2023

Community Health Needs Assesment

St. Michael Medical Center

Virginia Mason Franciscan Health™
St. Michael Medical Center

Adopted in May, 2023

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*Community resources are included in this chapter.

About VMFH

A Message From Virginia Mason Franciscan Health CEO Ketul J. Patel

Dear Kitsap Community,

The Kitsap region has long been a beacon of strength, resilience and compassion. For more than 100 years, community leaders have demonstrated a deep commitment to the health and wellbeing of the region's residents. In 1918, in response to the Spanish flu pandemic, a hospital was founded to provide care to the community. More than 100 years later, during another pandemic, St. Michael Medical Center opened its doors – offering new services, enhanced community partnerships, and welcoming new providers to meet the increasing health needs of our growing population.

At Virginia Mason Franciscan Health (VMFH), we are committed to building on Kitsap county's legacy of providing world-class healthcare to our community, especially the most vulnerable. Over the past four years, we have built a state-of-the-art new hospital and Cancer Center – St. Michael Medical Center – a Family Medicine Clinic and residency program in Bremerton, and brought more than 175 new providers to this community. These advances are just the beginning in our vision of becoming your most trusted destination for health. But to truly realize this goal, we know we must consistently engage with our community.

Every three years, VMFH conducts a community health needs assessment to understand the health needs of the communities we serve and to develop strategies to meet them. The findings of our assessment serve as a guide to how we can work with local partners to improve our community's overall health, quality of life, and increase access to preventative services.

We know Kitsap has experienced accelerated change as a result of the COVID-19 pandemic. Our population has grown, and with it, the acute health needs of our neighbors. Social inequities have fueled a rise in homelessness, food insecurity, mental health concerns, and reduced access to care for the region's most vulnerable. Important healthcare screenings and medical appointments were delayed during the pandemic, resulting in community members arriving at our hospital with more acute needs, often requiring longer stays, and stretching hospital capacity. Concurrently, COVID-19 accelerated a national shortage of healthcare professionals – a shift felt acutely in Kitsap County. This shortage – combined with rising healthcare operational costs – has extended to skilled nursing facilities, limiting access to post-acute care for patients who no longer need to remain in the hospital.

Team members across VMFH are actively developing new strategies to address challenges across the full continuum of care. Already, we are deepening our connection with community partners, including EMS and first responders. We are investing in the next generation of healthcare workers through enhanced partnerships with Olympic College and Peninsula Community Health Services. And we are supporting initiatives that impact social determinants of health, like access to healthy food. This needs assessment seeks to dig deeper into the specific challenges Kitsap residents are facing in order to best equip our team, our community partners, and our neighbors to more meaningfully serve our fellow residents.

At Virginia Mason Franciscan Health, I am proud to support this effort, and continue to expand high-quality healthcare to Kitsap Peninsula residents for generations to come.

Sincerely,

Ketul J. Patel
CEO, Virginia Mason Franciscan Health

About VMFH

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Community Health Needs Assessment

Purpose

The purpose of this community health needs assessment is to identify and prioritize significant health needs for the community served by St. Michael Medical Center. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This Community Health Needs Assessment (CHNA) report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a CHNA at least once every three years.

CommonSpirit Health Commitment and Mission Statement

Virginia Mason Franciscan Health's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Community Health Needs Assessments and Implementation Plan Strategies for all VMFH facilities can be found at https://www.vmfh.org/about-vmfh/why-choose-vmfh/reports-to-the-community/community-health-needs-assessment

A paper copy is also available upon request at the St. Michael Medical Center Administration Office. Written comments on this CHNA report can be submitted to VMFHcommunityhealth@vmfh.org.

Description of the Service Area

This CHNA identified the whole of Kitsap County as the primary service area. Kitsap County is one of the smallest counties in Washington state in terms of land area, with just under 400 square miles, however it ranks third in terms of population density, with 636 people per square mile.

Kitsap is the northern end of the Kitsap Peninsula, between the Olympic Peninsula to the west and King County to the east. It is located between the Hood Canal and Admiralty Strait and has several smaller inlets, making transportation difficult and ferries and bridges vital to the community. More than half of all ridership on Washington State ferries originates or ends in Kitsap County, and routes have shown a systemwide 23.5% increase in passenger trips in 2021 following the COVID-19 disruption.[1]

[1] Washington State Employment Security Department, Kitsap County Profile, Updated May 2022, Accessed at https://esd.wa.gov/labormarketinfo/county-profiles/kitsap#overview.

About VMFH

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Prioritized Significant Health Needs

The Kitsap Community Health Needs Assessment created prioritized significant health needs by integrating data with input from community members, organizations and leaders about resources and opportunities in Kitsap.

The prioritized significant health needs identified in the CHNA are:

- Behavioral Health
  - Alcohol abuse (p. 63)
  - Drug-related abuse, especially opioids (p. 56)
  - Depression & suicide ideation in youth (p. 50)
- Access to Health Care
  - Access to primary care (p. 33)
  - Health insurance coverage (p. 27)
  - Medicaid visits – adults & youth (p. 29)
- Pregnancy and Births
  - Access to prenatal care (p. 35)
  - Low birth weight (p. 36)
  - Infant mortality (p. 37)
- Basic Needs
  - Food insecurity (p. 24)
  - Poverty (p. 23)
- Chronic Disease
  - Obesity & physical activity (p. 70)
  - Breast cancer in women (p. 75)
  - Diabetes (p. 72)

Evaluation of Impact from 2020 Community Health Needs Assessment

In its CHNA from 2020, St. Michael Medical Center addressed four prioritized significant health needs, including:

- Access to Care
- Behavioral Health
- Obesity, Nutrition & Physical Activity
- Violence Prevention

An impact evaluation is included in Appendix A.

Adoption of CHNA

The St. Michael Medical Center CHNA was adopted by the Virginia Mason Franciscan Health Board of Directors on May 25, 2023.

St. Michael Medical Center invited written comments on the most recent CHNA report and Implementation Strategy, both in the documents and on the website where they are widely available to the public. No written comments were received.

Acknowledgements

Virginia Mason Franciscan Health
Doug Baxter-Jenkins
Stephanie Christensen

Kitsap Public Health District
Siri Kushner
Kari Hunter
Jessica Guidry
Ally Power
Yaneisy Griego
Maria Fergus
Talia Humphrey
Amanda Tjemsland
Melissa Hartman
Tad Sooter
Jordan Arias

Kitsap Community Resources
Anthony Ives
Chelsea Amable-Zibolsky
Arber Metuku
Otto Matias
Monica Atkins
Patience Kropp
Irmgard Davis

We thank the many community members and organizations that supported and participated in the community workshops and key informant interviews.

Community workshops were conducted in partnership with local community organizations led by **Kitsap Community Resources**.

We would also like to thank the following organizations which contributed to this report:

Alliance for Equitable Healthcare
Bainbridge Community Foundation
Bremerton Chamber of Commerce
Bremerton Housing Authority
City of Poulsbo
Coffee Oasis
Eagle's Wings Coordinated Care
Fishline Food Bank and Comprehensive Services
Islamic Center of Kitsap
Kitsap Black Student Union
Kitsap Community Foundation
Kitsap County Fire Departments
Kitsap County Government
Kitsap Economic Development Alliance
Kitsap Immigrant Assistance Center
Kitsap Mental Health Services
Kitsap Pride
Kitsap Regional Library
Kitsap Rescue Mission
Kitsap Strong
Marvin Williams Center
Molina Healthcare
Mount Zion Missionary Baptist Church
NAACP Bremerton
Olympic College
Olympic Educational Service District 114
Peninsula Community Health Services
Port Gamble S'Klallam Tribe
Puget Sound Energy
St. Vincent de Paul Bremerton
Suquamish Tribe
United Way of Kitsap County
Washington Department of Commerce

Executive Summary

Virginia Mason Franciscan Health (VMFH) in partnership with Kitsap Public Health District (KPHD) have conducted a Kitsap County Community Health Needs Assessment (CHNA) to identify the most pressing current health issues affecting residents. This CHNA includes the results of a comprehensive review of select health indicator data along with community input.

As a partnership, we recognize the importance of monitoring community health indicators along with ongoing community needs and priorities during and after the pandemic to support the longevity, health, and well-being of our diverse community. While this report does not focus on the impacts of COVID-19 directly, it is nearly impossible to assess community needs without factoring in the impacts of such a major event.

The CHNA report presents data on indicators from 2020 and 2021 when available, and data from prior to the pandemic when more recent data is not yet available. It attempts to highlight areas in which community members are most vulnerable and may continue to be disproportionately burdened. Indicators were selected jointly and based on mutual programmatic and other interests, as well as key areas from past CHNAs.

Community input is described in detail as a part of the Community Engagement and Input section.

Taken together, these data can help understand the needs of residents in Kitsap County.

This CHNA fulfills Section 9007 of the Affordable Care Act, as well as Washington State CHNA requirements. This report includes data on:

- Demographics of the community
- Socioeconomics and basic needs
- Life expectancy and leading causes of death
- Injury
- Chronic illness
- Access to healthcare
- Mental health
- Substance use
- Pregnancy and births
- Safety and violence

The CHNA process included asking community members for their perspectives, concerns, thoughts, and ideas. For this report, CHNA partners made a deliberate decision to speak with individuals from minority populations, those with direct lived experience and those who work with these populations. This information is intended to inform how VMFH directs resources, plans programs and makes decisions for the future in a way that considers the thoughts and opinions of the community they serve.

Community engagement activities were conducted in partnership with local community organizations led by Kitsap Community Resources (KCR), a nonprofit social services agency who hosted and facilitated the community workshops. These community engagement activities included:

- Seven community workshops (focus group discussions) with community members
- Sixteen key informant interviews with local organizational leaders

Executive Summary

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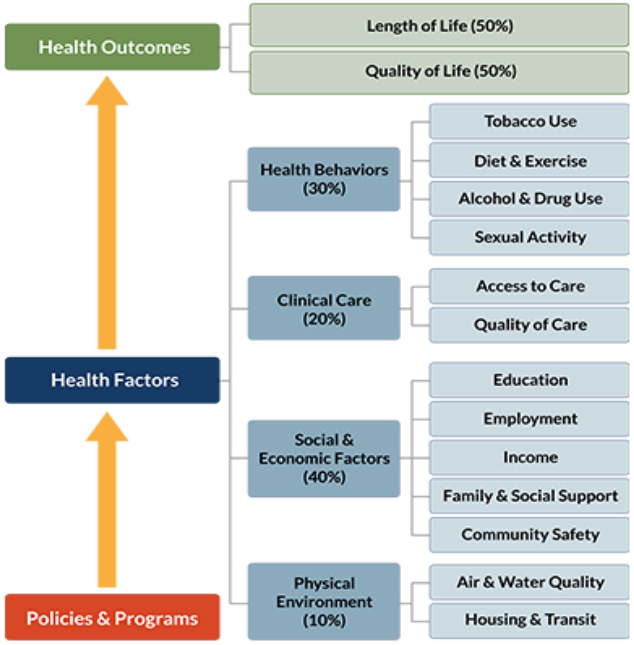
Virginia Mason Franciscan Health plans to continue to engage community residents throughout the CHNA process, not simply as sources of input, but as equal partners with shared accountability and investment in addressing health concerns.

Commitment to Health Equity

Health is affected by so many things, including social and economic factors. Income, education, housing, and transportation create opportunities and barriers to health. Together these are often called the social determinants of health. Throughout the CHNA process, social determinants of health provided the framework for both the community engagement process and the focus on the importance of neighborhood and community conditions. Health should not be determined by race and ethnicity, zip code, income, gender identity or any other social or economic factor.



Source: Robert Wood Johnson Foundation, County Health Rankings Model

Significant Health Needs

Significant health needs were selected using the methodology outlined in the Supplement ("Selection of Prioritized Significant Health Needs"). A copy of the scoring rubric is located at the end of the document. Using this methodology and rubric, the following health needs, in this order, were identified as priorities for Virginia Mason Franciscan Health to address both individually and jointly with the community.

- **Behavioral Health**

Behavioral health was very frequently brought up in both the focus groups and key informant interviews as being a concern in our community. Both alcohol-related hospitalizations and deaths (p. 63) ranked high, largely due to the negative trend in hospitalizations and the inequities seen in the alcohol-related death rate by sex, age and subcounty region. Drug-related and opioid-related deaths (p. 56) ranked high due to their negative trends, but no subgroup information was available to assess inequities. Depression and suicide ideation in youth (p. 50) ranked high because of depression's negative trend, suicide ideation worse than the state, and statistically significant inequities seen in both indicators by sex and subcounty region.

- **Access to Health Care**

Access to care was frequently brought up in both the focus groups and key informant interviews as being a concern in our community. Increasing visits for Medicaid beneficiaries (p. 29) and access to primary care providers (p. 33) in general were both ranked high due to their worse than the state status. Health insurance coverage (p. 27) was a concern due to the inequities seen by sex, race and ethnicity, and subcounty region.

Executive Summary

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• Pregnancy and Births

This category was only brought up in about a quarter of the focus groups and key informant interviews, however it still ranked high predominantly due to adequate prenatal care (p. 35)being worse than the state, having a negative trend, and having statistically significant inequities both by age and subcounty region. In addition, low birth weight (p. 36) and infant mortality (p. 37) were significant due to their inequities by race and ethnicity.

• Basic Needs

Basic needs such as housing, food, and transportation were frequently brought up in both the focus groups and key informant interviews as being a concern in our community. Food insecurity (p. 24) ranked high both overall in the county and for the county's children, predominantly because it is worse than the state and because of inequities due to race and ethnicity. Residents living in poverty (p. 23) and residents receiving SNAP benefits (p. 25) also showed inequities due to race and ethnicity. Please note that there were no transportation or housing indicators in the quantitative data.

• Chronic Disease

Just over half of the focus groups and key informant interviews brought up concerns about chronic disease. Adults and youth who are overweight or obese (adults p. 71, youth p. 68) ranked the highest in this category due to the negative trend over time and the inequities seen by sex, race and ethnicity, and geographic region. Breast cancer incidence (p. 75) ranked high due to the inequities seen by race and ethnicity and by geographic region. Physical activity in youth (p. 67) and diabetes in adults (p. 72) tied for third in this category predominantly because of the inequities seen by race and ethnicity and geographic region.

Main themes were also generated as part of the community engagement process and provide important context for understanding the prioritized significant health needs and concerns of our community. These themes were generated from discussions with the community members and organizational leaders who participated in focus group discussions and key informant interviews and represent four central-concepts:

1. **Barriers to healthcare access**
2. **Limited behavioral health services**
3. **Challenges meeting basic needs**
4. **Lack of interagency collaboration**

As part of this assessment, VMFH is committed to strengthening partnerships with local organizations, learning about best practices to implement solutions for these areas of concern, and investing in data, programs, and policies to promote health and wellbeing among Kitsap County community members. Collaboration and partnerships between public health, health systems, behavioral health systems, and community organizations will continue to be important in developing effective implementation strategies to address these concerns in Kitsap County.

Introduction

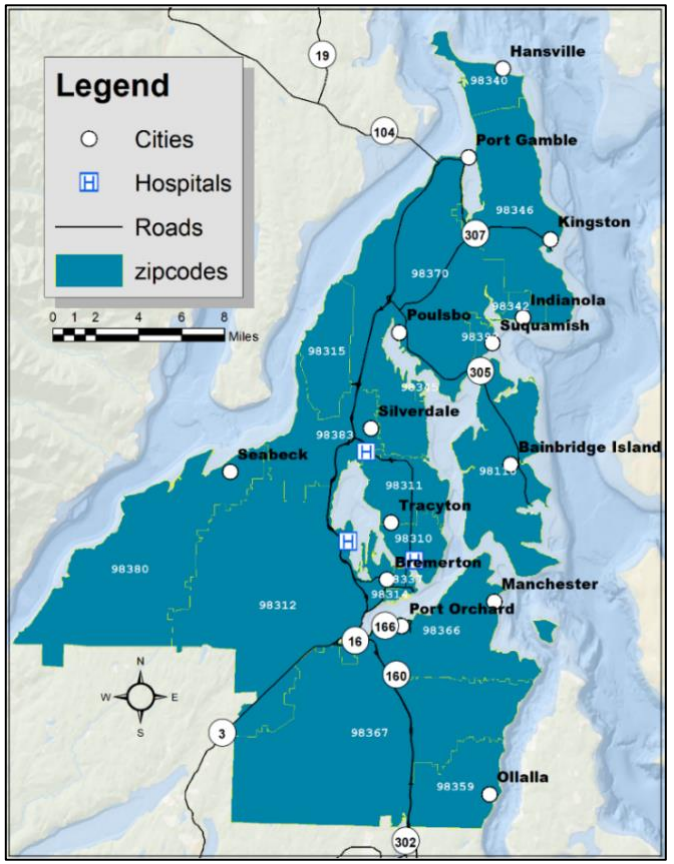
The Affordable Care Act (ACA, 2010) requires that once every three years a Community Health Needs Assessment (CHNA) is conducted by nonprofit hospitals. Virginia Mason Franciscan Health (VMFH) contracted with the Kitsap Public Health District (KPHD) to conduct a comprehensive CHNA during 2022 and 2023. This report is a collection of data on approximately sixty-five health indicators that represent the health behaviors, outcomes and status of residents of the VMFH St. Michael Medical Center (SMMC) service area in Kitsap County. In addition, this report includes community input from Kitsap County residents gathered at seven community workshops and sixteen key informant interviews of community partners. Community input was focused on residents representing several key population groups disproportionately affected by health disparities in Kitsap.

Purpose

St. Michael Medical Center is in Silverdale, a metropolitan area in Kitsap County, Washington. For the purposes of this assessment, the SMMC service area includes all residents of Kitsap County.

This CHNA will help guide Virginia Mason Franciscan Health St. Michael Medical Center in providing high-quality, affordable health care for the members of the community that it serves. It is the goal of this report to provide a path forward that assists in planning long-term, sustainable changes, strengthens relationships with the evolving Kitsap community working to improve health and well-being, and addresses new challenges with a focus on health issues that impact communities most affected by health disparities.

VMFH St. Michael Medical Center Service Area



Introduction

Continued

Methods

This report was completed in accordance with the Affordable Care Act and includes a description of the community served, leading causes of death, levels of chronic illness and other important community health issues and needs. Listed below are seven broad categories of community health needs identified in the Virginia Mason Franciscan Health St. Michael Medical Center service area.

1) Access to Care and Preventive Services
2) Pregnancy and Births
3) Life Expectancy and Leading Causes of Hospitalizations and Deaths
4) Behavioral Health
5) Chronic Illness
6) Safety and Violence
7) Basic Needs

Socioeconomic factors, environment, and other factors seemingly unrelated to health may influence the nature of health outcomes. Similarly, relationships between health indicators can affect the degree and/or type of health outcome. For instance, a service area with a high rate of tobacco use among its residents may expect to experience higher rates of cancer and other health effects, and potentially a resulting decrease in life expectancy. Some indicators in this report may affect health outcomes indirectly and help provide a larger picture of the community's current and future needs.

This CHNA was completed through a multi-stage process designed to integrate findings from a review of available data with the experiences, expertise and opinions of community members and leaders.

Approximately sixty-five indicators were chosen that, together, help understand the health of the community. The main themes identified through the community engagement methods are presented first.

Input was gathered from community members and organizational leaders representing the broad interests of the communities served by health systems. Interviews with community members and key leaders were used to glean feedback and recommendations.

This is followed by the demographic data and data on key socioeconomic drivers of health status, including poverty and food insecurity, and then data and analysis of each health indicator.

Kitsap County was used as a proxy for the hospital service area, and Washington State data served as the point of reference and comparison, both represented by green bars on graphs in this report. Sub-populations within Kitsap County are color coded; pink for sex, orange for age, blue for race and ethnicity, and yellow for subcounty geographic area. The graphs have error bars, which visually give an idea of the margin of error or uncertainty in a reported measurement. If the error bars of two different estimates do not overlap, one can most often conclude that the difference is statistically significant and not due to chance.

Community Resources are included at the end of each chapter, to help identify organizations within Kitsap working in the specified area.

A more detailed description of methods used to collect and analyze data is found in the Supplement section.

Introduction

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Data Strengths & Limitations

This CHNA presents a robust set of data indicators that enable a broad view of the health needs of the VMFH SMMC service area.

- The Center for Health Statistics estimates death data to be 99% complete, providing an accurate count of almost all deaths in Kitsap County. In a similar fashion, hospitalizations are estimated to be 98% to 100% complete. Having an accurate count of all deaths and hospitalizations in our area allows comparison from year to year, by cause, and by subgroup with very high confidence even when numbers are small.

- When more information is needed to help inform and tell the story of population numbers, such as deaths, survey respondent information can provide that detail. Survey data provides estimates, rather than true counts, and has more variability based on who responds to the survey. However, the number of respondents is enough to provide reliable comparisons between groups and detect statistically significant differences. Additionally, survey data can be used to fill the gaps in population data and is highly valuable and informative. Survey data used in this report include the American Community Survey, the Healthy Youth Survey, and the Behavioral Risk Factor Surveillance System.

As in all data reports, there are limitations to these findings:

- Disaggregated data regarding age, race, ethnicity, geographic region, and gender are not available for all the data indicators, which limits the ability to look at disparities and health inequities within the community.

- Data for the VMFH SMMC service area may be limited by the size of the population, requiring the averaging of several years of data. This limits the ability of the report to represent the most current state of health.

- Data are not always collected on an annual basis, and even when they are, the most recent data may not yet be available, resulting in data that can be several years old. In addition, data delays and unavailability are seen due to the various consequences of the recent COVID-19 pandemic. Every effort was made to include the most recent data, however the use of older data means that in some cases the data may not represent the current situation. Charts and data are labeled with the year of the data, so that the age of the data can be considered during planning.

- Data may be unreliable due to small numbers, for instance small numbers of respondents to a survey, and therefore not be available to use because it is not reliable enough for decision-making. For the purposes of this report, counts of less than 10 and residual standard errors (RSE) higher than 25% were not used.

Community Engagement and Input

The Community Engagement and Input chapter of this report is intended to provide direct input from Kitsap County community members and organizational leaders about their health needs and concerns, as well as add context to the quantitative data presented throughout this assessment. The themes generated from these community engagement activities are described below.

Methods

Two methods to gather input from Kitsap County community members and organizational leaders were used – focus group discussions and key informant interviews. The data collection and analysis methods are described in detail in the following sections.

Questionnaires

Please refer to the **Supplement** for the list of questions used in the Community Workshops and Key Informant Interviews.

Limitations

For this report, community engagement data were collected from focus group discussions and key informant interviews. Due to the individual nature of participation, focus group and interview results are not generalizable, and limitations to the strength of the conclusions exist.

Note that focus group discussions and key informant interviews were held from October to December 2022. During this period, there was substantial news coverage concerning the St. Michael Medical Center Emergency Department, which likely impacted how participants perceived Kitsap County's healthcare system at the time.

Additionally, some voices are under-represented in this qualitative data. Further community workshops to discuss the health needs and concerns among additional communities would be useful to further explore the needs of our more vulnerable populations, including discussions among people with disabilities, people who are pregnant/postpartum, people with lived experiences of substance use disorder, parents of young children, youth, and people who are incarcerated, among others.

Community Workshops (focus group discussions)

Community workshops were conducted in partnership with local community organizations led by Kitsap Community Resources (KCR), a nonprofit social services agency.

Seven focus groups were held throughout Kitsap County and facilitated by KCR. The purpose of the focus group discussions was to gather input directly from community members in small group settings. The discussions were 60 to 90 minutes in length and conducted in person or via video call. The populations of interest were selected in collaboration with KCR based on gaps identified in previous community health assessments and the need to build trust among communities. In addition to focus groups where the general community was invited, focus groups were held specifically with members of the following communities:

- African American/Black community members
- LGBTQIA+ community members
- People experiencing homelessness
- Tribal community members

The focus groups included people representing diverse races, ethnicities, ages, geographic regions, genders, and sexual orientations. Recruitment for focus groups occurred through

Community Engagement and Input

Continued

KCR, KPHD, and partner organization outreach. All participants were given a $25 gift card to compensate them for their time. Data analysis of the focus group transcripts and notes was performed by a KPHD epidemiologist using MaxQDA, a qualitative analysis software. Data analysis began with a detailed and systematic reading of the transcripts and notes, adding memo notes and assigning inductive coding labels to segments of the text. Reflexive Thematic Analysis (TA) was then conducted to identify themes/patterns of meaning across the dataset that were coherent with a central idea that meshed the data and codes together drawing on Braun & Clarke's Reflexive TA framework.

Key Informant Interviews

Sixteen interviews were conducted with Kitsap County organizational leaders across five sectors (health systems, human services, education, business, and community, faith-based, and nonprofit organizations). The interviews were approximately 60 minutes in length and held either in person or via video call.

KPHD staff from the Community Health, Equity, and Epidemiology programs developed a list of potential interviewees. Individuals were selected based on the following criteria:

- Organizational leaders who work on behalf of marginalized populations;
- Organizational leaders who represent key sectors of business, nonprofit, education, health and human services, local government, and first responders;
- Organizational leaders who were available within the project timeline (October – December 2022).

Interviewees were promised confidentiality and consented to participate. Data analysis of the key informant transcripts was performed by a KPHD epidemiologist using MaxQDA, a qualitative analysis software. Data analysis began with a detailed and systematic reading of the transcripts, adding memo notes and assigning inductive coding labels to segments of the text. Reflexive Thematic Analysis (TA) was then conducted to identify themes/patterns of meaning across the dataset that were coherent with a central idea that meshed the data and codes together drawing on Braun & Clarke's Reflexive TA framework.

Themes (from combined key informant interviews & focus group discussions)

As focus group participants and key informant interviewees were asked similar questions on the health needs and concerns of the community, common themes were identified from the combined results. The themes that were identified indicate that the health needs and concerns community members are experiencing and perceiving are similar to the health needs and concerns organizational leaders are observing. There were no noteworthy differences in themes identified between transcripts produced from the focus group discussions and key informant interviews.

Community Engagement and Input

Continued

Barriers to Healthcare Access

Both community members and organizational leaders named access to healthcare an ongoing challenge for the community. There was significant concern among participants about the capacity of the 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 the county.

The attitudes and values of participants toward the healthcare system reflected how negative attitudes can lead patients to avoid utilizing medical services, creating a barrier to accessing care. Additional examples of patient attitudes and values as a barrier to care included fear of LGBTQ+ discrimination, distrust of the charity care process, and previous experience with inadequate interpreter services.

Additional barriers to healthcare that were seen included discharge bottlenecks--with several organizational leaders expressing the need for safe discharge coordination for aging and unhoused community members--and concerns regarding the workforce shortage. Participants discussed months-long wait times for primary care visits, lack of OB/GYN providers, and lack of Medicaid providers.

Please also refer to the chapter on Access to Care and Preventive Services (pg. 27) for more data and information on this topic.

Meaningful Participant Quotes

"I'm both concerned about the capacity of the emergency room at St. Michaels, and about the fact that there are a lack of alternatives to the emergency room that might keep more people out of that setting." (Organizational Leader)

"...the ER is so packed all the time. It's waiting 4-5 hours just to be checked up. I live in Silverdale, so I go to St. Michaels, but they're always packed, so...especially for the kids, we have to drive to Gig Harbor. And it's like 30 minutes, and 30 minutes is a long drive for kids with pain." (Community Member)

"We have a fragile and fragmented and really overstretched healthcare system...we have really glaring weaknesses and deficiencies in primary care, obstetrics, urgent and emergency care services." (Organizational Leader)

"Nobody, I don't mean to sound rude, but nobody competent wants to accept Apple Healthcare and those who do only allot a very small percentage of their caseload to Apple Healthcare because they don't pay anything." (Community Member)

"CHI 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)

"I have to go all the way over to Seattle for gender-affirming care and that's a long, long drive." (Community Member)

"...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)

"...I can't 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 Engagement and Input

Continued

LIMITED BEHAVIORAL HEALTH SERVICES

Behavioral health was discussed as a need in our community in all seven community workshops. Participants spoke to the urgent need for mental health and substance use services and treatment in Kitsap. Participants identified youth, low-income elderly, and people struggling with co-occurring mental illness and substance use disorders as those most impacted by an inadequate behavioral healthcare system.

Organizational leaders highlighted the lack of voluntary and involuntary inpatient beds, chronic behavioral health staffing shortages, and community pushback to behavioral health facility locations as barriers to meeting the behavioral health needs of the community. Among several participants, there was the perception that "individuals who have mental health challenges are being housed in the Emergency Room, because there is nowhere else for them to go" (Organizational Leader).

Community members spoke of the difficulties in finding behavioral health providers who were accepting new patients, particularly for their children. Additionally, many participants shared their own ongoing personal experiences with mental health issues that they felt had been exacerbated by the COVID-19 pandemic, and that they were unsure where to go to seek care or, as one community member said of mental healthcare, "I don't even know what resources are available to me."

Please also refer to the chapter on Behavioral Health (pg. 50) for more data and information on this topic.

Meaningful Participant Quotes

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

"I mean, some places just don't even have a wait list. The wait list is so long that they closed the wait list. And that's for mental health, therapy, everything." (Community Member)

"Our behavioral health program is as busy as it has ever been. It's also as stressed and taxed as it's ever been and the workforce is the biggest barrier and challenge." (Organizational Leader)

"I probably spent a couple hours on at least three different days calling, leaving messages, researching, going online, and looking at who took our healthcare, and then checking reviews. And I mean probably 6 to 8 hours at least just for a counselor for my son." (Community Member)

"Over 90% of people agree that we need more shelter beds…we need more inpatient services, but as soon as we find or identify a location, that's all it becomes about, it's like, 'Oh, not in this location.'" (Organizational Leader)

"People who are struggling with substances and mental illness are the ones who are not able to reach out or engage in some of the services that already exist out there. Even when they're trying to seek care, if they're not already plugged into Peninsula Community Health or to Kitsap Mental Health, there's a barrier there to getting their immediate needs met. So, they go to the emergency room, and we know how that ends up." (Organizational Leader)

"I would love to see Virginia Mason Franciscan help set up things like substance abuse treatment programs, medically assisted treatment programs…" (Organizational Leader)

Community Engagement and Input

Continued

Challenges meeting basic needs

Many participants voiced concern for the ongoing challenges a growing number of community members face meeting basic needs like housing, food, childcare, and transportation, and spoke to how these unmet needs can have long-term health consequences. Participants also discussed how certain communities are disproportionately impacted by these challenges, including people with low-and middle-incomes, people with significant physical and behavioral health needs, and historically marginalized racial and ethnic groups with limited social and economic reserves.

Some participants also expressed that these upstream factors have been exacerbated by the COVID-19 pandemic contributing to an increase in chronic stress among community members with the potential to have a downstream impact on health behaviors like substance use and poor nutrition.

Additionally, several organizational leaders felt that interventions that treat "housing as healthcare"—such as affordable housing with on-site healthcare services and supportive housing with in-house treatment and case management services—can serve to help more community members meet their basic needs, improve overall health outcomes, and decrease health system strain.

Please also refer to the section on basic needs in the chapter on Demographics, Socioeconomics and Basic Needs (starting on pg. 23) for more data and information on this topic.

Meaningful Participant Quotes

"I think the overriding concern for a big part of our county is just poverty. It is basic needs of just food and housing…I think we need to really continue to think about that with the loss of Harrison in Bremerton. I know this is beating a dead horse, but I think it's huge to the poverty conversation. Folks that normally had a shorter trip are now looking at a trip on a bus…how are we going to get out there and meet the kids that don't have access or folks that are living in poverty?" (Organizational Leader)

"I'd say one thing that really sticks out to me is transportation. Kitsap Transit is very limited." (Community Member)

"If you don't have a place to stay, it affects everything: your mental health, your stress level, your physical health and it affects everything right through your kids, your kids feel it, too." (Organizational Leader)

"I hope there's a growing recognition that having the right kind of housing is healthcare and will reduce healthcare costs. I know in other communities in Washington State, nationwide, there's more action from the healthcare sector to invest in housing…I think we've had a little tiny bit of that here in Kitsap where St. Michael's worked with PCHS to find some respite care, but it was very limited." (Organizational Leader)

"[We need] affordable housing, transportation, and better shelters, because I was in one and they banned me permanently, because I'm incontinent. So they banned me permanently. So I was sleeping outside" (Community Member)

"In terms of daycare, if you can find someone and afford it, then that's great, but some people, they can't. It feels like you're just working to pay for daycare, so may as well stay home. So you lose a lot of people that are skilled in the workforce, 'cause there's no available low-cost daycare." (Community Member)

Community Engagement and Input

Continued

Lack of interagency collaboration

Participants, primarily organizational leaders, discussed the need for better integration and communication between healthcare systems, community-based organizations, and county services. Participants referenced a lack of effective coordination, sporadic accountability, and fragmented service delivery.

Some participants also identified nonprofit capacity among community-based organizations as an ongoing concern. They discussed the limited number of nonprofits that are able to apply for funding and sustain longer-term projects that can often be complicated and emotionally exhausting, particularly for projects that seek to address housing insecurity and behavioral and mental health concerns. As one organizational leader shared, we rely on nonprofits because "it's a lot cheaper, it's a lot more effective…they can just be a little bit more agile…[but] we put nonprofits in an incredibly difficult position…we put nonprofits in the position of constantly having to beg for money and simultaneously work together."

Lastly, both focus group and key informant participants shared the need for community members and organizations to be equal partners in decision making with health systems, as one organizational leader shared, "I think they're [Virginia Mason Franciscan Health] going to need to find ways to reconnect with the community and probably find ways to strengthen trust and relationship…I think they have a lot to offer."

Meaningful Participant Quotes

"I think that during the pandemic, we were all called upon to do things that were way outside of our usual scope and our ordinary work. We all stepped up in ways that we didn't even know were possible. It was extraordinary. Not that we're post-pandemic, but in this next phase of the pandemic and then the next phase of recovery of our society, we have to continue to think about how we can step up in different and new ways, how can our scope expand so that we continue to grow into these spaces that are not being filled and need to be filled in our community." (Organizational Leader)

"I really think poor interagency communication and collaboration is just adding to such a significant burden to those that need, deserve, qualify, want, whatever, services in general." (Community Member)

"We're all working with the same population when it comes down to it. So, if we can figure out ways to kind of maximize what we all have available, I think that's ideal for our patients, and that's what we're all really here for." (Organizational Leader)

"I was happy to hear something like this [Focus Group Discussion] is happening and we're trying to improve our community, but we need something on a bigger scale. To bring the community at large together and have those meetings where people can share ideas on what things can be done." (Community Member)

"I think we need to collectively get a better understanding of what are the right interventions, what is working in other places." (Organizational Leader)

Community Engagement and Input

Continued

Next Steps

During the community engagement process, both community members and organizational leaders shared potential solutions to address the health concerns and needs of our community.

The following opportunities for improvement were mentioned by participants as a way for our health systems to leverage their existing strengths and resources to meet community needs:

- Further **integrate physical and behavioral health services** in acute inpatient, emergency department, and primary care settings, including follow-up care services for patients discharged from the emergency department.
- Continue to **support the healthcare workforce pipeline** by partnering with schools and community organizations to create apprenticeships, earn-while-you-learn programs, and other training opportunities for local community members.
- Support initiatives to **expand access to behavioral health services** among youth, low-income community members, and people who are experiencing homelessness.
- Make meaningful **upstream investments** to improve community health by funding programs tackling housing instability, food insecurity, inadequate public transportation, and barriers to higher education.
- Healthcare, tribal, and community organizations should develop **stronger partnerships** to better integrate medical and community services and improve cross-sector communication.
- Healthcare and community service organizations should collaborate on improving access to their services by working with community members to develop a **comprehensive directory of resources**, disseminating the tool online and in public spaces (e.g., in local libraries), and making it available in multiple languages.
- **Improve the hospital discharge planning process** by working with long-term care to better coordinate senior treatment and services, and by working with social workers to ensure patients who are unhoused or have behavioral health needs are receiving the healthy handoff referrals they need.
- **Improve the Virginia Mason Franciscan Health financial assistance process** by providing more patient support for charity care, including application support, following-up with eligible patients, offering interpreter services, and by providing accessible spaces where community members can walk in and get support in person.
- **Rebuild community trust** by providing timely communications about issues that impact the community, like ER wait times, and by providing clear, easy to access information about what care Virginia Mason Franciscan Health will and will not provide.
- **Improve access to and availability of healthcare services** in the community, particularly urgent care services and services in Bremerton.

Demographics, Socioeconomics and Basic Needs

*"We have increased numbers of people that are unhoused. And that's just the first and foremost **basic human need**."*
(Organizational Leader)

Demographic Characteristics

The demographic characteristics of a community are strong predictors of health behaviors and outcomes, which help us understand existing population health issues and needs and predict future outcomes.

Population – Approximately 280,900 people lived in the VMFH St. Michael Medical Center primary service area in 2022: an increase of almost 49,000 residents and a 21% growth since 2000.

Age and Sex – Children and youth 18 years old and younger represent 20.8% of the Kitsap population, about one in five residents. The proportion has been decreasing slightly over time, while the population aged 65 and older (20.5%) has been increasing and is now also about one in five residents. Kitsap has slightly less of its population under the age of 19 compared to the state, and a slightly higher percentage age 65 and older. Respectively, these numbers are 22.8% (youth 18 and younger) and 17.1% (65 and older) statewide. The ratio of male to female is about 1:1.

Race and Ethnicity – A little less than three quarters of residents are non-Hispanic White or Caucasian (71.9%). Hispanic and Latino residents are the next largest group representing 9.4% of the service area's total population. Statewide, Hispanic and Latino account for 14.5%. The third largest racial group in Kitsap is people identifying as two or more races (8.2%).

Demographics

Kitsap County, 2022

	Count	Percent
Age (years)		
0-4	15,196	5.4%
5-14	31,660	11.3%
15-24	34,028	12.1%
25-34	37,583	13.4%
35-44	34,893	12.4%
45-54	31,232	11.1%
55-64	38,599	13.7%
65-74	33,924	12.1%
75-84	17,726	6.3%
85+	6,057	2.2%
Sex		
Male	142,353	50.7%
Female	138,547	49.3%
Race and Ethnicity		
AIAN	3,559	1.3%
Asian	15,299	5.4%
Black	7,822	2.8%
NHOPI	3,025	1.1%
White	201, 841	71.9%
Multiracial	22,983	8.2%
Hispanic or Latino	26,371	9.4%

Note: AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

Source: Washington Office of Financial Management

Demographics, Socioeconomics and Basic Needs

Continued

Disability Prevalence

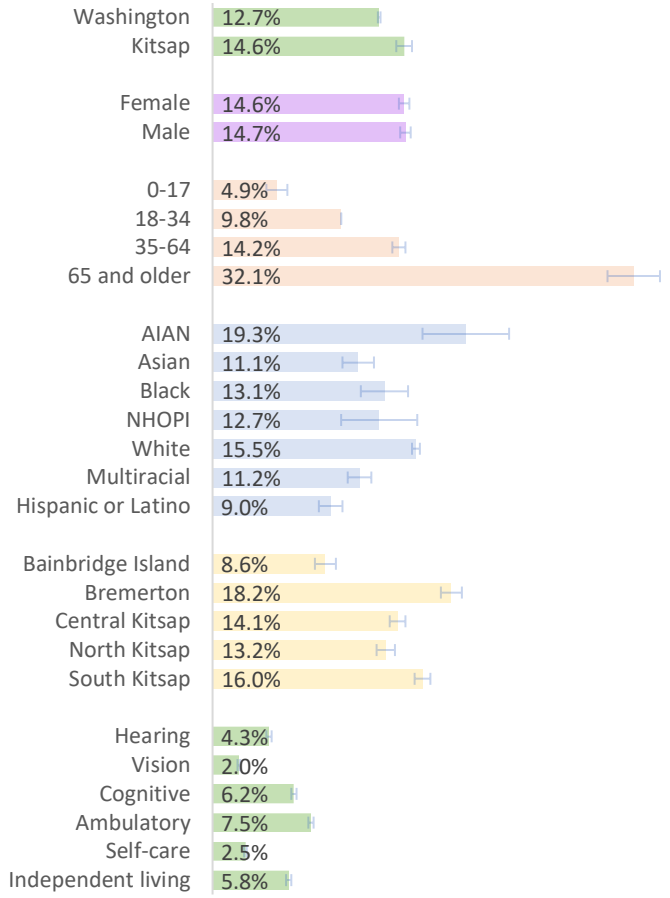
Disabilities can involve or relate to any of six functions: hearing, vision, cognitive, ambulatory, self-care, and independence.[2] Disabilities can pose unique challenges for the individual and provide opportunities for tailored healthcare.

The prevalence of disability in Kitsap (14.6%) was statistically significantly higher than the state (12.7%), from 2017 to 2021. Within the county, no significant differences were seen between the sexes. American Indian and Alaska Native residents had the highest percentage experiencing disability of any race or ethnicity group. Disability statistically significantly increased with increasing age categories. Residents of Bremerton had a statistically significantly higher percentage compared to all other subcounty geographic regions, followed by South Kitsap, which was also statistically significantly higher than all regions other than Bremerton.

The most common type of disability was an ambulatory disability, followed by cognitive and independent living.

[2] United States Census Bureau, "How Disability Data are Collected from The American Community Survey", Updated Nov 21, 2021, Retrieved from https://www.census.gov/topics/health/disability/guidance/data-collection-acs.html

Disability Prevalence, 2017-2021



Note: AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

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

Demographics, Socioeconomics and Basic Needs

Continued

Immigration and Language

Kitsap residents come from all over the world and speak a variety of languages. From 2016 to 2020, approximately 18,066 residents of Kitsap were foreign born. This number has been increasing since 2012-16.

During 2017-21, more than two out of every five Kitsap residents were born in the state of Washington and 93% were born in the United States or born abroad as U.S. citizens.

The largest proportion of foreign-born residents in Kitsap were born in Asia (3.7% of our total population), predominantly southeast Asia (2.4%). Another 1.0% were born in Central America and 1.0% in Europe. For our foreign-born residents, almost half (49%) identify as Asian, more than a third graduated from college or tech school (36%), and more than half:

- Are naturalized citizens (61%);
- Entered the U.S. prior to 2000 (63%);
- Own their own home (67%);
- Are part of a married couple family (72%);
- Live more than 200% above the poverty level (77%); and
- Speak a language other than English at home (62%).

Among all individuals five years and older, Kitsap County had a higher proportion of the population who reported speaking English at home (91%) compared to the state. The top languages spoken at home other than English were Spanish (2.9%) and Tagalog or Filipino (1.8%).

While many residents are bilingual or multilingual, some report that they either do not speak English or speak English less than "very well". In 2021, it was estimated to be about 2.6% of the population or about 6,719 people. Residents whose first language was Korean or Chinese had the highest proportions reporting speaking English less than "very well", while those who speak Spanish or Tagalog had the highest overall numbers of people.

Residents Who Speak English Less Than "Very Well", 2017-2021

	Count	Percent
Subcounty Region		
Bainbridge Island	*	*
Bremerton	1,599	3.5%
Central Kitsap	2,109	3.0%
North Kitsap	857	1.8%
South Kitsap	1,580	2.3%
Language		
Korean	374	62.9%
Chinese	446	57.4%
Vietnamese	318	42.6%
Tagalog or Filipino	1,719	37.4%
Spanish	2,106	28.1%
French, Haitian, or Cajun	104	11.9%
Other Asian/Pacific Island languages	691	27.3%

**The estimate has an elevated relative standard error and does not meet reliability standards.*

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

Demographics, Socioeconomics and Basic Needs

Continued

Socioeconomic Characteristics

The social and economic characteristics provide a foundation for public health stakeholders to understand the available resources in a community and the potential needs of the healthcare patient community.

Poverty – The Census Bureau uses a set of income thresholds that vary by family size and composition to determine poverty status[3]. In 2021, almost 9% of Kitsap residents lived in poverty, similar to Washington State's proportion overall. Kitsap's and Washington's proportions have been decreasing since at least 2010.

From 2017 to 2021, about one in ten children under the age of 18 lived in poverty in Kitsap County. The proportion decreases slightly with increasing age. A higher proportion of females live in poverty than males. The subcounty area with the highest proportion of residents living in poverty is Bremerton.

200% of Poverty – Almost two in ten residents in Kitsap (19%) live below 200% of poverty, which is lower than Washington's rate (23%). In Kitsap, the rate is highest in Bremerton (almost a third or 32.1%) and lowest on Bainbridge Island (8%)

[3] United States Census Bureau, "How the Census Bureau Measures Poverty", Updated Sep 22, 2022, Retrieved from https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html

Residents Living Below 100% of Poverty, 2021, 2017-2021

	Count	Percent
Washington	754,315	9.9%
Kitsap	22,961	8.6%
Age (years)		
0-4	1,456	9.8%
5-17	3,950	10.0%
18-34	5,106	8.6%
35-64	7,888	7.7%
65+	2,674	5.5%
Sex		
Female	11,975	9.2%
Male	9,099	6.8%
Race and Ethnicity		
AIAN	362	13.7%
Asian	764	5.8%
Black	908	12.6%
NHOPI	*	*
White	15,416	7.4%
Multiracial	2,514	10.6%
Hispanic	2,288	10.7%
Geographic Region		
Bainbridge Island	641	2.6%
Bremerton	6,170	13.7%
Central Kitsap	4,538	6.2%
North Kitsap	3,411	7.0%
South Kitsap	4,981	6.7%

** The estimate has an elevated relative standard error and does not meet reliability standards.*
Note: Washington/Kitsap comparison is data from 2021, while subgroup data is from 2017-21; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

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

Demographics, Socioeconomics and Basic Needs

Continued

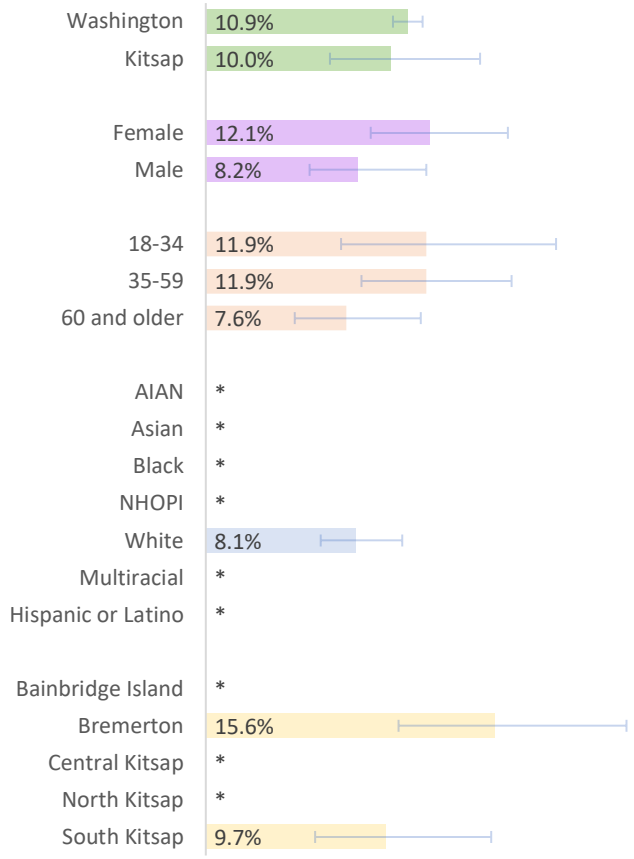
Food Insecurity

Food insecurity come from two different sources, the first comes from Feeding America, which uses to the United States Department of Agriculture's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods.

According to Feeding America, in 2020, almost one in ten (9.7%) Kitsap residents experienced food insecurity. Overall, from 2015 to 2020, there has been a statistically significant decreasing trend in this indicator, but the percentage in Kitsap was statistically significantly higher than Washington overall. Kitsap residents who identified as Black or African American (20%) and Hispanic or Latino (18%) had higher percentages of people experiencing food insecurity than those who identified as White (7%). A higher percentage of Kitsap's children experienced food insecurity (15%) compared to adults. This percentage has also been decreasing over time but is statistically significantly higher than the percentage of children overall in Washington (12%).

The second source (seen in the table to the right) uses data from the Behavioral Risk Factor Surveillance System, in which respondents were asked about food insecurity. In 2021, one in ten Kitsap residents said that it was "often true" or "sometimes true" that the food they bought just didn't last and they didn't have money to get more. It's important to note that this estimate is very similar to Feeding America's estimates. Kitsap's percentage (10%) was very similar to Washington's (11%) and had not changed statistically significantly from 2019 to 2021. There were no statistically significant differences by subgroup, however residents of Bremerton (16%) and females (12%) had slightly higher percentages.

Adults Who Report Food Insecurity, 2021, 2019-21



**The estimate has an elevated relative standard error and does not meet reliability standards.*

Note: Washington/Kitsap comparison is data from 2021, while subgroup data is from 2019-21; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander.

Source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System.

Demographics, Socioeconomics and Basic Needs

Continued

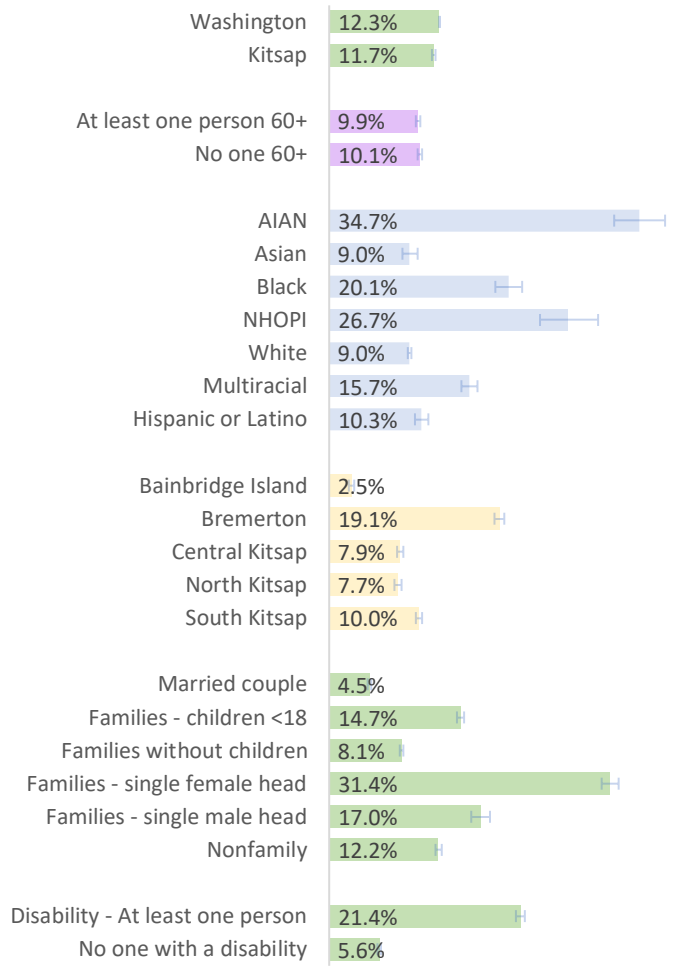
Access to SNAP Benefits

The Supplemental Nutrition Assistance Program (SNAP) is a federal program administrated by the USDA under the Food and Nutrition Service that provides food-purchasing assistance for low- and no-income households.

In 2021, about 12% of Kitsap residents received SNAP benefits. This percentage is statistically significantly lower than Washington State overall, and there has been a statistically significantly decreasing trend from 2010 to 2021 in both Kitsap and Washington.

However, disparities exist. Families that have a single female head of household have statistically significantly higher percentages receiving SNAP benefits (31%). Households where at least one person has a disability also experienced higher percentages (21%). People identifying as American Indian or Alaska Native, Black, Pacific Islander, Hispanic and more than one race all had higher percentages than those identifying as White or Asian. Residents of Bremerton had statistically significantly higher percentages than any other subcounty area, and all subcounty areas had statistically significantly higher percentages than Bainbridge Island.

Residents Receiving Supplemental Nutrition Assistance Program (SNAP) Benefits, 2021, 2017-21



Note: Washington/Kitsap comparison is data from 2021, while subgroup data is from 2017-21; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander.

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

Demographics, Socioeconomics and Basic Needs

Continued

Community Resources – Basic Needs

Kitsap Community Resources is a nonprofit service organization creating hope and opportunity for low-income residents by promoting self-sufficiency through housing, employment, financial, and family resources. Their Housing Solutions Center coordinates placement for shelters, provides short-term rental assistance, and makes referrals for housing and community programs.

Salvation Army in Bremerton provides housing, food, poverty, and substance use treatment resources.

Food banks and food-related resources can be found at

- **North Kitsap Fishline,**
- **Bremerton Foodline,**
- **Sheryl McKinley Food Pantry at Olympic College,**
- **Bremerton Backpack Brigade,**
- **Taking It to the Streets Ministry,**
- **Central Kitsap Food Bank,**
- **ShareNet (Kingston and surrounding areas)**,
- **the Salvation Army,**
- **St. Vincent de Paul,**
- **Bainbridge Island Helpline House,**
- **South Kitsap Helpline,**
- **and the Kitsap Food Bank Coalition.**

Washington State Department of Social and Health Services has a Community Services Office in Bremerton and can assist with food stamps, cash, identification card vouchers, and more.

St. Vincent de Paul in Bremerton provides shelter, food, clothing, financial resources, and other assistance.

North Kitsap Fishline provides food, rental assistance, eviction protection, utility assistance, health, legal and financial services, and employment and education services.

Helpline House provides food, housing, utilities, legal, medical equipment loans, and other assistance on Bainbridge Island.

Gather Together Grow Together serves the community through transportation, food service, job readiness, and mentorship.

ShareNet and Goodwill provide clothing and household goods thrift stores, while **Abraham's House, New Beginnings Closet, Kids Kloset and Taking It to the Streets Ministry** provides clothing, furniture and other items at no cost to people in need.

Kitsap Rescue Mission and the **Kitsap Housing and Homelessness Coalition** advocate for and provide services to homeless residents, while **Homes for All Leadership Group** provides innovative leadership toward ending homelessness.

Coffee Oasis youth programs offer friendship, belonging, resources and opportunity to homeless and street-oriented youth ages 13 to 25.

WorkSource connects people to employment-related resources and assistance.

Transportation assistance for seniors and those with disabilities is provided by **Kitsap Transit and Catholic Community Services.**

Access to Care and Preventive Services

*"A really strong and well-functioning primary care health system is really **fundamental** to a healthy public and it's a good investment."*
(Organizational Leader)

Access to comprehensive, high-quality health care services that are inclusive of the diversity of the community is vital for building healthier communities. Barriers to health care include inadequate insurance coverage, high costs of care, perceived lack of diversity and inclusion by health care providers, and gaps in service availability. Addressing these barriers increases the likelihood of a healthy, vibrant community.

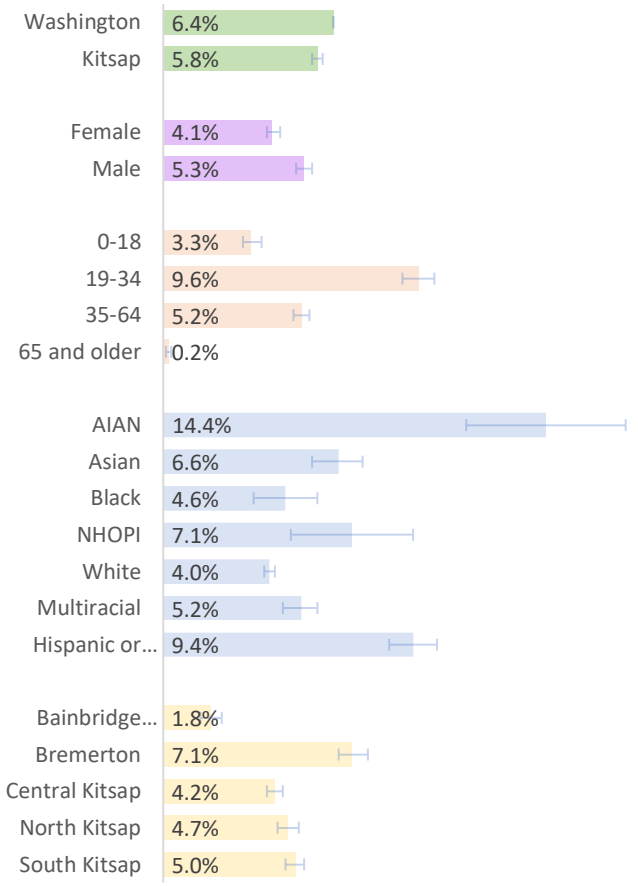
Insurance Coverage

The availability of insurance coverage and monetary costs associated with health care (perceived or actual) can make a difference in whether an individual regularly visits their primary care provider. Regular primary care visits can lead to increased screening and preventive care, improving the chances of successful diagnosis and treatment of health issues as they arise, and helping implement prevention before conditions develop, reducing the long-term costs of health care. Unfortunately, segments of our population continue to be uninsured and feel regular health care is beyond their reach.

Following the implementation of the Affordable Care Act, the proportion of residents reporting being uninsured decreased significantly in both Kitsap and Washington, but since 2018 it has stabilized around 5-6%. The proportion of the population that was uninsured in Kitsap (5.8%) was statistically significantly lower than Washington in 2021.

Males had a statistically significantly higher proportion of uninsured compared to females. The age group with the highest proportion of uninsured was young adults, age 19 to 34. Residents in Bremerton had the highest percentage of uninsured, followed by South Kitsap. All other subcounty geography areas had statistically significantly higher proportions compared to Bainbridge Island. This is likely at least partially due to income, because higher income levels in Kitsap are associated with lower percentages of uninsured.

Residents Without Health Insurance, 2021, 2017-21



Note: Washington/Kitsap comparison is data from 2021, while subgroup data is from 2017-21; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander.

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

Access to Care and Preventive Services

Continued

Adults with Health Insurance by Type

From 2017 to 2021, an estimated 94.9% of adults aged 19 or older in Kitsap had health insurance.

Looking at those using only one type of health insurance coverage, Kitsap has a smaller percentage of residents with employer-based coverage (41.6%) compared to the state (49.3%), with direct purchase (5.0% compared to Washington's 5.8%), with Medicaid (8.6% compared to 9.5% statewide) and with Medicare (5.6% compared to 6.4%).

Instead, Kitsap has higher percentages of residents using Tricare (4.6% compared to 1.1% statewide) and higher percentages of residents who have more than one type of insurance. About 10.5% of Kitsap residents have Medicare plus another type, excluding Medicare/Medicaid, compared to only 8.2% statewide. Another 16.6% of Kitsap residents have two or more types, excluding Medicare, compared to 9.7% statewide.

Residents With Health Insurance by Type, 2017-2021

Type of Health Insurance	Count	Percent
Employer-based only	82,676	41.6%
Direct purchase only	9,868	5.0%
Tricare only	9,210	4.6%
VA only	767	0.4%
Medicaid only	17,069	8.6%
Medicare only	11,210	5.6%
Medicare & Medicaid	3,871	1.9%
Medicare & other (not Medicaid)	20,949	10.5%
Other 2 or more types	32,903	16.6%
No health insurance	10,052	5.1%

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

Access to Care and Preventive Services

Continued

Population Enrolled In Medicaid

Medicaid is a joint federal and state funded program that, together with Children's Health Insurance Program (CHIP), provides health coverage for over 72.5 million Americans, including children, pregnant women, parents, seniors, and individuals with disabilities. The Affordable Care Act of 2010 created the opportunity for states to expand Medicaid to cover nearly all individuals under age 65 living in poverty.[4] In Washington, Medicaid is referred to as Apple Health.

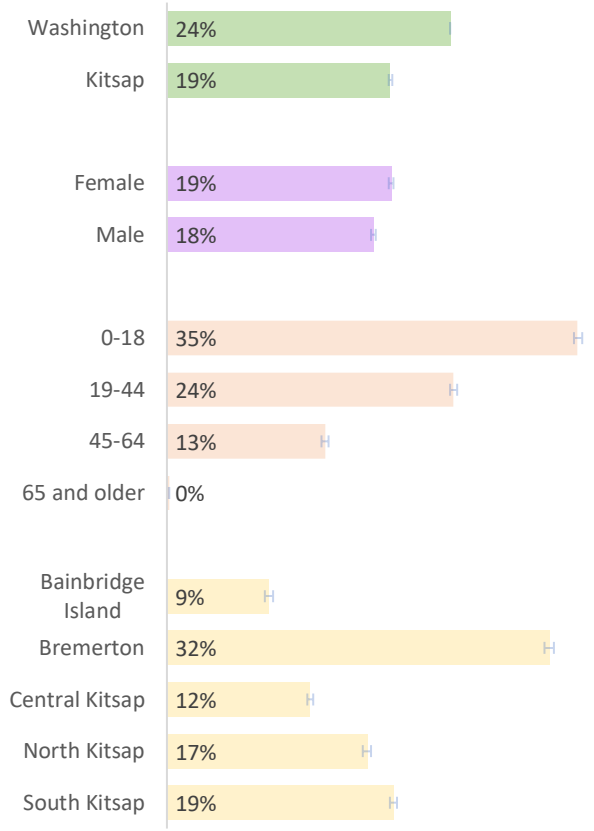
In 2021, nearly one in five (19%) Kitsap County residents, about 52,175 residents, were enrolled in Medicaid. The Health Care Authority estimates, in December 2021, there were 61,678 eligible residents in Kitsap, so about 85% of those eligible are enrolled.[5] Overall, the number eligible in Kitsap has been increasing since at least the beginning of 2020, but from 2015 to 2021, there has been a statistically significant decreasing trend in enrollment in Kitsap. Kitsap's percentage of residents enrolled in Medicaid in 2021 was lower than the state overall.

However, there are differences in enrollment across subgroups. More than one in three children aged from birth to 18 are enrolled in Medicaid, compared with one in four of those 19 to 44 and only 13% (less than one in five) of those 45 to 64. Females have a statistically significantly higher percentage enrolled in Medicaid.

[4] Medicaid.gov, Medicaid Eligibility, accessed at https://www.medicaid.gov/medicaid/eligibility/index.html

[5] *Health Care Authority (HCA) Apple Health client eligibility dashboard. Accessed Feb 2023.*

Population Enrolled in Medicaid, 2021, 2020



Note: Washington/Kitsap comparison is data from 2021, while subgroup data is from 2020 (2021 data not yet available).

Source: Health Care Authority Medicaid Enrollment and Claims Data.

All subcounty areas have statistically significantly higher percentages than Bainbridge Island (9%), but Bremerton (32%, about one in three) has a statistically significantly higher percentage than any other area. South Kitsap has the second highest (19%), followed by North Kitsap (17%) and Central Kitsap (12%).

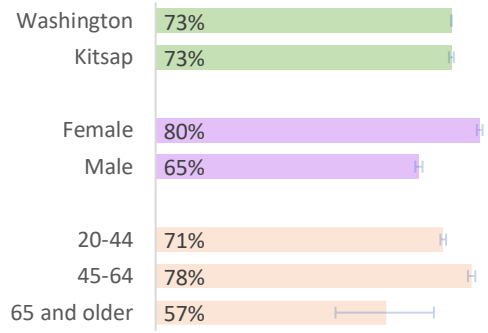
Access to Care and Preventive Services

Continued

Medicaid Visits - Adult Preventative & Ambulatory Health

Using Medicaid claims data submitted by providers for reimbursement purposes can provide insight into healthcare usage by this population. About three out of every four Kitsap adult (age 20 or older) Medicaid beneficiaries (73%) had an ambulatory or preventative care visit in 2021. 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.

Medicaid Visits - Adult Preventive & Ambulatory Health, 2021



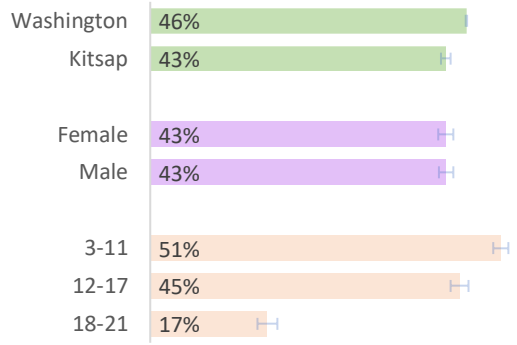
Source: Health Care Authority Medicaid Enrollment and Claims Data.

No increasing or decreasing trend was seen in Kitsap's percentage and it was about the same as Washington's in 2021. Males had a statistically significantly lower percentage than females and those ages 20 to 44 and ages 65 and older had statistically significantly lower percentages than those ages 45 to 64.

Medicaid Visits - Child and Adolescent Well-Care

For children and adolescents, the metric includes only well checkups, not services specific to acute or chronic conditions. In 2021, 43% of Kitsap Medicaid beneficiaries ages 3 to 21 had at least one comprehensive well-care visit. This was similar to Washington State overall and there has been no statistically significant increasing or decreasing trend over time. For children and adolescents, there was no statistically significant difference between male and female, however there was a difference by age. More than half of Medicaid beneficiaries in Kitsap ages 3 to 11 had a well-care visit in 2021, compared to 45% of those 12 to 17 and only 17% of those 18 to 21.

Medicaid Visits - Child and Adolescent Well-Care, 2021



Source: Health Care Authority Medicaid Enrollment and Claims Data.

Access to Care and Preventive Services

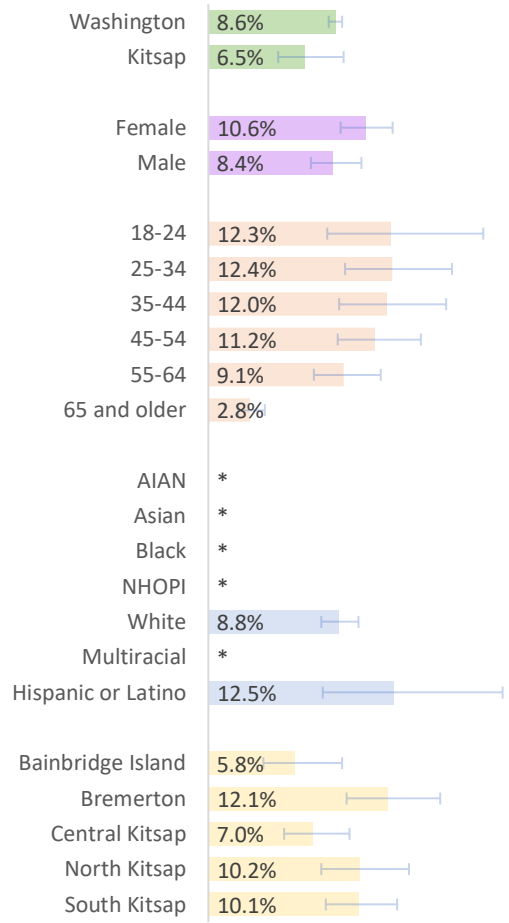
Continued

Unmet Healthcare Needs Due to Cost

In 2020 and 2021, about 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. There has been a statistically significant decreasing trend since at least 2012 in this percentage, and Kitsap's percentage in 2020-21 was about the same as Washington State's overall.

However, large differences are seen between subgroups. Those aged 65 and older have a statistically significantly lower percentage (2.8%) reporting not going to the doctor when needed because of cost compared to any other age range (9% to 12%). There was a higher percentage of residents of Bremerton (12.1%) compared to Bainbridge Island (5.8%). Higher percentages were also associated with lower reported household income.

Adults Reporting Unmet Healthcare Needs Due to Cost, 2020-21, 2011-21



**The estimate has an elevated relative standard error and does not meet reliability standards.*

Note: Washington/Kitsap comparison is data from 2020-21, while subgroup data is from 2011-21; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander.

Source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System.

Access to Care and Preventive Services

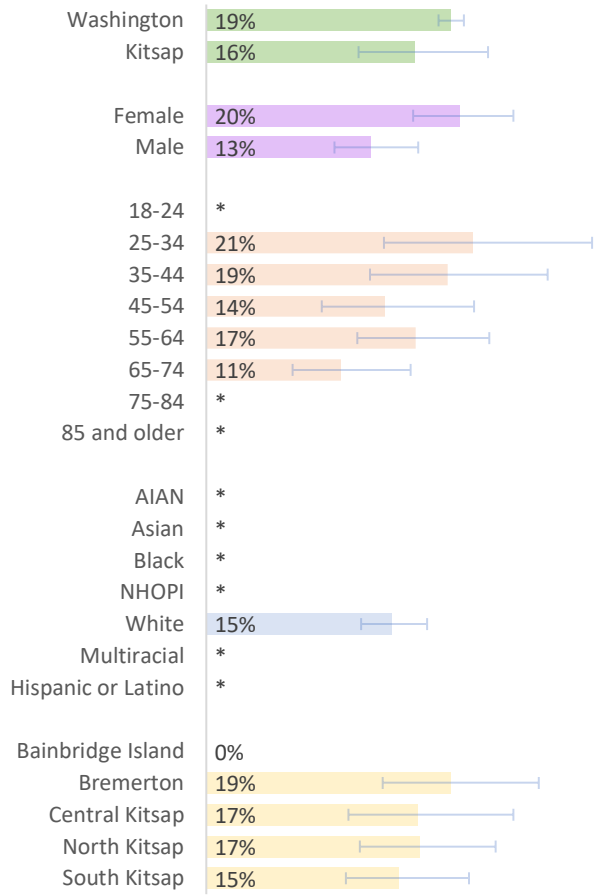
Continued

Unmet Healthcare Needs For Reasons Other than Cost

In 2019, about 16% of Kitsap's population reported delaying needed medical care in the past year for reasons other than cost, which included not being able to get a timely appointment, having to wait too long for the doctor, not being able to get in contact with a provider by phone, not having transportation, and the office being closed.

This question was only asked of Kitsap residents in 2013, 2014, 2018 and 2019, so no trend was evident. Kitsap's percentage in 2019 was similar to Washington State's overall. There were no statistically significant differences by age, sex, or area of the county, although it was noted that those reporting worse health ("fair" or "poor") had statistically significantly higher percentages (30%) compared to those reporting "good" or better health (13%). In addition, those reporting the lowest level of household income (less than $25,000) had a statistically significantly higher percentage (26%) compared to those reporting the highest income level ($100,000+, 13%).

Adults With Unmet Healthcare Needs for Reasons Other Than Cost, 2019, 2013/2014/2018/2019



**The estimate has an elevated relative standard error and does not meet reliability standards.*

Note: Washington/Kitsap comparison is data from 2019, while subgroup data is from 2013, 2014, 2018 & 2019; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander.

Source: Washington State Department of Health, Behavioral Risk Factor Surveillance System.

Access to Care and Preventive Services

Continued

Health Care Providers in Kitsap

The COVID-19 pandemic has fundamentally forced the healthcare field to think differently about how care is being delivered and how workforces are managed. Even before COVID-19 there were national physician shortages projected in the U.S. In 2019, the Association of American Medical Colleges (AAMC), predicted the U.S. will have an estimated shortage of between 37,800 and 124,000 physicians by 2034, including shortfalls in both primary and specialty care.[6] Shortages are especially seen in Washington State, where nearly all counties are designated geographic Health Professional Shortage Areas (HPSAs) by the Health Resources and Services Administration, including Kitsap County. This designation means our community – and most communities across the state – have a shortage of primary, dental and mental health care providers.[7]

Primary Care – According to the County Health Rankings[8], in 2019 per capita Kitsap has a lower rate of primary care physicians (PCPs) compared to Washington State overall. With approximately 185 PCPs serving the county, Kitsap has about 69 PCPs for every 100,000 residents, compared to about 86 per 100,000 residents in Washington State. In Kitsap, this rate decreased statistically significantly from 2011 to 2016 and has stayed relatively stable since 2016.

The Office of Financial Management's Health Care Research Center[9] estimated about 63 PCPs in Kitsap for every 100,000 residents in 2020-21 compared to 90 per 100,000 residents in Washington State overall, meaning Kitsap had about 30% fewer primary care physicians to serve a similar number of patients. The deficit in physician assistants was similar in Kitsap, with 28% fewer physician assistants (33 per 100,000 compared to Washington's 46 per 100,000).

Hospital beds – Kitsap has fewer staffed inpatient hospital beds (1.0 per 1,000 residents) than either Washington (1.6 per 1,000) or the U.S. average (2.4 per 1,000).[10]

OB-GYN – Perhaps the most need in Kitsap is seen in OB-GYN providers, with Kitsap having approximately 47% fewer than Washington overall, with only 8 per 100,000 residents compared to 15 per 100,000 in Washington.[9]

Specialist Care – The shortage is also seen in specialist care in Kitsap and neighboring counties. Our Accountable Community of Health (ACH), which includes Kitsap, Clallam, and Jefferson Counties, has the lowest rate of non-primary care specialists in the state, with 110 specialists per 100,000 residents.[9]

[6] Association of American Medical Colleges (AAMC), The Complexities of Physician Supply and Demand: Projections from 2019-2034 (https://www.aamc.org/media/45976/download), accessed August 2022.

[7] PolicyMap (https://www.policymap.com/ login may be required), based on 2021 data from the Health Resources and Services Administration (HRSA), accessed July 2022.

[8] County Health Rankings, Area Health Resource File/American Medical Association, Sep 2022.

[9] 2020-21 Physician Supply Estimates for ACHs and Counties: Washington State. Forecasting and Research, The Office of Financial Management (OFM).

[10] HealthData.gov

Access to Care and Preventive Services

Continued

Community Resources – Access to Care

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

Access to Baby and Child Dentistry connects Medicaid-eligible children to preventive and restorative dental care.

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 conduct health events like back-to-school fairs. They also can assist individuals with signing up for health insurance and house the local unit of the Statewide Health Insurance Benefits Advisors program.

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

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.

Kitsap Transit Access Program provides transportation for seniors and people with disabilities who are unable to use the regular routed buses.

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 and among the community and clinical workforce and create a more person-centered approach to health.

The **Marvin Williams Center** offers various health programs and events, including blood pressure monitoring events, nutrition classes, and health fairs.

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

Organizations such as **Gather Together Grow Together, Kitsap Transit**, **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.

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.

Pregnancy and Births

"My wife and I, we're expecting to have a baby in December and my wife's doctor actually just retired this year...it's crazy."
(Community Member)

Maternal and Child Health

Pregnancy is a complex and life-changing experience that lays the foundations for a community's future. Many factors impact the likelihood of poor pregnancy outcomes. Any opportunity to improve the health and well-being of mothers, infants and children helps improve the starting point of health for families in our community, which can have tremendous impact long-term. Protecting and promoting positive behaviors, such as adequate prenatal care and breastfeeding, is one opportunity directly impacting the health of children in our community.

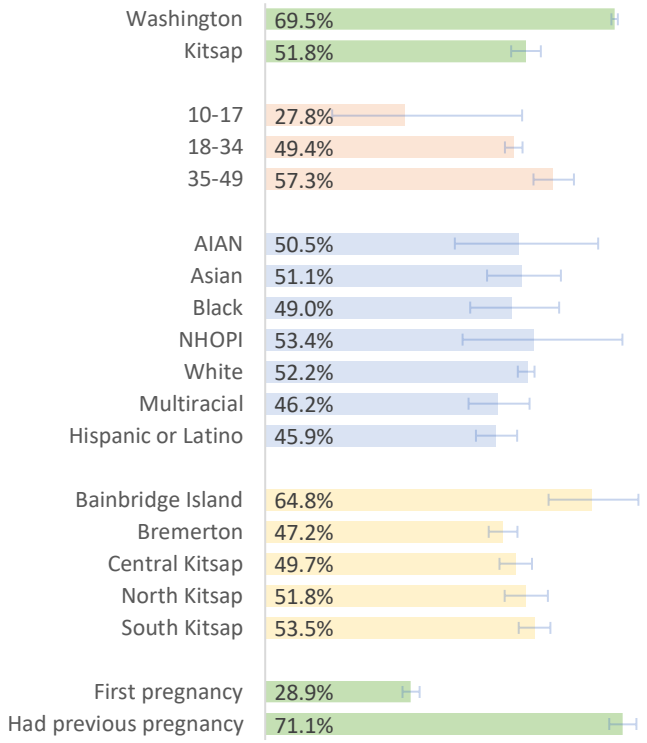
Prenatal Care Adequacy

Obtaining early and adequate prenatal care is important to ensure that mothers address any acute or chronic health conditions that may lead to poor pregnancy outcomes. The adequacy of prenatal care is measured using Kotelchuck's Adequacy of Prenatal Care Utilization (APCU) index. Prenatal care is considered adequate based on when prenatal care is initiated (before the 4th month of pregnancy) and how many recommended visits are completed (at least 80%).

In Kitsap County, just over half of the people who gave birth (52%) had received adequate prenatal care. There has been a statistically significant worsening trend in Kitsap from 2016 to 2021, after many years of an improving trend (from 2005 to 2016). Kitsap's rate of adequate prenatal care in 2021 was statistically significantly lower than Washington State's.

There were no statistically significant differences by race or ethnicity, but there were large differences geographically. Residents of Bainbridge had a much higher percentage (65%) receiving adequate prenatal care compared to Bremerton (47%), Central Kitsap (50%) and North Kitsap (52%). Residents who had a prior pregnancy were more likely to receive adequate prenatal care (71%) compared to those with their first pregnancy (29%).

Adequate Prenatal Care
2021, 2019-21



Note: Washington/Kitsap comparison is data from 2021, while subgroup data is from 2019-21; Race is based on the race of the mother; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

Source: Washington State Department of Health, Center for Health Statistics (CHS), Birth Certificate Data.

Pregnancy and Births

Continued

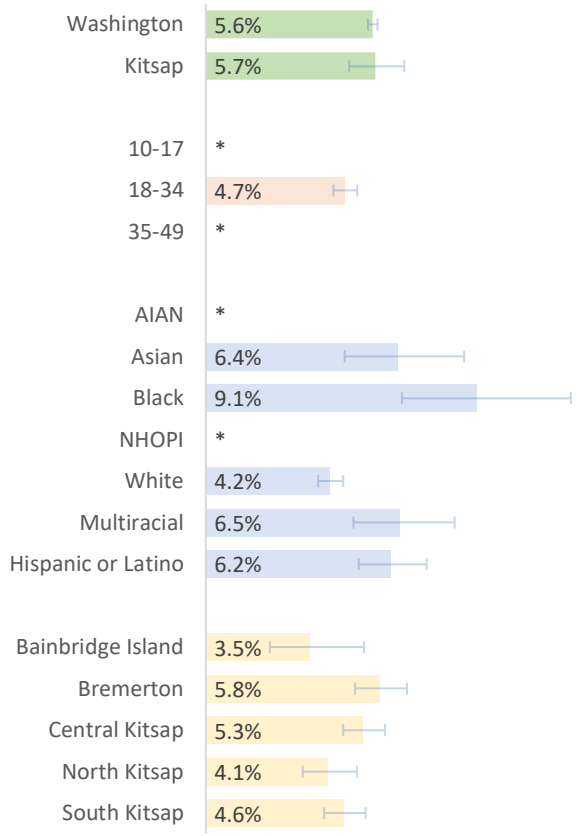
Low Birth Weight

Children born at low birth weight (less than 2,500 grams) often face additional health challenges and low birth weight is an important risk factor for the health of newborns.

Since twins and multiple births have a higher likelihood of being born prematurely and at low birth weight, this indicator only looks at singleton (single baby) births. In 2021, about 5.7% of singleton babies born in Kitsap weighed less than 2,500 grams. There has been no statistically significant trend over time and Kitsap County's percentage is not statistically significantly different than Washington State's overall.

Babies born to mothers who identify as Asian, Black, Multiracial or Hispanic having statistically significantly higher percentages born at low birthweight compared to babies born to White mothers. There are no statistically significant differences by geographic region.

Low Birth Weight (Singleton only)
2021, 2017-21



** The estimate has an elevated relative standard error and doesn't meet reliability standards.*
Note: Washington/Kitsap comparison is data from 2021, while subgroup data is from 2017-21; Race is based on the race of the mother; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

Source: Washington State Department of Health, Center for Health Statistics (CHS), Birth Certificate Data.

Pregnancy and Births

Continued

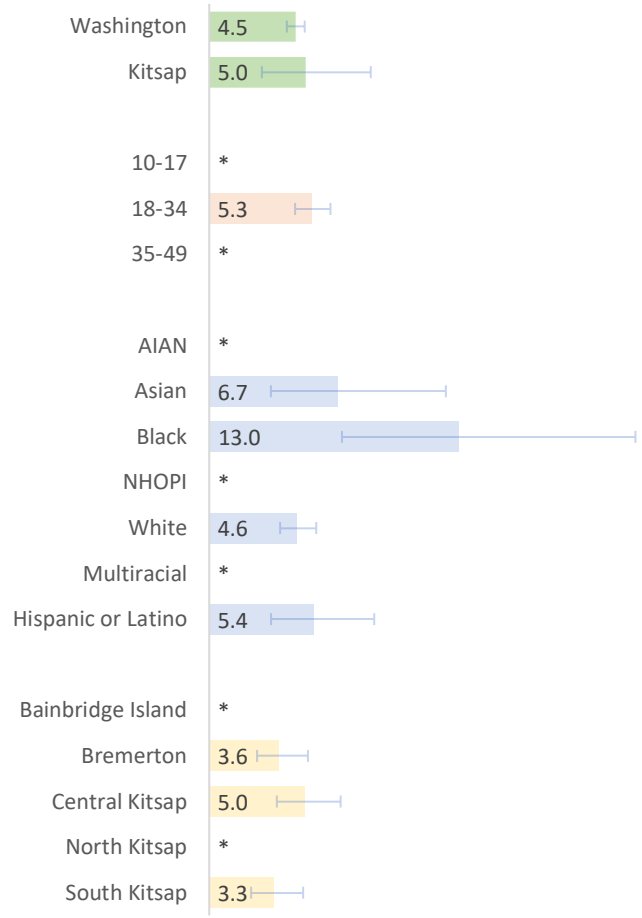
Infant Mortality

Infant mortality refers to the rate of infants who die before their first birthday out of every 1,000 live births. As medical and prenatal care has improved, infant mortality has become less common, but disparities continue to exist.

In 2020, there were 5 infant deaths prior to their first birthday for every 1,000 live births in Kitsap County. This rate has not statistically significantly changed from 2000 to 2020 and is similar to Washington State's rate.

There are very few infant deaths, which make detecting a statistically significant change or difference difficult, however, in the last ten years, there has been a statistically significant difference between babies born to Black or African American mothers compared to babies born to non-Hispanic White mothers. No other differences by subgroup could be seen.

Infant Mortality per 1,000 Live Births 2020, 2011-20



** The estimate has an elevated relative standard error and doesn't meet reliability standards.*
Note: Washington/Kitsap comparison is data from 2020, while subgroup data is from 2011-20; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander.

Source: Washington State Department of Health, Center for Health Statistics (CHS), Death Certificate Data.

Pregnancy and Births

Continued

Medicaid Well Child Visits

For infants and toddlers, this indicator is the percentage of Medicaid beneficiaries who turned 30 months old during the year and had the recommended number of well-child visits (six or more well-child visits during their first 15 months of life and two or more well-child visits from 15 to 30 months of life).[11] Any provision of well-child services is included, regardless of provider type.

In 2020, 68% of Kitsap County Medicaid beneficiaries who turned 30 months old had the recommended number of well-child visits, not quite three out of every four. Overall, from 2017 to 2020, there was no statistically significant trend in Kitsap and Kitsap's percentage was similar to Washington's overall.

For children and adolescents, the recommended number of well-care visits is one every year. In 2020, only 38% (about one in three) of Kitsap County Medicaid beneficiaries ages 3 to 21 years old had at least one well-care visit. There was no statistically significant trend from 2017 to 2020 and Kitsap's percentage was similar to Washington's overall.

[11] *Health Care Authority (HCA) Medicaid Enrollment and Claims Data. Accessed Aug 2022.*

Pregnancy and Births

Continued

Community Resources – Pregnancy and Births

The **Family Birth Center at St. Michael Medical Center** offers breastfeeding support with their certified lactation consultants and childbirth and parenting classes.

The **Northwest Infant Survival & SIDS Alliance** is dedicated to reducing the risk of sudden unexpected infant death and supporting families affected by a fetal or child death.

The **Native American Women's Dialogue on Infant Mortality (NAWDIM),** a Native-led collective whose members are concerned about high rates of infant mortality in their communities.

Black Mamas Matter Alliance is a Black women-led, cross-sectoral alliance that centers Black mamas and birthing people to advocate, drive research, build power, and shift culture for Black maternal health, rights, and justice.

Black Birth Power Initiative is run by Swedish Medical Center's doula program seeks to honor Black lives by centering and uplifting the Black birth experience with culturally congruent doula care at their Birth Centers.

Healthy Start Kitsap Nurse Family Partnership promotes health and helps build problem-solving skills that promote self-sufficiency and a positive life course.

Parents as Teachers promotes the optimal early development, learning and health of young children by supporting and engaging their parents and caregivers.

The Period of PURPLE Crying curriculum helps parents understand this time in their baby's life and is a promising strategy for reducing the risk of child abuse.

The **Parent-Child Assistance Program** is an evidence based federal research program, housed by **Agape Kitsap**, helping mothers build and maintain healthy, independent family lives, assure that children are in safe, stable homes and prevent future births of alcohol and drug exposed children.

Cribs for Kids is part of National Infant Safe Sleep Initiative partners, who have been making an impact on reducing the rate of infant sleep-related deaths due to accidental suffocation, asphyxia or undetermined causes in unsafe sleeping environments.

Head Start and Early Head Start Programs provide free preschool programs for children ages 0 to 5 from income-eligible families and children with special needs. There are four providers in Kitsap County, including the **Port Gamble S'Klallam Tribe**, the **Suquamish Tribe**, **Olympic Educational Services District** and **Kitsap Community Resources**.

The **Kitsap County Breastfeeding Coalition** protects, promotes, and supports breastfeeding by providing mothers, and their families with the education and resources, including **Kitsap Supports Breast Feeding**, that will assist them in attaining their breastfeeding goals.

Perinatal Support Washington provides perinatal mental health information and resources to all families and communities.

Pregnancy and Births

Continued

Kitsap Public Health District offers local **Nurse Family Partnership Program** services for people who are pregnant with their first baby. A specially trained nurse visits enrolled parents throughout their pregnancy until the babies turn two years old, providing education and support. The district also houses the **Children and Youth with Special Healthcare Needs** program, which provides support and a **resource referral list** for families and providers taking care of a child who has or is at risk to have a physical, development, behavioral, or emotional condition.

Naval Base Kitsap provides a free **New Parent Support Program** helping military parents transition successfully into parenthood.

Kitsap Hope Circle uses the Group Peer Support model to create a safe, welcoming environment where parents can share their reality and be supported in a non-judgmental environment.

Holly Ridge Center is dedicated to enabling children and adults with differing abilities to reach their fullest potential, creating a positive and lasting impact on the community.

Kitsap County Parent Coalition provides information, resources, training and support for families caring for children and individuals with disabilities living in the Kitsap County community.

Kitsap Community Resources houses the **Women, Infants and Children (WIC)** program, which provides support for pregnant women, nursing moms, and children under five to improve access to healthy foods, receive health education and screening services, increase breast feeding and access other health and social services. They also run the **Parenting Place**, which offers classes and resources that help family members build positive family relationships and create healthy home environments.

KidVantage, formerly "Eastside Baby Corner West Sound," partners with local agencies to bring essentials (like diapers, cribs, and car seats) to local children living in poverty or crisis via their Bremerton hub.

House of Hope is a local nonprofit organization that empowers and equips pregnant youth under the age of 25 with classes, support groups, resources, and other services.

Child Care Aware Washington offers the only statewide childcare resource and referral program in Washington State.

Kitsap Strong is coalition of more than 115 organizations that are collectively working together, grounded in the latest research, to prevent and overcome childhood trauma by building a culture of empathy, equity, and connection.

Peninsula Birth Network provides pregnancy, birth & postpartum resources in Kitsap and the Peninsula.

ParentHelp123.org, operated by WithinReach, helps Washington State families find services in their communities and apply for health insurance, food assistance programs and more. The website also provides important health information for pregnant women, children and families.

Life Expectancy and Leading Causes

"I used to work with elders and the concern is the mobility inside and outside the house. If they don't have ramps and they're going downstairs…something tragic is going to happen, so I would love to see the elders' houses very safe." (Community Member)

Life Expectancy, Hospitalizations, and Deaths

Life expectancy is the average number of years a person at birth can expect to live, given current age-specific death rates. It is a widely used measure of the overall health of a population.

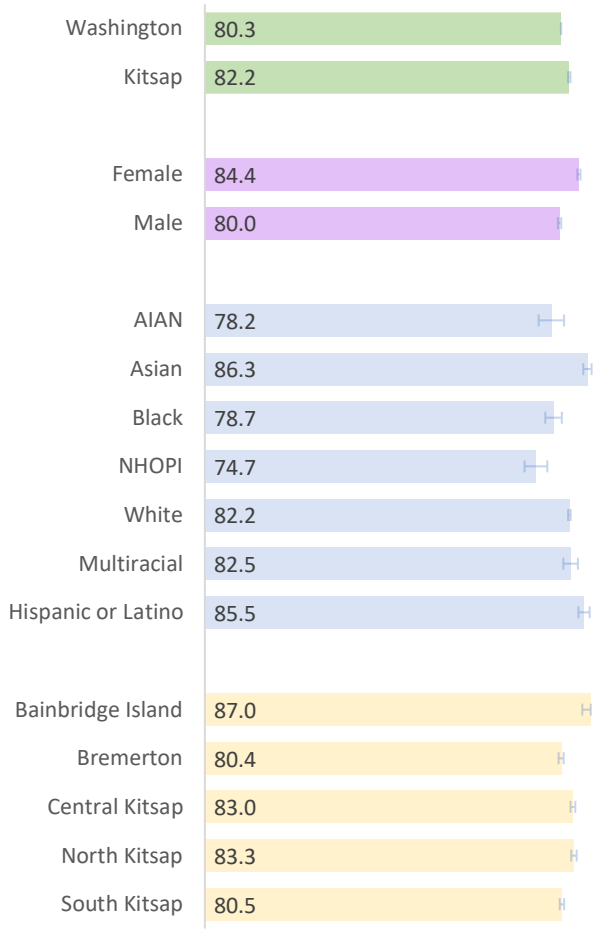
Life expectancy is partially determined by the environment and by human behavior, both risk-taking and health-promoting, and directly influenced by the leading causes of deaths and hospitalizations. As a result, these indicators provide actionable information for future public health interventions.

Life Expectancy

Life expectancy can be used to evaluate mortality trends over time to help determine when excessive death is occurring in a population in order to identify and plan interventions that help people live longer, healthier lives.

Life expectancy has been increasing statistically significantly in Kitsap County since at least 2000. A baby born in 2023 can expect to live about 83 years. However, some populations have statistically significantly lower life expectancies. Men have lower life expectancies than women by more than 4 years. Life expectancy also varies by race and ethnicity and geographic area of residence. Pacific Islanders have the lowest life expectancies in Kitsap, followed by American Indian and Alaska Natives, and Black and African Americans. Residents of Bremerton and South Kitsap (80 ½ years) have statistically significantly lower life expectancies than residents of Bainbridge Island (87 years).

Life Expectancy (years)
Kitsap County, 2016-2020



Note: AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander.

Source: Washington State Department of Health, Center for Health Statistics (CHS), Death Certificate Data.

Life Expectancy and Leading Causes

Continued

Leading Causes

Hospitalizations and deaths occur due to a wide array of health issues. Understanding the main issues that lead to hospitalization and death are crucial to prioritizing how we allocate resources, what types of interventions we undertake, and where we focus interventions in order to help our population live longer, healthier lives.

Leading Causes of Hospitalization

Diseases of the circulatory system were the leading causes of hospitalization in Kitsap in 2019, the same as each of the three prior years, with over 1,100 hospitalizations for every 100,000 residents. This was followed by two pregnancy-related causes for mothers and babies: complications of pregnancy and conditions originating in the perinatal period. Infectious and parasitic diseases were fourth, with over 700 hospitalizations for every 100,000 people. Diseases of the digestive system were fifth. Sixth, almost 600 hospitalizations occurred for every 100,000 residents due to injury and drug poisoning (mostly substance use-related). Seventh was hospitalizations due to musculoskeletal system and connective tissue diseases, and eighth was respiratory system diseases. Mental illness and cancer rounded out the top ten major causes of hospitalization.

Leading Causes of Hospitalization Kitsap County, 2019

	Rate per 100,000
Diseases of the circulatory system	1,131
Complications of pregnancy	834
Conditions originating in the perinatal period	818
Infectious and parasitic diseases	732
Diseases of the digestive system	626
Injury and poisoning	573
Diseases of the musculoskeletal system and connective tissue	494
Diseases of the respiratory system	431
Mental illness	400
Cancer	329

Note: These are unique hospitalizations, not people. An individual can be counted more than once if hospitalized more than once.

Source: WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS).

Life Expectancy and Leading Causes

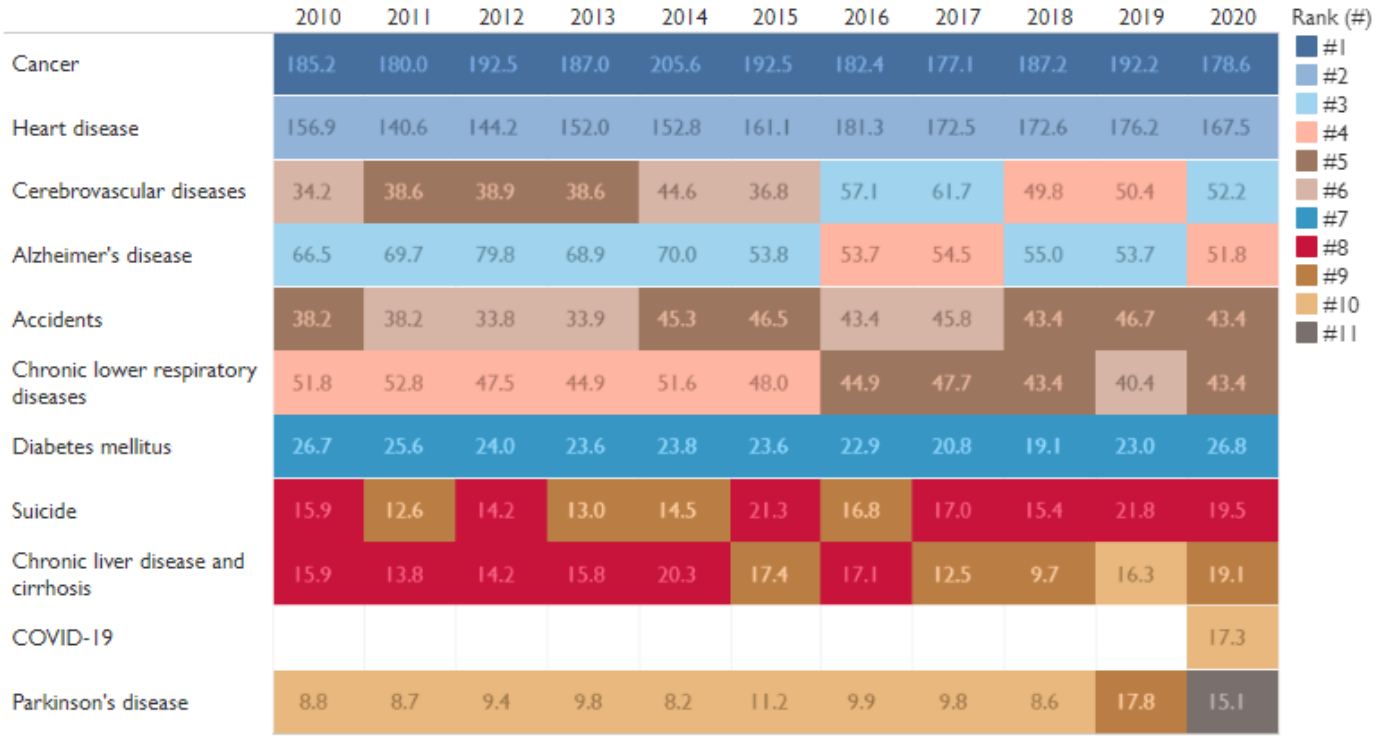
Continued

Leading Causes of Death

As people continue to live longer due to significant improvements in all areas of healthcare, the leading causes of death are increasingly chronic health conditions (cancer, heart disease and cerebrovascular diseases).

Cancer was the leading cause of death in 2020 in Kitsap County, with 179 deaths for every 100,000 people. Heart disease was the second leading cause and the only other cause with a rate above 150. There is a large decrease in the number of deaths from the second cause to the third. Cerebrovascular diseases, Alzheimer's disease, Accidents and Chronic lower respiratory diseases all had about 50 deaths per 100,000. Diabetes was seventh with about 27 deaths per 100,000. Suicide and Chronic liver disease each had about 19 deaths per 100,000, and COVID-19 moved into the top 10 deaths in Kitsap in 2020 with about 17 deaths per 100,000, replacing Parkinson's disease.

Leading Causes of Death
Kitsap County, 2020



Note: These rates are not age-adjusted, presenting the biggest causes of death in Kitsap regardless of age.

Source: Washington State Department of Health, Center for Health Statistics (CHS), Death Certificate Data.

Life Expectancy and Leading Causes

Continued

Leading Causes of Death
Kitsap County By Sex and Race/Ethnicity, 2016-2020

Rank (#)	Sex		Race/Ethnicity (Races exclude Hispanic)						
#1 #2 #3	Female	Male	American Indian or Alaska Native	Asian or Asian American	Black or African American	Native Hawaiian or Pacific Islander	White or Caucasian	Multiracial	Hispanic or Latino
Cancer	171.9	194.8	92.8	121.1	93.9	138.6	217.0	45.8	43.4
Heart disease	155.9	191.7	158.3	107.5	106.9	130.9	203.7	48.4	34.3
Cerebrovascular diseases				53.1					
Alzheimer's disease	73.1						65.9		
Accidents		51.4	87.3		47.0			30.1	16.1
Diabetes mellitus									

Note: These rates are not age-adjusted, presenting the biggest causes of death in Kitsap regardless of age.

Source: Washington State Department of Health, Center for Health Statistics (CHS), Death Certificate Data.

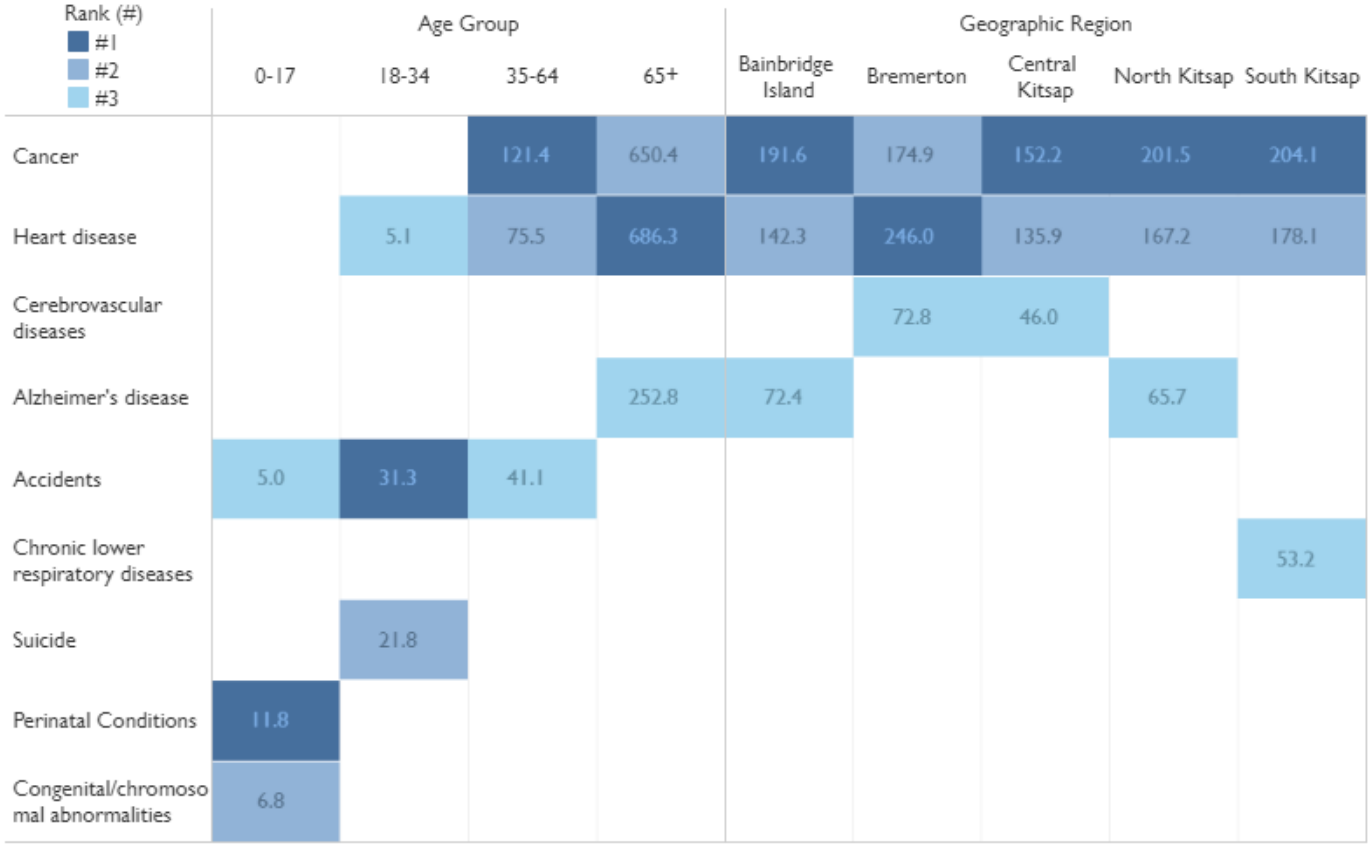
Leading causes of death were very similar between the sexes, with Cancer and Heart Disease being the first and second leading causes for both males and females. The third leading cause was accidents for males and Alzheimer's disease for females.

The first and second leading causes of disease were the same for all races and ethnic groups but varied by whether cancer was the leading cause and heart disease the second, or vice versa. Accidents was the third leading cause of death for American Indian, Black, Multiracial and Hispanic subgroups. Alzheimer's disease was the third leading cause for non-Hispanic Whites, Cerebrovascular disease for Asians, and Diabetes for those who identified as Pacific Islander.

Life Expectancy and Leading Causes

Continued

Leading Causes of Death
Kitsap County By Age and Geographic Region, 2016-2020



Note: These rates are not age-adjusted, presenting the biggest causes of death in Kitsap regardless of age.

Source: Washington State Department of Health, Center for Health Statistics (CHS), Death Certificate Data.

Leading causes of death were very different by age group. The first two leading causes of death for children under the age of 18 were perinatal conditions and congenital and chromosomal abnormalities. The third leading cause was Accidents, which was the first leading cause for those 18 to 34 and the third leading cause for those 35 to 64. Suicide or intentional self-harm leading to death was the second leading cause of death among those 18 to 34. Cancer and heart disease are the top two leading causes for both those 35 to 64 and 65 and older. They are also the top two leading causes for every subcounty geographic region. The third leading causes varies from Alzheimer's disease in Bainbridge and North Kitsap, to cerebrovascular disease in Bremerton and Central Kitsap, to chronic lower respiratory disease in South Kitsap.

Life Expectancy and Leading Causes

Continued

Accidental Deaths

In looking at the leading causes of death, many are due to chronic, long-term processes developing slowly and affecting the health of the individual over their lifetime, but two of the leading causes can occur much more quickly with more immediately preventable precursors: accidents and suicide. Suicide will be discussed in the Behavioral Health chapter in this report.

Accidental injury is one of the leading causes of hospitalization and death in the U.S. and is the fifth leading cause of death in Kitsap County. Accidents are the leading cause of death of young adults ages 18 to 34 in Kitsap, but they can occur in all ages.

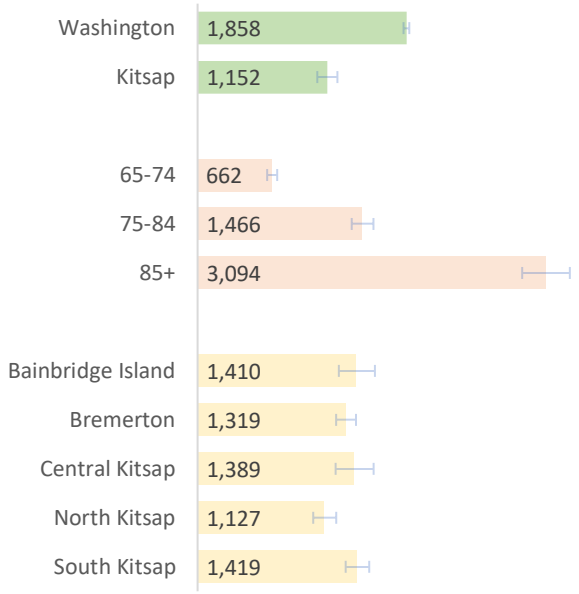
The three major types of accidents causing death in Kitsap County are substance use poisoning (36% of all accidental deaths), falls (30%), and motor-vehicle traffic-related accidents (18%). Substance use and abuse will be addressed in the Behavioral Health chapter in this report.

Fall Hospitalizations in Older Adults

Accidental falls requiring hospitalization can occur at any age but are much more prevalent the older an individual gets. Because of this, the rate of falls resulting in hospitalizations is age-adjusted to account for differences in the age distribution between Kitsap and Washington.

There were 1,152 fall-related hospitalizations in Kitsap for every 100,000 residents aged 65 and older in 2019. This rate has remained stable from 2016 to 2019 and was lower than Washington's rate overall.

Fall Hospitalizations in Older Adults per 100,000 Residents (Age 65+), Age-adjusted, 2019, 2016-19



Note: Washington/Kitsap comparison is data from 2019, while subgroup data is from 2016-19; These are unique hospitalizations, not people. An individual can be counted more than once if hospitalized more than once.

Source: WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS).

Life Expectancy and Leading Causes

Continued

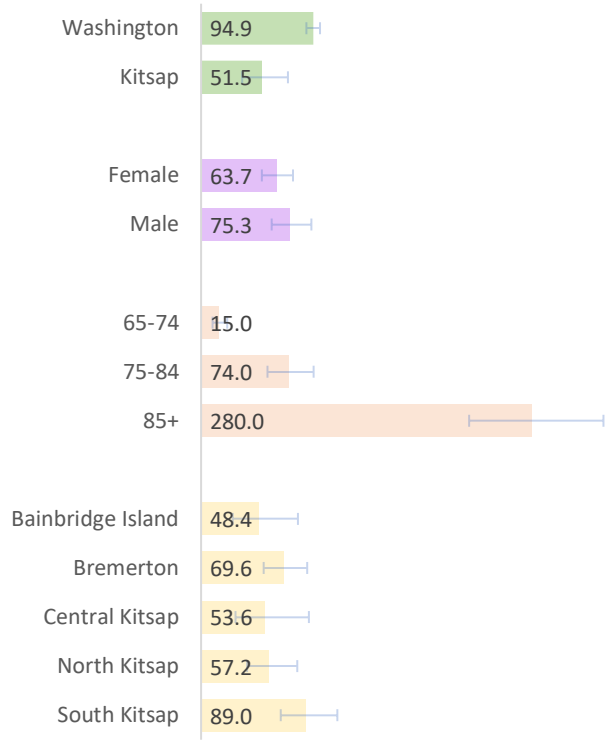
Falls-Related Mortality In Older Adults

The number of falls resulting in death for every 100,000 residents aged 65 and older is age-adjusted to account for differences in age distributions between Kitsap and Washington.

There were approximately 52 fall-related deaths for every 100,000 residents aged 65 and older in Kitsap in 2020. The Kitsap rate has been decreasing since 2014 and was lower than Washington's rate in 2020.

Adults over the age of 85 have a statistically significantly higher rate than those 65 to 74 and those 75 to 84. There is no statistically significant difference between males and females and no statistically significant difference by area of the county.

Fall-Related Death Rate in Older Adults per 100,000 Residents (Age 65+), Age-adjusted, 2020, 2016-20



Note: Washington/Kitsap comparison is data from 2020, while subgroup data is from 2016-20.

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data.

Life Expectancy and Leading Causes

Continued

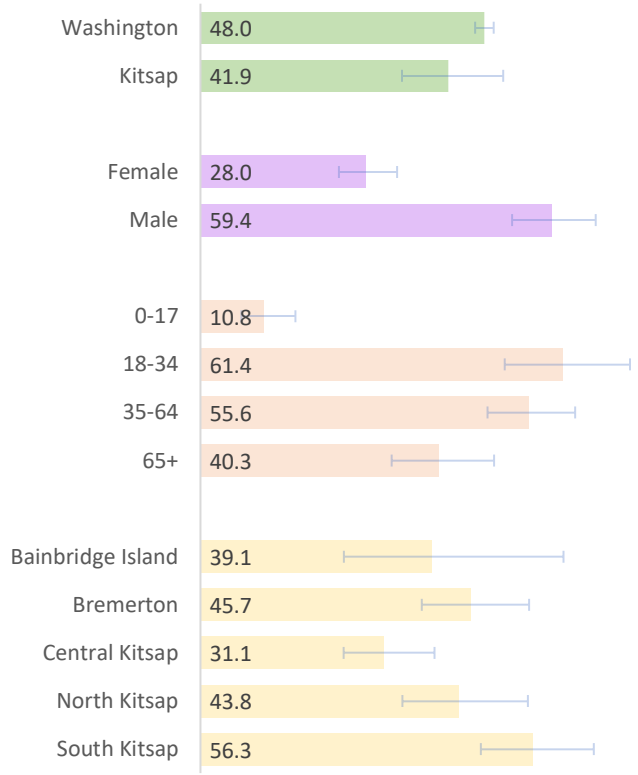
Motor Vehicle Injury-Related Hospitalizations

This indicator is the annual number of motor vehicle traffic-related hospitalizations for every 100,000 residents in Kitsap. It is based on the residence of the injured person, not the location of the injury or hospitalization. The rate is age-adjusted to account for differences in age distribution between Kitsap and Washington residents. It includes fatal and nonfatal hospitalization discharges.

After adjusting for age, there were approximately 42 motor vehicle traffic-related hospitalizations for every 100,000 Kitsap residents in 2019. This rate is not statistically different from Washington's rate and there has been no statistically significant trend identified from 2016 to 2019.

Males had a statistically significantly higher rate than females. Young adults aged 18 to 34 had the highest rate by age. The rate decreased slightly with each increasing age group, but children ages 0 to 17 were the age group with the lowest rate. Residents of South Kitsap had the highest rate, statistically significantly higher than residents of Central Kitsap, who had the lowest rate.

Motor Vehicle Injury-Related Hospitalizations per 100,000 Residents, Age-adjusted, 2019, 2016-19



Note: Washington/Kitsap comparison is data from 2019, while subgroup data is from 2016-19; These are unique hospitalizations, not people. An individual can be counted more than once if hospitalized more than once.

Source: WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS).

Life Expectancy and Leading Causes

Continued

COMMUNITY RESOURCES – ACCIDENTAL DEATH

Kitsap Brain Injury's support groups are open to anyone with a brain injury, their caregivers, family members, and loved ones.

Kitsap Division Aging and Long-Term Care and the YMCA of Kitsap and Pierce Counties have partnered to provide Enhance Fitness fall prevention classes.

Community and senior centers, such as **Bainbridge Island Senior Center**, **Bremerton Senior Center**, and **Village Green Community Center**, offer physical activity programs for seniors.

Northwest Region EMS and Trauma Care Council works in collaboration with agencies in the region to provide injury prevention resources.

Safe Kids Washington implements evidence-based programs, such as car-seat checkups, safety workshops and sports clinics, that help parents and caregivers prevent childhood injuries.

Harborview Injury Prevention and Research Center conducts research, trains scientists, educates public health practitioners, and implements prevention programs to achieve injury-related health equity across the lifespan.

Washington State Department of Health's **Older Adult Falls Prevention Program** implements a state action plan to address fall prevention, shared informational resources and programs like the self-directed **Walk With Ease** program, and partners with the National Council on Aging to coordinate the Washington State Falls Prevention Coalition.

ThinkFirst National Injury Prevention Foundation has award-winning evidence-based programs to help people learn to reduce their risk for injury.

Behavioral Health

*"A lot of what we see is all tied together, you know, **people are struggling** to manage chronic disease, their mental health suffers, they turn to substances to feel better, and **it becomes this vicious cycle** that we're constantly chasing."*
(Organizational Leader)

Behavioral Health

Mental health is essential to a person's well-being and ability to live a full and productive life. Individuals of all ages, including children and adolescents, with untreated mental health disorders are at an elevated risk for many unhealthy and unsafe behaviors and co-occurring disorders, including substance abuse and dependency.

According to the National Alliance on Mental Illness , in a typical year, one in five (20%) Americans nationally will experience mental illness.[12, 13] Multiracial U.S. adults have the highest percentage experiencing mental illness (35.8%) of any racial or ethnic group. U.S. adults identifying as lesbian, gay or bisexual are also experiencing more mental illness (47.4%) compared to other U.S. adult populations.[12]

Mental Health

The level of psychological well-being, our mental health, affects how we think, feel and act. Because half of all lifetime mental illness begins by the age of 14 and 75% by age 24,[12] prevention in our children and youth populations is essential.

[12] Nami.org. Mental Health By the Numbers | NAMI: National Alliance on Mental Illness. [online] Available at: https://www.nami.org/mhstats [Accessed January 12, 2023].

[13] Adults with any mental illness were defined as having any mental, behavior, or emotional disorder in the past year that met DSM-IV criteria (excluding developmental disorders and substance use disorders).

Depression in Youth

On the Healthy Youth Survey, tenth graders are asked if they have ever felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, which is a proxy for depression. In 2021, 39% of 10th grade students (about two out of every five) in Kitsap reported that they had felt this way. Overall, from 2012 to 2021, there was no statistically significant trend in Kitsap and Kitsap's percentage was about the same as Washington's.

Disparities were seen between subgroups. Tenth and twelfth grades were combined to look at subgroups in 2021. Females (54%, more than half) had a much higher percentage compared to males (31%, about one in three). Youth in the Bremerton and Central Kitsap areas had statistically significantly higher percentages than Bainbridge Island youth.

Youth with gender identities that are something other than male or female and youth with a sexual orientation of gay, lesbian, bisexual or something other than heterosexual have statistically significantly higher percentages reporting experiencing depressive feelings, 71% and 64% respectively.

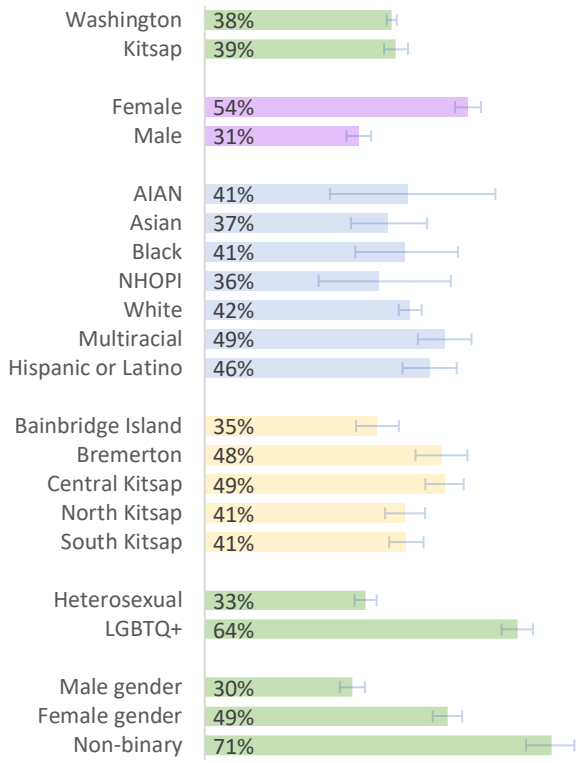
Depression in Adults

Depression diagnoses in adults are self-reported to the Behavioral Risk Factor Surveillance Survey in a question about whether a doctor, nurse or other health professional has ever told you that you had a depressive disorder. Adult rates of depression should not be directly compared to youth because different surveys with different questions are used.

Behavioral Health

Continued

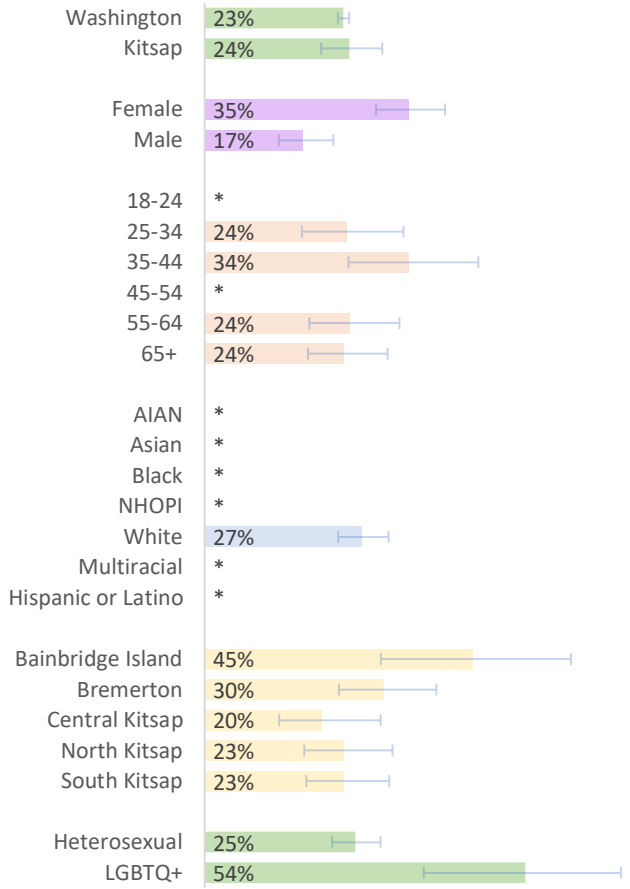
Youth Reporting Depressive Feelings, 2021



Note: Washington and Kitsap estimates are for 10th graders; while subgroup responses are from 10th & 12th graders; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander.

Source: Healthy Youth Survey 2021.

Adults Who Reported Being Told They Have a Depressive Disorder, 2020, 2019-20



** The estimate has an elevated relative standard error and doesn't meet reliability standards.*
Note: Washington/Kitsap comparison is data from 2020, while subgroup data is from 2019-20; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander.

Source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System.

Behavioral Health

Continued

In 2020, a quarter of adults in Kitsap reported ever being told they had a depressive disorder. There has been no statistically significant trend in Kitsap overall from 2011 to 2020 and Kitsap's percentage is about the same as Washington's percentage.

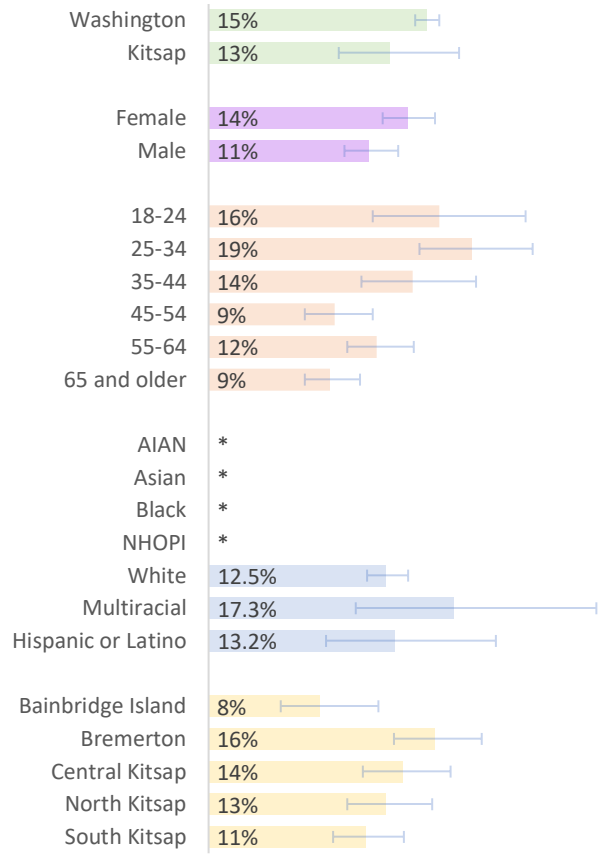
A higher percentage of female respondents, respondents who lived on Bainbridge Island, and those reporting a sexual orientation other than heterosexual, reported a depression diagnosis compared to other subgroups.

Another indicator of mental health in adults is the question asked in the Behavioral Risk Factor Surveillance Survey about how many days in the past 30 days was your mental health not good. Respondents who answered 14 or more days were included as having mental distress.

In Kitsap, more than one in ten respondents (12.8%) reported having more than 14 "not good" mental health days in the last month. This was not statistically significantly different than Washington State (15.4%) and there has been no statistically significant change over time.

Younger adult residents (in the age categories 18 to 44) had statistically significantly higher percentages than those 65 and older. Residents of Bremerton had a higher percentage (16.0%) compared to those on Bainbridge Island (7.9%). There were no statistically significant differences by race and ethnicity or by sex.

Adults Who Reported Mental Distress, 2021, 2011-21



** The estimate has an elevated relative standard error and doesn't meet reliability standards.*
Note: Washington/Kitsap comparison is data from 2021, while subgroup data is from 2011-21; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander.

Source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System.

Behavioral Health

Continued

Suicide

Suicide and self-inflicted injury are leading causes of hospitalizations and death in Kitsap.

Suicide Ideation in Youth

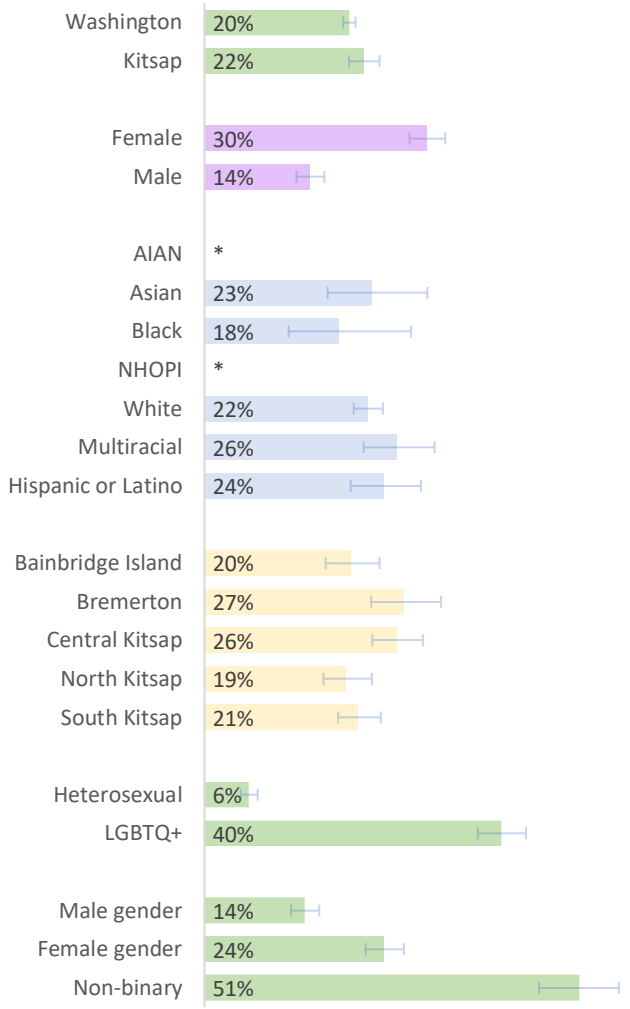
In 2021, more than one in five Kitsap 10th graders (21.6%) reported seriously considering attempting suicide in the past year. The trend has been unchanging in Kitsap since 2012, and Kitsap's percentage is similar to Washington State's.

Among 10th and 12th graders, subgroups with higher rates of considering suicide were females, those whose gender identity was not male or female, and those whose sexual orientation was not heterosexual. Youth in Central Kitsap (26%) have statistically significantly higher percentages than those in North Kitsap (19%), but Bremerton had the highest percentage (27%). Because of the smaller numbers of youth participating in the survey, Bremerton had a wider confidence interval, making it not statistically significant.

Planning and Attempting Suicide in Youth

In 2021, almost as many 10th grade students (16.2%) reporting making a plan about how to attempt suicide in the past year as youth who reported seriously considering suicide (21.6%). About 8.9% of 10th grade students reported actually attempting suicide one or more times during the year.

Youth Who Reported Seriously Considering Suicide, 2021



** The estimate has an elevated relative standard error and doesn't meet reliability standards.*

Note: Washington and Kitsap estimates are for 10th graders; while subgroup responses are from 10th & 12th graders; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander.

Source: Healthy Youth Survey 2021.

Behavioral Health

Continued

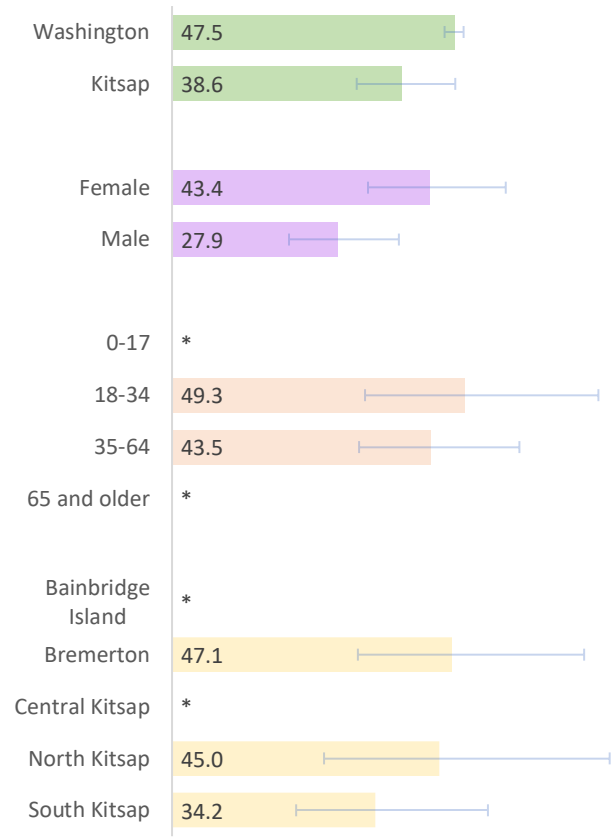
Self-Inflicted Injury Hospitalizations

Attempted suicide hospitalizations are monitored by the age-adjusted rate of non-fatal hospitalizations where self-inflicted injury was a contributing cause of the hospitalization for every 100,000 residents. Hospitalization data represents the number of hospitalizations and will count the same person more than once if they are hospitalized more than once.

In 2019, there were approximately 39 hospitalizations due to self-inflicted injury for every 100,000 residents, after adjusting for age. This trend is unchanged since 2011. Kitsap's rate in 2019 was statistically significantly lower than Washington's rate of 48 per 100,000.

There were no statistically significant differences between subgroups, although unlike suicide deaths, females had slightly higher rates of hospitalizations than males.

Self-Inflicted Injury Hospitalization Rate per 100,000 Residents, Age-adjusted, 2019



** The estimate has an elevated relative standard error and doesn't meet reliability standards.*

Note: These are unique hospitalizations, not people. An individual can be counted more than once if hospitalized more than once.

Source: WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS).

Behavioral Health

Continued

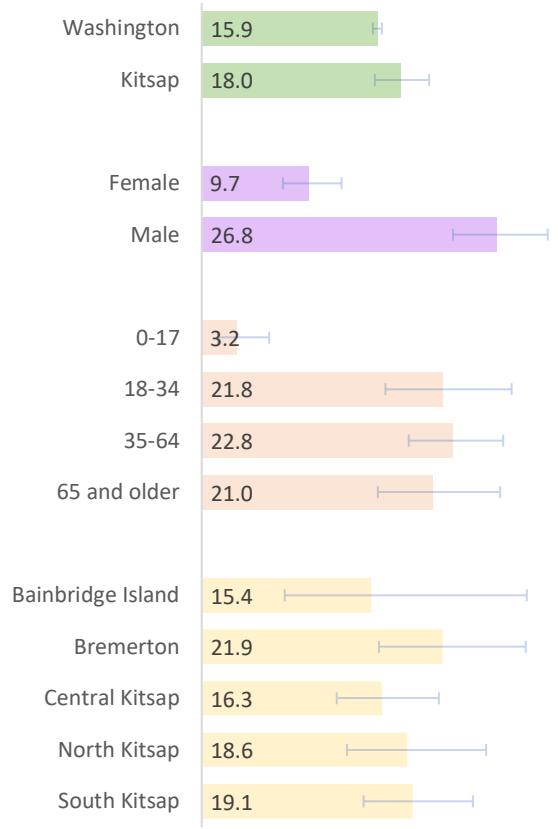
Suicide Deaths

The suicide death rate is the age-adjusted rate of deaths where self-inflicted injury was a contributing cause of death, out of every 100,000 residents.

From 2016 to 2020, there were about 18 deaths due to self-inflicted injury for every 100,000 residents in Kitsap, after adjusting for age. This rate has been statistically significantly increasing since at least 2000 and is not statistically significantly different than Washington's rate. Over the past five years, 53% of suicide deaths in Kitsap were by discharge of firearms, compared to 50% of suicides statewide.

Males had a statistically significantly higher rate than females. Adults aged 18 and older had statistically significantly higher rates of suicide compared to those younger than 18.

Suicide Mortality Rate per 100,000 Residents, Age-adjusted, 2016-20



Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data.

Behavioral Health

Continued

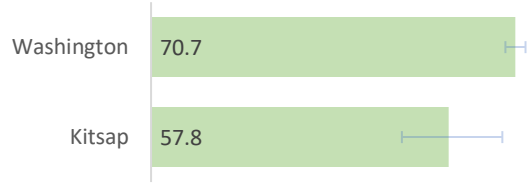
Substance Abuse and Dependency

Using drugs or other illicit substances places an individual at personal and financial risk. It can lead to other health issues, such as dental problems, cancer and chronic illness, and death. In addition, the inappropriate use of mind-altering substances, legal and illegal, presents major challenges to a community. Substances of concern in the interests of the public's health include tobacco, vape products, alcohol, and opioids. Concerns for our community include driving under the influence of substances, the life-altering consequence of dependency, and the potential long-term influences on youth. Ensuring an adequate system to assist individuals with substance abuse and dependency issues is key.

All Drug Hospitalizations

In 2019, there were 162 hospitalizations for Kitsap County residents due to any drug overdose, which is a rate of 57.8 hospitalizations per 100,000 residents, after adjusting for age. Kitsap's rate has been decreasing from 2006 to 2019 and was lower than Washington State overall in 2019. Although not yet final, preliminary data show 179 drug-related hospitalizations reported for Kitsap residents in 2020, a slight increase from 2019.

Drug-Related Hospitalization Rate per 100,000 Residents, Age-adjusted, 2019



Note: These are unique hospitalizations, not people. An individual can be counted more than once if hospitalized more than once.

Source: WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS).

All Drug Death Rate

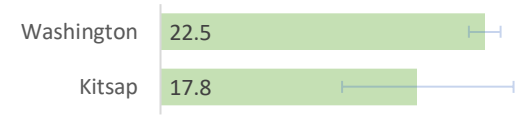
In 2020, there were 43 deaths of Kitsap residents where any drug was a contributing cause of death, resulting in a rate of 17.8 deaths per 100,000, after adjusting for age. This rate has been statistically significantly increasing since at least 2000. Kitsap's rate in 2020 was not statistically significantly different than the state's rate of 22.5 per 100,000.

Although not yet final, preliminary data show 52 confirmed drug-related deaths reported for Kitsap residents in 2021, a slight increase from 2020. Of these, 44% listed Fentanyl as one of the drugs contributing to the death.

Behavioral Health

Continued

Drug-Related Mortality Rate per 100,000 Residents, Age-adjusted, 2020

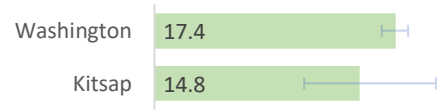


Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data.

Opioid Hospitalizations & Deaths

Opioid drugs have been the leading drug associated with drug-related deaths and hospitalizations in Kitsap since at least 2000. Fentanyl is newly emerging as the predominant opioid in use in Kitsap that is leading to these hospitalizations and deaths, replacing prescription opioids and heroin.

Opioid-Related Hospitalization Rate per 100,000 Residents, Age-adjusted, 2019

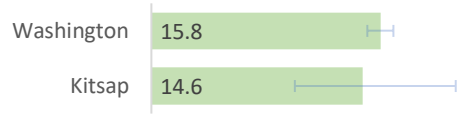


Note: These are unique hospitalizations, not people. An individual can be counted more than once if hospitalized more than once.

Source: WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS).

In 2019, there were about 15 hospitalizations related to opioids for every 100,000 residents in Kitsap, similar to Washington's rate. After years of increasing trend, there has been a stable unchanging trend since 2008.

Opioid-Related Mortality Rate per 100,000 Residents, Age-adjusted, 2020



Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data.

Although there is not yet final 2020 hospitalization data, age-adjusted death data shows a dramatic and concerning increase in opioid-related deaths in 2020 in both Kitsap County and Washington State. Kitsap had 22 deaths during 2019 and 33 deaths in 2020, a 50% increase from 2019. Although not yet final, preliminary data show 35 confirmed opioid-related deaths reported for Kitsap residents in 2021, a slight increase from 2020. Of these, 66% listed Fentanyl as one of the drugs contributing to the death.

Behavioral Health

Continued

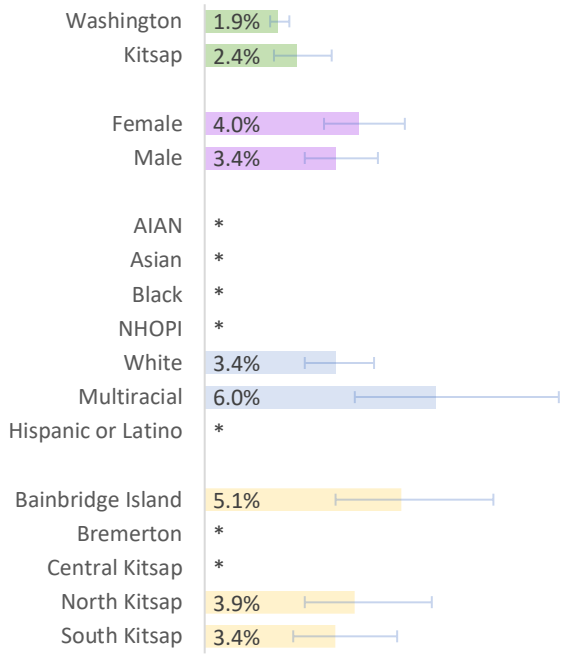
Smoking and Vaping

Despite a robust body of evidence that tobacco use increases the risk of heart disease, cancer and many other negative health consequences, tobacco use remains one of the most prevalent risky behaviors in communities across the U. S. Despite a decreasing trend in tobacco use nationwide, an increasing trend in electronic cigarette availability and use, attempts to replace traditional cigarettes with electronic cigarettes, and vaping product popularity among youth are concerning. To help combat the availability to minors in Washington, Engrossed House Bill 1074 made it illegal to sell tobacco and vapor products to anyone under 21 as of January 1, 2020.

Preventing youth from forming smoking habits reduces the risk of smoking into adulthood. In 2021, 2.4% of 10th grade students in Kitsap reported smoking in the past 30 days. There has been no statistically significant change over time in this percentage and in 2021 Kitsap's percentage is similar to Washington.

Among 10th and 12th graders, there were no statistically significant differences by subgroup.

Youth Smoking in Past 30 Days, 2021



** The estimate has an elevated relative standard error and doesn't meet reliability standards.*

Note: Washington and Kitsap estimates are for 10th graders; while subgroup responses are from 10th & 12th graders; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

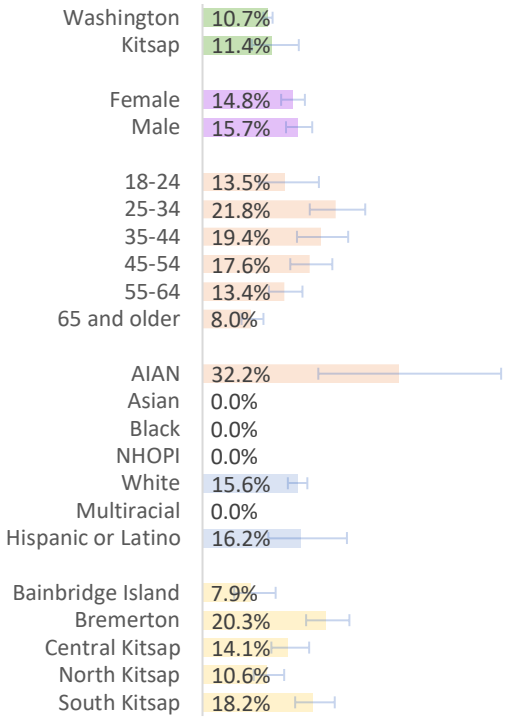
Source: Healthy Youth Survey 2021.

Behavioral Health

Continued

Data on smoking among adults comes from the Behavioral Risk Factor Surveillance System, which defines current smoking as those who report having smoked at least 100 cigarettes in their lifetime and report smoking every day or some days currently.

Adults Reporting Currently Smoking, 2021, 2011-21



** The estimate has an elevated relative standard error and doesn't meet reliability standards.*

Note: Washington/Kitsap comparison is data from 2021, while subgroup data is from 2011-21; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

Source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System.

More than one in ten adults (11.4%) in Kitsap report currently smoking in 2021, about the same percentage as Washington State overall (10.7%) There has been a statistically significant decreasing trend since at least 2011 in both Kitsap and Washington.

Interestingly, adults ages 18 to 24 reported a slightly lower percentage (13.5%) smoking compared to adults 25 to 34, who had the highest percentage (21.8%). Increasing age from age group 25 to 34 was associated with decreasing percentages of smokers. There were no statistically significant differences between males and females or among races and ethnicities. Residents of Bremerton (20.3%) and South Kitsap (18.2%) had higher percentages reporting smoking compared to Bainbridge Island (7.9%) and North Kitsap (10.6%). Higher education and higher levels of income were associated with lower percentages reporting smoking.

Behavioral Health

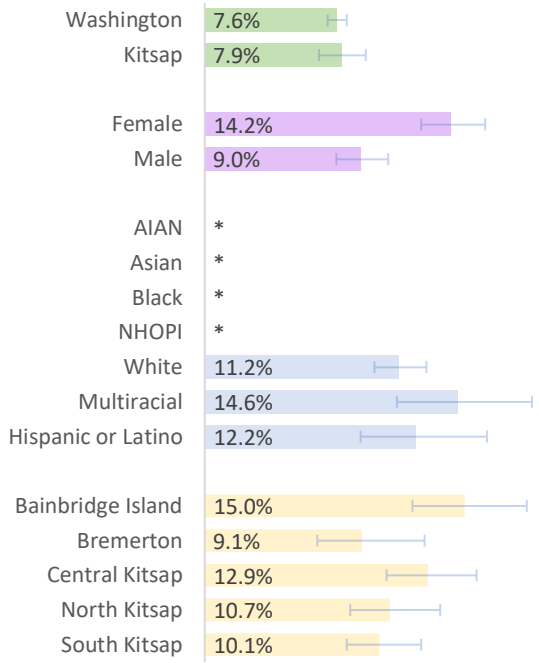
Continued

Although tobacco cigarette use has declined nationwide, a new public health concern is the increasing prevalence of electronic cigarette (e-cig or vape) use among youth. Long-term effects of e-cigarette use are unknown, and substances used in e-cigarettes can include tobacco, marijuana, and others.

In 2021, 7.9% of 10th graders reported using electronic cigarettes, e-cigs, or vape pens in the past 30 days. There has been no statistically significant change in trend from 2012 to 2021 in Kitsap, and Kitsap's percentage is similar to the state.

Among 10th and 12th graders, females report statistically significantly higher percentages of vaping (14.2%) compared to males (9.0%). There are no statistically significant differences by area of the county or race and ethnicity.

Youth E-Cigarette Use in Past 30 Days, 2021



** The estimate has an elevated relative standard error and doesn't meet reliability standards.*

Note: Washington and Kitsap estimates are for 10th graders; while subgroup responses are from 10th & 12th graders; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

Source: Healthy Youth Survey 2021.

Behavioral Health

Continued

Alcohol Misuse and Abuse

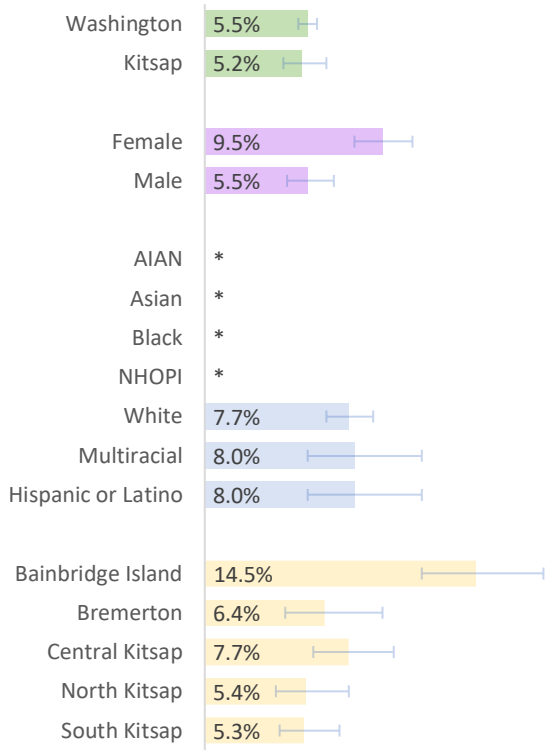
Alcohol misuse and abuse, such as driving under the influence or use among our youth are public health concerns. Additionally, negative health effects of alcohol are associated with greater quantities and longer duration of use. Ensuring an adequate system to assist individuals dealing with substance use disorders is part of the solution, however programs aimed at prevention of misuse are also essential.

The effects of binge drinking alcohol among youth may include school or social problems, abuse of other drugs, and increased risk of unintentional and intentional injury. Binge drinking among youth is defined as consuming five or more alcoholic drinks in a row at least once in the past two weeks.

In 2021, 5.2% of 10th graders reported binge drinking in the past two weeks. There has been a statistically significant decreasing trend from 2012 to 2021 in both Kitsap and Washington, and Kitsap's percentage in 2021 is similar to the state's percentage.

Among 10th and 12th graders, females report statistically significantly higher percentages of binge drinking (9.5%) compared to males (5.5%). Youth living on Bainbridge Island reported statistically significantly higher percentages (14.5%) compared to all other subcounty geographic regions. There are no statistically significant differences by race and ethnicity.

Youth Binge Drinking Alcohol in Past 2 Weeks, 2021



** The estimate has an elevated relative standard error and doesn't meet reliability standards.*

Note: Washington and Kitsap estimates are for 10th graders; while subgroup responses are from 10th & 12th graders; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

Source: Healthy Youth Survey 2021.

Behavioral Health

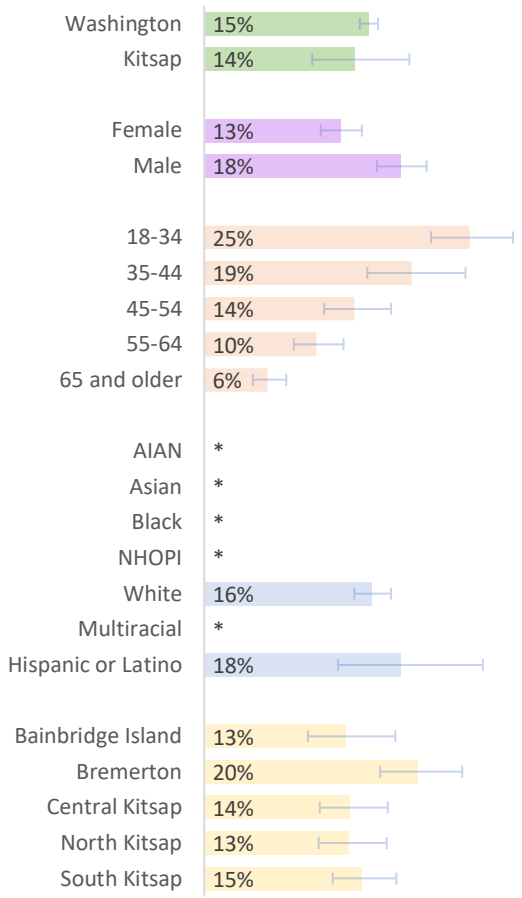
Continued

Adult binge drinking alcohol is measured by responses to the Behavioral Risk Factor Surveillance System survey, which defines binge drinking as five or more alcoholic drinks for a man or four or more alcoholic drinks for a woman on at least one occasion during the past 30 days.

About 14% of Kitsap adult residents reported binge drinking alcohol in the past 30 days, about the same percentage as Washington State overall (15%) There has been a stable unchanging trend since at least 2011 in Kitsap.

Increasing age was associated with decreasing percentages of binge alcohol drinkers. Males reported a higher percentage (18%) compared to females (13%). There were no statistically significant differences between geographic regions or among races and ethnicities, although Bremerton did have a slightly higher percentage (20%) compared to other regions. People who reported 14 or more "not good" mental health days in the past month had a higher percentage (26%) reporting binge drinking compared to those reporting no "not good" mental health days (14%).

Adult Binge Drinking Alcohol in Past 30 Days, 2021, 2011-21



** The estimate has an elevated relative standard error and doesn't meet reliability standards.*

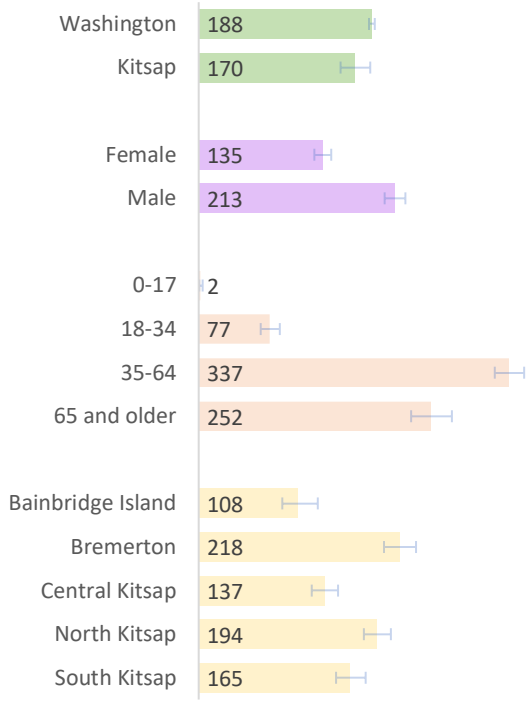
Note: Washington/Kitsap comparison is data from 2021, while subgroup data is from 2011-21; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

Source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System.

Behavioral Health

Continued

Alcohol-Related Nonfatal Hospitalization Rate per 100,000 Residents, Age-adjusted, 2015, 2011-15



Note: These are unique hospitalizations, not people. An individual can be counted more than once if hospitalized more than once; Washington/Kitsap comparison is data from 2015, while subgroup data is from 2011-15.

Source: WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS).

In 2015, there were about 170 hospitalizations for every 100,000 Kitsap residents for alcohol-related reasons that did not result in death. Kitsap's rate was statistically significantly lower than Washington State's overall. The ICD-10 code definition for alcohol-related hospitalizations has not yet been incorporated in this data source, so data from 2016 to present cannot be calculated.

From 2011 to 2015, those aged 35 to 64 had a statistically significantly higher rate (337 per 100,000) than those 65 and older (252), who also had a statistically significantly higher rate than those 18 to 34 (77). Residents of Bremerton had the highest rate (218 per 100,000), followed by North Kitsap (194), South Kitsap (165), Central Kitsap (137), and Bainbridge (108). Males had a statistically significantly higher rate than females.

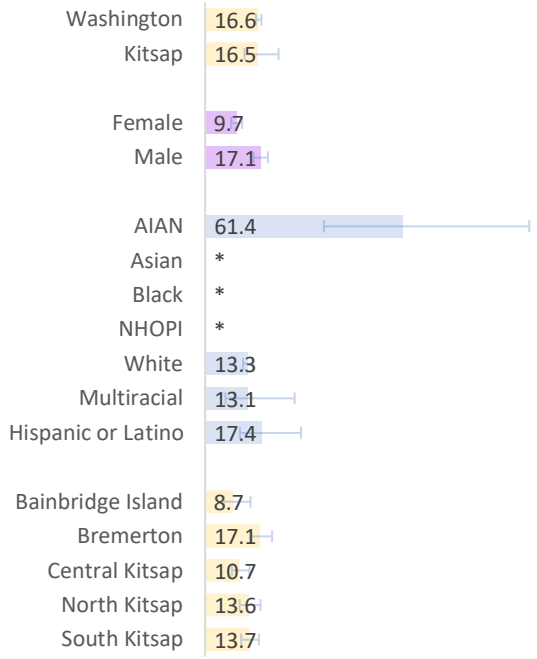
Behavioral Health

Continued

After adjusting for age, there were about 16.5 deaths for every 100,000 Kitsap residents from alcohol-related causes in 2020. This rate has not changed statistically significantly from 2000 to 2020 and is about the same as the state in 2020.

Males had a statistically significantly higher rate (17.1 per 100,000) compared to females (9.7 per 100,000). Residents who identified as American Indian or Alaska Native had a statistically significantly higher rate of death due to alcohol-related causes (61.4 per 100,000) compared to White, Multiracial and Hispanic residents. Bremerton had a statistically significantly higher rate (17.1 per 100,000) than Central Kitsap (10.7).

Alcohol-Related Death Rate per 100,000 Residents, Age-adjusted, 2020, 2011-20



** The estimate has an elevated relative standard error and doesn't meet reliability standards.*
Note: Washington/Kitsap comparison is data from 2020, while subgroup data is from 2011-20; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data.

Behavioral Health

Continued

Community Resources – Behavioral Health

National Alliance on Mental Illness (NAMI) is focused on improving the quality of life for individuals with severe mental illnesses.

Kitsap Strong is a collective impact initiative with public and private partners, committed to reducing childhood adversity, reducing intergenerational poverty and building resiliency.

Kitsap Mental Health Services (KMHS) is a private, not-for-profit community mental health center that provides mental health and behavioral health care services to children, families, adults and seniors.

The 1/10 of 1% Mental Health-Chemical Dependency-Therapeutic Courts Tax provides funding for diverse projects focused on mental health and chemical dependency prevention and treatment.

Suquamish Tribe's Wellness Center and **Port Gamble S'Klallam Tribe's Wellness Program** help community members address chemical dependency and mental health issues through prevention and outreach services.

Catholic Community Services provides an array of services, including counseling, case management, information and referral, chemical dependency services, mental health services and family support services to children, adults and families in need.

An objective of the **Public Health Improvement Partnership** is to guide and strengthen the governmental public health system in Washington State.

Kitsap County Suicide Awareness and Prevention group increases awareness of—and access to— suicide prevention support and resources for all ages, with the goal of reducing suicide in our community.

Crisis Clinic of the Peninsulas provides over-the phone crisis intervention, information referral and a supportive listening ear to people in our community who are experiencing situational distress.

Forefront is a research organization based at the University of Washington, that is training health professionals to develop and sharpen their skills in the assessment, management, and treatment of suicide risk.

988 Suicide and Crisis Lifeline, **Coffee Oasis Teen Text Line**, **Volunteers of America Crisis Call Line**, **Salish Regional Crisis Line** and **Veterans Crisis Line** provide 24/7, free and confidential support for people in distress, and prevention and crisis resources for individuals and families.

Fishline began providing free mental health services in 2022 for those in need in North Kitsap.

Community and senior centers, such as **Bainbridge Island Senior Center**, **Bremerton Senior Center**, **Givens Community Center**, **North Kitsap Senior Center**, and **Village Green Community Center**, offer social activity programs for seniors.

Behavioral Health

Continued

Institute on Aging's Friendship Line is available 24/7 for lonely older adults and adults living with disabilities.

The Trevor Project provides a confidential hotline for LGBTQ youth in crisis, feeling suicidal, or in need of a safe, judgement-free place to talk. **Teen Link** is a program of Crisis Connections that serves youth in Washington State, providing a phone hotline and textchat.

Community health navigators, housed within agencies like **Bainbridge Island Police Department** and **Port Orchard** Police Department, and the **Poulsbo Fire CARES program** help provide a more integrated approach between law enforcement, mental health and social services.

Community Resources – Substance Use Prevention

Kitsap County Substance Abuse Prevention Coalitions in Bremerton, North Kitsap and South Kitsap are grassroots volunteer organizations formed for the purpose of preventing and reducing youth substance abuse.

Kitsap County Board of Health and **Public Health District**'s Secure Medicine Return Regulation, Smoking/Vaping in Public Places Laws, and Marijuana and Tobacco Prevention Programs are aimed at minimizing harmful effects of legal substance use. The District also provides information on substance use prevention, naloxone, syringe services, and tobacco cessation.

People's Harm Reduction Alliance provides harm reduction and other health services to people who use drugs, including their Ostrich Bay (Kitsap) mobile syringe exchange program.

Kitsap Recovery Center in Port Orchard provides both inpatient and outpatient substance abuse treatment services, primarily for low-income and Medicaid-eligible clients.

West Sound Treatment Center, **Peninsula Community Health Services**, and **Cascadia Treatment Center** provide substance use disorder treatment and are dedicated to substance use disorder recovery through education and support services. **Coffee Oasis** provides treatment resources for youth.

The Washington State Quitline provides tobacco cessation services.

The **BAART Program** in Bremerton is an Opioid Treatment Program (OTP) that provides comprehensive services including case management, lab services, medication-assisted treatment, and counseling.

Agape Unlimited is a non-profit, state-certified, outpatient chemical dependency treatment program, supplemented by a range of support services.

Olympic Educational Services District (OESD 114) Student Assistance Program addresses non-academic barriers to learning by providing mental health and substance use prevention and intervention counseling support and student dropout intervention services.

Chronic Illness

*"Many of our Black community members are **severely impacted by preventable diseases**. I mean it's a high number of diabetes in our community, heart disease, obesity, hypertension, and this really comes from how we have been ostracized in a position where we don't have adequate food."*
(Organizational Leader)

Chronic Disease

Chronic diseases and conditions, such as diabetes, heart disease, and cancer, encompass many of the most common, costly, time-consuming, and preventable health concerns in our community.

Physical Activity, Obesity and Diabetes

A healthy and active lifestyle has been shown to have a profound impact on reducing the burden of chronic illness. A healthy weight and regular physical activity are protective factors promoting our health & well-being. Many chronic diseases, such as diabetes, share the same root causes, such as high-calorie diets with low nutritional value and a lack of physical activity. As our society has become more sedentary and reliant on technology and quick and easy food options, the prevalence of several chronic diseases has increased.

Diabetes in Youth

As obesity rates in children continue to increase, type 2 diabetes is becoming more common in youth. The prevalence of diabetes diagnosed in youth is self-reported by 10th graders. Public school students were asked if they have ever been told by a doctor or other health professional that they have diabetes. This question does not distinguish between Type 1 and Type 2 diabetes and was last asked in 2014.

In Kitsap, 2.6% of 8th, 10th, and 12th graders reported having been diagnosed with diabetes in 2014. Males had a higher percentage reporting being diagnosed with diabetes than females. There were no statistically significant differences by race and ethnicity or by area of the county.

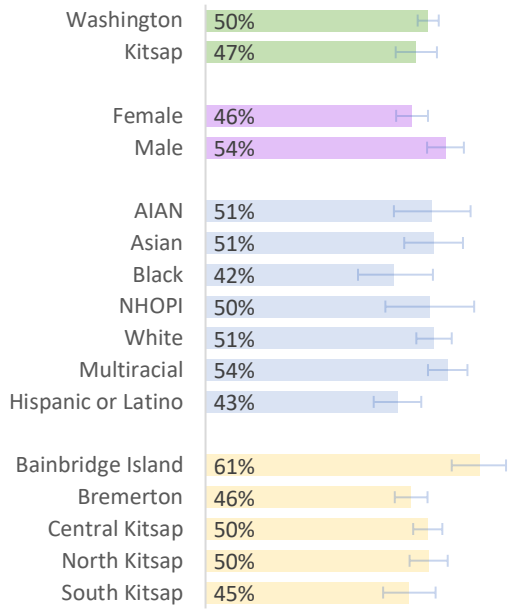
Youth Physical Activity

For our youth, the recommended amount of physical activity is at least 60 minutes daily on at least 5 days every week.

In 2021, just under half of 10th graders (47%) and 12th graders (46%) reported getting the recommended amount of physical activity. For 6th and 8th graders, the percentages were just over half (51% and 52% respectively). There has been no statistically significant change over time for any of the grades and there are no statistically significant differences compared to Washington State overall.

Males in 6th, 8th, 10th and 12th grades combined have a slightly higher percentage reporting getting the recommended amount of physical activity compared to females, but it is not statistically significant. Youth on Bainbridge Island have a statistically significantly higher percentage (61%) compared to all other areas of the county. Central and North Kitsap have 50%, Bremerton has 46% and South Kitsap has 45%.

Youth Who Report Being Physically Active, 2021



Note: Washington and Kitsap are 10th graders; subgroups are 6th, 8th, 10th, & 12th graders; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

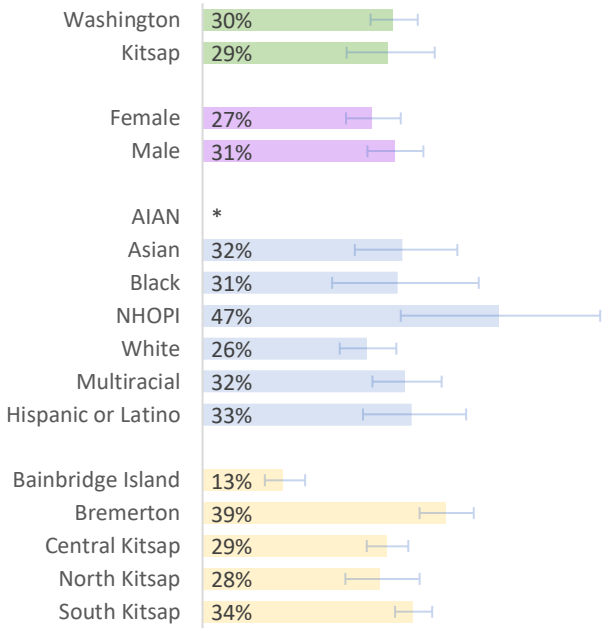
Source: Healthy Youth Survey 2021.

Youth Obesity

To get BMI, public school students are asked about their height and weight on the Healthy Youth Survey. The students who are in the top 15% by age and gender, based on growth charts developed by the Centers for Disease Control and Prevention, are classified as overweight.

In 2021, approximately 29% of 10th graders in Kitsap were classified as overweight. This percentage was similar to Washington State's percentage overall, and both Washington and Kitsap have had an increasing trend since 2010. For 8th, 10th and 12th graders combined, there was no statistically significant difference by sex, however all subcounty areas had statistically significantly higher percentages compared to Bainbridge Island. Almost 39% of Bremerton youth were classified as overweight compared to only 13% of Bainbridge Island youth.

Youth Classified as Overweight or Obese, 2021



** The estimate has an elevated relative standard error and doesn't meet reliability standards.*

Note: Washington and Kitsap are 10th graders; subgroups are 8th, 10th, & 12th graders; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

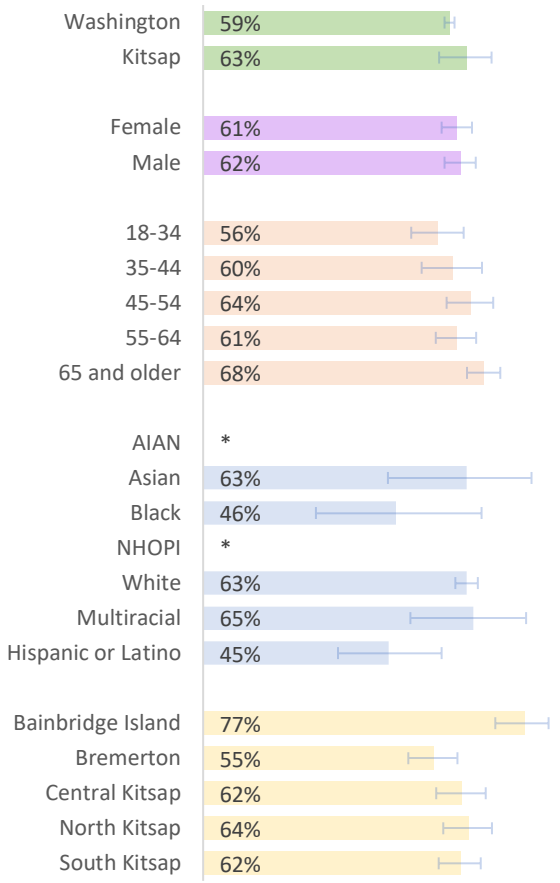
Source: Healthy Youth Survey 2021.

Adult Physical Activity

In 2019, more than 63% of Kitsap adults reported participating in at least 2 ½ hours weekly of physical activity outside of their regular job. Kitsap's percentage is similar to Washington State's and there has been no statistically significant increasing or decreasing trend from 2011 to 2019.

From 2011 to 2019, there was no statistically significant difference between males and females. There was a large statistically significant difference by area of the county, with 55% of Bremerton residents reporting at least 2 ½ hours of physical activity weekly compared to 77% of Bainbridge Island residents. Those 18 to 34 had a lower percentage (56%) compared to those 65 and older (68%).

Adults Reporting at Least 2 ½ Hours Physical Activity Weekly, 2019, 2011-19



** The estimate has an elevated relative standard error and doesn't meet reliability standards.*

Note: Washington/Kitsap comparison is data from 2019, while subgroup data is from 2011-19; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

Source: Washington State Department of Health, Behavioral Risk Factor Surveillance System.

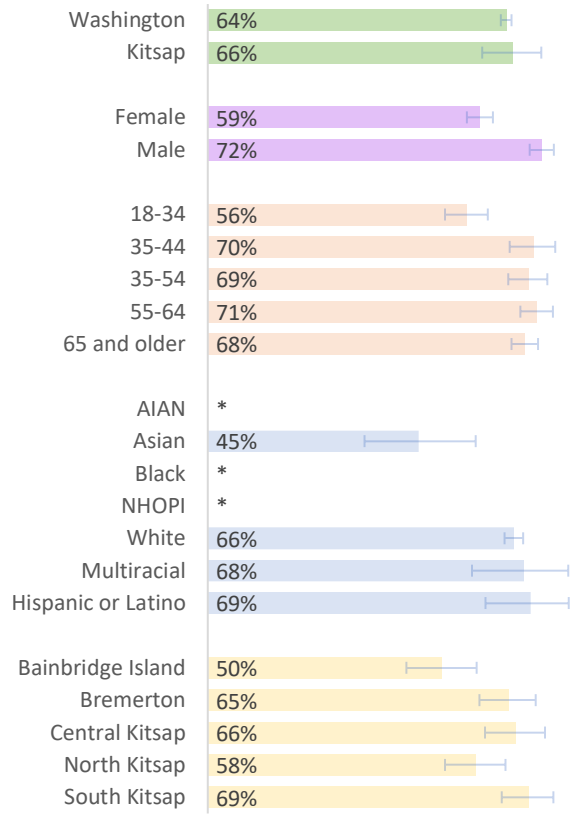
Adult Obesity

Adults are classified as overweight when their Body Mass Index (BMI) is 25 or greater and as obese when their BMI is 30 or greater. While the BMI that is unhealthy for an individual may vary, populations with higher BMIs have significantly greater risk of increases in heart disease, diabetes, and other chronic illnesses.

Obesity and overweight percentages are calculated from respondents to the Behavioral Risk Factor Surveillance System survey questions about height and weight. In 2021, more than 65% of Kitsap residents were classified as overweight or obese. Kitsap's rate was similar to Washington's rate, but both rates have been increasing statistically significantly over time.

The age group 18 to 34 had a statistically significantly lower percentage reporting being overweight or obese compared to all other age groups. Higher percentages were reported among people identifying as White or Hispanic compared to Asian. Males had higher percentages than females, and residents of Bremerton, Central Kitsap and South Kitsap had higher percentages than residents of Bainbridge Island.

Adults Classified as Overweight or Obese, 2021, 2011-21



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Note: Washington/Kitsap comparison is data from 2021, while subgroup data is from 2011-21; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

Source: Washington State Department of Health, Behavioral Risk Factor Surveillance System.

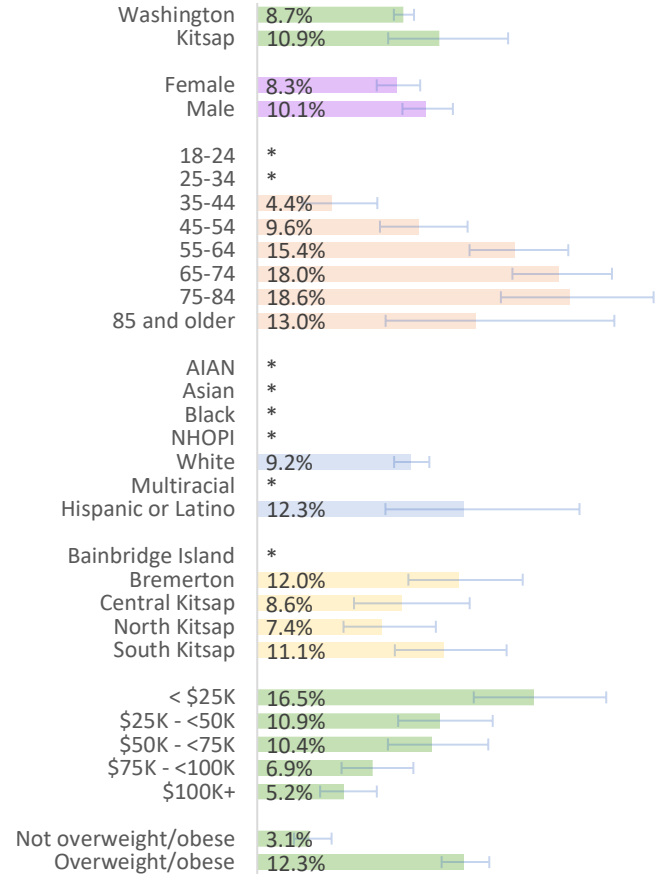
Diabetes in Adults

The prevalence of diabetes diagnosed in adults is self-reported as part of the Behavioral Risk Factor Surveillance System. Type 1 and Type 2 diabetes are both included, but gestational diabetes is not included in this indicator.

In 2021, 11% of adults 18 years old or older in Kitsap reported ever being told by a healthcare professional that they had diabetes. The trend in Kitsap has remained stable from 2011 to 2021 and Kitsap's rate in 2021 is about the same as the state's rate.

From 2011 to 2021 in Kitsap, older individuals have higher percentages reporting having diabetes compared to younger adults. Although not statistically significant, residents of Bremerton had higher percentages compared to North Kitsap. Being overweight or obese and having a lower income were both associated with higher percentages of the population reporting having been diagnosed with diabetes.

Diabetes Diagnosed in Adults, 2021, 2011-21



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Note: Washington/Kitsap comparison is data from 2021, while subgroup data is from 2011-21; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

Source: Washington State Department of Health, Behavioral Risk Factor Surveillance System.

Cancer

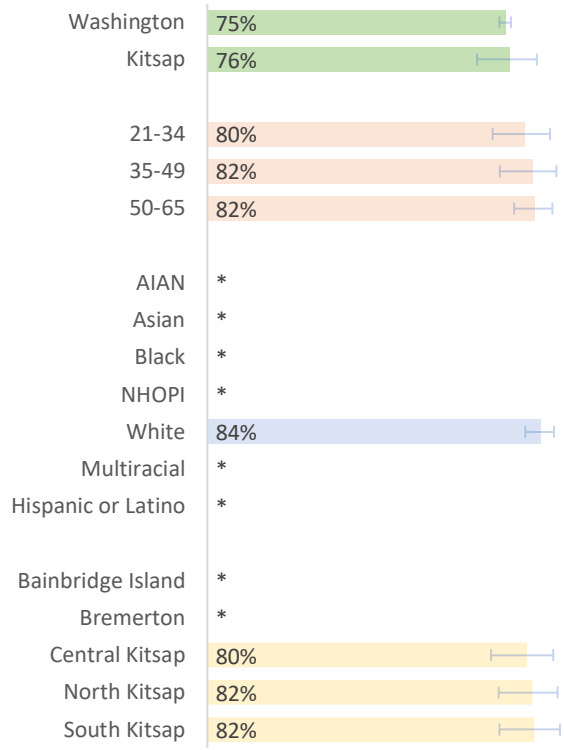
In the simplest terms, cancer is uncontrolled cell growth, caused by changes to genes that control the way our cells function, especially how they grow and divide. The development of cancer is influenced by many factors, including age-related changes, environmental toxins, genetics, and many other factors. The exact mechanisms and causes of cancer development are unknown in many cases and types of cancer. Cancer continues to be the top leading cause of death in Kitsap, with almost 500 Kitsap resident deaths in 2020. Cancer is among the top two leading causes of death for all races and ethnicities, both sexes, and all subcounty areas in Kitsap. The following sections discuss the incidence of a few major cancers – cervical, colorectal and breast cancer.

Cervical Cancer

Screening – In 2018 and 2020, about 3 in 4 women between the ages of 21 and 65 in Kitsap (76%) reported having had a Pap test in the past 3 years. There was no statistically significant change over time and no statistically significant difference from Washington State overall.

This percentage was slightly higher for residents identifying as non-Hispanic White, and for residents of Central Kitsap, North Kitsap, and South Kitsap compared to the county average.

Women Screened for Cervical Cancer (Ages 21-65), 2018-20, 2014-20, even years



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Note: Washington/Kitsap comparison is data from 2018-20, while subgroup data is from 2014-20, even years; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

Source: Washington State Department of Health, Behavioral Risk Factor Surveillance System.

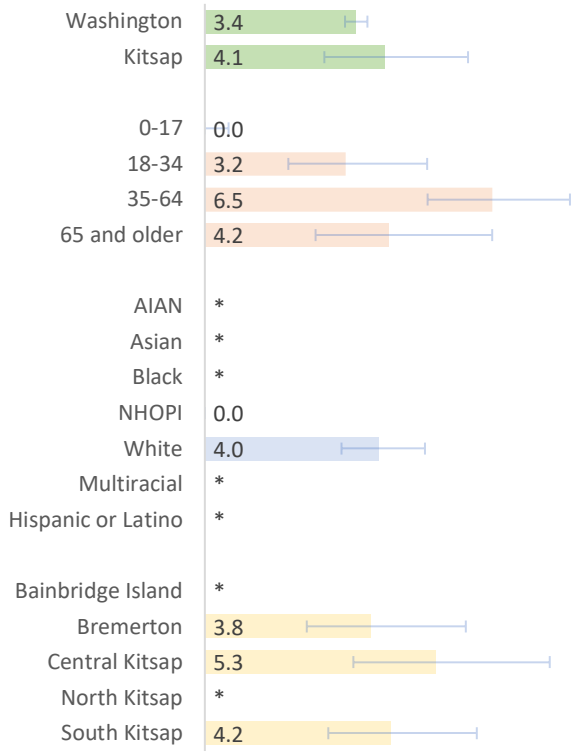
Chronic Illness

Continued

Diagnosis – From 2017 to 2019, after adjusting for age differences, there were about 4 newly diagnosed cases of cervical cancer for every 100,000 female Kitsap residents. There has been no statistically significant change over time and there is no statistically significant difference compared to Washington State overall.

This rate reflects only 32 cases of cervical cancer in female Kitsap residents from 2017 to 2019, so subgroup analysis is difficult, even when looking at ten years of data from 2010 to 2019. During the ten years, there were no cases in those younger than 18 or in those identifying as Native Hawaiian or Pacific Islander. There was a large, but not statistically significant increase in rate from age 18-34 to age 35-64, and then a similar not statistically significant decrease in rate for those age 65 and older. There were no statistically significant differences by geographic region of the county.

Cervical Cancer Incidence per 100,000 Female Residents, Age-adjusted, 2017-19, 2010-19



**The estimate has an elevated relative standard error and doesn't meet reliability standards.*

Note: Washington/Kitsap comparison is data from 2017-19, while subgroup data is from 2010-19; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

Source: Washington State Department of Health, Cancer Registry, Community Health Assessment Tool (CHAT), May 2022.

Breast Cancer

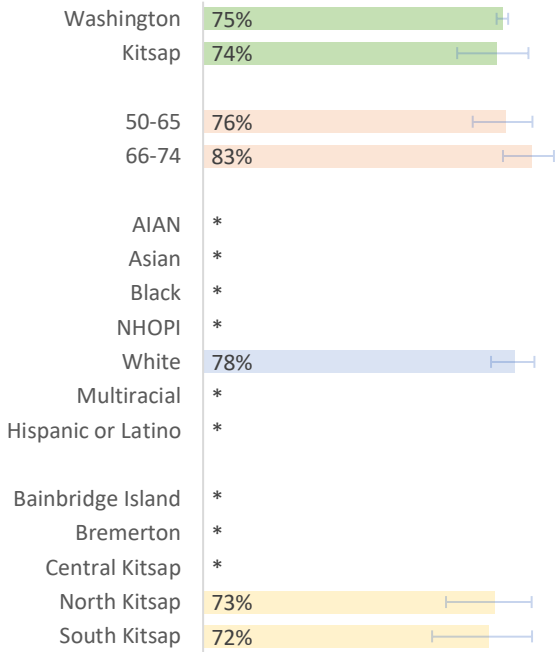
Screening – In 2018 and 2020, almost 3 in 4 women between the ages of 50 and 74 in Kitsap (74%) reported having had a mammogram in the past 2 years. This was a slight decrease from 2014/2016 (83%), but it was not statistically significant. There was no statistically significant difference between Kitsap and Washington overall or between any of the subgroups.

Diagnosis – In 2019, after adjusting for age differences, there were about 155 newly diagnosed cases of breast cancer in women for every 100,000 female Kitsap residents. There has been no statistically significant change over time and there is no statistically significant difference compared to Washington State overall.

This rate reflects 291 cases of breast cancer in female Kitsap residents in 2019. There were no cases of breast cancer in women younger than 18, and incidence increased with increasing age group. Those identifying as non-Hispanic White had statistically significantly higher rates than Asians. American Indian and Alaska natives had a higher incidence than White, although due to the smaller numbers, it was not statistically significantly different. Bainbridge Island had the highest incidence of any of the geographic regions, statistically significantly higher than Bremerton, which had the lowest incidence.

Women Screened for Breast Cancer (Ages 50-74),

2018-20, 2014-20, even years

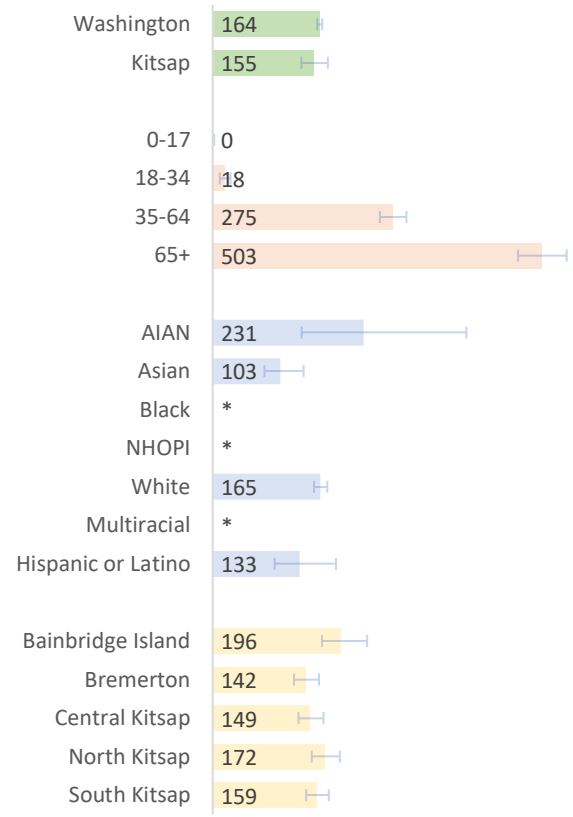


** The estimate has an elevated relative standard error and doesn't meet reliability standards.*

Note: Washington/Kitsap comparison is data from 2018-20, while subgroup data is from 2014-20, even years; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

Source: Washington State Department of Health, Behavioral Risk Factor Surveillance System.

Breast Cancer Incidence in Women per 100,000 Female Residents, Age-adjusted, 2019, 2015-19



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Note: Washington/Kitsap comparison is data from 2019, while subgroup data is from 2015-19; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

Source: Washington State Department of Health, Cancer Registry, Community Health Assessment Tool (CHAT), May 2022.

Colorectal Cancer

Screening – Recommendations for colorectal cancer screening from the U.S. Preventive Services Task Force changed slightly in 2020 to encompass an increased variety of screening tests.[14] Prior to that change, in 2018, more than 3 in 4 Kitsap residents between the ages of 50 and 75 (76%) reported having been screened for colorectal cancer. There was no statistically significant change in trend and Kitsap was similar to Washington. After the change in recommendations, Washington's rate increased to 89%, and Kitsap's increased as well, but was unreliable due to the small number of people reporting they had not met the recommendations.

Adults Screened for Colorectal Cancer (Ages 50-75), 2018

Source: Washington State Department of Health, Behavioral Risk Factor Surveillance System.

Diagnosis – In 2019, after adjusting for age differences, there were approximately 32 newly diagnosed cases of colorectal cancer for every 100,000 Kitsap residents. This rate was very similar to Washington overall (33 per 100,000) and both Kitsap's and Washington's rates have been decreasing from 2000 to 2019.

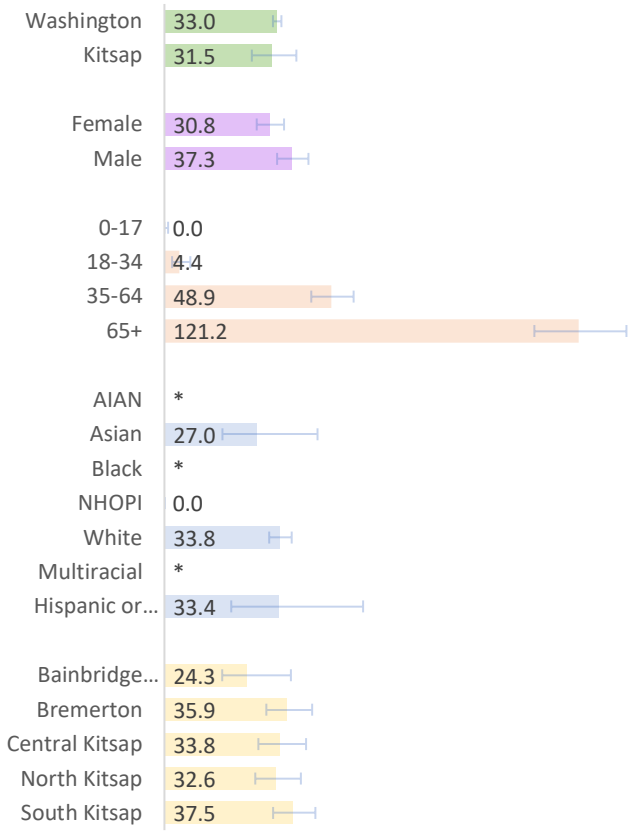
[14] *Centers for Disease Control and Prevention, What Should I Know About Screening?*

Chronic Illness

Continued

Kitsap's rate reflects 116 cases of colorectal cancer in Kitsap residents in 2019. From 2015 to 2019, there were no statistically significant differences by sex or geographic area of the county. There were no cases of colorectal cancer in residents younger than 18, and incidence increased with increasing age group. There were no cases of colorectal cancer during this period in those identifying as Native Hawaiian or Pacific Islander, and among the rest of the race and ethnicity subgroups, there were no statistically significant differences.

Colorectal Cancer Incidence per 100,000 Residents, Age-adjusted, 2019, 2015-19



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Note: Washington/Kitsap comparison is data from 2019, while subgroup data is from 2015-19; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

Source: Washington State Department of Health, Cancer Registry, Community Health Assessment Tool (CHAT), May 2022.

Community Resources – Nutrition and Healthy Living

The **Franciscan Diabetes & Nutrition Associates** at St. Michael Medical Center, **Peninsula Community Health Services,** and **Puget Sound Kidney Centers** offer nutrition education and other related services.

The **Washington State SNAP-Ed program** improves health equity through projects and interventions that support healthy lifestyle behaviors, prevent obesity, and increase of food security. Kitsap County is a participating county.

There are **farmers markets** throughout Kitsap County, and many accept EBT cards, WIC checks, and senior electronic benefits. Some markets participate in **SNAP Market Match**, a program that matches up to $25 at select farmers markets and Farm Stands per day.

Kitsap Community Resources houses the **Women, Infants and Children (WIC)** program, which provides support for pregnant women, nursing moms, and children under five to improve access to healthy foods, receive health education and screening services, increase breast feeding and access other health and social services.

The **Kitsap Healthy Eating, Active Living (HEAL) Coalition** is a community-based initiative in Kitsap County that promotes the accessibility and affordability of healthy food and physical activity for all, conducting activities such as **Mama Moves Kitsap**.

The **YMCA of Pierce and Kitsap Counties** has a variety of healthy living programs, including a diabetes prevention program, LIVESTRONG at the YWCA for cancer patients, and ACT! (a youth and family obesity prevention program).

The **Kitsap County Division of Aging and Long-Term Care** provides various nutrition services for older adults, including providing meals at regular sites around the county, the Senior Farmers' Market Nutrition Program SFMNP) which provides nutrition education and vouchers to authorized farmers' markets, and contracts with **Meals on Wheels Kitsap** for Senior Nutrition Services to provide home-delivered meal services in our county. They also provide the **Senior Information and Assistance line**, which a general resource for older adults that can help them find not only food, but social activities like physical activity programs.

Kitsap Fresh is a food hub and producer-owned cooperative providing an online marketplace where local farmers and producers sell and customers access source-identified products on the Kitsap Peninsula.

Kitsap Community Food Co-Op is a cooperatively owned grocery store that connects our local community with quality food, products and access to information that promotes healthy living and a healthy environment.

Kitsap Conservation District provides community gardening classes and plant started to food banks so that individuals can grow their own produce.

Kitsap Regional Library often offers opportunities to engage in healthy eating, active living educational experiences, including book/story walks or learning about planting seeds.

The Cities of **Bainbridge Island**, **Bremerton**, **Port Orchard**, and **Poulsbo**, **Kitsap County**, **Great Peninsula Conservancy,** all have information on parks and trails.

Safety and Violence

*"I know there are sidewalks on the main roads but on some of the off roads there are none **and it is very hard for pedestrians to navigate the streets**, especially at night where there's no light."*
(Community Member)

Safety and Violence

Injuries and violence adversely affect the health of our community and everyone in it, regardless of their background. Those who survive these traumatic experiences may face life-long mental and physical issues. Witnessing and hearing about violence can impact the health of individuals and their perception of the safety of our community. Even the perception of an unsafe environment can undermine our mental and physical well-being. Understanding the extent of this issue in our society is critical because many of these events are preventable.

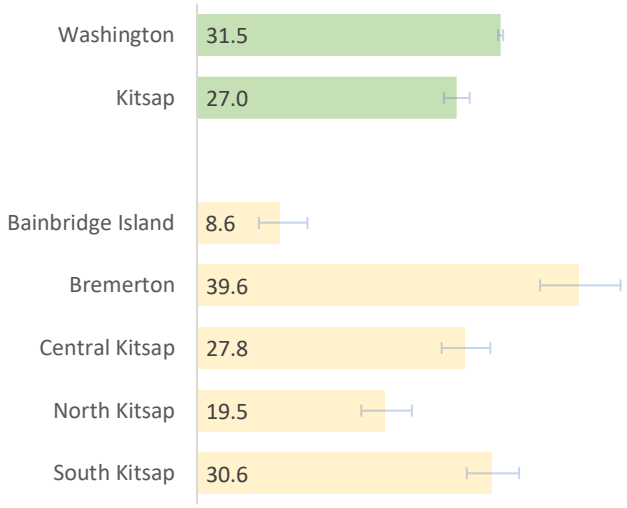
Child Abuse and Neglect

Child abuse and neglect is monitored by reports of suspected child abuse to Child Protective Services (CPS) that are accepted for further action. Children may be counted more than once if they are reported as a victim more than once during the year. The rate is out of the total number of Kitsap residents between the ages of birth and 17.

In 2020, there were 27 reports accepted for further action for every 1,000 residents from birth to age 17. From 2006 to 2020, this rate has held steady with no statistically significant change in Kitsap, however Kitsap's rate is statistically significantly lower than Washington's rate overall.

Bremerton has the highest rate of any subcounty geography in Kitsap, followed by South Kitsap. Bainbridge has a statistically significantly lower rate than any other area in Kitsap.

Child Abuse and Neglect Referrals to Chile Protective Services per 1,000 Residents, 2020



Source: Washington Department of Social and Health Services (DSHS), Risk & Protection Profile for Substance Abuse Prevention.

Safety and Violence

Continued

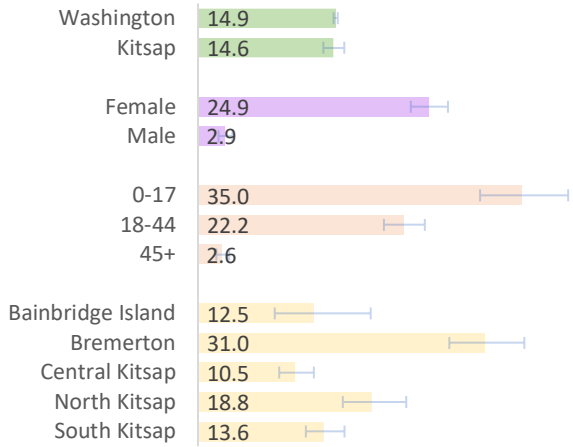
Sexual Assault Emergency Department Visits

The rate of sexual assault violence is monitored through the Rapid Health Information Network (RHINO). It is a visit-based rate that is out of 10,000 emergency department (ED) visits. An individual may be counted more than once if they have repeat visits during the year.

From 2018 to 2022, about 15 out of every 10,000 ED visits were because of sexual violence in both Washington State and Kitsap County. This averages out to about 129 ED visits per year in Kitsap.

The rate was statistically significantly higher in youth and children ages 0 to 17, compared to adults. Residents of Bremerton had a much higher rate than any other subcounty geography. Women had a much higher rate than men.

Sexual Assault Emergency Department Visits per 10,000 Visits, 2018-2022



Source: Rapid Health Information Network (RHINO), accessed 1/9/2023.

Sexual Assault Crimes

The sexual assault rate is the annual number of forcible sex crimes reported in the National Incident Based Reporting System (NIBRS) for every 100,000 residents. Forcible sex crimes include forcible rape, forcible sodomy, sexual assault with an object and forcible fondling, but do not include commercial sex acts, trafficking, prostitution, incest, or statutory rape.

In 2020, there were approximately 68 sexual assault crimes reported by Kitsap residents for every 100,000 residents. This rate is not statistically significantly different than Washington's rate, and there has been no statistically significant trend identified from 2012 to 2020 in Kitsap.

Subgroups are not available for this data.

Safety and Violence

Continued

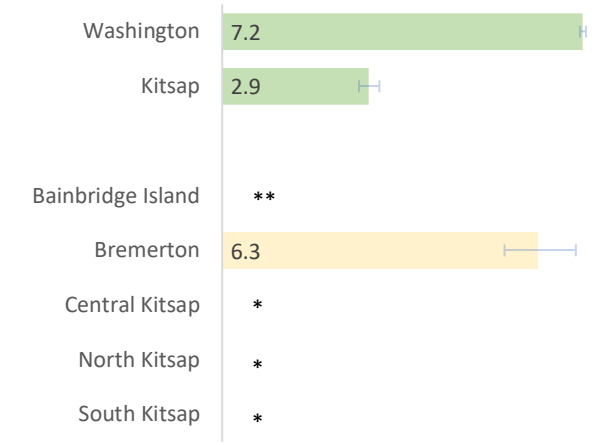
Domestic Violence Offense Rate

Domestic violence includes any violence of one family member against another family member. Family can include spouses, former spouses, parents who have children in common regardless of marital status, adults who live in the same household, as well as parents and their children.

In 2020, Kitsap had about 3 domestic violence offenses filed for every 1,000 Kitsap residents. Offenses are not arrests, but incidents reported. When more than one victim is involved, an offense is filed for each victim. Kitsap's rate was lower than Washington State's overall. Although there is no statistically significant trend in Kitsap's rate identified yet, the rate has been decreasing slightly over the past few years.

Because of the way law enforcement jurisdictions are laid out, it is difficult to compare subcounty areas, but Bremerton had at least double the rate of the county overall, with more than 6 offenses per 1,000 residents.

Domestic Violence Offense Rate per 1,000 Residents, 2020



** Data suppressed due to unreliable conversion of events to report geography*

*** Less than 10 offenses*

Source: Washington Department of Social and Health Services (DSHS), Risk & Protection Profile for Substance Abuse Prevention.

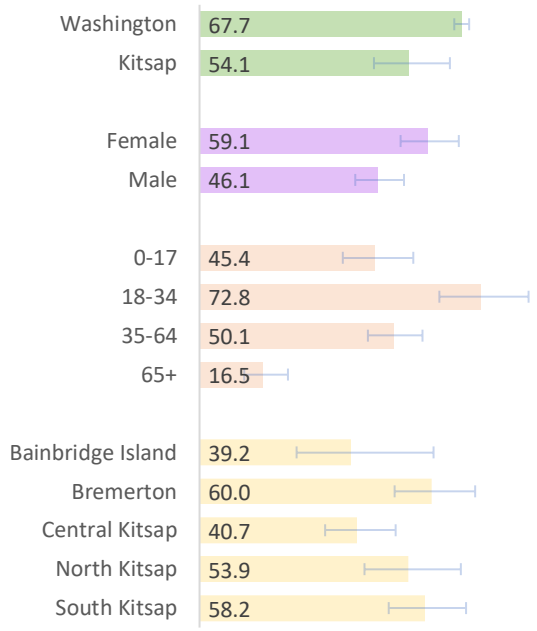
Safety and Violence

Continued

Intentional Injury Hospitalizations

The rate is the annual number of injuries for every 100,000 residents, with an intent other than unintentional, including assaults and self-inflicted injuries. The rate is based on the residence of the victim, not the location of injury or hospitalization and is adjusted for age to account for differences in age distribution.

Intentional Injury Hospitalizations per 100,000 Residents, Age-adjusted, 2019, 2016-19



Note: These are unique hospitalizations, not people. An individual can be counted more than once if hospitalized more than once.

Source: WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS).

There were about 54 intentional injuries to Kitsap residents for every 100,000 in 2019. This rate is statistically significantly lower than Washington's rate, but there has been no statistically significant trend identified from 2016 to 2019.

There were no statistically significant differences by age or geographic area of the county. Residents aged 18 to 34 had a statistically significantly higher rate than every other age group. Those ages 0 to 17 and ages 35 to 64 had statistically significantly higher rates than those ages 65 and older.

Homicide

Homicide or murder rate is adjusted for age to account for differences in age distribution between Kitsap and Washington and the rate is out of 100,000 residents. It is based on the residence of the victim, not necessarily the location of the death.

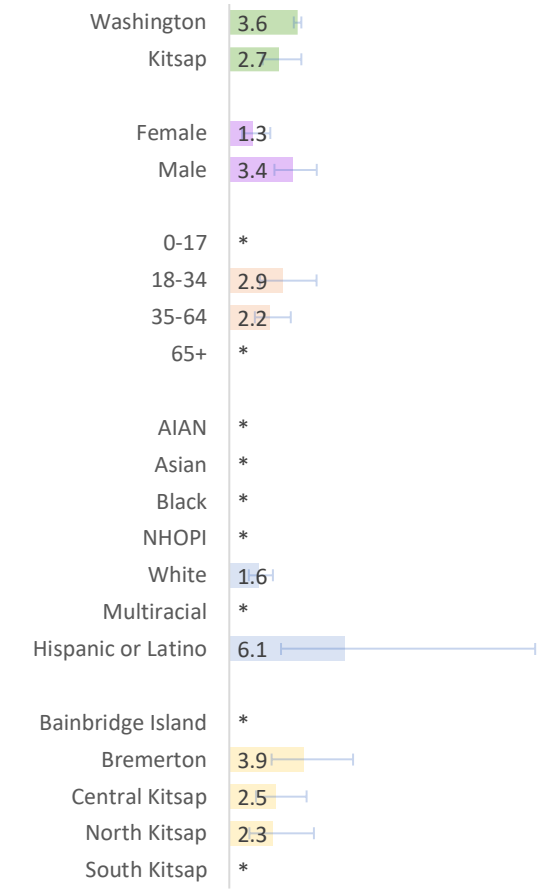
After adjusting for age, from 2016 to 2020, there were approximately 2.7 murders for every 100,000 residents in Kitsap. This rate is not statistically significantly different than Washington's rate. Kitsap's rate decreased from 2000-04 to 2008-12, then increased until 2014-18. It has remained stable since then.

The rate in males is statistically significantly higher than in females. People identifying as Hispanic have a statistically significantly higher rate than people who identify as non-Hispanic White. There are no statistically significant differences by age or area of the county.

Safety and Violence

Continued

Homicide Rate per 100,000 Residents, 2016-20, 2011-20



** The estimate has an elevated relative standard error and doesn't meet reliability standards.*

Note: Washington/Kitsap comparison is data from 2016-20, while subgroup data is from 2011-20; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data.

Crime Rates

Crimes are reported in the National Incident Based Reporting System (NIBRS), which changed from the Summary Reporting System in 2012. The rate is the number of reported crimes for every 1,000 residents annually.

In 2020, there were almost 50 crimes reported in Kitsap for every 1,000 residents. This rate has been decreasing since at least 2012. Kitsap's rate was much higher than Washington's in 2012, but because of the decreasing trend in Kitsap and an increasing and stable trend in Washington, in 2020 Kitsap's rate was lower than Washington's rate.

Most reported crimes in Kitsap are property crimes, with a rate of 31.6 per 1,000 residents. Property crimes include robbery, burglary, theft, arson, extortion/blackmail, counterfeiting/ forgery, destruction of property and bribery.

The rate of personal crime was just over 14 for every 1,000 residents in Kitsap. Personal crime includes murder, manslaughter, forcible and nonforcible sex, assault, kidnapping, abduction, human trafficking and violations of protection orders.

The smallest category of crime in Kitsap is crimes to society, which includes drug violations, weapons law violations, gambling violations, animal cruelty and pornography. The rate of society crimes was 4.3 per 1,000 in 2020.

Safety and Violence

Continued

Firearm Violence

Firearm-related injuries, hospitalizations and deaths have been in the news repeatedly in the United States. The results of firearm violence can be tragic, resounding, and far-reaching, even more so because they are often preventable. These indicators include both self-inflicted injuries and those inflicted on others, and include intentional and unintentional injuries.

Firearm-Related Hospitalizations

From 2017 to 2019, there were about 2.4 nonfatal hospitalizations for firearm-related causes for every 100,000 Kitsap residents, after adjusting for age. It is difficult to compare to previous years because of the change from ICD-9 to ICD-10 medical coding which occurred in 2015. However, Kitsap had been experiencing an increasing trend in firearm-related hospitalizations prior to 2015. It is unclear yet whether that trend will continue. In 2017-19, Kitsap's rate was lower than Washington overall.

During this time, 45% of the firearm-related hospitalizations were unintentional, and 35% were self-inflicted. Only 15% were classified as assault on another person, and 5% were categorized as other.

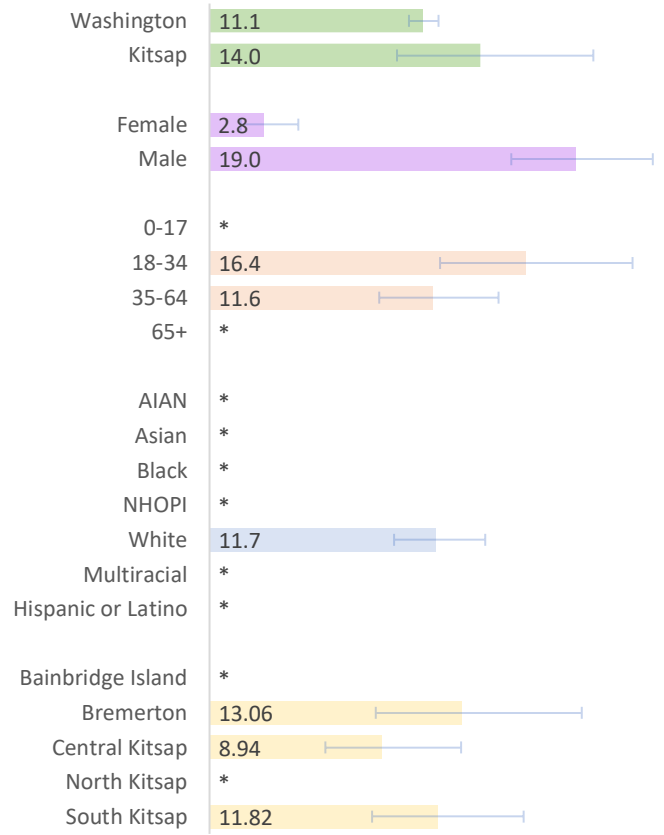
Firearm-Related Deaths

Firearm-related deaths have been increasing in Kitsap and Washington State overall from 2008 to 2020, however there are still very small numbers in Kitsap, with 38 deaths and a rate of 14 per 100,000 in 2020.

Although Kitsap's rate was higher than Washington State's in 2020, it was not statistically significantly different.

Male Kitsap residents have a much higher rate than females. Otherwise, there are no statistically significant differences by subgroup.

Firearm-related Death Rate per 100,000 Residents, 2020, 2016-20



** The estimate has an elevated relative standard error and doesn't meet reliability standards.*
Note: Washington/Kitsap comparison is data from 2020, while subgroup data is from 2016-20; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data.

Safety and Violence

Continued

Community Resources – Safety and Violence

Child Protective Services is a state agency that investigates reports of child abuse and neglect.

Adult Protective Services investigates reports about abuse, abandonment, neglect, exploitation and self-neglect of vulnerable adults in Washington State.

St. Michael Medical Center's Sexual Assault Nurse Examiner (SANE) program is designed to assure compassionate care for victims, assist law enforcement in the prosecution of crimes and provide sexual assault education to the community.

Kitsap Support, Advocacy, and Counseling (KSAC) offers free confidential advocacy and therapy services that are open to sexual assault/crime victim survivors and their non-offending family members.

Kitsap Special Assault Investigation and Victim's Services coordinate and enhance our community agencies' approach to sexual assault, domestic violence, child abuse, human trafficking, and exploitation of vulnerable adults.

Kitsap County Clerk's office proves a pamphlet on different civil protection orders, including those related to domestic violence, anti-harassment, and sexual assault.

Naval Base Kitsap Family Advocacy Program is responsible for the prevention and response to child abuse and neglect and domestic abuse and intimate partner violence in military families.

YWCA Kitsap County offers programs such as crisis intervention, safety planning, case management supportive housing, emergency shelters, legal advocacy, support groups, and programs to survivors of domestic violence.

Scarlet Road provides holistic support services to survivors of sex trafficking, community prevention and awareness training, community provider training, and other related services.

King County's **Lock It Up** program offers information and resources on safe gun storage.

Washington State Department of Health's Injury and Violence Prevention Program has initiatives that addresses topics such as pedestrian and motor vehicle safety, child injury, suicide prevention, and traumatic brain injury.

The Washington State Chamber of Commerce's Office of Crime Victims Advocacy's programs use advocacy, prevention, education, treatment and law enforcement to stop violence, substance abuse, and their social impacts so that Washington's communities are the best places to work and live.

The Compassionate Friends provides highly personal comfort, hope, and support to every family experiencing the death of a son or a daughter, a brother or a sister, or a grandchild, and helps others better assist the grieving family.

Mothers Against Drunk Driving aims to end drunk driving, help fight drugged driving, support the victims of these violent crimes, and prevent underage drinking.

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Quantitative Data Sources

The data sources included in the quantitative analysis range from sources providing publicly available aggregate results for the populations of interest to those with raw data analyzed by Kitsap Public Health District.

Washington State Department of Health (DOH)

The Department of Health maintains databases of vital records for births, deaths, stillbirths, fetal deaths, marriages, and divorces that took place in the state of Washington. The Department of Health also maintains information on hospitalizations, life expectancy, and cancer incidence and makes this data available through the Community Health Assessment Tool (CHAT), which is available to Local Health Jurisdictions, such as Kitsap Public Health District.

Community Health Assessment Tool (CHAT)

This data source is a web application that incorporates data from a variety of sources and quickly generates estimates for different geographies depending on the data source. Hospitalizations and death data are available through CHAT. For hospitalizations, data only include inpatient stays at state licensed acute care hospitals, and do not include military, DOD, VA, Indian Health Services, Rehabilitation or State Psychiatric Hospital stays.

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.

U.S. Census and American Community Survey (ACS)

The ACS is a mandatory, ongoing statistical survey by the US Census Bureau that samples a small percentage of the population every year to gather information about population characteristics, housing, and economics among other topics. This mailed survey is an annual supplement to the 10-year Census. Due to the impact of the COVID-19 pandemic, the Census Bureau changed the 2020 ACS release schedule. Instead of providing the standard 1-year data products, the Census Bureau released only experimental estimates from the 1-year data, which included a limited number of data tables for the nation, states and the District of Columbia, but did not provide data at the county level. Because of this, 2020 estimates are missing for Kitsap and sub-county populations. The 5-year estimates were not affected. The ACS location of residence is based on census tracts, which are converted to ZIP Code Tabulation Areas (ZCTAs) for analysis.

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. This public school-based survey provides information about the self-

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reported health and health behaviors of youth in grades 6, 8, 10 and 12 in Washington to guide policy and programs that serve youth. This report highlights 10th and 12th grade data.

Behavioral Risk Factor Surveillance System (BRFSS)

This is the largest, continuously conducted, telephone health survey in the world. The survey collects information on a vast array of health conditions, health-related behaviors and risk and protective factors about individual adults. 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. In 2011, a new data weighting approach was implemented, making data prior to 2011 unreliable for comparison to current data.

Rapid Health Information Network (RHINO)

A Washington State Department of Health program that collects real-time, population-based healthcare visit data from hospitals, emergency departments, and urgent cares across the state. It is used primarily to identify, investigate, and design data-driven, rapid responses to emerging public health threats. These data can provide insight into chronic disease burden, environmental threats, communicable disease outbreaks, and injury trends.

Washington State Department of Social and Health Services (DSHS)

DSHS's Facilities, Finance and Analytics Administration (FFA) provides leadership in financial, operational and risk management services. This administration produces a comprehensive time-series collection of county and school district-level data related to substance use and abuse, and the risk factors that predict substance use among youth, called the Risk and Protection Profiles for Substance Abuse Prevention for Washington State and its Communities.

Health Care Authority (HCA)

HCA measures are calculated using ProviderOne Medicaid claims and enrollment data, also known as the Medicaid Management Information System (MMIS). The MMIS data includes all healthcare and encounters for Medicaid beneficiaries, enrollment periods, and demographic and address information. To represent the most complete dataset for the performance period, the state observes a six-month claims lag to account for data maturity and processing time.

Supplement

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Quantitative Methods

Estimates were generated for Washington and Kitsap County. When estimates were not readily available directly from the source, Excel and STATA were used to analyze data. Estimates for sub-populations were also generated when possible and appropriate. Not all data sources provide data at the subcounty level. Estimates and counts were suppressed, or not shown, when the count was less than 10 and when the relative standard error (RSE), a measure of the unreliability of the estimate, was greater than 25% for the estimate. The following definitions may help with understanding the contents of this report:

Rates: A rate is a standardized proportion (or ratio) expressed as the number of events (e.g., live births per year) that have occurred with respect to a standard population, within a defined time period (usually one year). Rates help compare disease risk between groups of different sizes. The size of the standard population used can vary depending on whether the events are common or rare. For example, since HIV is a rare condition in Washington, HIV incidence rates are expressed as new cases per 100,000, but births, a much more common occurrence, are expressed in births per 1,000.

Age-Adjustment: All age-adjusted mortality and disease rates in this report are adjusted to the 2000 U.S. population. The risk of death and disease is affected in large degree by age. As a population ages, its collective risk of death and disease increases. As a result, a population with a higher proportion of older residents will have higher crude death and disease rates. To control for differences in the age compositions of the communities being compared, death and certain specific disease rates which are largely affected by age are age-adjusted. This aids in making comparisons across populations of different age distributions.

Averages: Multiple-year average estimates, such as a five-year average, were used to increase sample sizes and to minimize widely fluctuating frequencies from year to year.

Confidence Intervals (CI): County comparisons to Washington state and comparisons among subpopulations were calculated using 95% confidence intervals. Confidence intervals (error bars on the graphs) indicate the margin of error for the value estimated by describing an upper and lower limit of an estimate. Using confidence intervals is an approach to determine if differences among groups are statistically significant. If the confidence interval of two different estimates do not overlap, we most often can conclude that the difference is statistically significant and not due to chance.

Standard Error (SE): Standard errors are used to determine significance between groups in the analysis. Unless noted, these are based on 95% confidence intervals, or an alpha of 0.05. Relative standard error (RSE) is used to determine what statistics are reported. If the RSE is greater than 25% and/or the sample size is too limited to have confidence in these estimates, then they are suppressed or not shown. If the RSE is greater than 25%, but less than 30%, a confidence interval may be shown to give an idea of the range of the estimate.

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Continued

Population Size: The 2020 population estimates used in the data analyses are preliminary (Source: Washington
State Office of Financial Management, Small Area Demographic Estimates,
April 2022).

Stratification: Where possible (i.e., the population size and counts were adequate to determine significance and protect anonymity), we analyzed the indicators by race/ethnicity, sex, age group, and sub-county geography. We used the following terms to describe race/ethnicity:

- Asian: Non-Hispanic Asian
- AIAN: Non-Hispanic American Indian and Alaska Native
- Black: Non-Hispanic Black
- NHPI: Non-Hispanic Native Hawaiian and Pacific Islander
- White: Non-Hispanic White
- Multiracial: More than one race
- Hispanic or Latino: Hispanic or Latino, as a race, including people who identify as Hispanic or Latino and another race

For some indicators, these stratification levels may not have a sample size adequate to draw reliable conclusions about that population. If so, they are suppressed. Groups are typically not combined due to concerns about over-generalizations made based on those results.

Qualitative Methods

Community Workshops – Seven community focus group discussions were conducted throughout Kitsap County. Focus group participants were asked up to seven questions:

1. When you consider the state of our community, in your opinion what are the top three needs you see for our community?

2. What do you believe are the top three challenges specifically facing low-income persons in this community?

3. Could you think of 1 to 3 actions that service providers such as KCR could take to address each of these challenges?

4.What can our local hospital, clinics, EMS providers, and other parts of our healthcare system do in the next 1-3 years to improve the health and quality of life of Kitsap County residents?

5. What resources are there in Kitsap County that help keep our residents healthy and safe?

6. What are the challenges to being healthy and safe in Kitsap County?

7. Briefly share any other thoughts, suggestions, or ideas you may have on how to best address these challenging needs in our community.

All community workshops involved active discussion of the questions among participants and recordings and/or notes were taken during the focus group and transcribed verbatim.

Key Informant Interviews – Sixteen key informant interviews were conducted with community members who serve in leadership roles or who are subject matter experts in various aspects of community health. Each interview was conducted in

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person or over video call and was recorded and transcribed verbatim. Each key informant was asked the following questions:

1. The World Health Organization defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Please describe your top 3 concerns regarding the health of communities you serve in Kitsap County. Please be specific about why you chose those 3 concerns.

In the following questions, I will be asking you for additional information about your top concern out of the 3 you listed. If we have time, I will ask you about the other concerns, too.

2. Who or what groups in the community are most affected by the concerns you listed (e.g., youth, older residents, racial/ethnic groups, LGBTQ+, homeless, specific Kitsap regions)?

3. What are the barriers and challenges to addressing these concerns?

4. What are some programs or projects in place or planned in Kitsap County that you think will have the most impact on these concerns?

5. How is/could our healthcare system (hospitals and healthcare providers) be involved in addressing the concerns you identified?

6. How is/could Kitsap Public Health District be involved in addressing the concern you identified?

7. What are some additional potential solutions that could help address the concern you described?

For our next question, I will be asking you for feedback and recommendations for Virginia Mason Franciscan Health.

8. Virginia Mason Franciscan Health is very interested in ways they can be more involved in our community here in Kitsap County. What recommendations do you have for ways they could be more involved?

9. Is there anything else you would like to share?

Selection of Prioritized Significant Health Needs

Key findings were identified as prioritized significant health needs by public health epidemiologists using four criteria. Equity was more heavily weighted due to a concern of racism being a major driver for poor health outcomes.

1. When compared to Washington state, county numbers are statistically significantly worse (1 point).

2. Existing estimates present a trend in the negative direction (1 point).

3. The indicator is related to listed themes (domains) from community engagement activities (2 points).

4. There is an appearance of inequity by gender, by race, or by geography (3 points).

The sum of these criteria was calculated for each indicator, and then displayed as a percentage of the available points for that indicator. For instance, an indicator where subgroup inequity data was not available would only have a maximum of four points possible, so if it had two points out of the four possible, it would have a score of 2/4 or 50%. Indicators were ranked in descending order. Descriptive demographic indicators were excluded from the list. From this list, the top five groups of indicators were identified as priorities.

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Within each priority, the top three indicators with the highest scores were identified as being sub-priorities. Indicators were combined when they ranked equally.

The selection of prioritized significant health needs was limited by several factors. These include:

• Available data: The inclusion and exclusion of topic areas was limited by the quantitative and qualitative data available. Indicators could not be prioritized based on inequities if insufficient data was available to evaluate the effect on subgroups.

• Selection of indicators: The inclusion and exclusion of certain indicators may bias the results toward a specific priority.

• Relevance to themes (domains) from community engagement activities: Due to the nature of the interview questions, relevance to some indicators may not be adequately captured.

• Categorization of indicators: Indicators may have more than one association (for example: obesity has a chronic disease component and a behavioral health component). Secondary, tertiary, and quaternary associations were ignored.

As a result of these limitations, the identified priorities may not adequately capture all the needs of the community.
For some indicators, these stratification levels may not have a sample size adequate to draw reliable conclusions about that population. If so, they are suppressed. Groups are typically not combined due to concerns about over-generalizations made based on those results.

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CHNA Priorities, Indicators, and Related Scoring

Note: our qualitative assessment resulted in 4 themes: 1) Barriers to healthcare access; 2) Limited behavioral health services; 3) Challenges meeting basic needs; 4) Lack of interagency collaboration.

Priorities and Sub-priorities	Indicators	Scores
Behavioral Health		
Alcohol abuse	Alcohol-related hospitalizations/deaths	81%
Drug-related abuse, especially opioids	Drug/Opioid-related deaths	72%
Depression/suicide ideation in youth	Depression/Suicide Ideation in Youth	70%
Access to Healthcare		
Access to primary care	Primary care physician rate	70%
Health insurance coverage	All age residents without health insurance	68%
Medicaid visits – adults & youth	Adult access to preventive/ambulatory care (Medicaid); Child and adolescent access to primary care (Medicaid)	56%
Pregnancy and Births		
Access to prenatal care	Adequate prenatal care	76%
Low birth weight	Low birth weight	26%
Infant mortality	Infant mortality	26%
Basic Needs		
Food insecurity	Food insecurity (Adult and child)	75%
Poverty	Residents in poverty	68%
	SNAP benefits	68%
Chronic Disease		
Obesity	Overweight or obese (adult and child)	74%
Breast cancer in women	Breast cancer incidence in women	53%
Physical activity and diabetes prevention	Youth physically active/Adults diagnosed with diabetes	46%

Appendix A: 2020-2023 Evaluation of Impact

Virginia Mason Franciscan Health
St. Michael Medical Center

2020 – 2023 CHNA Evaluation of Impact

Community Needs Assessment

St. Michael Medical Center engaged in multiple activities to conduct its community health improvement planning process. These included conducting a Community Health Needs Assessment with community input, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators. This evaluation of impact outlines many of the programs that St. Michael Medical Center supported, either through financial or in-kind support, and that addressed the health needs identified in the CHNA.

Significant Health Needs

From 2020 through 2023, St. Michael Medical Center focused on the following prioritized significant health needs:

- Access to Care
- Behavioral Health
- Obesity, Nutrition & Physical Activity
- Violence Prevention

Strategy by Health Need

The tables on the next page present strategies and program activities the medical center delivered to help address significant health needs identified in the CHNA report.

They are organized by health need and include statements of the strategies' impact and any collaboration with other organizations in our community.

Appendix A: 2020-2023 Evaluation of Impact

HEALTH NEED: ACCESS TO CARE	
Strategy or Program Name	Summary Description
Project Access Northwest	• Virginia Mason Franciscan Health physicians provided donated care to Project Access patients. • Provided financial support for care coordination and premium assistance programs. • Provided time for Virginia Mason Franciscan Health leader to serve on the Board of Directors.
Insurance Enrollment	• Enrolled qualified patients into Medicaid and other support programs.
Patient Support/Bridge Programs	• Provided patients with support for barriers to care including transportation, housing, equipment, and other support. • Ensured patients, especially those experiencing homelessness, have clean clothes when they leave the hospital. • Provided financial assistance for undocumented residents to access appropriate and safe residential care service while waiting for long term support. • Supported patients in receiving long term care in their home or an assisted living facility. • Provided staff leadership to serve on the Kitsap County Long Term Care Alliance • Provided staff leadership to serve on the Kitsap County Immigrant Assistance Center Board of Directors • Partnered with the Kitsap County Health District to increase breastfeeding among WIC participants • VMFH provided staff time to join the Health Equity Collaborative organized through the Kitsap County Health District
Ambulatory Care Coordination	• Addressed the needs of those patients most at risk of readmissions with case management and connections to community support.
Respite Care	• Supported utilization of Benedict House, a program of Catholic Community Services, for patients without a safe place to recuperate.

Appendix A: 2020-2023 Evaluation of Impact

HEALTH NEED: ACCESS TO CARE	
Strategy or Program Name	Summary Description
COVID-19 Vaccination	• Provided vaccinations to thousands of community members at St. Michael Medical Center and at pop-up vaccination clinics across the region.
Immunizations	• Partnered with Community Health Care and Peninsula Community Health Services on flu immunization events
Virtual Visits	• Continued to encourage the use of Franciscan Virtual Urgent Care for patients with minor illnesses, especially for those who experience transportation as a barrier to care.
Olympic Community of Health	• Expanded partnership with Olympic Community of Health • Provide time for a VMFH leader to serve on the Board of Directors • Family Medicine Residency Clinic participated in pilot to address Opiate Prescribing
Financial Assistance	• Continued to make access to charity care easy and accessible for all who qualify.
Peninsula Community Health Services	• Supported planning and implementation of new respite facility led by Peninsula Community Health Services
Marvin Williams Recreation Center	• Conducted educational program series in partnership with the Marvin Williams Recreation Center to provide education to the Bremerton community on priority health issues and provide screening services
Family Residency Program	• Through the Family Residency Program rotation, patient support and engagement was provided to multiple community organizations serving vulnerable populations including Coffee Oasis, Alcoholics Anonymous, Kitsap Public School District and Bremerton Food Lifeline.
Impact: Since the last CHNA, published in 2020, the rate of Kitsap residents without insurance has remained generally steady at 5.8% in 2021. The rate of adults reporting unmet needs due to cost has been significantly decreasing over time, dropping from 10.2% as reported in the 2020 CHNA to 6.5% during 2020 and 2021.	
Planned Collaboration: St. Michael Medical Center collaborated with our Residency Program, and with Kitsap County Project Access, Conifer, the Salvation Army and other CBO's, wrap-around service providers, and long term care facilities to achieve our access to care goals.	

Appendix A: 2020-2023 Evaluation of Impact

HEALTH NEED: OBESITY, NUTRITION AND PHYSICAL ACTIVITY	
Strategy or Program Name	Summary Description
Diabetes Support	• Continued diabetes support groups at St. Michael Medical Center. Offered support groups free and open to anyone in the community. • Promoted and educated health ministry programs about diabetes prevention and referral to the CDC sponsored Diabetes Prevention Program offered at local YMCA's
Faith Health Ministers	• Created healthy eating presentations for use in faith communities by faith community nurses and health ministers.
Healthy Living Courses	• Offered healthy eating classes at the Marvin Williams Center • VMFH Stroke team provided blood pressure screenings at numerous community events and organizations
Promoting Physical Activity	• Joined and participated in the Kitsap Moves Campaign, organized through the Kitsap County Health District • Supported Miles For Meals to encourage physical activity while supporting the Kitsap County Meals on Wheels Program • VMFH provided staff time for a staff member to join the Washington State Physical Activity Task Force. • VMFH provided staff time for new membership on the HEAL coalition organized through the Kitsap County Health District
Healthier Hospital Cafes	• Continued to reduce the amount of antibiotics, hormones, additives, and preservatives in meals at all Virginia Mason Franciscan Health hospitals. • Piloted several programs to reduce the consumption of sugar-sweetened beverages.
Food System Support	• Provided financial support to various food programs during the COVID-19 pandemic.
Franciscan Weight Management Program	• Continued expansion of the Franciscan Bariatric Center of Excellence Program at St. Michael Medical Center
Marvin Williams Recreation Center	• Conducted educational program series in partnership with the Marvin Williams Recreation Center to provide education to the Bremerton community on priority health issues and provide screening services

Appendix A: 2020-2023 Evaluation of Impact

Health Need: Obesity, Nutrition and Physical Activity	
Strategy or Program Name	Summary Description
Family Residency Program	• Residents continued to receive training from registered dieticians and provide service through Kitsap Food Lifeline
Impact: Since the last CHNA, published in 2020, adults who are overweight or obese in Kitsap County has risen significantly over time from 58% to 65%. Rates of youth obesity, reporting in the 10th grade, have also increased over time from 27% to 29%.	
Planned Collaboration: St. Michael Medical Center collaborated with various community organizations to achieve these goals.	

Health Need: Behavioral Health	
Strategy or Program Name	Summary Description
Tele-Medicine	• Reduced barriers to psychiatric consultations through virtual medicine.
System Alignment and Coordination	• Provided financial support, staff and provider time to meet and collaborate with Kitsap Mental Health Services
Behavioral Health Integration	• Integrated behavioral health services into select Franciscan Medical Group clinics. • Screened patients for depression at annual wellness visits. • Continued to embed care managers into Franciscan Medical Group clinics.
National Alliance for Mental Illness (NAMI)	• Promoted NAMI support programs through education to faith community nurses and health ministers.
Suicide Screening	• Implemented the Columbia Suicide Prevention Protocol, an evidence-supported tool, for high risk patients at the St. Michael Medical Center Emergency Room.
Naloxone Kits	• Provided free naloxone rescue kits.
Wellfound Behavioral Health Hospital	• Virginia Mason Franciscan Health partnered with Multicare to build and open Wellfound Behavioral Health Hospital in Pierce County which supports residents of Kitsap County as well.
Medication Assisted Treatment Program for Opiate Use Disorder	• Faculty and all graduating residents from the Family Medicine Residency were prescribers of Suboxone to treat Opiate Use Disorder. Residents received training at Pacific Hope and Recovery Center (Kitsap Mental Health Services) and at the BAART program in Bremerton.

Appendix A: 2020-2023 Evaluation of Impact

HEALTH NEED: BEHAVIORAL HEALTH
Impact: Since the last CHNA, published in 2020, depression rates in Kitsap County adults have remained steady at 24%. In 2021, the reported rate among youth had also not statistically changed at 39%.
Planned Collaboration: St. Michael Medical Center collaborated with Wellfound Behavioral Health Hospital, various behavioral health agencies, and community partners to achieve these goals.

HEALTH NEED: VIOLENCE & INJURY PREVENTION	
Strategy or Program Name	Summary Description
Suicide Prevention	• Supported programs and organizations that prevent suicide in Kitsap County
Human Trafficking Prevention	• Engaged with community groups and organizations that work to end human trafficking, including the Washington Trafficking Prevention. • Provided funding to programs that focus on preventing human trafficking.
Sexual Assault	• Continued Operation of the Sexual Assault Center at St Michael Medical Center • Provided staff leadership time to serve on the Kitsap Sexual Assault Center Board of Directors and the Kitsap County Sexual Assault Investigations and victims Services Council • Continued implementation of the SANE program which provides trauma-informed exams, support, and referrals for survivors of sexual assault.
Impact: In 2018, the rate of suicide deaths per 100,000 was 15. In 2020, the rate of suicide deaths had increased to 18 per 100,000.	
Planned Collaboration: St. Michael Medical Center collaborated with various community groups to achieve these goals.	

Appendix B: SMMC Primary Service Area

St. Michael Medical Center (SMMC) Primary Service Area

The primary service area represents 75% of inpatients served.

Zip Code	City
98337	Bremerton
98310	Bremerton
98366	Port Orchard
98312	Bremerton
98528	Belfair
98383	Silverdale
98311	Bremerton
98370	Poulsbo
98346	Kingston
98367	Port Orchard
98340	Hansville