Kitsap Public Health Core Indicators & Disparities Report

April 1, 2022

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Introduction

The Kitsap Public Health District's Core Indicators Report provides an overview of selected indicators describing the demographics, health status, health behaviors, and environmental health of Kitsap County. This report is preliminary and at the population level and should not be used to predict or identify anything about any one individual within the population.

These indicators provide sound, reliable data that can be used to monitor change over time, help focus resources, encourage new and existing partnerships, discuss available evidence-based actions to address areas of concern, and support the work necessary to make Kitsap County a healthy and safe place to live, learn, work, and play.

Previously, Kitsap Public Health District has released two separate indicator reports: a Core Community Health Indicators Report, and a Disparities Report focused on differences between subgroups. In May 2021, the Kitsap Public Health Board declared racism a public health crisis in Kitsap County and emphasized the importance of using an equity lens in our work. In response to this declaration and in order to focus on equity, this report encompasses both indicator data at the county-level and for many sub-population groups. By presenting data for different subpopulations whenever possible, we hope to gain a better understanding of how to promote health equity and improve health outcomes in our community.
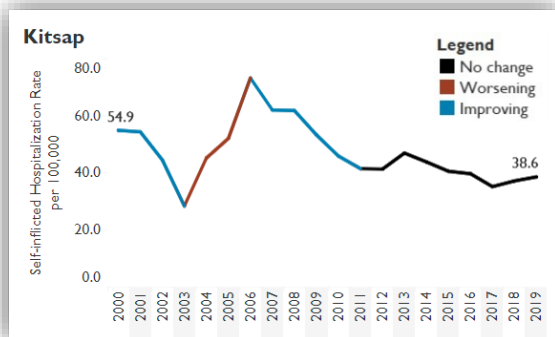
Due to the COVID-19 pandemic, data collection has been delayed or disrupted for many of our data sources. For example, the Healthy Youth Survey, a biannual behavioral health survey administered to middle and high school students, was not administered to students as scheduled in 2020, and instead was administered in 2021. Additionally, the American Community Survey data collection in 2020 was impacted by non-response bias and therefore will not be released as 1-year estimates for 2020. The deficiencies and changes in data collection and reporting were seen mostly during the beginning of the COVID-19 pandemic (2020), although the effects on our community of the pandemic, and therefore on the data, may be seen much further into the future and must be considered as we interpret changes in indicators.

How to Read the Indicators Tables

Note that each indicator is provided for the years and subgroups for which data is available. This means that some indicators will have data for 2021 already, while others will only have data through 2019. In addition, some indicators have data available for many subgroups, while others may have no data available for sub-county groups. Indicators are displayed with all the available information that was selected as relevant at this time. Additional subgroups and years will be added as they become available and are prioritized.

Each indicator is displayed with the following elements:

Trend Line: The trend line shows the indicator estimate for a series of years. The entire line or segments of the line are color coded based on statistically significant change over time (increase, decrease, no change). Sometimes it may appear that there is a large amount of change, but if it is not consistent enough over time or if the numbers affected are too small, it will not be statistically significant and will, therefore, be labeled as no change. The lack of statistical significance should not be used to discount the amount of change, but instead to help distinguish change that is occurring consistently over time in populations large enough for stable results.

Color coding follows this pattern:

- Blue is a statistically significant improving trend.
- Red is a statistically significant worsening trend.
- Black is no statistically significant change.
- Purple is a statistically significant trend that cannot be said to be worsening or improving (such as an increasing birth rate).

Kitsap Trend: The statistical trend in Kitsap is the trend for the most recent years, based on Joinpoint analysis*. Symbols are used to show an increase ($\uparrow$), decrease ($\downarrow$), or no change ($\leftrightarrow$). The color of the symbol signifies if the trend is statistically significantly improving, statistically significantly worsening, statistically significantly changing (neither worse nor better), or not statistically significantly changing. The color code follows the trend line color code as stated above.

The Joinpoint program is used to analyze continuous linear trends with change points (i.e. joinpoints). It fits the simplest linear regression model with the minimum number of potential change-in-trend points that are statistically significant (for more information, see https://surveillance.cancer.gov/joinpoint/).

Comparison to Washington: The comparison of Kitsap to Washington is a statistical comparison of the most recent year of available data, based on the statistical comparison best for the type of dataset. Symbols are used to show Kitsap is statistically higher ($\uparrow$), lower ($\downarrow$), or similar to Washington state (~). The color of the symbol signifies if the difference is statistically significantly better (blue), statistically significantly worse (red), similar to (black), or statistically significantly different (purple).

Subgroup Comparison: The comparison of subgroups, such as age groups, race and ethnicity groupings, and household income categories, is completed by comparing the rate or percentage for each subgroup. The reference group is the subgroup with the "best" (or

lowest if there is no way to determine best) estimate. All subgroups within the group are compared to the reference group, to determine if they have a statistically significantly worse outcome. Comparison is done by a comparison of 95% confidence intervals. Subgroups that are statistically significantly different are highlighted in a darker orange color, while subgroups that have overlapping confidence intervals with the reference group are not considered to be statistically significantly different and are in light orange

CIVILIAN BIRTHS PAID BY MEDICAID, KITSAP SUBGROUPS (2020)

Age of Mother	10-17	*
	18-34	39.0%
	35-49	*
Geographic Region	Bainbridge Island	*
	Bremerton	46.4%
	Central Kitsap	36.2%
	North Kitsap	*
	South Kitsap	34.9%

Legend
- Reference Group
- Not Statistically Significant
- Statistically Significant
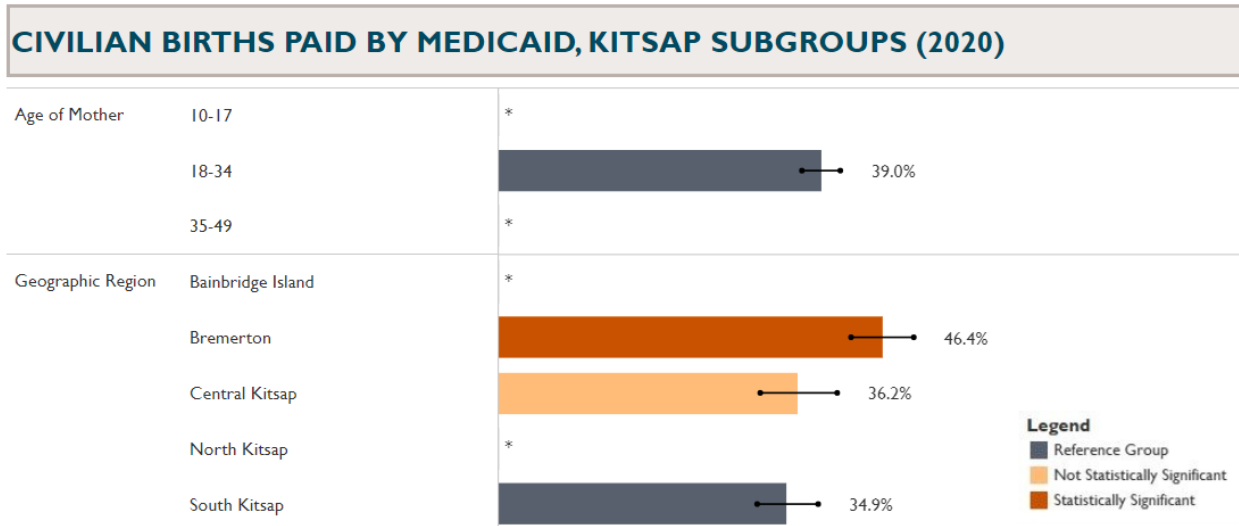
2021 Kitsap Public Health Indicators and Disparities

Who are we? Demographics of Kitsap County

In 2021, the population of Kitsap County was estimated to be 277,700 people: an increase of 23,200 in the past 10 years (9.1% increase). Kitsap County is the 7th most populated county in Washington State, accounting for 3.6% of the total state population. The county encompasses 395 square miles: 36th in size of the 39 counties in Washington State. Kitsap County is the 3rd most densely populated county with 636 people per square mile.

Geographic Regions

Kitsap County is made up of five geographic regions: Bainbridge Island, Bremerton, Central Kitsap, North Kitsap, and South Kitsap (Table 1). North Kitsap was the region with the highest percent growth in the past ten years with a 10.3% increase.

Table 1: Population of Geographic Regions of Kitsap County, 2020

Geographic Region	Population (2020)	Percent of Population	Percent Change in Past 10 Years
Kitsap (Overall)	272,200	100%	+ 7.2%
Bainbridge Island	25,070	9.2%	+ 8.9%
Bremerton	48,086	17.7%	+ 4.4%
Central Kitsap	72,903	26.8%	+ 4.9%
North Kitsap	51,015	18.8%	+ 10.3%
South Kitsap	74,757	27.5%	+ 8.8%

Nearly two-thirds of Kitsap County is unincorporated area while 35% comprises four incorporated cities; Bainbridge, Bremerton, Port Orchard and Poulsbo (Table 2). Incorporated cities are municipalities that elect their own city officials and have a charter received from the state conferring certain state governmental powers to the local level. Unincorporated communities exist only by tradition and have no elected officials at the town level. In the past 10 years, the incorporated area of Kitsap County has had a higher percent increase (+15.5%) than the unincorporated area (+6.0%). Specifically, the cities of Port Orchard (+35.5%) and Poulsbo (+28.2%) have had the highest percent change in the past 10 years.

Table 2: Population of Kitsap County and Municipalities, 2021

County/Municipality	Population Estimates (2021)	Percent of Population	Percent Change in Past 10 Years
Kitsap (Overall)	277,700	100%	+ 9.1%
Unincorporated	180,840	65.1%	+ 6.0%
Incorporated Cities	96,860	34.9%	+ 15.5%
Bainbridge Island	24,930	9.0%	+ 8.0%
Bremerton	43,970	15.8%	+ 10.9%
Port Orchard	15,960	5.7%	+ 35.5%
Poulsbo	12,000	4.3%	+ 28.2%

Sex and Age

Over the past ten years, Kitsap County's population has been aging (Table 3). In 2020, the average age of Kitsap County residents was 42 years old compared to 39 years old in 2011. In 2020, the average age of female Kitsap County residents was 44 years old compared to 38 years old in 2011. In 2020, the average age of male Kitsap County residents was 41 years old compared to 40 years old in 2011. In 2020, compared to Washington State, Kitsap County is older with an average age of 42 years old compared to 39 in Washington State.

Just over half the overall Kitsap population is male. However, in the 20 – 24 and 25 – 29 age groups, the male population is 83% and 65% larger, respectively, than the female population. This is likely largely due to the U.S. Navy bases in Bremerton, Keyport, and Bangor. From the age of 35 and older, there are more females than males in every 5-year age group.

Table 3: Population of Kitsap County by Sex and Age, 2020

Age Group	Female			Male		
	Population (2020)	Percent of Population	Percent Change in Past 10 Years	Population (2020)	Percent of Population	Percent Change in Past 10 Years
Kitsap (Overall)	134,700	49.5%	+ 7.4%	137,500	50.5%	+ 7.0%
0 – 4 years	7,800	2.9%	+ 5.9%	8,325	3.1%	+ 9.6%
5 – 9 years	7,942	2.9%	+ 7.1%	8,269	3.0%	+ 7.6%
10 – 14 years	7,711	2.8%	+ 1.6%	7,995	2.9%	- 1.2%
15 – 19 years	6,671	2.5%	- 15.2%	7,420	2.7%	- 15.1%
20 – 24 years	6,614	2.4%	- 14.0%	12,097	4.4%	+ 3.3%
25 – 29 years	6,379	2.3%	- 16.5%	10,284	3.8%	+ 8.6%
30 – 34 years	6,233	2.3%	- 13.5%	7,727	2.8%	+ 3.0%
35 – 39 years	7,085	2.6%	+ 3.0%	7,054	2.6%	+ 1.6%
40 – 44 years	7,323	2.7%	- 11.0%	6,517	2.4%	- 17.7%
45 – 49 years	7,839	2.6%	- 15.3%	6,691	2.6%	- 25.8%
50 – 54 years	8,566	3.2%	- 16.0%	7,571	2.8%	- 21.5%
55 – 59 years	9,874	3.6%	- 0.2%	9,046	3.3%	- 4.2%
60 – 64 years	10,592	3.9%	+ 18.1%	9,706	3.6%	+ 14.1%
65 – 69 years	10,394	3.8%	+ 62.7%	9,350	3.4%	+ 53.1%
70 – 74 years	8,725	3.2%	+ 112.6%	7,832	2.9%	+ 100.3%
75 – 79 years	6,051	2.2%	+ 94.9%	5,297	2.0%	+ 100.7%
80 – 84 years	3,926	1.4%	+ 53.8%	3,256	1.2%	+ 73.6%
85+ years	4,977	1.8%	+ 165.3%	3,061	1.1%	+ 86.4%

Racial and Ethnic Groups

Over the past 10 years, Kitsap County has become more diverse (Table 4). The Hispanic/Latino population had the highest percent growth in the past ten years with 29.9% increase, followed by Asian and Multiracial (29.4%), Black/African American (+25.2%), Native Hawaiian/Pacific Islander (+23.1%), American Indian/Alaska Native (+3.7%), and White (+1.9%).

Table 4: Population of Kitsap County by Racial and Ethnic Groups, 2020

Racial and Ethnic Groups	Population (2020)	Average Age	Percent of Population	Percent Change in Past 10 Years
Kitsap (Overall)	272,200	42	100%	+ 7.2%
American Indian/Alaska Native	3,693	37	1.4%	+ 3.7%
Asian	15,936	44	5.9%	+ 29.4%
Black/African American	8,185	34	3.0%	+ 25.2%
Hispanic/Latino	21,068	28	7.7%	+ 29.9%
Native Hawaiian/Pacific Islander	2,757	35	1.0%	+ 23.1%
White	204,464	46	75.1%	+ 1.9%
Multiracial	16,097	24	5.9%	+ 29.4%

In 2020, compared to Washington State, Kitsap County is less racially diverse with 24.9% of Kitsap County identifying as Black, Indigenous, and people of color (BIPOC) while 33.1% of Washington State identified as BIPOC. Compared to Washington State, Kitsap County has a higher proportion of the population identifying as American Indian Alaska Native 1.4% compared to 1.2%, Native Hawaiian Pacific Islander 1.0% compared to 0.7%, and Multiracial 5.9% compared to 4.4%.

Within Kitsap County, the geographic regions with more racial diversity included: Bremerton, 33.3% of the population identifying as BIPOC and Central Kitsap, 30.4% of the population identifying as BIPOC.

In Kitsap County, the younger half of the population (0 – 44 years old) is more racially diverse than the older half (45+ years old) (Table 5). While 33.8% of the younger half of the population identified as BIPOC, 15.6% of the older half of the population identified as BIPOC.

Table 5: Population of 0 – 44 and 45 + Years by Racial and Ethnic Groups

Racial and Ethnic Groups	0 – 44 Years			45 + Years		
	Population (2020)	Percent of Population	Percent Change in Past 10 Years	Population (2020)	Percent of Population	Percent Change in Past 10 Years
Kitsap (Overall)	139,446	51.2%	- 2.9%	132,754	48.8%	+ 20.3%
American Indian/ Alaska Native	2,233	0.8%	- 3.9%	1,460	0.5%	+ 17.9%
Asian	7,556	2.8%	+ 13.8%	8,380	3.1%	+ 47.7%
Black/African American	5,691	2.1%	+ 20.4%	2,494	0.9%	+ 37.6%
Hispanic/Latino	16,724	6.1%	+ 25.7%	4,344	1.6%	+ 49.2%
Native Hawaiian/ Pacific Islander	1,830	0.7%	+ 15.5%	927	0.3%	+ 41.3%
White	92,213	33.9%	- 11.7%	112,251	41.2%	+ 16.8%
Multiracial	13,200	4.8%	+ 26.0%	2,897	1.1%	+ 47.5%

In Kitsap County, 6.3% of residents are foreign-born and, of those, 16% entered the United States since 2010.

In Kitsap County, 6.8% of residents, aged 5 years and over, speak a language other than English at home. This includes: 2.9% Asian and Pacific language, 2.0% Spanish, 1.5% other Indo-European language, and 0.4% other language.

Economic Wellbeing

Key Points:
- **Trend prior to 2020:** Economic data prior to 2020 show Kitsap County improving economically: decreasing poverty, increasing median household income, reduction of food insecurity, and reduction of population eligible for Supplemental Nutrition Assistance Program (SNAP) benefits.
- **Trend 2020 and later:** After the start of the COVID-19 pandemic, 2020 data shows worsening economic trends for Kitsap County with an increase in unemployment, increasing number of students eligible for Free/Reduced Lunch, and an increasing point-in-time homelessness count.
- **Economic disparities:** Economic disparities already existed by sex, household type, education attainment, and racial/ethnic groups prior to 2020. These may be further exacerbated by the COVID-19 pandemic.

Economic factors, such as income level, education, employment, housing stability, and food security can impact our health. These factors affect our ability to make healthy choices and afford medical care, food, and housing. Based on this link between economic stability and health, our national health objectives (Healthy People 2030, https://health.gov/healthypeople) include a goal to help people earn a steady income that will allow them to meet their health needs.

Table 6: Economic Wellbeing Indicators in Kitsap County

Indicators Summary by Topic

Blue = Statistically better | Red = Statistically worse | Purple = Statistically Significant | Black = No statistical change/difference

			Most Recent Year's Data by Topic	Kitsap Trend (data years)	Comparison to WA (data years)	Source #
Socioeconomic Metrics	Employment	Unemployment Rate	8%	↑ 2018-20	↓ 2020	9
	Food	Food Insecurity	10%	↓ 2015-19	~ 2019	10
		Food Insecurity - Child	15%	↓ 2015-19	↑ 2019	10
		Households Receiving SNAP Benefits	8%	↓ 2016-19	↓ 2019	1
		Public School Students Eligible for Free and Reduced Lunch	37%	↑ 2019-20 to 2020-21	↓ 2020	11
	Housing	Point in Time Count of Population Experiencing Homelessness	2 per 1,000	↑ 2014-20	↓ 2020	12
		Public school students experiencing homelessness	12 per 1,000	↑ 2015-16 to 2020-21	↓ 2020	13
	Income	Median Household Income in the Past 12 Months	$79,624	↑ 2015-19	~ 2019	1
	Poverty	Population living below 100% of the federal poverty level	7%	↓ 2012-19	↓ 2019	1
		Population living below 200% of the federal poverty level	20%	↓ 2014-19	↓ 2019	1

Sources:

1   United States Census Bureau. American Community Survey. Retrieved from data.census.gov/.

9   US Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics (LAUS), Customized Tables.

10 Feeding America, Map the Meal Gap, accessed at https://map.feedingamerica.org.

11 Washington State Office of Superintendent of Public Instruction (OSPI), Child Nutrition Reports, accessed at http://www.k12.wa.us/ChildNutrition/Reports.aspx.

12 Point in Time Count, Washington State Department of Commerce, accessed at http://www.commerce.wa.gov/serving-communities/homelessness/annual-point-time-count/.

13 Washington State Office of Superintendent of Public Instruction, Washington State Report Card, accessed at https://washingtonstatereportcard.ospi.k12.wa.us/.

Economic Wellbeing Dashboards: Unemployment, Overall Food Insecurity, Child Food Insecurity, SNAP Benefits, Free/Reduced Lunch, PIT Homelessness, Student Homelessness, Median Household Income, 100% of Federal Poverty Level, and 200% of Federal Poverty Level.

The American Community Survey for 2020 did not meet the US Census's high level of statistical quality standards and is, therefore, not available. Kitsap County relies on this data source for data on poverty, median household income, Supplemental Nutrition Assistance Program (SNAP) benefits, and subgroup data on unemployment. Therefore, the most recent data available for these indicators is 2019.
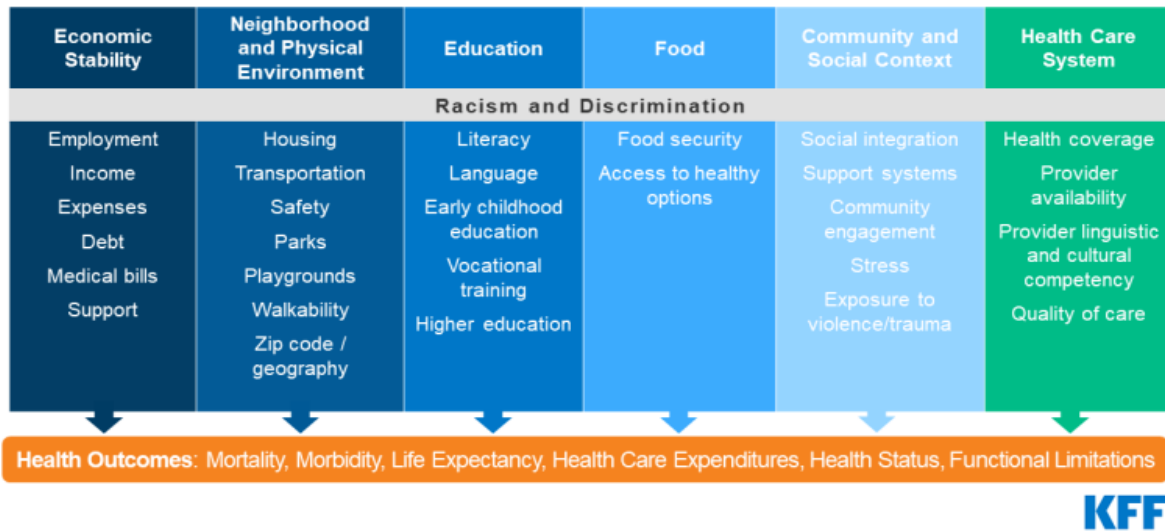
Due to this disruption in data, trends prior to the COVID-19 pandemic and during the COVID-19 pandemic show two different scenarios of economic wellbeing. In 2019, our economic trends in Kitsap County were overwhelmingly positive. However, data available after the start of the pandemic have shown worsening economic trends in Kitsap County, with at least one exception being a statistically significant decreasing trend for public school students experiencing homelessness. This data may be incomplete due to the disruptions of the pandemic and the transition to virtual school during 2020 keeping schools from being able to assess and report on students experiencing homelessness. Kitsap County may see similar worsening trends for other indicators where data for 2020 is not yet available.

Key Points – Disparities in Kitsap County:
- **Educational Attainment and Economic Wellbeing:** As educational attainment increases for residents, there is a decrease in the percent of the population unemployed and living below the federal poverty level. Based on this data, it is critical for there to be equal opportunities for educational attainment in Kitsap.
- **Trend in Federal Poverty Level:** From 2015 to 2019, females were statistically significantly more likely to be living below the federal poverty level.
- **Household Type:** For both SNAP benefit eligibility and median household income, married couples had statistically significantly better outcomes than other household types from 2015 to 2019. Households headed by females consistently made less than those headed by males in Kitsap.
- **Race and Ethnicity:** For SNAP benefits, Poverty Level, and Median Household Income from 2015 to 2019, those identifying as American Indian/Alaska Native, Black, and Multiracial experienced statistically significantly worse economic outcomes.
- **Geographic Region:** Across our county for six economic indicators, all subcounty areas are statistically significantly worse off than Bainbridge Island.
- **Geographic Region Free and Reduced Lunch Eligibility:** In Bremerton School District, 3 in 4 students are eligible for free/reduced lunch compared to 1 in 3 students in Central Kitsap, North Kitsap, and South Kitsap and less than 1 in 10 students on Bainbridge Island.

Ultimately, research has demonstrated that social and economic factors in our community drive the health outcomes and make up the social determinants of health (see image below; https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/). To achieve greater levels of health equity, we cannot solely focus on the health care system but must also focus on the broader approaches to address social determinants – economic stability, environment, education, food, community/social supports - that ultimately influence health.

Social and Economic Factors Drive Health Outcomes

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
		Racism and Discrimination			
Employment	Housing	Literacy	Food security	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Stress	Quality of care
Medical bills	Playgrounds	Higher education		Exposure to violence/trauma	
Support	Walkability				
	Zip code / geography				

Health Outcomes: Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

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Disability

In 2019, about 13% of the Kitsap population had at least one disability. This percentage has remained very similar over the years from 2010 to 2019 and was about the same as Washington's percentage in 2019. From 2015 to 2019, the most reported disability was an ambulatory disability (7.1%), followed by cognitive (5.8%), hearing (4.9%), independent living (4.4%), self-care (2.4%) and vision (2.2%).

Key Points:
- **Trend in Prevalence of Disability:** The percentage of Kitsap residents with a disability has stayed approximately the same from 2010 to 2019 and is about the same as Washington overall.
- **Disability by Type:** Ambulatory disabilities were most common, followed by cognitive, hearing, independent living, self-care and vision.

Table 7: Disability Indicators in Kitsap County

			Most Recent Year's Data by Topic	Kitsap Trend (data years)	Comparison to WA (data years)	Source #
Indicators Summary by Topic KITSAP PUBLIC HEALTH DISTRICT					Blue = Statistically better | Red = Statistically worse | Purple = Statistically Significant **Black** = No statistical change/difference	
General Health and Chronic Disease	Disability	Population with a Disability	13%	2010-19 ↔	2019 ~	1

Sources:

1   United States Census Bureau. American Community Survey. Retrieved from data.census.gov/.

Dashboard: Disability

Key Points – Disparities in Kitsap County:
- It's important to note that identification of a disability is affected by access to care. Subgroups with lower access to healthcare may have decreased reporting of diagnosis of a disability.
- **Race and Ethnicity:** Residents who identify as Hispanic have a lower rate of disability than any individual race except for those who do not identify as one of the major racial groupings.
- **Geographic Region:** Bainbridge Island has the lowest percentage of residents with a disability; Bremerton has the highest.

- **Age:** All age groups (18 – 34, 35 – 64, 65 and older) had statistically higher percentage of the population with a disability compared to the reference group (0 – 17).

How is our physical health?

Maternal and Child Health

Maternal and child health focuses on the health of mothers, infants, and children. Focusing on pregnancy and childbirth can help improve short- and long-term health outcomes for women and their children. By working towards healthy birth outcomes and reducing maternal risk factors, we are working towards a healthy future generation.

Key Points:
- **Trend in Birth and Pregnancy Rates:** In Kitsap County, the birth rate shows a statistically significant decrease from 2016 to 2020. However, the pregnancy rate has remained unchanged from 2000 to 2020.
- **Trend in Infant Mortality Rate:** Infant mortality has remained consistent from 2000 – 2019, with no statistical decrease; Washington State has shown a statistically significant decrease in infant mortality during the same period. Our rate in 2019 was statistically significantly higher than Washington State.
- **Risk Factors Associated with Poor Pregnancy Outcomes:** Two maternal risk factors, starting prenatal care after the first trimester of pregnancy and smoking during pregnancy, in Kitsap County are statistically significantly worse than Washington State.

Table 8: Maternal and Child Health Indicators in Kitsap County

			Most Recent Year's Data by Topic	Kitsap Trend (data years)	Comparison to WA (data years)	Source #
	Births	Birth Rate per 1,000 Residents	10 per 1,000	↓ 2016-20	↓ 2020	2
Maternal and Child Health		Life Expectancy at Birth	83 years	↑ 2000-20	↑ 2020	2
		Low Birth Weight (<2500 grams)	5%	↔ 2000-20	~ 2020	2
		Pregnancy Rate per 1,000 Women Ages 15 to 44	83 per 1,000	↔ 2000-20	↑ 2020	3
	Deaths	Infant Mortality Rate per 1,000 Live Births	7 per 1,000	↔ 2000-19	↑ 2019	8
	Economic Wellbeing	Civilian Births Paid by Medicaid	37%	↓ 2014-20	~ 2020	4
	Healthcare access	Prenatal Care Initiation in First Trimester	69%	↓ 2014-20	↓ 2020	2
	Smoking	Women Reporting Smoking During Pregnancy	8%	↓ 2000-20	↑ 2020	2

Indicators Summary by Topic — KITSAP PUBLIC HEALTH DISTRICT

Blue = Statistically better | Red = Statistically worse | Purple = Statistically Significant
Black = No statistical change/difference

Sources:

2   Washington State Department of Health, Center for Health Statistics Birth Certificate Data, 1990–2020, Community Health Assessment Tool (CHAT), November 2021.

3   Washington State Department of Health, Center for Health Statistics, Abortion Reporting System-Report of Induced Termination of Pregnancy, 1990–2020, Community Health Assessment Tool (CHAT), December 2021. Department of Health, Center for Health Statistics, Vital Statistics System-Washington State Certificate of Live Birth, 1990–2020, Community Health Assessment Tool (CHAT), November 2021...

4   Washington State Department of Health. Center for Health Statistics. Birth Certificate Data. [Analyzed by Kitsap Public Health District, Assessment & Epidemiology Program].

8   Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990–2019, Community Health Assessment Tool (CHAT), January 2021.

Maternal Child Health Dashboards: [Birth Rate, Low Birth Weight](#), [Pregnancy Rate, Infant Mortality](#), [Births Paid by Medicaid](#), [Prenatal Care Initiation,](#) and [Women who Smoked During Pregnancy](#).

Key Points - Disparities in Kitsap County:
- **Infant Mortality Rate by Race and Ethnicity:** The infant mortality rate was 2.9 times higher in Black mothers compared to White mothers.
- **Low Birth Weight by Race and Ethnicity:** Black infants were statistically significantly more likely (2.1 times) to have a low birth weight, less than 2,500 grams, compared to white infants; Hispanic infants were also statistically significantly more likely to have a low birth weight.
- **Prenatal Care by Race and Ethnicity:** Native Hawaiian or Pacific Islander and Hispanic or Latino mothers were statistically significantly less likely to initiate prenatal care in the first trimester compared to White mothers.
- **Maternal Smoking by Race and Ethnicity:** Women who identified as American Indian/Alaska Native, Native Hawaiian or Pacific Islander, White, and Multiracial were statistically significantly more likely to smoke while pregnant compared to White women.
- **Maternal Smoking by Age:** Younger mothers ages 10 to 17 and 18 to 34 were statistically significantly more likely to smoke during pregnancy compared to older mothers ages 35 to 49.
- **Low Birth Weight by Region:** Mothers in Bremerton and South Kitsap were statistically significantly more likely than those on Bainbridge Island to have infants born at a low birth weight. Bremerton and South Kitsap were the geographic areas with the lowest median household income of Kitsap County. Studies have shown that lower incomes have been shown to be associated with low birth weights. (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4986052/)

Death

Death data, including the all-cause death rate and premature death rate, are some of the most frequently used indicators to demonstrate the general health status of a population. Improvements in these indicators can be linked to quality of health services, scientific advances (e.g., disease treatments, vaccinations), and living conditions of the population overall.

Key Points:
- **Trend in All-Cause Death Rate:** The all-cause death rate and premature death rate has statistically significantly decreased from 2000 to 2020 in Kitsap County. Both rates were statistically significantly below Washington State.
- **Race and Ethnicity:** The white population and the male population in Kitsap County had the most disparities for death indicators. This may be attributed to the increase in death due to suicide and drug-related deaths in Kitsap County.
- **Trend Following 2020 COVID-19 Pandemic:** Despite the COVID-19 pandemic, Kitsap County did not see worsening death indicators in 2020. In 2020, 47 residents' death were related to COVID-19. As of 4/1/2022, preliminary death data for calendar year 2021 include 217 deaths of Kitsap residents related to COVID-19. This increase may result in worse death metrics for 2021.
- **Trend in Life Expectancy:** Life expectancy in Kitsap County statistically significantly increased from 2000 to 2020 and is higher overall than Washington State.

Table 9: Death Indicators in Kitsap County

KITSAP PUBLIC HEALTH DISTRICT **Indicators Summary by Topic**			Blue = Statistically better | Red = Statistically worse | Purple = Statistically Significant Black = No statistical change/difference			
		Most Recent Year's Data by Topic	**Kitsap Trend**	**Comparison to WA**	**Source #**
Deaths	All Cause Death Rate per 100,000, Age-Adjusted	555 per 100,000	↓	↓	8
	Premature Death Rate per 100,000, Age-Adjusted (<75 years old)	276 per 100,000	↓	↓	8
Life Expectancy	Life Expectancy at Birth	83 years	↑	↑	2

Sources:

8   Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990–2019, Community Health Assessment Tool (CHAT), January 2021.

Deaths Dashboards: All Cause Death Rate, Life Expectancy and Premature Death Rate.

Key Points – Disparities in Kitsap County:
- **Premature Death Rate by Sex:** In 2020, Kitsap County males had a higher premature and all cause death rate compared to females.
- **Premature Death by Race and Ethnicity:** In 2020, American Indian and Alaska Native, Black, Native Hawaiian or Other Pacific Islanders, and White residents had a statistically significantly higher premature death rate than those who identify as Asian.
- **All-Cause Death Rate by Race and Ethnicity:** In 2020, Non-Hispanic White residents had a statistically significantly worse all-cause death rate than those who identify as Asian.
- **Life Expectancy by Sex:** In 2020, Kitsap County males had a statistically significantly lower life expectancy compared to females.
- **Life Expectancy by Race and Ethnicity:** Native Hawaiian or Other Pacific Islander (76.7 years) and White (82.9 years) residents had a statistically significantly lower life expectancy than Hispanic or Latino residents (90.2 years) in 2020.

Table 10: Leading Causes of Death in Kitsap County by Year (2016 – 2020)

	2016	2017	2018	2019	2020	Rank
Cancer	479	468	500	519	486	■ #1
Heart disease	476	456	461	476	456	■ #2
Cerebrovascular diseases	150	163	133	136	142	■ #3
Alzheimer's disease	141	144	147	145	141	■ #4 ■ #5
Accidents	114	121	116	126	118	■ #6 ■ #7
Chronic lower respiratory diseases	118	126	116	109	118	■ #8
Diabetes mellitus	60	55	51	62	73	■ #9
Suicide	44	45	41	59	53	■ #10
Chronic liver disease and cirrhosis	45	33	26	44	52	■ #11
COVID-19					47	
Parkinson's disease	26	26	23	48	41	

In the past five years (2016 – 2020), the top ten causes of death have remained consistent in Kitsap with slight variations. Cancer and heart disease have remained the top two causes of death for all five years. The largest changes have been an increase in percent of deaths due to diabetes (+0.4%), suicide (+0.2%), chronic liver disease (+0.2%), and Parkinson's disease (+0.5%). All other causes saw a decrease in percent of deaths they accounted for. The COVID-19 pandemic began in 2020, becoming the tenth leading cause of death that year and accounting for 2.0% of deaths.

How is our emotional wellbeing and substance use?

Mental Health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important in every stage of life, from childhood to adulthood. Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively and make meaningful contributions to their communities. (MentalHealth.gov)

Key Points:

- **Trend in Student Depressive Feelings:** Reported depressive feelings among Kitsap 10th grade students are increasing, but no different than Washington State overall.
- **Suicide Ideation:** More than one in four Kitsap 10th graders reported seriously considering suicide in 2018.
- **Trend in Self-Inflicted Injury Hospitalizations:** Self-inflicted injury hospitalizations in Kitsap residents are remaining steady and lower than the state, while suicide deaths in Kitsap are increasing.
- **Hospitalizations Compared to Deaths:** Self-inflicted injury hospitalizations are more likely to be due to drug poisoning, while suicide deaths are more likely to be firearm related.

Table 11: Mental Health Indicators in Kitsap County

KITSAP PUBLIC HEALTH DISTRICT — **Indicators Summary by Topic**			Most Recent Year's Data by Topic	Kitsap Trend (data years)	Comparison to WA (data years)	Source #
	Depression	10th Graders Who Reported Feeling Depressed in Past 12 Months	41%	↑ 2012-18	~ 2018	5
		Adults Who Reported Being Told They Have a Depressive Disorder	24%	↔ 2011-20	~ 2020	6
Mental Health	Suicide	10th Graders Who Reported Considering Suicide in Past 12 Months	28%	↔ 2012-18	~ 2018	5
		Self-inflicted Non-fatal Injury Hospitalization Rate per 100,000, Age-adjusted	39 per 100,000	↔ 2011-19	↓ 2019	7
		Suicide Mortality Rate per 100,000	20 per 100,000	↑ 2000-20	~ 2020	8

Blue = Statistically better | Red = Statistically worse | Purple = Statistically Significant | Black = No statistical change/difference

Sources:

5   Washington State Department of Health. Washington State Office of the Superintendent of Public Instruction. Department of Social and Health Services. Liquor and Cannabis Board. Healthy Youth Survey. [Analyzed by Kitsap Public Health District, Assessment & Epidemiology Program].

6   Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS) Data. [Analyzed by Kitsap Public Health District, Assessment & Epidemiology Program].

7   Washington Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) 1987-2019. Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT), Aug 2021.

8   Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990–2019, Community Health Assessment Tool (CHAT), January 2021.

Mental Health Dashboards: Student Depression, Adult Depression, Student Suicide Ideation, Self-Inflicted Hospitalization Rate, and Suicide Mortality Rate.

Key Points – Disparities in Kitsap County:

- **Sexual Orientation, Gender Identity and Suicide Ideation:** 10th grade students who have gender identities other than male or female and those who have sexual orientations other than heterosexual reported the highest percentages of depression and suicide ideation. Adults who

were not heterosexual also reported having depression at a statistically significantly higher percentage than heterosexual adults.
- **Suicide by Sex:** Males have statistically significantly higher rates of suicide deaths.
- **Depression by Sex:** Females were statistically significantly more likely to report depression in both 10th graders and adults.
- **Suicide and Self-Harm by Geographic Region:** Bremerton has the highest rates of 10th grader depression, 10th grader suicide ideation and all age suicide mortality, while Bainbridge has the highest rates of all age self-inflicted injury hospitalizations.
- **Household Income and Adult Depression:** Adult depression was statistically significantly higher for those with a household income less than $15,000 compared to those with a household income of $50,000 or more.
- **Race and Ethnicity, Age, and Educational Attainment:** Of those mental health indicators able to be separated into subgroups by race and ethnicity, no statistically significant differences were seen between groups. There were also no statistically significant differences by age or educational attainment for those where subgroup data was available.

Substance Use and Abuse

The U.S. currently has one of the highest rates of substance use and substance use disorder in the world. Americans account for approximately 4 percent of the world's population—and 27 percent of the world's drug overdose deaths (Addiction Policy Forum, addictionpolicy.org). Substance use and abuse are also prevalent in Kitsap County.

Key Points:
- **Trends in Drug-Related Hospitalizations:** All drug-related hospitalizations have been decreasing and are lower than Washington, at the same time as all drug-related mortality is increasing and no different than Washington overall.
- **Trends in Opioid-Related Deaths:** Specifically, opioid-related deaths are also increasing, and, as of June 2021, the number of confirmed opioid-related deaths in Kitsap for 2020 had already exceeded any single year's number in the past 20 years.
- **Fentanyl:** One third of all drug-related deaths reported for 2020 and 44% of those reported in the first half of 2021 involved fentanyl.
- **Trends in Tobacco Smoking:** The percentage of Kitsap adults and 10th graders who report smoking has been decreasing, but the percentage of 10th graders remained higher than the state in 2018.

Table 12: Substance Use Indicators in Kitsap County

KITSAP PUBLIC HEALTH DISTRICT **Indicators Summary by Topic**				Blue = Statistically better | Red = Statistically worse | Purple = Statistically Significant Black = No statistical change/difference		
			Most Recent Year's Data by Topic	**Kitsap Trend (data years)**	**Comparison to WA (data years)**	**Source #**
Substance Use	All Drug	Drug-related Hospitalization Rate per 100,000	58 per 100,000	↓ 2006-19	↓ 2019	14
		Drug-related Mortality Rate per 100,000	16 per 100,000	↑ 2000-19	~ 2019	14
	Opioid	Opioid-related Hospitalization Rate per 100,000	15 per 100,000	↔ 2008-19	~ 2019	14
		Opioid-related Mortality Rate per 100,000	9 per 100,000	↑ 2000-19	~ 2019	14
	Smoking	10th Grade Students Who Reported Smoking in Past 30 Days	7%	↓ 2012-18	↑ 2018	5
		Adults Who Reported Currently Smoking	12%	↓ 2011-20	~ 2020	6

Sources:

5   Washington State Department of Health. Washington State Office of the Superintendent of Public Instruction. Department of Social and Health Services. Liquor and Cannabis Board. Healthy Youth Survey. [Analyzed by Kitsap Public Health District, Assessment & Epidemiology Program].

6   Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS) Data. [Analyzed by Kitsap Public Health District, Assessment & Epidemiology Program].

14   Washington State Drug Overdose Hospitalizations and Deaths, Washington State Residents Drug Overdose Quarterly Report. Community Health Assessment Tool [Online Query System].

Substance Use Dashboards: All Drug Hospitalization Rate, All Drug Mortality Rate, Opioid Hospitalization Rate, Opioid Mortality Rate, Youth Smoking, and Adult Smoking.

Key Points – Disparities in Kitsap County:
- Please note that data on subgroups for drug-related hospitalizations and deaths was not available at the time of this report.
- **Tobacco Smoking by Sex:** No statistically significant differences for tobacco smoking were seen by sex for both adults and 10th graders.
- **Tobacco Smoking by Race and Ethnicity:** No statistically significant differences for tobacco smoking were seen for race/ethnicity for both adults and 10th graders.
- **Tobacco Smoking by Geographic Region:** For 10th graders, those in Bremerton and South Kitsap were statistically significantly more likely to smoke tobacco in the past month compared to the reference group (Central Kitsap). No statistically significant geographic differences in tobacco smoking were seen for adults.
- **Tobacco Smoking by Age:** For adults, those ages 35 – 44 were statistically significantly more likely to be current tobacco smokers compared to the reference group (65+).
- **Educational Attainment and Tobacco Smoking:** Adults in Kitsap County who did not graduate high school, graduated high school, or received some college/technical school were statistically significantly more likely to be a current tobacco smoker than college graduates.
- **Household Income and Tobacco Smoking:** Residents with a household income less than $35,000 were statistically significantly more likely to be a current tobacco smoker than those who made $50,000 or more.

How is our access to healthcare?

Health Insurance

The Affordable Care Act (ACA) became law in 2010 with the goal of increasing the quality and affordability of health insurance, and subsequently, the proportion of Americans covered by health insurance. In Washington, this health care reform has allowed more than half a million previously uninsured adults to enroll in Apple Health (Medicaid). In addition, the Washington Health Benefit Exchange was created to offer affordable health and dental insurance coverage that meets ACA requirements. Tax credits and financial help are available to pay for copays and premiums. The ACA requires that all residents have health insurance coverage. (Washington State Health Care Authority)

The implementation of this Act led to drastic reductions in rates of uninsured residents, both in Washington and Kitsap. Washington set a goal to reduce the percent of uninsured persons to 6% by the end of 2017, and Kitsap exceeded this goal by 2015, with only 3.8% of residents uninsured in 2017, down from 11.9% in 2010. In 2019, only 4.9% of Kitsap residents were uninsured, lower than Washington State's rate.

Apple Health (Medicaid) insurance coverage is available and free to all children in Washington households with income at or below 210% of the Federal Poverty Level (FPL). It is available with a monthly premium to all children in Washington households with income at or below 312% of FPL. Because of the wider availability of affordable insurance for children, we often look at the insurance rate in adults separate from children. Among Kitsap adults aged 19 and older, 5.3% did not have health insurance in 2019. The trend has decreased statistically significantly since 2009, when it was 13.4%. Kitsap's rate was more than 2 percentage points lower than Washington's rate of 7.7% in 2019.

Key Points:
- Please note that health insurance data currently available is from 2019. A lot of things have potentially changed during the COVID-19 pandemic.
- **Trend in Health Insurance Coverage:** Rates of Kitsap residents without health insurance have been statistically significantly decreasing in recent years, in large part due to the Affordable Care Act.

Table 13: Healthcare Access Indicators in Kitsap County

			Most Recent Year's Data by Topic	Kitsap Trend (data years)	Comparison to WA (data years)	Source #
Healthcare Access	Insurance	Adults (19+) Without Health Insurance	5%	2009-19 ↓	2019 ↓	I
		Residents (All Ages) without Health Insurance	5%	2010-19 ↓	2019 ↓	I

KITSAP PUBLIC HEALTH DISTRICT — Indicators Summary by Topic

Blue = Statistically better | Red = Statistically worse | Purple = Statistically Significant
Black = No statistical change/difference

Sources:

I   United States Census Bureau. American Community Survey. Retrieved from data.census.gov/.

Health Insurance Dashboards: Adult Health Insurance and All Ages Health Insurance.

Key Points – Disparities in Kitsap County:
- **Subgroups with Lower Health Insurance Coverage:** The highest percentages of Kitsap residents without health insurance are in those aged 19 to 34, males, those in Bremerton, those with lower levels of educational attainment and those with lower income.
- **Health Insurance Coverage by Race and Ethnicity:** From 2015 – 2019 in Kitsap County, those who identified as American Indian/Alaska Native, Other race, or Hispanic/Latino were statistically significantly less likely to have health insurance than the reference group (White).

Appendix A. Technical Terms

Counts: The count is the estimated number of an event. Counts are helpful to show the size of the issue. Counts are expected to be higher in areas or populations with more people; therefore, we calculate rates to allow for comparisons between different populations.

Rates: The rate is the number of events per population per year. Rates are used to account for the fact that number of events depends on the number of people in the community.

$$\text{Crude Rate Calculation: } \frac{\text{Number of Events in a Specific Time Period}}{\text{Population at Risk for Events}} \times \text{Constant}$$

Age-Adjusted Rate: Health events can vary by age. The age-adjusted rate is the rate adjusted to the age distribution of the estimated 2000 US population which removes the effect of different population's age distribution on the indicator.

Trends: To evaluate a trend over time, data from earliest to most recent year available for an indicator is analyzed using Joinpoint Regression Program Version 4.9.0.0. At time, the earliest and most recent data values might indicate a certain trend direction; however, the trend over time analysis takes into account all values and not just the endpoints. When an increasing (↑) or decreasing (↓) trend arrow is present, the p-value is <0.05 for the trend test.

Health Disparity: A health difference linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; socioeconomic status; gender; age; mental health; cognitive, sensory or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination and/or exclusion. (https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities)

Health Equity: Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment. https://www.cdc.gov/chronicdisease/healthequity/index.htm

Confidence Intervals: A confidence interval is a range of values that describes the uncertainty surrounding an estimated value. Confidence intervals are used to represent how 'real' a value is. For this report we use a probability of 95% such that, if we were to repeatedly calculate new values using exactly the same procedures, 95 out of 100 values would be considered 'real' by falling within the range described by the confidence interval. Interpretation of values should be done with greater caution when confidence intervals are wide as this indicates increased variability in the data.

Statistically Significant: Statistically significant is a term used when there is a difference between two or more data points that a statistical test demonstrates have a difference that is not due to chance.

Relative Standard Error (RSE): The relative standard error (RSE) is used to evaluate the reliability of the statistical estimate when there are a small number of events in any given year. When the RSE is large, the estimates are imprecise (RSE is ≥ 25%). Some estimates will be presented for multiple years rather than single years, to reduce the RSE below 25%.

Small Number Guidelines – Kitsap Public Health District: At least 10 individuals represented in the numerator, if not then the indicator is suppressed. Then if the RSE is below 25% we can display the estimate, if the RSE is between 25% and 32% then a cautionary note is displayed with either the estimate (incidence data) or range (survey data), and if the RSE is greater than 32% the data will be displayed with a cautionary note (incidence data) or completely suppressed (survey data). These guidelines are consistent with the Washington State Department of Health's data guidelines.

Survey vs. Incidence Data: This report includes both survey and incidence data. Survey data are acquired through population surveys, in which a segment or portion of the population of interest is surveyed. Using statistical methods, the answers of those surveyed can be generalized to describe the population of interest. Incidence data are counts of events that occur to a population during a period of time.

Definitions and More Information about Indicators: Please see each of the individual indicators dashboards for more information about definitions, limitations and notes about the data.

Appendix B. Indicators Summary

KITSAP PUBLIC HEALTH DISTRICT — Indicators Summary by Topic

	Topic	Indicator	Most Recent Year's Data by Topic	Kitsap Trend (data years)	Comparison to WA (data years)	Source #
Socioeconomic Metrics	Employment	Unemployment Rate	8%	↑ 2018-20	↓ 2020	9
	Food	Food Insecurity	10%	↓ 2015-19	~ 2019	10
		Food Insecurity - Child	15%	↓ 2015-19	↑ 2019	10
		Households Receiving SNAP Benefits	8%	↓ 2016-19	↓ 2019	1
		Public School Students Eligible for Free and Reduced Lunch	37%	↓ 2019-20 to 2020-21	↓ 2020	11
	Housing	Point in Time Count of Population Experiencing Homelessness	2 per 1,000	↑ 2014-20	↓ 2020	12
		Public school students experiencing homelessness	12 per 1,000	↓ 2015-16 to 2020-21	↓ 2020	13
	Income	Median Household Income in the Past 12 Months	$79,624	↑ 2015-19	~ 2019	1
	Poverty	Population living below 100% of the federal poverty level	7%	↓ 2012-19	↓ 2019	1
		Population living below 200% of the federal poverty level	20%	↓ 2014-19	↓ 2019	1

	Topic	Indicator	Most Recent Year's Data by Topic	Kitsap Trend (data years)	Comparison to WA (data years)	Source #
General Health and Chronic Disease	Disability	Population with a Disability	13%	↔ 2010-19	~ 2019	1

	Topic	Indicator	Most Recent Year's Data by Topic	Kitsap Trend (data years)	Comparison to WA (data years)	Source #
Maternal and Child Health	Births	Birth Rate per 1,000 Residents	10 per 1,000	↓ 2016-20	↓ 2020	2
		Life Expectancy at Birth	83 years	↑ 2000-20	↑ 2020	2
		Low Birth Weight (<2500 grams)	5%	↔ 2000-20	~ 2020	2
		Pregnancy Rate per 1,000 Women Ages 15 to 44	83 per 1,000	↔ 2000-20	↑ 2020	3
	Deaths	Infant Mortality Rate per 1,000 Live Births	7 per 1,000	↔ 2000-19	↑ 2019	8
	Economic Wellbeing	Civilian Births Paid by Medicaid	37%	↓ 2014-20	~ 2020	4
	Healthcare access	Prenatal Care Initiation in First Trimester	69%	↓ 2014-20	↓ 2020	2
	Smoking	Women Reporting Smoking During Pregnancy	8%	↓ 2000-20	↑ 2020	2

	Topic	Indicator	Most Recent Year's Data by Topic	Kitsap Trend (data years)	Comparison to WA (data years)	Source #
Deaths	Deaths	All Cause Death Rate per 100,000, Age-Adjusted	555 per 100,000	↓ 2000-20	↓ 2020	8
		Premature Death Rate per 100,000, Age-Adjusted (<75 years old)	276 per 100,000	↓ 2000-20	↓ 2020	8

	Topic	Indicator	Most Recent Year's Data by Topic	Kitsap Trend (data years)	Comparison to WA (data years)	Source #
Mental Health	Depression	10th Graders Who Reported Feeling Depressed in Past 12 Months	41%	↑ 2012-18	~ 2018	5
		Adults Who Reported Being Told They Have a Depressive Disorder	24%	↔ 2011-20	~ 2020	6
	Suicide	10th Graders Who Reported Considering Suicide in Past 12 Months	28%	↔ 2012-18	~ 2018	5
		Self-inflicted Non-fatal Injury Hospitalization Rate per 100,000, Age-adjusted	39 per 100,000	↔ 2011-19	↓ 2019	7
		Suicide Mortality Rate per 100,000	20 per 100,000	↑ 2000-20	~ 2020	8

Indicators Summary by Topic

KITSAP PUBLIC HEALTH DISTRICT

Blue = Statistically better | Red = Statistically worse | Purple = Statistically Significant
Black = No statistical change/difference

			Most Recent Year's Data by Topic	Kitsap Trend (data years)	Comparison to WA (data years)	Source #
Substance Use	All Drug	Drug-related Hospitalization Rate per 100,000	58 per 100,000	↓ 2006-19	↓ 2019	14
		Drug-related Mortality Rate per 100,000	16 per 100,000	↑ 2000-19	～ 2019	14
	Opioid	Opioid-related Hospitalization Rate per 100,000	15 per 100,000	↔ 2008-19	～ 2019	14
		Opioid-related Mortality Rate per 100,000	9 per 100,000	↑ 2000-19	～ 2019	14
	Smoking	10th Grade Students Who Reported Smoking in Past 30 Days	7%	↓ 2012-18	↑ 2018	5
		Adults Who Reported Currently Smoking	12%	↓ 2011-20	～ 2020	6

			Most Recent Year's Data by Topic	Kitsap Trend (data years)	Comparison to WA (data years)	Source #
Healthcare Access	Insurance	Adults (19+) Without Health Insurance	5%	↓ 2009-19	↓ 2019	1
		Residents (All Ages) without Health Insurance	5%	↓ 2010-19	↓ 2019	1

Sources:

1. United States Census Bureau. American Community Survey. Retrieved from data.census.gov/.

2. Washington State Department of Health, Center for Health Statistics Birth Certificate Data, 1990–2020, Community Health Assessment Tool (CHAT), November 2021.

3. Washington State Department of Health, Center for Health Statistics, Abortion Reporting System-Report of Induced Termination of Pregnancy, 1990–2020, Community Health Assessment Tool (CHAT), December 2021.
Department of Health, Center for Health Statistics, Vital Statistics System-Washington State Certificate of Live Birth, 1990–2020, Community Health Assessment Tool (CHAT), November 20..

4. Washington State Department of Health. Center for Health Statistics. Birth Certificate Data. [Analyzed by Kitsap Public Health District, Assessment & Epidemiology Program].

5. Washington State Department of Health. Washington State Office of the Superintendent of Public Instruction. Department of Social and Health Services. Liquor and Cannabis Board. Healthy Youth Survey. [Analyzed by Kitsap Public Health District, Assessment & Epidemiology Program].

6. Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS) Data. [Analyzed by Kitsap Public Health District, Assessment & Epidemiology Program].

7. Washington Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) 1987-2019. Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT), Aug 2021.

8. Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990–2019, Community Health Assessment Tool (CHAT), January 2021.

9. US Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics (LAUS), Customized Tables.

10. Feeding America, Map the Meal Gap, accessed at https://map.feedingamerica.org.

11. Washington State Office of Superintendent of Public Instruction (OSPI), Child Nutrition Reports, accessed at http://www.k12.wa.us/ChildNutrition/Reports.aspx.

12. Point in Time Count, Washington State Department of Commerce, accessed at http://www.commerce.wa.gov/serving-communities/homelessness/annual-point-time-count/.

13. Washington State Office of Superintendent of Public Instruction, Washington State Report Card, accessed at https://washingtonstatereportcard.ospi.k12.wa.us/.

14. Washington State Drug Overdose Hospitalizations and Deaths, Washington State Residents Drug Overdose Quarterly Report. Community Health Assessment Tool [Online Query System].

Appendix C. Data Sources

1. [Washington State Office of Financial Management (OFM)](): OFM provides population estimates by age, sex, race, and Hispanic origin, as well as estimates of population density and change.
2. [Washington State Department of Health (DOH), Data and Statistical Reports](): DOH makes data and statistical reports on health, healthcare, and the environment available to the public. Topics range from cancer and communicable diseases to drinking water and births and deaths, among others. The Washington Tracking Network (WTN), a DOH data system, is an easily accessible source for environmental and public health data, including tables, charts, and maps.
   a. [Washington State Healthy Youth Survey (HYS)](): HYS is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Services Division of Behavioral Health and Recovery, and the Liquor Control Board. HYS provides information about the self-reported health and health behaviors of youth in grades 6, 8, 10 and 12 in Washington to guide policy and programs that serve youth.
   b. [Behavioral Risk Factor Surveillance System (BRFSS)](): BRFSS is the largest, continuously conducted, telephone health survey in the world. It enables the Centers for Disease Control and Prevention (CDC), state and local health departments, and other health agencies to monitor the health and health behaviors of adults to guide policy and programs.
3. [U.S. Census and American Community Survey (ACS)](): The ACS is a mandatory, ongoing statistical survey that samples a small percentage of the population every year to gather information about population characteristics, housing, and economics among other topics.
4. [Office of the Superintendent of Public Instruction (OSPI)](): OSPI provides aggregate school enrollment numbers, dropout and graduation rates for Washington schools, as well as aggregate demographic and testing data.
5. [US. Bureau of Labor Statistics](): The Local Area Unemployment Statistics (LAUS) program is a federal-state cooperative effort in which annual estimates of total employment and unemployment are prepared.
6. [Feeding America, Map the Meal Gap](): Feeding America conducts an annual *Map the Meal Gap* study to improve understanding of food insecurity and food costs at the local level.
7. [Washington State Department of Commerce, Point-in-Time Count](): Each year the U.S. Department of Housing and Urban Development (HUD) and Washington state require a statewide count of all persons staying in temporary housing programs (sheltered count) and places not meant for human habitation (unsheltered count).