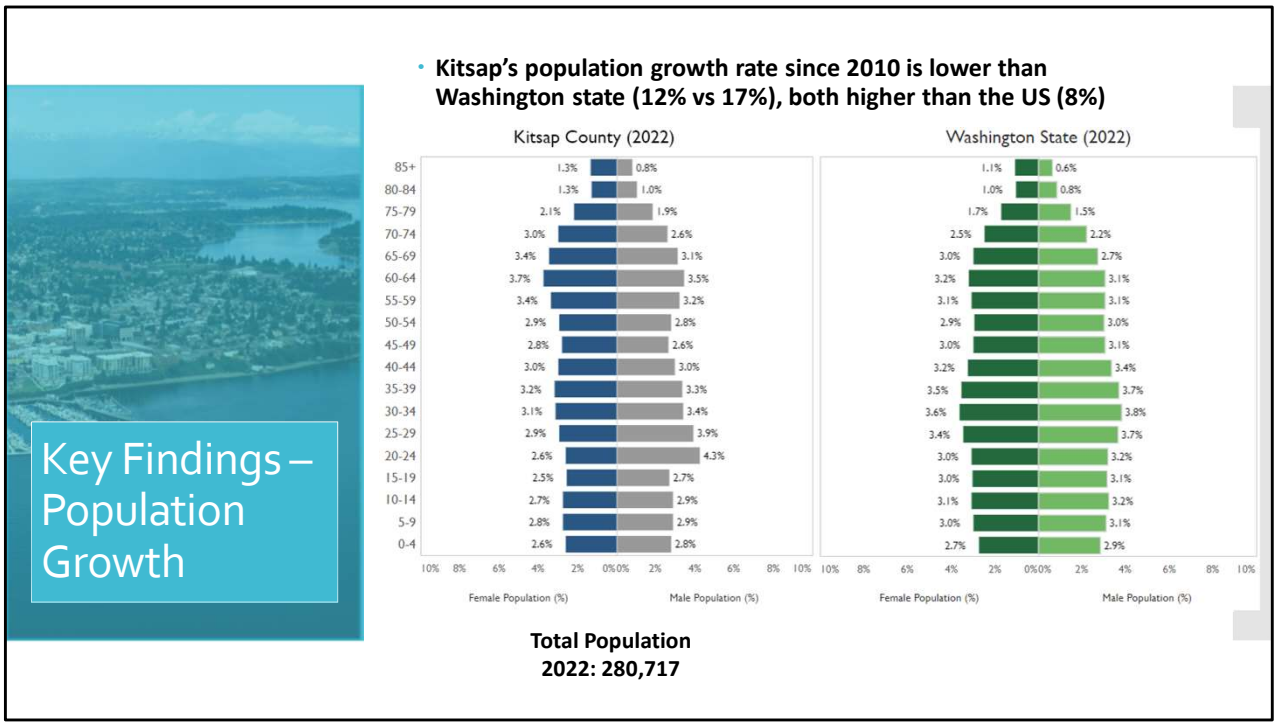


Kaiser Family Foundation's model is commonly used to explain SDOH. SDOH are the non-medical factors that influence health outcomes. Shown across the top – economic stability, environment, education, food, social context, healthcare system – one key SDOH not called out explicitly is racism and other forms of discrimination and power imbalances. There has been a growing body of research demonstrating the adverse physiological changes and symptoms individuals of all ages develop after experiencing racism.

SDOH are accompanied by political determinants of health - policies that led to or perpetuate SDOH. The political determinants of health involve the systematic process of structuring relationships, distributing resources, and administering power; they shape opportunities that either advance health equity or worsen health inequities. These factors influence a person's health throughout their lifespan and affect health from generation to generation.

In 2021, the Kitsap Public Health Board joined public health bodies across the country in declaring racism a public health crisis. This declaration committed Kitsap Public Health District to take action to address systemic racism and inequities.

Throughout this Assessment, when possible, we present data for SDOH – income levels, education, geography – as well as population groups – age, gender, race/ethnicity - to understand differences and determine actionable strategies to influence the soil conditions for current and future generations.

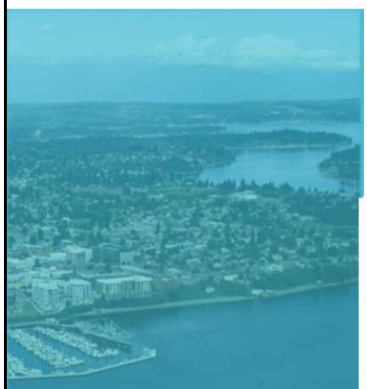


1- ORIENT TO slide format
Before I talk about the data, the slide is formatted with the content title on the left and a bulleted statement about the data at the top. We show bar charts and line graphs.

In 2022, Kitsap had a population over 280,000. These are population pyramids which no longer look much like pyramids. They break down population by age group (left axis) and gender (x axis). As we have aged, we are smaller at the bottom and larger at the top. Washington is a little more like a pyramid.

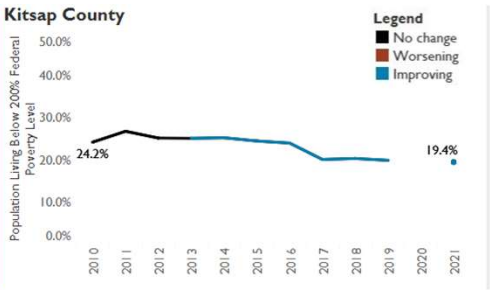
Kitsap's population growth rate is lower than Washington state. Since 2010, Kitsap has had a population growth rate of 12%, which is higher than the U.S. growth rate of 8%, but lower than Washington state (17%).

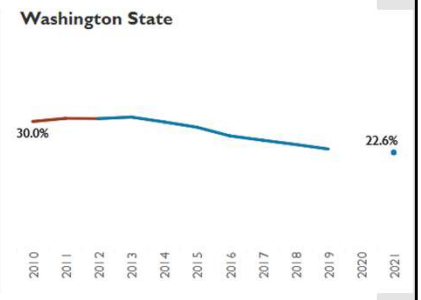
About 72% of Kitsap population identifies as white or Caucasian; 9.4% as Hispanic; 8.2% as multiracial; 5.5% as Asian or Asian American; 2.8% as Black or African American; 1.3% as American Indian or Alaska Native; and 1.1% as Native Hawaiian or other Pacific Islander. Washington state has a lower proportion of the population identifying as White or Caucasian compared to Kitsap.



Key Findings - Poverty

- **Decreases in Kitsap's population living in poverty**
- **Less than 200% of the Federal Poverty Level (household of 4, $53,000/year)**

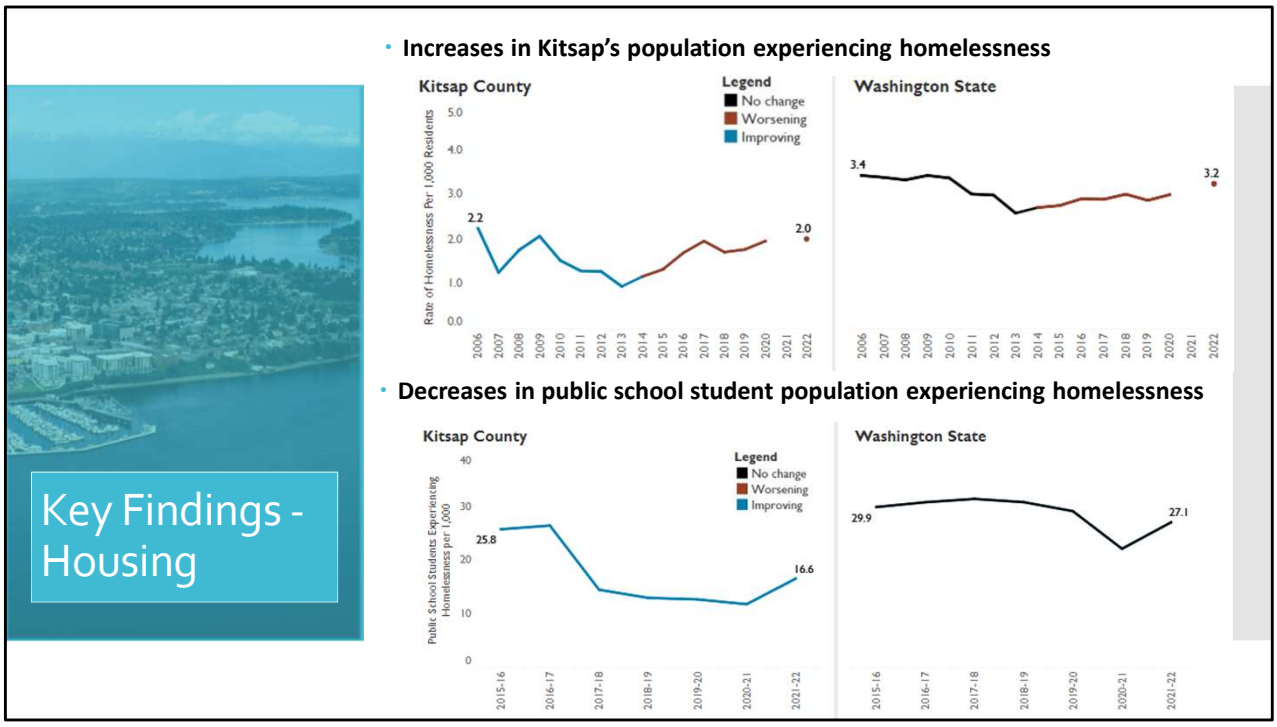




1- Orient to slide format – this slide shows a trend over time. The trend is analyzed for statistical change – segments may be black-no change, red-worsening or blue-improving. The most current year is also analyzed to compare Kitsap and WA.

Decreases in Kitsap's population living in poverty. In 2021, about one in five (19%) Kitsap residents (about 52,000 people) were estimated to live below 200% of the Federal Poverty Level (FPL). In 2021, a family or household of four was below the 200% FPL if their annual income was below $53,000. From 2013 to 2021, there has been a statistically significant decreasing trend in the percentage of Kitsap's population living below 200% of the FPL.

In 2021, the WA rate was about 23%, also improving over time.

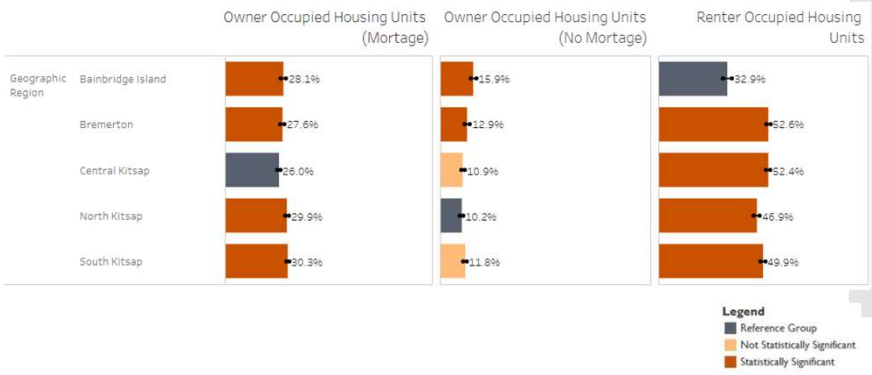


•**We share two measures of population experiencing homelessness.**
•**The Point in Time count is conducted each January during a 24 hour period.**
•From 2014 to 2022, there has been a statistically significant increasing trend in the rate of people experiencing homelessness in Kitsap. In January 2022, two in every 1,000 Kitsap residents (563 people) were reported as experiencing homelessness. (**Note:** the 2021 PIT count was canceled due to the COVID-19 pandemic.)

•**The second measure is data collected by schools.**
•In the 2021-22 school year, 576 Kitsap public school students experienced homelessness, a rate of 17 per 1,000 public school students, which was lower than the rate in Washington state overall (27 per 1,000). From the 2015-16 to 2021-22 school years, there has been a statistically significant decreasing trend in the rate of students experiencing homelessness in Kitsap. The line shows an uptick in 2021-22 in both Kitsap and WA so we are anxious to review the 2022-23 school year to see which direction the trend takes.

Key Findings – Cost of Housing

- **About half of households that rent spend more than 30% of their monthly income on housing**
- **Rate for Kitsap rental households higher than Washington overall**
- **About 1 in 4 owned housing units with a mortgage spend more than 30% of income on housing, lower than WA**
- **About 1 in 7 owned housing units without a mortgage, similar to WA**



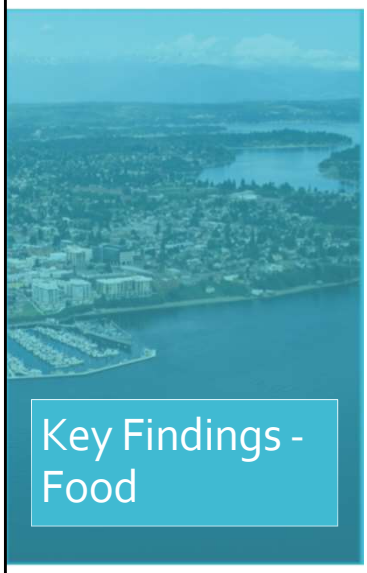
Cost-burdened households are those that spend more than 30% of their monthly income toward housing costs. When households spend more than 30% of their income on housing, they are often forced to make difficult decisions in prioritizing purchases for other necessities such as food, healthcare, and childcare. This can be especially problematic for households with lower incomes, where higher housing costs can impact the household's ability to meet basic needs.

Kitsap renters spent more than 30% of their monthly income toward housing costs more frequently than Washington renters overall. In 2021, more than one in two (52%) renter-occupied housing units in Kitsap spent more than 30% of their monthly income toward housing costs, which was slightly higher than Washington (49%) in 2021; this difference was statistically significant.

For owned housing units:
•About one in four (26%) owner-occupied housing units with a mortgage in Kitsap were cost-burdened.
•About one in seven (13%) owner-occupied housing units without a mortgage in Kitsap were cost-burdened.

In 2021, 30% of occupied housing units in Kitsap were renter-occupied and 70% were owner-occupied. Subgroups with the highest percentages of renters were householders under the age of 35 (61%), householders who identify as Black or African American (69%) and Bremerton householders (47%).

In 2021, the median gross rent in Kitsap was $1,484, which was the same as the median gross rent in Washington state. The American Community Survey (ACS) measures gross rent as the contract rent plus the estimated average monthly cost of utilities (electricity, gas, water, and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid by the renter (or paid for the renter by someone else). From 2010 to 2021, there has been a statistically significant increasing trend in the median gross rent in Kitsap.



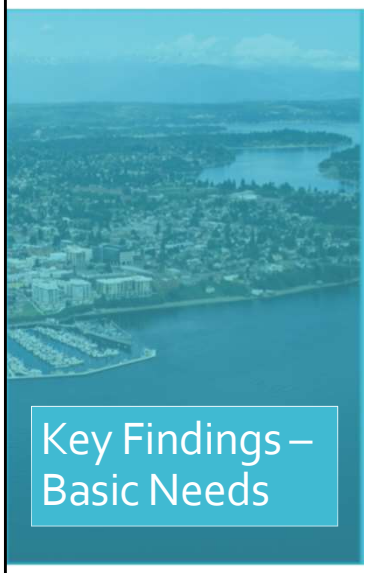
- **Decreases in Kitsap households receiving SNAP benefits until 2019, up in 2021**

The Supplemental Nutrition Assistance Program (SNAP) is a federal program that provides food-purchasing assistance for low- and no-income households. Anyone who qualifies on the basis of income and assets can obtain benefits, and enrollments typically rise and fall with changes in the poverty rate.

Decreases in Kitsap households receiving SNAP benefits. In 2021, an estimated 12% of Kitsap households (about 12,400 households) received SNAP benefits. From 2010 to 2021, there has been a statistically significant decreasing trend in the percentage of Kitsap households receiving SNAP benefits. More research is needed to assess whether this decreasing trend is due to a decrease in needed services, a decrease in households being able to access services, or something else.

When comparing the percentage of residents receiving SNAP in 2021 to previous years, consider changes in policy during the COVID-19 pandemic.
Notes: Congress made temporary changes to SNAP during the COVID-19 pandemic which may impact comparisons between 2021 and previous years. Washington/Kitsap data are from the 2021 single-year estimates. Missing data for 2020 is due to 1-year estimates not being released by the U.S. Census Bureau because of a lack of reliable data that year.

Subgroups with the highest percentages of households receiving SNAP benefits were households with a single female head of household (31%), households where at least one person had a disability (21%), and Bremerton households (19%)



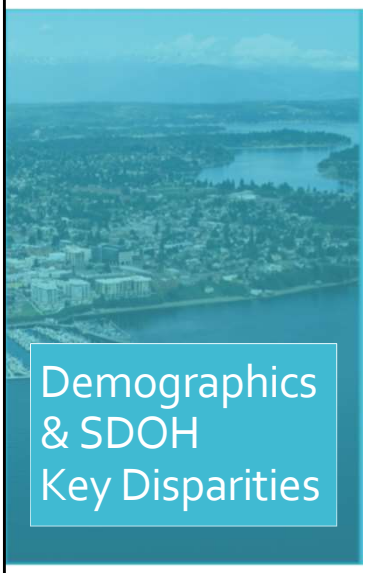
•Community members reported:

•ongoing challenges meeting basic needs.

•cost as a barrier to meeting basic needs.

•**Community members reported cost as a barrier to meeting basic needs.** In the 2022 Kitsap Community Resources (KCR) survey, cost was the primary barrier preventing survey participants from meeting basic needs for housing, food, reliable transportation, and childcare.

•**Community members reported ongoing challenges to meeting basic needs.** In the 2022 KCR focus group discussions, participants in eight of 10 focus groups also spoke of the ongoing challenges they face in meeting basic needs for themselves and their families for **housing, food, transportation, and childcare.**



- **Economic Stability**
  - Income differences by geographic region and race/ethnicity
- **Educational Attainment**
  - High school graduation differences by geographic region and housing status/stability
- **Housing Stability**
  - Homelessness differences by geographic region
  - Affordability of housing by geographic region
- **Food Insecurity**
  - Differences by age and race/ethnicity

General trends repeat, mostly driven by income

Economic stability:
•Among Bremerton community members nearly one in three (32%) lived below 200% of the Federal Poverty Level (FPL) in 2021, the highest percentage of any Kitsap County region. In 2021, a family or household of four was below the 200% FPL if their annual income was below $53,000.
•The estimated median household income by race/ethnicity in 2021 ranged from $58,854 for American Indian or Alaska Native community members to $90,191 for White community members.

Educational attainment:
•Across Kitsap County 12th graders, the percentage of public school students graduating within four years ranged from 64% in Bremerton to 94% in Bainbridge Island during the 2020-2021 school year.
•Of the 152 12th grade public school students recorded as experiencing homelessness, only about half (53%) graduated high school within four years compared to 83% of students not experiencing homelessness for the 2020-2021 school year.

Housing stability:
•Among Bremerton public school students, 156 (or 3.5%) experienced homelessness during the 2021-2022 school year, the highest percentage of any Kitsap County region.
•Across Kitsap County from 2017-2021, differences by sub-county area in the percentage of households burdened by the cost of housing (spent more than 30% of their monthly income toward housing costs) were higher among renter-occupied housing units than owner-occupied units. Among renter-occupied units the percentage of households burdened by the cost of housing ranged from 33% in Bainbridge Island to 53% in Bremerton.

Food insecurity:

•A higher percentage of Kitsap's youth (younger than 18 years old) experienced food insecurity (11%) than the overall population (8%) in 2021.

•In 2021, Black or African American Kitsap residents were 2.6 times more likely to report experiencing food insecurity than white residents (18% and 7%, respectively). Hispanic or Latino residents were 2.3 times more likely (16%) to report experiencing food insecurity than white residents.

Environmental health includes both indicators of our natural and our built environment that influence health

Increases in total greenhouse gas emissions

(*$MTCO_{2e}$ = Metric tons of carbon dioxide equivalent)
Source: Kitsap County, Communitywide Geographic Greenhouse Gas Emissions, 2022
(https://www.kitsapgov.com/dcd/Kitsap_climate_assessment/Kitsap%20County%20GHG%20Final%20Report.pdf)

Indicator	Change in Kitsap emissions from 2015 to 2019
Total change in greenhouse gas emissions	+16% (+0.4 million $MTCO_{2e}$)

Top three drivers of increases:
- emissions due to land use,
- fossil fuels-based electricity and
- population growth

More recent data is needed. In order to identify key environmental health priorities, we need timely data that reflects our current environmental health landscape and identifies the subpopulations that may be disproportionately impacted by and/or more vulnerable to environmental health risks, climate change impacts, and exposures to hazards.

Natural environment:

•The 2019 Kitsap County Geographic Greenhouse Gas (GHG) emissions inventory was prepared in accordance with the U.S. Community Protocol for Accounting and Reporting of Greenhouse Gas Emissions and the Global Protocol for Community Scale Greenhouse Gas Emission Inventories. Inventory data was gathered for the 2019 calendar year and accounts for emissions from the activities of Kitsap County residents, businesses, employees, and visitors undertaken within or originating from within the county limits. A geographic emissions inventory does not account for upstream emissions from goods and services consumed within the community, such as food or furniture.

•**Increases in total greenhouse gas emissions (2019).** From 2015 to 2019, Kitsap County increased overall emissions by 16%. Emission increases were primarily driven by tree loss, fossil fuel-based electricity, and population growth.

High magnitude public health-related climate change impacts (2020)

Source: Kitsap County, Climate Change Resiliency Assessment, 2020 (https://www.kitsapgov.com/dcd/Kitsap_climate_assessment/KitsapCountyClimateAssessment_June2020%20-%202%20Full%20Assessment%20LowRes.pdf)

Public Health-Related Climate Change Key Findings	Reported "Magnitude of Impact*"
Increase in heat-related illnesses	High
Increase in respiratory illnesses	Low-Medium
Increase in acute injuries from extreme weather events	High
Increase in vector-borne diseases	Medium

*The magnitude of climate impact is defined qualitatively based on its relative change from historical or current baseline conditions.

•In 2020, Kitsap County, the City of Bremerton, and the City of Port Orchard commissioned Cascadia Consulting Group, with Greene Economics and Herrera Environmental, to prepare a Climate Change Resiliency Assessment to review and summarize climate change drivers, impacts, and risks for Kitsap County.
•**High magnitude public health-related climate change impacts reported for Kitsap -** increases in heat-related illnesses and increases in acute injuries from extreme weather events are expected to have a high magnitude of impact in Kitsap moving forward.

Assess benefit of additional air quality monitoring stations

Source: Puget Sound Clean Air Agency, 2022 (https://pscleanair.gov/DocumentCenter/View/4828/Air-Quality-Data-Summary-2021-PDF?bidId=)

Kitsap County has 1 monitoring station located at 3250 Spruce Ave, Bremerton

Indicator	Estimate	Year
Percent of the year where air quality index (AQI) rating was "good"	98.4%	2021
Highest AQI	113 *Unhealthy for sensitive groups*	2021

•The Puget Sound Clean Air Agency summarizes air quality data from their core monitoring network every year. The Agency's jurisdiction includes King, Kitsap, Pierce, and Snohomish Counties. Monitoring stations are located in a variety of geographic locations in the Puget Sound region. Note that in Kitsap County, there is only one active air quality monitoring station location (3250 Spruce Ave, Bremerton).

•**Further research is needed to assess whether Kitsap County could benefit from additional air quality monitoring stations.**

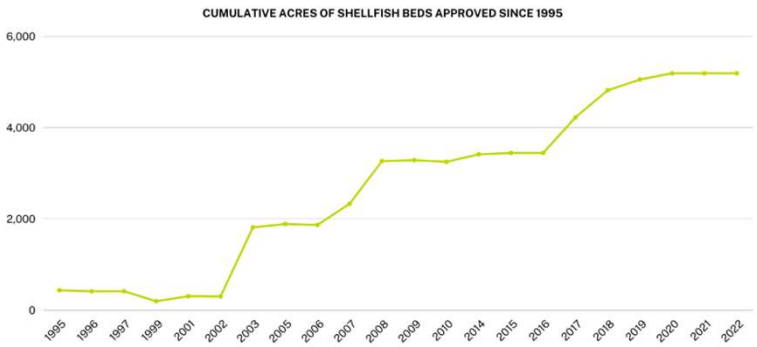
•AQI is from 0-500.

•Heavy smoke years will have higher AQI events.

Water Quality Monitoring

Source: Kitsap Public Health District, 2022 (2022 Kitsap Water Quality Report (arcgis.com))

- 69 fresh-water streams monitored for pollution
- 3,559 fresh and saltwater samples collected
- 162 health advisory days for local lakes
- Increase in 5,000 acres of shellfish beds approved for harvest since 1995



This slide highlights work done by Kitsap Public Health Pollution Identification and Correction program together with Clean Water Kitsap, a multi-agency partnership and community members. Through pollution correction activities, residents along with municipalities, county programs and others have steadily improved water quality opening up thousands of acres of shellfish beds of the past 20 years.

The Built Environment

"The human-made space in which people live, work, and recreate on a day-to-day basis. The built environment encompasses places and spaces created or modified by people including buildings, parks, and transportation systems."[1]

[1] Roof, K; Oleru N. (2008). "Public Health: Seattle and King County's Push for the Built Environment.". *J Environ Health* **71**: 24–27.

Accessed at: Geoscape - Capturing the built environment | PPT (slideshare.net)

The built environment is the human-made spaces in our communities – these are parks and green spaces, transportation systems, buildings, etc.

We have limited data in this area, working on learning more – parks, green spaces, urban heat, safe sidewalks/bike lanes

Community members' transit priorities (2022)

Source: Kitsap Transit, Long-Range Transit Plan 2022-2042, 2022 (https://www.kitsaptransit.com/uploads/pdf/planning/lrtpreport_6dec2022.pdf)

Preferred transit service investments among Kitsap Transit survey respondents *	
30-minute service on most routes	60%
New ferry route(s)	52%
New bus routes	49%
High-capacity transit	49%
Bremerton-Tacoma express route	34%
More on-demand service	31%
Circulator service	28%

*Respondents were asked to select their top 3 choices. Every Kitsap County household was sent a postcard and invited to take the Kitsap Transit survey. For further questions about this survey or the Long-Range Transit Plan, Kitsap Transit encourages you to contact the Kitsap Transit planning department at kitsaptransit.com/form/contact-us.

•Kitsap Transit updates its Long-Range Transit Plan (LRTP) every 5 to 10 years to provide a roadmap for service and capital investments over the next 20 years. The last LRTP was adopted by the Kitsap Transit Board of Commissioners in 2016. The LRTP supports regional plans and state policies, including the Puget Sound Regional Council's Vision 2050 Transportation Plan, Washington State Commute Trip Reduction, and the Washington State Growth Management Act.

•**Community members' transit priorities include 30-minute services, new transit routes, and high-capacity transit (2022).** In a 2022 Kitsap Transit survey, respondents ranked their top preferred transit service investments as: 30-minute service on most routes (60%), new ferry route(s) (52%), new bus routes (49%), and high-capacity transit (49%).

Puget Sound Regional Council designated 6 communities in Kitsap as High Transit Communities (2020)

Source: Puget Sound Regional Council, VISION 2050: A Plan for the Central Puget Sound Region, 2020 (https://www.psrc.org/media/5098)

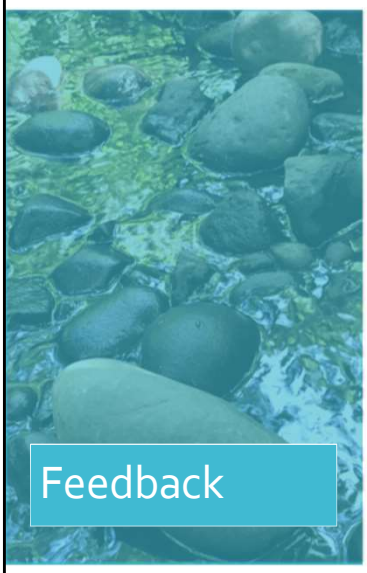
Key Finding	
High Capacity Transit Communities* in Kitsap	Bainbridge Island Kingston Port Orchard Port Orchard UGA Poulsbo Poulsbo UGA

*VISION 2050's Regional Growth Strategy calls for the 34 High Capacity Transit Communities (cities and unincorporated areas that are connected to the regional high-capacity transit system) in Washington to accommodate 24% of the region's population growth and 13% of its employment growth by the year 2050.

•**VISION 2050, the long-range plan for the central Puget Sound region, recognizes significant growth expected.** It fulfills requirements under Washington's Growth Management Act to develop **multicounty planning policies**. The policies also serve as the region's guidelines and principles required under RCW 47.80. **The plan is grounded in the public's commitment to environmental sustainability, social equity, and efficient growth management that maximizes economic strength and mobility.**

•**Puget Sound Regional Council designated 6 communities in Kitsap as High Transit Communities (2020).** These communities are expected to accommodate regional employment and population growth in the coming years and include Bainbridge Island, Kingston, Port Orchard, Port Orchard Urban Growth Area (UGA), Poulsbo, and Poulsbo UGA.

UGA = urban growth area.



TIME TO SHARE YOUR THOUGHTS!

On your sticky notes, please write your answers to the following questions (use 1 sticky note per question):

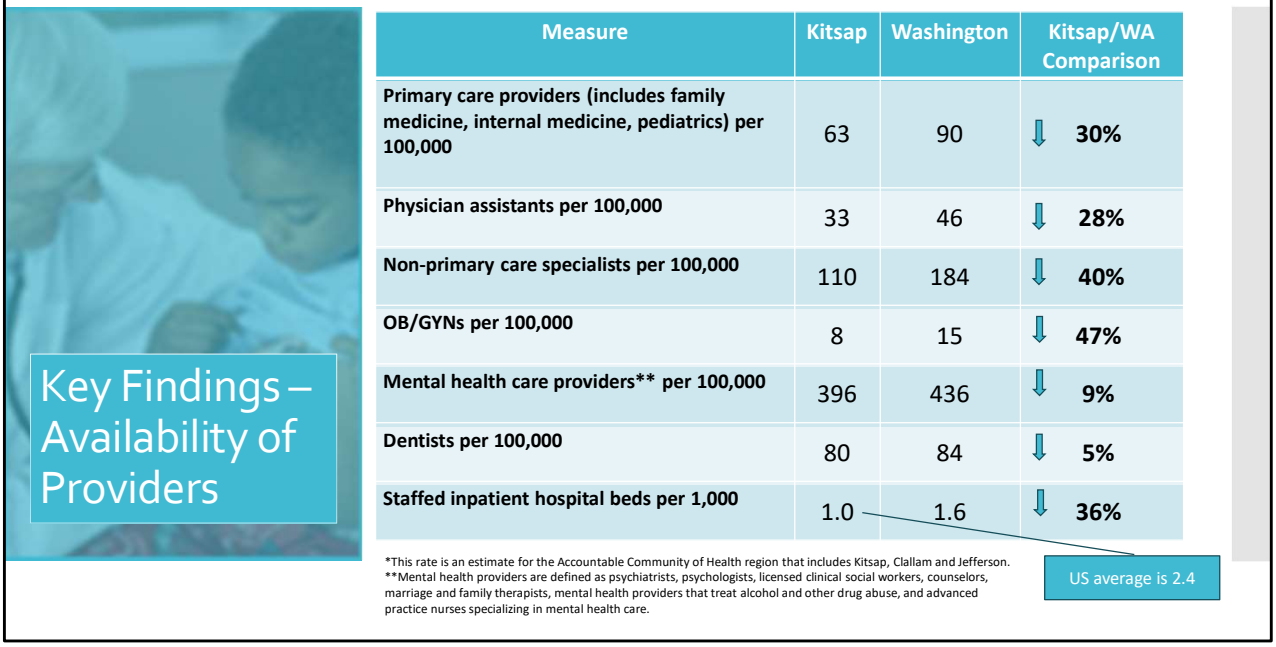
- From the data you have just seen and your experiences, what should be our community's top health priorities related to **community demographics, social determinants of health, and environmental health?**
- What questions do you have about these topics?

Achieving access to healthcare for all is a nationally recognized goal. The US Dept of Health and Human Services Healthy People 2030 sets data-driven national objectives to improve health and well-being over a decade. A key goal is improved access to comprehensive, high-quality healthcare services. Understanding where our barriers to access remain and why the .occur can help our community tailor interventions aimed at improving access to healthcare.

Dimensions of Healthcare Access: availability, accessibility, accommodation, affordability and acceptability.

In 2023, the Kitsap Public Health Board declared high healthcare costs and inadequate access to services a public health crisis. The resolution commits the Board and Health District to advance a public health approach to addressing cost and barriers to accessing care.

KPHD has contracted a team from Johns Hopkins Bloomberg School of Public Health to conduct an assessment of healthcare access – identify gaps and provide recommendations. Assessment should be ready by end of 2023.



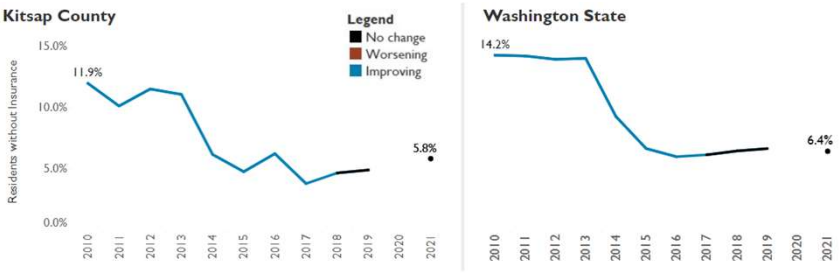
In 2022 the Office of Financial Management (OFM) Health Care Research Center published the Physician Supply Report. The report estimated that in 2021 there were 63 primary care physicians (PCPs) in Kitsap for every 100,000 residents compared to 90 per 100,000 residents in Washington state — meaning Kitsap had 30% fewer PCPs to serve a similar number of patients. According to OFM, the lack of physician assistants (PAs) was also similar in Kitsap, with 28% fewer PAs in 2021 (33 per 100,000 compared to the statewide rate of 46 per 100,000).

In addition to lower rates of PCPs and PAs, OFM estimated our Accountable Community of Health (ACH) region, which includes Kitsap, Clallam, and Jefferson counties, had the lowest rate of non-primary care specialists in the state with 110 providers per 100,000 population (compared to the statewide rate of 184 per 100,000). Kitsap also had 47% fewer obstetrician-gynecologist (OB/GYN) providers per 100,000 residents than Washington state overall.

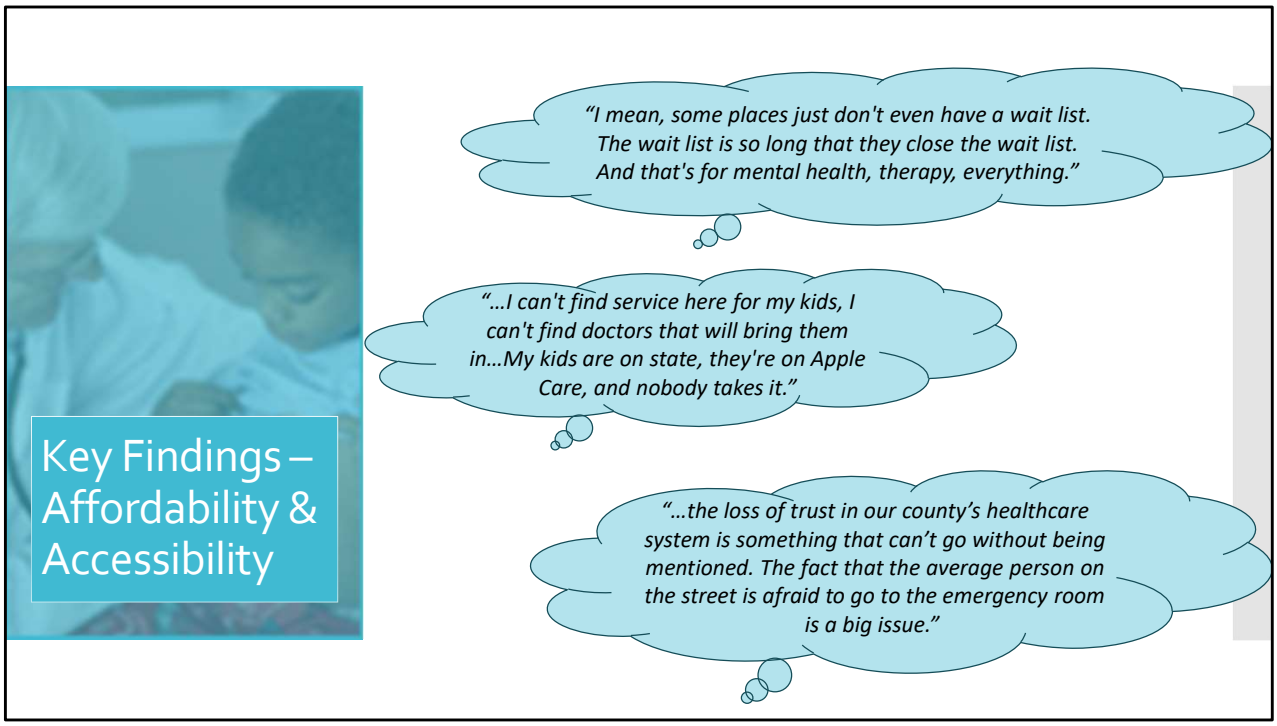
Not mentioned on the slide, advanced registered nurse practitioner (ARNP) is a health profession license category in Washington. An ARNP can practice independently to admit, manage, and discharge patients to and from healthcare facilities and may prescribe medications. **Overall ARNP supply increased from 2018 to 2021 in Kitsap County (from 32 to 47 per 100,000 population) and Washington state (from 61 to 76 per 100,000). This increase in ARNP supply came almost entirely from specialist care ARNPs.** Although the numbers of both groups increased from 2018 to 2021, the ARNP increase in specialist care outpaced the population growth. In Kitsap, the number of primary care ARNPs increased from 13 to 14 per 100,000 population in 2018 and 2021. During the same time, the number of specialist care ARNPs in Kitsap increased from 19 to 32 per 100,000 population.

In 2022, there were an estimated 417 mental health providers for every 100,000 residents in Kitsap. **Encouragingly, from 2015-2022, there has been a statistically significant increasing trend in the number of mental health providers for every 100,000 residents in Kitsap.** However, the number of mental health providers per 100,000 population in Kitsap was lower than the state overall in 2022 (417 per 100,000 compared to the statewide rate of 457 per 100,000).

No change since 2018 in population without health insurance; 6% or about 1 in 16 residents, similar to WA state



•After declining steadily since the implementation of the Affordable Care Act (ACA) in 2010, the percentage of uninsured community members has **remained steady** in Kitsap since 2018, with about **6%** lacking health insurance coverage in 2021.



•In the 2022 KCR Focus Group Discussions, community members reported access to healthcare as a **top concern** in Kitsap County.

•Participants shared their experiences with months-long wait times for primary care and mental health services, a lack of Medicaid providers, fear of medical bills, and previous experiences with inadequate interpretation services.

•Additionally, among 2022 KCR Community Survey participants, **"too long to wait for an appointment" was the primary barrier to getting needed medical care** (44%, 476 participants).

- **Health Insurance Coverage**
  - Differences by age, race/ethnicity, and geographic region
- **Unmet Healthcare Needs Due to Cost**
  - Differences by age, income level, and geographic region
- **Preventative Care Visits (Medicaid Beneficiaries)**
  - Differences by sex and age

•**Disparities in health insurance coverage**:
•Among **19 to 34 year olds**, nearly one in ten (9%) were uninsured, the highest percentage of any age group.
•Among community members who identified as **American Indian or Alaska Native**, nearly one in seven (14%) were uninsured, the highest percentage of any race/ethnicity. This may be due in part to the fact that individuals who receive their care through the Indian Health Service (IHS), but do not have any health insurance, are categorized as uninsured by the Census.
•Among **Bremerton** community members, about one in fifteen (7%) were uninsured, the highest percentage of any Kitsap region.

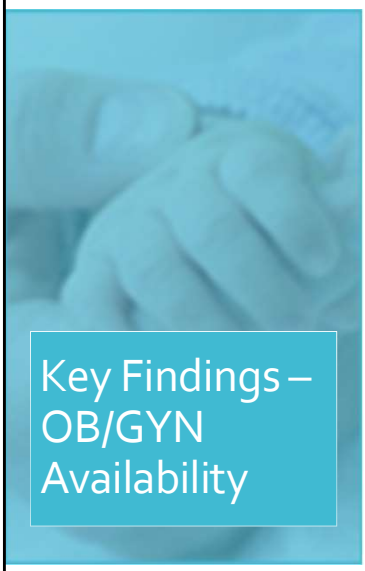
•**Community members who report an unmet healthcare need due to cost (6% adults overall):**
•Among **18 to 24 year olds**, an estimated 12% reported there was a time in the past year when they needed to see a doctor but could not because of cost, the highest percentage of any age group.
•Among **Bremerton** community members, an estimated 12% reported there was a time in the past year when they needed to see a doctor but could not because of cost, the highest percentage of any Kitsap region.
•Among those with an **income less than $25,000**, an estimated 22% reported there was a time in the past year when they needed to see a doctor but could not because of cost, the highest percentage of any income group.

•**Preventative care visits among Medicaid beneficiaries:**
•Among **males**, 65% had at least one adult ambulatory or preventative care visit in 2021, while among females, 80% had at least one visit.
•Among **20 to 44 year olds**, 71% had at least one adult ambulatory or preventative care visit in 2021, while among 45 to 64 year olds 78% had at least one visit.

Please note that we may use "mothers" throughout this report to reflect the traditional terminology used on Birth Certificates, from which much of our data is drawn. We want to recognize that gender identities are diverse and not everyone who gives birth may identify as a mother.

The health and well-being of our mothers and infants is vital to creating a healthy community in Kitsap. A mother's mental, physical, emotional, and socioeconomic well-being can affect pregnancy and birth outcomes as well as the health of their children into adulthood and subsequent generations. Protecting and promoting positive behaviors, such as adequate prenatal care and breast- or chest-feeding, can directly impact the health of our community into the next generation.
"*Maternal and child health is an important public health issue because we have the opportunity to end preventable deaths among all women, children and adolescents and to greatly improve their health and well-being …Investments in prevention, health care and education last a lifetime.*" (Source: American Public Health Association, https://www.apha.org/topics-and-issues/maternal-and-child-health)

While Kitsap County performs better than other parts of Washington state on many maternal and child health indicators, indicators for premature birth, low birth weight, and infant mortality have shown little or no improvement since at least 2000 in Kitsap. Other indicators are getting worse, such as the percentage of births where gestational diabetes or gestational hypertension were diagnosed and the percentage of births with adequate prenatal care. Disparities in birth outcomes are observable across almost all indicators, particularly for Bremerton residents compared to Bainbridge residents, and among Black and African American, and Hispanic and Latino populations, compared to White or Caucasian residents. In Kitsap County, the indicators that have statistically significantly improved over time are residents smoking during pregnancy and the percentage of births that are to residents younger than 18, which have both been steadily decreasing since at least 2000. These indicators are available online at www.kitsappublichealth.org/data.



Pregnancy/Birth Rates Compared to OB/GYN Providers

Measure	Kitsap	Washington	Kitsap/WA Comparison
Female population aged 15-44 (% of total population)	15%	20%	⇩
Pregnancy* rate per 1,000 females aged 15-44	83.2	66.6	⇧
Births to Kitsap residents that occurred in Kitsap	77%		
OB/GYNs per 100,000 (OFM, 2021)	8	15	⇩ **47%**

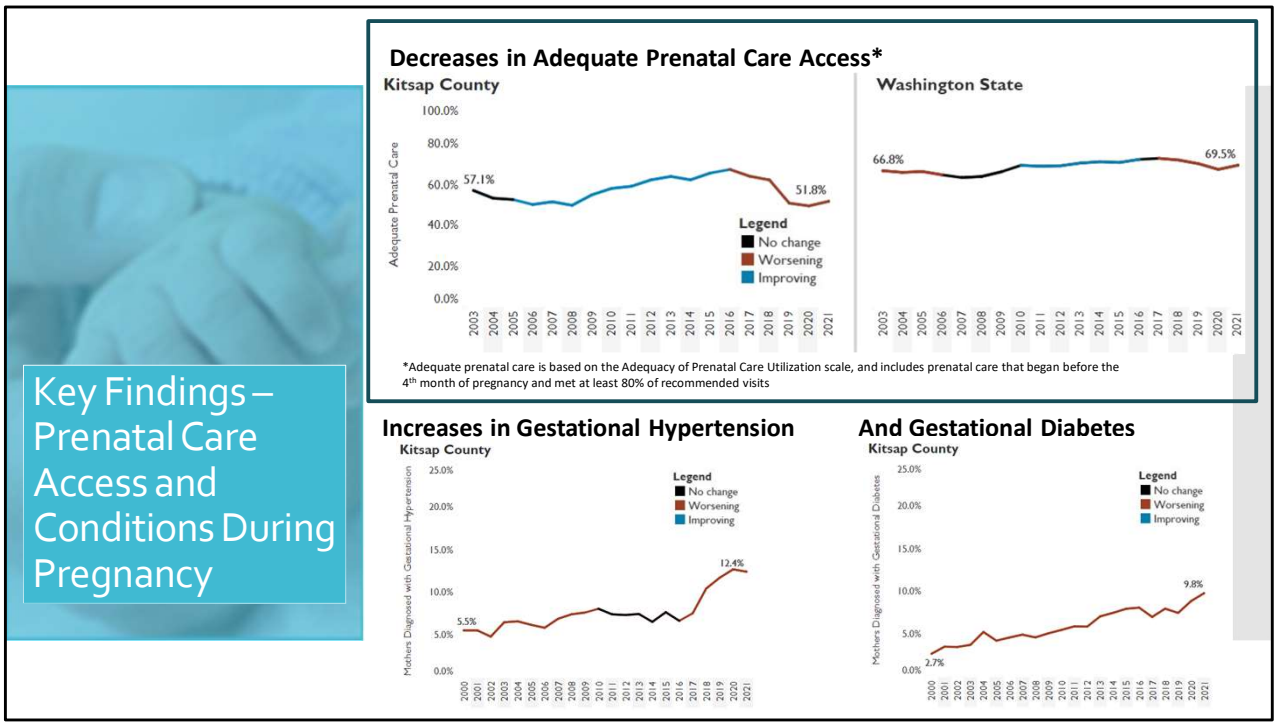
*In this context, pregnancy includes all live births, fetal deaths of 20 weeks or more gestation, and induced abortions.

Kitsap Public Health District held a Maternal Infant Health Forum in summer 2023. Many indicators were presented and participants were asked to provide feedback and ideas for next steps. KPHD is reviewing feedback and will develop a work plan for next steps.

•Kitsap has a smaller proportion of the population who are females of childbearing age, between the ages of 15 and 44, (15%) compared to the state overall (20%) in 2020. This accounts for just over 40,000 residents in Kitsap. Despite this, Kitsap's rate of pregnancies was higher (83.2 per 1,000 women aged 15 to 44) than Washington's rate (66.6 per 1,000 women aged 15 to 44). (In this context, pregnancy includes all live births, fetal deaths of 20 weeks or more gestation, and induced abortions). In 2021, there were 3,259 pregnancies among Kitsap residents and 2,735 live births. In 2021, 77% of births to mothers living in Kitsap occurred in Kitsap County, another 17% occurred in Pierce County and 6% occurred in King County.

•Availability of OB/GYN providers

•Kitsap has 47% fewer OB/GYN providers per 100,000 residents compared to Washington, despite having a higher pregnancy rate. In 2021, the estimated number of OB/GYNs in Kitsap County was 23, which is a rate of 8 providers per 100,000 residents in Kitsap compared to 15 per 100,000 in Washington state overall. While the OB/GYN rate has increased in Washington state (from 13 per 100,000 population in 2020 to 15 in 2021), the rate in Kitsap has declined (from 9 per 100,000 population in 2020 to 8 in 2021).



•Prenatal Care Access

•From 2018 to 2019, there was a sizable decrease in the proportion of Kitsap residents who had adequate prenatal care based on the Adequacy of Prenatal Care Utilization Scale (https://www.mchlibrary.org/databases/HSNRCPDFs/Overview_APCUIndex.pdf) for their pregnancies. Adequate prenatal care is a scale or index which combines the timing of the initiation of prenatal care with the number of prenatal care visits received during the time period after prenatal care is begun through delivery. The rate of Kitsap residents receiving adequate prenatal care did not improve from 2019 to 2021.

•Only around half (52%) of Kitsap residents who gave birth in 2021 had received adequate prenatal care; this was lower than Washington state's percentage (70%). The difference was statistically significant.

•The percentage of people who gave birth in 2021 who experienced gestational hypertension (high blood pressure during pregnancy) in Kitsap (12%) was higher than in Washington (10%). For gestational diabetes, there has been a steadily increasing trend in Kitsap from 2000 to 2021. In 2021 Kitsap's rate (10%) was lower than Washington's rate (12%).

Over half of survey respondents (54%) who had recently been or currently were pregnant said there was a time in the last two years when they needed lactation and breast- or chestfeeding support and could not get it.

•Breastfeeding/Chestfeeding Support

•In the 2022 community survey, over half of respondents (54%) who had recently been or currently were pregnant said there was a time in the last two years when they needed lactation and breast- or chestfeeding support and could not get it. The most frequently cited reasons were: (a) not being able to afford the co-pay or deductible (44%), (b) the provider not taking their insurance (31%), (c) not having any way to get to services (24%) and (d) not being able to find services (23%).

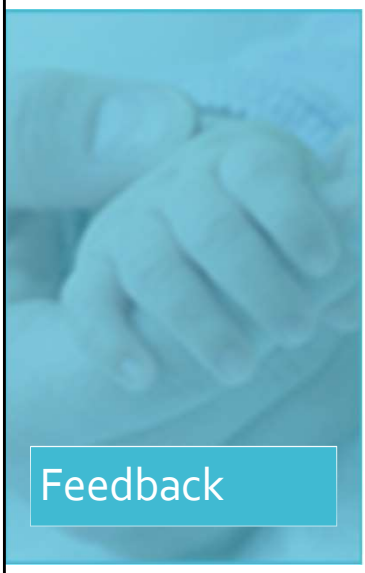
- **Adequate Prenatal Care**
  - Differences by geographic region
- **Gestational Hypertension**
  - Differences by race/ethnicity and geographic region
- **Adverse Birth Outcomes**
  - Premature birth differences by race/ethnicity and geographic region
  - Low birth weight differences by race/ethnicity
  - Infant mortality differences by race/ethnicity

Disparities in adequate prenatal care:
From 2019 to 2021, less than half of Bremerton residents giving birth (47%) received adequate prenatal care compared to almost two-thirds of Bainbridge residents giving birth (65%). Although Bainbridge has the highest reported rate of adequate prenatal care in Kitsap, this region is not as high as the estimate for Washington state overall (70%).

Disparities in gestational hypertension:
In 2021, more than one in ten (12%) people who gave birth in Kitsap were diagnosed with gestational hypertension at some point during their pregnancy. From 2017 to 2021, the rate of gestational hypertension was higher in those who identify as Native Hawaiian or Pacific Islander (18%), multiracial (12%) and White or Caucasian (11%) compared to those who identify as Asian (8%). The highest rates geographically were seen in Bremerton (13%), Central Kitsap (12%) and South Kitsap (10%) compared to only 7% on Bainbridge Island.

Disparities in adverse birth outcomes:
From 2017 to 2021, Black and African American people giving birth had statistically significantly higher rates of premature birth (11% compared to 7% for White people giving birth) and babies born at low birth weight (9% compared to 4% for White). From 2012 to 2021, infant mortality for Black and African American remains consistently higher (10 per 1,000 compared to 4 per 1,000 babies born to White residents).
From 2017 to 2021, Hispanic and Latino people giving birth had statistically significantly higher rates of premature birth (10% compared to 7% for White people giving birth) and babies born at low birth weight (6%

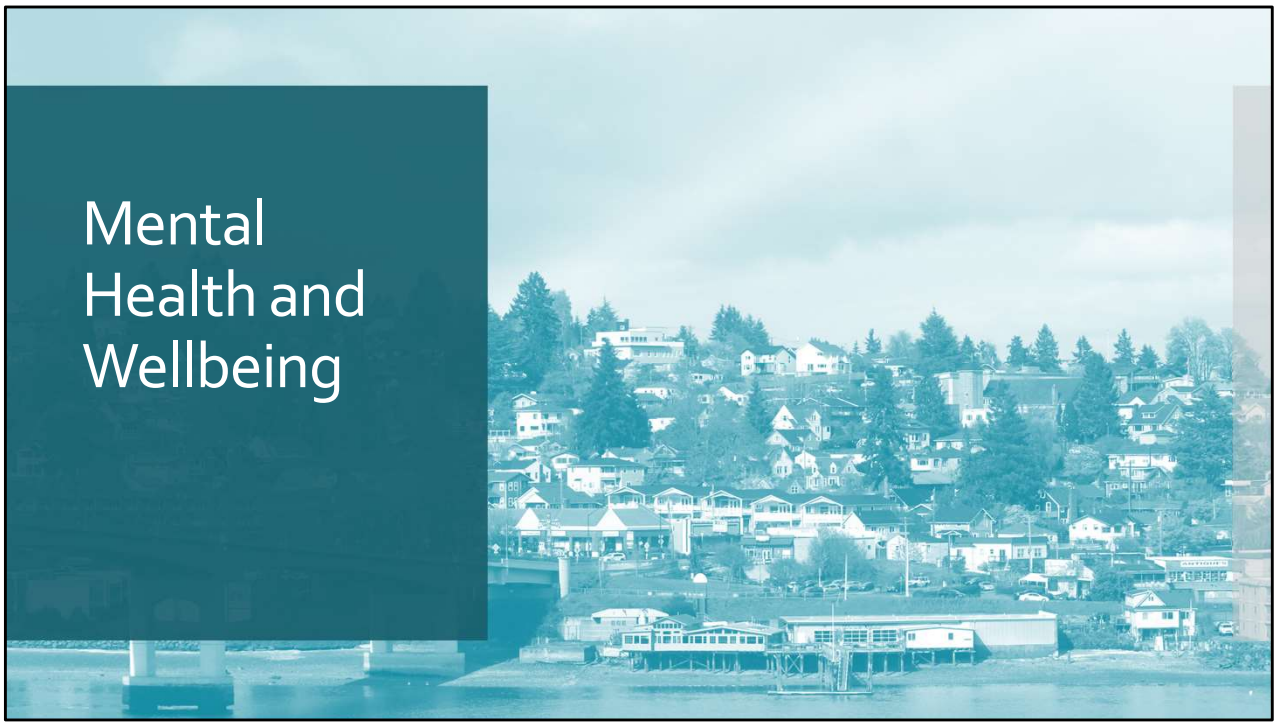
compared to 4% for White).
Bremerton people giving birth had a higher rate of premature birth from 2017 to 2021 (9% compared to 5% for Bainbridge Island).



Feedback

On your sticky notes, please write your answers to the following questions (use 1 sticky note per question):

- From the data you have just seen and your experiences, what should be our community's top health priorities related to **access to healthcare and pregnancies and births?**
- What questions do you have about these topics?



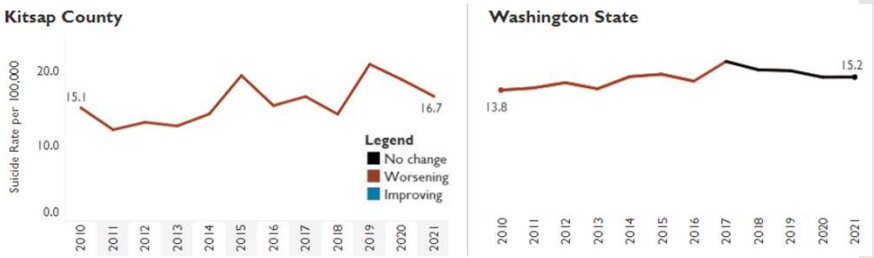
Mental health is an essential part of overall health and is just as important as our physical health. It includes our emotional, psychological, and social wellbeing, affecting how we think, feel, and act.

A mental illness is a condition that affects a person's thinking, feeling, behavior, or mood. These conditions deeply impact day-to-day living and may also affect the ability to relate to others. According to the CDC, more than 1 in 5 U.S. adults live with a mental illness. People of all ages, from childhood to adulthood, with untreated mental illness are at an elevated risk for co-occurring disorders, such as substance use disorder.

Although mental illnesses are treatable and often preventable, not everyone has access to the resources they need. For example, disparities in accessing mental healthcare by racial/ethnic groups are well-documented.

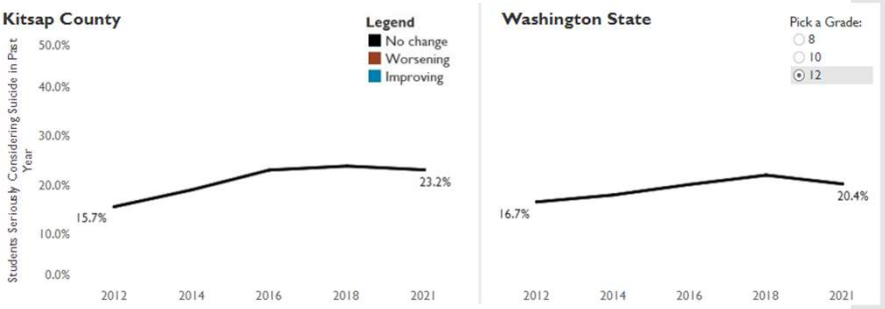
In addition to being able to access treatment, having positive social connections is also an important component of good mental health. Continuing to support systems and policies committed to addressing mental health concerns and improve equitable access to mental healthcare can strengthen our community.

Increases in suicide rate per 100,000 (age-adjusted)



•**Increases in Kitsap resident suicide rate.** In 2021, there were 17 deaths due to self-inflicted injury for every 100,000 residents in Kitsap. From 2010 to 2021, there has been a statistically significant increasing trend in the suicide mortality rate in Kitsap. In Kitsap, suicide was the 10th leading cause of death in 2021 (49 deaths). More than one in two (53%) Kitsap suicide deaths were by discharge of firearms in 2021, down from 66% in 2020.

Kitsap 12th graders reported suicide ideation at higher percentages than WA

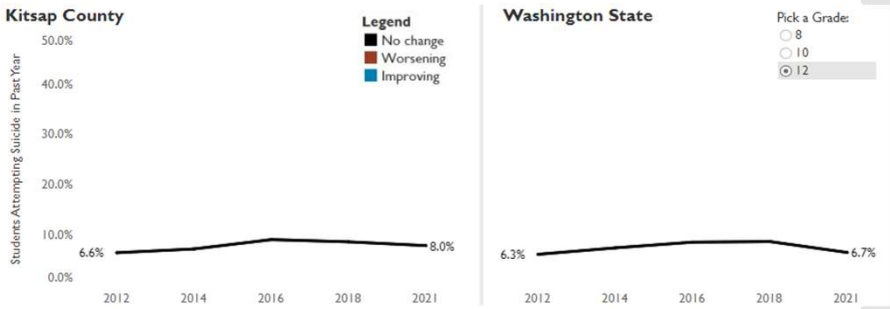


"We've seen more suicidal patients in my time in the last two years than I've ever remembered seeing in my whole career before, and it's affecting the kids in a really bad way."

•**Kitsap youth reported suicide ideation (seriously considering committing suicide) at higher percentages than Washington youth overall.** In 2021, nearly one in four Kitsap 12th graders (23%) reported they had seriously considered attempting suicide in the past year, which was higher than Washington in 2021 (20%); this difference was statistically significant.

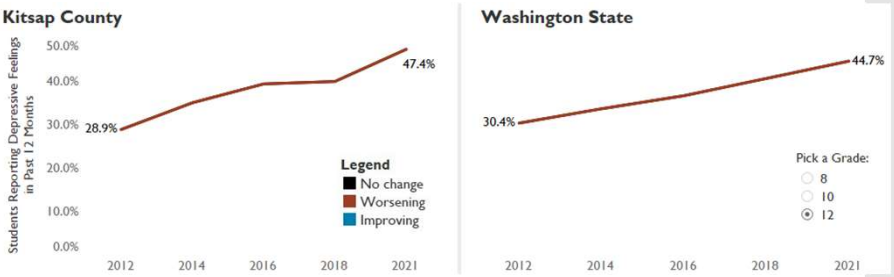
•A comment from community highlights the increase in and highest levels of suicidal patients in their career.

Kitsap 12th graders reported suicide attempts



•**Kitsap youth reported attempting suicide at higher percentages than the Healthy People 2030 goal.** Healthy People 2030 aims to reduce the percentage of adolescents in grades 9 through 12 who attempt suicide to less than 2%. In 2021, 9% of 10th graders (66 students) and 8% of 12th graders (50 students) reported they had attempted suicide at least once in the past year. (The charts shows the percentage for 12th graders.) Kitsap's percentage is similar to Washington state's percentage overall.

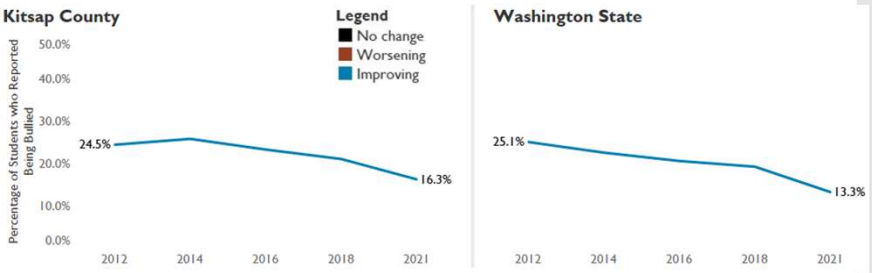
Increases in 12th Graders Experiencing Depressive Feelings*



*In the Healthy Youth Survey, depression is assessed by asking students, "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?" Although this question is not sufficient to diagnose depression, it can be used as a proxy measure for students experiencing symptoms associated with depression.

•**Increases in Kitsap youth reporting depressive feelings.** In 2021, nearly half of Kitsap 12th grade students (47%) reported, at some time in the past 12 months, feeling so sad or hopeless for at least two weeks in a row that they stopped doing usual activities. From 2012 to 2021, there has been a statistically significant increasing trend in the percentage of 12th graders reporting depressive feelings in Kitsap. Kitsap's percentage is similar to Washington state overall.

Decreases in 10th Grade Reported Bullying*



*In the Healthy Youth Survey, bullying is defined as when one or more students threaten, spread rumors about, hit, shove, or otherwise hurt another student over and over again and includes electronic forms of bullying, known as cyberbullying. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly way. The survey then asks, "In the last 30 days, how often have you been bullied?"

•**Decreases in Kitsap youth reporting bullying.** In 2021, 16% of 10th graders reported they had been bullied at least once in the past 30 days. From 2012 to 2021, there has been a statistically significant decreasing trend in the percentage of 10th graders reporting they had been bullied.

Primary barriers to getting needed mental health counseling:

- Appointment wait times
- Cost
- Not knowing how to find a counselor

•**Community members reported multiple barriers to needed mental healthcare.** Among 2022 KCR Community Survey participants (18 years or older), appointment wait times were reported as the primary barrier to getting needed mental health counseling (44%, 361 participants), followed by cost (23%, 186 participants), and not knowing how to find a counselor (19%, 160 participants).

Sex/Gender Differences for Youth

- **Higher percentages of youth who identify as Transgender, Questioning, or Something Else Fits Better reported:**
  - Bullying (30%)
  - NOT having an adult to turn to (20%)
  - Depressive feelings (71%)
  - Suicide ideation (51%)
  - Suicide attempts (20%)
- **Higher percentages of female youth reported:**
  - Bullying (17%)
  - Depressive feelings (50%)
  - Suicide ideation (24%)
  - Suicide attempts (9%)
- **Higher percentages of male youth reported:**
  - NOT having an adult to turn to (17%)

Notes: "Youth" data below represent the combined responses of 10th and 12th grade public school students who participated in the 2021 Healthy Youth Survey (HYS). Adult estimates of depression are not directly comparable to youth estimates due to different questions being asked and different survey methods being used.

Sex/Gender

•In the HYS, youth are presented with a list of terms that people may use to describe their gender identity (Boy/Man, Girl/Woman, Transgender boy/man, Transgender girl/woman, Questioning/not sure of my gender identity, Something else fits better, and I do not know what this question is asking). They are asked to select which applies to them. Youth who selected transgender, questioning, or something else fits better reported more frequently being bullied than youth who selected male, 30% compared to 9%.
•Youth who identified as transgender, questioning, or something else fits better reported **not** having an adult they could turn to when they felt sad or hopeless more frequently than female youth, 20% compared to 9%.
•More than seven in ten (71%) youth who identified as transgender, questioning, or something else fits better reported feeling so sad or hopeless for at least two weeks in a row in the past 12 months that they stopped doing usual activities, compared to 30% of male youth.
•More than one in two (51%) youth who identified as transgender, questioning, or something else fits better reported they had seriously contemplated suicide, compared to 13.5% of male youth.
•One in five (20%) students who identified as transgender, questioning, or something else fits better reported they had attempted suicide, compared to 5% of male youth.
•Female youth reported more frequently being bullied than male youth, 17% compared to 9%.
•One in two (50%) female youth reported feeling so sad or hopeless for at least two weeks in a row in the past 12 months that they stopped doing usual activities, compared to 30% of male youth.
•Nearly one in four (24%) female youth reported they had seriously contemplated suicide, compared to

13.5% of male youth.
•Nearly one in ten (9%) female youth reported they had attempted suicide, compared to 5% of male youth.
•Male youth reported **not** having an adult they could turn to when they felt sad or hopeless more frequently than female youth, 17% compared to 9%.

Sex/Gender Differences for Adults

- **Higher percentages of female adults reported:**
  - Diagnosed depression (33%)
- **Higher percentages of male adults:**
  - Committed suicide (26 per 100,000)

Sex/Gender

•A higher estimated percentage of adults (18+) who identified as female reported having ever received a depression diagnosis (33%), compared to male adults (18%).
•In 2021, death certificate data indicated the suicide rate among male Kitsap residents (26 per 100,000) was higher than among female Kitsap residents (9 per 100,000).

Sexual Orientation

•Youth who identified as lesbian, gay, bisexual, or other reported more frequently being bullied than heterosexual youth, 24% compared to 11%.
•Youth who identified as lesbian, gay, bisexual, or other reported **not** having an adult they could turn to when they felt sad or hopeless more frequently than heterosexual youth, 21% compared to 10%.
•About two-thirds (64%) of youth who identified as lesbian, gay, bisexual, or other reported feeling sad or hopeless for at least two weeks in the past 12 months, compared to 33% of youth who identified as heterosexual.
•Two in five (40%) youth who identified as lesbian, gay, bisexual, or other seriously considered attempting suicide, far more than youth who identified as heterosexual (6%).
•One in six (17%) students who identified as lesbian, gay, bisexual, or other reported they had attempted suicide, far more than students who identified as heterosexual (5%).
•From 2011 to 2021, more than one in three (34%) adults (18+) who identified as lesbian, gay, bisexual, or other reported they had 14 or more days of “not good” mental health, far more than adults who identified as heterosexual (11%).

Race/ethnicity

•Among youth who selected more than one race (multiracial), 21% reported **not** having an adult they could

turn to when they felt sad or hopeless, the highest percentage of any race/ethnicity.
•**Note:** No statistically significant differences were observed by race/ethnicity across the other indicators in this chapter where race/ethnicity data were available.

Income
•From 2011 to 2021, adults (18 years or older) with the two lowest reported incomes (less than $25,000 and $25,000 to less than $50,000) reported having received a depression diagnosis more frequently than any other income group (46% and 28%, respectively).
•From 2011 to 2021, adults (18 years or older) with the two lowest reported incomes (less than $25,000 and $25,000 to less than $50,000) reported 14 or more days of "not good" mental health more frequently than any other income group (24% and 14%, respectively).

Age
•From 2011 to 2021, adults (18 years or older) in the younger age groups (18-44 years old) reported 14 or more days of "not good" mental health more frequently than older age groups (45 years or older).
•In the 2022 KCR ~~Community S~~ survey, those 18-35 reported higher percentages of participants needing mental healthcare, but not being able to get it (52%, 243 participants), than those 65 and older (16%, 93 participants).

Sexual Orientation Differences for Youth

- **Higher percentages of youth who identify as Lesbian, Gay, Bisexual, or Other reported:**
  - Bullying (24%)
  - NOT having an adult to turn to (21%)
  - Depressive feelings (64%)
  - Suicide ideation (40%)
  - Suicide attempts (17%)

Sexual Orientation Differences for Adults

- **Higher percentages of adults who identify as LGBTQ+ reported:**
  - 14 or more days in past 30 days of "not good" mental health (34%)

Sexual Orientation

•Youth who identified as lesbian, gay, bisexual, or other reported more frequently being bullied than heterosexual youth, 24% compared to 11%.

•Youth who identified as lesbian, gay, bisexual, or other reported **not** having an adult they could turn to when they felt sad or hopeless more frequently than heterosexual youth, 21% compared to 10%.

•About two-thirds (64%) of youth who identified as lesbian, gay, bisexual, or other reported feeling so sad or hopeless for at least two weeks in a row in the past 12 months that they stopped doing usual activities, compared to 33% of youth who identified as heterosexual.

•Two in five (40%) youth who identified as lesbian, gay, bisexual, or other seriously considered attempting suicide, far more than youth who identified as heterosexual (6%).

•One in six (17%) students who identified as lesbian, gay, bisexual, or other reported they had attempted suicide, far more than students who identified as heterosexual (5%).

•From 2011 to 2021, more than one in three (34%) adults (18+) who identified as lesbian, gay, bisexual, or other reported they had 14 or more days of "not good" mental health in the past 30 days, far more than adults who identified as heterosexual (11%).

Race/Ethnicity Differences for Youth

- **Higher percentages of youth who identified as multiracial reported:**
  - NOT having an adult to turn to (21%)

- **Note:** Due to small numbers considerations, many indicators have limited data for race/ethnicity groups therefore we are unable to assess statistically significant differences. This is an area to improve methods and gather community experiences.

Race/ethnicity

•Among youth who selected more than one race (multiracial), 21% reported **not** having an adult they could turn to when they felt sad or hopeless, the highest percentage of any race/ethnicity.

•Note: Due to small numbers considerations, many indicators have limited data for race/ethnicity groups therefore we are unable to assess statistically significant differences. This is an area to improve methods and gather community experiences.

Differences by Household Income Level for Adults

- **Higher percentages of adults with the lowest income levels reported diagnosed depression**
  - Less than $25,000 (46%)
  - $25,000 - <$50,000 (28%)
- **Higher percentages of adults with the lowest income levels reported 14 or more days in past 30 days of "not good" mental health**
  - Less than $25,000 (24%)
  - $25,000 - <$50,000 (14%)

Income

•From 2011 to 2021, adults (18 years or older) with the two lowest reported incomes (less than $25,000 and $25,000 to less than $50,000) reported having received a depression diagnosis more frequently than any other income group (46% and 28%, respectively).

•From 2011 to 2021, adults (18 years or older) with the two lowest reported incomes (less than $25,000 and $25,000 to less than $50,000) reported 14 or more days in the past 30 days of "not good" mental health more frequently than any other income group (24% and 14%, respectively).

Differences by Age for Adults

- **Higher percentages of adults in the younger age groups (18-44 years old) reported 14 or more days in past 30 days of "not good" mental health**
- **Higher percentages of younger survey respondents (younger than 35 years old) reported needing mental healthcare, but not being able to get it (52%)**
  - Compared to adults 65 and older (16%)

Age

•From 2011 to 2021, adults (18 years or older) in the younger age groups (18-44 years old) reported 14 or more days in the past 30 days of "not good" mental health more frequently than older age groups (45 years or older).

•In the 2022 KCR survey, those younger than 35 reported higher percentages of participants needing mental healthcare, but not being able to get it (52%, 243 participants), than those 65 and older (16%, 93 participants).

Break

Please be back in 10 minutes.

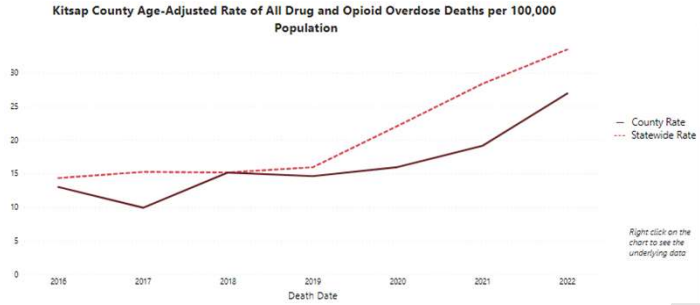
Health behaviors are health-related practices that can impact – for good or bad – the health of individuals or community members. They also can be behaviors that lower or raise the risk of developing certain conditions or outcomes. Health behaviors are impacted by the physical environment and are often determined by the choices available in the places where people live, learn, work and play, such as food security and housing. Not everyone has the money, access and privilege needed to make healthy choices. Shifting the lens from individual responsibility to the responsibility of societal organization and the many institutions, structures, inequalities, and ideologies that influence and often determine health behavior in individuals has proved to be a valuable framework for the promotion of beneficial health behaviors and the prevention of adverse outcomes from health behaviors.

There are many behaviors which could be classified as health behaviors, including healthy eating, physical activity, vaccination and screening, healthcare seeking behaviors, and many others. Many of these behaviors are already included with other sections, so this section includes substance use and violence.

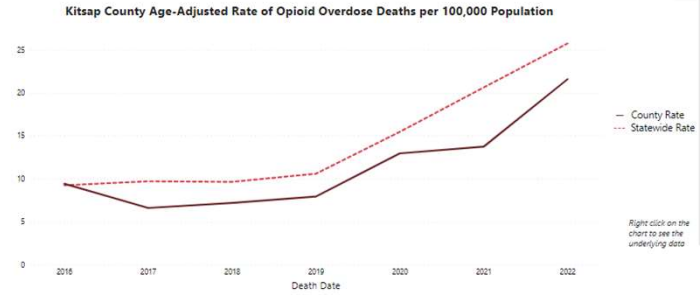
Trends for violence and substance use worsened through the COVID-19 pandemic. According to the Centers for Disease Control and Prevention, by June 2020 13% or more than 1 in ten Americans reported increasing or starting substance use as a way of coping with stress related to the pandemic. During the first few months of 2020, there was an 18% increase nationwide in opiate overdoses compared to the same months in 2019, and this trend continued through 2020 with more than 40 states reporting increases in opioid-related mortality, including Washington.

Similarly, violent crime was up about 4.6% in the US in 2020 and then fell by about 1.7% in 2021, mostly due to decreases in property crime. Despite the overall decrease in 2021 in violent crime, both the homicide rate and firearm death rate, including both suicide and homicide due to firearms, rose in both 2020 and 2021.

Increasing death rate due to drug overdose (includes opioids)



Increasing death rate due to Opioid overdose (alone)



•Drugs

For both charts, Kitsap is in solid red, while Washington state is a dotted line. The top chart is the overdose deaths due to all drugs, while the bottom chart is opioid deaths alone. In 2022, there were 73 drug overdose deaths in Kitsap County, *an age-adjusted rate of about 27 deaths for every 100,000 residents*. This number has been increasing every year since 2019, *and the increasing trend from 2019 to 2022 is statistically significant*. Kitsap's rate in 2022 is similar to the state's rate overall.

Unlike deaths, non-fatal hospitalizations for drug overdose (not shown) have had no statistically significant trend since at least 2000. In preliminary data for 2022, there were approximately 149 hospitalizations for drug overdose in Kitsap, an age-adjusted rate of 53 hospitalizations for every 100,000 residents. Kitsap's rate is similar to the state's rate.

•Opioids

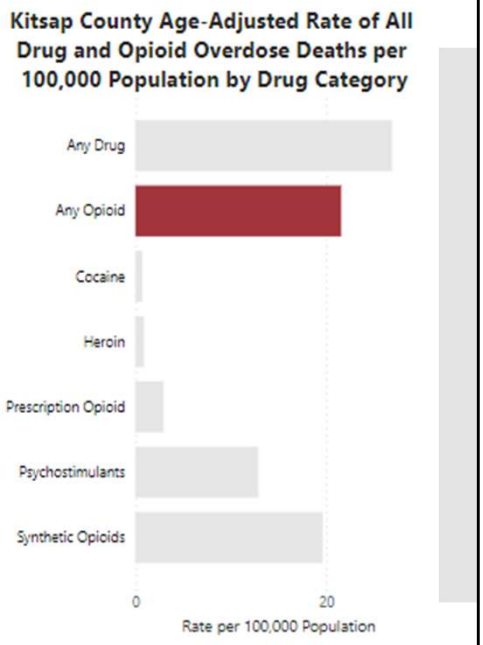
The second chart shows overdose deaths due to opioids alone, a class of drugs that include heroin, synthetic opioids like fentanyl and pain relievers available by prescription, such as oxycodone. Again Kitsap is solid red and Washington state is a dotted line. In preliminary data from 2022, there were 57 deaths where an opioid was a contributing cause of death, a rate of 22 deaths due to opioids for every 100,000 residents. Kitsap's rate has been increasing from 2018 to 2022 and the trend is statistically significant. Kitsap's rate in 2022 was similar to Washington.

Non-fatal opioid hospitalizations have remained unchanged from 2005 to 2022 in Kitsap. *There were about 15 hospitalizations where any opioid was a contributing cause per 100,000 Kitsap residents in 2022. This rate was similar to the state's rate.* During the same time, our emergency department visits have not been increasing.

•Fentanyl has been increasingly reported as the opioid causing visits to the emergency department in 2021 and 2022, replacing heroin.

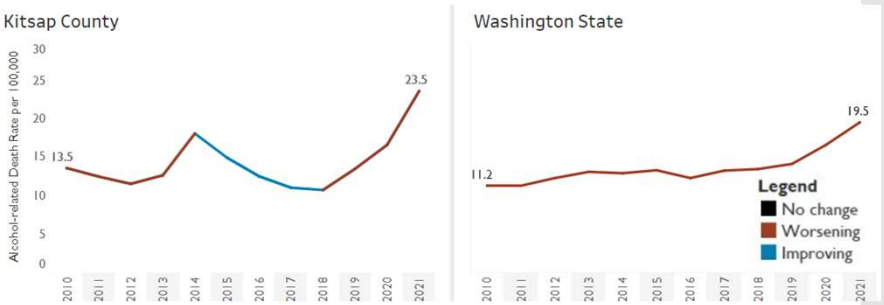
Opioids accounted for more than three in four of our drug-related deaths in 2022.

(Source: Washington State Department of Health Opioid and Drug Overdose Data Dashboards, as of 9/12/23, https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/opioids/overdose-dashboard)



•**Opioids**
•More than three in four drug-related deaths (78%) in Kitsap in 2022 were due to opioids.

Increasing alcohol-related death rate



•**Alcohol**

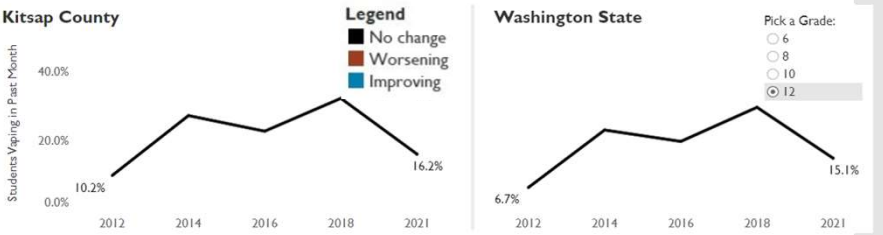
•The alcohol-related death rate has been increasing in Kitsap from 2018 to 2021, and the trend is statistically significant. In 2021, there were 24 deaths related to alcohol use for every 100,000 residents in Kitsap. This rate was similar to the state's rate. Very little investigation has been done into the effects of the COVID-19 pandemic or other contributing factors to this increasing death rate in Kitsap County.

•In KCR's 2022 community survey, alcohol was the most widely used substance in an average week by respondents, with one third reporting weekly use (33%).

•However, youth drinking may be decreasing.

•In the Healthy Youth Survey, public school students are asked about how many days in the past 30 days they drank alcohol and any response other than "0 days" is included as having drank alcohol in the past 30 days. In Kitsap, the percentage of 12th grade students indicating drinking alcohol in the past 30 days had a decreasing trend from 2012 to 2021. This trend was statistically significant. Binge drinking among 10th and 12th graders also has a decreasing trend from 2012 to 2021.

No change in 12th graders reporting vaping
Higher percentages reporting vaping than smoking cigarettes



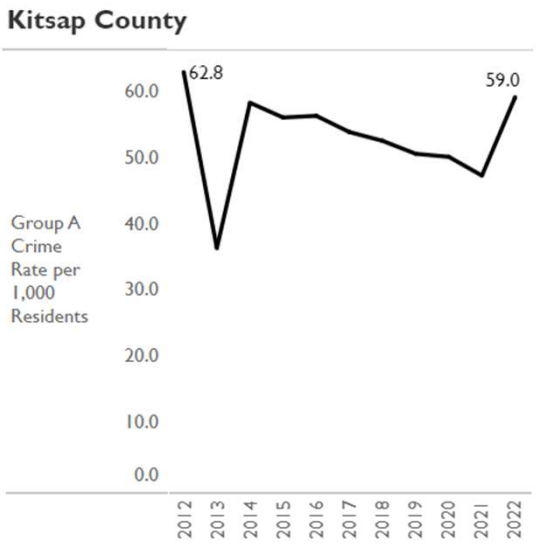
•E-cigarettes

•E-cigarettes, also known as electronic cigarettes, vaping, and vape products, are particularly dangerous to kids, teens, and young adults. A recent Health Impact Review by the Washington state Board of Health highlighted research findings that propylene glycol and glycerin, the most common solvents in vapor products, are toxic when aerosolized through the vaping process. Research has also shown flavor chemicals, specifically benzaldehyde (used in cherry-flavored products) and 2, 5-dimethyprazine (used in chocolate-flavored products) to be toxic both in e-liquid and aerosol forms. In addition to flavorings and other potential health risks, most e-cigarettes contain nicotine, the addictive drug commonly in cigarettes. Nicotine can harm the parts of the brain that control attention, learning, mood, and impulse control, and change the way the brain develops.

•There have been many changes to Washington law in the past 10 years to protect the health of youth and the general public. In 2016, laws went into effect restricting sale and distribution of vapor products to people under the age of 18, with requirements for child-resistant packaging and labeling of vapor products. Starting January 1, 2020, the minimum legal age to buy tobacco and vapor products in Washington was raised to 21 years of age.

•For public school students, there has been no statistically significant trend over time for any grade in the percentage of students reporting using electronic cigarettes, e-cigs, or vape pens in the past 30 days, however higher percentages report vaping compared to smoking cigarettes. In 2021, about 8% of 10th grade students and 16% of 12th grade students reported using electronic cigarettes in the past 30 days. (compared to 2% 10th graders and 5% 12th graders smoking).

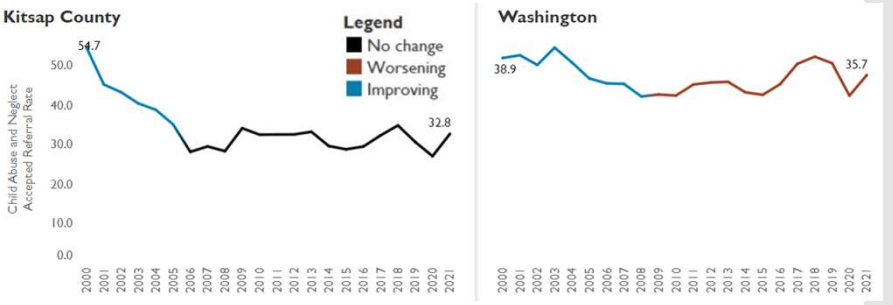
Increases in Group A crime <u>in 2022</u>



•Crime

•In data reported directly from the Washington Association of Sheriffs and Police Chiefs, there has been a decrease each year from 2016 to 2021 in Group A crime, which includes 49 offenses grouped in 23 crime categories, such as murder, robbery, prostitution, and arson. In 2022, however, the rate of Group A crimes increased from 47 per 1,000 residents to 59 per 1,000 residents. This increase in Group A crime between 2021 and 2022 was seen in every jurisdiction in Kitsap: by the Kitsap Sheriff's Office, the Bainbridge Island Police Department, the Bremerton Police Department, the Port Orchard Police Department and the Poulsbo Police Department. The Port Orchard Police Department had an increasing trend from 2019 to 2022 that was statistically significant, with increases every year.

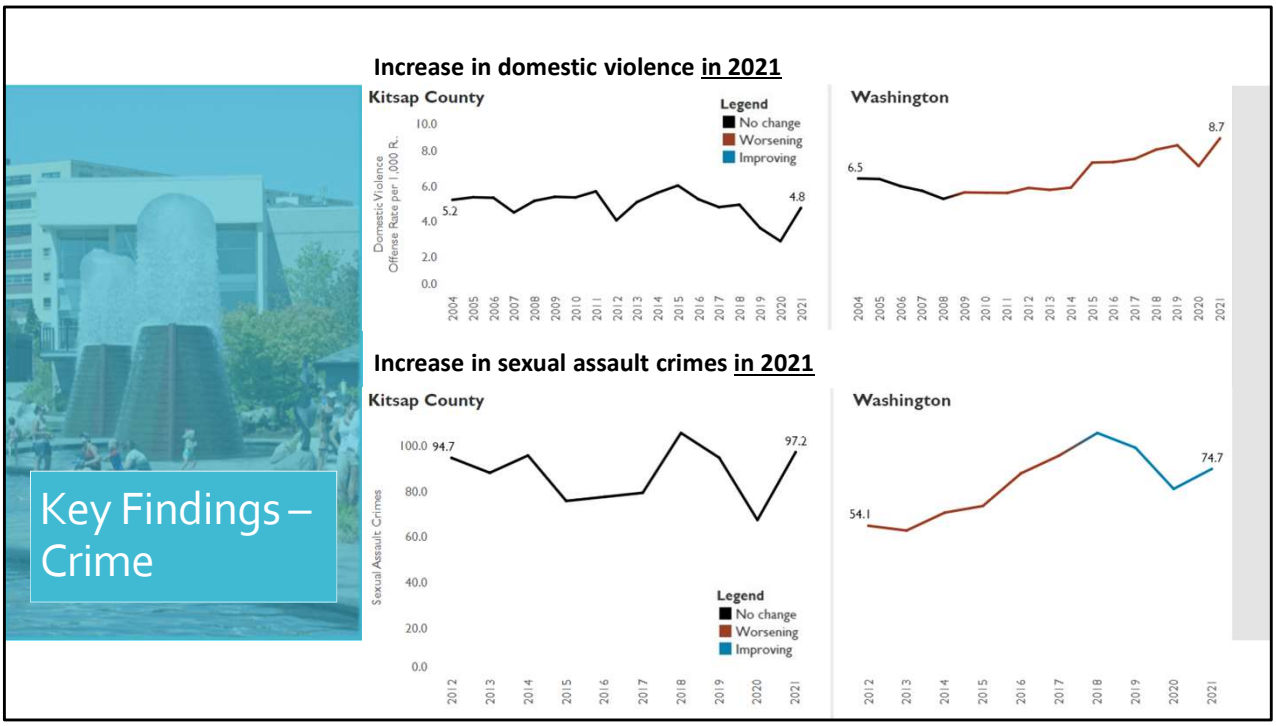
Increase in child abuse and neglect accepted referrals <u>in 2021</u>



•**Crime**

•Increases were seen in 2021 in domestic violence, child abuse and neglect referrals, sexual assault crimes, and homicides.

•In data from the Washington Department of Social and Health Services, child abuse and neglect referrals reflect the number of children age birth to 17 identified as victims of suspected child abuse in reports to CPS that were accepted for further action, for every 1,000 children age birth to 17. There was an increase in the child abuse and neglect referral rate between 2020 and 2021, however from 2006 to 2021 there was no statistically significant increasing or decreasing trend in Kitsap. In 2021, there were 33 referrals for child abuse and neglect for every 1,000 Kitsap residents, which was a lower rate than Washington state (36 per 1,000). The difference was statistically significant.

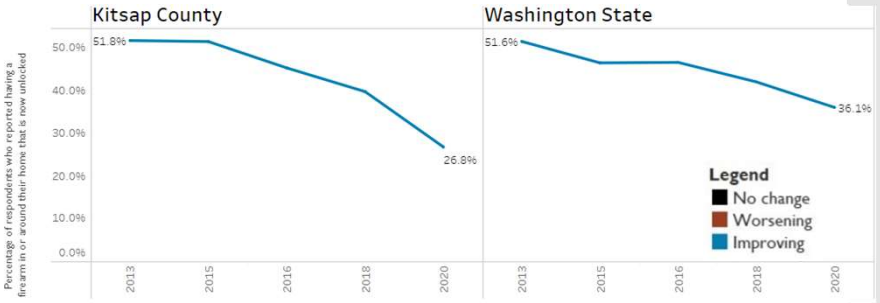


•Crime

•In data from Washington Department of Social and Health Services (chart on the top), domestic violence offenses are reported incidents based on any violence of one family member against another family member, where family can include spouses and former spouses, parents with children in common, adults living in the same household, and parents and children. Incidents are not arrests and are based on the victim, so that there is one report per victim. From 2004 to 2021, there has been no statistically significant increasing or decreasing trend in domestic violence reports, however there was a prolonged period of decreasing rates from 2015 to 2020 with only one year of increase in rate during that time. In 2021, we see a similar increase to child abuse.
•Kitsap's trend has not mirrored Washington, which has shown a statistically significant increasing trend from 2008 to 2021, and Kitsap's rate in 2021 (4.8 per 1,000) was lower than Washington (8.7 per 1,000). The difference was statistically significant.

•Based on analysis by the Washington state Office of Financial Management, in 2021, there were about 97 sexual assault crimes for every 100,000 Kitsap residents. Sexual assault crimes include all forcible sex crimes, such as forcible rape, forcible sodomy, sexual assault with an object and forcible fondling. They do not include commercial sex acts, human trafficking, prostitution, incest, or statutory rape. Similar to domestic violence and child abuse, there was a decrease in rate in 2020 in both Kitsap and Washington, followed by an increase in rate in 2021, however there was no statistically significant trend from 2012 to 2021. Unlike child abuse and domestic violence, which both have lower rates than the state, Kitsap's rate of sexual assault (97 per 100,000) was higher than Washington (75 per 100,000) in 2021, and the difference was statistically significant.

Decreases in firearms stored unlocked in Kitsap



•Firearms

•Four in ten adults in the US say they live in a household with a gun, and at the same time, almost half (48%) of US adults see gun violence as a very big problem in our country today, according to the Pew Research Center. Having firearms in the home are associated with an increased risk of firearm homicide and firearm suicide in the home. In Washington, legislation was passed in April 2023 meant to address gun violence, including laws banning certain semi-automatic weapons, imposing waiting periods and clearing the way for lawsuits against gun makers and sellers in certain cases. Washington is the 10th state to prohibit the sale of certain semi-automatic weapons.

•In Kitsap, approximately 42% of Kitsap residents had a gun in or around their home in 2020, according to the Behavioral Risk Factor Surveillance System (BRFSS). This percentage has not changed since at least 2013 and was higher than the state's percentage (32%) in 2020. Kitsap has seen decreases in firearms stored unlocked from 2013 (51.8%) to 2020 (26.8%).

•In 2021, there were 30 deaths that occurred in Kitsap from firearm-related causes. After adjusting for age, the rate in Kitsap was 9.7 for every 100,000 residents, similar to the state's rate overall (11.2 per 100,000). Kitsap's rate has had no increasing or decreasing trend in firearm-related deaths since at least 2010.

•From 2017 to 2019, there were approximately 20 hospitalizations due to firearm-related causes in Kitsap residents, which is a rate of 2.4 per 100,000 residents. Kitsap's rate is lower the state's rate (6.4 per 100,000) in 2017-19 and the difference is statistically significant.

Sex/Gender Differences

- **Males had higher rates than females of:**
  - Death rate due to alcohol (19 per 100,000)
  - Death rate due to firearms (including self-inflicted) (19 per 100,000)
- **Female youth reported higher percentages than male youth of:**
  - Drinking alcohol (14.2%)
  - Binge drinking alcohol (9.5%)
  - Vaping/e-cigarette use (14.2%)

Sexual Orientation Differences

- **Higher percentages of youth who identify as LGBTQ+ reported:**
  - Smoking cigarettes (6.3%)
  - Vaping/e-cigarette use (15.2%)
  - Marijuana use (16.5%)

•**Sex and gender**
•**Male and female** – Compared to females, males had a higher death rate due to alcohol from 2012 to 2021, and a higher death rate due to firearms (including self-inflicted) from 2017 to 2019. Among Kitsap youth, female 10th and 12th grade students reported higher percentages drinking alcohol, binge drinking, and vaping than males in 2021.
•**Sexual orientation and gender identity** – In 2021, higher percentages of 10th and 12th grade students reported smoking cigarettes and vaping among those who reported a sexual orientation of gay, lesbian, bisexual or something other than heterosexual and among those who identified with a gender other than male or female. In 2021, higher percentages of 10th and 12th grade students reported using marijuana among those who reported a sexual orientation of gay, lesbian, bisexual or something other than heterosexual.

Differences by Geographic Region

Indicator	Geographic Region with Highest %	Geographic Region with Lowest %
Youth Drinking Alcohol	Bainbridge, North Kitsap	Bremerton
Youth Binge Drinking Alcohol	Bainbridge	South Kitsap
Youth Using Marijuana	Bainbridge, North Kitsap	Bremerton, South Kitsap
Youth Current Smoking	Bremerton, South Kitsap	Bainbridge, North Kitsap
Child Abuse and Neglect	Bremerton	Bainbridge

Differences by Educational Attainment

- Adults currently smoking - percentages decreased with increasing level of educational attainment.

•Geography

•Bainbridge and North Kitsap 10th and 12th grade students reported higher percentages drinking alcohol and using marijuana in 2021, while Bremerton students reported the lowest alcohol use and Bremerton and South Kitsap students reported the lowest marijuana use. Bainbridge Island students also reported the highest percentages binge drinking, while South Kitsap reported the lowest percentage.

•Bremerton and South Kitsap adults reported the highest percentages currently smoking from 2011 to 2021, while Bainbridge Island and North Kitsap reported the lowest percentages.

•Bremerton had the highest rate of accepted referrals for child abuse and neglect, while Bainbridge had the lowest rate in 2021.

•Educational Attainment

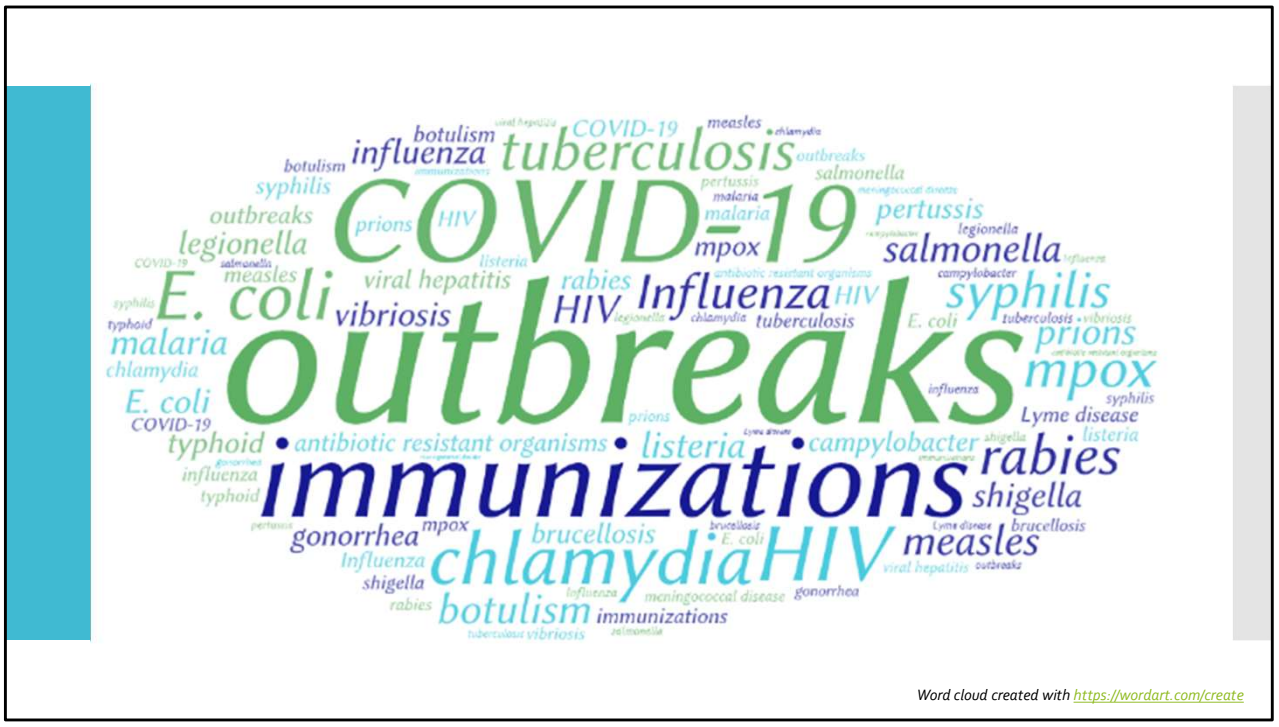
•From 2011 to 2021, decreasing percentages of adults reported currently smoking as level of educational attainment increased.

Feedback

On your sticky notes, please write your answers to the following questions (use 1 sticky note per question):

- From the data you have just seen and your experiences, what should be our community's top health priorities related to **mental health, wellbeing, and health behaviors?**
- What questions do you have about these topics?

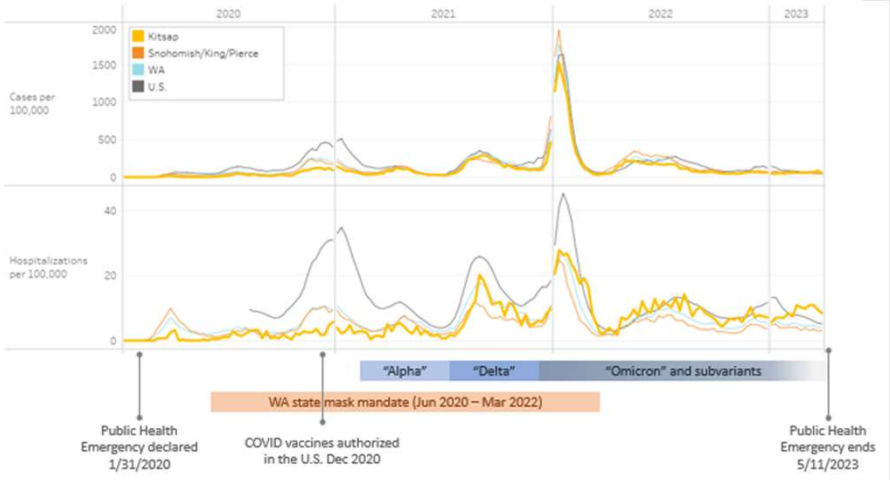
Communicable Diseases



Communicable diseases – or infectious diseases – are diseases caused by organisms such as bacteria, viruses, parasites, or fungi. They can be transmitted from person to person, or from animals, insects, contaminated food or water, or organisms naturally occurring in the environment. Washington Administrative Code (WAC) Chapter 246-101 requires the reporting of over 70 communicable diseases of public health importance.

Preventing and controlling the spread of disease underlies almost all of public health work. Understanding what communicable diseases look like in our community, and understanding how they overlap with other fields (policies, environment, socio-economic factors, etc.) is key to helping keep our community healthy and safe.

Weekly COVID-19 case and hospitalization rates, Jan 2020 – Apr 2023. *Source: Public Health surveillance data.*

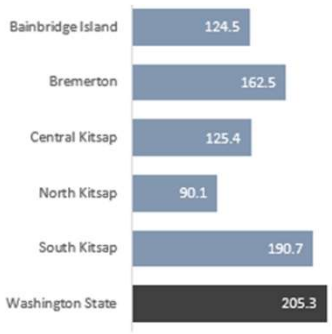


One of the important functions of public health is the ability to respond to new issues that can impact the health of a community. In relation to communicable disease, this entails (first) responding when a new disease or a new outbreak of a disease enters the community, and (second) developing and maintaining frameworks to mitigate risk and ensure timely and effective public health response.

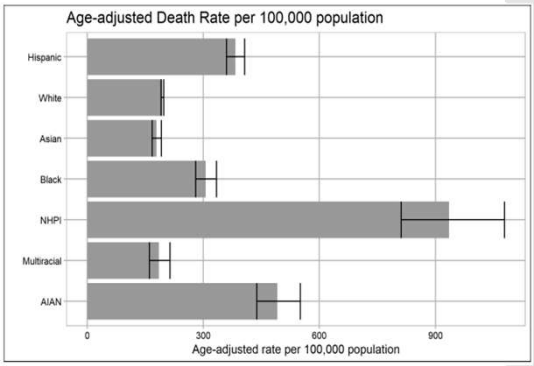
It probably goes without saying that the 2019 Novel Coronavirus (2019-nCoV, COVID-19) global pandemic has been by far the most immense and far-reaching public health event in recent memory, completely transforming everyday life, and continuing to trigger repercussions years in the future. This graph shows you a timeline from 2020 to 2022 and into 2023, with COVID cases on the top and hospitalizations on the bottom graph. Kitsap is in bright yellow, while the grey line is the U.S. average. Since 2020 in Kitsap County, we've had more than 54,000 cases, about 3,000 hospitalizations, more than 400 deaths and over 560 outbreaks. Schools, businesses, and many public and social services were suspended, and travel and normal social interaction were largely discouraged. Health care across the board was overwhelmed, resulting in delay of care, discouragement of healthcare seeking, and challenges to long-term care and assisted living facilities. Almost everyone in Kitsap County was impacted in some way, many in ways that were life-changing.

Existing disparities are exacerbated during an epidemic.

Kitsap



Washington state



Age-adjusted cumulative COVID-19 death rate, March 2020 – June 2023. *Source: surveillance data.*

Existing disparities are exacerbated during an epidemic. By nature, large outbreaks and their response tend to exacerbate the disparities and inequalities already present in our community and our response systems. This includes the different factors which put people at higher level of risk for exposure, for becoming infected, for becoming seriously ill, for accessing prevention, testing, and treatment, and for being able to easily follow public health guidelines.

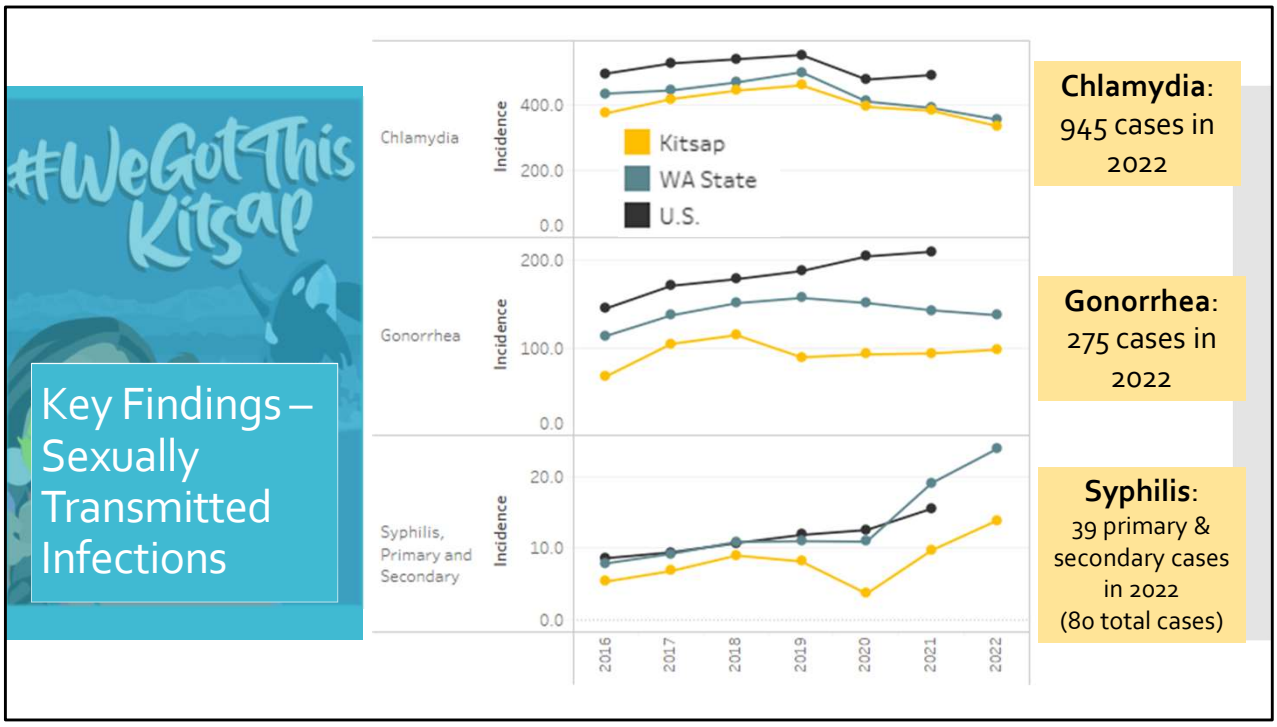
This slide shows differences in age-adjusted deaths rates across Kitsap regions (on the left), and across race and ethnicity in Washington state (right).

- **Information has become a much more critical consideration in public health response.**

	Already vaccinated	Vaccine-hesitant	Not planning on vaccinating
Health organizations (CDC, WHO, etc.)			
My doctor(s)			
Friends and relatives			
WA DOH and KPHD			
Schools or school staff			
Community service providers (library, food bank)			
Facebook, Twitter, Instagram			✕
Other social media			✕
Organizations I belong to			
Network TV stations or news articles			✕

There are two interconnected public health issues stemming from this topic: (1) the rapid dissemination and amplification of misinformation, and (2) understanding the dynamics of how different segments of our community received public health information.

During the second year of the COVID-19 pandemic, KPHD conducted the Kitsap County Community Health and Wellbeing Survey, which was an online survey with community members to help us better understand the pandemic's impact on health and wellbeing. One of the questions asked respondents to rate how reliable they found different information sources, on a scale from 1 (very/almost always unreliable) to 4 (very/almost always reliable). We also asked about respondents feelings toward the COVID-19 vaccine. When grouped by respondents' feeling towards the COVID-19 vaccine, as you can see in this table, there was some notable variation in how much trust community members placed on different information sources. Blue is best or most reliable, followed by green, yellow which is pretty neutral with half of respondents saying the source was reliable. Orange and red indicate higher percentages saying the source was unreliable. As you can see here by all the blue, the majority of respondents who had already been vaccinated said health organizations such as the CDC, DOH, and KPHD were reliable (93 to 94%). However, among respondents who were NOT planning on getting vaccinated, less than 50% believed these organizations to be reliable. Importantly, regardless of vaccine preferences, most respondents deemed their doctors to be reliable sources of information, underlining the importance of maintaining a strong bond between public health and community health care providers.



This is a chart that highlights each of our most prevalent STIs. Kitsap's rate is indicated by the yellow line, Washington is in teal/blue and the national rate is in black.

Sexually transmitted infections (STIs) and Human immunodeficiency virus (HIV) represent a core area of public health communicable disease work, accounting for over three-quarters of disease reports received by KPHD (excluding COVID-19). STIs – sometimes referred to as STDs (sexually transmitted diseases) – are infections that are spread primarily through person-to-person sexual contact. They are often asymptomatic, facilitating onward transmission without the infected person being aware. Some STIs can also be passed from mother to child during pregnancy and childbirth. STIs can have serious complications and consequences, and can result in infertility, increased risk of cancer, and adverse birth outcomes. Addressing STIs in the community is often challenged by stigma, insufficient access to sexual health resources, and the additional need of identifying and treating sexual partners of cases.

Chlamydia . Chlamydia is the most commonly reported STI in Kitsap County, with 945 cases reported in 2022. Around 60% of cases were female, and an estimated 50% of cases were asymptomatic and tested as part of a routine screening. Almost 80% of cases were under age 30, and around 20% were under age 20. Chlamydia rates in Kitsap County had been rising steadily prior to COVID-19, but in 2020, they dropped by 22%, and have been steadily declining since then. Kitsap County's chlamydia rates are similar to the overall state rate (356 per 100,000 in 2022), but significantly lower than the national rate (490 per 100,000 population in 2021).

Gonorrhea. The DHHS national strategic plan's ten-year target for gonorrhea is 200 cases per 100,000 population; both Kitsap County and the state of Washington have been meeting this target by a considerable margin. Kitsap has consistently reported rates far below the U.S. national average and the Washington state average. In 2022, Kitsap reported a total of 275 gonorrhea cases, or 98 cases per 100,000 population; although the rate has fluctuated a bit over the past seven years, there has been no statistically significant change. In contrast to chlamydia, 60% of reported cases were male, and 40% female. Gonorrhea cases tend to be slightly older than chlamydia cases – around half are aged 30 or older.

Syphilis. The DHHS national strategic plan's ten-year target for syphilis is 12.2 primary and secondary cases per 100,000 population. Syphilis cases which are diagnosed at the "primary" or "secondary" stage generally correspond to recent infection, which is why some public health metrics focus on these specifically (rather than all syphilis cases).

Although both Kitsap County and Washington state had been comfortably below this target prior to the COVID-19 pandemic, dramatic upsurges in the past couple of years have pushed local transmission above the target threshold. In 2022, Kitsap reported 80 total syphilis cases, including 39 which were staged as primary or secondary. Although the majority of cases in Kitsap County are still reported among gay and bisexual men, Washington state has observed a change in this epidemiology, with an increasing share of cases being reported in heterosexual people, including women. Syphilis infection in women is a particular concern because of the risk for congenital transmission during pregnancy or birth. Infection in a pregnant person can result in miscarriage, stillbirth, and adverse birth outcomes in the infant, such as bone deformities or brain and nerve problems, including blindness and deafness. Although Kitsap County has not yet had a case of syphilis in a newborn, Washington state has seen an alarming rise in the past 5 years, rising from 10 in 2020 to 53 in 2021.

For HIV, there are between 4 and 10 new infections reported in Kitsap County each year, and around 345 Kitsap County residents are estimated to be living with HIV.

- **Local sexual health services do not meet community needs.**
  - About 1 in 4 Kitsap STI cases are diagnosed and treated outside Kitsap
  - STI testing at home (outside health care system) is becoming more popular
- **Emerging "whole health", "syndemic" approach to address risk for STIs, HIV, Hepatitis, mental health, substance use disorder, etc.**

Local sexual health services do not meet community needs. In July 2023, the Kitsap County Board of Health declared healthcare costs and inadequate access to services a public health crisis. There are few more compelling examples of this than in sexual health services and the availability and accessibility of STI testing and treatment. Compared to surrounding counties, Kitsap County has very few available sexual health services, relying instead on primary care; while in theory this may be a beneficial community health strategy, it also presents a barrier to care for people who do not have a primary care provider (PCP), or whose insurance requires an unaffordable co-pay.

The large worry is that people who are not seeking care may be continuing to pass on the infection to their partners. In addition, syphilis and HIV symptoms may seem to go away naturally, leading the patient to think they've cleared the infection, when in reality they remain infected and can progress to a more severe form of the disease. Prompt detection and treatment is critical to reducing STIs in the community.

Among those who *do* seek care, a large number are doing so outside of Kitsap. In 2022, over 18% of chlamydia (almost 1 in 5), and around a third of our gonorrhea (31%) and syphilis cases (30%) were tested outside of Kitsap County; in fact, 12 cases were tested and treated by other jurisdictions' health

departments. Additionally, around one in seven STIs in Kitsap County were diagnosed at an emergency department; this adds additional challenges to clinical management, since the diagnosing provider is likely not familiar with the case's medical history and because it is often difficult to contact the patient after the patient leaves the facility.

DTC STI testing. Direct-to-Consumer (DTC) STI testing (also referred to as "online testing", "home testing", and "self testing") is a relatively new option for community members to get tested for various STIs, including chlamydia, gonorrhea, syphilis and HIV. Private companies such as Everlywell, STDCheck.com, and QuestDirect allow consumers to order test kits online, self-collect specimens at home, return specimens by mail or at a collection point, and receive results electronically or by mail. While, on the one hand, this offers a more accessible testing pathway for many people, it also presents some new challenges from a public health perspective.[v] First, testing is not connected to an actual clinician, so there is no clinical evaluation of the patient and no direct connection to treatment. This is especially important for infections like HIV and syphilis, where confirmatory testing is necessary, and treatment should be started as soon as possible. There is also no opportunity to identify and treat sexual partners, and relies on the patient notifying their partners and encouraging them to get tested. Second, this type of testing is not FDA-approved for diagnosis, as specimens are not collected under the supervision of a clinician, nor is there any assurance that appropriate tests are being performed. Third, the majority of DTC STI testing labs are based outside of Washington, and several do not consistently report results mandated by WAC 246-101. Fourth, DTC STI testing presents a few concerns for equity, including out-of-pocket costs, challenges for people without a stable address or who live with controlling partners or parents, and the reliance on a higher level of health literacy from the patient. With the current shortfall of sexual health services in Kitsap County, DTC STI testing serves as both a low-barrier testing option as well as a gap filler for traditional STI clinical visits.

Whole health. National, state and local public health agencies have been increasingly encouraging a less "siloed" approach to addressing STIs, noting that in many STI cases, the infection itself is often inextricably linked with numerous other needs that also need to be tackled. The DHHS Sexually Transmitted Infections National Strategic Plan includes three separate objectives aimed at better integrating STIs into a "whole health" strategy, creating a model which holistically addresses patients' needs, including STIS and HIV, family planning, viral hepatitis, substance use disorders, and mental health, and better integrates points of care, including primary health care, emergency departments, correctional facilities, and school-based centers. A similar "whole health" model has been used for years in many HIV case management programs. It should be noted that while a large number of STI cases do face a complex set of needs, this likely represents a minority of total STI cases (albeit the most vulnerable group), and care should be taken to avoid conflating STIs with substance abuse and other behaviors or traits which may alienate or stigmatize people that public health are trying to reach.

Key Findings – Immunizations and Vaccine-preventable Diseases

Disease	Total cases in Kitsap County, 2018-2022 (5yr)	Last case in Kitsap County
Measles	0	2011
Mumps	10	2020
Tetanus	0	None in past 20 years
Pertussis	27	2020
Hepatitis A	12	2023
Hepatitis B	0 perinatal cases 2 acute cases	None in past 20 years (perinatal) 2021 (acute)
Polio	0	None in past 20 years

We have small numbers of cases of each of these vaccine-preventable diseases, with the exception of tetanus and polio, which haven't been diagnosed in a Kitsap County resident in more than 20 years. The last case of measles was in 2011. Mumps and pertussis were last diagnosed in 2020, when we had small outbreaks. Acute hepatitis B was last diagnosed in 2021. Luckily we haven't had in perinatal cases of hepatitis B in more than 20 years, but cases of hepatitis A have been diagnosed this year in Kitsap residents.

Vaccination

- Politicization and misinformation has impacted uptake of existing routine vaccines.

Tuberculosis (TB)

- Several complex TB cases in Kitsap in recent years
- Many global TB programs were halted or reduced during COVID-19; result in more cases locally?

Hepatitis C

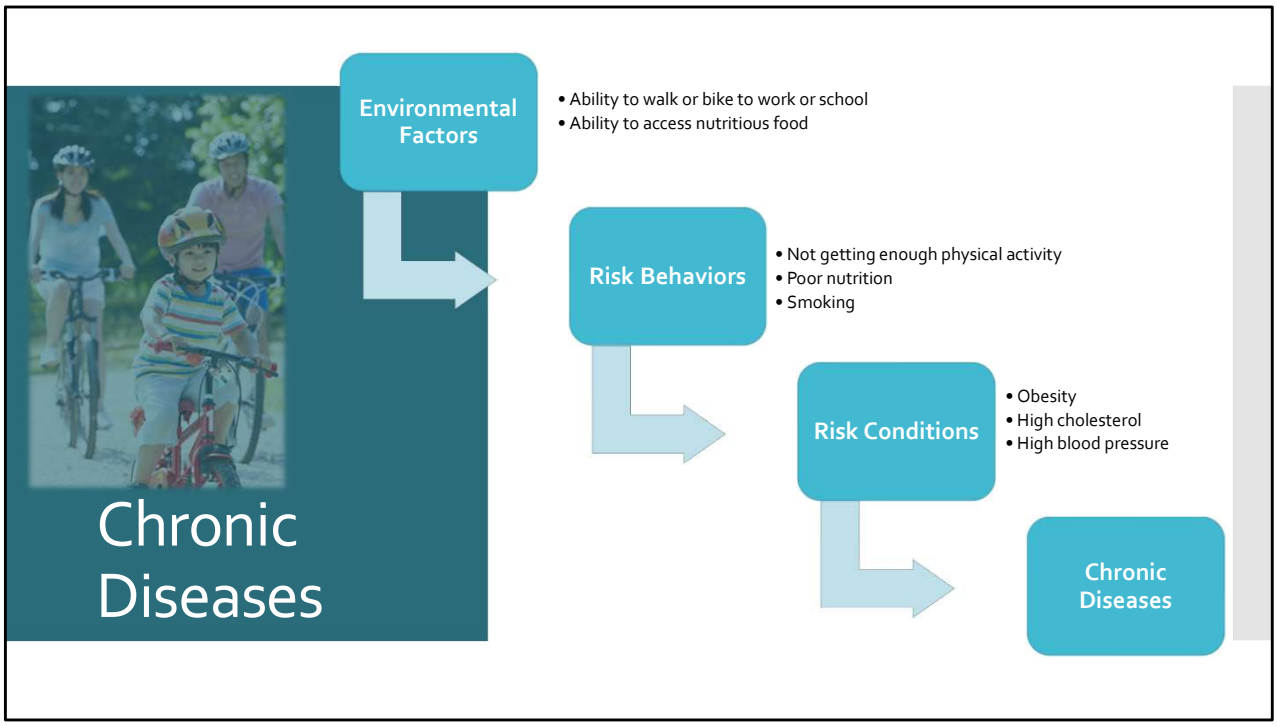
- Only about 1 in 3 people newly diagnosed with hepatitis C are treated for it.

We need more provider awareness around tuberculosis. The educational tagline for CDC's TB outreach campaign to providers is "Think TB." Tuberculosis can present in a number of seemingly unconnected symptoms and syndromes, involving different systems of the body, and can easily be missed by a provider who is not "thinking TB". Multiple TB cases in the past five years have exposed some worrying local gaps in TB identification and in notification to Public Health. In particular, two TB-related deaths reported in 2019 involved patients presenting to multiple health care facilities with severe

coughing and unexplained weight loss; both had spent >20 years in countries with high TB burdens. In both cases, multiple points were identified across several facilities where opportunities were missed. And we may have more need to identify TB in the future as some global TB programs were halted or reduced during the pandemic, which will likely result in more disease transmission in endemic areas.

Only a fraction of people eligible for hepatitis C treatment are receiving it. Almost all people infected with hepatitis C can be essentially cured with medication[ii], but only a small fraction of those infected are even offered treatment. CDC estimates that fewer than one in three newly diagnosed cases are thought to have started treatment.[i] The Viral Hepatitis National Strategic Plan for the United States aims to increase the proportion of people who have cleared hepatitis C infection to ≥80% by 2030. **Hepatitis C is also consistently and disproportionately underfunded compared to other public health work – and this is on a national level**. Chronic hepatitis C is often compared to HIV because it is a long-term infection which tends to

disproportionately impact people in marginalized segments of the population. Hepatitis C was listed as an underlying or contributing cause of death of around 14,200 people in the United States in 2019, compared to 5,500 HIV deaths in 2017 (most recent report).[1] However, in terms of funding, there is no comparison: the Washington State Department of Health reports a four to ten times lower annual budget for their hepatitis C program compared to their HIV program.



Many environmental factors, such as the ability to walk or bike to work or school, and access to nutritious food,
Can contribute to risk behaviors, such as not getting enough physical activity, poor nutrition, and smoking,
Which can lead to risk conditions, such as obesity, high cholesterol, and high blood pressure,
That can result in chronic diseases, such as heart disease, stroke and diabetes.

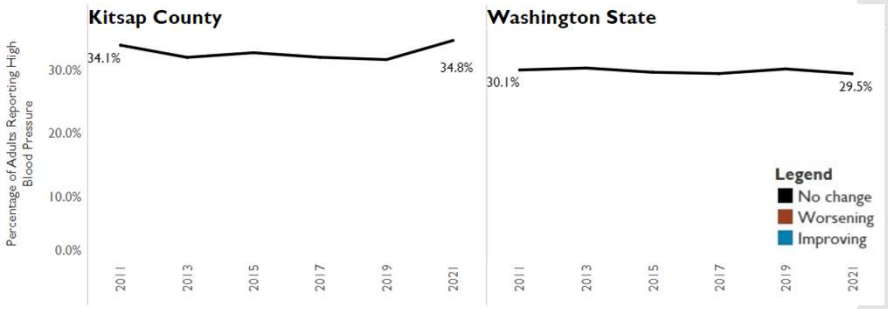
Like the rest of the United States, chronic diseases, like heart disease, stroke, cancer, and diabetes, impact Kitsap residents. In 2021, chronic diseases contributed to at least seven of the top 10 leading causes of death in Kitsap residents.

Cancer and heart disease have topped the list of leading causes of death and premature death (before the age of 65) in Kitsap for more than 10 years. Other chronic diseases in the top 10 causes of death locally include Alzheimer's disease, stroke, chronic lower respiratory diseases, diabetes and chronic liver disease. In addition, there are chronic conditions and long-standing functional disabilities, such as mental health conditions and dental disease, that may not be directly associated

with causing death but place additional burden on our community

There are many chronic diseases and conditions not mentioned, or mentioned only briefly, in this segment, such as Alzheimer's disease and asthma. Within a broad definition of chronic disease, there are many areas where further investigation would be beneficial in determining more and different avenues for improving the health of Kitsap residents.

No change over time in percentage of residents diagnosed with high blood pressure

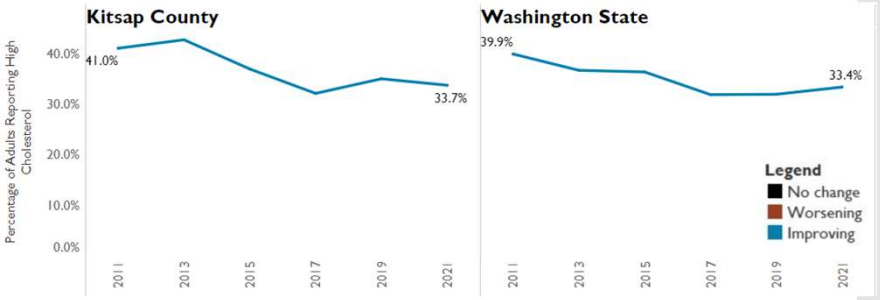


•Heart disease

•Heart disease is the first leading cause of death in the United States, affecting more than 877,500 Americans every year. Heart disease was the second leading cause of death in Kitsap in 2021 and among the top three for all adult age groups (18-34, 35-64, and 65 and older), making it a key area for targeted prevention. Often seen as a disease of the elderly, heart disease affects younger adults in Kitsap as well as older adults. It ranks as the third leading cause of premature death (before the age of 65) for Kitsap residents. There are several direct and indirect causes of heart disease that make its prevention complicated to understand and execute. The leading risk factors for heart disease are heredity, age, high blood pressure, high low-density lipoprotein (LDL) cholesterol, diabetes, smoking and secondhand smoke exposure, obesity, unhealthy diet, and physical inactivity. No model of heart disease would be complete without considering the many upstream elements that influence the development of these risk factors, such as mental health, economic factors, access to affordable healthcare, and many others.

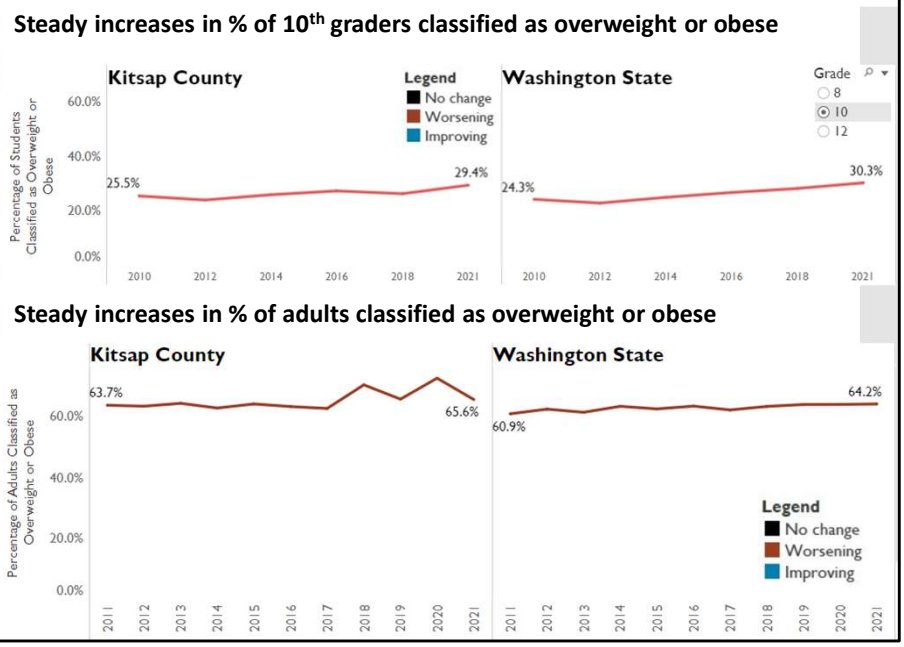
•The CDC names high blood pressure as the leading cause of heart disease because it damages the lining of the arteries, making them more susceptible to buildup of plaque, narrowing the arteries that lead to the heart. Nationwide, almost one in two U.S. adults have high blood pressure. As you can see in this graph, in 2021, more than a third (35%) of adults in Kitsap County reported having ever been told by a doctor, nurse or other health professional that they had high blood pressure, similar to Washington state's rate. Kitsap's rate has not statistically significantly increased or decreased over time since 2011.

Decreases in percentage of residents diagnosed with high cholesterol



•Heart disease

•High low-density lipoprotein (LDL) cholesterol can double a person's risk of heart disease because excess cholesterol builds up in the walls of arteries and limits blood flow to a person's heart, brain, kidneys, other organs, and legs. The CDC estimates that only about half (55%) of the US adults who could benefit from cholesterol medication are currently on it. Eating a healthy diet that is low in sodium, being physically active and maintaining a healthy weight can also improve cholesterol levels. As you can see in this graph, in 2021, about a third (34%) of adults in Kitsap reported ever being told by a doctor, nurse or other health professional that they had high cholesterol. This was similar to Washington state's rate and had a decreasing trend since at least 2011.



•Weight

•Maintaining a healthy weight and engaging in regular exercise are important to help prevent and control many physical diseases and conditions, as well as providing mental health benefits. Many chronic diseases are heavily affected by weight and share the same root causes, such as high-calorie diets with low nutritional value and a lack of physical activity. Many other factors can contribute to a person's weight, including environment, family history and genetics, metabolism, behaviors and habits.

•A variety of outdoor and community activities are available in Kitsap, many of which help to keep our residents active and healthy. In the Kitsap Community Resources 2022 survey, almost one in five residents (18%) reported having found community activities for families, such as parks, recreation sports and children's sports programs, helpful for them in the past year. Additionally, 5% of respondents found after-school activities, such as school sports, Parent-Teacher Association (PTA) and clubs, helpful.

•Now looking at weight - When talking about weight and obesity, it's important to note the limitations of the measure most commonly used to determine healthy weight limits, the body mass index (BMI). BMI is an estimate of body fat and a gauge of risk for diseases that can occur with more body fat, however it is not a perfect measure for all individuals. In June 2023, the American Medical Association (AMA) adopted new policy clarifying the use of the BMI in medicine. They note that the BMI is "significantly correlated with the amount of fat mass in the general population but loses predictability when applied on the individual level." The BMI does not adequately account for differences within and between demographic groups, such as race and ethnicity, age, and gender. BMI may also overestimate body fat in athletes and those with muscular build and underestimate body fat in older people or people who have lost muscle. Most of our data is based on BMI calculations, because of the ease of collection of that data and the lack of a good alternative measure of healthy weight. We're using it to look at the population as a whole. For both of these indicators,

BMI is based on self-reported height and weight.

•From 2010 to 2021, there have been increasing trends in the percentage of Kitsap adults and 10th graders who classify as overweight or obese. These trends are statistically significant. In 2021, two in three Kitsap County adults (66%) and more than one in four 10th graders (29%) reported a height and weight that classified as overweight or obese.

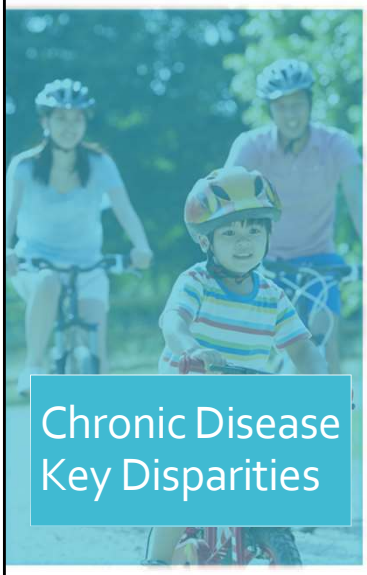
Demonstrated impact of screening in reductions in colorectal cancer deaths

•Cancer

Cancer, in its many forms, has been the leading cause of death in Kitsap every year since at least 2000. Cancer is also the leading cause of premature death, causing 121 premature deaths in Kitsap in 2021 and resulting in almost 1,000 years of life lost before the age of 65.

Engaging in healthy practices, such as abstaining from tobacco use, eating a healthy diet, maintaining a healthy weight, wearing sun protection, and vaccination when appropriate, can help lower the risk of cancer. Completing all recommended screening tests is the best way to ensure early detection of cancer during the time when treatments work best and screening tests can sometimes allow for removal of precancerous lesions before cancer develops.

•Because cancer is the leading cause of death and premature death in Kitsap every year, it is a key candidate for prevention initiatives. However, none of the three cancers reviewed for this report (breast, cervical or colorectal) had concerning trends or comparisons to Washington state overall. You can see colorectal cancer deaths here have a decreasing trend from 2000 to 2020 for both Kitsap and Washington state, demonstrating the impact of screening in prevention of death. More investigation into the most important cancers causing death in Kitsap would be beneficial.



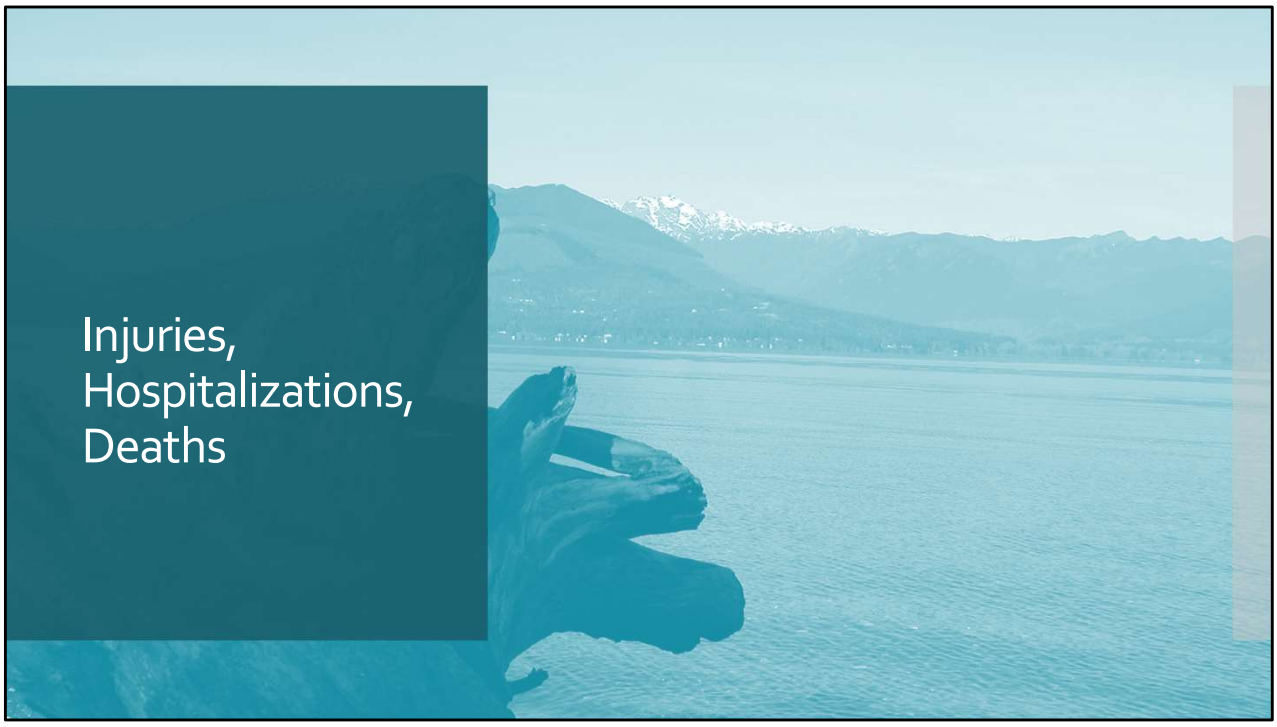
Worse rates for risk conditions and chronic diseases for adults at lower incomes and lower education levels

Indicator	*Worse rates for lower income:*	*Worse rates for lower education:*
High blood pressure diagnosis	yes	yes
High cholesterol diagnosis	not statistically significant	yes
Diabetes (reported)	yes	yes
Overweight and obesity in adults	no	yes
Physical inactivity in adults	yes	yes

•**Income level and educational attainment**
•Disparities exist along economic lines (such as income level and educational attainment) for many chronic disease metrics in Kitsap, similar to published findings from other areas of the United States.

•As you can see in this table, differences by income and education were seen across heart disease, diabetes and weight indicators. Differences can be seen by education and income for high blood pressure diagnosis, by education for high cholesterol diagnosis, by education and income for reported diabetes, by education and income for physical inactivity levels in adults, and by educational attainment for overweight and obesity in adults.
•Although there are no economic subgroups for youth, physical activity and overweight and obesity in youth were also seen to differ between higher median income areas such as Bainbridge Island and lower median income areas such as Bremerton.

•It is important to note that there are several social and economic factors, such as healthcare access, insurance coverage and transportation, that can affect screening rates and access to preventive and treatment services, which also factor into these disparities.
•If you want to dig into it further, another economic disparity is suggested by differences in cancer screening rates for cervical, breast and colorectal cancer between Medicaid beneficiaries and the general population. Unfortunately, general population screening data, collected through weighted survey responses, are not collected in the same way that Medicaid screening data is collected (through claims data), so they are not comparable. We really need more information and investigation into disparities in chronic diseases



In public health practice, injury is damage or harm to the body resulting in impairment or destruction of health. Injuries often cause hospitalizations and can potentially lead to lifelong disability or death.

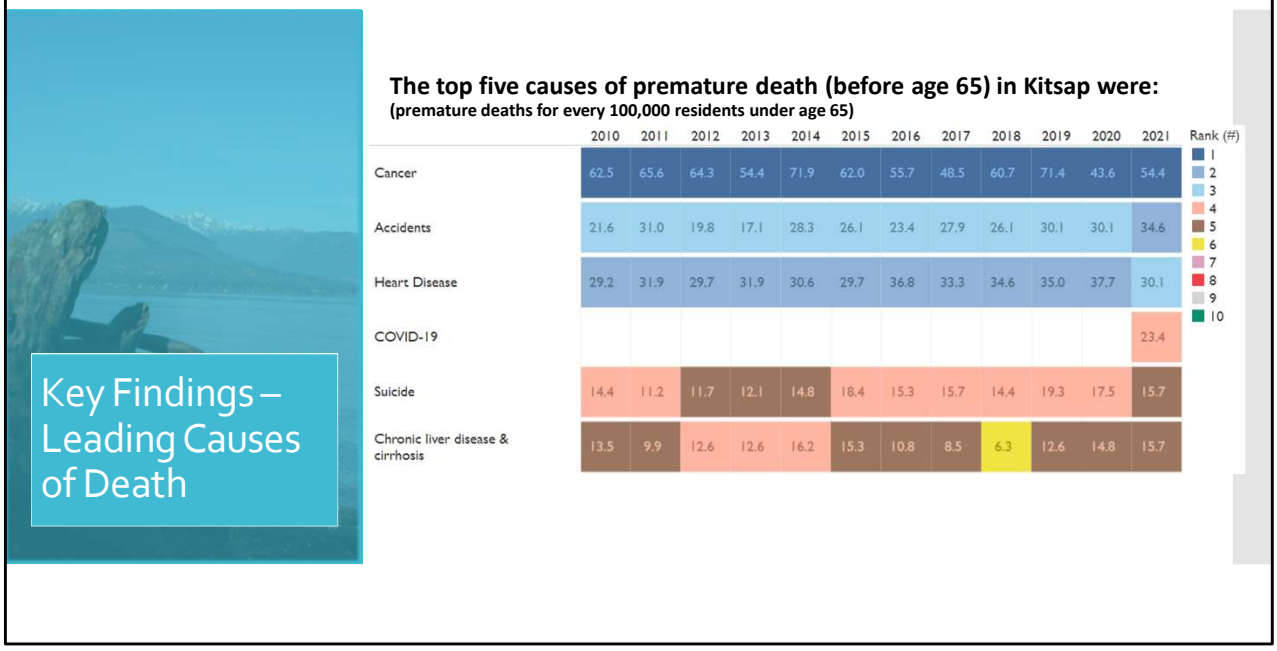
In 2021, there was a 12% increase in preventable injury-related deaths in the U.S. compared to the previous year, and a 159% increase over the past 29 years. In 2021, preventable injuries ranked as the third leading cause of death for the U.S. population (all ages), behind heart disease and cancer. The number of non-fatal preventable injuries is much higher. About one in five U.S. residents sought medical treatment for an injury in 2021. Comparing 2021 to 2020, preventable injury deaths occurring at home increased 13%, those in motor vehicles increased 11%, those in public increased almost 11%, and those at work increased 9%.

In Kitsap, accidents were the third leading cause of death in 2020 and the fourth in 2021, outpaced by COVID-19 deaths. From 2017 to 2021, accidents were the leading cause of death for Kitsap residents aged 18 to 34, and in the top three causes for those birth to 17 and 35 to 64. Accidents contributed to more years of potential life lost* than any other cause in Kitsap, more than 1,800 years lost in 2021. And that's just deaths. Accidents have also been in the top ten leading causes of hospitalization in Kitsap from 2016 to 2019.

The top five causes of death in Kitsap were:
(deaths for every 100,000 residents)

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Rank (#)
Cancer	185.2	179.7	191.9	186.1	204.2	190.9	181.0	175.4	185.2	190.0	176.3	186.2	1
Heart Disease	143.0	129.5	133.2	140.1	141.9	150.9	172.7	165.5	167.3	172.7	165.5	179.0	2
COVID-19											17.1	69.5	3
Accidents	34.8	35.2	31.2	31.2	42.1	43.5	41.4	43.9	42.1	45.7	42.8	51.9	4
Alzheimer's disease	60.6	64.2	73.7	63.5	64.9	50.4	51.2	52.2	53.3	52.6	51.2	49.3	5

This is a table that shows the leading primary causes of death among Kitsap residents from death certificates by year from 2010 to 2021. The number in each box is the rate per 100,000 residents. The 5 causes of death shown are the top 5 in 2021, the top 5 in previous years varies with the exception of the top 2, consistently cancer and heart disease both with rates much higher than the other causes. In 2020, COVID was the 3rd leading cause of death but does not show up in the top 5 in 2021. Since 2018, accidents have been in the top 5 leading causes of death.



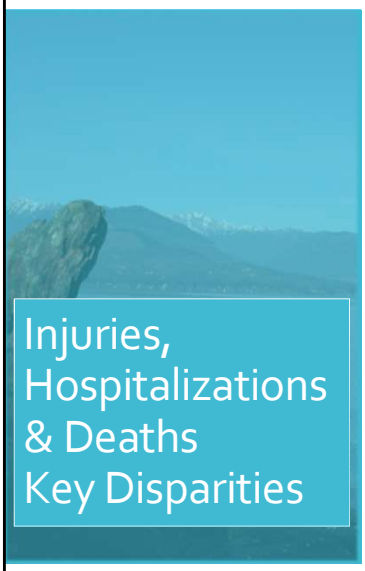
This is a table that shows the leading primary causes of PREMATURE (before age 65) deaths among Kitsap residents from death certificates by year from 2010 to 2021. The number in each box is the rate per 100,000 residents. The 5 causes of death shown are the top 5 in 2021, the top 5 in previous years is very consistent. In 2021, COVID became the 4th leading cause of death and accidents moved from 3rd leading cause to second, moving heart disease into the 3rd leading cause of death position.

The top three causes of accidental death in Kitsap were:
(deaths for every 100,000 residents)

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Rank (#)
Poisoning	7.7	9.9	7.7	6.2	7.7	10.6	9.9	11.3	11.7	11.7	15.2	19.1	1
Falls	11.7	10.2	10.6	15.0	16.8	17.6	15.7	16.5	15.0	15.4	12.7	19.1	2
Motor Vehicle-Traffic	6.2	8.4	7.0		5.9	6.6	6.6	7.7	7.7	7.3	7.6	5.0	3

These 3 causes make up 120 of our 144 accidental deaths in 2021 (83%).

In 2020, poisoning moved into the top cause of accidental death and remained there in 2021. Poisoning is almost entirely made up of drug overdoses.



Differences by Sex

- Males had higher rates than females for:
  - Premature death rate
- Females had a longer life expectancy at birth than males (almost 4 ½ years longer)

Differences by Geographic Region

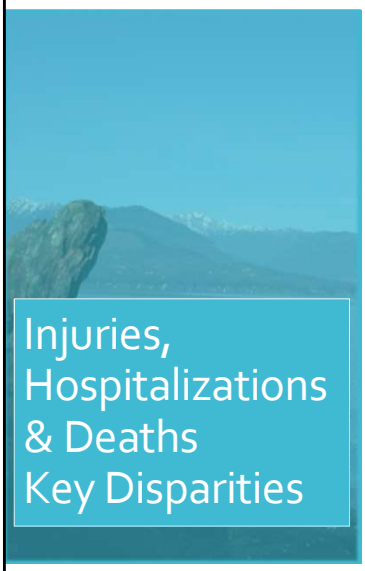
- Bainbridge Island had higher life expectancy compared to all other sub-county geographies (6 ½ years longer than Bremerton or South Kitsap).

•Sex

•The premature death rate (before age 65) was higher in males compared to females from 2017 to 2021.
•Life expectancy was shorter in males (80 years) compared to females (84 ½ years) in 2016-20.

•Geographic Region

•From 2016-20, life expectancy was higher in Bainbridge Island (87 years) compared to all other sub-county geographies (80.4 years for Bremerton residents, 80.5 for South Kitsap residents, 83.0 years for Central Kitsap residents, 83.3 years for North Kitsap residents).



Differences by Race/Ethnicity

- **Premature death rates were highest in:**
  - Black or African Americans
  - Native Hawaiian or Pacific Islanders
- **Life expectancy was shortest for:**
  - American Indian or Alaska Natives (78 years)
  - Native Hawaiian or Pacific Islanders (75 years)
  - Black or African Americans (79 years)

•Race/ethnicity

•From 2016-20, premature death rates in Black or African American residents (277 per 100,000) and Native Hawaiian or Pacific Islander residents (370 per 100,000) were higher than rates in White or Caucasian residents (191 per 100,000) and Hispanic or Latino residents (160 per 100,000), which, in turn, were higher than rates in Asian or Asian American residents (93 per 100,000).
•From 2016-20, life expectancy was shortest in Native Hawaiian or Pacific Islanders (75 years), American Indian or Alaska Natives (78 years), and Black or African Americans (79 years), and highest among Asian or Asian Americans (86 years) and Hispanic or Latinos (86 years).

On your sticky notes, please write your answers to the following questions (use 1 sticky note per question):

- From the data you have just seen and your experiences, what should be our community's top health priorities related to **communicable diseases, chronic diseases, injuries, hospitalizations, and deaths?**
- What questions do you have related to these topics?

Themes

What themes are we seeing reflected in the feedback you have shared with us today?

Data Open Houses

- 4 community Input Sessions:
  - Saturday, October 7th, 10 a.m. – 12 p.m., Bremerton TBD
  - Monday, October 16th, 5 – 7 p.m., Port Orchard Chambers
  - Monday, October 23rd, 3 – 5 p.m. Poulsbo Library Community Room
  - Monday, October 30th, 4 – 6 p.m., Silverdale, Kitsap Mall Community Meeting Room
- Goals are to:
  - Share data with community and gather feedback and input

Next Steps

- KPHD team will distribute via e-mail:
  - Today's slides and information about the upcoming Data Open Houses.
  - Summaries of the Data Summit and Data Open Houses.
  - Save-the-dates for the Community Health Priorities and Improvement Plan meeting.
  - Community partner assessment to help with Community Health Improvement Plan.

SAVE THE DATE: Kitsap Community Health Priorities and Improvement Plan meeting: Thursday, January 11, 2024, 9 a.m. – noon, Chambers, Norm Dicks Government Center.

Any comments or questions can be sent to :

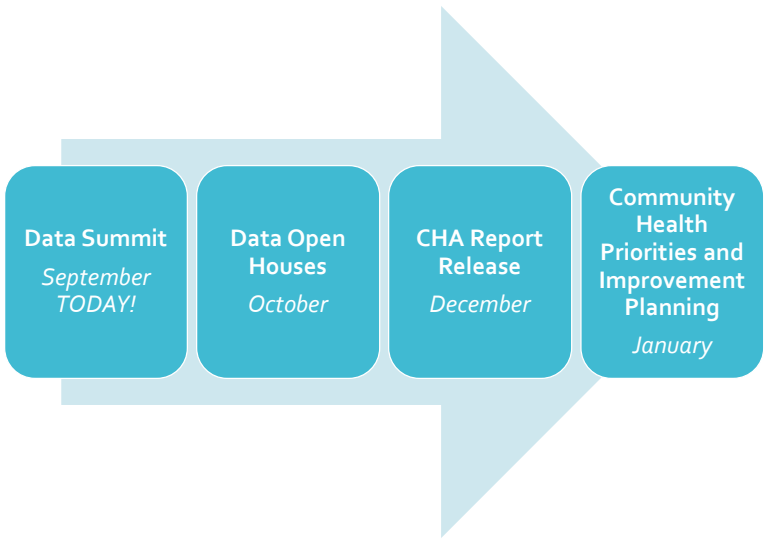
epi@kitsappublichealth.org

Our Asks

Please:

- Complete the electronic Data Summit **feedback survey** you will receive within the next week.
- Share information about the **Data Open Houses** with your employees, clients/patients, and community partners.
- Complete the electronic **Community Partner Assessment** survey we will send you. We will also provide you with a PDF as a reference.
- Put the January 11th KCHP **Community Health Priorities and Improvement Plan meeting** on your calendars and share with others you think should attend.

NEXT STEPS


Data Summit
September
TODAY!
Data Open Houses
October
CHA Report Release
December
Community Health Priorities and Improvement Planning
January

Thank you!

Thank you for your contributions to the health of our community!