

HEALTHCARE ACCESS



What does ‘healthcare access’ mean? In the “Five A’s of Access,” access is defined as availability, accessibility, accommodation, affordability, and acceptability.¹ This chapter focuses on three of these dimensions to identify the key assets and problems in the community in terms of healthcare access, including the advancement of equitable opportunities for historically excluded groups: availability, affordability, and accessibility.

TOPIC OVERVIEW

Achieving access to healthcare for all is a nationally recognized goal. The U.S. Department of Health and Human Services’ Healthy People 2030 initiative sets data-driven objectives to improve health and wellbeing over the next decade and lists improved access to comprehensive, high-quality healthcare services as a key goal.² Understanding where barriers to access remain and why they occur can help our community tailor interventions aimed at improving access to healthcare.

LOCAL SNAPSHOT

The Kitsap Peninsula is home to the Suquamish and Port Gamble S’Klallam tribes — both of which provide healthcare services — as well as several Navy installations, which add unique elements to healthcare access for our communities. For example, in 2014, Naval Hospital Bremerton (NHB) converted its emergency room to an urgent care facility with limited hours, and in 2022, indefinitely diverted its labor and delivery unit citing staffing concerns.³

Additionally, Kitsap and nearly all counties in Washington are designated geographic Health Professional Shortage Areas by the Health Resources and Services Administration. This means our community has a shortage of primary, dental, and mental healthcare providers.⁴

In 2022, Kitsap County healthcare providers shared testimony at KPHD Board of Health meetings, warning that obstetrical services in the county were on the verge of collapse. Emergency Medical Response (EMS) and ambulance teams reported facing hours-long wait times to admit their patients



DIMENSIONS OF HEALTHCARE ACCESS

- **Availability:** The extent to which the healthcare system possesses the resources and inclusive delivery systems to meet the needs of the community.
- **Affordability:** The ability and willingness of the community to pay for services, with acknowledgement of contextual factors related to economic mobility.
- **Accessibility:** The ability and willingness of the community to reach services

patients to the emergency room at St. Michael Medical Center, the only ER on the Kitsap Peninsula.^{5,6}

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

Additionally, researchers at the Center for Health Security at The Johns Hopkins Bloomberg School of Public Health were awarded a contract by KPHD to conduct an assessment of healthcare access in Kitsap. The assessment will be released to the public in February 2024. It aims to identify and document gaps in healthcare access. It also aims to provide specific recommendations to improve access to care for community members.

KEY FINDINGS

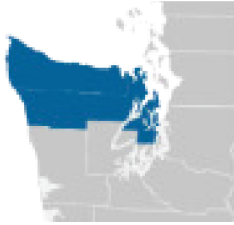
Two main priority areas were identified from available public health data; these were selected based on changes over time for Kitsap residents, differences between Kitsap and Washington, and Kitsap resident input. They include:



Availability of care providers

In 2021, the estimated rate of primary care physicians (PCPs) in Kitsap was lower than the state rate. There were 63 PCPs per 100,000 people in Kitsap compared to 90 per 100,000 in Washington state.

Our Accountable Community of Health (ACH) region, which includes Kitsap, Clallam, and Jefferson counties, had the lowest rate of non-primary care specialists in the state.



There were 110 specialists per 100,000 people in our ACH compared to 184 per 100,000 in Washington overall in 2021.



Affordability/accessibility of healthcare

The percentage of uninsured community members has remained steady in Kitsap since 2018, with about 6% lacking health insurance coverage in 2021.

However, inequities in health insurance coverage persist for some communities.

In the 2022 KCR Focus Group Discussions, community members reported access to healthcare as a top concern in Kitsap County. Participants shared their experiences with months-long wait times for primary care and mental health services, a lack of Medicaid providers, fear of medical bills, and previous experiences with inadequate interpretation services.

Among 2022 KCR Community Survey participants, “too long to wait for an appointment” was the primary barrier to getting needed medical care (44%, 476 participants).

KEY DISPARITIES

While the findings from this report provide evidence of disparities in Kitsap County across multiple indicators, the following were identified as the most significant and are not a complete list of all disparities:

Disparities in health insurance coverage

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

Disparities in unmet needs due to cost

- Among 18 to 24 year olds, an estimated 12% reported there was a time in the past year when they needed to see a doctor but could not because of cost — the highest percentage of any age group.

- Among those with an income less than \$25,000, an estimated 22% reported there was a time in the past year when they needed to see a doctor but could not because of cost, the highest percentage of any income group.
- Among Bremerton residents, an estimated 12% reported there was a time in the past year when they needed to see a doctor but could not because of cost, the highest percentage of any Kitsap region.

Disparities in preventative care (Medicare beneficiaries)

- Among males, 65% had at least one adult ambulatory or preventative care visit in 2021. Among females, 80% had at least one visit.
- Among 20-44-year-olds, 71% had at least one adult ambulatory or preventative care visit in 2021, while among 45-64-year-olds, 78% had at least one visit.

AVAILABILITY OF HEALTHCARE

“We have a fragile and fragmented and overstretched healthcare system... We have glaring weaknesses and deficiencies in primary care, obstetrics, urgent, and emergency health care services.”

— Organizational leader

Hospital beds

One measure of the availability of healthcare is the rate of staffed, inpatient hospital beds per 1,000 population. This rate provides an indication of the availability of inpatient services in a community. The COVID-19 pandemic has fundamentally forced the healthcare field to think differently about how care is being delivered and how workforces are managed. It has highlighted the need to have enough hospital beds and flexibility in their use to address any unexpected surge in demand for intensive care. While a recent study investigating the optimal number of beds in hospitals and regions concluded that there is no one standard to be applied⁷, in 2021 Kitsap had fewer staffed inpatient hospital beds per capita (0.99 per 1,000 residents) than Washington (1.60 per 1,000) and the U.S. (2.37 per 1,000). (Figure 1)

Region	Staffed inpatient hospital beds
Kitsap County	0.99 beds per 1,000 residents
Washington	1.6 beds per 1,000 residents
United States	2.37 per 1,000 residents

Figure 1. Comparing staffed inpatient hospital beds

Data sources: Kaiser Family Foundation, State Health Facts; HealthData.gov, U.S. Department of Health & Human Services, COVID-19 Reported Patient Impact and Hospital Capacity by Facility

Physician supply

In 2022, the state’s Office of Financial Management (OFM) Health Care Research Center published the Physician Supply Report. The report estimated that in 2021 there were 63 primary care physicians (PCPs) in Kitsap for every 100,000 residents compared to 90 per 100,000 residents in Washington — meaning Kitsap had 30% fewer PCPs to serve a similar number of patients.⁸ According to OFM, the lack of physician assistants (PAs) was also similar in Kitsap, with 28% fewer PAs in 2021 (33 per 100,000 compared to the statewide rate of 46 per 100,000).

Additionally, OFM estimated our Accountable Community of Health (ACH) region, which includes Kitsap, Clallam, and Jefferson counties, had the lowest rate of non-primary care specialists in the state with 110 providers per 100,000 population (compared to the statewide rate of 184 per 100,000). Kitsap also had 47% fewer OB/GYN providers per 100,000 residents than Washington overall. See also the **Pregnancy & Births chapter** of this report.

Although the Physician Supply Report does not include data on the demographic characteristics of Kitsap’s PCPs, there is strong evidence that healthcare provider diversity (including race, sex, and age) can improve healthcare quality through: (1) higher levels of patient satisfaction and trust; (2) enhanced cultural competency in patient-provider relationships; (3) expanding minority patients' access to and utilization of health services; (4) increasing access to care for geographically underserved communities; and (5) enhancing the breadth and scope of research with a broader range of racial/ethnic perspectives.⁹

Nursing supply

Advanced registered nurse practitioner (ARNP) is a health profession license category in Washington. An ARNP can practice independently to admit, manage, and discharge patients to and from facilities and may prescribe medications. Overall ARNP supply increased from 2018 to 2021 in Kitsap County (from 32 to 47 per 100,000 population) and Washington (from 61 to 76 per 100,000). The increase in ARNP supply came almost entirely from specialist care ARNPs.¹⁰

Although the numbers of both groups increased from 2018 to 2021, the ARNP increase in specialist care outpaced the population growth. In Kitsap, the number of primary care ARNPs increased from 13 to 14 per 100,000 population in 2018 and 2021, while the number of specialist care ARNPs increased from 19 to 32 per 100,000 population.

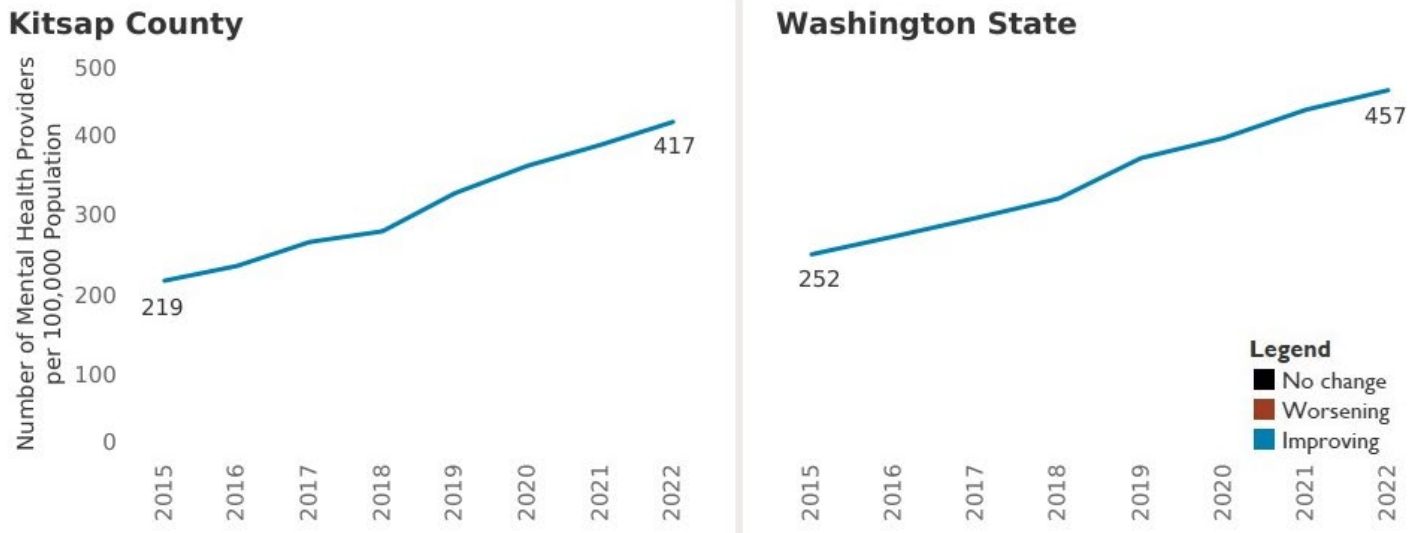


Figure 2: Mental health provider availability

Data source: County Health Rankings & Roadmaps

Notes: Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advance practice nurses specializing in mental health care. Providers who transmit electronic health records are required to obtain an identification number. However, very small providers may not obtain a number, some may longer be practicing or accepting new patients, and some may be registered with an address in

one county while practicing in another. This can result in an overestimate of active mental health professionals.

Mental health supply

In 2022, there were an estimated 417 mental health providers for every 100,000 residents in Kitsap. (Figure 2) Encouragingly, from 2015-2022, there was a statistically significant increasing trend in the number of mental health providers for every 100,000 residents in Kitsap. However, the number of mental health providers per 100,000 population in Kitsap was still lower than the state overall in 2022 (417 per 100,000 compared to the statewide rate of 457 per 100,000).

Dentist supply

In 2021, there were an estimated 79 dentists for every 100,000 residents in Kitsap. (Figure 3) In a promising trend, from 2012-2021 there was a statistically significant increasing trend in Kitsap. The number of dentists per 100,000 population in Kitsap was similar to the state overall in 2021.

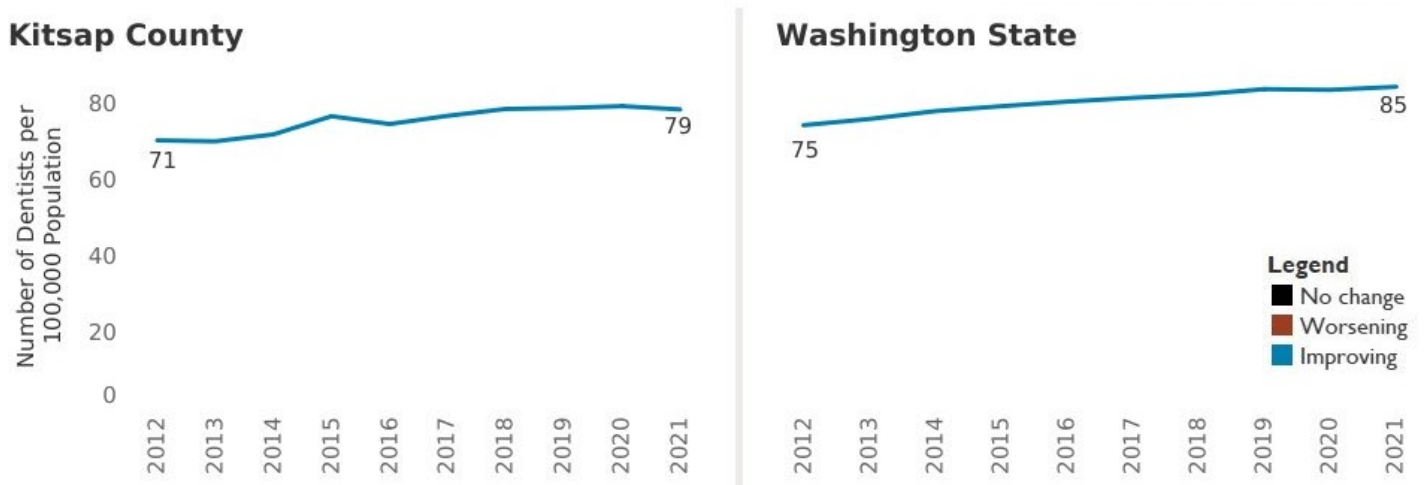


Figure 3. Dentist availability rate

Data source: County Health Rankings & Roadmaps/National Provider Identification Data File

Notes: Providers who transmit electronic health records are required to obtain an identification number, but some may no longer be practicing or accepting new patients, and some may be registered with an address in one county while practicing in another. This may result in an overestimate or underestimate of active dentists.

Appointment wait times

Staffing shortages like those highlighted above have the potential to contribute to increased patient wait times for healthcare services. Kitsap community members have shared that appointment wait times have contributed to their lack of access to healthcare. Among the 2022 Kitsap Community Resources (KCR) Community Survey participants, “too long to wait for appointment” was the primary barrier to getting needed medical care (44% or 476 participants, Figure 4).

Why Not Able to Get Medical Care

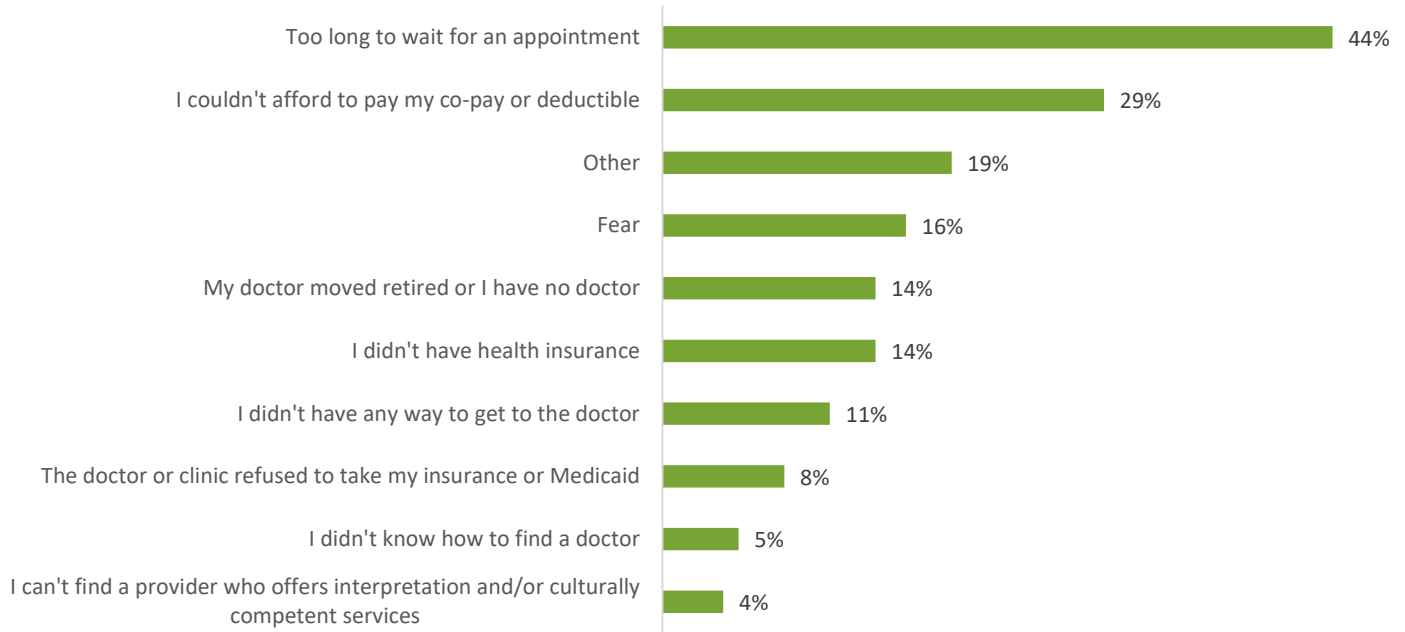


Figure 4. Kitsap survey responses on medical care obstacles

Data source: Kitsap Community Resources (KCR) Community Survey, 2022

Note: This question allowed more than one response; percentages will add to more than 100%.

Appointment wait times were also the primary barrier to getting needed mental health counseling (44% or 361 participants). Of note, the primary barrier shifted based on demographic characteristics. Among KCR participants who selected Asian/Asian American as their race/ethnicity, the primary barrier to getting needed mental health counseling was not being able find a provider who offered interpretation or culturally competent services (32% or 14 participants). Although this is a small sample of our community, there is strong evidence that culturally adapted healthcare —care tailored to a patients’ norms, beliefs, values, language, and literacy skills —improves health outcomes and is likely to decrease disparities.¹¹

“Nobody — I don’t mean to sound rude — but nobody competent wants to accept Apple Healthcare (Medicaid) and those who do only allot a very small percentage of their caseload to Apple Healthcare because they don’t pay anything.”

— Community member

Interpreter services (Medicaid)

According to the U.S. Census Bureau, an estimated 3% of the Kitsap County population, representing over 6,500 people, speaks English less than “very well.” In certain areas of our county, including Bremerton and Central Kitsap, the proportions are higher (for more information, please refer to the **Community Demographics and Social Determinants of Health** chapter of this report).

Providers are required to ensure spoken and sign language access according to Title VI of the Civil Rights Acts of 1964 and the Americans with Disabilities Act (ADA). The Health Care Authority's (HCA) interpreter services program supports these efforts by offering interpreter services for Apple Health (Medicaid) healthcare appointments.

In 2022, there were 395,994 interpreter services requests among providers for Medicaid healthcare appointments in Washington. Three in four (75%) of these requests were filled (i.e., an interpreter was assigned to and accepted the request), while only about half (51%) were completed (i.e., an interpreter filled a request, and the appointment was completed with the client and provider).

In 2022, there were 307 interpreter service requests among providers for Medicaid healthcare appointments in Kitsap County:

- 57% of these requests were assigned to an interpreter, and only 40% were completed (i.e., an interpreter filled a request, and the appointment was completed with the client and provider)
- Spanish accounted for the majority of these requests (93%) in Kitsap; the remaining 7% included Cantonese, Farsi, Kanjobal, Korean, Mam, Marshallese, Pashto (Pashtu, Pushto), Russian, Thai, and Vietnamese

AFFORDABILITY OF HEALTHCARE

“CHI (St. Michael Medical Center) has their charity care program, and it is sometimes hard to access... A lot of people pay bills that they’ll find the money and figure out how to pay it, but they can’t afford it at all and are going into debt.”

— Organizational leader

Health insurance coverage

Health insurance coverage is a key component of entry into healthcare systems in the U.S. Without health insurance, people are less likely to have a regular healthcare provider and more likely to skip routine healthcare.¹² This can put them at increased risk for serious health problems.

Even with insurance, access to care can be challenging for many populations. For example, among people reentering communities after incarceration, the stigma associated with incarceration, mental illness, and substance use disorders can negatively affect their requests for needed services.¹³

After the implementation of the Affordable Care Act (ACA), the percentage of community members in Kitsap without health insurance decreased from an estimated 12% in 2010 to 5% in 2018 (Figure 6). Since 2018, the percentage of uninsured has held steady with about 6% (or about 15,000 community members) uninsured in 2021. Of the community members ages 19 to 65 who were uninsured in 2021, an estimated 40% worked full-time in the past 12 months.

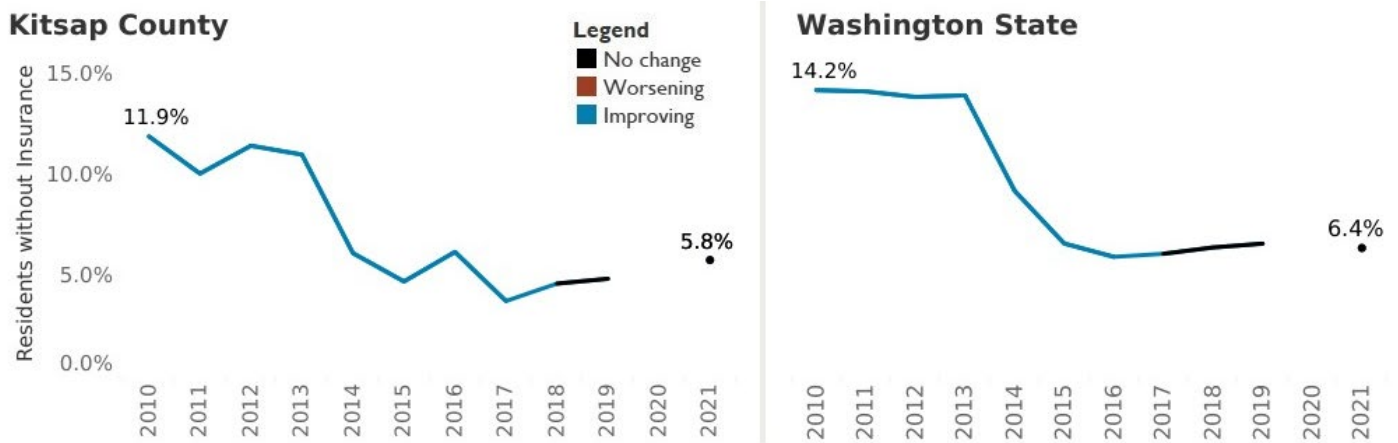


Figure 5. Residents without health insurance

Data source: U.S. Census Bureau, American Community Survey (ACS)

Notes: Washington/Kitsap data are from the 2021 single-year estimates; missing data for 2020 is due to 1-year estimates not being released by the U.S. Census Bureau because of a lack of reliable of data that year.

Despite improvements in health insurance coverage, disparities persist in Kitsap:

- Among 19 to 34 year olds, nearly one in ten (9%) were uninsured—the highest percentage of any age group. When compared to the reference group of 65+ (with less than 1% uninsured), this difference was statistically significant. Note that if their parent’s health insurance plan covers dependents, young adults usually can get added to or stay on their parent’s health plan until they turn 26 years old.
- Among community members who identified as American Indian or Alaska Native, nearly one in seven (14%) were uninsured—the highest percentage of any race/ethnicity. The lowest percentage of uninsured was among community members who identified as Black or African American (3%). When compared to this reference group, there was a statistically significant difference among community members who identified as American Indian or Alaska Native (14% uninsured), Asian (5%), multiracial (6%), and Hispanic or Latino (8%). (Note that for this indicator races include Hispanic).
- Among Bremerton community members, about one in fifteen (7%) were uninsured — the highest percentage of any Kitsap region. When compared to the reference group of Bainbridge Island with about 2% uninsured, this difference was statistically significant.

In the U.S., the American Indian or Alaska Native population has the highest uninsured rate compared to other racial and ethnic populations.¹⁴ This may be due in part to the fact that individuals who receive their care through the Indian Health Service (IHS) but do not have any health insurance are categorized as uninsured by the Census.

Additionally, health insurance alone cannot remove every barrier to care. For example, a 2022 Pew Research Center report found less access to quality medical care as the top factor Black Americans see contributing to generally worse health outcomes for Black people in the U.S. When asked about their own health care experiences, most Black Americans had positive assessments of the quality of care they’ve received most recently. However, a majority (56%) say they’ve had at least one negative experience, including having to speak up to get proper care and being treated with less respect than other patients.¹⁵

Dental insurance coverage

While the number of Kitsap residents without medical health insurance has declined since the launch of the ACA, dental benefits are offered primarily as separate products and generally not as part of a medical plan. Additionally, traditional Medicare does not cover routine dental care, and many dental providers do not accept Medicaid (Apple Health).

Regular preventative dental care is essential to a person’s general health and wellbeing and dental insurance coverage can help increase access to dental care. Among KCR survey participants, lack of dental insurance was reported as the primary barrier to getting needed dental care (40% or 340 participants) followed closely by not being able to afford co-pays or deductibles (36% or 307 participants, Figure 7).

Why Not Able to Get Dental Care

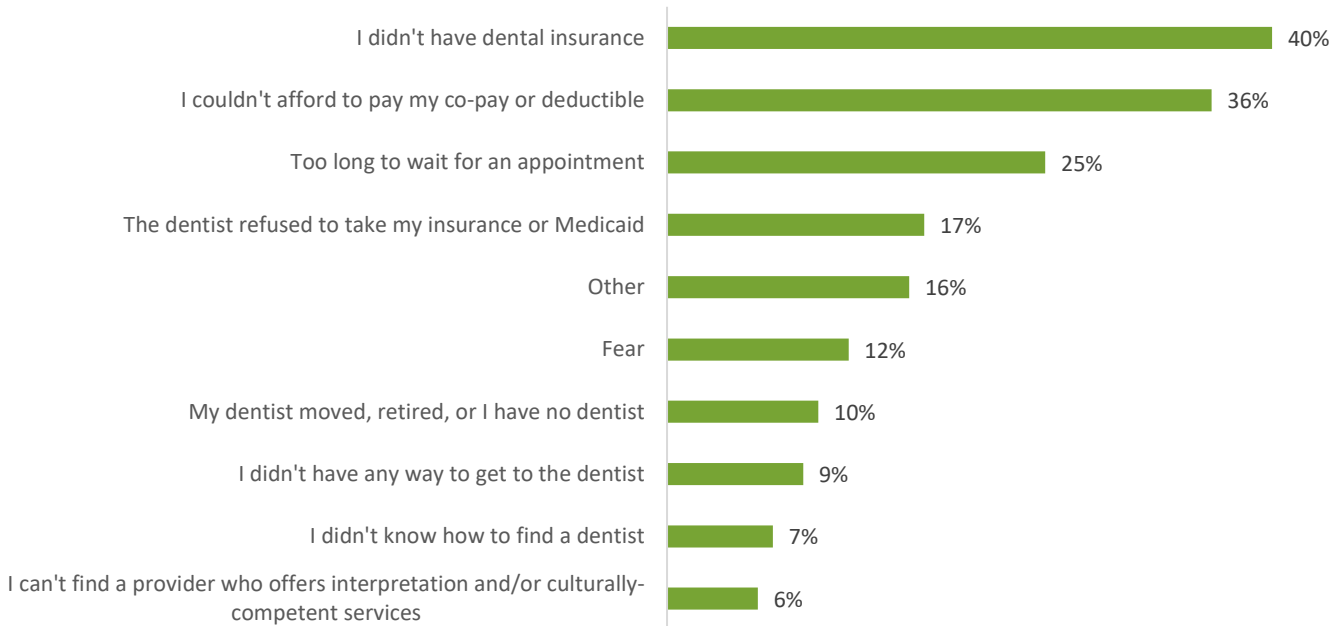


Figure 6. Survey results on dental care obstacles

Data source: Kitsap Community Resources (KCR) Community Survey, 2022

Note: This question allowed more than one response; percentages will add to more than 100%.

Medicaid (Apple Health) coverage

During the COVID-19 public health emergency, federal requirements paused the process of determining eligibility in order to keep Medicaid clients enrolled during the pandemic. This extension has now ended and, for the first time in over three years, Kitsap Apple Health clients (around one-third of whom are minors under age 18) need to take action to maintain their health insurance coverage.¹⁶

Washington has until April 2024 to review the eligibility for all 2.3 million Medicaid clients. It's the largest benefit renewal process the state has ever attempted and may lead to Medicaid-eligible enrollees losing coverage. A July 2023 analysis in Bloomberg Law estimated that around 2.9 million Medicaid beneficiaries nationwide had been disenrolled from their policies as of July 18.¹⁷ The Kaiser Family Foundation (KFF) further estimated that 74% of Medicaid beneficiaries who lost coverage were disenrolled due to procedural reasons like missing renewal forms, failure to locate a beneficiary's current address, and glitches from state automatic enrollment systems¹⁸. KFF estimates that around 413,000 Washington residents will lose Medicaid in 2023. In addition to this challenge, Washington State Health Care Authority has recently warned the public about scams targeting Apple Health clients, where individuals posing as Medicaid authorities attempt to trick victims into paying money or gift cards to renew their health insurance.¹⁹

In 2021, about one in five people were enrolled in Medicaid in Kitsap County (19% or 52,175 people, Figure 8). From 2015 to 2021, there has been a statistically significant decreasing trend in enrollment, and in 2021, Kitsap's percentage

of residents enrolled in Medicaid was lower than the state. In 2020 (the most recent year disaggregated data from the HCA is available), about one in three Kitsap community members 0 to 18 years old were enrolled in Medicaid (35%) and about one in three Bremerton community members (all ages) were enrolled in Medicaid (32%) – the highest percentage of any age group and region in Kitsap, respectively.

Using Medicaid claims data submitted by providers for reimbursement purposes can also provide insight into healthcare usage by this population. Refer to the section on Accessibility of Healthcare below for more information.

Kitsap County



Washington State

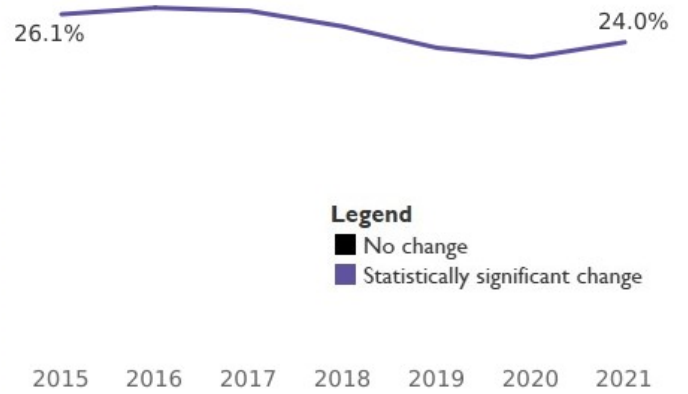


Figure 7. Population enrolled in Medicaid

Data source: Health Care Authority (HCA) Medicaid Enrollment and Claims Data

Unmet healthcare needs due to cost

Health insurance alone does not guarantee access to care. Among participants in the KCR survey, more than half (58% or 1,916 participants) were very (17%) or somewhat (41%) worried about paying medical bills if they got sick or injured. While appointment wait times were reported as the primary barrier to getting needed medical care among survey participants (44% or 476 participants), not being able to afford co-pays or deductibles was the second most-cited barrier (29% or 316 participants).

About one in seven participants (14% or 451 participants) also reported there was a time in the last year when they needed prescription medicine but were not able to get it; not being able to afford the co-pay or deductible was the primary barrier to getting needed prescription medicine (44% or 198 participants) followed closely by it not being covered by insurance (35% or 161 participants).

Additionally, in 2020 and 2021, an estimated 6.5% of adults in Kitsap County reported that there was a time in the past year when they needed to see a doctor but could not because of cost (Figure 9). Encouragingly, there has been a statistically significant decreasing trend in the percentage of adults reporting an unmet healthcare need due to cost since at least 2012 in Kitsap. Despite this improving trend, disparities persist among Kitsap community members, for example:

- An estimated 12% of **younger adults** (ages 18 to 44) reported there was a time in the past year when they

needed to see a doctor but could not because of cost, higher than adults ages 65 and older (3%). The percentages for all other adult age groups were statistically significantly higher than those age 65 and older.

- Among **Bremerton community members**, an estimated 12% reported there was a time in the past year when they needed to see a doctor but could not because of cost—the highest percentage of any Kitsap region. When compared to the reference group of Bainbridge Island (with about 6% of community members reporting an unmet need due to cost), this difference was statistically significant.
- Among those with an **income less than \$25,000**, an estimated 22% reported there was a time in the past year when they needed to see a doctor but could not because of cost—the highest percentage of any income group. Not surprisingly, the lowest percentage was among participants with an annual income greater than \$100,000 (4%). When compared to this reference group (annual income greater than \$100,000), the difference was statistically significant among all income groups less than \$75,000.

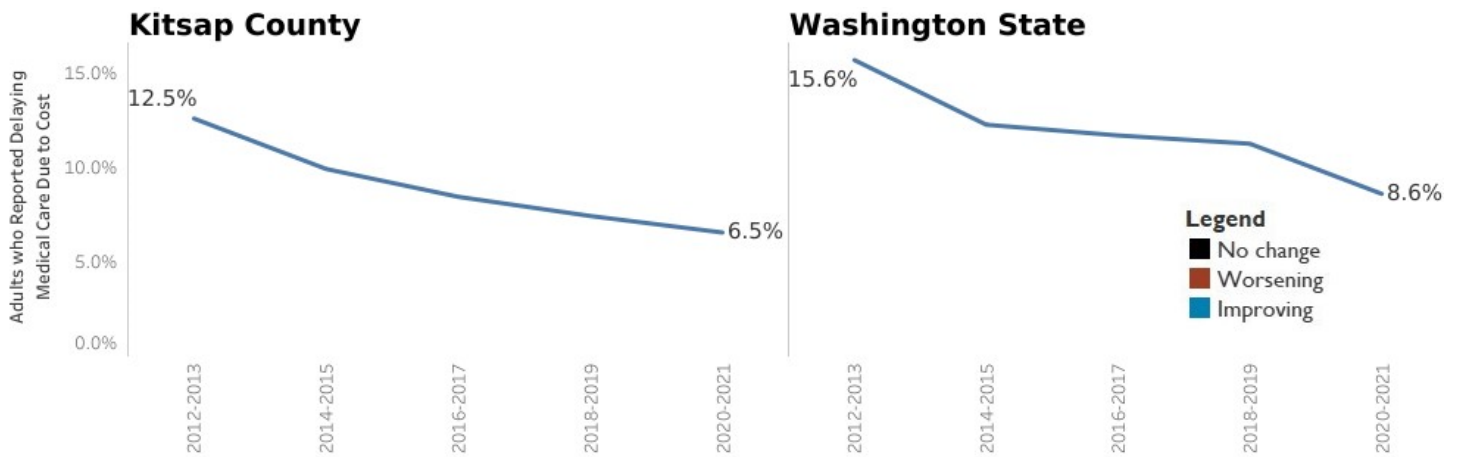


Figure 8. Adults reporting delayed medical care due to cost

Data source: Washington Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)

ACCESSIBILITY OF HEALTHCARE

“A really strong and well-functioning primary health care system is fundamental to a healthy public and it’s a good investment.”

— Organizational leader

Wellness and prevention (Medicaid)

Although data was not available for preventative care visits for all types of health insurance coverage, Medicaid claims provide results that can help inform quality improvement efforts within our healthcare system as well as highlight opportunities to support people enrolled in Medicaid with accessing care. For example, annual well-care visits during adolescence promote healthy behaviors, prevent harmful ones, and detect conditions that can interfere with a teen’s physical, social, and emotional development.

For Kitsap children and adolescents (3 to 21 years old) enrolled in Medicaid, 43% received at least one well-care visit in 2021 (Figure 10). This was similar to Washington’s data. From 2017 to 2021, no trend had been detected in Kitsap.

However, differences were identified among age groups:

- Among 18- to 21-year-olds, about one in six (17%) received at least one comprehensive well-care visit in 2021, the lowest percentage of any age group.
- Among 12- to 17-year-olds, 45% received at least one visit. When compared to the reference group of 3- to 11-year-olds (with more than 50% having received at least one visit), the difference was statistically significant.

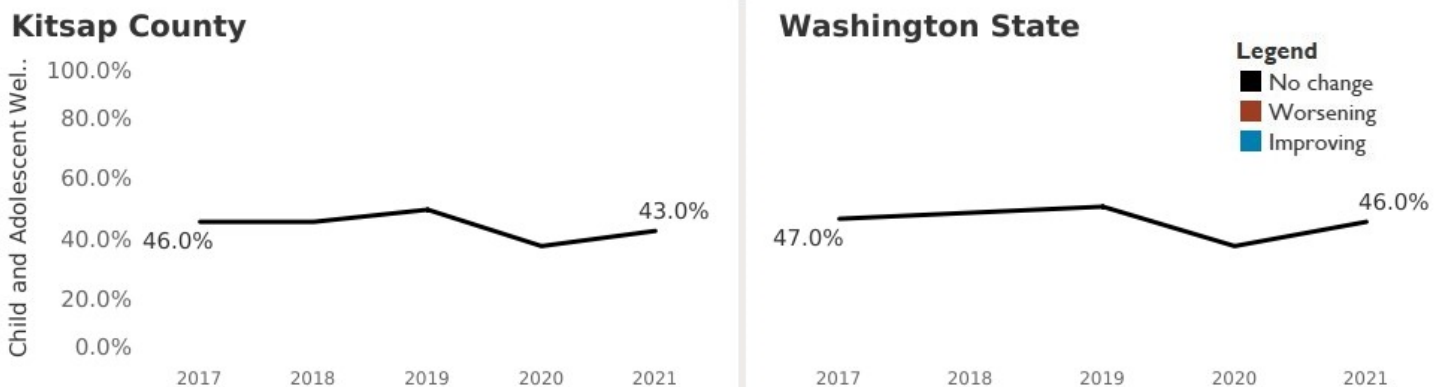


Figure 9. Child and adolescent well-care visits (Medicaid)

Data source: Health Care Authority (HCA) Medicaid Enrollment and Claims Data

Among Kitsap adults (20 and older) enrolled in Medicaid, about three in four (73%) received an ambulatory or preventative care visit in 2021 (Figure 11). These visits — which include outpatient and telehealth visits — are opportunities for individuals to address acute issues, manage chronic conditions, and receive preventative services and

counseling on topics such as diet and exercise.

From 2017 to 2021, no trend had been detected in Kitsap. However, differences were identified among subgroups:

- Among males, 65% received at least one ambulatory or preventative care visit in 2021. When compared to the reference group of females (with 80% having at least one visit), this difference was statistically significant.
- Among 20- to 44-year-olds, 71% received at least one ambulatory or preventative care visit in 2021. When compared to the reference group of 45- to 64-year-olds (with 78% having had at least one visit), this difference was statistically significant.

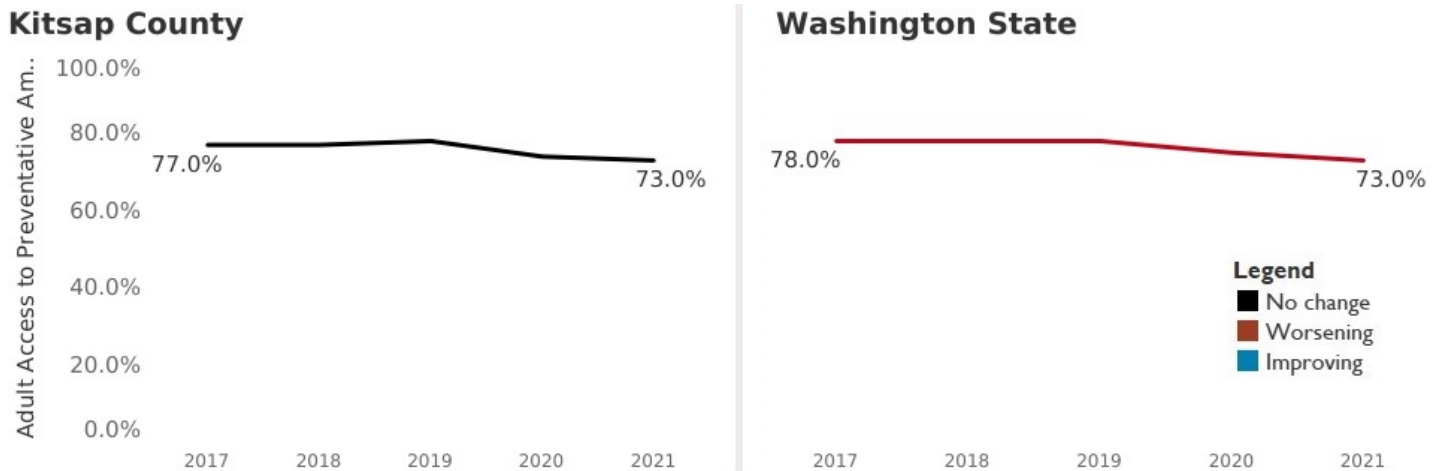


Figure 10. Adult access to preventative ambulatory health services (Medicaid)

Data source: Health Care Authority (HCA) Medicaid Enrollment and Claims Data

In 2016, the U.S. Preventive Services Task Force (USPSTF) recommended that women between the ages of 50 and 74 receive a mammography screening once every two years.²⁰ Early detection via mammography screening and subsequent treatment can reduce breast cancer mortality for women in this age range.

Among Kitsap female Medicaid beneficiaries 50 to 74 years old, one in two (50%) had a breast cancer screening during the most recent measurement period, which was higher than Washington and a statistically significant difference (Figure 12). From 2017 to 2021, no trend was detected in the percentage of Kitsap Medicaid beneficiaries receiving these screenings.

As data were unavailable on access to mammography screening among different groups, further exploration is needed. For example, in the U.S. overall, non-Hispanic Black women have the highest breast cancer death rates — which may be connected to barriers in accessing breast cancer screening services.²¹ Data identifying which populations may be most impacted in Kitsap would help this organization better understand the community’s needs.

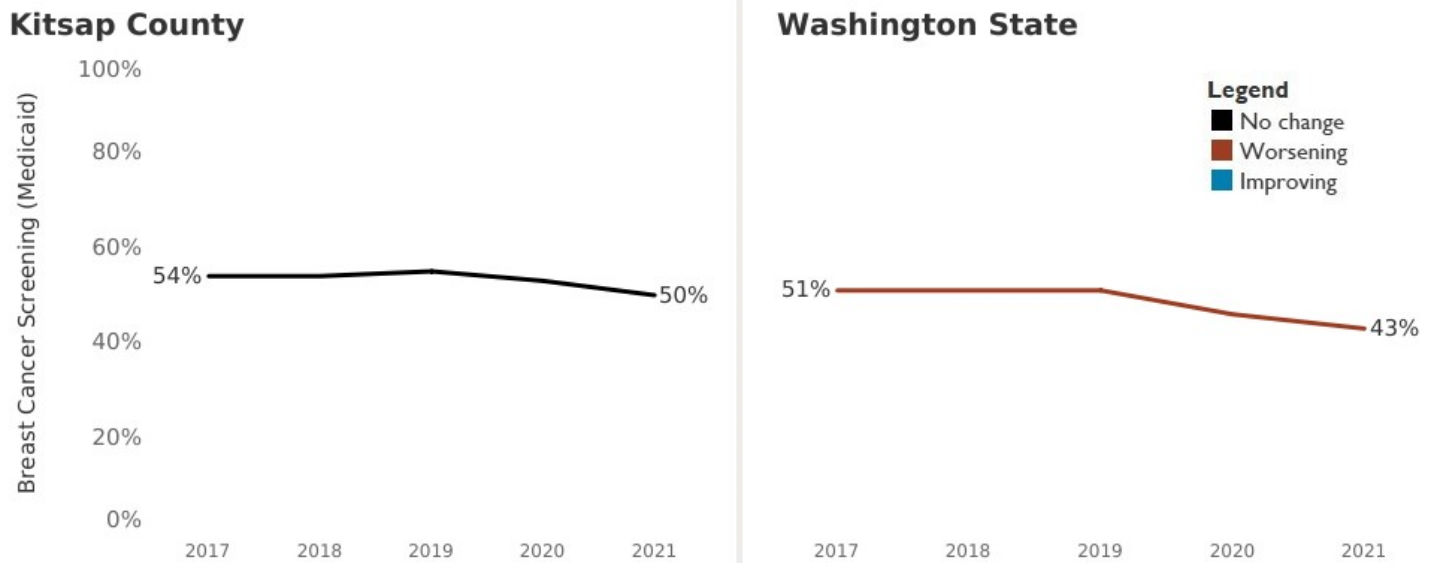


Figure 11. Breast cancer screening (Medicaid)

Data source: Health Care Authority (HCA) Medicaid Enrollment and Claims Data

Health system performance (Medicaid)

Unnecessary visits to a hospital emergency department (ED) may indicate lack of access to more appropriate sources of medical care, such as a primary care provider or specialist. Excessive visits to the ED can result in overcrowding and increased ED wait times. Understanding the rate of ED visits, which include those related to mental health and substance use disorders, among people enrolled in Medicaid can help communities identify strategies to improve access to and use of appropriate sources of care.

In 2021, there were 51 all-cause ED visits per 1,000 member months in Kitsap compared to 40 per 1,000 member months in Washington (a lower score is better).

Telemedicine use among adults, United States

The demonstrated benefits of telemedicine -- a healthcare visit hosted primarily online -- include improved access to care, convenience, and slowing spread of infection.²² During the COVID-19 pandemic, legislation expanded coverage for telemedicine healthcare services.

Further exploration of local-level data for telemedicine services is needed to better understand the Kitsap community's access to and experiences with these services. The CDC reported the following data for the U.S. overall (Figure 12):²³

- As of 2021, 37.0% of adults used telemedicine in the past 12 months.
- Telemedicine use increased with age and was higher among women (42.0%) compared with men (31.7%).
- Non-Hispanic White (39.2%) and non-Hispanic American Indian or Alaska Native (40.6%) adults were more likely to use telemedicine compared with Hispanic (32.8%), non-Hispanic Black (33.1%), and non-Hispanic Asian (33.0%) adults.
- The percentage of adults who used telemedicine increased with education level and varied by family income.

- The percentage of adults who used telemedicine varied by region and decreased among adults in more rural regions.

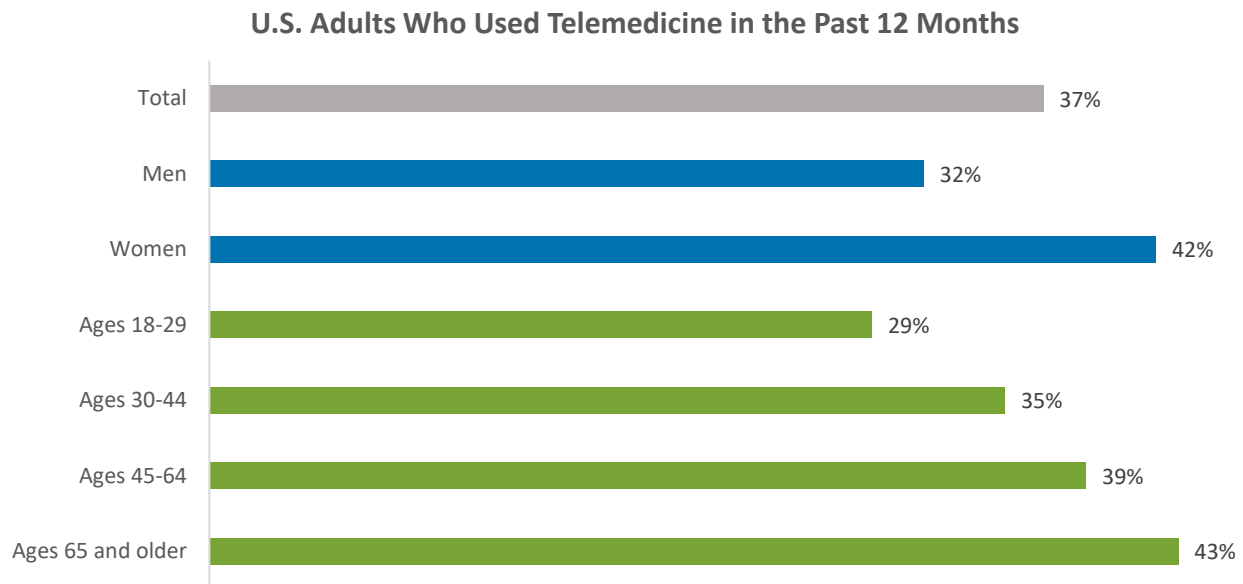


Figure 12. Percentage of U.S. adults 18 and older who have used telemedicine in the past 12 months

Data Source: Centers for Disease Control and Prevention (CDC), National Health Interview Survey (NHIS)

Community members and organizational leaders named access to healthcare an ongoing challenge for our community during the 2022 KCR Focus Group Discussions and 2022 Virginia Mason Franciscan Health (VMFH) Key Informant Interviews.

There was significant worry among participants about the capacity of the St. Michael Medical Center Emergency Department, its impact on emergency medical services’ ability to promptly transfer care, and the lack of accessible and available urgent care facilities.

Participants referred to recent news coverage about the emergency department, including several community members who said they were concerned about long wait times and would prefer to seek care outside of Kitsap County.

“...the loss of trust in our county’s healthcare system is something that can’t go without being mentioned. The fact that the average person on the street is afraid to go to the emergency room is a big issue.”

— Organizational leader

In both the KCR focus group discussions and community survey, community members reported experiencing barriers to accessing healthcare. Appointment wait times were reported as the primary barrier to accessing needed medical care and mental health counseling by survey participants. Additionally, participants in nine of 10 focus groups referenced many barriers to seeking and receiving healthcare, including months-long wait times for primary care and mental health visits, a lack of Medicaid providers, fear of medical bills, and previous experiences with inadequate interpreter services.

“I mean, some places just don’t even have a wait list. The wait list is so long that they close the wait list. And that’s for mental health, therapy, everything.”

— Community member

“I can’t even find service here for my kids. I can’t find doctors that will bring them in... My kids are on state, they’re on Apple Care, and nobody takes it.”

— Community member

COMMUNITY ASSETS

There are many community members and organizations working to improve healthcare access in Kitsap County: connects Medicaid-eligible children to preventive and restorative dental care.

The [Affordable Connectivity Program \(ACP\)](#) and [Lifeline](#) are federal government programs that help eligible households pay for internet services and internet connected devices, increasing telemedicine opportunities for community members. Households may be eligible to receive both the ACP and Lifeline programs combined with other state and local benefits where available.

The [ArrayRX Discount Card Program](#) provides discounts on prescription medications to Washington residents who do not have prescription drug insurance coverage or have limited coverage.

Kaiser Permanente provides assistance to its members in Washington with exploring their insurance options, including [Medicaid](#), [Medicare](#), and other [plans](#) via their website or specific call centers.

[Kitsap County Housing and Homeless Coalition](#) coordinates the annual Project Connect event that provides residents with limited resources with referrals, medical exams, immunizations, and other services.

[Kitsap Transit Access Program](#) provides transportation for seniors and people with disabilities who are unable to use the regularly routed buses.

[Lindquist Dental Clinic for Children \(LDCC\)](#) provides accessible, compassionate dental care to Puget Sound children in need. Their closest clinic is in Tacoma.

The [Marvin Williams Center](#) offers various health programs and events, including blood pressure monitoring events, nutrition classes, and health fairs.

[Northwest Washington Family Medicine Residency](#) operates the Virginia Mason Franciscan Health (VMFH) Family Medicine Clinic, training residents in family medicine to help ease the workforce shortage in the area.

[Olympic Community of Health \(OCH\)](#) is an Accountable Community of Health that brings together partners from many different backgrounds, sectors, communities, and tribes to build bridges between the community and clinical workforce and create a more person-centered approach to health.

Organizations such as [Gather Together Grow Together](#), [Island Volunteer Caregivers](#), and [Catholic Community Services](#) provide transportation assistance including to medical appointments. [The Kathleen Sutton Fund](#) provides transportation reimbursement for women traveling to cancer treatment.

[Peninsula Community Health Services](#) is a federally qualified health clinic offering integrated physical, behavioral and oral health care throughout the county. They have mobile clinics and host health events like back-to-school fairs. They also can help individuals with signing up for health insurance and house the local unit of the [Statewide Health Insurance Benefits Advisors program](#).

[Project Access Northwest](#) helps low-income patients connect with primary health care and specialty providers to improve health outcomes and reduce inappropriate emergency room use. Project Access also provides premium

assistance for individuals on the health exchange.

[Virginia Mason Franciscan Health's Financial Assistance Policy](#) provides financial relief to patients who qualify based on a comparison of their financial resources and/or income to Federal Poverty Guidelines. The program is designed specifically for emergent, urgent, and/or medically necessary care for patients whose household financial resources and income are at or below 400% of the Federal Poverty Level. This program is applicable to all VMFH sites of care, including St. Michael Medical Center, all VMFH clinics, and The Doctors Clinics locations.

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