

## KITSAP PUBLIC HEALTH BOARD - AGENDA

February 5, 2019

12:30 p.m. to 1:45 p.m.

Norm Dicks Government Center, First Floor Chambers  
Bremerton, Washington

- 12:30 p.m. 1. Call to Order  
*Commissioner Rob Gelder, Chair*
- 12:31 p.m. 2. Approval of January 8, 2019 Meeting Minutes  
*Commissioner Rob Gelder, Chair* *Page 2*
- 12:33 p.m. 3. Approval of Consent Items and Contract Updates: See Warrant and EFT  
Registers and Contracts Signed Report  
*Commissioner Rob Gelder, Chair* *External document*
- 12:35 p.m. 4. Public Comment  
*Commissioner Rob Gelder, Chair*
- 12:45 p.m. 5. Health Officer and Administrator Reports  
*Dr. Susan Turner, Health Officer and Keith Grellner, Administrator*

### ACTION ITEMS

- 12:55 p.m. 6. Resolution 2019-01, Calling on the Washington State Legislature to Recognize  
That Public Health is Essential and to Provide Increased State Funding to  
Support Foundational Public Health Services  
*Keith Grellner, Administrator* *Page 12*

### DISCUSSION ITEMS

- 1:05 p.m. 7. Kitsap County Core Public Health Indicators Report 2018  
*Dr. Susan Turner, Health Officer* *Page 15*  
*Siri Kushner, Assessment and Epidemiology Program Manager*
- 1:45 p.m. 8. Adjourn

*All times are approximate. Board meeting materials are available online at*  
[www.kitsappublichealth.org/about/board-meetings.php](http://www.kitsappublichealth.org/about/board-meetings.php)

**KITSAP PUBLIC HEALTH BOARD  
MEETING MINUTES  
Regular Meeting  
January 8, 2019**

The meeting was called to order by Board Chair, Mayor Becky Erickson at 1:31 p.m.

**REVIEW AND APPROVE AGENDA**

There were no changes to the agenda.

**ELECTION OF 2019 BOARD CHAIR, VICE CHAIR AND COMMITTEE ASSIGNMENTS**

Mayor Kol Medina moved and Commissioner Ed Wolfe Seconded the motion to nominate Commissioner Rob Gelder as the Kitsap Public Health Board Chair, and Mayor Rob Putaansuu as Vice-Chair, for 2019. The motion was approved unanimously.

Mayor Erickson passed the gavel to Commissioner Gelder to assume his new role as Board chair for the remainder of the meeting.

**ELECTION OF BOARD COMMITTEE ASSIGNMENTS**

Commissioner Gelder reviewed the 2018 committee assignments and asked Board members if they would like to maintain the same committee assignments for 2019.

Mayor Medina moved and Mayor Erickson seconded the motion to keep the same committee assignments for 2019. The motion was approved unanimously.

2019 Kitsap Public Health Board Officers and Committee Assignments are as follows: Board Chair is Mayor Becky Erickson and Vice Chair is Commissioner Rob Gelder; Finance and Operations Committee members are Mayor Becky Erickson, Commissioner Charlotte Garrido and Mayor Greg Wheeler; Policy Committee members are Mayor Becky Erickson, Commissioner Rob Gelder and Mayor Rob Putaansuu; Personnel Committee members are Kol Medina, Mayor Greg Wheeler and Commissioner Ed Wolfe.

**BOARD MEETING MINUTES**

Commissioner Charlotte Garrido moved and Mayor Erickson seconded the motion to approve the minutes for the December 4, 2018, regular meeting. The motion was approved unanimously.

**CONSENT AGENDA**

The January consent agenda included the following contracts:

- 1560 Amendment 2 (1887), City of Bremerton, Reimbursement Agreement
- 1684 Amendment 1 (1832), *Hood Canal Coordinating Council, Hood Canal Regional PIC Program*

- 1738 Amendment 1 (1899), *Olympic Education Services District 114, Head Start*
- 1749 Amendment 6 (1900), *Washington State Department of Health, Consolidated Contract*
- 1855, *Jefferson County, Community Health Assessment*
- 1859, *Washington State Health Care Authority, Medicaid Administrative Claiming*
- 1863, *Washington State Association of Local Public Health Officials (WSALPHO), Medicaid Administrative Claiming (MAC)*
- 1884, *Peninsula Community Health Services, Kitsap Connect*
- 1890, *Kitsap Board of Health, Employment Agreement*

Mayor Putaansuu moved and Mayor Erickson seconded the motion to approve the consent agenda, including the Contracts Update and Warrant and Electronic Funds Transfer Registers. The motion was approved unanimously.

## **PUBLIC COMMENT**

Lisa Al-Hakim spoke to the board on behalf of the Peoples Harm Reduction Alliance (PHRA) regarding the Health District's syringe exchange program. Ms. Al-Hakim gave the Board an overview of the work PHRA does, including their work as a subcontracted mobile exchange program through the Health District. PHRA took over for the Ostrich Bay Syringe Exchange three years ago. She said the PHRA's mobile exchange is one of the only programs in Kitsap County that distributes Narcan, an overdose reversal drug. PHRA links users to suboxone and affiliates of the Suquamish wellness center. She said she knows there has been talks of changing the syringe exchange program. She said she has concerns about moving syringe exchange to a clinical setting because users are less likely to access care and services in a clinic. Additionally, she noted the mobile exchange is more cost effective than a clinical setting. Lastly, she said users are our neighbors, family members and loved ones and it's important to realize that they are part of our community and need our help to access low barrier services.

Commissioner Wolfe asked Ms. Al-Hakim if he understood correctly that the mobile exchange had been running for 20 years in Kitsap County. Ms. Al-Hakim explained that the Ostrich Bay Syringe Exchange had been running as a physical site for many years but transitioned to a mobile exchange when PHRA took over and partnered with public health three years ago.

Commissioner Wolfe said he understood the mobile exchange would drive to a user's home and deliver new syringes and Narcan and provide a one-stop shop for supplies. Ms. Al-Hakim said the mobile exchange may be requested by a user, a family member, or any member of the public. She also said the exchange only provides Narcan upon request and noted that some non-users like to have Narcan on hand as a precaution. Additionally, she said the exchange talks to the recipient to discuss the situation, provide education and resources, and explain the risks of overdose, which she said is CDC best practice to reduce the spread of HIV, blood borne pathogen illnesses, and get people into low-barrier treatment.

Monte Levine spoke to the Board on behalf of himself. Mr. Levine said he has served on AIDS prevention planning groups for over twenty years. He said Kitsap County was the first county in 2004 to have Narcan available in Washington State. Mr. Levine explained that Narcan does not prevent an overdose, it prevents death from an overdose. He said county health rankings by the Robert Wood Johnson Foundation state that drug poisonings in Kitsap County were 218 in 2015, and 99 in 2017. He said this dramatic drop in the number of deaths can be attributed to the distribution of Narcan by the Peoples Harm Reduction Alliance. He said, if the modality of syringe exchange changes, he guarantees that the number of deaths will increase as will the spread of HIV and Hepatitis C. He said the lifetime cost of treating HIV and Hepatitis C is very high. He said injection drug use is illegal and its consequences are severe. He said participants will not be comfortable engaging with clinics.

George Fine, a resident of Bremerton and employee of Kitsap Public Health District, spoke as a private citizen, not on behalf of the Health District. Mr. Fine said he has been HIV positive for over 30 years. He said the syringe exchange program is an important tool in the fight against HIV. He said in the future he hopes the program will be expanded rather than limited.

Brian Burwell, a clinical program manager for an outpatient treatment program in the County, spoke regarding the syringe exchange program. Mr. Burwell said he is a resident of Bremerton that he runs on local streets and trails and has been surprised at how few needles he has found during his runs. He said he would expect there to be more needles, since we live in a region with a drug use crisis. He said his takeaway is that our retrieval systems must be working at a very high level. He said he took it upon himself to clean up the pedestrian overpass in Auto Center Way and gathered four contractor bags of garbage, which included only two syringes. Mr. Burwell said that, as a treatment professional, he is in support of anything that expands our reach to users in our community. He said the syringe exchange program is a positive connection for users in our community and the treatment community can build bridges with syringe exchange programs to provide better access to treatment.

Lisa Pratt, a psychiatric nurse practitioner, provided comment on the syringe exchange program. Ms. Pratt said she has a certification in addiction treatment. She reminded the Board that drug abuse is a brain disease, not solely an illegal activity. She said most of the users she works with would love to stop using, but many of them are unable to stop on their own and part of this is due to access to services. She said she agreed with Mr. Burwell that anything that increases access to service is a positive thing. She explained that anyone who contacts the syringe exchange and indicates that they would like to use the services, will be provided services and resources. She said that this program is more than just handing over syringes, it is a link to services. Additionally, Ms. Pratt noted that Goal 3, Strategy 3, of the Washington State Opioid Response Plan passed in 2018 is to support and increase capacity of syringe services programs (SSPs) to provide infectious disease screening services and overdose education and naloxone, and engage clients in health and support services, including housing.

Commissioner Gelder called for final comment but saw none. He thanked everyone for their input and reminded the Board that the Syringe Exchange program is on the agenda under discussion items for today's meeting, but that it is not an action item. He said that if the Board

deems it appropriate to continue the conversation, it would likely be referred to the Policy Committee.

There was no further comment.

## **HEALTH OFFICER/ADMINISTRATOR'S REPORT**

### Health Officer Update:

Dr. Susan Turner, Health Officer, provided the Board with an update on influenza. She said Kitsap appears to be having a delayed start to flu season, but flu activity in terms of influenza like illness (ILI) visits have increased. She said flu activity is increasing throughout the state and that there has been a small increase in ILI visits. The University of Washington lab has seen an increase in influenza type A, which was the predominant strain during last year's flu season. She said there has been a noticeable increase in Respiratory Syncytial Virus (RSV) statewide and locally. She said this is the highest increase we have seen in the last four years. She explained that RSV is different from the flu and is most notably found in children and some older adults with other medical conditions. She said symptoms of RSV include wheezing and long-term coughing, sometimes lasting up to 6 months. She said other regions of the United States are experiencing higher levels of flu activity, in the Southeast and Southwest.

There was no further comment.

### Administrator Update:

Mr. Keith Grellner, Administrator, informed the Board of some updates made to the Board packet. The packet now includes page numbers, which are referenced in the agenda, and the digital packet includes links to each section of the agenda.

Mr. Grellner noted the packet included the 2018 Kitsap Core Public Health Indicators Report for Board members to read prior to the February Board meeting. He said the report used to be given a few months earlier, but due to changes in data availability, the report is now completed later in the year to accommodate data availability. He explained to the public that the Indicators Report is an assessment of the health of our community based on a multitude of data sources available which the Health District epidemiologists compile with data related to the Kitsap County specifically.

Mr. Grellner said that Monday, January 14<sup>th</sup> is the start of the state legislative session. He reminded the Board that they approved the 2019 Legislative and Rulemaking Priorities, which Health District staff will be advocating for at the state level as bills surface relating to these. The Health District's top priority this legislative season is the Foundational Public Health Services (FPHS). He said the state public health system is requesting state legislature to fund essential public health services, most of which are mandated by state law. Another topic he said will be discussed this year is Tobacco 21 (HB 1074 and SB 5057), a recommendation to raise the legal age to purchase tobacco to 21 years old. Health District staff will be advocating in support of these bills.

He said Senator Christine Rolfes is the chairperson of the Senate Ways and Means Committee, and it appears she is getting a work session together for FPHS at the end of January. Health District staff plans to attend the work session. He said he will report back to the Board on the legislative session updates at the February Board meeting.

Commissioner Gelder commented that he and Jaime Bodden will be meeting with Senator Emily Randall to discuss FPHS as well.

There was no further comment.

### **AMENDING 2019 MEETING SCHEDULE**

Commissioner Gelder explained that the Board had suggested the meeting be moved slightly earlier to accommodate occasional gaps between meetings. He said Mr. Grellner worked with the other Boards to move the Health Board meeting to an earlier timeslot to solve this problem entirely. He explained that this schedule amendment proposes the Board meet from 12:30 p.m. – 1:45 p.m. beginning Tuesday February 5<sup>th</sup>. Mayor Putaansuu moved and Commissioner Charlotte Garrido seconded the motion to approve moving the 2019 Health Board meetings to 11:30 a.m. beginning February 5<sup>th</sup>. The motion was approved unanimously.

There was no further comment.

### **SYRINGE EXCHANGE PROGRAM**

Dr. Turner and Katie Eilers, Community Health Director, provided the Board with a PowerPoint presentation regarding the Health District's Syringe Exchange Program. At the request of the Health Board following a Syringe Exchange Program presentation during the September 2018 regular meeting, Health District staff convened a multi-sector working group comprised of board of health members, local law enforcement, leadership from parks and recreation departments, and staff engaged in the syringe exchange program to identify shared concerns, values, and discuss options for the future of the program. The working group convened three times between October and December 2018. Mayors Erickson and Wheeler participated on the work group.

The presentation summarized the work of the syringe exchange program, identified key findings of the working group, and recommended a transition period of up to 6 months for the Health District to research and follow-up on findings to transform components of the syringe exchange program to better serve the needs, and address the concerns, of all stakeholders.

As part of the transition period, the Health District requested Board support for an extension to the People's Harm Reduction Mobile Syringe Exchange Service contract, which expired December 31, 2018, for up to six months to ensure there is not an interruption of communicable disease prevention services during the recommended transition period, most especially the collection and proper disposal of used syringes.

Commissioner Wolfe noted a slide from the presentation stated that three fourths of Hepatitis C cases were from injection drug use. Dr. Turner clarified that it is difficult to tell where a disease was contracted from, but that the data found that three fourths of acute cases of Hepatitis C reported injection drug use. Commissioner Wolfe asked if this was from all drug use or specifically illicit drug use. Dr. Turner said she believed the statistic, which used "PWID" (Persons who inject drugs) was referring to users of illicit drugs.

Commissioner Wolfe asked how much it costs county and cities to run the mobile program. Dr. Turner said the Health District does not have comprehensive data about the total cost of the system, including collection of improperly disposed sharps and treatment, in addition to the exchange program. However, she said the Health District utilizes state and flexible funds to pay for the contract with PHRA for the mobile exchange and can provide the Board with that information.

Mayor Erickson asked, due to the likeliness of duplication in data for exchanges, if it is unknown how many unique individuals use the program. Ms. Eilers said the program does not currently track the number of unique individuals the use the program, because it is designed to be anonymous to protect private health information.

Mayor Erickson asked how many syringes have been dispensed. Ms. Eilers said over 2.4 million syringes were dispensed in 2018, and an estimated 2.36 million syringes were returned. Mayor Erickson said the potential ratio of individuals to syringes is staggering.

Commissioner Gelder said the timeline for transition to a new model seems rushed. He said the six-month recommended transition period outlined in the presentation sounds more like a research period to come up with options for a new model, and once approved, staff would then take additional time to begin a transition to a new model. Dr. Turner said the staff was working with a compressed time period to satisfy the Board and thought that, by working with the Policy Committee, implementation of the new model would begin during the 6-month period.

Mayor Erickson said she was in the working group and said she has concerns about the lack of data gathering and the unknown number of individuals using the program. She said she is a strong supporter of treating drug addiction as a medical condition. She said over 70 thousand people died of drug overdose in the United States in 2017. She said about 7 thousand people died from HIV in 2017 and that public health is fighting the wrong disease. She said she feels there is a better option to treat drug addiction than syringe exchange and noted how the trend of syringes exchanged is rapidly increasing.

Commissioner Gelder said he did not have the benefit of serving on the working group but noted the Board should be careful not to conflate the syringe exchange program directly with drug addiction. He said he needs more time and information to fully understand the program and the issue and would like the Policy Committee to convene to bring the full Board up to speed on the issue. He also said the syringe exchange model has been operating in a variety of places for a few decades and though it may need to be updated, he believes it is still one tool available to address the transmission of communicable disease. He said he disagrees that public health is

fighting the wrong disease, because it is the responsibility of public health to reduce the transmission of all communicable diseases.

Mayor Wheeler said, based on his experience in politics, he would prefer the topic not be transferred to a committee, where it might be forgotten about. He expressed concerns about the safety of Bremerton neighborhoods and the connection of drug addition and crime. He asked what the Board would like to see in 2020 and that he would like to see a plan created and implemented to reach that goal. He said the Board needs to consider the structure needed to continue supporting syringe exchange at the current rate of increase, without the supports of local treatment centers and community supports. He said people not wanting to access services to get a sterile syringe is an indication of criminal behavior. He said it is his responsibility to his community to note when a program has reached its capacity and either needs outside resources or have limitations imposed. He said he does not think the current program is sustainable.

Mayor Wheeler asked what the difference is between the mobile exchange program in Kitsap and the proposed safe injection sites in Seattle. Dr. Turner said she has not researched safe injection sites, but from her understanding there is no injection drug use occurring inside the mobile unit in Kitsap. Mayor Wheeler said what he knows about safe injection sites is that they are very similar to Kitsap's mobile exchange, and if citizens knew about it, they would be appalled. He said his staff collect improperly disposed of syringes, though it is not part of City of Bremerton job descriptions, and he doesn't believe his staff will be able to keep up with the demand if things continue on this track. He emphasized the need for an infrastructure that supports medical treatment of drug addiction.

Mayor Medina expressed confusion over the talk of a transition period. He said that infers there is something the program is transitioning to, but this hasn't been outlined in the presentation. He said his understanding is that the two Board members who participated on the working group would both like to see the syringe exchange program move entirely to medical clinics and move away from mobile exchange, although no clinics have agreed to this yet. However, he also hears that some of the Board members want to get rid of syringe exchange altogether. He said he agreed with Commissioner Gelder that there should be an exploratory period prior to a transition period and that the end goal should be outlined before a transition period begins.

Mayor Wheeler responded to Mayor Medina explaining that he thinks syringe exchange programs in fixed locations should be a part of the program. He agreed that there should be an exploratory period to determine whether the Health District has the resources to maintain a syringe exchange program.

Mr. Grellner explained that the Health District's subcontract for mobile exchange expired in December and based on discussion with the Board at the June 2018 meeting and conversations during work group meetings, he decided to wait to renew the sub contract until the District had a better sense of the Board's wishes. He said that the subcontract was for \$75 thousand and is above the threshold requiring Board approval. He confirmed that the Health District cannot afford to sustain the current program at the rate exchanges are trending upward. He explained that the Health Board has the legal responsibility to prevent the spread of communicable disease.



He said historically research has shown that sharing needles is one of the most prominent ways some communicable diseases are spread. He said the Health District is looking for guidance from the Board about whether they are comfortable allowing the syringe exchange program to continue operating as-is until another model may be determined. He said if the Board is not comfortable with that, the program essentially stops now. The Health District's recommendation is to continue the program until it can transition to a new model, because there is too much investment in the process to stop immediately.

Mr. Grellner said, if the Board is comfortable with the program continuing for six months, Health District staff will bring an amended subcontract with Peoples Harm Reduction Alliance to the Board for approval.

Commissioner Gelder asked what is happening this month with the program. He also asked if there was a contract that the Board could take action on sooner than the February meeting to ensure work can continue while the Board considers action on the program.

Mr. Grellner said the Board Bylaws enable the Board to extend a contract via email vote. Commissioner Gelder said he thinks the Board should go that route. Mayor Medina asked if the Board could vote at today's meeting to extend the contract with the same terms.

**\*NOTE: The Board Bylaws do not allow voting by email. The Bylaws allow the Administrator, Chair, and Vice Chair to approve an urgent contract outside of a regular meeting, but the contract must then be brought back to the full Board for approval during a public meeting.\***

Commissioner Garrido said she appreciates the conversation is occurring around syringe exchange. She said we all know drug addiction is a problem, and that it is affecting rich and poor alike, and has touched most families in some way. She said while it is important for the Health District to have an active role in this, she noted that there are other agencies that play a role as well. She said the conversation should broaden to include discussion of what solutions are already being found by others in the community and make more connections between agencies and solutions. She said the conversation today was a good start and the Board should continue the conversation with community partners and focus on some of the solutions that already exist.

Ms. Eilers said the Peoples Harm Reduction Alliance has agreed to continue services until the Board makes a decision on their subcontract. She also said the Health District would like to spend more time discussing behavior health and the complexity of why some individuals struggle to access services at the Policy Committee. She also said the Committee can discuss how combating HIV and drug addiction don't need to be mutually exclusive. Additionally, she said the Committee can discuss the need for a continuum of services for treatment and to address both of these issues.

Commissioner Wolfe said the responsibility of both the County and the Board is to ensure the health and safety of our community. He said he fully supports an extension of the program but would like to see the current terms of operation. He said he has questions and concerns about the

mobile program and would like more information and to better understand what the goal is of the mobile program in the future. He said he would like to know what the plan is.

Commissioner Gelder agreed and said that is a common theme today. He said there needs to be a concrete plan in place before the program can transition.

Mayor Medina said he was comfortable reviewing the contract and approving it after today's meeting, as long as the subcontractor continues their services in the meantime. He said the Board has not made any action on this program yet and should proceed as such. He said the Board should spend as much time as needed this year to discuss the program and come to an agreement. He said he would prefer the conversation occur at the full Board level, rather than in the Policy Committee.

Mayor Erickson said she sees the syringe exchange program as something that can dovetail with the work being done by the Three County Coordinated Opioid Response Plan (3CCORP). She said the syringe exchange program is a twenty-year-old concept which was developed to stop the transmission of HIV. She said that is not the focal point of the program anymore because substance abuse is causing more deaths. She said the focus should be on getting people into treatment.

Mr. Grellner clarified that public health is not the lead to solve the opioid addiction problem. He said the syringe exchange program was developed to address some of the outcomes of the drug addiction problem. He said the Health District is not looking to help solve opioid addiction but is looking to develop a program that partners with substance abuse services to address the communicable disease aspect of the issue. He said syringe exchange is a very small part of the overall opioid response.

Mayor Wheeler said he is not looking to expand the Health District's role in the opioid response but noted that the mobile exchange has expanded its role by providing first aid, Narcan, and information about drug abuse.

Commissioner Gelder asked Mr. Grellner to send the Board the subcontract extension by email vote. Additionally, he asked the Health District to schedule a Policy Committee meeting.

There was no further comment.

## **ADJOURN**

Commissioner Gelder reminded everyone that the next Board meeting is at 12:30 p.m. on Tuesday, February 5<sup>th</sup>.

There was no further business; the meeting adjourned at 3:12 p.m.

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**Rob Gelder**  
**Kitsap Public Health Board**

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**Keith Grellner**  
**Administrator**

**Board Members Present:** *Mayor Becky Erickson; Commissioner Charlotte Garrido; Commissioner Rob Gelder; Mayor Kol Medina; Mayor Rob Putaansuu; Mayor Greg Wheeler; Commissioner Ed Wolfe.*

**Board Members Absent:** *None.*

**Community Members Present:** *Lisa Al-Hakim, People's Harm Reduction Alliance; Summer Anderson, Self; Deanne Jackson, Kitsap County Prevention; Brian Burwell, Suquamish Substance Abuse Treatment Provider; Mike Cornell, Self; Lauren Funk, Self; Pam Hamon, League of Women Voters-Kitsap; Monty Levine, People's Harm Reduction Alliance; Lisa Pratt, Self/ARMP MAT Provider; Diana Rubin, Department of Social and Health Services; Gail Schow, Prevention; Tad Sooter, Kitsap Sun; Lisa Rey Thomas, Olympic Community of Health.*

**Staff Present:** *Amy Anderson, Public Health Educator, Public Health Emergency Preparedness and Response; Angie Berger, Administrative Assistant, Administration; Karen Boysen-Knapp, Community Liaison, Chronic Disease Prevention; Jan Brower, Program Manager, Solid and Hazardous Waste; Katie Eilers, Director, Community Health Division; Katie Eilers, Assistant Director, Community Health; George Fine, Community Health Worker, HIV Prevention; April Fisk, Program Coordinator 2, Communicable Disease; Yolanda Fong, Assistant Director, Community Health Division; Keith Grellner, Administrator; Jessica Guidry, Program Manager, Public Health Emergency Preparedness and Response; Karen Holt, Program Manager, Human Resources; John Kiess, Director, Environmental Health Division; Melissa Laird, Program Manager, Accounting and Finance; Megan Moore, Community Liaison, Chronic Disease Prevention; Beth Phipps, Public Health Nurse Supervisor, Communicable Disease; Shelley Smith-Rose, Community Liaison, Communicable Disease; Susan Turner, MD, Health Officer; Jim Zimny, Assistant Director, Environmental Health Division.*

# MEMO

**To:** Kitsap Public Health Board  
**From:** Keith Grellner, Administrator  
**Date:** February 5, 2019  
**Re:** Resolution 2019-01, Calling on the State Legislature to Recognize that Public Health Is Essential and to Allocate Funding to Support Foundational Public Health Services in All Communities of Washington State

Attached for your consideration, please find proposed Resolution 2019-01, Calling on the State Legislature to Recognize that Public Health is Essential and to Allocate Funding to Support Foundational Public Health Services in All Communities of Washington State.

The funding of Foundational Public Health Services (FPHS) is the Board's and Health District's top legislative priority for 2019.

If approved, I will be sending this resolution to Kitsap's state legislators and using it during budget and bill hearings for FPHS during the 2019 session.

## **Recommended Action**

The Board may want to move to approve Resolution 2019-01, Calling on the State Legislature to Recognize that Public Health is Essential and to Allocate Funding to Support Foundational Public Health Services in All Communities of Washington State.

Please contact me with any questions or concerns about this matter at (360) 728-2284, or [keith.grellner@kitsappublichealth.org](mailto:keith.grellner@kitsappublichealth.org).

Attachment (1)

## **Calling on the State Legislature to Recognize that Public Health is Essential and to Allocate Funding to Support Foundational Public Health Services in All Communities of Washington State**

**WHEREAS**, the public health system in Washington provides the foundation for the larger health care framework, working to prevent illness and disease while supporting the work of community partners; and

**WHEREAS**, tracking, responding to, and preventing costly food and water contamination and disease outbreaks are essential and core services to protecting the public's health; and

**WHEREAS**, after a century of increasing life expectancies, today these gains are threatened by new and more complex diseases, continued tobacco use and preventable chronic diseases, putting today's children at risk of becoming the first generation to have shorter life expectancies than their parents; and

**WHEREAS**, the public's well-being is also threatened by the public health system's increasing inability to meet its basic responsibility to provide core services due to changes in its funding structure, complex new diseases, and growing populations;

**WHEREAS**, Washington state's population has grown by more than one million residents since 2000, and is expected to grow by another two million residents by 2025; and

**WHEREAS**, Kitsap County is experiencing sub-optimal immunization rates of toddlers and Kindergarten-aged children and significantly increasing trends of sexually transmitted infections in adults, but Kitsap Public Health District --- the agency responsible to address and investigate these issues --- lacks the financial and personnel resources to significantly improve these rates; and

**WHEREAS**, also due to the lack of financial and personnel resources, Kitsap Public Health District is continually challenged to adequately respond to communicable disease outbreaks, exposures to potentially rabid animals, and illegally discarded used syringes associated with the opioid and heroin epidemics; and

**WHEREAS**, the state's previous method to fund the public health system, the motor vehicle excise tax, was repealed in 2000, leaving the public health system without an adequate and sustainable funding source; and

**WHEREAS**, Washington state spends less on public health services and protections (\$38.08 per person) than other states like Idaho (\$54.35 per person) and Wyoming (89.75 per person) according to a report from the Trust for America's Health; and

**WHEREAS**, Revised Code of Washington Chapter 70.05 requires local health officers, local health administrative officers, and local boards of health to enforce the public health statutes of the state and rules of the state board of health and secretary of health; and

**WHEREAS**, state and local public health officials, together with local leaders, have identified an agreed upon set of core public health services --- commonly known as Foundational Public Health Services --- that include the duties mandated by the public health statutes of the state and the rules of the state board of health and secretary of health; and

**WHEREAS**, Foundational Public Health Services should be provided in each county and should be available for every Washingtonian; and

**WHEREAS**, through RCW 84.55, Washington state has also put a lid on the percentage increase that counties and cities may charge for property tax, which severely limits the ability for counties and cities to help fund core public health services locally;

**NOW, THEREFORE, BE IT RESOLVED**, that the Kitsap Public Health Board calls on the Washington state legislature to recognize that public health is essential and to provide critically needed, stable, and ongoing funding to support core public health services, commonly referred to as Foundational Public Health Services, in all communities and allow public health to rebuild its statewide system with added efficiency.

**APPROVED:** February 5, 2019

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Commissioner Rob Gelder, Chair  
Kitsap Public Health Board

# MEMO

**To:** Kitsap Public Health Board  
**From:** Dr. Susan Turner, MD, MPH, Health Officer  
**Date:** February 5, 2019  
**Re:** 2018 Kitsap County Core Public Health Indicators Report

Attached, please find an introductory memo and the 2018 Kitsap County Core Public Health Indicators Report; the memo and report were also included in your meeting packets for January 8, 2019.

During today's meeting, the Health District will summarize and present findings from the report for discussion with the Board.

## **Recommended Action**

None – for discussion only.

Please contact me with any questions or concerns about this matter at (360) 728-2250, or [susan.turner@kitsappublichealth.org](mailto:susan.turner@kitsappublichealth.org).

Attachments (2)

# MEMO

**To:** Kitsap Public Health Board  
**From:** Siri Kushner, Program Manager, Assessment and Epidemiology Program  
**Date:** January 8, 2019  
**Re:** 2018 Kitsap County Core Public Health Indicators Report

Each year, the Kitsap Public Health District releases an updated *Kitsap County Core Public Health Indicators Report* (see attached). We will present and discuss the report at your February Board of Health meeting but wanted to share the report with you in advance, so you have additional time to review.

The *Indicators Report* is a high-level synthesis of demographic and public health data designed to provide an overview of the health of Kitsap County. Most indicators are derived from standard public health data systems from national, state, county, and program sources. Data for each indicator are presented for a series of years in a large trend line graph (“Kitsap Rate Over Time”, second column); overall statistical trend in Kitsap County (third column, “Overall”) from the oldest year to the most recent year; and most recent year statistical comparison between Kitsap County and Washington State (last column, “Compared to WA”). Statistically significant differences over time and between Kitsap and WA are noted by color, black signifies no difference.

Page 2 of the report outlines changes in the 2018 report – new, retired and revised indicators. Two important notes: inpatient hospitalization data has been updated to the 10th edition of the International Classification of Diseases (ICD-10-CM) so 2016 and 2017 data for injury and chronic disease hospitalizations are no longer comparable to previous years and all indicators derived from the Healthy Youth Survey are not updated as it is administered every-other year.

The *Indicators Report* is not a reflection of only the Health District’s work, and it is not intended to be. It is an assessment of the community’s overall health, and it reflects both successes --- and areas that need improvement --- that are the results of the work and the decisions that are made by individuals, public agencies, healthcare providers, and private businesses. The Health District believes that there is something in this report for everyone with a stake in the health of our Kitsap community.

The *Indicators* have many implications for public health practice and policy, and are presented to provide sound, reliable data that can be used to help focus resources, encourage new and existing partnerships, and support the work necessary to make Kitsap County a healthy and safe place to live, learn, work, and play. The report provides opportunities for individuals, public agencies, healthcare providers, and private businesses to identify, make and support decisions to improve health.

Below, please find highlights of the report by social and economic determinants of health, by Health District strategic plan initiatives, and other notable findings. The Epidemiology team will present the findings of this report and introduce a new online interactive version at the February 2019 Health Board meeting.



**Demographic and Social/Economic Determinants Indicator Highlights:**

Key Findings	Indicator Highlights
Kitsap population is growing, aging and becoming more diverse.	The population has grown in all parts of our county; we have more older adults; and nearly one-quarter of our population is non-white and/or Hispanic. The Kitsap pregnancy rate is higher than WA and statistically increasing over the past few years. Also of note, Kitsap has a lower premature death rate over time and compared to WA.
Kitsap education and economic indicators are mostly better than WA but many long-term trends are unchanged or worsening.	Over time, an increasing number of Kitsap women giving birth have more than a high school education while the Kitsap trends over time are unchanged for early childhood education, high school graduation rate and adults with more than high school education. Kitsap fares better than Washington for high school graduation rate and women giving birth with more than high school education. While Kitsap fares better than WA, compared to previous years, Kitsap has had no improvement in poverty rates. Kitsap has a higher rate of food insecurity than WA although the Kitsap rate is decreasing over time. Housing data are mixed: fewer households are cost burdened, but the trend for individuals currently or imminently experiencing homelessness and seeking housing is unchanged and public school students experiencing homelessness has increased. Of note, in socioeconomic indicators, children are disproportionately affected: 9% of youth live below 100% poverty, 32% of public school students qualified for subsidized meals, 38% of babies were born into poverty.

**Indicator Highlights by Health District Strategic Plan Initiative:**

Initiative	Indicator Highlights
1: We will decrease communicable diseases and their impacts in our community.	Childhood immunization status is mixed: only half of toddlers have complete immunizations by age 3, lower than WA, while 9 in 10 children enter kindergarten with complete immunizations, higher than WA (though not protective for a measles outbreak). Fewer than half of adults report receiving an annual flu shot. The emergency department visit rate for influenza-like-illness is statistically unchanged over time. Kitsap has an ongoing worsening trend in residents experiencing chlamydia infections and a recent worsening trend in gonorrhea and syphilis infections; notably, however, our rates for these 3 infections and HIV are all lower than the WA average. Nearly two million clean syringes were exchanged in 2017, reducing the risk of communicable disease transmission from shared needles.
2: We will decrease chronic diseases and their impacts in our community.	Most chronic disease, weight management, physical activity and nutrition indicators are unchanged over time and similar to the state, Kitsap adults meeting physical activity recommendations changed from same to better than WA. An area of concern, more women giving birth are diagnosed with gestational diabetes. Since 2008, Kitsap has had a decreasing trend in density of fast food restaurant and convenience stores.  <i>Note: youth indicators were not updated as no new data are available and hospitalization indicators have a break in trend so change over time is not assessed.</i>

3: We will protect the public from contaminated water, food, land, and air, and insanitary environments.	Kitsap has good air quality but increasing air stagnation over time. Fresh water stream water quality is improving although only one-third of streams meet standard. More shoreline miles are open for shellfish harvest and the average number of days a marine water beach is closed is unchanged over time. The average number of days a fresh water beach is closed is increasing.
4: We will promote healthy child development and health equity by ensuring all children have healthy starts.	Not enough pregnant women are starting prenatal care in the first trimester of pregnancy; too many women are smoking during pregnancy and our rate is worse than the state. The infant mortality rate is unchanged over time, more babies are being born into poverty and less than half of children ages 3-4 are enrolled in early education programs.

**Other Notable Indicator Findings:**

Key Finding	Indicator Highlights
Substance use behaviors continue to hurt Kitsap residents although many trends are improving.	Too many pregnant women and adults continue to smoke, although rates are decreasing. Kitsap opioid prescription rate is unchanged over time, drug overdose hospitalizations are decreasing since 2005, opioid overdose hospitalizations are increasing, and drug- and opioid overdose deaths are unchanged over time. Kitsap rates of drug overdose hospitalization and death are lower than WA.  <i>Note: youth indicators were not updated as no new data are available.</i>
Mixed results for emotional well-being and suicide indicators.	The trend over time for Kitsap adults reporting emotional distress switched from decreasing to unchanged. The suicide death rate remains unchanged and similar to WA while the suicide hospitalization rate is lower than WA.  <i>Note: youth indicators were not updated as no new data are available and suicide hospitalization indicator has a break in trend so change over time is not assessed.</i>
High rates of health insurance, mixed results for dental access.	95% of Kitsap civilian residents age 19-64 report having health insurance. 7 out of 10 adults and nearly 9 in 10 8 <sup>th</sup> graders report having had a dental visit in the past 12 months, this in stark contrast to only 3 in 10 individuals with Medicaid dental coverage receiving a dental service in the past year.

**Recommended Action**

None – informational only.

Please contact me with any questions or concerns about this matter at (360) 633-9239, or [siri.kushner@kitsappublichealth.org](mailto:siri.kushner@kitsappublichealth.org).

Attachment: Kitsap County Core Public Health Indicators Report, December 2018

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018<sup>α</sup>

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## INTRODUCTION

The *Kitsap County Core Public Health Indicators* report is a high level synthesis of demographic and public health data designed to provide an overview of the health of Kitsap County. The majority of data come from standard public health sources: vital records, public health program tracking, reportable illnesses, surveys, and the U.S. Census. Data sources are footnoted throughout and described in the *Data Sources* and *Data Details* sections. Indicators have the newest available data and should be interpreted as estimates. The indicators in this report have many implications for public health practice, policy, and services. These indicators are presented in an effort to provide sound, reliable data that can be used to monitor change over time, help focus resources, encourage new and existing partnerships, and support the work necessary to make Kitsap County a healthy and safe place to live, learn, work, and play.

<sup>α</sup> The 2018 report was originally released 1/2/19. It was re-released 1/14/19 with updates to 3 birth-related indicators, and released again 1/31/2019 with corrections to rate denominators for opioid prescriptions and drug and opioid hospitalizations.

## EXAMPLE: HOW TO READ AN INDICATOR

Kitsap data for each indicator are presented for a series of years in a trend line graph. The entire line or segments of the line are color coded: green is a statistically significant improving trend, red is a statistically significant worsening trend, purple is a statistically increasing or decreasing trend not assessed as improving or worsening, and black is no statistical change. The overall statistical trend in Kitsap is presented from the earliest to the most recent year, reported as an increase (↑), decrease (↓), or no change (↔) and follows the color coding described previously. Kitsap County trend lines can have multiple segments indicated by a change in color, a thin vertical line across a purple trend line indicates a statistical change in trend. A recent year statistical comparison between Kitsap and Washington is reported as better or worse, higher or lower, or same and also follows the color coding described previously. N/A indicates insufficient data were available for a trend analysis or no WA data for a comparison.

Green line = Statistically better   Red line = Statistically worse   Purple line = Statistically significant   Black line = No statistical change			
Indicator	Kitsap Rate Over Time	Overall	Compared to WA
Fast food restaurant and convenience store density per 100,000 residents <sup>1, 25</sup>		↔ Kitsap Trend 2000-2016	<b>Same as WA</b> 2016 Kitsap = 65 per 100,000 WA = 75 per 100,000
Interpretation:	From 2000-2008, Kitsap County had increasing density (statistically worsening trend) of fast food restaurant and convenience stores per 100,000 residents (red line segment); from 2009-2016, the trend was statistically decreasing (improving) (green line segment).	From 2000-16 there was no statistical change.	In 2016, the Kitsap fast food restaurant and convenience store density per 100,000 residents was statistically the same as WA.

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

## INDICATOR CHANGES FROM THE LAST RELEASE (September 2017)

This 2018 Indicators Report includes several changes:

\*A table of population by age group was added to show population change from 2000 to 2017 for Kitsap County.

\*Several indicators have been added (new), retired, or revised. These are detailed below.

\*Healthy Youth Survey data are not updated as that survey is administered every-other-year.

\*There was a major change in hospitalization data - updated to the 10th edition of the International Classification of Diseases (ICD-10-CM). This update includes more detailed codes for classifying hospitalization data. As a result, the data for 2016 onward for injury and chronic disease hospitalizations is not comparable to previous years and a break between 2015 and 2016 will be evident in trend lines for those indicators.

NEW INDICATORS	RETIRED INDICATORS
Age distribution table (Kitsap, WA, Kitsap % Change)	Adults report never having a permanent tooth extracted because of decay or gum disease
Emergency Department Visit Rate for Influenza-Like Illness per 100,000 residents by Influenza Season	Alzheimer's death rate per 100,000 residents
Rate of opioid prescriptions per 100,000 residents	Children in out-of-home care (CPS removals)
Rate of persons living with HIV per 100,000 residents	Chronic Hepatitis C rate per 100,000 residents
Youth (grade 8) report being depressed in the past year	Death rate
	Elevated blood lead tests in children <6 years old
	Firearm death rate per 100,000 residents
	Low-income pregnant/parenting home visit clients report 3+ ACEs

REVISED INDICATORS ↓	...REPLACING...	FORMER INDICATORS ↓
Pregnancy rate per 1,000 women (ages 15-44)		Birth rate per 1,000 women (ages 15-44)
Women who gave birth with more than high school education		Civilian pregnant women with more than high school education
Women giving birth who smoked any time during pregnancy or in the 3 months before pregnancy		Civilian women report smoking during pregnancy
Civilian pregnant women start prenatal care in the first trimester		Medicaid-insured civilian women start prenatal care in the first trimester and Non-Medicaid civilian women start prenatal care
Adults aged 25+ with more than high school education		Adults aged 25-64 with more than high school education
Civilian adults aged 19-64 report having health insurance		Civilian adults aged 18-64 report having health insurance
Average number of days a fresh water beach is closed per year due to an advisory for illness, cyanobacteria (blue-green algae), or elevated bacteria levels		Days without an advisory issued for illness, cyanobacteria (blue-green algae), or elevated bacteria levels in lakes
Average number of days a marine water beach is closed per year due to an advisory for sewage spills, sewer pipe breaks and elevated bacteria levels		Days without an advisory issued for sewage spills and elevated bacteria levels in marine water
Drug overdose hospitalization rate per 100,000 residents (nonfatal, age-adjusted)		Drug-related hospitalization (nonfatal) rate per 100,000 residents
Opioid overdose hospitalization rate per 100,000 residents (nonfatal, age-adjusted)		Opioid drug-related hospitalization (nonfatal) rate per 100,000 residents
Drug overdose death rate per 100,000 residents (age-adjusted)		Drug-related death rate per 100,000 residents (age-adjusted)
Opioid overdose death rate per 100,000 residents (age-adjusted)		Opioid drug-related death rate per 100,000 residents (age-adjusted)

## KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

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This list includes change in trend over time (A) or comparison (B) to WA for indicators that did not have method or source revision compared to last release.

### A. CHANGES IN INDICATOR STATISTICAL TREND FROM LAST RELEASE (September 2017)

Residents living below 100% of poverty	Increase to no change
Households spending 30% or more of monthly income on housing costs	No change to decrease
Population enrolled in Medicaid	No change to increase
Adults report mental distress (14 or more days of poor mental health during the past 30 days)	Decrease to no change
Kitsap resident workers who walk or bike to work	Increase to no change

### B. CHANGES IN COMPARISON OF KITSAP TO WASHINGTON FROM LAST RELEASE (September 2017)

Children ages 3-4 enrolled in early education programs	Higher to same
Residents experiencing food insecurity	Better to worse
Households spending 30% or more of monthly income on housing costs	Better to same
Population enrolled in Medicare	Higher to same
Births to women diagnosed with gestational diabetes during pregnancy	Same to better
Kitsap resident workers who walk or bike to work	Better to same
Adults report 1 or more hours of physical activity on average each day per week	Same to better

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

## DEMOGRAPHIC PROFILE

	Kitsap County		
	Earliest Year (2000)	Recent Year (2018)	Percent Change
	# (%)	# (%)	%
<b>Kitsap County Total Population <sup>1</sup></b>	231,969	267,120	15%
Unincorporated	159,896 (69%)	176,290 (66%)	10%
Incorporated	72,073 (31%)	90,830 (34%)	26%
Bainbridge Island <sup>a</sup>	20,308 (28%)	24,320 (27%)	20%
Bremerton <sup>a</sup>	37,259 (52%)	41,500 (46%)	11%
Port Orchard <sup>a</sup>	7,693 (11%)	14,160 (16%)	84%
Poulsbo <sup>a</sup>	6,813 (9%)	10,850 (12%)	59%

a. Proportion is of the incorporated population; not the total population.

	Kitsap County			Washington State
	Earliest Year (2000)	Recent Year (2017)	Percent Change	2017
<b>Population by Race/Ethnicity <sup>1</sup></b>	# (%)	# (%)	%	%
White, Non-Hispanic	191,937 (83%)	202,708 (77%)	6%	69%
Black or African American, Non-Hispanic	6,581 (3%)	7,296 (3%)	11%	4%
American Indian and Alaska Native, Non-Hispanic	3,534 (2%)	3,629 (1%)	3%	1%
Asian, Non-Hispanic	10,200 (4%)	13,984 (5%)	37%	8%
Native Hawaiian and Other Pacific Islander, Non-Hispanic	1,723 (1%)	2,525 (1%)	47%	1%
Two or more races, Non-Hispanic	8,385 (4%)	14,939 (6%)	78%	4%
Hispanic or Latino	9,609 (4%)	19,219 (7%)	100%	13%

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

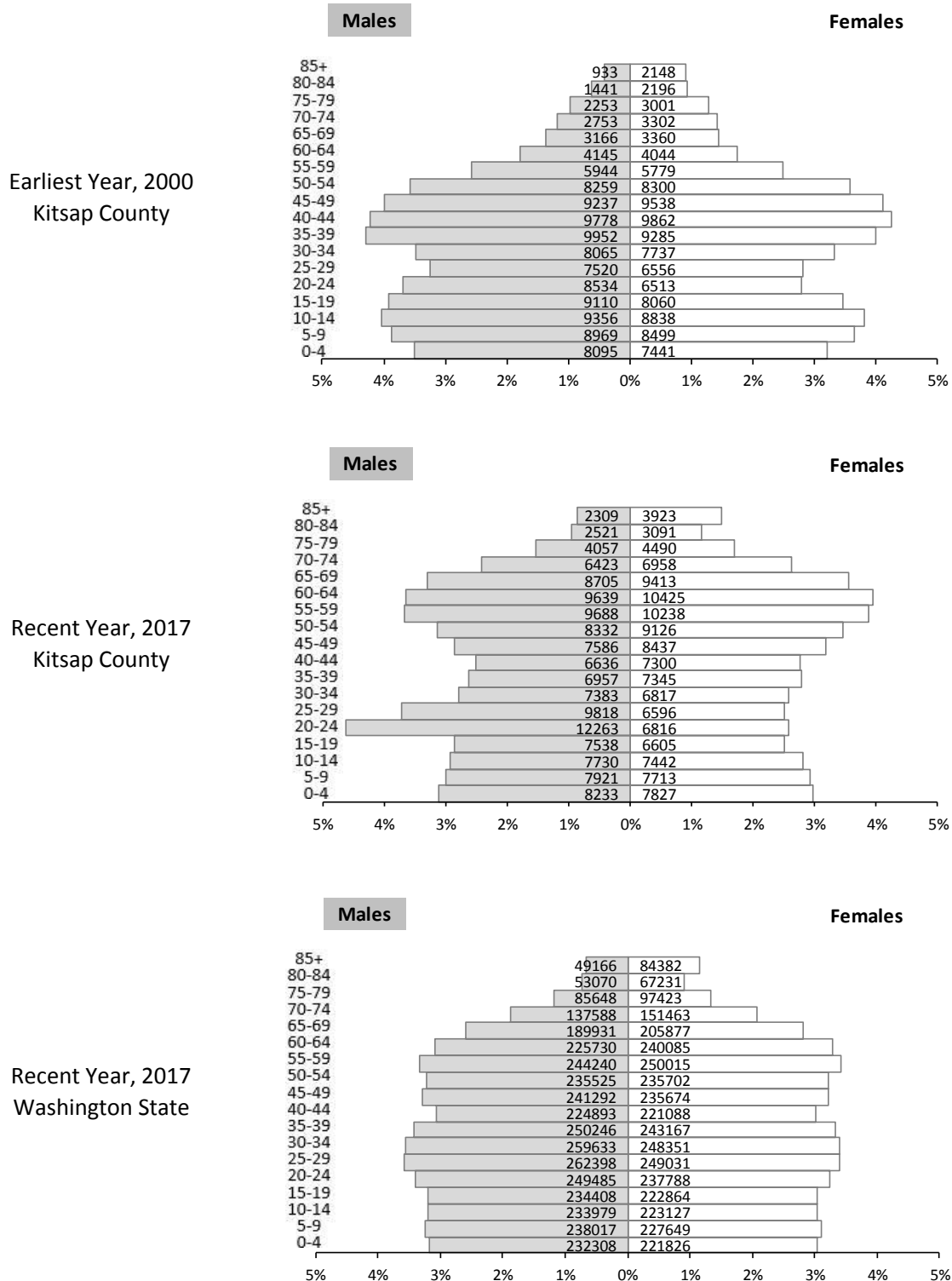
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	Kitsap County			Washington State
	Earliest Year (2000)	Recent Year (2017)	Percent Change	2017
<b>Population by Age Group <sup>1</sup></b>	# (%)	# (%)	%	%
Ages 0-4	15,536 (7%)	16,060 (6%)	3%	6%
Ages 5-9	17,468 (8%)	15,635 (6%)	-10%	6%
Ages 10-14	18,194 (8%)	15,171 (6%)	-17%	6%
Ages 15-19	17,170 (7%)	14,143 (5%)	-18%	6%
Ages 20-24	15,047 (6%)	19,079 (7%)	27%	7%
Ages 25-29	14,076 (6%)	16,414 (6%)	17%	7%
Ages 30-34	15,802 (7%)	14,200 (5%)	-10%	7%
Ages 35-39	19,237 (8%)	14,302 (5%)	-26%	7%
Ages 40-44	19,640 (8%)	13,935 (5%)	-29%	6%
Ages 45-49	18,775 (8%)	16,022 (6%)	-15%	7%
Ages 50-54	16,559 (7%)	17,458 (7%)	5%	6%
Ages 55-59	11,723 (5%)	19,926 (8%)	70%	7%
Ages 60-64	8,189 (4%)	20,064 (8%)	145%	6%
Ages 65-69	6,526 (3%)	18,117 (7%)	178%	5%
Ages 70-74	6,055 (3%)	13,382 (5%)	121%	4%
Ages 75-79	5,254 (2%)	8,547 (3%)	63%	3%
Ages 80-84	3,637 (2%)	5,612 (2%)	54%	2%
Ages 85 and older	3,081 (1%)	6,233 (2%)	102%	2%

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

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## POPULATION BY AGE GROUP AND GENDER <sup>1</sup>





# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

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<b>Green</b> = Statistically better   <b>Red</b> = Statistically worse   <b>Purple</b> = Statistically significant   <b>Black</b> = No statistical change			
Indicator	Kitsap Rate Over Time	Overall Trend	Compared to WA
<b>PREGNANCY AND DEATH RATES</b>			
Pregnancy rate per 1,000 women (ages 15-44)* <sup>3</sup>	<p>Rate per 1,000</p> <p>2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016</p> <p>82 88</p>	<p>↔</p> <p>Kitsap Trend 2000-2016</p>	<p><b>Higher than WA</b></p> <p>2016</p> <p>Kitsap = 88 per 1,000</p> <p>WA = 77 per 1,000</p>
Infant mortality rate per 1,000 live births <sup>5</sup>	<p>Rate per 1,000</p> <p>2000-02 2001-03 2002-04 2003-05 2004-06 2005-07 2006-08 2007-09 2008-10 2009-11 2010-12 2011-13 2012-14 2013-15 2014-16</p> <p>6.8 4.4</p>	<p>↔</p> <p>Kitsap Trend 2000-02-2014-16</p>	<p><b>Same as WA</b></p> <p>2014-16</p> <p>Kitsap = 4.4 per 1,000</p> <p>WA = 4.5 per 1,000</p>
Premature death rate per 100,000 residents (<75 years old; age-adjusted) <sup>6</sup>	<p>Age-adjusted rate per 100,000</p> <p>2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017</p> <p>345 269</p>	<p>↓</p> <p>Kitsap Trend 2000-2017</p>	<p><b>Better than WA</b></p> <p>2017</p> <p>Kitsap = 269 per 100,000</p> <p>WA = 293 per 100,000</p>

\* Vertical line in pregnancy rate per 1,000 women (ages 15-44) trend line indicates two distinct statistically significant trends, 2000-2012 (decreasing) and 2013-2017 (increasing).

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

## I. WHO ARE WE?

**Green** = Statistically better | **Red** = Statistically worse | **Purple** = Statistically significant | **Black** = No statistical change

Indicator	Kitsap Rate Over Time	Overall Trend	Compared to WA
<b>EDUCATION</b>			
Children ages 3-4 enrolled in early education programs <sup>8</sup>	<p>35% 43%</p>	<p>↔</p> <p>Kitsap Trend 2005-2017</p>	<p><b>Same as WA</b> 2017 Kitsap = 43% WA = 44%</p>
High school graduation rate (adjusted 5-year cohort) <sup>9</sup>	<p>85% 86%</p>	<p>↔</p> <p>Kitsap Trend 2010-11 - 2016-17</p>	<p><b>Better than WA</b> 2016-17 Kitsap = 86% WA = 82%</p>
Adults aged 25 and older with more than high school education <sup>8</sup>	<p>66% 72%</p>	<p>↔</p> <p>Kitsap Trend 2005-2017</p>	<p><b>Same as WA</b> 2017 Kitsap = 72% WA = 69%</p>
Women who gave birth with more than high school education <sup>4</sup>	<p>52% 70%</p>	<p>↑</p> <p>Kitsap Trend 2000-2017</p>	<p><b>Better than WA</b> 2017 Kitsap = 70% WA = 67%</p>
<b>EMPLOYMENT</b>			
Civilian adults currently employed <sup>11</sup>	<p>95% 95%</p>	<p>↔</p> <p>Kitsap Trend 2000-2017</p>	<p><b>Worse than WA</b> 2017 Kitsap = 95.1% WA = 95.3%</p>

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

<b>Green</b> = Statistically better   <b>Red</b> = Statistically worse   <b>Purple</b> = Statistically significant   <b>Black</b> = No statistical change			
Indicator	Kitsap Rate Over Time	Overall Trend	Compared to WA
<b>ECONOMIC WELL-BEING</b>			
Residents living below 100% of poverty <sup>b,8</sup>		 Kitsap Trend 2005-2017	<b>Better than WA</b> 2017 Kitsap = 7.8% WA = 11.0%
Youth (age 5-17) living below 100% of poverty <sup>b,8</sup>		 Kitsap Trend 2005-2017	<b>Better than WA</b> 2017 Kitsap = 9% WA = 14%
Older adults (age 65 and older) living below 100% of poverty <sup>b,8</sup>		 Kitsap Trend 2005-2017	<b>Better than WA</b> 2017 Kitsap = 6% WA = 8%
Residents experiencing food insecurity <sup>12</sup>		 Kitsap Trend 2012-2016	<b>Worse than WA</b> 2016 Kitsap = 12.4% WA = 12.0%
Public school students (grades K-12) enrolled in free or reduced lunch program* <sup>c,9</sup>		 Kitsap Trend 2000-2017	<b>Lower than WA</b> 2017 Kitsap = 32% WA = 42%

b. A family of four earning \$19,350 or less in 2005 or \$24,600 or less in 2017 was living in poverty.

c. Eligibility for free or reduced lunch is ≤185% of poverty; a family of four earning \$31,543 in 2000 or \$45,510 in 2017 was living at 185% of poverty. Data is from October of each year.

\* Vertical line in public school students enrolled in free or reduced lunch trend line indicates two distinct statistically significant trends, 2000-01 to 2013-14 (increasing) and 2014-15 to 2017-18 (decreasing).

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Green = Statistically better   Red = Statistically worse   Purple = Statistically significant   Black = No statistical change			
Indicator	Kitsap Rate Over Time	Overall Trend	Compared to WA
Civilian births paid by Medicaid <sup>d,4</sup>	<p>39% 38%</p>	<p>↑</p> <p>Kitsap Trend 2000-2017</p>	<p><b>Lower than WA</b></p> <p>2017 Kitsap = 38% WA = 41%</p>
Households spending 30% or more of monthly income on housing costs <sup>e,8</sup>	<p>33% 30%</p>	<p>↓</p> <p>Kitsap Trend 2005-2017</p>	<p><b>Same as WA</b></p> <p>2017 Kitsap = 30% WA = 33%</p>
Individuals currently or imminently experiencing homelessness and seeking housing <sup>13</sup>	<p>1.5% 2.1%</p>	<p>↔</p> <p>Kitsap Trend 2011-2017</p>	N/A
Public school students experiencing homelessness (age 5-17) <sup>10</sup>	<p>1% 3%</p>	<p>↑</p> <p>Kitsap Trend 2006-07 - 2016-17</p>	<p><b>Better than WA</b></p> <p>2016-17 Kitsap = 3% WA = 4%</p>
HEALTH CARE ACCESS			
Civilian adults aged 19-64 report having health insurance* <sup>8</sup>	<p>84% 95%</p>	<p>Kitsap Trend N/A</p>	<p><b>Better than WA</b></p> <p>2017 Kitsap = 95% WA = 91%</p>

d. Eligibility for Medicaid is ≤138% of poverty; a family of four earning \$24,357 in 2000 or \$33,948 in 2017 was living at 138% of poverty.

e. Renters and home owners combined; separately: 17% of renters and 15% of home owners spend more than 30% of monthly income on housing costs

\* The United States Census Bureau changed the age band from 18-64 years old to 19-64 years old for 2017 data.

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Green = Statistically better   Red = Statistically worse   Purple = Statistically significant   Black = No statistical change			
Indicator	Kitsap Rate Over Time	Overall Trend	Compared to WA
Population enrolled in Medicaid <sup>8</sup>	<p>11% 17%</p>	<p>↑</p> <p>Kitsap Trend 2009-2017</p>	<p><b>Lower than WA</b></p> <p>2017 Kitsap = 17% WA = 18%</p>
Population enrolled in Medicare <sup>8</sup>	<p>9% 13%</p>	<p>↑</p> <p>Kitsap Trend 2009-2017</p>	<p><b>Same as WA</b></p> <p>2017 Kitsap = 13.2% WA = 12.7%</p>
Adults report having visited a dentist or dental clinic in the past 12 months* <sup>14</sup>	<p>64% 73%</p>	<p>Kitsap Trend N/A</p>	<p><b>Same as WA</b></p> <p>2016 Kitsap = 73% WA = 68%</p>
Youth (grade 8) report having had a dental checkup, exam or cleaning in the past 12 months <sup>15</sup>	<p>74% 87%</p>	<p>↑</p> <p>Kitsap Trend 2006-2016</p>	<p><b>Same as WA</b></p> <p>2016 Kitsap = 87% WA = 86%</p>
Individuals with Medicaid dental coverage receiving any dental service in the year <sup>16</sup>	<p>30% 30%</p>	<p>↔</p> <p>Kitsap Trend 2012-2017</p>	<p><b>Worse than WA</b></p> <p>2017 Kitsap = 30% WA = 39%</p>
Civilian pregnant women start prenatal care in the first trimester <sup>4</sup>	<p>81% 76%</p>	<p>↔</p> <p>Kitsap Trend 2000-2017</p>	<p><b>Same as WA</b></p> <p>2017 Kitsap = 76% WA = 81%</p>

\* Question was not asked in 2013

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Green = Statistically better   Red = Statistically worse   Purple = Statistically significant   Black = No statistical change			
Indicator	Kitsap Rate Over Time	Overall Trend	Compared to WA
<b>II. HOW HEALTHY ARE WE?</b>			
<b>GENERAL HEALTH</b>			
Babies born at low birth weight (<2500 grams)* <sup>4</sup>	<p>20% 10% 0% 5% 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017</p>	<p>↔ Kitsap Trend 2000-2017</p>	<p><b>Same as WA</b> 2017 Kitsap = 6% WA = 7%</p>
Adults report their general health is excellent, very good, or good during the past 30 days <sup>14</sup>	<p>100% 80% 60% 83.6% 84.1% 2011 2012 2013 2014 2015 2016 2017</p>	<p>↔ Kitsap Trend 2011-2017</p>	<p><b>Same as WA</b> 2017 Kitsap = 84.1% WA = 84.0%</p>
Adults report activities not limited by poor physical or mental health during the past 30 days <sup>14</sup>	<p>70% 50% 30% 43% 53% 2011 2012 2013 2014 2015 2016 2017</p>	<p>↔ Kitsap Trend 2011-2017</p>	<p><b>Same as WA</b> 2017 Kitsap = 52.9% WA = 52.9%</p>
Older adult (age 65 and older) fall-related hospitalization (fatal and nonfatal) rate per 100,000 residents <sup>2^</sup>	<p>3000 2000 1000 0 1,667 1,476 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017</p>	<p>Kitsap Trend N/A</p>	<p><b>Better than WA</b> 2017 Kitsap = 1,476 per 100,000 WA = 1,977 per 100,000</p>

<sup>4</sup> Data are coded different in 2016-17 and are not comparable to previous years data.

<sup>2^</sup> Prior year's report indicator data were for civilian only, but indicator label did not specify as such. All data years 2000-2017 are updated to include all births.

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Green = Statistically better   Red = Statistically worse   Purple = Statistically significant   Black = No statistical change																			
Indicator	Kitsap Rate Over Time	Overall Trend	Compared to WA																
EMOTIONAL WELL-BEING																			
Youth (grade 6) report being bullied in the last month <sup>15</sup>	<table><thead><tr><th>Year</th><th>Rate (%)</th></tr></thead><tbody><tr><td>2006</td><td>27%</td></tr><tr><td>2008</td><td>28%</td></tr><tr><td>2010</td><td>30%</td></tr><tr><td>2012</td><td>28%</td></tr><tr><td>2014</td><td>29%</td></tr><tr><td>2016</td><td>26%</td></tr></tbody></table>	Year	Rate (%)	2006	27%	2008	28%	2010	30%	2012	28%	2014	29%	2016	26%	↔ Kitsap Trend 2006-2016	Same as WA 2016 Kitsap = 26% WA = 28%		
Year	Rate (%)																		
2006	27%																		
2008	28%																		
2010	30%																		
2012	28%																		
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2016	26%																		
Youth (grade 8) report being depressed in the past year <sup>15</sup>	<table><thead><tr><th>Year</th><th>Rate (%)</th></tr></thead><tbody><tr><td>2006</td><td>25%</td></tr><tr><td>2008</td><td>25%</td></tr><tr><td>2010</td><td>24%</td></tr><tr><td>2012</td><td>27%</td></tr><tr><td>2014</td><td>27%</td></tr><tr><td>2016</td><td>30%</td></tr></tbody></table>	Year	Rate (%)	2006	25%	2008	25%	2010	24%	2012	27%	2014	27%	2016	30%	↑ Kitsap Trend 2006-2016	Same as WA 2016 Kitsap = 30% WA = 29%		
Year	Rate (%)																		
2006	25%																		
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2010	24%																		
2012	27%																		
2014	27%																		
2016	30%																		
Youth (grade 8) report having adults they can turn to for help when feeling sad or hopeless <sup>15</sup>	<table><thead><tr><th>Year</th><th>Rate (%)</th></tr></thead><tbody><tr><td>2006</td><td>65%</td></tr><tr><td>2008</td><td>66%</td></tr><tr><td>2010</td><td>66%</td></tr><tr><td>2012</td><td>63%</td></tr><tr><td>2014</td><td>64%</td></tr><tr><td>2016</td><td>65%</td></tr></tbody></table>	Year	Rate (%)	2006	65%	2008	66%	2010	66%	2012	63%	2014	64%	2016	65%	↔ Kitsap Trend 2006-2016	Same as WA 2016 Kitsap = 65% WA = 64%		
Year	Rate (%)																		
2006	65%																		
2008	66%																		
2010	66%																		
2012	63%																		
2014	64%																		
2016	65%																		
Adults report that they and people in their community do favors for each other often or very often* <sup>14</sup>	<table><thead><tr><th>Year</th><th>Rate (%)</th></tr></thead><tbody><tr><td>2012</td><td>53%</td></tr><tr><td>2013</td><td>53%</td></tr><tr><td>2014</td><td>54%</td></tr><tr><td>2015</td><td>54%</td></tr><tr><td>2016</td><td>51%</td></tr></tbody></table>	Year	Rate (%)	2012	53%	2013	53%	2014	54%	2015	54%	2016	51%	Kitsap Trend N/A	Same as WA 2016 Kitsap = 51% WA = 44%				
Year	Rate (%)																		
2012	53%																		
2013	53%																		
2014	54%																		
2015	54%																		
2016	51%																		
Adults report mental distress (14 or more days of poor mental health during the past 30 days) <sup>14</sup>	<table><thead><tr><th>Year</th><th>Rate (%)</th></tr></thead><tbody><tr><td>2011</td><td>15.4%</td></tr><tr><td>2012</td><td>14%</td></tr><tr><td>2013</td><td>13%</td></tr><tr><td>2014</td><td>14%</td></tr><tr><td>2015</td><td>12%</td></tr><tr><td>2016</td><td>14.6%</td></tr><tr><td>2017</td><td>15%</td></tr></tbody></table>	Year	Rate (%)	2011	15.4%	2012	14%	2013	13%	2014	14%	2015	12%	2016	14.6%	2017	15%	↔ Kitsap Trend 2011-2017	Same as WA 2017 Kitsap = 15% WA = 12%
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2012	14%																		
2013	13%																		
2014	14%																		
2015	12%																		
2016	14.6%																		
2017	15%																		

\* Question was not asked in 2015

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Green = Statistically better   Red = Statistically worse   Purple = Statistically significant   Black = No statistical change			
Indicator	Kitsap Rate Over Time	Overall Trend	Compared to WA
Youth (grade 8) report seriously considering attempting suicide during the past 12 months <sup>15</sup>	<p>2006 2008 2010 2012 2014 2016</p> <p>12% 20%</p>	<p>↑</p> <p>Kitsap Trend 2006-2016</p>	<p><b>Worse than WA</b></p> <p>2016 Kitsap = 20% WA = 17%</p>
Suicide-related hospitalization (nonfatal) rate per 100,000 residents <sup>2</sup>	<p>2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017</p> <p>55 40</p>	<p>Kitsap Trend N/A</p>	<p><b>Better than WA</b></p> <p>2017 Kitsap = 40 per 100,000 WA = 51 per 100,000</p>
Suicide-related death rate per 100,000 residents (age-adjusted) <sup>6</sup>	<p>2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017</p> <p>13 17</p>	<p>↔</p> <p>Kitsap Trend 2000-2017</p>	<p><b>Same as WA</b></p> <p>2017 Kitsap = 17.2 per 100,000 WA = 17.1 per 100,000</p>
ADVERSE CHILDHOOD EXPERIENCES (ACEs)			
Youth (grades 8, 10, 12) report ever being physically hurt on purpose by an adult <sup>15</sup>	<p>2014 2016</p> <p>25% 22%</p>	<p>Kitsap Trend N/A</p>	<p><b>Same as WA</b></p> <p>2016 Kitsap = 22.2% WA = 21.9%</p>
Youth (grades 8, 10, 12) report parent(s) do not set clear rules or are not engaged in details of daily life <sup>f,15</sup>	<p>2006 2008 2010 2012 2014 2016</p> <p>40% 31%</p>	<p>↓</p> <p>Kitsap Trend 2006-2016</p>	<p><b>Better than WA</b></p> <p>2016 Kitsap = 31% WA = 33%</p>

\* Question was not asked in 2015

f. Parents do not ask if their student have finished their homework; parents would not know if their student did not come home on time, parents would not know where their student is and who they are with; rules in the student's family are not clear.



# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Green = Statistically better   Red = Statistically worse   Purple = Statistically significant   Black = No statistical change			
Indicator	Kitsap Rate Over Time	Overall Trend	Compared to WA
Youth (grades 8, 10, 12) report opportunities for positive participation in the family setting <sup>g,15</sup>	<p>61.3% 61.2%</p>	<p>↔ Kitsap Trend 2006-2016</p>	<p><b>Same as WA</b> 2016 Kitsap = 61.2% WA = 60.6%</p>
<b>COMMUNICABLE DISEASE AND NOTIFIABLE CONDITIONS</b>			
Toddlers (age 19-35 months) with complete immunizations <sup>17</sup>	<p>50% 52%</p>	<p>↑ Kitsap Trend 2014-2017</p>	<p><b>Worse than WA</b> 2017 Kitsap = 52% WA = 60%</p>
Kindergarten children with complete immunizations <sup>h,18</sup>	<p>94% 89%</p>	<p>↓ Kitsap Trend 2000-01 - 2017-18</p>	<p><b>Better than WA</b> 2017-18 Kitsap = 89% WA = 86%</p>
Adults with influenza vaccine in the past year <sup>14</sup>	<p>42% 47%</p>	<p>↔ Kitsap Trend 2011-2017</p>	<p><b>Same as WA</b> 2017 Kitsap = 47% WA = 44%</p>
Emergency Department Visit Rate for Influenza-Like Illness per 100,000 residents by Influenza Season <sup>31</sup>	<p>406 496</p>	<p>↔ Kitsap Trend 2014-15 - 2017-18</p>	<p>N/A</p>

g. Student can discuss problems with parents; student has chances for fun with parents; student is involved in family decisions.

h. Kindergarten children exempt from immunizations: 2000-01, 3%; 2016-17, 5%; statistically more children were exempt in 2016-17 compared to 2000-01.

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Green = Statistically better   Red = Statistically worse   Purple = Statistically significant   Black = No statistical change			
Indicator	Kitsap Rate Over Time	Overall Trend	Compared to WA
Chlamydia rate per 100,000 residents <sup>1,7</sup>	<p>Rate per 100,000</p> <p>2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017</p> <p>236 418</p>	<p>↑</p> <p>Kitsap Trend 2000-2017</p>	<p><b>Better than WA</b></p> <p>2017</p> <p>Kitsap = 418 per 100,000</p> <p>WA = 444 per 100,000</p>
Gonorrhea rate per 100,000 residents <sup>1,7</sup>	<p>Rate per 100,000</p> <p>2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017</p> <p>59 104</p>	<p>↔</p> <p>Kitsap Trend 2000-2017</p>	<p><b>Better than WA</b></p> <p>2017</p> <p>Kitsap = 104 per 100,000</p> <p>WA = 137 per 100,000</p>
Syphilis rate per 100,000 residents <sup>1,7</sup>	<p>Rate per 100,000</p> <p>2004-05 2006-07 2008-09 2010-11 2012-13 2014-15 2016-17</p> <p>5 9</p>	<p>↑</p> <p>Kitsap Trend 2004-05 - 2016-17</p>	<p><b>Better than WA</b></p> <p>2016-17</p> <p>Kitsap = 9 per 100,000</p> <p>WA = 21 per 100,000</p>
HIV rate per 100,000 residents (incidence) <sup>30</sup>	<p>Rate per 100,000</p> <p>2000-01 2002-03 2004-05 2006-07 2008-09 2010-11 2012-13 2014-15 2016-17</p> <p>4 4</p> <p>n&lt;10</p>	<p>Kitsap Trend N/A</p>	<p><b>Better than WA</b></p> <p>2016-17</p> <p>Kitsap = 4 per 100,000</p> <p>WA = 6 per 100,000</p>
Rate of persons living with HIV per 100,000 residents (prevalence) <sup>30</sup>	<p>Rate per 100,000</p> <p>2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017</p> <p>57 116</p>	<p>↑</p> <p>Kitsap Trend 2000-2017</p>	<p><b>Lower than WA</b></p> <p>2017</p> <p>Kitsap = 116 per 100,000</p> <p>WA = 177 per 100,000</p>

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Green = Statistically better   Red = Statistically worse   Purple = Statistically significant   Black = No statistical change			
Indicator	Kitsap Rate Over Time	Overall Trend	Compared to WA
Syringes exchanged through Kitsap Public Health District <sup>19</sup>		<p>↑</p> <p>Kitsap Trend 2008-2017</p>	N/A
Routine food establishment inspections resulting in two or more red violations with FDA risks <sup>i,20</sup>		<p>↔</p> <p>Kitsap Trend 2010-2017</p>	N/A
<b>CHRONIC DISEASE</b>			
Adults ever told by a health care provider that they have high blood pressure* <sup>14</sup>		<p>↔</p> <p>Kitsap Trend 2011-2017</p>	<p><b>Same as WA</b></p> <p>2017 Kitsap = 32% WA = 30%</p>
Adults ever told by a health care provider that they have cardiovascular disease <sup>14</sup>		<p>↔</p> <p>Kitsap Trend 2011-2017</p>	<p><b>Same as WA</b></p> <p>2017 Kitsap = 6% WA = 8%</p>
Heart disease hospitalization (fatal and nonfatal) rate per 100,000 residents <sup>2^</sup>		<p>Kitsap Trend N/A</p>	<p><b>Better than WA</b></p> <p>2017 Kitsap = 461 per 100,000 WA = 526 per 100,000</p>

i. A red violation indicates high risk for food contamination threats to human health.

\* Question was not asked in 2012, 2014, and 2016

^ Data are coded different in 2016-17 and are not comparable to previous years data.

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Green = Statistically better   Red = Statistically worse   Purple = Statistically significant   Black = No statistical change			
Indicator	Kitsap Rate Over Time	Overall Trend	Compared to WA
Adults ever told by a health care provider that they have diabetes <sup>14</sup>	<p>9% 7%</p>	<p>↔</p> <p>Kitsap Trend 2011-2017</p>	<p><b>Same as WA</b></p> <p>2017 Kitsap = 7% WA = 9%</p>
Births to women diagnosed with gestational diabetes during pregnancy <sup>4</sup>	<p>2.7% 7.0%</p>	<p>↑</p> <p>Kitsap Trend 2000-2017</p>	<p><b>Better than WA</b></p> <p>2017 Kitsap = 7% WA = 9%</p>
Diabetes-related hospitalization (fatal and nonfatal) rate per 100,000 residents <sup>2^A</sup>	<p>1,065 1,083</p>	<p>Kitsap Trend N/A</p>	<p><b>Better than WA</b></p> <p>2017 Kitsap = 1,083 per 100,000 WA = 1,259 per 100,000</p>
<b>III. HOW HEALTHY ARE OUR LIFESTYLES AND BEHAVIORS?</b>			
<b>WEIGHT MANAGEMENT</b>			
Adults at a healthy weight (BMI=18.5-24.9) <sup>14</sup>	<p>39.9% 40.2%</p>	<p>↔</p> <p>Kitsap Trend 2011-2017</p>	<p><b>Same as WA</b></p> <p>2017 Kitsap = 40.2% WA = 38.7%</p>
Youth (grade 8) at a healthy weight (BMI below 85th percentile)* <sup>15</sup>	<p>73% 70%</p>	<p>↔</p> <p>Kitsap Trend 2006-2016</p>	<p><b>Same as WA</b></p> <p>2016 Kitsap = 70% WA = 69%</p>

\* The Healthy Youth Survey started to identify underweight as a BMI category; estimates now account for this.

<sup>A</sup> Data are coded different in 2016-17 and are not comparable to previous years data.

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Green = Statistically better   Red = Statistically worse   Purple = Statistically significant   Black = No statistical change																	
Indicator	Kitsap Rate Over Time	Overall Trend	Compared to WA														
PHYSICAL ACTIVITY AND NUTRITION																	
Adults report 1 or more hours of physical activity on average each day per week* <sup>14</sup>	<table><caption>Adults report 1 or more hours of physical activity on average each day per week*</caption><thead><tr><th>Year</th><th>Rate (%)</th></tr></thead><tbody><tr><td>2011</td><td>40%</td></tr><tr><td>2013</td><td>38%</td></tr><tr><td>2015</td><td>41%</td></tr><tr><td>2017</td><td>43%</td></tr></tbody></table>	Year	Rate (%)	2011	40%	2013	38%	2015	41%	2017	43%	↔ Kitsap Trend 2011-2017	<b>Better than WA</b> 2017 Kitsap = 43% WA = 36%				
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2017	43%																
Youth (grade 8) report 1 or more hours of physical activity five or more days per week <sup>15</sup>	<table><caption>Youth (grade 8) report 1 or more hours of physical activity five or more days per week</caption><thead><tr><th>Year</th><th>Rate (%)</th></tr></thead><tbody><tr><td>2006</td><td>42%</td></tr><tr><td>2008</td><td>40%</td></tr><tr><td>2010</td><td>48%</td></tr><tr><td>2012</td><td>62%</td></tr><tr><td>2014</td><td>65%</td></tr><tr><td>2016</td><td>58%</td></tr></tbody></table>	Year	Rate (%)	2006	42%	2008	40%	2010	48%	2012	62%	2014	65%	2016	58%	↑ Kitsap Trend 2006-2016	<b>Same as WA</b> 2016 Kitsap = 58.4% WA = 58.5%
Year	Rate (%)																
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Youth (grade 8) report 2 hours or less of screen time <sup>j</sup> for fun on school days <sup>15</sup>	<table><caption>Youth (grade 8) report 2 hours or less of screen time for fun on school days</caption><thead><tr><th>Year</th><th>Rate (%)</th></tr></thead><tbody><tr><td>2006</td><td>79%</td></tr><tr><td>2008</td><td>78%</td></tr><tr><td>2010</td><td>80%</td></tr><tr><td>2012</td><td>82%</td></tr><tr><td>2014</td><td>78%</td></tr><tr><td>2016</td><td>77%</td></tr></tbody></table>	Year	Rate (%)	2006	79%	2008	78%	2010	80%	2012	82%	2014	78%	2016	77%	↔ Kitsap Trend 2006-2016	<b>Same as WA</b> 2016 Kitsap = 76.8% WA = 77.4%
Year	Rate (%)																
2006	79%																
2008	78%																
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Youth (grade 8) report eating 5 or more fruits/vegetables daily** <sup>15</sup>	<table><caption>Youth (grade 8) report eating 5 or more fruits/vegetables daily</caption><thead><tr><th>Year</th><th>Rate (%)</th></tr></thead><tbody><tr><td>2006</td><td>30%</td></tr><tr><td>2008</td><td>30%</td></tr><tr><td>2010</td><td>28%</td></tr><tr><td>2012</td><td>22%</td></tr><tr><td>2014</td><td>22%</td></tr><tr><td>2016</td><td>22%</td></tr></tbody></table>	Year	Rate (%)	2006	30%	2008	30%	2010	28%	2012	22%	2014	22%	2016	22%	Kitsap Trend N/A	<b>Same as WA</b> 2016 Kitsap = 22% WA = 23%
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2008	30%																
2010	28%																
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2014	22%																
2016	22%																
Youth (grade 8) report drinking no sugary beverages in past 7 days at school <sup>15</sup>	<table><caption>Youth (grade 8) report drinking no sugary beverages in past 7 days at school</caption><thead><tr><th>Year</th><th>Rate (%)</th></tr></thead><tbody><tr><td>2006</td><td>29%</td></tr><tr><td>2008</td><td>28%</td></tr><tr><td>2010</td><td>30%</td></tr><tr><td>2012</td><td>35%</td></tr><tr><td>2014</td><td>55%</td></tr><tr><td>2016</td><td>66%</td></tr></tbody></table>	Year	Rate (%)	2006	29%	2008	28%	2010	30%	2012	35%	2014	55%	2016	66%	↑ Kitsap Trend 2006-2016	<b>Better than WA</b> 2016 Kitsap = 66% WA = 61%
Year	Rate (%)																
2006	29%																
2008	28%																
2010	30%																
2012	35%																
2014	55%																
2016	66%																

\* Question was not asked in 2012, 2014, and 2016

j. Watching TV, videos or DVDs, playing video games, or using a computer.

\*\* Question was not asked in 2010

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Green = Statistically better   Red = Statistically worse   Purple = Statistically significant   Black = No statistical change																																									
Indicator	Kitsap Rate Over Time	Overall Trend	Compared to WA																																						
SUBSTANCE USE																																									
Adults report currently smoking <sup>14</sup>	<table><thead><tr><th>Year</th><th>Rate (%)</th></tr></thead><tbody><tr><td>2011</td><td>18%</td></tr><tr><td>2012</td><td>20%</td></tr><tr><td>2013</td><td>18%</td></tr><tr><td>2014</td><td>14%</td></tr><tr><td>2015</td><td>17%</td></tr><tr><td>2016</td><td>12%</td></tr><tr><td>2017</td><td>16%</td></tr></tbody></table>	Year	Rate (%)	2011	18%	2012	20%	2013	18%	2014	14%	2015	17%	2016	12%	2017	16%	↔ Kitsap Trend 2011-2017	Same as WA 2017 Kitsap = 16% WA = 14%																						
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Women giving birth who smoked any time during pregnancy or in the 3 months before pregnancy <sup>4</sup>	<table><thead><tr><th>Year</th><th>Rate (%)</th></tr></thead><tbody><tr><td>2000</td><td>16%</td></tr><tr><td>2001</td><td>17%</td></tr><tr><td>2002</td><td>14%</td></tr><tr><td>2003</td><td>16%</td></tr><tr><td>2004</td><td>16%</td></tr><tr><td>2005</td><td>14%</td></tr><tr><td>2006</td><td>15%</td></tr><tr><td>2007</td><td>15%</td></tr><tr><td>2008</td><td>15%</td></tr><tr><td>2009</td><td>14%</td></tr><tr><td>2010</td><td>14%</td></tr><tr><td>2011</td><td>14%</td></tr><tr><td>2012</td><td>14%</td></tr><tr><td>2013</td><td>12%</td></tr><tr><td>2014</td><td>8%</td></tr><tr><td>2015</td><td>14%</td></tr><tr><td>2016</td><td>15%</td></tr><tr><td>2017</td><td>11%</td></tr></tbody></table>	Year	Rate (%)	2000	16%	2001	17%	2002	14%	2003	16%	2004	16%	2005	14%	2006	15%	2007	15%	2008	15%	2009	14%	2010	14%	2011	14%	2012	14%	2013	12%	2014	8%	2015	14%	2016	15%	2017	11%	↓ Kitsap Trend 2000-2017	Worse than WA 2017 Kitsap = 11% WA = 8%
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Youth (grade 10) report smoking in the past 30 days <sup>15</sup>	<table><thead><tr><th>Year</th><th>Rate (%)</th></tr></thead><tbody><tr><td>2006</td><td>15%</td></tr><tr><td>2007</td><td>15%</td></tr><tr><td>2008</td><td>16%</td></tr><tr><td>2009</td><td>15%</td></tr><tr><td>2010</td><td>14%</td></tr><tr><td>2011</td><td>12%</td></tr><tr><td>2012</td><td>10%</td></tr><tr><td>2013</td><td>10%</td></tr><tr><td>2014</td><td>10%</td></tr><tr><td>2015</td><td>8%</td></tr><tr><td>2016</td><td>6%</td></tr></tbody></table>	Year	Rate (%)	2006	15%	2007	15%	2008	16%	2009	15%	2010	14%	2011	12%	2012	10%	2013	10%	2014	10%	2015	8%	2016	6%	↓ Kitsap Trend 2006-2016	Same as WA 2016 Kitsap = 6% WA = 7%														
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Youth (grade 10) report using alcohol in the past 30 days <sup>15</sup>	<table><thead><tr><th>Year</th><th>Rate (%)</th></tr></thead><tbody><tr><td>2006</td><td>30%</td></tr><tr><td>2007</td><td>28%</td></tr><tr><td>2008</td><td>28%</td></tr><tr><td>2009</td><td>26%</td></tr><tr><td>2010</td><td>25%</td></tr><tr><td>2011</td><td>25%</td></tr><tr><td>2012</td><td>25%</td></tr><tr><td>2013</td><td>22%</td></tr><tr><td>2014</td><td>20%</td></tr><tr><td>2015</td><td>18%</td></tr><tr><td>2016</td><td>17%</td></tr></tbody></table>	Year	Rate (%)	2006	30%	2007	28%	2008	28%	2009	26%	2010	25%	2011	25%	2012	25%	2013	22%	2014	20%	2015	18%	2016	17%	↓ Kitsap Trend 2006-2016	Better than WA 2016 Kitsap = 17% WA = 20%														
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# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Green = Statistically better   Red = Statistically worse   Purple = Statistically significant   Black = No statistical change			
Indicator	Kitsap Rate Over Time	Overall Trend	Compared to WA
Youth (grade 10) report using marijuana in the past 30 days <sup>15</sup>	<p>17% 15%</p>	↔ Kitsap Trend 2006-2016	<b>Better than WA</b> 2016 Kitsap = 15% WA = 17%
Medicaid funded substance abuse treatment rates per 1,000 residents* <sup>21</sup>	<p>10.2 10.7</p>	↔ Kitsap Trend 2002-2015	<b>Same as WA</b> 2015 Kitsap = 10.7 per 1,000 WA = 11.1 per 1,000
Rate of opioid prescriptions per 100,000 residents <sup>27</sup>	<p>364 319</p>	↔ Kitsap Trend 2012-2017	<b>Same as WA</b> 2017 Kitsap = 319 per 100,000 WA = 322 per 100,000
Drug overdose hospitalization rate per 100,000 residents (nonfatal, age-adjusted) <sup>28</sup>	<p>72 64</p>	↔ Kitsap Trend 2000-2017	<b>Better than WA</b> 2017 Kitsap = 64 per 100,000 WA = 77 per 100,000
Opioid overdose hospitalization rate per 100,000 residents (nonfatal, age-adjusted) <sup>28</sup>	<p>8 19</p>	↑ Kitsap Trend 2001-2017	<b>Same as WA</b> 2017 Kitsap = 19 per 100,000 WA = 20 per 100,000

\* Vertical line in medicaid funded substance abuse treatment rates per 1,000 residents trend line indicates two distinct statistically significant trends, 2002-2008 (increasing) and 2008-2015 (decreasing).

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Green = Statistically better   Red = Statistically worse   Purple = Statistically significant   Black = No statistical change			
Indicator	Kitsap Rate Over Time	Overall Trend	Compared to WA
Drug overdose death rate per 100,000 residents (age-adjusted) <sup>28</sup>		<p>↔</p> <p>Kitsap Trend 2000-2017</p>	<p><b>Better than WA</b></p> <p>2017</p> <p>Kitsap = 7 per 100,000</p> <p>WA = 15 per 100,000</p>
Opioid overdose death rate per 100,000 residents (age-adjusted) <sup>29</sup>		<p>↔</p> <p>Kitsap Trend 2000-02 - 2015-17</p>	<p><b>Same as WA</b></p> <p>2015-17</p> <p>Kitsap = 9 per 100,000</p> <p>WA = 10 per 100,000</p>
<b>IV. HOW SAFE AND HEALTHY ARE OUR SURROUNDINGS?</b>			
<b>NATURAL ENVIRONMENT</b>			
Healthy air days (Air Quality Index = Good <sup>k</sup> ) l,22,32		<p>↑</p> <p>Kitsap Trend 2001-2017</p>	<p><b>Better than WA</b></p> <p>2017</p> <p>Kitsap = 95%</p> <p>WA = 84%</p>
Stagnant air days <sup>m,23</sup>		<p>↑</p> <p>Kitsap Trend 2000-2015</p>	<p><b>Same as WA</b></p> <p>2015</p> <p>Kitsap = 20.6%</p> <p>WA = 20.5%</p>
Extremely hot days <sup>n,24</sup>		<p>↔</p> <p>Kitsap Trend 2001-02-2015-16</p>	N/A

k. Good is an Air Quality Index (AQI) of 0-15, meaning the air quality is considered satisfactory and air pollution poses little or no risk.

l. Air quality monitoring data from Meadowdale station 2001-2012; Spruce station from 2012-present; and South Kitsap station from 2016-present.

m. Stagnant air is when there are conditions of little to no wind, and no precipitation. These conditions allow for air pollution and ozone to remain close to ground level.

n. Temperatures above approximately 94 degrees is considered extremely hot for Kitsap County.



# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Green = Statistically better   Red = Statistically worse   Purple = Statistically significant   Black = No statistical change			
Indicator	Kitsap Rate Over Time	Overall Trend	Compared to WA
Fresh water streams meet standards for acceptable levels of fecal coliform bacteria <sup>o,24</sup>	<p>33% 2004 2017</p>	<p>↑</p> <p>Kitsap Trend 2004-2017</p>	N/A
Shoreline miles classified as 'open' for shellfish harvesting <sup>20</sup>	<p>81% 2006 2017</p>	<p>↑</p> <p>Kitsap Trend 2006-2017</p>	N/A
Average number of days a fresh water beach is closed per year due to an advisory for illness, cyanobacteria (blue-green algae), or elevated bacteria levels <sup>20</sup>	<p>5 2006 2017</p>	<p>↑</p> <p>Kitsap Trend 2006-2016</p>	N/A
Average number of days a marine water beach is closed per year due to an advisory for sewage spills, sewer pipe breaks and elevated bacteria levels <sup>20</sup>	<p>1 2006 2017</p>	<p>↔</p> <p>Kitsap Trend 2006-2016</p>	N/A
<b>BUILT ENVIRONMENT</b>			
Motor vehicle injury-related hospitalization (fatal and nonfatal) rate per 100,000 residents <sup>2^A</sup>	<p>59 2000 2017</p>	<p>Kitsap Trend N/A</p>	<p><b>Same as WA</b> 2017 Kitsap = 45 per 100,000 WA = 51 per 100,000</p>

o. In 2004, 15% of all streams passed part 1 but failed part 2 and in 2017, 35% of all streams passed part 1 but failed part 2.

<sup>A</sup> Data are coded different in 2016-17 and are not comparable to previous years data.

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Green = Statistically better   Red = Statistically worse   Purple = Statistically significant   Black = No statistical change			
Indicator	Kitsap Rate Over Time	Overall Trend	Compared to WA
Fast food restaurant and convenience store density per 100,000 residents <sup>1, 25</sup>	<p>Rate per 100,000</p> <p>66 65</p>	<p>↔</p> <p>Kitsap Trend 2000-2016</p>	<p><b>Same as WA</b></p> <p>2016</p> <p>Kitsap = 65 per 100,000</p> <p>WA = 75 per 100,000</p>
Kitsap resident workers who walk or bike to work <sup>8</sup>	<p>3% 6%</p>	<p>↔</p> <p>Kitsap Trend 2006-2017</p>	<p><b>Same as WA</b></p> <p>2017</p> <p>Kitsap = 6%</p> <p>WA = 4%</p>
Youth (grade 8) who walk or bike to school at least one day per week <sup>15</sup>	<p>33% 31%</p>	<p>↔</p> <p>Kitsap Trend 2006-2016</p>	<p><b>Worse than WA</b></p> <p>2016</p> <p>Kitsap = 31%</p> <p>WA = 38%</p>
<b>CRIME AND SAFETY</b>			
Group A offense crime rate per 100,000 residents <sup>p, 1, 26</sup>	<p>6,249 5,351</p>	<p>↓</p> <p>Kitsap Trend 2012-2017</p>	<p><b>Better than WA</b></p> <p>2017</p> <p>Kitsap = 5,351 per 100,000</p> <p>WA = 6,913 per 100,000</p>
Households with firearms that are loaded and unlocked* <sup>q, 14</sup>	<p>21% 22%</p>	<p>Kitsap Trend N/A</p>	<p><b>Same as WA</b></p> <p>2016</p> <p>Kitsap = 22%</p> <p>WA = 21%</p>

p. The Group A offenses are major crimes, such as Animal Cruelty, Burglary, Destruction/Damage/Vandalism of Property, Drug/Narcotic Offenses, Homicide, Human Trafficking, Kidnapping/Abduction, Sex Offenses, Stolen Property, and Weapon Law Violations.

q. In 2015, 35% of Kitsap and 33% of WA households report having a firearm in or around the home.

\* Question was not asked in 2011, 2012, and 2014

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

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## KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

### BACKGROUND INFORMATION

#### INDICATORS

What is an indicator?

An indicator is a measurement that reflects the status of a system, a measure of health status or a health outcome.

Indicator Selection Criteria\*:

**Worth measuring:** indicator measures an important aspect of the public's health

**Readily understood** by people who need to act: policy makers, community leaders, health care

**Compelling** enough to lead to action

**Able to be improved:** feasible actions have been identified and shown to impact the indicator

**Trackable over time:** defined in such a way that changes over time are likely to reflect interventions rather than changes in definitions

\*Institute of Medicine, Leading Health Indicators for Healthy People 2010: Final Report. 1999.

#### DATA SOURCES

##### Washington State Office of Financial Management

The Office of Financial Management produces annual population estimates based on Census data by age, gender, race, ethnicity and geography.

##### Washington State Department of Health Community Health Assessment Tool (CHAT)

The Community Health Assessment Tool (CHAT) is an online repository of public health data maintained by the WA State Department of Health and available to local public health assessment staff. CHAT includes: birth risk factors, cancer incidence, communicable diseases, sexually transmitted diseases, tuberculosis, fertility, hospitalizations, infant mortality, fetal death, life expectancy, mortality, population and pregnancy and abortion data. Sexually transmitted disease cases include only confirmed classification. CHAT also links to an opioid surveillance report.

##### U.S. Census and American Community Survey

The Census and American Community Survey collect data about population, housing and economy. The Census is conducted every 10 years; the American Community Survey is conducted annually in communities with populations of >60,000.

##### Washington State Office of the Superintendent of Public Instruction

The Office of the Superintendent of Public Instruction provides high school graduation, students experiencing homelessness, and students eligible for free and reduced-priced meals data. Free/reduced priced meals data have some limitations. First, eligible students might be underrepresented, as those not signed up in October would not be counted. Eligibility status might change during the school year resulting in an under or overestimate of program participants. Children who are not enrolled in school, are home-schooled, or attend private schools were not included.

##### Vital Statistics Databases

The Kitsap Public Health District maintains vital statistics databases with information about all county resident births and deaths. Data are obtained every year from the Washington State Department of Health. A limitation of vital statistics data is that some information may be missing from the reporting forms and therefore from the database. Death data are limited by the inconsistency and incompleteness of reported causes of death (usually done by the attending physician) and demographics (usually reported by family).

##### Bureau of Labor Statistics

The U.S. Department of Labor's Bureau of Labor Statistics produces annual Local Area Unemployment Statistics.

## KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

### **Feeding America**

Feeding America provides Map the Meal Gap research about hunger across America. They analyze the relationship between food insecurity and indicators of food insecurity and child food insecurity (poverty, unemployment, homeownership, etc.) at the state level then develop county level estimates.

## KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

### **Housing Solutions Center of Kitsap County**

The Housing Solutions Center of Kitsap County offers individuals and families who are homeless or at risk of becoming homeless a one-stop location to access all forms of housing assistance. Client information is input into the online Homeless Management Information System.

### **Behavioral Risk Factor Surveillance System**

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual land-line telephone survey – expanded to include cell phones beginning in 2011 - conducted continuously throughout the year. It is a collaborative effort of the Centers for Disease Control and the Washington State Department of Health. The survey collects information from adults on health conditions, health-related behaviors, and risk and protective factors. The survey has several limitations. First, individuals without land lines or cellular telephones are not included. Surveys are conducted in English and Spanish only. Potential respondents are not always available or willing to participate. Because the survey relies on respondent's own report, some data may be under or overestimated. 2011 is the historical baseline for trend overtime due to methodological changes in the survey administration and statistical weighting. Data prior to 2011 are no longer presented in these indicators.

### **Healthy Youth Survey**

The Healthy Youth Survey is conducted every two years among youth in grades 6, 8, 10 and 12. It is a collaborative effort of the Office of the Superintendent of Public Instruction, the Washington State Department of Health, the Washington State Department of Social and Health Services, the Liquor and Cannabis Board, the Educational Service Department and local health departments. The survey is voluntary and anonymous. The survey gathers reliable and current data about the perceptions, behaviors, and influences of youth on key topics affecting them. Because the survey relies on respondent's own report, some data may be under or overestimated.

### **Washington State Health Care Authority**

The Washington State Health Care Authority purchases health care for more than 2 million Washington residents through two programs — Washington Apple Health (Medicaid) and the Public Employees Benefits Board (PEBB) Program. They provide Medicaid and PEBB reports, and annual data on eligible clients receiving dental services by maps, counties, and service type.

### **Washington State Department of Health Immunization Program**

The Washington State Department of Health Immunization Program has data from two sources: 1) Washington State Immunization Information System (IIS) which is a lifetime registry tracking immunization records for people of all ages in WA. Healthcare providers voluntarily report immunizations for their patients so estimates of immunization coverage are likely lower than the true rate; and 2) Washington State School Immunization Data which are data reported by schools for numbers of children entering kindergarten with a complete, conditional, out of compliance (incomplete) immunization series, or exempt status. School data are collected from parents and not verified with health care providers. Thus, numbers might be under or overestimates as parents might not recall or know the exact immunization status of their child. Beginning in July 2011, a parent reporting exempt status must provide a letter signed by their health care provider or proof of membership in a church or religious group that does not allow medical treatment.

### **Washington State Department of Health, Infectious Disease Assessment Unit**

All diagnoses of chronic Hepatitis C, HIV and AIDS must be reported to the local health jurisdiction (WAC 246-101) who in turn must report the case to the Washington State Department of Health. WA DOH maintains a database of Hepatitis C cases, deduplicated individuals living with HIV or AIDS and information on other infectious diseases.

### **Kitsap Public Health District Syringe Exchange Program**

Program offers safe, clean exchange of syringes.

### **United States Environmental Protection Agency**

The US EPA has an online air quality index report with annual summary information including maximum AQI values and the count of days in each AQI category.

## KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

### Kitsap Public Health District Food and Living Environment Program

The Kitsap Public Health District Food and Living Environment Program inspects food establishments annually. The number of routine inspections differs by establishment type and size. A red violation indicates high risk for food contamination threats to human health and requires follow-up correction. The Food and Living Environment Program also annually inspects lakes and marine waters for elevated bacteria levels that can cause threats to human health. If bacteria levels are elevated, an advisory will be issued for the body of water until bacteria levels are no longer elevated. In addition, they collect and test shellfish for marine biotoxins. Shorelines are closed to shellfish harvesting when toxin levels exceed safe levels and re-opened once two consecutive samples demonstrate that toxin levels are safe.

### Washington State Department of Social and Health Services Risk and Protection Profiles for Substance Abuse Prevention Planning

The Washington State Department of Social and Health Services publishes biannual Risk and Protection Profiles for Substance Abuse Prevention Planning. These profiles are comprehensive time-series collections of data related to substance use and abuse, and the risk factors that predict substance use among youth. The data are organized and presented within a risk and protective factor framework used across the state by substance abuse prevention planners.

### Puget Sound Clean Air Agency

EPA calculates the Air Quality Index (AQI) for five major air pollutants regulated by the Clean Air Act: ground-level ozone, particle pollution (also known as particulate matter), carbon monoxide, sulfur dioxide, and nitrogen dioxide. For each of these pollutants, EPA has established national air quality standards to protect public health. The AQI indicates "Good" days when air quality is considered satisfactory and air pollution poses little or no risk. The Puget Sound Clean Air Agency collects air quality data in Kitsap County. Particulate Matter (PM) 2.5 is the only pollutant of concern in Kitsap County, so when daily PM2.5 is below 13.4  $\mu\text{m}^3$ , set by the Washington Air Quality Advisory (WAQA), the AQI is "Good." From 2001 – April 2012 data were collected at the Meadowdale monitoring station and from May 2012 to present at the Spruce monitoring station. Stations report a daily average of micrograms per cubic meter of particulate matter 2.5 calculated from a minimum of 18 1-hour averages. The data are limited to the days a daily average was calculable.

### Washington Tracking Network

The Washington Tracking Network (WTN) is a public website managed by the WA State Department of Health with data and information about environmental health hazards, population characteristics, and health outcomes. This source has more than 350 measures listed regarding climate and health, community, environment, exposure, and health.

### Kitsap Public Health District Water Quality Program

The Kitsap Public Health District Water Quality Program collects water quality samples and data at stream monitoring stations. Water samples are collected at established stations 12 times annually using a stratified random sampling strategy to designate the date and time of sample collection. Data representativeness, completeness, and comparability are achieved through consistent sampling methodology and documentation. The data set may be limited by variations in equipment performance and environmental conditions.

### U.S. Census County Business Patterns

The Census provides data on the number of establishments, employment, and payroll. Establishments are classified according to the North American Industry Classification System (NAICS).

### Washington State Association of Sheriff and Police Chiefs

The Washington State Association of Sheriff and Police Chiefs annually produces the Crime in Washington report compiled from monthly reports submitted by individual law enforcement agencies. These data have several limitations. First, the amount and type of crime reported may differ due to reporting practices, law enforcement policies, population characteristics, and attitudes. Crime may not be accurately depicted, as the varying severity of offenses is not taken into account. The Port Gamble S'Klallam Tribal and Suquamish Tribal Police Departments do not provide data. In 2012, WASPC began reporting data based on the National Incident Based Reporting System (NIBRS) which includes group A offences in three categories: crimes against people, crimes against property, and crimes against society. Not all Washington State jurisdictions have switched to NIBRS and are therefore not included in the state rate; the Kitsap County Sheriff and all 4 city police departments are included.

## KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

### Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)

ESSENCE provides near real-time access to data for emergency department, urgent care and primary care visits.

#### DATA DETAILS

Two distinct types of data have been used to calculate the values reported in the Kitsap County Core Public Health Indicators: survey and incidence. All data in the indicator report are 'rounded' to the nearest whole number. When there are a small number of events in any given year, the reliability of the statistical estimate is evaluated using the relative standard error (RSE). When the RSE is large, the estimates are imprecise (RSE is >30%, the estimate will be presented for 2- or 3-year periods rather than single years, in order to reduce the RSE below 30%).

#### Survey Data

Survey data are acquired through population surveys, in which a segment or portion of the population of interest is surveyed. Surveys are conducted because it is unrealistic to obtain information from the whole population of interest. Using statistical methods, the answers of those surveyed can be generalized to describe the entire population of interest. This method assumes that the group surveyed is statistically the same as the population it represents.

Survey data are reported as proportions (percentages) rather than counts (raw numbers). Proportions are comparable across groups and time. Examples of survey data include: current smokers, physical activity, air quality, etc.

They are calculated as follows:  $(\text{Number with specific answer} / \text{Total answering the question}) \times 100$

#### Incidence Data

Incidence data are counts of new events that occur to members of a specific group during a specific time period. Incidence data are reported as a rate. Rates are comparable across groups and time. Examples of incidence data include: suicide death rate and Chlamydia and Gonorrhea rates.

They are calculated as follows:  $(\text{Number of new events} / \text{Total persons with potential for event}) \times 100,000$

#### Confidence Intervals

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

#### Trends

To evaluate trend over time, all available data values from earliest to recent year for an indicator are analyzed for a statistical trend over time using Joinpoint Regression Program 4.6.0.0 April, 2018. These values are also shown in a trend line graph. At times, the earliest and recent data values might indicate a certain trend direction; however, the trend over time analysis takes into account all values and not just the endpoints. When an increasing or decreasing trend arrow is present, it means that the p-value is <0.05 for the trend test. As described in the first paragraph of this section on the previous page, when the RSE is >30%, the estimate will be presented using 2- or 3-year periods, likewise the trend will be run on 2- or 3-year periods of data. Trends are only run when 4 years of data or more are available.

#### Statistically Significant

Statistically significant is a term used when there is a true difference between two or more compared data. Data is statistically significant if a statistical test deems that a difference found is not due to chance.

#### Age-adjusted Rate

Age-adjusted rate is used to make populations with different age structures comparable. When comparing populations, differences in data rates could appear inflated or deflated if not age adjusted. This occurs because one population may have more adolescent residents while another may have more elderly residents. Adjusting and standardizing the age distribution in a population makes these two populations comparable.



# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Indicator	Location	Year	Number	Total	Rate	95% Confidence Interval		Statistical % Change Over Time/ Statistical Comparison to WA
						Lower	Upper	
Pregnancy rate per 1,000 women (ages 15-44)	Kitsap	2000	3955	48013	82.4	79.8	85.0	--
		2016	3689	41936	88.0	85.2	90.9	--
	WA	2016	108086	1400255	77.2	76.7	77.7	p<0.05
Infant mortality rate per 1,000 live births	Kitsap	2000-02	61	8996	6.8	2.5	13.7	--
		2014-16	41	9276	4.4	1.1	10.2	--
	WA	2014-16	1223	269317	4.5	1.1	10.2	--
Premature death rate per 100,000 residents (<75 years old; age-adjusted)	Kitsap	2000	696	219997	345.4	320.1	372.3	-1.2%
		2017	950	243908	269.4	251.3	288.9	-1.2%
	WA	2017	25127	6873380	292.8	289.0	296.5	p<0.05
Children aged 3-4 enrolled in early education programs	Kitsap	2005	2540	7200	35.3%	34.2%	36.4%	--
		2017	3067	7057	43.5%	42.3%	44.6%	--
	WA	2017	83521	191795	43.5%	43.3%	43.8%	--
High school graduation rate (5-year cohort)	Kitsap	2010-11	2737	3215	85.1%	83.9%	86.3%	--
		2016-17	2403	2780	86.4%	85.1%	87.7%	--
	WA	2016-17	67188	81562	82.4%	82.1%	82.6%	p<0.05
Adults aged 25 and older with more than high school education	Kitsap	2005	101768	153728	66.2%	66.0%	66.4%	--
		2017	132452	184874	71.6%	71.4%	71.8%	--
	WA	2017	3529721	5101968	69.2%	69.1%	69.2%	--
Women who gave birth with more than high school education	Kitsap	2000	1571	3008	52.2%	50.4%	54.0%	1.8%
		2017	2058	2947	69.8%	68.2%	71.5%	1.8%
	WA	2017	57780	86171	67.1%	66.7%	67.4%	p<0.05
Civilian adults currently employed	Kitsap	2000	100651	105983	95.0%	94.8%	95.1%	--
		2017	115166	121104	95.1%	95.0%	95.2%	--
	WA	2017	3578007	3754871	95.3%	95.3%	95.3%	p<0.05
Residents living below 100% of poverty	Kitsap	2005	19599	231389	8.5%	8.4%	8.6%	--
		2017	20068	258901	7.8%	7.7%	7.9%	--
	WA	2017	802159	7273713	11.0%	11.0%	11.1%	p<0.05
Youth (ages 5-17) living below 100% of poverty	Kitsap	2005	2700	42713	6.3%	6.1%	6.6%	--
		2017	3586	39335	9.1%	8.8%	9.4%	--
	WA	2017	168506	1175731	14.4%	14.4%	14.4%	p<0.05
Older adults (age 65 and older) living below 100% of poverty	Kitsap	2005	1158	25972	4.5%	4.2%	4.7%	--
		2017	2766	45656	6.1%	5.8%	6.3%	--
	WA	2017	88239	1097985	85.0%	8.0%	8.1%	p<0.05
Residents experiencing food insecurity	Kitsap	2012	4442	33400	13.3%	12.9%	13.7%	-2.2%
		2016	31820	257488	12.4%	12.2%	12.5%	-2.2%
	WA	2016	872720	7288000	12.0%	12.0%	12.0%	p<0.05
Public school students (grades K-12) enrolled in free or reduced lunch program	Kitsap	2000-01	10171	41680	24.4%	24.0%	24.8%	2.6%
		2017-18	11821	36540	32.3%	31.9%	32.8%	2.6%
	WA	2017-18	465407	1099409	42.3%	42.2%	42.4%	p<0.05
Civilian births paid by Medicaid	Kitsap	2000	845	2183	38.7%	36.7%	40.8%	0.5%
		2017	874	2194	39.8%	37.8%	41.9%	0.5%
	WA	2017	34454	82066	42.0%	41.6%	42.3%	--

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Indicator	Location	Year	Number	Total	Rate	95% Confidence Interval		Statistical % Change Over Time/ Statistical Comparison to WA
						Lower	Upper	
Households spending 30% or more of monthly income on housing costs	Kitsap	2005	29337	89650	32.7%	32.4%	33.0%	-1.4%
		2017	31107	102558	30.3%	30.0%	30.6%	
	WA	2017	902250	2769784	32.6%	32.5%	32.6%	--
Individuals currently or imminently experiencing homelessness and seeking housing	Kitsap	2011	3881	253900	1.5%	1.5%	1.6%	--
		2017	5592	264300	2.1%	2.1%	2.2%	
	WA	NO DATA						N/A
Public school students experiencing homelessness (age 5-17)	Kitsap	2006-07	316	39033	0.8%	0.7%	0.9%	12.8%
		2016-17	1144	35926	3.2%	3.0%	3.4%	
	WA	2016-17	40934	1102579	3.7%	3.7%	3.7%	p<0.05
Civilian adults aged 19-64 report having health insurance	Kitsap							N/A
		2017	140469	148290	94.7%	94.6%	94.8%	
	WA	2017	4069559	4461995	91.2%	91.2%	91.2%	p<0.05
Population enrolled in Medicaid	Kitsap	2009	25144	228939	11.0%	10.9%	11.1%	8.2%
		2017	32411	252254	12.8%	12.7%	13.0%	
	WA	2017	1289629	7299812	17.7%	17.6%	17.7%	p<0.05
Population enrolled in Medicare	Kitsap	2009	21644	228939	9.5%	9.3%	9.6%	4.6%
		2017	33301	252254	13.2%	13.1%	13.3%	
	WA	2017	929027	7299812	12.7%	12.7%	12.8%	--
Adults report having visited a dentist or dental clinic in the past 12 months	Kitsap	2011	154		63.6%	54.3%	72.0%	N/A
		2016	332		73.1%	67.0%	78.4%	
	WA	2016	10089		68.2%	67.2%	69.2%	--
Youth (grade 8) report having had a dental checkup, exam or cleaning in the past 12 months	Kitsap	2006	857	1159	73.9%	71.3%	76.4%	1.7%
		2016	851	978	87.0%	84.7%	89.1%	
	WA	2016	4119	4764	86.5%	85.5%	87.4%	--
Individuals with Medicaid dental coverage receiving any dental service in the year	Kitsap	2012	12499	41405	30.2%	29.7%	30.6%	--
		2017	19857	65952	30.1%	29.8%	30.5%	
	WA	2017	826596	2142539	38.6%	38.5%	38.6%	p<0.05
Civilian pregnant women start prenatal care in the first trimester	Kitsap	2000	1759	2162	81.4%	79.7%	82.9%	--
		2017	1633	2136	76.5%	74.6%	78.2%	
	WA	2017	63995	78844	81.2%	80.9%	81.4%	--
Babies born at low birth weight (less than 2500 grams)	Kitsap	2000	78	2175	3.6%	2.8%	4.5%	--
		2017	173	2952	5.9%	5.0%	6.8%	
	WA	2017	5774	87412	6.6%	6.4%	6.8%	--
Adults report that in general their health is excellent, very good, or good during the past 30 days	Kitsap	2011	273		83.6%	77.7%	88.2%	--
		2017	311		84.1%	78.8%	88.3%	
	WA	2017	10990		84.0%	83.2%	84.8%	--
Adults report activities not limited by poor physical or mental health during the past 30 days	Kitsap	2011	139		42.9%	35.9%	50.2%	--
		2017	96		52.9%	44.2%	61.4%	
	WA	2017	3794		52.9%	51.3%	54.4%	--
Older adult (age 65 and older) fall-related hospitalization (fatal and nonfatal) rate per 100,000 residents	Kitsap	2016	670	49572	1459.53	1349.54	1576.53	N/A
		2017	709	51875	1475.8	1367.7	1590.6	
	WA	2017	20451	1121779	1976.8	1949.4	2004.5	p<0.05

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Indicator	Location	Year	Number	Total	Rate	95% Confidence Interval		Statistical % Change Over Time/ Statistical Comparison to WA
						Lower	Upper	
Youth (grade 6) report being bullied in the last month	Kitsap	2006	267	992	26.9%	24.2%	29.7%	--
		2016	558	2109	26.5%	24.6%	28.4%	
	WA	2016	3297	11953	27.6%	26.8%	28.4%	--
Youth (grade 8) report being depressed in the past year	Kitsap	2006	560	2251	24.9%	23.1%	26.7%	2.1%
		2016	666	2190	30.4%	28.5%	32.4%	
	WA	2016	3151	11051	28.5%	27.7%	29.4%	--
Youth (grade 8) report having an adult to turn to for help when feeling sad or hopeless	Kitsap	2006	627	963	65.1%	62.0%	68.0%	--
		2016	544	832	65.4%	62.1%	68.5%	
	WA	2016	2649	4126	64.2%	62.7%	65.7%	--
Adults report that they and people in their community do favors for each other very often or often	Kitsap	2012	307		53.4%	47.9%	58.9%	N/A
		2016	214		50.6%	43.9%	57.3%	
	WA	2016	6038		44.3%	43.1%	45.4%	--
Adults report mental distress (14 or more days of poor mental health during the past 30 days)	Kitsap	2011	37		15.4%	10.5%	22.0%	--
		2017	45		14.6%	10.6%	19.9%	
	WA	2017	1459		12.4%	11.7%	13.2%	--
Youth (grade 8) report seriously considering attempting suicide during the past 12 months	Kitsap	2006	148	1231	12.0%	10.3%	14.0%	5.3%
		2016	426	2177	19.6%	18.0%	21.3%	
	WA	2016	1912	10985	17.4%	16.7%	18.1%	p<0.05
Suicide-related hospitalization (nonfatal) rate per 100,000 residents	Kitsap	2000	129	232219	54.9	45.8	65.4	N/A
		2017	90	264300	39.8	31.3	48.2	
	WA	2017	3613	7310300	51.1	49.4	52.8	p<0.05
Suicide-related death rate per 100,000 residents (age-adjusted)	Kitsap	2000	30	231969	13.4	9.0	19.3	--
		2017	45	264300	17.2	12.3	23.6	
	WA	2017	1292	7310300	17.1	16.2	18.1	--
Youth (grades 8, 10, 12) report ever being physically hurt on purpose by an adult	Kitsap	2014	647	2587	25.0%	23.4%	26.7%	N/A
		2016	523	2357	22.2%	20.6%	23.9%	
	WA	2016	3086	14122	21.9%	21.2%	22.5%	--
Youth (grades 8, 10, 12) report parent(s) do not set clear rules or are not engaged in details of daily life	Kitsap	2006	2675	4340	61.6%	60.2%	63.1%	-3.0%
		2016	2753	5124	53.7%	52.4%	55.1%	
	WA	2016	4729	14236	33.2%	32.4%	34.0%	p<0.05
Youth (grades 8, 10, 12) report opportunities for positive participation in the family setting	Kitsap	2006	1008	1644	61.3%	58.9%	63.6%	--
		2016	1467	2398	61.2%	59.2%	63.1%	
	WA	2016	1939	3201	60.6%	58.9%	62.3%	--
Toddlers (age 19-35 months) with complete immunizations	Kitsap	2014	2114	4207	50.2%	48.7%	51.8%	1.0%
		2017	2100	4051	51.8%	50.3%	53.4%	
	WA	2017	82494	137671	59.9%	59.7%	60.2%	p<0.05
Kindergarten children with complete immunizations	Kitsap	2000-01	3195	3390	94.2%	93.4%	95.0%	-0.4%
		2017-18	2324	2620	88.7%	87.4%	89.9%	
	WA	2017-18	71333	83236	85.7%	85.5%	85.9%	p<0.05
Adults with influenza vaccine in the past year	Kitsap	2011	153		42.4%	35.6%	49.4%	--
		2017	178		47.0%	40.5%	53.7%	
	WA	2017	6029		44.3%	43.2%	45.5%	--

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Indicator	Location	Year	Number	Total	Rate	95% Confidence Interval		Statistical % Change Over Time/ Statistical Comparison to WA
						Lower	Upper	
Emergency Department Visit Rate for Influenza-Like Illness per 100,000 residents by Influenza Season	Kitsap	2014-15	1039	255900	406.0	382.1	431.4	--
		2017-18	1311	264300	496.0	470.0	523.5	
	WA	NO DATA						
Chlamydia rate per 100,000 residents	Kitsap	2000	547	231969	235.8	216.9	256.4	3.6%
		2017	1104	264300	417.7	393.8	443.0	
	WA	2017	32454	7310300	444.0	439.2	448.8	p<0.05
Gonorrhea rate per 100,000 residents	Kitsap	2000	138	231969	59.5	50.4	70.3	--
		2017	276	264300	104.4	92.8	117.5	
	WA	2017	10022	7310300	137.1	134.4	139.8	p<0.05
Syphilis rate per 100,000 residents	Kitsap	2004-05	22	480596	4.6	3.0	6.9	12.5%
		2016-17	50	526890	9.5	7.2	12.5	
	WA	2016-17	3079	14494000	21.2	20.5	22.0	p<0.05
HIV rate per 100,000 residents (incidence)	Kitsap	2001-02	18	470574	3.8	2.4	6.0	N/A
		2016-17	19	526890	3.6	2.3	5.6	
	WA	2016-17	893	14494000	6.2	5.8	6.6	p<0.05
Rate of persons living with HIV per 100,000 residents (prevalence)	Kitsap	2000	145	254500	57.0	48.4	67.0	3.7%
		2017	307	264300	116.2	103.9	129.9	
	WA	2017	12936	7310300	177.0	173.9	180.0	p<0.05
Syringes exchanged through Kitsap Public Health District	Kitsap	2008	282039					19.0%
		2017	1853639					
	WA	NO DATA						N/A
Routine food establishment inspections resulting in two or more red violations with FDA risks	Kitsap	2010	38	857	4.4%	3.1%	6.1%	--
		2016	76	1085	7.0%	5.5%	8.8%	
	WA	NO DATA						N/A
Adults ever told by a health care provider that they have high blood pressure	Kitsap	2011	136		34.0%	27.9%	40.8%	--
		2017	132		32.3%	26.8%	38.3%	
	WA	2017	4840		29.8%	28.8%	30.8%	--
Adults ever told by a health care provider that they have cardiovascular disease	Kitsap	2011	24		5%	3%	8%	--
		2017	35		6%	4%	9%	
	WA	2017	1357		8%	7%	8%	--
Heart disease hospitalization (fatal and nonfatal) rate per 100,000 residents	Kitsap	2016	2059	262419	589.2	562.8	616.7	N/A
		2017	1674	264124	461.0	438.1	485.1	
	WA	2017	44467	7310300	526.0	521.0	531.1	p<0.05
Adults ever told by a health care provider that they have diabetes	Kitsap	2011	38		9.2%	6.4%	13.1%	--
		2017	29		7.2%	4.5%	11.4%	
	WA	2017	1508		9.2%	8.6%	9.8%	--
Births to women diagnosed with gestational diabetes during their pregnancy	Kitsap	2000	83	3004	2.8%	2.2%	3.4%	5.6%
		2017	208	2953	7.0%	6.2%	8.0%	
	WA	2017	7878	87388	9.0%	8.8%	9.2%	p<0.05
Diabetes-related hospitalization (fatal and nonfatal) rate per 100,000 residents	Kitsap	2016	3342	262419	976.5	942.1	1012.2	N/A
		2017	3788	264124	1082.6	1046.4	1119.9	
	WA	2017	105533	7310300	1259.4	1251.6	1267.2	p<0.05

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Indicator	Location	Year	Number	Total	Rate	95% Confidence Interval		Statistical % Change Over Time/ Statistical Comparison to WA
						Lower	Upper	
Adults at a healthy weight (BMI=18.5-24.9)	Kitsap	2011	123		39.9%	33.1%	47.1%	--
		2017	125		40.2%	33.6%	47.3%	
	WA	2017	4418		38.7%	37.6%	39.9%	--
Youth (grade 8) at a healthy weight (below 85 <sup>th</sup> percentile for BMI)	Kitsap	2014	698	967	72.2%	69.2%	75.0%	N/A
		2016	687	975	70.5%	67.5%	73.3%	
	WA	2016	3321	4781	69.5%	68.1%	70.8%	--
Adults report 1 or more hours of physical activity on average each day per week	Kitsap	2011	155		39.9%	32.4%	47.9%	--
		2017	125		42.7%	35.7%	49.9%	
	WA	2017	3872		35.5%	34.3%	36.8%	p<0.05
Youth (grade 8) report 1 or more hours of physical activity five or more days per week	Kitsap	2006	501	1186	42.2%	39.5%	45.1%	4.4%
		2016	635	1088	58.4%	55.4%	61.3%	
	WA	2016	3204	5478	58.5%	57.2%	59.8%	--
Youth (grade 8) report 2 hours or less of screen time for fun on school days	Kitsap	2006	1967	2477	79.4%	77.8%	81.0%	--
		2016	1735	2258	76.8%	75.1%	78.5%	
	WA	2016	8895	11496	77.4%	76.6%	78.1%	--
Youth (grade 8) report eating 5 or more fruits/ vegetables daily	Kitsap	2006	299	983	30.4%	27.6%	33.4%	N/A
		2016	240	1085	22.1%	19.8%	24.7%	
	WA	2016	1255	5467	23.0%	21.9%	24.1%	--
Youth (grade 8) report drinking no sugary beverages in past 7 days at school	Kitsap	2006	345	1204	28.7%	26.2%	31.3%	9.4%
		2016	717	1093	65.6%	62.7%	68.4%	
	WA	2016	3390	5522	61.4%	60.1%	62.7%	p<0.05
Adults report currently smoking	Kitsap	2011	47		18%	13%	25%	--
		2017	39		16%	11%	22%	
	WA	2017	1501		14%	13%	14%	--
Women giving birth who smoked any time during pregnancy or in the 3 months before pregnancy	Kitsap	2000	395	2203	17.9%	14.2%	17.3%	-3.4%
		2017	337	2937	11.5%	10.3%	12.7%	
	WA	2017	7081	87216	8.1%	7.9%	8.3%	p<0.05
Youth (grade 10) report smoking in the past 30 days	Kitsap	2006	341	2263	15.1%	13.7%	16.6%	-7.0%
		2016	111	1815	6.1%	5.1%	7.3%	
	WA	2016	845	12426	6.8%	6.4%	7.3%	--
Youth (grade 10) report using electronic cigarettes in the past 30 days	Kitsap	2012	65	1066	6%	5%	8%	N/A
		2016	92	917	10%	8%	12%	
	WA	2016	791	6280	13%	12%	13%	p<0.05
Youth (grade 10) report using alcohol in the past 30 days	Kitsap	2006	684	2252	30.4%	28.5%	32.3%	-4.8%
		2016	315	1817	17.3%	15.7%	19.1%	
	WA	2016	2512	12408	20.2%	19.5%	21.0%	p<0.05
Youth (grade 10) report using marijuana in the past 30 days	Kitsap	2006	390	2249	17.3%	15.8%	19.0%	--
		2016	271	1802	15.0%	13.5%	16.8%	
	WA	2016	2138	12378	17.3%	16.6%	17.9%	p<0.05
Medicaid funded substance abuse treatment rates per 1,000 residents	Kitsap	2002	1757	173142	10%	10%	11%	--
		2015	2178	202984	11%	10%	11%	
	WA	2015	60775	5485653	11%	11%	11%	--

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Indicator	Location	Year	Number	Total	Rate	95% Confidence Interval		Statistical % Change Over Time/ Statistical Comparison to WA
						Lower	Upper	
Rate of opioid prescriptions per 100,000 residents	Kitsap	2012	925	254500	363.5	340.9	387.6	--
		2017	843	264300	318.9	298.1	341.1	--
	WA	2017	23561	7310300	322.3	318.2	326.4	--
Drug overdose hospitalization rate per 100,000 residents (nonfatal, age-adjusted)	Kitsap	2000	167	231967	71.8	61.3	83.7	--
		2017	170	264285	64.3	54.6	75.5	--
	WA	2017	5792	7310085	76.7	74.7	78.7	p<0.05
Opioid overdose hospitalization rate per 100,000 residents (nonfatal, age adjusted)	Kitsap	2001	19	233919	8.1	4.9	12.8	3.9%
		2017	54	264285	19.0	14.0	25.5	3.9%
	WA	2017	1615	7310085	20.2	19.2	21.2	--
Drug overdose death rate per 100,000 residents (age-adjusted)	Kitsap	2000	20	231967	8.3	5.1	13.0	--
		2017	20	264285	6.6	4.0	10.8	--
	WA	2017	1128	7310085	15.0	14.1	15.9	p<0.05
Opioid overdose death rate per 100,000 residents (age-adjusted)	Kitsap	2000-02	32	702543	4.5	3.1	6.4	--
		2015-17	74	785072	8.6	6.7	11.0	--
	WA	2015-17	2125	21555221	9.6	9.2	10.0	--
Healthy air days (Air Quality Index = Good)	Kitsap	2001	287	346	82.9%	78.6%	86.5%	1.1%
		2017	345	365	94.5%	96.4%	91.7%	1.1%
	WA	2017	8474	10063	84.2%	84.9%	83.5%	p<0.05
Stagnant air days	Kitsap	2000	46.8	365	12.8%	9.8%	16.6%	2.9%
		2015	75.2	365	20.6%	16.8%	25.1%	2.9%
	WA	2015	75	365	20.5%	16.7%	25.0%	--
Extremely hot days	Kitsap	2001-02	0.5	122	0.4%	0.0%	3.8%	--
		2015-16	2.6	129	2.0%	0.6%	6.1%	--
	WA	NO DATA						N/A
Fresh water streams meet standards for acceptable levels of fecal coliform bacteria	Kitsap	2004	17	52	32.7%	19.1%	52.3%	3.6%
		2017	17	52	32.7%	19.1%	52.3%	3.6%
	WA	NO DATA						N/A
Shoreline miles classified as 'open' for shellfish harvesting	Kitsap	2006	183	226	80.9%	75.4%	85.6%	0.8%
		2017	207	228	90.8%	86.3%	93.9%	0.8%
	WA	NO DATA						N/A
Average number of days a fresh water beach is closed per year due to an advisory for illness, cyanobacteria (blue-green algae), or elevated bacteria levels	Kitsap	2006	79	17	4.6	1.4	11.0	12.54%
		2016	422	17	24.8	15.8	36.3	12.54%
	WA	NO DATA						N/A
Average number of days a marine water beach is closed per year due to an advisory for sewage spills, sewer pipe breaks and elevated bacteria levels	Kitsap	2006	14	10	1.4	0.0	5.6	--
		2016	46	12	3.8	0.8	9.5	--
	WA	NO DATA						N/A
Motor vehicle injury-related hospitalization (fatal and nonfatal) rate per 100,000 residents	Kitsap	2016	125	262419	47.1	38.8	56.8	N/A
		2017	123	264124	44.6	36.7	53.9	N/A
	WA	2017	3852	7310300	50.8	49.2	52.5	--
Fast food and convenience store density per 100,000 residents	Kitsap	2000	153	231969	66.0	56.3	77.3	--
		2016	171	262590	65.1	56.1	75.6	--
	WA	2016	5407	7183700	75.3	73.3	77.3	--

# KITSAP COUNTY CORE PUBLIC HEALTH INDICATORS

December 2018

Indicator	Location	Year	Number	Total	Rate	95% Confidence Interval		Statistical % Change Over Time/ Statistical Comparison to WA
						Lower	Upper	
Kitsap resident workers who walk or bike to work	Kitsap	2006	3137	110455	2.8%	2.7%	2.9%	--
		2017	7287	127450	5.7%	4.1%	7.3%	
	WA	2017	147360	3566785	4.1%	3.9%	4.4%	--
Youth (grade 8) who walk or bike to school at least one day per week	Kitsap	2008	385	1157	33.3%	30.6%	36.0%	--
		2016	336	1071	31.4%	28.7%	34.2%	
	WA	2016	2037	5410	37.7%	36.4%	39.0%	p<0.05
Group A offense crime rate per 100,000 residents	Kitsap	2012	15961	255403	6249.3	6156.1	6343.9	-2.9%
		2017	14145	264365	5350.6	5265.4	5437.0	
	WA	2017	468751	6780485	6913.2	6388.5	6423.9	p<0.05
Households with firearms that are loaded and unlocked	Kitsap	2013	27		21.3%	13.9%	31.1%	N/A
		2016	29		22.4%	14.8%	32.4%	
	WA	2016	896		20.7%	19.2%	22.4%	--