



Healthcare System Challenges and Opportunities in Kitsap County, Washington

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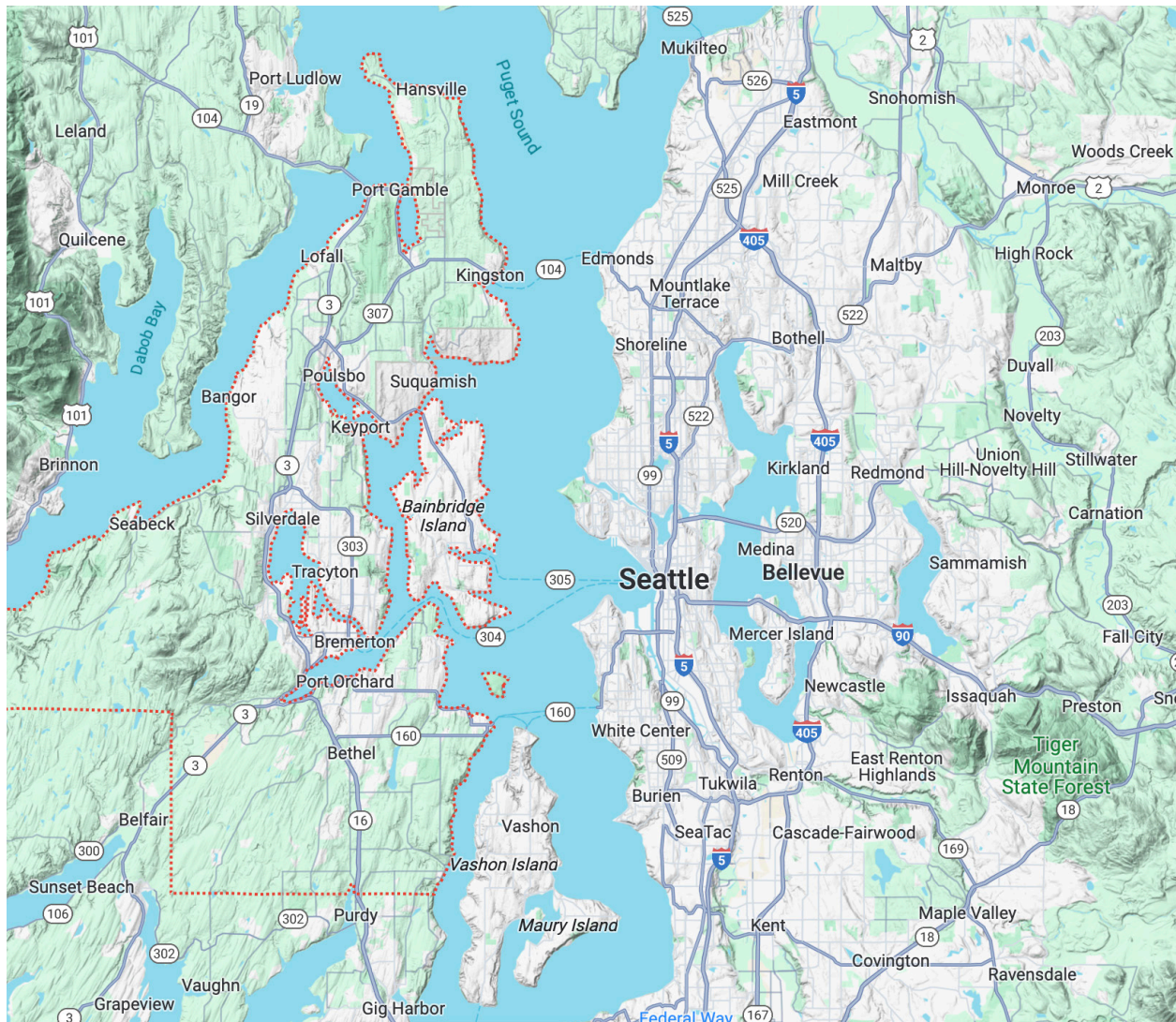
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Map: Kitsap County and Surrounding Area



Map of Kitsap County, Washington, outlined in red. Map from [Google](#).

Executive Summary

Individuals living in Kitsap County, Washington, experience significant barriers when seeking healthcare, including prohibitive costs, lengthy delays to see primary care providers, inadequate insurance coverage, and reductions in levels of services in high-need subspecialty care. Data show that Kitsap County falls below state and national averages for access to emergency care, urgent care, primary care, and some specialty services, including obstetrical, maternal, and mental healthcare. While barriers to care commonly occur in many communities across the United States, factors such as a lack of affordable housing, limited transportation options, and Kitsap's unique geography as a peninsula have coalesced over the past few years to negatively impact access to healthcare in the county. Barriers to care contribute to poor health outcomes and disproportionately affect people in different racial and ethnic groups, people with low socioeconomic status, people with disabilities, and other populations that have historically been excluded from or faced significant challenges to accessing the healthcare system. Pervasive healthcare workforce shortages, the recent loss of several key physician practices, closure of the labor and delivery unit at Naval Hospital Bremerton, and emergency department overcrowding in the lone hospital remaining to care for all the county's residents have served to exacerbate the already poor situation. By July 2023, the Kitsap Public Health Board declared high healthcare costs and insufficient access to healthcare a public health crisis within the county.

Earlier in 2023, the Kitsap Public Health Board retained the services of a research team from the Johns Hopkins Center for Health Security to conduct an independent evaluation of the healthcare system within the district, including identification of deficiencies and strengths, and to propose solutions for how to improve equitable and timely access to comprehensive and high-quality healthcare services for community members. The Johns Hopkins Center for Health Security has a long history of work in strengthening health systems so that they are more prepared for large-scale health emergencies such as pandemics and disasters and has built a widely respected and cited body of original research, analysis, and recommendations for policy and practice. All members of the study team bring both national and international experience in health systems optimization and in healthcare workforce development in times of crisis.

To characterize the healthcare landscape in Kitsap County, the study team undertook a multimethod research strategy consisting of a historical analysis of socioeconomic trends in the county and Washington State; an analysis of relevant laws, policies, norms, and industry standards governing health service delivery; key informant interviews and listening sessions with relevant healthcare system stakeholders; focus groups with Kitsap community members; and a modified Delphi study to build expert consensus around actionable policy recommendations for solving healthcare system challenges.

Findings

Our investigation yielded several important findings regarding the state of healthcare service access, quality, and delivery in Kitsap County. We elaborate on these findings and provide further contextual details in the body of the report.

1. State and national trends such as hospital and health system consolidation, the growing prevalence of private equity in the health sector, the rise of healthcare monopolies, and the expansion of Catholic healthcare have contributed to many of the healthcare challenges facing Kitsap County.
2. Kitsap County's healthcare crisis has been compounded by the county's unique geography, a lack of affordable housing, limited public transportation options, and rapid population changes caused by the entry and departure of naval base workers and families.
3. Health service provision in Kitsap County is currently fragmented across numerous public and private entities. There is limited capacity within the existing hospital system to care for all patients in Kitsap County. Concurrently, the lack of choice in healthcare services in Kitsap County has created additional barriers to care.
4. Many Kitsap residents harbor reservations about seeking care at St. Michael Medical Center (SMMC), the county's sole hospital, due to its religious affiliation, challenges accessing financial assistance, reports of poor patient experiences, diminished workforce morale, and perceived monopolistic tendencies.
5. Kitsap County does not have a sufficient health workforce to meet the healthcare needs of the community, especially within the fields of primary care, behavioral and mental health, pediatrics, sexual health, and reproductive care.
6. The complexity and inflexibility of health insurance coverage rules and reimbursement rates have resulted in critical gaps in care.
7. New technologies and expansion of existing telehealth and outreach capabilities could potentially help bridge gaps in an overburdened healthcare system.
8. Underserved, senior, and minoritized populations living in Kitsap County face unique barriers with respect to healthcare access and quality.

Priority Recommendations

The panel of community experts from the Delphi study, representing the voice of the Kitsap County community, reached consensus that the recommendations listed below are priorities and could feasibly be implemented in Kitsap County within the next year.

Mental and Behavioral Health

1. Convene a group of community stakeholders to set behavioral and mental health priorities for Kitsap County, coordinate activities across partners and sectors, and identify solutions to the current mental health crisis.
2. Enable fire department Community Assistance Referral and Education Services (CARES) units to address behavioral health and overdose calls to avoid overburdening the 9-1-1 system.
3. Equip the emergency department at St. Michael Medical Center to perform fentanyl urine screenings.
4. Perform routine third-party evaluations of publicly funded mental health providers (eg, health officers, emergency medical service providers, school districts, etc.) to ensure compliance with Salish Behavioral Health Organization policies and performance measures.
5. Expand school-based behavioral health programming to include education on protective factors and mental health first aid.
6. Increase funding for the Inclusive Communities Team at Kitsap Mental Health Services to ensure that migrant families have access to competent bilingual therapists, peer support programs, group therapy, transportation, and other behavioral health outreach services.
7. Expand mental and behavioral health clinical training opportunities for Olympic College nursing and allied health students.

Primary Healthcare

1. Create programs to educate students about different healthcare professions.

Health Equity

1. Establish racial equity advisory committees within each city in Kitsap County.
2. Increase the availability of in-person interpreter services in local clinics and hospitals and provide health information in the patient's preferred language.
3. Create, fund, and launch field-based "street medicine" programs that bring care directly to unhoused people.
4. Launch a patient advocate program for marginalized and/or vulnerable patients.
5. Lobby state and national leaders to increase Medicare and Medicaid reimbursement to expand equitable access to lower-income, senior, and/or disabled patients.

Housing

1. Open a legal encampment area (with showers, laundry sites, and toilets) for people in Kitsap County living in tents, RVs, pods, and/or temporary shelters.
2. Expedite the application process for people seeking affordable housing.
3. Take steps to expand affordable housing availability in Kitsap County, such as creating a fast track to approve low-income housing projects, petitioning city planners and leaders to pursue inclusionary zoning for affordable housing, mandating the inclusion of affordable housing units in new construction projects, and formalizing the Kitsap County Affordable Housing Task Force to implement affordable housing and mixed-use development projects in collaboration with county leadership and private developers.
4. Improve Coordinated Entry by reducing requirements (ie, allow self-attestation instead of annual applications, IDs, etc.), hiring dedicated staff to help applicants navigate the system, and enabling easier access to financial support.
5. Extend Housing Kitsap's Mutual Self-Help home ownership program to Individual Taxpayer Identification Number-holders (ie, immigrants without permanent status).
6. Revise local building codes to permit Accessory Dwelling Units.
7. Pursue housing or community land trusts to allow the purchase of affordable housing units on shared land.

Reproductive Health

1. Create a cohesive plan to support the health of women in Kitsap County across the lifespan (ie, young adult, childbearing age, perimenopausal, menopausal).
2. Pursue certification as a National Health Service Corps location to attract more obstetrician-gynecologists (OB/GYNs).
3. Provide education and training to primary care providers about increased health risks for pregnant people of color.
4. Train and hire women of color as birth doulas to provide home visits before and after birth for people of color.
5. Provide Spanish-language training for doula serving the Hispanic/Latinx community in Kitsap County.
6. Hire interpreters to connect Spanish and Mam speakers to reproductive health services.
7. Provide family planning services at a central location in the county (eg, health department clinic).
8. Offer midwifery and doula services at St. Michael Medical Center.

9. Increase funding for the Nurse-Family Partnership program.
10. Offer home-based prenatal and early childhood health services for children up to 3 years of age.
11. Replicate successful health programs for new parents in Kitsap County (eg, Family Connections, Postpartum Wellness & Recovery)
12. Ensure that school-based sex education programs address prevention of sexually transmitted infections, assertiveness training, contraception, and family planning options.

Further Measures

In addition to the priority recommendations provided by the Delphi expert panel, the study team strongly recommends that Kitsap County consider the measures below to further improve healthcare access, quality, and delivery. Further details and implementation considerations for each recommendation are provided in the report.

1. Kitsap County should prioritize recruiting new healthcare providers working in mental and behavioral health, primary care, and reproductive health.
2. Kitsap Public Health District (KPHD) should convene a community action collaborative of local stakeholders focused on avoiding redundancies and increasing success rates of securing private, state, and federal funding to advance healthcare services in Kitsap County.
3. Kitsap County should establish a transformational advanced practice nurse-based primary care model that prioritizes recruitment of primary care advanced practice nurses, nurse midwives, and mental health nurse practitioners.
4. Within the next year, the Kitsap County Board of Commissioners, the Kitsap Public Health Board, and other relevant stakeholders should launch a formal commission to explore the feasibility of forming a public hospital district in Kitsap County.
5. St. Michael Medical Center should increase its spending on community investments by one percentage point per year for the next 5 years to act in accordance with its status as a nonprofit, tax-exempt hospital.
6. St. Michael Medical Center should continue its efforts to clarify its status as a Catholic-affiliated hospital and how it impacts patient access to lawful healthcare services, consistent with best medical practices and patients' needs or interests and regardless of religious directives.
7. State and county elected officials should continue to lobby the Defense Health Agency to reopen labor and delivery services at Naval Hospital Bremerton.
8. Kitsap County should increase the number of public transit routes and vehicles that connect residents to healthcare facilities.

9. KPHD, in collaboration with the Kitsap County Department of Emergency Management, should convene community leadership and key stakeholders to evaluate the integrity of the 2020 Comprehensive Emergency Management Plan in light of current and projected 2024 hazards.
10. KPHD should work with representatives from state agencies (Department of Social and Health Services; Department of Children, Youth and Families; Department of Commerce) to collectively develop a long-term strategy and proposed legislation to improve behavioral healthcare access in Kitsap County.
11. KPHD should resume providing infectious disease testing services (including for HIV and STIs) and make other harm reduction services, such as needle and syringe exchange programs, more easily accessible.
12. St. Michael Medical Center and other healthcare providers in Kitsap County should evaluate the feasibility of integrating the hospital-at-home model into the services they provide to the community.
13. Kitsap County leaders, healthcare system stakeholders, and state partners should develop a long-term strategy for petitioning Washington lawmakers to increase Medicaid reimbursement rates and continue exploring opportunities for innovation.

Introduction

In December 2022, the Kitsap Public Health District (KPHD) requested written proposals to conduct an independent evaluation of the healthcare system within Kitsap County, Washington, including identification of deficiencies and strengths and proposals for solutions on how to improve equitable and timely access to comprehensive and high-quality healthcare services for community members. At the time, the county was experiencing numerous health system challenges—many of which predated the COVID-19 pandemic—including a lack of healthcare workforce capacity, closures of local health facilities, and a dearth of skilled nursing homes to care for the elderly and chronically ill. These challenges, combined with other known barriers to care that affect many communities across the United States—including lack of health insurance, transportation, and trust in the healthcare system—had negatively impacted access to and quality of healthcare in the district. The COVID-19 pandemic further exacerbated these access issues, overwhelming hospitals and causing delayed and forgone routine, preventive, and emergent healthcare services.

By July 2023, the Kitsap Public Health Board declared high healthcare costs and insufficient access to healthcare a public health crisis within the county.^{1,2} Kitsap County residents continued to encounter significant barriers when seeking healthcare, including high and unpredictable costs, lack of appointment availability for primary care providers, inadequate insurance coverage, and decreasing levels of services in high-need subspecialty care. These barriers contributed to poor health outcomes and disproportionately affected people in different racial and ethnic groups, people with low socioeconomic status, people with disabilities, and other populations that have historically been excluded from or faced significant challenges to accessing the healthcare system. Data show that Kitsap County falls below state and national averages for access to emergency care, urgent care, primary care, and some specialty services, including obstetrical, maternal, and mental healthcare.

The challenges noted above are not unique to Kitsap County. The National Academy of Medicine's 2021 report *Implementing High Quality Primary Care* noted the high value yet profoundly weakened state of primary care in the US. The report labeled high-quality primary care as a common good, identified 5 broad areas of work to strengthen it (ie, payment, access, workforce, information technology, and accountability), and called upon the federal government to assume leadership of the effort. In response, multiple agencies within the Department of Health and Human Services (HHS) collaborated to form the HHS Initiative to Strengthen Primary Health Care and issued a brief in November 2023 that catalogues a comprehensive list of current HHS programs and future commitments to advance policies that address primary care's precarious position.^{3,4} While the report was well received, others perceived it as falling short by failing to identify the structure, processes, funding sources, and accountability for these efforts. Similar calls have been made to address the damage done to public health given years of chronic underfunding and the effects of the pandemic.⁵

Healthcare is delivered locally, and thus solutions and innovations to help improve access must be informed by what is happening on the ground, tailored to the local context, and created with the participation of members of the very community it aims to serve. This study aimed to better appreciate the challenges specific to Kitsap County and to understand exactly what failures are occurring within the broader health system that are driving local healthcare access issues. The study produced actionable recommendations that are feasible, aligned to address the greatest healthcare service gaps, and reflect local residents' priorities.

The Big Picture

In many respects, Kitsap County is a microcosm of several intersecting healthcare trends in the US, such as hospital and health system consolidation, surging prevalence of private equity in the healthcare sector, health worker shortages, and the rise of Catholic healthcare entities, among others. Examining these trends nationally can help illuminate the root causes of many healthcare challenges facing Kitsap County residents.

Hospital and Health System Consolidation

Over the past several decades, rising consolidation has led hospital markets in the US to become increasingly concentrated (ie, fewer and larger hospitals in a region).^{6,7} Horizontal consolidation—wherein 2 or more similar hospitals or health systems integrate—has become commonplace. In fact, the American Hospital Association reported 1,887 hospital mergers between 1998 and 2021 alone, which reduced the number of hospitals in the US from roughly 8,000 to a little more than 6,000.⁸ More recently, vertical integration—whereby health systems acquire or form contractual relationships with physician groups or other acute care providers—has emerged as another major trend in the US healthcare sector.⁸ Unfortunately, consolidation is associated with higher prices, lower quality of care, and limited patient choice regarding their providers.^{9,10} In some cases, these mergers have compounded inequities by forcing underserved patients to travel outside of their communities to access specialized health services like intensive, obstetric, and psychiatric care.¹¹ When the costs of care and health coverage go up, patients are more likely to become uninsured and/or forego care altogether.

Private Equity

The growing prevalence of private equity (PE) firms in US healthcare is among the factors contributing to rapid hospital and health system consolidation. In the past decade, these firms have invested an estimated \$750 billion in health systems, hospitals, outpatient facilities, nursing homes, home health providers, and physician practices across the country.¹² In Washington alone, the PE firm Blackstone controls at least 15% of the state's emergency medicine market.¹³ By acquiring and consolidating healthcare entities, PE firms can secure higher payment rates from insurers, resulting

in greater health spending, higher profits, and less competition—albeit with poorer health outcomes and less efficient provision of care.^{8,12,14,15} However, because federal law does not currently require PE firms to report acquisitions to regulatory authorities if the transactions fall below a certain dollar threshold—which is often the case in PE-led vertical integration—many firms are able to operate without effective oversight.¹²

Healthcare Monopolies

PE-led consolidation has undermined competition in the US healthcare market, raising concerns about antitrust violations and monopolistic behavior among providers.¹⁴ Recognizing this, President Joe Biden issued an executive order in 2021 outlining steps to strengthen antitrust regulation and promote competition in the healthcare sector.¹⁶ Concerningly, however, the Federal Trade Commission (FTC) is prohibited from enforcing antitrust rules against nonprofit entities, which make up roughly half of Medicare-enrolled hospitals and nearly 60% of community hospitals in the US.^{6,17,18} It is estimated that an annual budget increase of \$157 million would enable the Department of Justice (DOJ) and FTC to bolster their antitrust enforcement efforts without reducing their efforts in other areas—an investment that would increase DOJ and FTC’s merger enforcement budget by 33%.⁹ In addition to PE-led consolidation, certificate of need (CON) laws, which are in effect in Washington State, have been associated with monopolistic behaviors among healthcare entities. CON laws involve a permitting process intended to ensure that new healthcare facilities benefit the communities in which they reside and prevent unnecessary healthcare spending; however, they have been criticized as unnecessary barriers to entry in the healthcare market that undermine competition without improving patient outcomes.^{19,20}

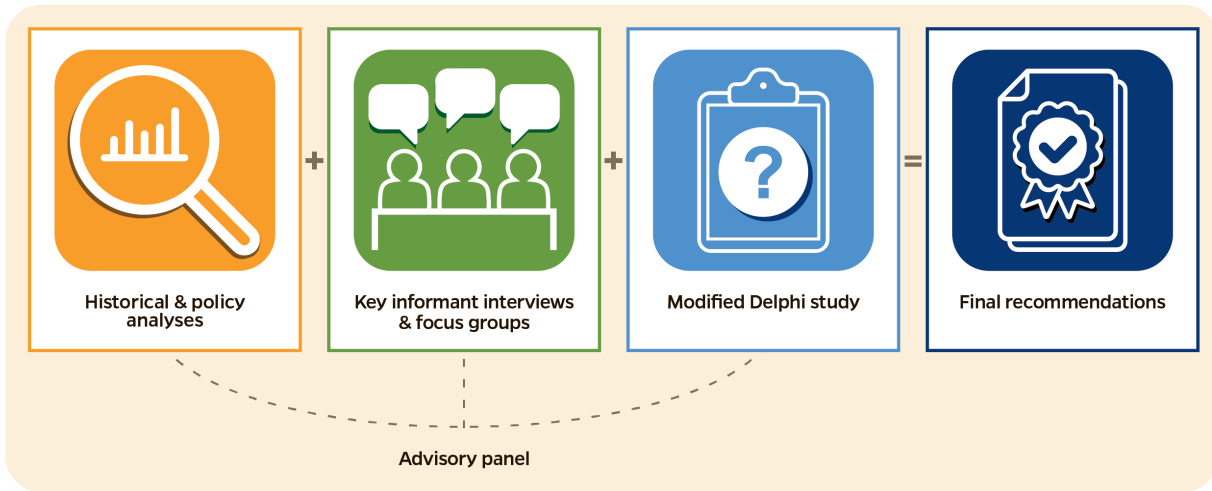
Catholic Healthcare Expansion

As of 2023, Catholic-sponsored and -affiliated healthcare facilities make up the US’s largest group of nonprofit providers, including 665 hospitals, 134 critical access hospitals, and 232 trauma centers.²¹ In some states, as much as 40% of acute care beds are operated by Catholic healthcare facilities, which in some cases are the sole providers of acute care in their regions.^{22,23} Many of these facilities adhere to the Ethical and Religious Directives for Catholic Health Care Services, a set of 77 rules that govern the provision of care, including restrictions on contraceptive, reproductive, and end-of-life health services.²⁴ The rapid expansion of Catholic healthcare is attributable, in part, to the acquisition of Catholic health systems and hospitals by PE firms, as well as cross-market mergers between Catholic and non-Catholic healthcare entities.^{22,25,26}

Methodology

Between April and December 2023, the Johns Hopkins Center for Health Security research team (Meyer, Ravi, and Veenema; hereinafter referred to as “the study team” or “the research team”) implemented an intensive, multimethod research strategy to assess the healthcare environment in Kitsap County, identify relevant stakeholders, characterize major challenges, and develop actionable policy solutions.

Figure 1. Kitsap County Healthcare Analysis Methodology



Advisory Panel

The research team convened an advisory panel consisting of members of the Kitsap Public Health Board, a representative from the Kitsap County Board of Commissioners' office, and KPHD representatives. This group assisted the research team in obtaining relevant documents that were not publicly available; helped identify or contact participants for key informant interviews, focus groups, and a modified Delphi study; and provided strategic guidance on participant recruitment and overall study trajectory.

Historical Analysis of the Kitsap County Health System

The research team conducted an initial exploration of Kitsap County's health system to identify social, economic, and political factors shaping the provision, administration, accessibility, and quality of public health and healthcare services across the county. They reviewed publicly available strategic plans, memoranda, reports, news media, peer-reviewed literature, and archival materials. In addition, the team collected relevant quantitative indicators describing county sociodemographic measures, health disparities, health outcomes, and other health indicators from KPHD and other platforms.

Policy Analysis

The study team conducted a review of relevant laws, policies, norms, and industry standards governing the administration of public health and healthcare services across Kitsap County and Washington State to characterize the county's health policy environment and to identify potential levers for improving health outcomes. Databases and organizational websites searched included PubMed, the US Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), the National Conference of State Legislatures, the Internal Revenue Service (IRS), the

Association of Washington Public Hospital Districts, ProPublica’s Nonprofit Explorer, and the Washington State Department of Health (WSDOH). The team applied a framework developed by Levesque, Harris, and Russell to organize relevant findings relating to healthcare needs, perceptions of health needs, care-seeking behaviors, healthcare access, healthcare utilization, and health outcomes.²⁷

Key Informant Interviews and Focus Group Discussions

The research team conducted semi-structured interviews (n=41 interviews) both remotely and in-person to gain insight into the culture and institutional dynamics of the local health system, including strengths, barriers, and opportunities for improvement following the COVID-19 pandemic. A semi-structured interview protocol—informed by the abovementioned historical and policy analyses—was developed to guide conversations. Interviewees were selected based on information gleaned from the historical and policy analyses, as well as via recommendations from the expert advisory panel and forward and backward snowball sampling. Interviewees were recruited via email and included Kitsap Public Health Board members, public health practitioners, clinicians, hospital administrators, emergency managers, emergency medical service (EMS) providers, fire service agents, long-term care facility representatives, and other local and state leaders involved in administering public health and healthcare services in Kitsap County. The team conducted interviews either individually or in groups on a not-for-attribution basis between May and September 2023 and recorded the conversations, with participants’ permission, using Otter.ai. All interviews were attended by at least one member of the study team.

Four (4) in-person focus groups were hosted in Kitsap County in July 2023 to provide community members, local leaders, and local practitioners the opportunity to voice their opinions about the local healthcare system and recommendations for future improvements. Each focus group had a specific thematic focus, including child and adolescent health (n=3 participants), health equity (n=5 participants), sexual and reproductive health (n=1 participant), and healthcare workforce (n=8 participants). Participants were recruited to the healthcare workforce focus group via snowball sampling (ie, through contacts working in the local health system). Participants were recruited to the other focus group types via a bulletin sent out by KPHD on behalf of the research team in late June 2023. Interested individuals were invited to fill out an online expression of interest form, which the study team then reviewed. Invitations to attend each focus group were sent out on a first-come, first-serve basis, with efforts to balance each group by race, ethnicity, gender, age, and occupation. Each focus group was attended by 3 researchers (ie, 1 focus group leader and 2 notetakers) and recorded, with participants’ permission, using Otter.ai. All focus group discussions were conducted on a not-for-attribution basis. A semi-structured focus group guide was drafted prior to the interviews based on findings from the key informant interviews but was not strictly adhered to. Each focus group member received a \$25 Visa gift card in recognition of their participation.

All transcripts from the key informant interviews and focus group discussions underwent qualitative coding using NVivo coding software. An initial thematic coding framework was developed prior to the coding process, drawing from the interview and focus group guides. Each transcript was coded independently by 2 research team members; findings were subsequently analyzed and discussed among the entire research team.

Modified Delphi Study

Next, the study team performed a modified Delphi study to identify actionable policy recommendations for solving the healthcare system challenges identified during prior arms of data collection. Originally conceptualized by the RAND Corporation in the 1950s, the Delphi method is a structured technique for building expert consensus on a given topic, consisting of iterative rounds of questioning among a panel of experts.²⁸ It has been widely applied in public health and clinical research to develop guidelines, make predictions, set priorities, and formulate recommendations.²⁹ By structuring the flow of information and allowing anonymous participation, the Delphi method encourages expert panelists to freely share opinions and can help reduce the biases and/or power dynamics that often emerge in group settings.

For this Delphi study, the study team first invited 69 individuals from across Kitsap County to join an expert panel. These individuals were identified via the historical and policy analyses, key informant interviews, focus group discussions, and KPHD recommendations. Thirty-four (34) initially agreed to join the expert panel and participate in the Delphi study, including representatives from local public health and healthcare organizations, members of the community, and members of the Kitsap Public Health Board ([see Appendix C for a list of expert panel members](#)). This Delphi study was conducted on a not-for-attribution basis, and participants received a \$50 gift certificate if they completed any portion of the study. Responses were collected using Qualtrics software.³⁰ The study team cleaned and analyzed data using Microsoft Excel and Stata 18, respectively.³¹

The Delphi study consisted of 3 rounds. Round 1 was performed in September 2023 and featured 10 policy goals relating to healthcare access, quality, and delivery in Kitsap County (presented below in no particular order). The study team developed these policy goals using inductive content analysis techniques, drawing on findings from the literature and policy analyses, key informant interviews, and focus group discussions.

1. **Mental and behavioral health:** Every Kitsap County resident has access to the resources needed to manage their emotional, psychological, and social wellbeing. They are readily able to cope with everyday stressors and receive diagnoses and treatment for mental illness and/or behavioral disorders.
2. **Reproductive health:** Every individual, couple, and family in Kitsap County has access to the resources needed to ensure physical, emotional, and social wellbeing in relation to obstetric and gynecological health, family planning, and maternal health.

3. **Sexual and gender expansive health**: Every Kitsap resident has access to the resources needed to promote physical, emotional, and social wellbeing in relation to sexuality, sexual health, and gender identity.
4. **Primary healthcare**: Every resident can easily access, within Kitsap County, an entry point into the healthcare system that connects them to essential disease prevention, treatment, rehabilitation, and palliative care services spanning the life course.
5. **Housing**: Every Kitsap County resident has access to safe, healthy, dignified, and affordable lodging, shelter, and/or dwellings.
6. **Quality of care**: Every Kitsap County resident has access to evidence-based healthcare services that avoid causing harm; that are delivered in a timely, equitable, and nondiscriminatory manner; and that are responsive to their individual preferences, needs, and values.
7. **Health equity**: Every Kitsap County resident has a fair and just opportunity to attain their highest level of health, irrespective of age, gender identity, race, sexual orientation, ability, religious beliefs, employment status, or income level.
8. **Health workforce**: Every person who delivers or assists in delivering healthcare in Kitsap County receives fair compensation and/or sufficient reimbursement for services provided; has access to needed training, mentoring, and credentialing resources; and is provided a safe, dignified work environment with minimal risk of physical injury, moral injury, and/or burnout.
9. **Transportation**: Every resident can access the health services they need, within Kitsap County, via safe, affordable, reliable, and accessible public and/or private transportation services and systems.
10. **Health insurance coverage**: Every Kitsap County resident can access the full range of quality health services they need without incurring catastrophic, out-of-pocket expenditures or risking other forms of financial hardship.

Expert panelists were first asked to share demographic details (ie, age, gender, occupation) and provide recommendations that could be implemented in the next year to make each policy goal a reality by 2035. After suggesting recommendations, the panelists were then asked to rank the 10 policy goals in order from most urgent to least urgent and provide written justifications for their ranking choices. In total, 29 expert panel members submitted responses to the Round 1 questionnaire.

The content of Round 2 was informed directly by the findings from Round 1. The study team first calculated urgency-consensus scores³² to identify the top 5 policy areas collectively ranked as the most urgent by the entire expert panel. The team then reviewed the policy recommendations suggested by the expert panel, consolidated duplicate responses, discarded responses that were ambiguous or unclear, and synthesized a list of 77 unique recommendations across the 5 top-ranked policy areas.

In Round 2, the panelists were first asked to review a document, prepared by the study team, that summarized the rankings and justifications from Round 1. They were then asked to rate the feasibility of implementing each recommendation within the next year, using a 5-point Likert scale (ie, 5: highly feasible, 4: feasible, 3: somewhat feasible, 2: less feasible, 1: not feasible). In total, 27 expert panel members submitted responses to the Round 2 questionnaire.

Of the 77 recommendations, 32 garnered little to no consensus regarding their feasibility (as measured by the interquartile range of the panel’s Likert scores). These low-consensus recommendations formed the basis of Round 3, which featured a virtual meeting between the study team and the panel of experts. The meeting was conducted in November 2023 via Zoom and was attended by 25 expert panelists. With the attendees’ permission, the study team recorded the meeting using Otter.ai. During this meeting, the expert panelists reviewed the low-consensus recommendations from Round 2, which spanned all 5 of the top-ranked policy areas. For each policy area, the study team moderated a discussion on the merits, drawbacks, and overall feasibility of implementing each low-consensus recommendation in Kitsap County within the next year. After each discussion, the study team launched a Zoom poll to allow panelists to re-rate the recommendations based on what they learned from the other panel members. Following Round 3, the expert panel achieved consensus on 13 of the 32 original low-consensus recommendations.

Human Subjects Research Statement

This research was determined to not be human subjects research by the Johns Hopkins Bloomberg School of Public Health Institutional Review Board.

Historical Analysis

A historical analysis of relevant existing documents, news releases, and published reports revealed a substantial body of information describing the trajectory of change in the Kitsap County health system, as well as epidemiologic data characterizing its current community health and social needs. ([See Appendix A for the search strategy employed for this analysis.](#))

Demographics

Kitsap County is located on the Kitsap Peninsula of the Puget Sound in Washington State. Currently home to just under 280,000 residents, the county has experienced steady growth over the past several decades. As of 2023, Kitsap’s population is 71.8% White, 2.8% Black or African American, 1.3% American Indian and Alaska Native (AI/AN), 9.4% Hispanic or Latino, and 5.5% Asian.³³ 31,723 US military veterans reside in Kitsap, and roughly 20% of the county’s population is over the age of 65.³⁴ Naval Base Kitsap, the US’s third-largest naval base, also resides in Kitsap County, housing more

than 15,000 active-duty personnel, 25,000 civilian employees, 18,000 family members, and 36,000 retirees, and serving as a base for the Navy's fleet throughout West Puget Sound.³⁵ Kitsap County is also home to the Suquamish and Port Gamble S'Klallam Tribes, 2 of Washington's 29 federally recognized tribes.

Kitsap County currently faces several critical socioeconomic challenges that affect population health. In 2022, there were 2,427 households across the county requesting housing assistance. A survey of more than 500 unhoused persons in Kitsap County revealed that the leading causes of homelessness were health issues, including mental illness (67%), job loss and inability to work (58%), eviction or loss of housing (40%), family conflict (35%), and substance use (25%).³⁶ 22,280 people in the county reported experiencing food insecurity in 2021, while more than 44,000 residents over the age of 12 were diagnosed with a substance use disorder.³⁷ That same year, roughly 52,000 (19%) of Kitsap residents were enrolled in Medicaid (known as Apple Health in Washington), while 6.7% of Kitsap residents lacked health insurance altogether in 2022.^{34,38}

Health Disparities

The historical analysis revealed significant disparities in access to essential health services and health outcomes in Kitsap County. Between 2015–2019, AI/AN and Hispanic/Latino residents were less likely to have health insurance compared to White residents.³⁹ 5.8% of Asian Kitsap residents live below 100% of the federal poverty level, compared to 7.4% of White residents, 10.7% of Hispanic/Latino residents, 12.6% of Black or African Americans, and 13.7% of AI/AN residents.⁴⁰ Kitsap County is also home to a community of Mam-speaking immigrants from Guatemala who face unique healthcare access challenges due to long working hours and the limited availability of Mam translators.⁴¹

Women in Kitsap County report significant health disparities, especially with respect to maternal and infant health.³⁹ For instance, 48% of Kitsap residents who gave birth in 2021 did not receive adequate prenatal care, compared to 30% of Washington residents.⁴² Between 2015–2019, women in Kitsap County were also far likelier to live below the federal poverty level. AI/AN and Native Hawaiian or Pacific Islander women in Kitsap County were less likely to initiate prenatal care compared to their White counterparts, while infant mortality was 2.9 times higher for infants born to Black individuals compared with those born to White individuals.³⁹ Black and Hispanic infants born in Kitsap County were also found to have significantly lower birth weights compared to White infants.³⁹

Kitsap County also reports several concerning behavioral and mental health trends. Depressive feelings and suicidal ideation are on the rise among Kitsap high school students.³⁹ Youth identifying as female, transgender, lesbian, gay, bisexual, or questioning reported significantly higher rates of bullying, suicidal ideation, and suicide attempts compared to male and heterosexual youth.⁴³ Adolescents of color in Kitsap were also less likely to engage in recommended levels of physical activity or have

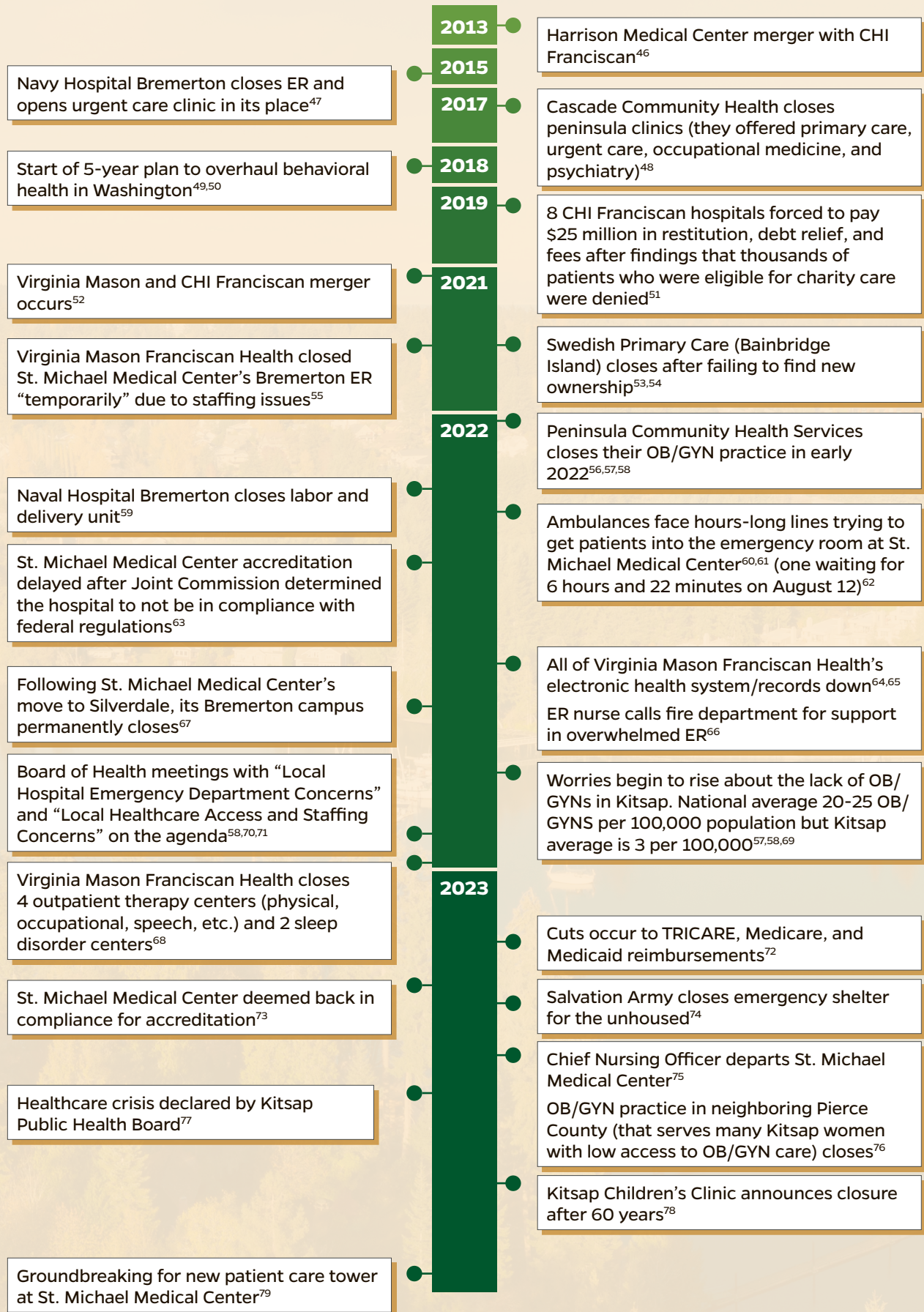
a trusted adult to turn to during difficult periods; concurrently, they were also more likely to be physically hurt on purpose by an adult.⁴⁴

Many health disparities also vary geographically within Kitsap County. Life expectancy on Bainbridge Island, for example, is approximately 6.5 years longer than in Bremerton or South Kitsap.⁴⁵ Between 2015–2019, 3 in 4 Bremerton School District students were eligible for free/reduced lunch compared to 1 in 3 students in Central Kitsap, North Kitsap, and South Kitsap, and fewer than 1 in 10 students on Bainbridge Island.³⁹ Additionally, 13.7% of Bremerton residents live below 100% of the federal poverty level compared to 6.2% of residents in Central Kitsap, 7% in North Kitsap, 6.7% in South Kitsap, and 2.6% in Bainbridge Island.⁴⁰ Bremerton also reports the highest percentage of residents in Kitsap County with a disability, while Bainbridge Island reports the highest percentages of youth using marijuana, smoking, and binge drinking alcohol.^{39,45}

Major Changes in Kitsap County’s Healthcare System

The healthcare sector in Kitsap County includes a wide range of facilities, services, and specialty practices, including St. Michael Medical Center (SMMC), Naval Hospital Bremerton, Peninsula Community Health Services (PCHS), 2 Veterans Affairs (VA) clinics (Silverdale and Bremerton locations), Kitsap Mental Health Services (KMHS), and family care clinics, cardiac care offices, assisted living centers, in-home health operations, physical therapy, homeopathic care, pharmacies, medical equipment sales and rentals, cancer care facilities, emergency medical services, and medical laboratories. The healthcare system has experienced substantive change in recent years resulting in an overall reduction of available healthcare resources as the result of organizational mergers and acquisitions, crippling staffing issues, and reductions in reimbursements from payment systems such as Apple Health (Medicaid) and TRICARE, the uniformed services healthcare program ([see Figure 2](#)). Several of the major changes resulting in a redrafted healthcare landscape are highlighted below.

Figure 2. Kitsap County Health Timeline Events and Dates



St. Michael Medical Center (Silverdale)

The original City General hospital first opened its doors in Bremerton as a ward during the 1918 Spanish influenza pandemic. Since then, the hospital has undergone multiple name changes, next becoming Olympic Hospital before being renamed Harrison Medical Center in 1942. A trusted and much-beloved Kitsap County institution, Harrison Medical Center was eventually acquired by Catholic Health Initiatives Franciscan Health System (CHI Franciscan Health) in 2013. CHI Franciscan merged with Virginia Mason Health in January 2021 to form an integrated health system known as Virginia Mason Franciscan Health (VMFH). The parent company of this health system is CommonSpirit Health, the largest Catholic health system and the second-largest nonprofit hospital chain in the US.⁸⁰ Headquartered in Chicago, CommonSpirit operates more than 1,000 care sites and 140 hospitals in 23 states.⁸¹

Renamed as St. Michael Medical Center (SMMC)⁸² after its acquisition, the former Harrison Medical Center relocated all its patients and services to a brand-new facility in Silverdale, Washington, in December 2020. SMMC currently serves as the county's only fully functioning hospital and regional hub for Kitsap's healthcare industry. The 536,770 square foot hospital is a Level III trauma center with a 56-bay emergency department (ED), 248 beds (144 critical and acute), and 9 operating rooms.⁸³ It currently houses the only emergency department available in Kitsap County (other nearby EDs not in Kitsap County include Madigan Army Medical Center in Tacoma, St. Anthony Hospital in Gig Harbor, Tacoma General Hospital, and Mary Bridge Children's Hospital in Tacoma). SMMC closed its ED at the 'old' Harrison hospital in Bremerton in 2021 to consolidate available staff at one facility in Silverdale.⁸⁴ In May 2022, VMFH closed the facility for good, leaving SMMC the only remaining option for emergency services in Silverdale. In August 2023, however, VMFH announced plans to construct Washington's first hybrid emergency room and urgent care center in Bremerton, the first of several such facilities planned to be opened throughout the Puget Sound region in the coming years.⁸⁵

Despite being part of a Catholic health system, VMFH has designated SMMC as a secular facility, and hospital leaders have affirmed their commitment to continuing provision of select family planning and reproductive health services.^{86,87} Nevertheless, VMFH and its affiliated facilities adhere to the Ethical and Religious Directives for Catholic Health Care Services.⁸⁸ Internal policies at SMMC also reflect this, stating that "human life is a gift of God," "all health care facilities under our sponsorship should protect life from conception through death," and "Catholic health care institutions may never condone or participate in euthanasia or assisted suicide in any way."^{24,86}

Naval Hospital Bremerton

Naval Hospital Bremerton (NHB), located 5 miles north of the Puget Sound Naval Shipyard at Bremerton, was established to serve active-duty personnel, retirees, and their family members. In 2013, the US Department of Defense (DOD) established the Defense Health Agency (DHA),⁸⁹ a joint, integrated combat support agency that enables

the Army, Navy, and Air Force medical services to provide a medically ready force and ready medical force to combatant commands in both peacetime and wartime. According to its website, the DHA “uses the principles of Ready Reliable Care to advance high-reliability practices across the military health system by improving operations, driving innovative solutions, and cultivating a culture of safety.”⁹⁰ Since 2013, DOD has attempted to reduce military healthcare costs, and in 2017, the US Congress gave the Pentagon broad authority to reevaluate and potentially scale back its facilities, which, in turn, led to a shift toward sending civilian patients for care in the communities surrounding military bases.⁹¹ Since then, NHB has experienced reductions in service lines and closure of its ED and labor and delivery unit. Currently, the hospital provides some ambulatory care services including primary care, mental health and substance use care, and pediatric care.

Peninsula Community Health Services

Peninsula Community Health Services (PCHS), a federally qualified health center, provides primary medical care, dental care, behavioral health counseling, substance use treatment, pharmacy services, and health education and promotion activities to its patients.⁹² Services are provided to all patients regardless of their insurance status or ability to pay. PCHS has medical clinics located throughout Kitsap and North Mason Counties, including Almira Bremerton, Belfair, Franklin, Kingston, Port Orchard, Poulsbo, Silverdale, Sixth Street Bremerton, and Wheaton Way Bremerton. In addition, PCHS has a Mobile Medical Clinic that travels throughout Kitsap County to provide primary medical care to patients with transportation or other access issues.⁹³

Kaiser Permanente and MultiCare

Other major healthcare providers in Kitsap County include Kaiser Permanente,⁹⁴ an integrated managed care consortium with 36 medical offices across Washington, and MultiCare,⁹⁵ a comprehensive health system consisting of 12 hospitals and 300 primary, urgent, pediatric, and specialty care locations across the Pacific Northwest. Kaiser Permanente operates medical offices, urgent care centers, and eye clinics in Silverdale, Poulsbo, and Port Orchard and offers several health insurance plans for Kitsap County residents. MultiCare offers similar services throughout Kitsap County, including in Poulsbo and Port Orchard. In 2022, MultiCare also announced plans to open a new, 24-hour, standalone emergency room just outside of Bremerton.⁹⁶

Current Health System Gaps

The research team reviewed several recently published reports, including but not limited to the Kitsap Community Health Needs Assessment (CHNA) 2023 (VMFH/ SMMC & KPHD),³⁸ Kitsap Community Needs Assessment (CNA) 2023 (KPHD and Kitsap Community Resources [KCR]),⁹⁷ and the 2023 Community Health Implementation Strategy (VMFH).⁹⁸ Additional reports reviewed included the Washington State Department of Health Family Residency Program Report (2022),⁹⁹ the Northwest Healthcare Response Network (NWHRN) Healthcare Hazard Vulnerability Assessment

(2023),¹⁰⁰ and the Kitsap Health Equity Collaborative's Barriers to Health Discussions on Accessible Mental and Physical Healthcare Services (2023).¹⁰¹ These reports reflect a substantial investment of resources and suggest that KPHD and the organizations with which it partners have a clear understanding of what the most pressing health issues are within the county and where gaps exist. In July 2023, KPHD, in collaboration with VMFH, hosted the Kitsap Maternal Infant Health Forum to bring together community stakeholders and identify recommendations and related activities to address the worsening access to maternal/infant health resources. In September 2023, KPHD hosted a data summit, where the findings of their Kitsap County Community Health Assessment 2023 were reported to key community partners and stakeholders. Data related to healthcare access revealed persistent shortages across the healthcare workforce, no improvements in insurance coverage, and unmet healthcare needs due to cost. Taken collectively, the research team's analysis of the available reports revealed the following relevant findings.

Limited Availability of Healthcare Providers

Every county in Washington State has been designated by the Health Resources and Services Administration as qualifying partly or wholly as a Health Professional Shortage Area (HPSA),¹⁰² with Kitsap County falling below the state average for primary care providers,^a physician assistants, obstetrical-gynecological physicians (OB/GYNs), mental healthcare providers, dentists, and staffed inpatient hospital beds per 100,000 population.¹⁰³

Obstetrics & Gynecology

Kitsap County has fewer than 3 OB/GYNs per 100,000 people; the average in Washington State is 15 per 100,000 people, and the national average is nearly 25 OB/GYNs per 100,000.¹⁰³ While Washington historically has seen lower rates of maternal mortality than the national average, there are still issues with racial disparities and access to care for comorbidities, specifically behavioral health; in fact, the Washington State Maternal Mortality Review Panel recently reported that 80% of pregnancy-related deaths in the prior reporting period were preventable.¹⁰⁴ In a December 2022 Kitsap Public Health Board Meeting, Dr. Katherine Hebard, a local obstetrician, presented data on the dire maternal healthcare situation in Kitsap County, citing the following primary items:

- With the closures of the labor and delivery units at NHB and PCHS, there are only 3 OB/GYNs per 100,000 population in Kitsap; prior to these closures, there were 8.
- The average age of providers in the county is over age 50, meaning most will retire in the next 10–15 years.
- It is difficult for the county to attract new practicing OB/GYNs because of low (and continually diminishing) reimbursements from Medicare, Medicaid, and TRICARE and the high percentage of the population (~40%) on these plans.

^a In 2020–2021, the Office of Financial Management Health Care Research Center estimated about 63 primary care providers in Kitsap County for every 100,000 residents compared to 90 per 100,000 residents in Washington State overall, meaning Kitsap County had about 30% fewer primary care physicians to serve a similar number of patients ([Kitsap County Trends in Healthcare Access](#), September 2023).

- The nature of obstetric care, compounded by the healthcare crisis in the county, is causing burnout among the OB/GYNs who remain practicing in the area.^{58,103,105,106} This testimony is corroborated by myriad local news stories detailing the closure of the NHB and PCHS labor and delivery units and the complex and devastating downstream effects that reductions in Medicare and Medicaid reimbursements have caused in the county, specifically regarding OB/GYN care.^{69,107}
- The Washington State Legislature has outlined provisions for the establishment of a maternity care access program that could be leveraged to help remediate the ongoing maternal healthcare desert in Kitsap County.^{108,109}

Behavioral & Mental Health

Kitsap County lacks mental healthcare providers, reporting only 396 per 100,000 population, which falls slightly below the state’s average of 436.¹⁰³ In May 2018, Washington State set a fast-paced goal for transforming the state’s mental health system by 2023; however, implementation of this plan has introduced more problems than it has solved and has surpassed the proposed timeline. The idea was to separate mental health systems serving civilians and incarcerated people and provide more specialized care to each demographic group. However, the result has been untimely closures of facilities, further limiting access to care as there are not enough beds to meet the needs.⁴⁹ Additionally, 20% of preventable pregnancy-related deaths in Washington State from 2017–2020 were tied to behavioral health comorbidities and the lack of access to behavioral healthcare.¹⁰⁴

In January 2021, the Kitsap County Board of Commissioners’ Behavioral Health Strategic Planning Team released a 5-year Behavioral Health Strategic Plan that renewed a sales tax to augment state funding of mental health and chemical dependency programs and related services. The plan also laid out 6 goals:

1. Improve the health status and wellbeing of Kitsap County residents.
2. Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.
3. Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
4. Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jails and prisons.
5. Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.
6. Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.¹¹⁰

Nurses

Nurses are a critical component of the healthcare workforce that is dwindling nationwide due to job dissatisfaction related to burnout, a large percentage of nurses reaching retirement age, and noncompetitive salaries.¹¹¹ A 2023 report published by the National Council of State Boards of Nursing (NCSBN) found that approximately 100,000 nurses left the profession during the COVID-19 pandemic and that another 610,000 intend to leave the profession by 2026.¹¹² The American Association of Colleges of Nursing's 2023 annual report shows that nursing school enrollments in western states declined 12.5% from the 2021 to 2022 academic years.¹¹³ Additionally, Washington State has had a higher rate of nursing faculty vacancies (13%) than the national average (8%) for the past 3 years. Washington State also has seen a 54% decline in the number of students admitted into licensed practical nurse (LPN) programs, with average admittance rates for registered nurse (RN) and Bachelor of Science in Nursing (BSN) programs remaining steady, and an increase in advanced registered nurse practitioners (ARNPs) averaging about 400 new providers per year.^{114,115} ARNPs, most of whom are educated in primary care programs, can improve access to primary care across multiple patient populations.^{116,117,118} ARNPs include nurse practitioners, nurse midwives, certified registered nurse anesthetists, and certified nurse specialists.¹¹¹ As of 2021, Washington State had 9,334 actively licensed ARNPs, and 8,457 were employed in nursing. Of these ARNPs, only 219 listed a Kitsap County mailing zip code.¹¹¹

Healthcare is not the only business in Kitsap facing a workforce shortage. However, the reputation that SMMC has earned from various news reports about strained staff, an overwhelmed emergency room, union discontent, and unresponsive senior leadership has undermined efforts to attract a new workforce.¹¹⁹ In fact, SMMC reported struggles attracting applicants for more than 300 open positions in early 2023.¹²⁰ Travel nurses have helped fill these gaps but not without consequences. Wage disparities between travel nurses and regular full-time workers have contributed to low morale and worker retention and high overhead costs from travel nursing agencies straining the hospital's budget.^{121,122} Additionally, more suburban and rural regions like Kitsap are forced to compete with larger, better-resourced metropolitan hospitals to fill these positions.¹²³ Fortunately, in 2023, Washington became the 40th state to enact the Nurse Licensure Compact, which permits nurses with active multistate licenses from other states to practice in Washington.¹²⁴

Emergency Care

A review of relevant Washington State Health Care Authority documents, Joint Commission reports, and news media articles revealed significant challenges related to accessing emergency care, with 2022 being a particularly difficult year for Kitsap County. Long EMS wait times throughout the summer of 2022 and chronic understaffing in the ED at SMMC were brought to the national spotlight when, in October 2022, an ED charge nurse at SMMC called Central Kitsap Fire and Rescue for assistance in caring for patients. At the time, the nurse reported 45 patients in the ED and only 5 nurses on duty. Relations between SMMC leadership and their staff had declined to where United Food & Commercial Workers 3000, the union representing SMMC employees, called

for the resignation of both the hospital's president and chief nursing officer.¹²⁵ These challenges, combined with a lack of capacity within long-term care facilities,¹²⁶ shelters, and jails, only exacerbated the burden on EMS and the SMMC ED.

Other factors contributing to the breakdown in accessible healthcare include Kitsap County's challenging geography, a lack of access to childcare,¹²⁷ lack of affordable housing,¹²⁸ and serious one-time issues like a ransomware attack against VMFH.^{129,130} All these issues, compounded with the issues discussed above, led to the declaration of a public health crisis resolution passed by the Kitsap Public Health Board on July 11, 2023.¹³¹

Public Hospital Districts

Public hospital districts (PHDs) are governmental entities established by Washington State statute. The legislature granted local communities the authority to create hospital districts in 1945. These entities are established within a community to oversee and facilitate healthcare in its jurisdiction and are funded through tax levies but can be supplemented by other government funding mechanisms.¹³² Because a PHD is a governmental entity, its officials are elected by the community and tailored to fill gaps in existing community healthcare systems through either funding subsidies, operations, or both. Typically, they are established in rural or underserved areas to supplement healthcare systems that are not meeting a community's needs, making it a potential solution to the healthcare access issues in Kitsap County.¹³³ Establishing a PHD could facilitate better access to primary care, secular care, long-term care, or any other gap that voters decide on.¹³⁴ Additionally, the tax rate is limited by Washington law to \$0.75 per \$1,000 assessed property value, which caps what taxpayers would have to pay out of pocket to establish the PHD.¹³⁴⁻¹³⁷ However, a PHD would take time to set up and could potentially introduce new challenges in the county.¹³⁴ For instance, other community services funded by tax levies, such as EMS, could lose funding due to the Washington State tax cap. Furthermore, Kitsap voters have historically shown mixed support for raising or levying new taxes, even for bolstering critical community health services.¹³⁸ For example, they approved a 2016 local sales tax increase to subsidize the cost of a new fast ferry service between Bremerton and Seattle; a 2021 sales tax increase to upgrade the county's 911 emergency radio system; and a 2022 Central Kitsap school support levy.^{139,140,141} However, Kitsap citizens also voted against a 2022 levy that would have added new firefighter EMTs and paramedics to South Kitsap Fire and Rescue's staff, as well as a 2023 public safety levy that would have created new police and firefighter positions in Bremerton.^{142,143} As such, securing approval for a PHD would require concerted voter engagement efforts.

Health Policy Analysis

Healthcare in Kitsap County is governed by myriad state laws, rules, and regulations, and the interface with federal policies such as those established by CMS. Several of these are described below and in [Table 1](#) at the end of this section.

Revised Code of Washington

The Revised Code of Washington (RCW)¹⁴⁴ is the compilation of all permanent laws now in force in the State of Washington, including laws that govern health and healthcare delivery. The RCW is a collection of Session Laws (enacted by the state legislature and signed by the governor, or enacted via the initiative process), arranged by topic, with amendments added and repealed laws removed. It does not include temporary laws such as appropriations acts.

The Washington State Health Care Authority (HCA)¹⁴⁵ is the largest healthcare purchaser in Washington State, serving more than 2.5 million people through its Apple Health (Medicaid),^{146,b} Public Employees Benefits Board (PEBB), and School Employees Benefits Board (SEBB) programs. The HCA is responsible for rulemaking, taking laws passed by the state legislature and adding details to the RCW. Rules are codified as the Washington Administrative Code (WAC).¹⁴⁷ Washington State requires its agencies, including HCA, to follow a specific process when adopting or revising rules, including allowing the public to provide feedback on rules before they are adopted. The HCA administers the state's Medicaid innovation model, called the Medicaid Transformation Project (MTP),¹⁴⁸ and Accountable Communities of Health (ACH),¹⁴⁹ both described below.

MTP is Washington State's Section 1115 Medicaid demonstration waiver between the HCA and CMS. MTP allows Washington to create and continue to develop projects, activities, and services designed to improve the state's healthcare system. All MTP programs support Apple Health enrollees. On June 30, 2023, CMS approved MTP to continue for 5 more years. The state's MTP renewal, called MTP 2.0, will ideally extend reach to provide more programs, services, and supports to vulnerable populations.

ACHs are independent, regional organizations that work with their communities on specific healthcare and social needs-related projects and activities. ACHs play an integral role in Washington's MTP efforts, as they were designed to be a neutral convener, coordinating body, investor, and connection point between the healthcare delivery system and local communities. The ACH network was formally created in 2015, with funding through a State Innovation Models Round 2 test grant and supportive state legislation in the 2014 session. Each ACH serves a specific region, and Kitsap County is located within the Olympic Community of Health.¹⁵⁰

In Washington State, public health is decentralized to the county level. Since 2010 and the passage of the Patient Protection and Affordable Care Act (ACA), the Washington State Board of Health¹⁵¹ has worked to strengthen local public health leadership and resources through various pathways, including Medicaid flexibility, state policy and budgetary reform, and collaborative learning.

^b Medicaid is the federally matched medical aid program under Title XIX of the Social Security Act (and Title XXI of the Social Security Act for the Children's Health Insurance Plan) that covers the Categorically Needy (CN) and Medically Needy (MN) programs.

Healthcare Costs

Over the past 20 years in Washington State, healthcare costs have risen faster than inflation and insurance premiums have increased faster than wages.^{152,153,c,d} Rising healthcare costs in Washington have made healthcare unaffordable to many working families across the state. In 2020, the Washington State Legislature passed House Bill (HB) 2457¹⁵⁴ to establish the Health Care Cost Transparency Board (HCCT Board) under HCA.¹⁵⁵ The HCCT Board is responsible for analyzing total healthcare expenditures in Washington, identifying trends in healthcare cost growth, and establishing a healthcare cost growth benchmark to assist in Washington's efforts to better control increasing healthcare costs.^e Washington is one of 9 states in the nation to adopt a cost growth benchmark. It is also a participant in the Peterson-Milbank Program for Sustainable Health Care Costs.¹⁵⁶ The HCCT Board established a benchmark target in 2022 for the subsequent 5 years and will evaluate the benchmark annually moving forward. The cost growth benchmark represents a common goal for payers, purchasers, regulators, and consumers to increase healthcare affordability.¹⁵⁷

In 2019, the Washington State Office of Financial Management (OFM) published the Primary Care Expenditures report, which relied on claims-based data from Washington's All Payer Claims Database (WA-APCD). OFM, with a group of stakeholders, developed and used narrow and broad definitions of primary care providers and services. Based on OFM's definitions, primary care expenditures in Washington ranged from 4.4%, based on the narrow definition, to 5.6%, based on the broad definition.

In 2022, the Washington State Legislature passed Senate Bill (SB) 5589,¹⁵⁸ which directed the HCCT Board to measure and report on primary care expenditures in Washington and on progress toward increasing primary care expenditures to 12% of total healthcare expenditures. The HCCT Board established the Advisory Committee on Primary Care to clearly define and measure primary care spending and develop recommendations for increasing primary care spending. In December 2022, that Advisory Committee published an initial legislative report on primary care spending.¹⁵⁹ The report notes that national primary care spending is low compared to other medical specialties,¹⁶⁰

^c Expenses for healthcare providers rose 10% between 2022 and 2023 across Washington, due in part to the rising cost of supplies, equipment, medication, and labor expenses ([Washington State Hospital Association](#), October 2023).

^d Driven in large part by healthcare industry mergers, health insurance premiums for employment-based plans in Washington have risen by 49% over the past decade, and the cost of many individual plans has more than doubled ([Governing](#), December 2023).

^e In 2024, the Washington Health Alliance (WHA) reported that the cost of care across all service settings in Kitsap County was generally lower than the state average among both Medicaid patients and those with commercial insurance. However, inpatient and professional care costs were greater than the state average among more-disadvantaged patients (as measured by Area Deprivation Index) across both insurance categories ([Total Cost of Care by ADI, Washington Health Alliance Community Checkup](#), 2024). Furthermore, among commercially insured patients in Washington, 82% of the quality of care measures published by the National Committee for Quality Assurance fall below the national 50th percentile; among Medicaid patients, this estimate falls to 69% ([Washington Health Alliance Community Checkup](#), January 2024).

and Washington primary care spending is also low;¹⁵¹ however, current data may not be complete. While Washington tracks claims-based spending, the state does not yet track non-claims-based primary care spending, unlike Oregon and Rhode Island.¹⁶¹

In August 2023, the HCCT Board published its annual report showing total spending by categories of care.¹⁶² Inpatient services represented the highest category of spending in 2018 and continued to be the highest in 2021, with outpatient services also rising. There was greater overall growth in outpatient spending compared to inpatient. Outpatient medical per member per month (PMPM) growth was driven by a utilization increase of 32% despite no pricing increases. Healthcare prices increased for inpatient services, including both the plan paid and member responsibility; however, there was a decrease in utilization. Spending growth occurred across all categories for both men and women. Finally, the HCCT Board commissioned a hospital cost and profit analysis through a contract with independent consultants. In April 2023, the Board also approved plans with Bartholomew-Nash & Associates for a phase 2 analysis of Washington hospital costs, price, and profit.

Medicaid Reimbursement Rates

Some hospitals in Washington State reported significant financial losses in 2022 while others saw profits climb. In a survey conducted by the Washington Hospital Association, of the 81 acute-care hospitals surveyed—representing 98% of the state’s beds—69 lost money and 12 made a profit.¹⁶³ Those that lost money attributed it to decreasing Medicaid reimbursement rates, higher labor costs related to travel nursing, and longer patient stays due to increased acuity from delayed care due to the pandemic. While hospitals may receive some relief through state-directed payment programs,¹⁶⁴ decreasing Medicaid reimbursement rates resulted in undue financial pressures on primary care practices leading to reduced access to care for Medicaid patients and, in some cases, practice closures.^{163,165} Concern over increasing maternal mortality rates in the state also can be attributed to changes in Medicaid reimbursement.¹⁶⁶

Multi-Payer Collaborative

The Washington Multi-Payer Collaborative (MPC) is a group of payers working to build collective approaches to supporting patients and providers that will yield greater results than independent action, with a focus on the transformation of primary care delivery and payment in the state. The current MPC focus is on the importance of primary care in improving outcomes and improving access to high-quality comprehensive primary care. Making Care Primary (MCP), the new primary care model for Medicare beneficiaries from CMS, is expected to launch in July 2024. The MPC will work to align existing primary care transformation efforts in Washington State with the new CMS model.

Certificate of Need

Some healthcare providers in Washington are required to obtain a certificate of need (CON) from the state before constructing certain types of facilities or offering new or expanded services; per WSDOH, this process is “intended to help ensure that facilities and new services healthcare providers propose are needed for quality patient care within a particular region or community.”¹⁶⁷ As of 2020, 18 healthcare services require a certificate of need in Washington, including acute, swing, and general licensed hospital beds; obstetrics services; psychiatric services; dialysis centers; substance use treatment providers; and hospice facilities.^{168,f,g}

The CON program has, unfortunately, impeded healthcare access in Kitsap County.¹⁶⁹ Following CHI Franciscan Health’s decision to close the Bremerton campus of the former Harrison Medical Center (now SMMC), WSDOH approved a CON in May 2017 to move 242 licensed hospital beds from Bremerton to the new campus in Silverdale.¹⁷⁰ WSDOH later performed a reconsideration review of this certificate, confirming in November 2017 that the relocation would proceed in 2 phases: during the first phase, the Silverdale campus would construct a 9-story tower to house 168 of the 242 beds; and during the second phase (then expected to be complete by January 2023), a second tower would be built to house the remaining 74 beds.¹⁷¹ At the time of its reconsideration review, WSDOH further stipulated that “if phase 2 is not completed within 5 years of the completion of phase 1, any remaining bed authorization not meeting licensing requirements shall be forfeited.”¹⁷¹

Phase 1 was completed in 2020; however, contractors had not yet broken ground on the second tower at the time that this study commenced in April 2023, which led concerned Kitsap residents to petition WSDOH to deny an extension to SMMC and revoke its CON for the remaining 74 beds.¹⁷² However, WSDOH asserted that SMMC had not violated any of the conditions attached to its certificate and underscored that revoking it would likely result in SMMC’s closure, potentially resulting in “devastating impacts to the low-income and elderly residents of Kitsap County.”¹⁷³ Subsequent reports published in summer 2023 indicate that construction on the second tower began in July 2023, with the project currently slated to finish by the end of 2025.^{174,175}

^f As of 2022, Washington reports the lowest hospital bed density of any state in the US: 1.6 beds per 1,000 people ([State Health Facts, Kaiser Family Foundation](#)). In 2023, St. Michael Medical Center also reported that Kitsap County has fewer staffed inpatient hospital beds (1.0 per 1,000 residents) than both Washington and the US on average (2.4 beds per 1,000 people) ([Community Health Needs Assessment, May 2023](#)).

^g A certificate of need is also required to open long-term care and skilled nursing facilities in Washington. Given the limited availability of such facilities, many patients often remain housed in acute care hospitals, driving up the cost of care ([KUOW/NPR, December 2021](#); [Washington Policy Center, July 2022](#)).

Table 1. Washington State Policies and Programs Governing Health Service Spending, Availability, and Health Workforce Development

Washington State Policy or Program	Description
J-1 Visa Waiver Program: WSDOH¹⁷⁶ Workforce Recruitment and Retention	“The goal of the program is to increase the number of physicians available to work in rural and underserved areas of the state. The program is considered a secondary tool in recruitment, used when efforts to recruit a US-trained physician have been unsuccessful for an extended period.”
WSDOH¹⁷⁶ National Health Services Corps scholarship / loan repayment programs	Financial assistance programs meant to reduce the financial burden for people trying to become healthcare providers, including some nursing roles.
Washington Health Corps¹⁷⁷: Washington State Health Professional Loan Repayment and Scholarship Program	Loan repayment program for health professionals working in critical shortage areas.
HB 2457 (2020): Health Care Cost Transparency Board^{154,155}	Established the Health Care Cost Transparency Board (HCCT Board), under the Washington State Healthcare Authority (HCA), for the purpose of reducing healthcare cost growth and increasing price transparency.
SB 5589 (2022):¹⁵⁸ Concerning statewide spending on primary care.	Directed the HCCT Board to measure and report on primary care expenditures in Washington and the progress toward increasing it to 12% of total healthcare expenditures.
CMS: Making Care Primary (MCP) Model¹⁷⁸	The Making Care Primary (MCP) Model—which will be tested in 8 states including Washington—aims to improve care for beneficiaries by supporting the delivery of advanced primary care services and provide a pathway for primary care clinicians to gradually adopt prospective, population-based payments while building infrastructure to improve behavioral health and specialty integration and drive equitable access to care.
Medicaid Transformation Project¹⁷⁹	The Medicaid Transformation Project allows Washington State to create and continue to develop projects and activities including furthering ACHs, supporting older adults and family caregivers, providing supportive housing and employment services to Medicaid enrollees, and providing substance use disorder treatment and mental health services.
Washington Administrative Code Chapter 246-453¹⁸⁰	Washington State hospitals are required to inform patients about financial assistance options verbally and in writing and must screen patients for eligibility before attempting to collect payments.
Certificate of Need: WSDOH¹⁶⁷	<p>“The Certificate of Need Program is a regulatory process that requires certain healthcare providers to get state approval before building certain types of facilities or offering new or expanded services. For example, a certificate of need is required if a hospital wants to add to the number of its licensed beds. The certificate of need process is intended to help ensure that facilities and new services healthcare providers propose are needed for quality patient care within a particular region or community.”</p> <p>However, studies¹⁸¹ have shown that CON laws create anticompetitive markets and increase prices¹⁸² for consumers. Rural states with CON laws show higher spending and utilization rates compared to those without.¹⁸²</p>

<p>HB 1616 (2021-22):¹⁸³ Concerning the charity care act.</p>	<p>This law protects Washingtonians from out-of-pocket hospital costs. The protections apply to both insured and uninsured patients. It requires all hospitals to forgive some or all out-of-pocket costs for essential healthcare for patients within 300% of the federal poverty level.</p>
<p>Kitsap County Board of Commissioners’ Behavioral Health Strategic Planning Team 5-year Behavioral Health Strategic Plan 2021¹¹⁰</p>	<p>Commissioners renewed a sales tax¹⁷³ first implemented in 2013 to augment state funding of mental health and chemical dependency programs and related services and laid out a plan to use the funding for those purposes.</p>

Key Informant Interviews & Focus Group Discussions

Several themes emerged in the key informant interviews and focus group discussions. These themes are summarized below, in no particular order, and reflect the views, opinions, and perceptions of the key informant interviewees and focus group participants.

Lack of choice in healthcare services decreases access to care.

Participants spoke at length about a lack of choice in healthcare providers within Kitsap County, including for routine, preventive, maternal, child, and emergency healthcare services. For example, one participant stated, “When you say what is causing the healthcare issues in Kitsap County, there’s only really one access [point (SMMC)], unless you want to drive over to Seattle or Pierce County to find MultiCare or whatever that may be.”

Many felt that having only one large, corporately owned hospital made it difficult to create a sense of community, especially since the hospital’s leaders came from outside of the county. “They’re not from here,” one key informant stated. “They don’t understand the community. You know, they make a lot of simple rookie mistakes. Because it’s a unique place.” Several participants contrasted SMMC with its predecessor, Harrison Medical Center, which one key informant described as “family-started and very well-respected.” This same interviewee observed that when the systems merged, “we lost providers. They fell out of the system because they didn’t want to be in a Catholic system. You know, they were worried about being part of a really huge conglomerate.” Another participant also noted that Harrison was more conveniently located, with many retirees having moved to Bremerton with the expectation of having healthcare services near their homes. Now, with the only hospital located in Silverdale, these residents and their caregivers are having to “travel, driving 30 minutes a month to get services.” Participants also noted that the monopolistic behavior of CHI Franciscan Health, which owns SMMC, greatly hampered existing healthcare services because it had bought most of the primary care physician clinics and urgent care clinics in the district, “reducing service levels because they were the only providers around, and that has [been] a [systemic] issue.”^h Another noted that the purchase of the private provider

^h In 2017, Washington State Attorney General Bob Ferguson filed an antitrust lawsuit against CHI Franciscan for its acquisition of several Kitsap-based clinics then owned by the Doctors Clinic and WestSound Orthopaedics. These acquisitions—which, per the state, constrained health sector competition—allegedly resulted in higher prices for Kitsap patients, longer wait times and scheduling mishaps, and limited service availability ([Modern Healthcare](#), March 2019).

clinics “changed the culture of medicine in Kitsap,” which they said was formerly “very collaborative in providing care throughout the county.” At the same time, participants stressed that because SMMC is now “the only game in town,” it is critical that the community “find a way to support them [...] as I don’t see what we would do without them.”

A major point of concern among participants was the perceived affiliation of SMMC with the Catholic Church, which many felt not only impacted service availability but also patients’ comfort and confidence in the services provided. For example, one participant stated, “It freaks me out. I am uncomfortable with somebody putting religion between me and my doctor.” Another participant highlighted a large portion of end-of-life care is now provided under SMMC, and thus anyone “who wants to have access to death with dignity or who have directives that run afoul of the religious and ethical directives are pretty much out of luck.” Other key informants, however, were less concerned about SMMC’s perceived religious affiliation, with one interviewee suggesting that perhaps workforce capacity issues and an untenable patient volume have soured people’s perception of the hospital.

Key informants were also divided on whether another hospital would improve healthcare services within the county, versus targeted changes such as expanding emergency services across the county. Another noted that additional, independently owned clinics would be beneficial to the community but opening them would not be a viable option given steep operating costs.

Charity care provided by nonprofit hospitals needs additional regulation to ensure community benefit.

Many participants acknowledged that SMMC is technically in compliance with the rules and regulations of the IRS for nonprofit hospitals under the ACA. A few even remarked on some known local organizations that had received funds through the hospital’s charity care program. Another noted that a lot of the charity work by the hospital tends to be done “quietly,” and that perhaps “learning to be louder about [the hospital’s] work” could help ensure greater visibility of the benefits of charity care to the community. However, other participants highlighted gaps, particularly in the process of qualifying for charity care, including anecdotes of patients who were not notified about charity care options or not provided with the requisite paperwork. Another interviewee noted that SMMC does provide charity care forms in Spanish, but “because a lot of folks aren’t literate, they don’t understand what they’re supposed to do with this form.” The interviewee emphasized the need for “someone who will actually help someone with the form, not just give it to them, and walk them through that. And I think that that’s just a lack of the hospital prioritizing investing in the staffing needed for that.” Additionally, because there is no streamlined process for charity care, some individuals who qualified for financial assistance from SMMC still received bills from multiple organizations, creating additional burdens on qualified patients who would unnecessarily pay the bills or need to work to have them cancelled.

Complexity and inflexibility of health insurance coverage rules and reimbursement rates lead to gaps in care.

Several participants highlighted health insurance challenges as a root cause of healthcare access issues, including delays in preauthorization for specialty care, lack of coverage for preventive dental care, lack of mental health providers that accept public insurance, and confusion around what services are covered under certain insurance plans. Some noted that strict eligibility rules leave many individuals in untenable positions, where their income is too high to qualify for state health insurance but too low to pay for the high costs of mental healthcare. Restrictions on what type of health insurance would cover mental health providers were also noted to lead to inequities in care:

“Medicaid clients don’t get the same type of licensed care that private insurance folks might get...Because if we did start accepting private insurance, private insurance would only pay for licensed care, which means that private insurance clients will get prioritized to our licensed professionals, which means our Medicaid clients wouldn’t be able to access [those professionals] as often or as frequently. And so, you come into, like, the class issue of how that would work.”

Participants also noted that many local providers no longer accepted TRICARE due to reimbursement issues, which has greatly impacted servicemembers and their families in the county. Compounding this challenge was the closure of many services offered at the Naval Hospital, leaving, as one participant noted, nowhere for these individuals to turn to. Reimbursement rates for patients with Medicaid were also highlighted as insufficient for locally owned, private clinics. This has led some providers to limit the number of Medicaid patients they see to be able to continue covering operating costs, such as staff salaries and rent. One provider spoke of the “facility fees” that were able to be collected by the local hospital system because they are open 24 hours a day. They advocated for similar fees to be collected by private clinics, which do not qualify to collect facility fees, to help ensure they can keep their doors open:

“A hospital can qualify, and they say it’s because they’re open 24 hours, so that’s why they should get paid more. So, they get an automatic facility fee which essentially doubles the payment. So, you know, it’s rough. It might even be \$250 versus \$100, but they get a facility fee, which is considered room rent. The University of Washington can do it, St. Michael can do it. And Derek Kilmer, our local representative to Washington, has tried to do away with that facility fee. And I’ve come to the conclusion [that] I don’t think the answer is doing away with it... If there is an area where 10 providers are needed to meet what a basic bottom line would be, you need to help them stay open, so they should get a facility fee for that.”

Another interviewee further observed that SMMC has become the “safety net” for much of the community’s Medicare and Medicaid patients, with many of the costs covered by the hospital’s charity care program.

Kitsap County lacks the resources required to care for a growing and aging population.

Participants noted several healthcare access challenges for Kitsap County's growing senior population. Common themes included not understanding newer technologies used in healthcare; lack of affordable senior housing; lack of caregivers, including home health providers, covered by public health insurance; lack of availability of long-term care and skilled nursing facilities; and the inability to live on a fixed income. For some seniors in the community, the expense of living within Kitsap County has led to homelessness:

"I think a lot of elders are homeless because they're on fixed incomes, and our pricing and our housing is so high that they're unable to pay for an apartment they don't want, and then they live on the streets. They're subjected to all sorts of, you know, things out on the street and being in and out of shelters. I mean I've seen so many folks on the street with walkers and wheelchairs with catheters and with all sorts of stuff. It is terrible."

Several community-based organizations are working to implement wraparound services that include housing, case management, and healthcare to help address the challenges faced by the senior community, which requires significant "coalition building" by those organizations. Another mentioned that the county's exponential growth in population, including many military retirees, had led to an untenable position where the local hospital was "unable to keep up" with the demand for healthcare.

New healthcare technologies could help bridge healthcare gaps in an overwhelmed system.

Many participants brought up new healthcare technologies as important tools that could help bridge gaps within Kitsap County's overwhelmed healthcare system by increasing access to care and reducing urgent care and emergency room visits by connecting patients to care at home, as needed. One interviewee remarked:

"I do think we are, as a county, vastly underutilizing technology. We should absolutely have some sort of virtual 'Tele-Doc' telehealth. Somebody who doesn't need to go to the ER can be put on the phone, on FaceTime, with a physician's assistant and get a prescription for medicine, or for physical therapy, or a primary care provider that can see them within 72 hours or whatever it is, and they can stay out of urgent care, and they can stay out of the ER."

Participants remarked that similar services had been put into place during the height of the COVID-19 pandemic but had "served their purpose" and had "gone away." They were supportive of redeploying those services but were dubious about how they would be funded without "an endless pot of money." Participants highlighted "hospital-at-home"-style services as another potential application of virtual technology that could help "get

patients out of the hospital” yet still ensure that they could be appropriately managed with virtual monitoring devices. General telehealth services, which vastly expanded during the COVID-19 pandemic, were highlighted as critical tools for increasing access to care, but they also introduced new challenges, including inequitable access to smartphones, low digital literacy among certain populations, limited internet access, and platforms lacking language options such as Spanish. Another interviewee voiced hope that eventually patient questions and other more basic functions could be performed by artificial intelligence-based technologies but again raised concerns about who would pay for these platforms.

There is a lack of capacity within the existing hospital system to care for all patients in Kitsap County.

Many participants spoke about the lack of capacity within the existing hospital system to care for Kitsap County’s growing population, leading to long waits in emergency rooms and a perceived decrease in the quality of care. Some participants described difficulties in discharging senior patients into long-term care or skilled nursing facilities due to these facilities being “unable or unwilling to take those patients,” including because they lacked sufficient staff.

Another root cause of SMMC’s limited capacity, according to some participants, is Washington’s Certificate of Need (CON) program, which requires WSDOH to review health service expansions to prevent too many competing services from operating in a single area.¹⁷⁴ One participant noted, “One of the downsides of the Certificate of Need model is that you have a lot of hospital systems and some independent hospitals [that] are licensed for more beds than they can operate.” Another participant observed that because all available beds through the CON program had been licensed to SMMC, new hospitals were prevented from taking root in Kitsap County.

Participants had several suggestions for how to address the healthcare system’s limited patient capacities. One program highlighted was the new Care Transitions Program that aids seniors and their caregivers in reacclimating to the home environment after a hospital stay. Others spoke of the need for more urgent care centers but cautioned that free-standing emergency centers, such as the new MultiCare facility, may not be the right answer, as critically ill patients will still need to be “shipped off to the hospital anyway.” Others spoke of the importance of finding ways to support paramedicine programs, where physicians or physician assistants deploy with EMS to provide mobile care, reducing unnecessary emergency room visits. Reopening some services at Naval Hospital Bremerton was also mentioned as another way of “supporting emergency operations” and improving access to care for servicemembers and their families.

Additional mental health and substance use disorder services are needed to accommodate the needs of Kitsap County residents.

A common theme across the interviews and focus group discussions was the lack of sufficient mental health and substance use disorder services in Kitsap County. A primary reason for this is a lack of qualified mental health practitioners, particularly

for pediatric patients. Some of the reasons for these shortages include licensing issues, financial constraints, an inability to provide competitive wages, and potentially dangerous work environments with combative patients. These factors lead to high staff turnover, which one participant noted erodes patients' trust in the healthcare system.

"I have trouble recommending and referring people to mental health for therapy because they have such high turnover with their therapists... [There] is a huge caseload that they can't keep up with. It's so straining on them that then the trust is eroded, because again, I don't feel comfortable referring people to them. Because I know when I do, they might be with someone one week in completely different ways. We need to be supporting those people so they can have more endurance in these fields and actually provide quality care to the clients. But I don't really see a solution at this point."

The lack of mental and behavioral health providers has also impacted local primary care providers, who were described as reticent to prescribe certain psychiatric medications they felt fell outside their scope of practice. One participant stated, "Psychiatry is probably the biggest specialty area in which we're lacking. The thing I found most distressing when I first started was the need for me to manage complex psychiatric medications that I was never trained to do as a physician or as a family physician." Participants also noted a lack of care coordination for underserved populations, including the recently incarcerated, people experiencing homelessness, and people with severe mental health disorders, which often resulted in gaps in care. This lack of care coordination, particularly among the severely ill and unhoused, frequently resulted in "cancellations and no-shows." Such coordination services were, at one point, handled by social workers, but frequent staffing shortages often relegated these responsibilities to nurses who are already overburdened with other tasks.

Limited capacities to care for people living with mental illness also led to additional strain on the hospital, with staff being assigned as a "one-to-one" monitor for patients at risk for harming themselves rather than caring for a regular patient load. Additionally, finding post-discharge placements for these patients often proves challenging, leading to longer and costlier lengths of stay. In fact, one participant stated that it was not uncommon for the hospital "to be holding a significant number of behavioral health patients" at any given time. Existing crisis response teams, deployed from a local behavioral health center, were highlighted as an important way of reducing hospital admissions for people experiencing mental illness. Several other services provided by local organizations were also highlighted as critical mental and behavioral health services in the county, including mobile outreach services and school-based counseling. Several participants recommended the need for additional harm reduction services in Kitsap County, including HIV, hepatitis C virus (HCV), and sexually transmitted infection (STI) testing, more easily accessible needle exchange programs, and improved access to buprenorphine/naloxone (Suboxone) used to treat opioid dependence.

Sexual, reproductive, and gender-affirming care is lacking in Kitsap County.

A lack of healthcare providers that could provide sexual, reproductive, and gender affirming care was highlighted as a significant problem in Kitsap County. Specifically, participants mentioned a lack of OB/GYNs in the county that has led to long wait times and gaps in prenatal care, resulting in higher-risk pregnancies and pregnant patients needing to travel outside the county for care. This has placed an unsustainable burden on existing OB/GYN providers in Kitsap County, who, according to one participant, “are left working obscene hours” and are “overworked and tired” caring for the patients they can accommodate. Another participant highlighted nurse midwives as a critical component of the health workforce in addressing these gaps, as they can care for uncomplicated pregnancies and deliveries and are “less expensive” than OB/GYNs. Participants also underscored a dearth of options for pregnancy termination, with the only nearby resource being Planned Parenthood–Bremerton Health Center.

In addition to a lack of options for secular reproductive healthcare, another interviewee highlighted barriers to care for gender diverse individuals, including a lack of knowledge among local primary care providers around hormone replacement therapy. In some cases, patients in need of these services were required to obtain a letter from a psychiatrist to begin treatment, even though such a measure is not required by any insurance company. Another key informant shared, anecdotally, that several transgender patients “were not happy about the care they had received at the hospital” and had been “consistently misgendered.” They further stated that the perception of SMMC as a Catholic hospital left members of the LGBTQ+ community reticent to seek care there, with many opting for other healthcare providers like Kaiser. A lack of options for infectious disease screening (eg, HIV, STI, etc.)—which one participant described as “really valuable to gender diverse and LGBTQ folks and sexually diverse people”—represented another major gap in care, forcing people to drive to other counties for these services. Another interviewee observed that neighboring counties such as Pierce or King Counties had “lists of places you could go to” and questioned why similar services were not easily available in Kitsap.

Kitsap County lacks sufficient primary care providers, pediatricians, and other specialty providers.

Participants highlighted a severe lack of pediatricians in Kitsap County, especially after the September 2023 closure of Kitsap Children’s Clinic. Patients must endure months-long waits for new appointments with remaining providers, who must pick up the slack, all while dealing with insurance reimbursement issues and balancing the need to pay their staff a livable wage. Participants also highlighted limited primary care access as an important gap, with one lamenting the failure of the county healthcare system to “address the big problem, which is lack of primary and preventive care. You’re almost like a self-fulfilling prophecy. Like, we’re here for you when you’re sick, versus let’s try and keep you healthy.” Another similarly stated, “We see urgent care popping up everywhere here in strip malls. They’re popping up all over the place, but what we don’t see is primary group practices.” This lack of primary care was noted to have trickle down impacts on emergency medical services, which are often called to homes for important but nonemergent needs.

Participants also noted limited dental care as another important gap in care. One common concern was a lack of preventive dental care coverage under Medicare, which led to more invasive dental issues as patients were not able to receive routine cleanings. Others noted that, while Medicaid does provide dental care for children, “there was definitely a lower standard of care than private dental practices.” Participants also highlighted the importance of free dental cleaning events in King and Pierce Counties but noted that none of these services had been hosted in Kitsap County, and geographical barriers prevented the most vulnerable from attending these events. Other important gaps in service availability mentioned included a lack of providers for other specialty care, such as neurologists, dermatologists, ophthalmologists, physical therapists, and speech pathologists.

The health system workforce capacity in Kitsap County is insufficient to meet the needs of the community.

Participants continually stressed that the health system workforce capacity in Kitsap County was insufficient to meet the needs of the community, leading to months-long waits for provider appointments, lack of surge capacity within the local hospital, and burnout among healthcare providers. The nursing workforce crisis was a major topic of concern, with several participants highlighting the lack of staffing within the area’s only hospital, leaving many beds empty and decreasing the overall capacity of the hospital to care for large numbers of patients. One participant stated that the hospital should be “concentrating more on having enough staff and quality staff” versus building additional patient care towers. Participants also spoke of nurse burnout, exacerbated by the COVID-19 pandemic, with several expressing frustration with hospital leadership that they perceived as lacking awareness of what was happening on the hospital units. Another spoke of the pressure put on nurses to correctly document tasks in electronic medical records or risk losing their jobs, taking critical time away from patient care and leading to lower job satisfaction. Others spoke of a lack of nursing capacity outside of the hospital, such as in local clinics and the school system.

Physician workforce shortages were also highlighted as prevalent across several areas of care, including OB/GYN, primary care, mental health, pediatrics, ophthalmology, dermatology, and neurology, among others. One participant emphasized the lack of diversity within the physician workforce, stating that a better medical school pipeline is needed for students “who look like the Kitsap County population,” including Black, Hispanic, and Indigenous individuals. Another stated that mid-level providers like nurse practitioners can help bridge gaps in care, but that they, too, need training and supervision, and given existing patient loads, “it’s really hard to expect them to come out and do their job when doctors can barely do it.” Staffing shortages were also noted in other critical areas of the health system, including fire service and EMS.

Participants noted several reasons for the health system workforce shortages, including limited funding, lack of training options and capacities, high housing costs, lack of competitive salaries, and the geographical limitations of living in the county. When talking about recruiting nurses, one participant stated, “The cost of living here is

astronomical. You have people that, even if you make a decent wage, when you're paying for a studio apartment, that doesn't go very far." Another commented on how difficult it is to hire allied healthcare workers, given that they "are competing with the Department of Defense," which often offers higher salaries. Another participant further stated that they believed the "physical and psychological barrier to getting off the peninsula" deterred people from wanting to live and work in Kitsap County. Hiring trained paramedics was highlighted as being particularly difficult, with one person stating, "Just from the recruiting standpoint, whether it's entry-level folks or paramedics, it doesn't matter. It's just a really, really, really shallow pool. Everybody is hiring. It's a buyer's market, you can almost go to whatever department you want to right now." However, several participants expressed optimism about a new healthcare education facility at the local Olympic College, which will provide educational opportunities for dental hygienists, nurses, nurse assistants, EMTs, and surgical technicians, among others. Another noted that creating apprenticeships could help lower barriers to entry in a given field of practice, enabling prospective practitioners to gain experience and assess its suitability before taking on any associated educational debt.

Under-resourced and minoritized individuals living in Kitsap County face additional barriers to care.

Participants highlighted several additional barriers to care among under-resourced and minoritized populations living in Kitsap County. Many spoke of the unaffordability of care, leaving many to forego healthcare services, as well as a lack of shelters, which leaves some people living on the streets with no access to toilets or shower facilities. Another spoke of challenges facing immigrant populations, including the lack of interpreters and a workforce that does not always have an understanding of different cultures. Providing affordable medical care and health insurance coverage for undocumented immigrants also was cited as critically important. Participants spoke of a lack of accessibility for people who use wheelchairs, with some streets having no curbs or sidewalks, making it difficult for them to access local public transportation. Some noted care coordinators as critical assets to helping ensure access to care for under-resourced and minoritized individuals, including "talking to them about their rights, their responsibilities, as well as what the doctor's expectations are." These conversations can improve relationships with providers, who felt that care coordination services helped reduce no-show rates.

Deficiencies in local public transportation make it difficult for residents to live and work in a geographically widespread county.

Lack of access to public transportation, including buses and ferries, was noted as one challenge for residents to live and work in a geographically widespread county. Many highlighted that, while Kitsap County is very close to the metropolitan city of Seattle, the geography of the county, including the presence of waterways, makes it difficult to get there and get around. This, combined with a dearth of healthcare providers in Kitsap County, makes it extremely difficult for Kitsap residents to access care, leading

many to travel outside of the county.ⁱ The local ferry service, which serves as a major mode of transit to Seattle, was described as expensive and unreliable, with several ferry services cut in the wake of the COVID-19 pandemic. Several participants also lamented not having a local ferry service that served different parts of the county. One participant described local bus services as difficult to access, given that they “[did] not run frequently enough to always make it practical...with what is a 15- or 20-minute drive taking 2 hours on the bus.” The same participant also noted that public transportation services in Kitsap did not seem to be geared toward supporting county residents:

“Many of the buses run only every hour, or only run during commute hours, specifically to serve people who are going to Seattle. They are not primarily here to serve people who rely on the bus for primary transportation all over the county. We need investment in public infrastructure in a way that is for poor people instead of commuters. Like, all of the development is focused on trying to bring up property values by attracting people with high-paying jobs from Seattle.”

Despite these limitations, participants highlighted several existing programs that helped bridge transportation gaps, including Kitsap Transit’s *ACCESS* program, which provides transportation services to seniors and people with disabilities, as well as a free ride program for underserved individuals.^j

A public hospital district (PHD) could help improve healthcare access in Kitsap County but is not a panacea for existing gaps in care.

Several participants suggested forming a public hospital district (PHD) as one way to improve healthcare access in Kitsap County, but others noted that it would not be a panacea for the existing gaps in care and would likely face several barriers to implementation, such as garnering enough public support and voter engagement to pass the property tax levy required to fund a PHD. Several participants noted that Kitsap County voters already tended not to support property tax levies, so it was unlikely they would vote in favor of a PHD. However, others felt that robust public communication campaigns emphasizing healthcare system challenges in Kitsap County could help dismantle this barrier. In fact, one participant underlined the need to “start talking about hard numbers to the public,” referencing, for example, the fact that the county

ⁱ A recent gap analysis of Kitsap County’s transit system revealed high demand for expanded local service in east and west Bremerton, Port Orchard, Silverdale (where St. Michael Medical Center is located), and Poulsbo, as well as for intercity service between Bremerton and Tacoma (where many key informants and focus group participants reported seeking care) ([Kitsap Transit Long-Range Transit Plan Planning Context and Trends Analysis](#), June 2021). Route #235 (East Silverdale/Old Town) is the primary bus route that stops at St. Michael Medical Center. In its Long-Range Transit Plan for 2022–2042, Kitsap Transit acknowledges the importance of upgrading transit frequency and has proposed adding a new vehicle to service Route #235 ([Kitsap Transit Long-Range Transit Plan 2022–2042](#), December 2022).

^j As of 2023, Kitsap Transit owns 191 buses, which are used for fixed-route, worker-driver, and flexible or dial-a-ride services; 149 vans, which are used for Vanpool and *ACCESS* VanLink services; and 7 ferryboats, of which 3 provide fast ferry service. However, per the agency, “many of Kitsap Transit’s 40- and 35-foot heavy-duty transit buses are nearing the end of their useful life” ([Kitsap County 2024 Comprehensive Plan Update Appendix D: Kitsap Transit Planning Context and Trends Analysis](#), December 2023).

has only 2 neurologists when they should have 9, based on the current population. This participant further asserted, “You know, you could make this point to people with these hard numbers right now. Everybody’s running around, throwing up their hands, saying, ‘I don’t want to pay more taxes with no benefit.’ And I think we have to tie what the benefits are.”

Nevertheless, several participants also highlighted that the funds raised through a PHD are generally not sufficient to start up a new hospital. “The amount of money raised by a district for those district hospitals that operate has never exceeded 10% of their operating budget,” noted one. “It is a very small portion. It’s a larger portion when you get to the clinic only side, but when it comes to running a hospital, it is not significant dollars.” Importantly, this participant also highlighted that even if Kitsap County were to pass a levy for a PHD, the gains would not be seen until several years down the road.

“The amount of money raised, and I alluded to this earlier, they won’t get a dime for 3 years after they create it. So, 3 years from now, if they did the math, they [can] maybe raise a million dollars. What are you going to do with the million dollars that will change and create the need you’re looking for? If I were to give a million dollars to most clinicians to say, ‘come and open a clinic [in] Kitsap,’ that’s not enough.”

Participants highlighted that if a PHD proposal were to pass, the funds would be better used by “finding a strategic partner” within the community that could help utilize the funds in the most efficient way possible. Others suggested that utilizing a PHD could help to supplement care where there are gaps, but it remains critically important to understand why those gaps exist so their root causes can be addressed.

St. Michael Medical Center: Financial Assistance and Community Investment

Based on findings from the key informant interviews and focus group discussions, the study team ascertained that SMMC, as the sole hospital in Kitsap County, is among the most important players in the healthcare system and could act as a powerful catalyst of change in the community. As such, we sought to further characterize the hospital’s role in supporting community health in Kitsap County to date—specifically, via its financial assistance (also known as charity care, free care, and/or free and discounted care)^k and efforts to invest in the Kitsap County community.

As a 501(c)(3)-designated charitable organization, SMMC is subject to several requirements under the ACA.¹⁸⁶ Per the IRS, SMMC must:

1. Perform a community health needs assessment (CHNA) every 3 years and adopt an implementation strategy to meet needs identified via the CHNA,¹⁸⁷

^k In 2020, half of all hospitals in the US reported that charity care costs accounted for 1.4% or less of their total operating expenses ([Kaiser Family Foundation](#), November 2022).

2. Develop a widely publicized financial assistance policy (FAP) that specifies eligibility criteria for financial assistance (including free or discounted care), the basis for calculating amounts charged to patients, the method for applying for financial assistance, and actions to be taken in the event of nonpayment;¹⁸⁸
3. Limit the amount charged for any FAP-eligible individual to not more than the amount generally billed to individuals who have insurance covering such care;¹⁸⁹ and
4. Determine whether an individual is eligible for assistance under the hospital organization’s FAP before engaging in extraordinary collection actions (eg, selling medical debt, seizing personal property, garnishing wages) against said individual.¹⁹⁰

Per Section 501(c)(3) of the Internal Revenue Code, SMMC must also “demonstrate that it provides benefits to a class of persons that is broad enough to benefit the community” and “operate to serve a public rather than a private interest.” The IRS further articulates 6 factors that exemplify community benefit provision, such as operating an emergency room open to all, regardless of ability to pay, or by maintaining a board of directors drawn from the community. Collectively, these provisions comprise the Community Benefit Standard (Rev. Rul. 69-545), which enables the IRS to determine whether a hospital is operating for “the charitable purpose of promoting health.”¹⁹¹

Nonprofit hospitals across the US claimed an estimated \$28 billion in tax exemptions in 2020.¹⁹² Concerningly, however, regulators have reported significant challenges in verifying their compliance with the Community Benefit Standard.^{193,194} In fact, several recent analyses report that charity care spending at for-profit hospitals in the US exceeds that of nonprofit hospitals, while unreimbursed Medicaid costs are roughly the same across both.^{195,196} Furthermore, despite having to pay federal, state, and local taxes, for-profit hospitals outspent their nonprofit counterparts on charity care in 2018: 65% more per every \$100 of total expenses.^{196,197} These findings raise important questions: does adhering to the letter of the Community Benefit Standard rule necessarily translate into meaningful advances in community health and wellbeing?¹⁹⁸ And, to what degree do SMMC’s charity care and community investment activities justify its tax exemptions under the ACA?

To assess the scope of SMMC’s community investments in Kitsap County, the research team applied the Lown Institute’s methodology for calculating “Fair Share Spending,” which evaluates nonprofit hospitals’ spending on meaningful community investment against their estimated tax exemptions.^{199,200} The team obtained relevant spending data for SMMC by analyzing Form 990 (“Return of Organization Exempt from Income Tax”), Schedule H for the hospital between fiscal years 2010–2021.²⁰¹ The team estimated SMMC’s tax-exempt charitable donations and property tax exemptions for the years 2018–2021 by examining Form 990 (Part VIII) and Kitsap County’s public parcel database,²⁰² respectively. Further details on the methodology, including which IRS categories were included or excluded from the spending estimates below, are available in [Appendix B](#).

Table 2. St. Michael Medical Center's Community Investments and Tax Exemptions, 2018–2021

Fiscal Year	Total Community Investment**	Net Income	Federal Tax Exemption (estimated)	Property Tax Exemption (estimated)	Value of Charitable Donation Tax Exemption (estimated)	Total Tax Exemption (estimated)	Total Expenses	Community Investment Spending (% of Total Expenses)
2018	\$3,476,814	\$125,389,402	\$26,331,774	\$1,650,608	\$154,742	\$28,137,124	\$489,681,124	0.71
2019	\$5,364,819	\$133,574,589	\$28,050,664	\$1,431,200	\$378,724	\$29,860,588	\$477,157,872	1.12
2020	\$3,175,866	\$96,366,947	\$20,237,059	\$3,321,742	\$474,227	\$24,033,028	\$551,558,809	0.58
2021	\$2,960,348	\$96,182,628	\$20,198,352	\$4,108,689	\$141,265	\$24,448,306	\$583,677,308	0.51
TOTAL	\$14,977,847	\$451,513,566	\$94,817,849	\$10,512,239	\$1,148,958	\$106,479,046	\$2,102,075,113	0.71

** Includes the following categories from Form 990, Schedule H: financial assistance at cost, community health improvement services, subsidized health services, contributions to community groups, and community-building activities.

From 2018 to 2021, SMMC spent a total of \$14.98 million on community investments, including financial assistance, community health improvement services, subsidized health services, contributions to community groups, and community-building activities.¹ This represents 0.71% of the hospital's total expenses during that time. In the same period, SMMC reported more than \$451.5 million in net income and avoided approximately \$105.3 million in combined property, charitable donation, and federal corporate tax exemptions, which equates to 5.07% of the hospital's total expenses. In total, SMMC's tax exemptions exceeded community investment expenditures by more than \$91.5 million between 2018–2021—greater than 6 times what the hospital spent on community benefits in Kitsap County. These findings echo spending patterns at CommonSpirit Health, SMMC and VMFH's parent company, which reported charity care expenditures of \$507 million in 2021—roughly 1.5% of its \$33.3 billion in revenue. In the same year, CommonSpirit's Chief Executive Officer received a compensation package worth more than \$32 million—the highest among the US's 16 largest nonprofit hospital chains.²⁰³

Financial assistance provision at SMMC during the 2018–2021 period fluctuated between \$3.18–5.36 million per year, but earlier reports indicate that the hospital's activities in this area decreased significantly following its acquisition by CHI Franciscan in 2013. Between 2014–2016, for example, SMMC's financial assistance plummeted by 86%, from \$8.3 million to \$1.32 million,²⁰⁴ likely due to Medicaid expansion, which began in Washington in 2014. During that time, SMMC patients with medical debt also

¹ Interestingly, the Catholic Health Association of the United States (CHA) has previously opposed using Medicare shortfalls and bad debt as direct measures of community benefit, as many hospitals—including SMMC—do in their federal tax returns. CHA has argued that these measures would not meaningfully distinguish nonprofit hospitals from their for-profit counterparts and could potentially undermine the credibility of nonprofit tax exemption among policymakers. Rather, CHA asserts, Catholic hospitals should “improve charity care programs to identify [qualifying] patients at the onset of treatment, rather than using bad debt to approximate the impact of these patients after the fact” ([501\(c\)\(3\) Hospitals and the Community Benefit Standard, Congressional Research Service, May 2010](#)).

reported significant hardships due to extraordinary collection actions, such as lawsuits, wage and bank account garnishments, or perceived harassment by the hospital’s contracted debt collection agency. In some cases, these patients did not even receive their medical bills or information about how to access financial assistance.²⁰⁴ Following the passage of SHB 1531 in 2019, interest rates on medical debt in Washington were reduced from 12% to 9%, but this remains significantly higher than in other states.^{205,206} Fortunately, the new law does prohibit hospitals from selling debt to a collection agency until at least 120 days after the first bill, and information about financial assistance must be included in the first written notice to a debtor.²⁰⁷ These changes are also reflected in CommonSpirit’s recently updated financial assistance policies.²⁰⁸

Notably, in its issuance of a certificate of need to SMMC in 2017, WSDOH stipulates that “[St. Michael Medical Center] will use reasonable efforts to provide charity care in an amount comparable to or exceeding the average amount of charity care provided by hospitals in the Puget Sound Region. Currently, this amount is 1.87% gross revenue and 4.70% of adjusted revenue.”¹⁷¹ SMMC’s direct charity care provision (ie, financial assistance at cost, not including means-tested government programs or Medicaid) is presented in [Table 3](#), alongside its adjusted revenue for fiscal years 2018–2021. Based on the study team’s analysis, SMMC’s direct spending on financial assistance during this period ranged between only 0.36% and 0.76% of its adjusted revenue.

Table 3. Charity Care Spending and Adjusted Revenue at St. Michael Medical Center, 2018–2021			
Fiscal Year	Financial Assistance at Cost (charity care spending)	Adjusted Revenue	Financial Assistance as a Percentage of Adjusted Revenue (%)
2018	\$2,677,434	\$615,070,526	0.44
2019	\$4,625,159	\$610,732,461	0.76
2020	\$2,758,414	\$647,925,756	0.43
2021	\$2,467,956	\$679,859,936	0.36

The Lown Institute ranked SMMC 3,409 out of 3,779 hospitals nationally and 68 out of 75 hospitals in Washington on “Community Benefit” in 2023, a measure that includes financial assistance, other community benefit investments, and service of Medicaid patients.²⁰⁹ Though both federal and Washington State laws require nonprofit hospitals to report on their charity care and community benefit efforts, none specify a minimum spending threshold for these activities.²¹⁰ However, per the Lown Institute, nonprofit hospitals that allocate at least 5.9% of their total expenses toward financial assistance and community investment are considered to have spent their “fair share.”^{200,211}

Therefore, while SMMC does adhere to the letter of Section 501(c)(3) and Washington State law, it must increase its community investment spending and financial assistance provision by a significant amount to meaningfully advance community health and wellbeing in Kitsap County.

Delphi Study

The purpose of the Delphi study was to elicit consensus among diverse community stakeholders regarding priority policy actions and recommendations for improving healthcare access, quality, and delivery in Kitsap County. Below, we present findings from the study, including high-priority policy recommendations that the expert panel broadly agreed could improve healthcare in the county, as well as those they agreed would not be feasible to implement in the next year. [Appendix C](#) contains the names of the expert panelists.

Expert Panel Demographics

The study team recruited a panel of 33 experts spanning a broad range of sectors in Kitsap County. [Figures 3, 4, and 5](#) below illustrate the demographics of the expert panel.

Figure 3: Delphi Expert Panelists by Community Sector

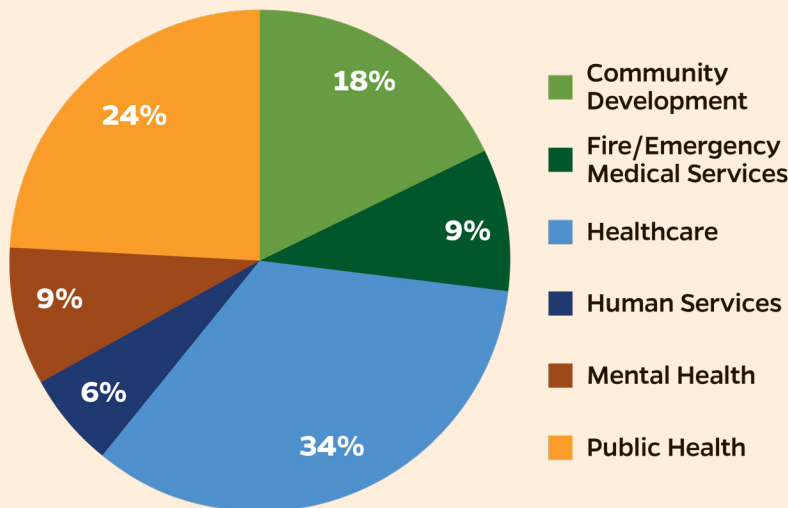


Figure 4: Delphi Expert Panelists by Age

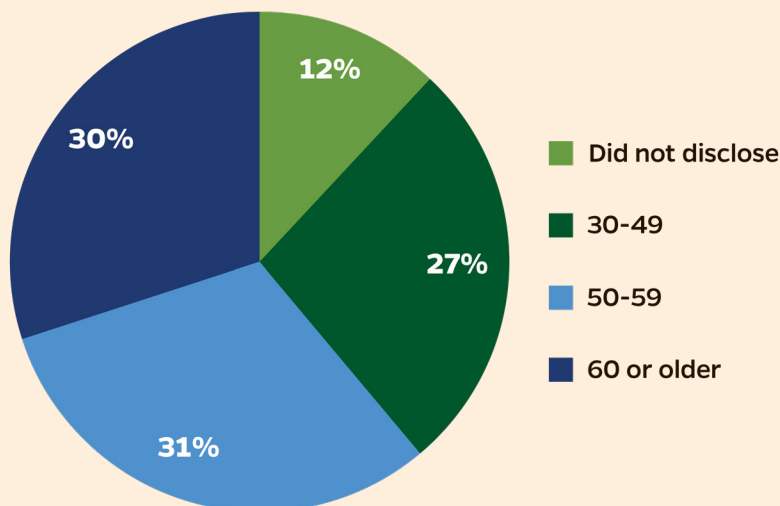
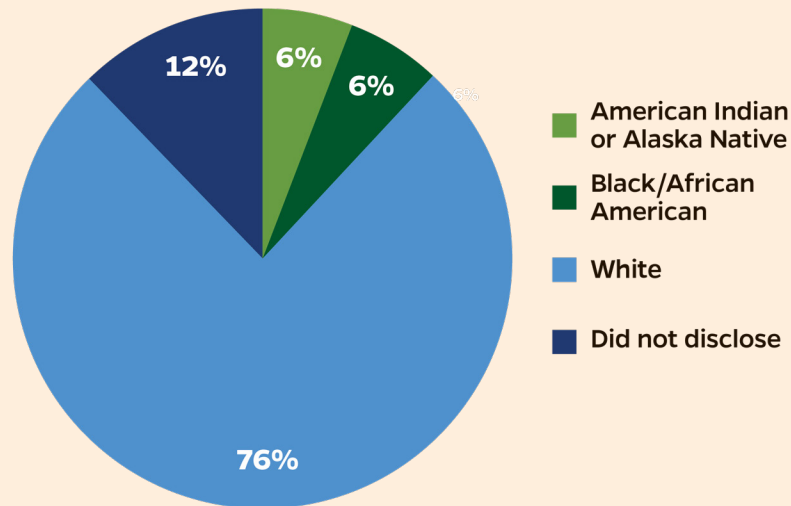


Figure 5: Delphi Expert Panelists by Race



Health Policy Goals

The expert panel ranked the following 5 policy goals as the most urgent for Kitsap County to pursue:

- **Mental and behavioral health:** Every Kitsap County resident has access to the resources needed to manage their emotional, psychological, and social wellbeing. They are readily able to cope with everyday stressors and receive diagnoses and treatment for mental health and/or behavioral conditions.
- **Primary healthcare:** Every resident can easily access, within Kitsap County, an entry point into the healthcare system that connects them to essential disease prevention, treatment, rehabilitation, and palliative care services spanning the life course.
- **Health equity:** Every Kitsap County resident has a fair and just opportunity to attain their highest level of health, irrespective of age, gender identity, race, sexual orientation, ability, religious beliefs, employment status, or income level.
- **Housing:** Every Kitsap County resident has access to safe, healthy, dignified, and affordable lodging, shelter, and/or dwellings.
- **Reproductive health:** Every individual, couple, and family in Kitsap County has access to the resources needed to ensure physical, emotional, and social wellbeing in relation to obstetric and gynecological health, family planning, and maternal health.

After obtaining these rankings, we asked the expert panelists to 1) provide recommendations for achieving each of the abovementioned policy goals by 2035; and 2) rate each recommendation on a scale of 1 to 5 (ie, 5: highly feasible to implement within the next year, 4: feasible, 3: somewhat feasible, 2: less feasible, 1: not feasible).

High-Consensus Policy Recommendations

The expert panel proposed and rated the feasibility of 77 unique recommendations to address challenges across the 5 top-ranked policy goals. The study team then determined which recommendations the expert panel agreed could be highly feasible to implement in Kitsap County within the next year, as well as those that could not be feasibly implemented in the next year. These recommendations are presented in [Table 4](#).

The recommendations in [Table 4](#) are presented as phrased by the expert panelists in Round 2 of the Delphi study; please note that further refinement may be needed to sharpen their focus and scope or to improve their feasibility and/or actionability. The research team strongly recommends that decision-makers in Kitsap County first consult with the panelists and other relevant community stakeholders to weigh the risks, benefits, costs, and potential tradeoffs associated with implementing any of these policy options. The team also urges prioritizing the recommendations that align with the priorities and needs articulated in Kitsap County’s Community Health Needs Assessment.

Table 4. Delphi study recommendations achieving expert consensus				
<ul style="list-style-type: none"> • Likert scale interpretation: 5: highly feasible to implement within the next year; 4: feasible; 3: somewhat feasible; 2: less feasible; 1: not feasible. • “Mode (%)” designates the percentage of expert panelists who assigned the score. • IQR: interquartile range; SD: standard deviation 				
MENTAL & BEHAVIORAL HEALTH				
Recommendation	Mean (SD)	Median (IQR)	Mode (%)	Rating
Convene a group of community stakeholders to set behavioral and mental health priorities for Kitsap County, coordinate activities across partners and sectors, and identify solutions to the mental health crisis.	4.53 (0.71)	5 (1)	5 (65.4)	Highly feasible
Enable fire department Community Assistance Referral and Education Services (CARES) units to address behavioral health and overdose calls to avoid overburdening the 9-1-1 system.	3.70 (0.95)	4 (1)	4 (44.4)	Feasible
Expand the 9-8-8 suicide and crisis lifeline system.	3.42 (0.86)	3.5 (1)	4 (42.3)	Somewhat feasible
Equip the emergency department at St. Michael Medical Center to perform fentanyl urine screenings.	4.19 (0.85)	4 (1)	5 (42.3)	Feasible
Perform routine third-party evaluations of publicly funded mental health providers (eg, health officers, emergency medical service providers, school districts, etc.) to ensure compliance with Salish Behavioral Health Organization policies and performance measures.	3.42 (0.95)	4 (1)	4 (46.2)	Feasible
Expand school-based behavioral health programming to include education on protective factors and mental health first aid.	3.65 (0.98)	4 (1)	4 (42.3)	Feasible
Increase funding for the Inclusive Communities Team at Kitsap Mental Health Services to ensure that migrant families have access to competent bilingual therapists, peer support programs, group therapy, transportation, and other behavioral health outreach services.	3.58 (0.95)	4 (1)	4 (50)	Feasible

Expand clinical training opportunities for Olympic College nursing and allied health students.	4.04 (0.72)	4 (1)	4 (50)	Feasible
Build a low-cost, accessible community mental health clinic that provides crisis intervention services, counseling, medication management, and other substance use treatment services without turning away patients who use tobacco products.	2.65 (1.16)	2.5 (1)	2 (34.6)	Less feasible
Create a countywide, integrated center to offer services across mental health, substance use disorders, and primary care outpatient services. This facility would serve as a one-stop shop for emergency medical services, law enforcement, human services, and others to provide vulnerable community members with needed care.	2.46 (1.14)	2 (1)	2 (30.8)	Less feasible
PRIMARY HEALTHCARE				
Recommendation	Mean (SD)	Median (IQR)	Mode (%)	Rating
Create programs to educate students about different healthcare professions.	4.27 (0.67)	4 (1)	4 (50)	Feasible
Reinstitute vaccination services and infectious disease testing at the Kitsap Public Health District, as well as via mobile unit delivery in the field.	3.5 (1.07)	3.5 (1)	3 (28.6)	Somewhat feasible
Increase daily reimbursement rates for rehabilitation facilities, long-term care facilities, in-home caregiving, adult family home services, and respite services, especially for providers that accept patients with a known substance use disorder, history of homelessness, or chronic mental illness.	2.39 (0.99)	2 (1)	2 (39.3)	Less feasible
Solicit funding from the state or St. Michael Medical Center to provide palliative care for people experiencing homelessness.	2.53 (0.999)	2.5 (1)	2 (35.7)	Less feasible
HEALTH EQUITY				
Recommendation	Mean (SD)	Median (IQR)	Mode (%)	Rating
Establish racial equity advisory committees within each city in Kitsap County.	3.74 (1.02)	4 (1)	4 (44.4)	Feasible
Increase the availability of in-person interpreter services in local clinics and hospitals and provide health information in the patient's preferred language.	3.54 (0.95)	4 (1)	4 (38.5)	Feasible
Create, fund, and launch field-based "street medicine" programs that bring care directly to unhoused people.	3.5 (0.99)	4 (1)	4 (38.46)	Feasible
Implement a public awareness campaign on the right to healthcare.	3.39 (1.17)	3.5 (1)	4 (9)	Somewhat feasible
Launch a patient advocate program for marginalized and/or vulnerable patients.	3.58 (0.95)	4 (1)	4 (42.3)	Feasible
Lobby state and national leaders to increase Medicare and Medicaid reimbursement to expand equitable access to lower-income, senior, and/or disabled patients.	3.56 (1.08)	4 (1)	4 (37)	Feasible
Open new community-based healthcare clinics and facilities in remote and/or underserved parts of the county.	2.38 (0.85)	2 (1)	2 (50%)	Less feasible
HOUSING				
Recommendation	Mean (SD)	Median (IQR)	Mode (%)	Rating
Open a legal encampment area (with showers, laundry sites, and toilets) for people in Kitsap County living in tents, RVs, pods, and/or temporary shelters.	3.61 (1.20)	4 (1)	4 (46.4)	Feasible

Expedite the application process for people seeking affordable housing.	3.62 (1.10)	4 (1)	4 (34.6)	Feasible
Create a fast track to approve low-income housing projects.	3.88 (0.86)	4 (0)	4 (57.7)	Feasible
Petition city planners and leaders to pursue inclusionary zoning for affordable housing.	3.92 (1.20)	4 (1)	4 (38.5)	Feasible
Mandate the inclusion of affordable housing units in new construction projects.	3.43 (1.26)	4 (1)	4 (32.1)	Feasible
Formalize the Kitsap County Affordable Housing Task Force to implement affordable housing and mixed-use development projects in collaboration with county leadership and private developers.	3.61 (1.03)	4 (1)	4 (42.9)	Feasible
Create a rental assistance program to support residents at risk of eviction and/or homelessness, including undocumented immigrants.	3.54 (1.07)	3.5 (1)	3 (30.8)	Somewhat feasible
Improve Coordinated Entry by reducing requirements (ie, allow self-attestation instead of annual applications, IDs, etc.), hiring dedicated staff to help applicants navigate the system, and enabling easier access to financial support.	3.61 (0.94)	4 (1)	4 (42.3)	Feasible
Extend Housing Kitsap's Mutual Self-Help home ownership program to Individual Taxpayer Identification Number-holders (ie, immigrants without permanent status).	3.38 (1.06)	3.5 (1)	4 (38.5)	Feasible
Revise local building codes to permit Accessory Dwelling Units.	3.75 (0.97)	4 (1)	4 (53.6)	Feasible
Pursue housing or community land trusts to allow the purchase of affordable housing units on shared land.	3.73 (1.00)	4 (1)	4 (38.5)	Feasible
Solicit funding from St. Michael Medical Center to support housing efforts across the county, such as provision of Assertive Community Treatment and intensive case management for unhoused people.	2.61 (1.31)	2 (1)	2 (32.1)	Less feasible
REPRODUCTIVE HEALTH				
Recommendation	Mean (SD)	Median (IQR)	Mode (%)	Rating
Create a cohesive plan to support the health of women in Kitsap County across the lifespan (ie, young adult, childbearing age, perimenopausal, menopausal).	3.70 (0.91)	4 (1)	4 (51.9)	Feasible
Pursue certification as a National Health Service Corps location to attract more OB/GYNs.	3.85 (0.92)	4 (1)	4 (46.2)	Feasible
Provide education and training to primary care providers about increased health risks for pregnant people of color.	4.15 (0.66)	4 (1)	4 (55.6)	Feasible
Train and hire women of color as birth doulas to provide home visits before and after birth for people of color.	3.96 (1.18)	4 (1)	4 (38.46); 5 (38.46)	Feasible
Provide Spanish-language training for doulas serving the Hispanic/Latinx community in Kitsap County.	3.82 (0.94)	4 (1)	4 (50)	Feasible
Hire interpreters to connect Spanish and Mam speakers to reproductive health services.	4 (0.98)	4 (1)	4 (42.3)	Feasible
Provide family planning services at a central location in the county (eg, health department clinic).	3.77 (0.91)	4 (1)	4 (38.5)	Feasible
Offer midwifery and doula services at St. Michael Medical Center.	3.58 (1.02)	4 (1)	4 (46.2)	Feasible

Increase funding for the Nurse-Family Partnership program.	3.54 (0.99)	4 (1)	4 (50)	Feasible
Offer home-based prenatal and early childhood health services for children up to 3 years of age.	3.5 (1.03)	4 (1)	4 (38.5)	Feasible
Replicate successful health programs for new parents in Kitsap County (eg, Family Connections, Postpartum Wellness & Recovery).	3.62 (0.80)	4 (1)	4 (57.7)	Feasible
Ensure that school-based sex education programs address prevention of sexually transmitted infections, assertiveness training, contraception, and family planning options.	3.69 (0.97)	4 (1)	4 (42.31)	Feasible
Reinstate labor and delivery services at Naval Hospital Bremerton.	2.73 (1.19)	2.5 (1)	2 (38.5)	Less feasible

Mental and Behavioral Health

The expert panel expressed broad support for strengthening and/or expanding the scope of existing mental and behavioral health programs and capacities in Kitsap County, such as the 9-8-8 suicide and crisis lifeline system, Community Assistance Referral and Education Services (CARES) units, school-based behavioral health programming, and the Inclusive Communities Team at Kitsap Mental Health Services. The panel also agreed that it would be highly feasible to convene community stakeholders within the next year to set mental and behavioral health priorities for the county and coordinate activities across partners and sectors. The recommendations to open a new mental health clinic and create a countywide integrated center for mental healthcare, substance use disorder treatment, and primary care were deemed infeasible for the coming year but may be worthy longer-term goals for Kitsap County to pursue.

Primary Healthcare

Though we received many suggestions for improving primary healthcare in Kitsap County, relatively few of these recommendations garnered consensus across the expert panel. Panelists broadly advocated for creating educational programs to teach Kitsap students about different healthcare professions. However, they were slightly less supportive of reinstating vaccination services and infectious disease testing at KPHD and via mobile units, citing challenges in securing state funding to carry out these activities. The panel broadly agreed that increasing daily reimbursement rates for select health services and obtaining funding from the state or SMMC to provide palliative care for unhoused persons were not feasible goals for the coming year.

Health Equity

The expert panel reached consensus on several actionable recommendations for improving health equity in Kitsap County, including establishing racial equity advisory committees in each city, increasing the availability of interpreters in healthcare settings, launching “street medicine” programs, and lobbying for increased Medicare and Medicaid reimbursement. However, they also agreed that some recommendations—such as opening new health facilities in remote or underserved parts of the county—would not be feasible to implement in the coming year.

Housing

The expert panel achieved consensus on numerous recommendations for improving housing and shelter access in Kitsap County. The majority of these relate to making housing more affordable and inclusive, such as by expediting application processes for affordable housing, fast-tracking approval processes for low-income housing, creating rental assistance programs, and revising local building codes and zoning requirements. The panel also agreed that obtaining funding from SMMC to support housing efforts across the county (eg, via provision of Assertive Community Treatment and intensive case management for unhoused people) would not be a feasible goal for the coming year.

Reproductive Health

The expert panel reached consensus on a broad range of recommendations for improving reproductive health service access and quality, such as hiring additional doulas, providing services in Spanish and Mam, and expanding the availability of both family planning services and home-based programs for postpartum and early childhood care. The panel also agreed on several options for recruiting new reproductive healthcare providers (including doulas) and providing additional training to existing providers. Though several key informant interviewees advocated for reinstating labor and delivery services at Naval Hospital Bremerton, the expert panel agreed that this could not be feasibly accomplished in the coming year.

Positive Developments

Despite the severity of the Kitsap County healthcare access crisis, strides are being made toward progress. Major recent events in the county worth noting include:

1. Opening of the North Kitsap Recovery Resource Center in Poulsbo. The Center serves anyone who works, lives, or is charged with a crime in North Kitsap/ Bainbridge who is interested in drug and alcohol recovery.
2. Peninsula Community Health Services has purchased an under-construction apartment project on Lower Wheaton Way in Bremerton with plans of using its 29 units for workforce housing.
3. KPHD has announced its intent to hire a Health Systems Coordinator to facilitate better communication and collaboration with health and social system partners.
4. VMFH funded community health improvement grants in Kitsap County to increase the capacity of 5 organizations to deliver health or healthcare-related services (Knights of Columbus Help, \$35,000; Kitsap Immigration Assistance Center, \$100,000; North Kitsap Fishline, \$50,000; YMCA \$80,080; and Project Access Northwest \$100,000).^m

^m Doug Baxter-Jenkins, email communication with attachment “SMMC Funding Recommendations Summaries,” November 21, 2023

Recommendations

Delphi Study Participant Recommendations

The following priority recommendations were rated as feasible or highly feasible by the Delphi study participants. Note that these recommendations were not drafted by the research team but by study participants representing voices of the community.

Mental and Behavioral Health

1. Convene a group of community stakeholders to set behavioral and mental health priorities for Kitsap County, coordinate activities across partners and sectors, and identify solutions to the mental health crisis.
2. Enable fire department Community Assistance Referral and Education Services (CARES) units to address behavioral health and overdose calls to avoid overburdening the 9-1-1 system.
3. Equip the emergency department at St. Michael Medical Center to perform fentanyl urine screenings.
4. Perform routine third-party evaluations of publicly funded mental health providers (eg, health officers, emergency medical service providers, school districts, etc.) to ensure compliance with Salish Behavioral Health Organization policies and performance measures.
5. Expand school-based behavioral health programming to include education on protective factors and mental health first aid.
6. Increase funding for the Inclusive Communities Team at Kitsap Mental Health Services to ensure that migrant families have access to competent bilingual therapists, peer support programs, group therapy, transportation, and other behavioral health outreach services.
7. Expand clinical training opportunities for Olympic College nursing and allied health students.

Primary Healthcare

1. Create programs to educate students about different healthcare professions.

Health Equity

1. Establish racial equity advisory committees within each city in Kitsap County.
2. Increase the availability of in-person interpreter services in local clinics and hospitals and provide health information in the patient's preferred language.
3. Create, fund, and launch field-based "street medicine" programs that bring care directly to unhoused people.

4. Launch a patient advocate program for marginalized and/or vulnerable patients.
5. Lobby state and national leaders to increase Medicare and Medicaid reimbursement to expand equitable access to lower-income, senior, and/or disabled patients.

Housing

1. Open a legal encampment area (with showers, laundry sites, and toilets) for people in Kitsap County living in tents, RVs, pods, and/or temporary shelters.
2. Expedite the application process for people seeking affordable housing.
3. Create a fast track to approve low-income housing projects.
4. Petition city planners and leaders to pursue inclusionary zoning for affordable housing.
5. Mandate the inclusion of affordable housing units in new construction projects.
6. Formalize the Kitsap County Affordable Housing Task Force to implement affordable housing and mixed-use development projects in collaboration with county leadership and private developers.
7. Improve Coordinated Entry by reducing requirements (ie, allow self-attestation instead of annual applications, IDs, etc.), hiring dedicated staff to help applicants navigate the system, and enabling easier access to financial support.
8. Extend Housing Kitsap's Mutual Self-Help home ownership program to Individual Taxpayer Identification Number-holders (ie, immigrants without permanent status).
9. Revise local building codes to permit Accessory Dwelling Units.
10. Pursue housing or community land trusts to allow the purchase of affordable housing units on shared land.

Reproductive Health

1. Create a cohesive plan to support the health of women in Kitsap County across the lifespan (ie, young adult, childbearing age, perimenopausal, menopausal).
2. Pursue certification as a National Health Service Corps location to attract more OB/GYNs.
3. Provide education and training to primary care providers about increased health risks for pregnant people of color.
4. Train and hire women of color as birth doulas to provide home visits before and after birth for people of color.
5. Provide Spanish-language training for doulas serving the Hispanic/Latinx community in Kitsap County.

6. Hire interpreters to connect Spanish and Mam speakers to reproductive health services.
7. Provide family planning services at a central location in the county (eg, health department clinic).
8. Offer midwifery and doula services at St. Michael Medical Center.
9. Increase funding for the Nurse-Family Partnership program.
10. Offer home-based prenatal and early childhood health services for children up to 3 years of age.
11. Replicate successful health programs for new parents in Kitsap County (eg, Family Connections, Postpartum Wellness & Recovery)
12. Ensure that school-based sex education programs address prevention of sexually transmitted infections, assertiveness training, contraception, and family planning options.

Study Team Recommendations

In addition to the priority recommendations provided by the expert panel in the Delphi study, the study team strongly recommends that Kitsap County consider the measures below to further improve healthcare access, quality, and delivery. These recommendations are primarily based on the findings presented in this report, as obtained from the policy analysis, key informant interviews, listening sessions, and Delphi study. Additionally, some recommendations draw from the study team's prior research on and expertise in primary healthcare, public health, and health systems strengthening.

1. **Kitsap County should prioritize recruiting new healthcare providers working in mental and behavioral health, primary care, and reproductive health.** Within the next year, county leaders should:
 - Partner with the Kitsap Economic Development Alliance, the Kitsap County Department of Community Development, Olympic College, the Olympic Workforce Development Council, Olympic Community of Health, SMMC, PCHS, KMHS, and other established healthcare providers to formulate a robust health workforce recruitment strategy. This strategy should include near-, medium-, and long-term goals for building and sustaining a robust, diverse health workforce in Kitsap County and delineate benchmarks for measuring progress toward each goal.
 - Develop and promote a package of incentives to attract new providers to Kitsap County, which may include but is not limited to student loan assistance, subsidized housing, signing bonuses, and expedited permitting and/or licensure for independent providers.

- Strengthen partnerships with local, state, and regional secondary schools, community colleges, universities, and unions to promote awareness of professional, educational, and vocational opportunities within Kitsap County’s healthcare system.
2. **KPHD should convene a community action collaborative of local stakeholders focused on avoiding redundancies and increasing success rates of securing private, state, and federal funding to advance healthcare services in Kitsap County.** A community coalition of organizations working collaboratively with a shared mission, specific goals, and a formal strategic plan can be more successful in securing sustainable grant funding, as opposed to multiple organizations competing for the same funds.
 3. **Kitsap County should establish a transformational advanced practice nurse-based primary care model that prioritizes recruitment of primary care advanced practice nurses, nurse midwives, and mental health nurse practitioners.** Recognizing the challenges in physician recruitment and retention compounded by nationally decreasing numbers of residents entering family practice, within the next year county leaders should:
 - Convene a working group with representatives from KPHD, KMHS, PCHS, SMMC, Kitsap County Schools, established primary care providers, payers, and community organizations such as AARP and YMCA to develop and implement a 5-year plan to transform current primary care delivery to a new advanced practice nurse team-based model to increase primary care capacity.
 - This Primary Care Action Collaborative should drive innovations that increase telehealth and outreach services and establish nontraditional clinical settings (eg, housing developments) to improve full-time, year-round primary care access.
 - Monitor congressional action on the Bipartisan Primary Care and Health Workforce Act, sponsored by US Senators Bernie Sanders and Roger Marshall, MD, and the potential funding opportunities included therein.²¹²
 4. **Within the next year, the Kitsap County Board of Commissioners, the Kitsap Public Health Board, and other relevant stakeholders should launch a formal commission to explore the feasibility of forming a public hospital district (PHD) in Kitsap County.** A Kitsap Public Hospital District Commission should work with experts at the Association of Washington Public Hospital Districts to consider what health services could feasibly be provided under a PHD in Kitsap County, identify potential partners, estimate the costs associated with sustaining a PHD, develop effective voter engagement strategies, and consider strategies for PHD governance and accountability. The Commission should propose how funds will be spent, articulate how a PHD will create value for Kitsap County residents, publish a public-facing report detailing its findings, and convene public meetings to discuss these findings with Kitsap County community members.

5. **St. Michael Medical Center should significantly increase its spending on financial assistance and other community investments over the next several years to act in accordance with its status as a nonprofit, tax-exempt hospital.** SMMC's spending in these areas (not including unreimbursed Medicaid costs, unreimbursed costs from other means-tested government programs, bad debt attributable to financial assistance, health professions education, and medical research) should amount to at least 5% of its total fiscal year expenses. To achieve this benchmark, SMMC should increase its total dollars spent on community investments by at least one percentage point each year for the next 5 years. Hospital leadership should work closely with community partners to ensure that this additional spending aligns with the priorities outlined in Kitsap County's Community Health Needs Assessment. To ensure public accountability and improve the transparency of its efforts in these areas, SMMC should release an annual, public-facing report clearly summarizing spending amounts, where funds were disbursed, and how recipients used them to advance community health in Kitsap County. Stakeholders such as the Kitsap County Board of Commissioners, the Kitsap Public Health Board, and WSDOH should also routinely assess whether SMMC's financial assistance activities meet the conditions of its certificate of need.
6. **St. Michael Medical Center should continue its efforts to clarify its status as a Catholic-affiliated hospital and how it impacts patient access to lawful healthcare services, consistent with best medical practices and patients' needs or interests and regardless of religious directives.** Even if SMMC is unable to provide the full spectrum of reproductive and end-of-life care, its publications and advertising should clearly reinforce that patients in Kitsap County have access to lawful medical care, including reproductive and abortion health services, end-of-life services, and care for LBGTQ+ families, without restrictions based on religious doctrine.
7. **State and county elected officials should continue to lobby the Defense Health Agency to reopen labor and delivery services at Naval Hospital Bremerton.** In anticipation of future increases in active duty and retired naval personnel and their families assigned to Bremerton shipyard, KPHD should partner with state and county officials to advocate for reopening labor and delivery services. Simultaneously, efforts should be made to work with the TRICARE Health Director and Military Health System to increase TRICARE reimbursement rates for primary care providers. Until the time these actions are realized, the Naval Hospital should partner with SMMC to develop a plan to optimize resources available to urgently meet the needs of pregnant persons.
8. **Kitsap County should increase the number of public transit routes and vehicles that connect residents to healthcare facilities.** Within the next year, Kitsap County Transportation Planners and Kitsap Transit should convene a series of townhall meetings with Kitsap residents to understand their public transportation needs and any challenges associated with using public transit to seek healthcare services. These entities should also collaborate with city leaders,

Tribes, and other relevant stakeholders to increase the number of ferry lines, bus lines, *ACCESS* buses, and VanLink vehicles—and operators—available to transport Kitsap residents to healthcare facilities. Transportation authorities should also collaborate with local health and social service providers to identify options for improving access to reduced fare cards for low-income, Medicare/Medicaid-enrolled, senior, immigrant, and other underserved residents of Kitsap County.

9. **Kitsap Public Health District, in collaboration with the Kitsap County Department of Emergency Management (KCDEM), should convene community leadership and key stakeholders to evaluate the integrity of the 2020 Comprehensive Emergency Management Plan.** The evaluation should accommodate current and potential hazards such as new and emerging infectious disease outbreaks, military mobilizations, nuclear warfare, and climate change-related events. Given the current healthcare workforce shortage, declared healthcare access crisis, and population growth, KPHD and KCOEM must take action to address heightened vulnerability to these potential events.
10. **Kitsap Public Health District should work with representatives from state agencies (Department of Social and Health Services; Department of Children, Youth and Families; Department of Commerce) to collectively develop a long-term strategy and proposed legislation to improve behavioral healthcare access in Kitsap County.** Specifically, behavioral health and substance use treatment are legislative priorities for the Washington State Legislature 2024 session,²¹³ which runs through March 7, 2024. KCHD should convene with state representatives to advocate for intensive behavioral health treatment facilities, more inpatient psychiatric beds, improved access and quality of care for long-term civil commitment and jailed patients, and other behavioral health care resources.
11. **The Kitsap Public Health District should resume providing infectious disease testing services (including for HIV and STIs) and make other harm reduction services, such as needle and syringe exchange programs, more easily accessible.** KPHD should petition state leaders for increased funding to provide these services. KPHD should also explore the feasibility of funding these services through Kitsap County’s one-tenth of 1% tax grant program, which has previously subsidized a broad range of social services through sales tax funds, including mental health and substance use-focused initiatives.²¹⁴
12. **SMMC and other healthcare providers in Kitsap County should evaluate the feasibility of integrating the hospital-at-home model into the services they provide to the community.** The American Hospital Association provides resources for how hospitals can successfully implement acute-level care in patients’ homes. The hospital-at-home model has been shown to improve health outcomes while reducing costs and could help reduce the strain on the Kitsap County health system.²¹⁵

13. Kitsap County leaders, healthcare system stakeholders, and state partners should develop a long-term strategy for petitioning Washington lawmakers to increase Medicaid reimbursement rates and continue exploring opportunities for innovation. Higher Medicaid reimbursement rates are essential to sustaining independent healthcare practices in Kitsap County, preventing further clinic closures, and improving access to secular care for Kitsap County residents. The Kitsap County Board of Commissioners and the Kitsap Public Health Board should form a coalition with relevant local and statewide stakeholders to petition state lawmakers to increase Medicaid reimbursement rates in Washington.

Potential coalition members might include but are not limited to:

- Healthcare providers, including from VMFH, SMMC, and independent clinics across the state
- County public health departments
- Washington State Hospital Association
- Washington State Medical Association
- Washington State Nurses Association
- Washington State Department of Social and Health Services
- Washington State Housing Finance Commission
- Washington State Health Advocacy Association
- Washington State Public Health Association
- Washington State Office of the Insurance Commissioner

In addition to advocating for improved Medicaid reimbursement, this coalition should develop a menu of programs for the state Health Care Authority and the Department of Social and Health Services to include in the next iteration of Washington’s Section 1115 Medicaid demonstration waiver (ie, “Medicaid Transformation Project 3.0”). Potential options might include developing a community health worker program focused on delivering maternal and reproductive health services, expanding the healthcare interpreter workforce, bolstering street medicine programs, or subsidizing Medicaid patients’ transportation costs for travel to healthcare facilities.

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Appendix A. Search Strategy for Historical Document Analysis

The following describes various search strategies employed by the research team to conduct a historical analysis of relevant existing documents, news releases, and published reports to describe changes in the Kitsap County health system and the community's current health and social needs.

Key Words

Health, health care/healthcare, health care/healthcare access, public health, primary care, mental health, behavioral health, maternal/child health, substance use, LGBTQ healthcare, hospitals, healthcare workforce, shortage, workforce development, health equity, healthcare costs, health policy, military health, community health, rural health, indigenous health

Sentinel Reports

National Academy of Medicine reports

Peer-reviewed literature

Government Accountability Office (GAO) reports

Federal agency reports from:

- Centers for Medicare and Medicaid Services (CMS)
- CMS Innovation Center
- Department of Health and Human Services (HHS)
- Centers for Disease Control and Prevention (CDC)
- Health Resources Services Administration (HRSA)
- Administration for Children and Families (ACF)

Professional organization reports from:

- American Nurses Association (ANA)
- American Association of Critical Care Nurses (AACN)
- Association of American Medical Colleges (AAMC)
- American Medical Association (AMA)
- American Academy of Family Physicians (AAFP)
- Primary Care Collaborative (PCC)

News Media

NewsBank

Kitsap Sun

Kitsap Daily News

KOMO News

Washington State Archives - Puget Sound Region

Review: Kitsap County Health District, Kitsap County Public Hospital District No. 2

Washington State Health Authority

“Rules, health care services, insurance coverage”

Kitsap County Department of Administrative Services

“public health district”

Kitsap Public Health District – Health Indicators, Reports, and Fact Sheets

data on health insurance coverage, finances, economy, workforce, etc.

HCUPNET

- Number of discharges
- Average length of stay
- Rate of discharges per 100,000
- Aggregate hospital costs
- Average hospital costs per stay

Appendix B. Methodology for Estimating St. Michael Medical Center’s Tax Exemptions and Community Investments in Kitsap County

Below are additional details on the methodology the research team used to calculate St. Michael Medical Center’s (SMMC) spending on charity care and community benefits, as well as its estimated federal and local tax exemptions. The study team adopted this method from the Lown Institute, a nonpartisan health policy think tank that tracks nonprofit hospitals’ community investments across the United States.¹⁻⁴

Estimated Financial Assistance & Community Investment

The study team examined SMMC’s Form 990 (“Return of Organization Exempt from Income Tax”) for fiscal years 2010–2021.^{5,6} The following figures were used to estimate the hospital’s total spending on community investments in each year:

- Page 1, Line 18 (“Total Expenses”)
- Page 1, Line 12 (“Total Revenue”)
- Schedule H:
 - Part I, Line 7a(e): Financial assistance at cost (ie, charity care)
 - Part I, Line 7e(e): Community health improvement services and community benefit operations
 - Part I, Line 7g(e): Subsidized health services
 - Part I, Line 7i(e): Cash and in-kind contributions for community benefit
 - Part II, Line 10(e): Community-building activities

This approach excludes several IRS spending categories that many hospitals typically include in their charity care and community benefits reporting: unreimbursed Medicaid costs, unreimbursed costs from other means-tested government programs, bad debt attributable to financial assistance, health professions education, and medical research.

Some nonprofit hospitals assert that unreimbursed costs “[lessen] the burdens of Government,” thereby meeting the legal definition of charitability^{7,8} as articulated in Reg. 1.501(c)(3)-1(d)(2). However, hospital spending in these categories—while important—does not necessarily reflect the priorities defined in a Community Health Needs Assessment, which, per the IRS, should include input from medically underserved, minority, and low-income community members. Furthermore, healthcare provision and utilization alone, as measured by Medicaid spending and non-reimbursement, are not robust indicators of investment in the social determinants of community health and wellbeing (ie, the social, economic, and environmental conditions in which people are born, work, worship, learn, and age) that enable community members to lead healthier lives outside of the hospital.⁹ Unreimbursed Medicaid costs also do not reflect an intentional policy choice on a hospital’s part to directly invest in social and/or structural determinants of health or to provide financial

assistance to eligible community members. For these reasons, in fact, Massachusetts recently updated its state community benefits reporting guidelines to more accurately account for nonprofit hospitals' investments in these areas.¹⁰

Estimated Tax Exemptions

The research team used the following data to estimate SMMC's tax exemptions:

- Form 990, Page 1, Line 19: Net income (“revenue less expenses,” “Current Year”)
- Kitsap County property tax records (data available for 2018–2023)¹¹
 - The team searched for parcels of property in Kitsap County owned by SMMC and calculated the total amount of tax exempted (“Tax Without Exemption”) for each parcel between 2018–2021 (ie, the years for which tax returns were also available).

Figure B1. Example of Kitsap County Property Tax Record

Value & Tax History													
Parcel #: 3967-004-001-0402 2520 CHERRY AVE BREMERTON, WA 98310													
Tax Year	Land	Bldgs, etc.	Market Value	Taxable Value	Exemption	Tax	Tax Without Exemption	FFP	SSWM	Nox Weed	Other	Total Billed	
2024	\$607,770	\$63,044,600	\$63,652,370	\$0	Nonprofit	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
2023	\$607,770	\$74,596,590	\$75,204,360	\$0	Nonprofit	\$0.00	\$646,511.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2022	\$607,770	\$66,442,240	\$67,050,010	\$0	Nonprofit	\$0.00	\$640,314.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2021	\$696,530	\$66,353,480	\$67,050,010	\$0	Nonprofit	\$0.00	\$699,271.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2020	\$696,530	\$66,353,480	\$67,050,010	\$0	Nonprofit	\$0.00	\$698,742.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2019	\$696,530	\$66,353,480	\$67,050,010	\$0	Nonprofit	\$0.00	\$672,286.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2018	\$696,530	\$66,353,480	\$67,050,010	\$0	Nonprofit	\$0.00	\$859,781.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

The study team applied the federal corporate tax rate (21%) to SMMC's net income to estimate its federal tax exemption. Washington does not levy a state corporate tax, nor are nonprofit hospitals in the state exempt from paying gross receipts tax or sales tax.^{12,13} Therefore, the team did not include these figures in our estimates of SMMC's state and local tax exemptions.

To estimate the value of SMMC's charitable donations, the team examined Form 990 for fiscal years 2018–2021:

- Part VIII, Line 1h (total contributions, gifts, grants, and other similar amounts)
- Part VIII, Line 1e (government grants)

The research team estimated the value of SMMC's tax exemptions for charitable giving for fiscal years 2018–2021 by examining the total amount of donations made to the hospital, subtracting the amounts received in government grants and in-kind donations, and multiplying the resultant value by the average household marginal tax rate of donors to healthcare organizations (estimated at 23%).¹

“Fair Share” Spending

A 2021 analysis indicates that nationally, nonprofit hospitals in the US spent \$2.3 of every \$100 in total expenses incurred on charity care, compared to \$4.1 per \$100 among government hospitals and \$3.8 per \$100 among for-profit hospitals.¹⁴ In aggregate, these findings suggest that many nonprofit hospitals fail to behave in accordance with their charitable mission, and this has led to calls for new financial disclosure requirements so that policymakers can better assess whether particular nonprofit hospitals provide enough financial assistance or shoulder enough unreimbursed Medicaid costs to justify their tax exemptions.¹⁵

The Lown Institute recommends that hospitals should spend at least 5.9% of their total expenses on community investments.² This benchmark was derived from an analysis of 2012 IRS data showing that tax exemptions for nonprofit hospitals across the US average 5.9% of their total expenses.³ Per the Lown Institute, hospitals should direct at least the equivalent toward community investments (ie, their “fair share”) to justify their tax exemptions.

SMMC’s tax exemptions average approximately 5% of its total expenses between 2018 and 2021, which informed our recommendation to the hospital to gradually increase its community investment spending and financial assistance provision to at least that amount.

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Appendix C. Delphi Study – Expert Panel Members

The following people, listed in alphabetical order, participated in the Delphi study expert panel:

1. Niran Al-Agba (Pediatrician, Silverdale Pediatrics)
2. Doug Baxter-Jenkins (Division Director, Community Health, Virginia Mason Franciscan Health)
3. Griffith Blackmon (Medical Director, Critical Care, St. Michael Medical Center)
4. Juliet Bliss (Physician, Co-Associate Program Director, Virginia Mason Franciscan Health)
5. Jill Brenner (Early Learning & Family Services Director, Kitsap Community Resources)
6. Harriette Bryant (Mentor, OurGems)
7. Stephanie Dent (Secretary, Treasurer, Gather Together Grow Together)
8. Jeff Faucett (Fire Chief, South Kitsap Fire & Rescue)
9. Kathryn Felix (Chief Clinical Officer, Kitsap Mental Health Services)
10. George Fine (Community Health Worker, Kitsap Public Health District)
11. Jim Gillard (Fire Chief, Poulsbo Fire Department)
12. Jessica Guidry (Equity Program Manager, Kitsap Public Health District)
13. Gabrielle Hadly (Former Program Manager, Public Health Emergency Preparedness and Response, Kitsap Public Health District)
14. Katherine Hebard (Physician, Kitsap OBGYN)
15. Kimberly Hendrickson (Housing, Health and Human Services Director, City of Poulsbo)
16. Barbara Hoffman (Community Health Program Manager, Suquamish Tribe)
17. Elizabeth Holmes (Clinical Review Manager, Kitsap Mental Health Services)
18. Tony Ives (Executive Director, Kitsap Community Resources)
19. Wendy Jones (School Nurse Corps Administrator, Olympic Educational Service District)
20. Jennifer Kriedler-Moss (CEO, Peninsula Community Health Services)
21. Siri Kushner (Public Health Infrastructure Division Director, Kitsap Public Health District)
22. Stephen Kutz (Health Director, Suquamish Tribe)
23. Patti Lyman (Former Physician Assistant, Bainbridge Prepares)
24. Jared Moravec (Fire Chief, Bainbridge Island Fire Department)
25. Aimee Oien (Healthcare Union Representative, UFCW 3000)
26. Anne Presson (Policy Analyst, Kitsap County)
27. Fletcher Sandbeck (Former Board Member, Kitsap Pride)
28. Kimmy Siebens (Street Outreach, Trauma ICU Nurse, Harborview Medical Center)
29. Kelsey Stedman (Program Manager, Kitsap Public Health District)
30. Annika Turner (Family Services Director, Kitsap Immigrant Assistance Center)
31. Doug Washburn (Human Services Director, Kitsap County)
32. Michael Watson (Residency Program Director, Virginia Mason Franciscan Health)
33. Keith Winfield (Clinical Manager, Kitsap Recovery Center)

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