

Kitsap Health Equity Collaborative

Jessica Guidry
Equity Program Manager



KITSAP PUBLIC HEALTH DISTRICT

Our Equity Program

Our Equity Program was created in mid-2021 to carry forward the directives of a Kitsap Public Health Board resolution declaring racism a public health crisis. Our program works within the Health District and in our community to listen, collaborate, address inequities, and strive to create an environment where everyone can thrive.



Training



**Policies
Procedures
Programs**



Partnerships



Commitments in the Resolution

**Review
policies,
procedures,
programs
through a
racial justice
and equity
lens**

Workforce

Structure

**Community
Partnerships**

**Board of
Health**



Kitsap Board Resolution 2021-01

“The Board and the Kitsap Public Health District commit to work to advance a public health approach in addressing institutional and systemic racism, including [...] **partnering with community to co-create solutions to address structural inequities.**”



Kitsap Health Equity Collaborative

- Organizations serving and leaders from communities experiencing health inequities; convened by KPHD
- Participants compensated if not being paid by another organization
- Mostly hybrid meetings
- Meetings every other month



30+ Organizations Participated So Far

- Bremerton Housing Authority
- Central Kitsap School District
- Fdn for Poverty & Homelessness Mgmt
- Gather Together, Grow Together
- Kingston Advisory Council
- Kitsap Accessible Communities Advisory Council
- Kitsap Black Student Union
- Kitsap Community Resources
- Kitsap Council for Human Rights
- Kitsap ERACE Coalition
- Kitsap Immigrant Assistance Center
- Kitsap Mental Health Services
- Kitsap Pride
- Kitsap Regional Library
- Kitsap Strong
- Living Arts Cultural Heritage
- Love Me For Me
- Marvin Williams Center
- Mt. Zion MBC
- NAACP Unit 1134
- Olympic College
- OESD
- PCHS
- Port Gamble S'Klallam Tribe
- Puget Sound Partnership
- Sinclair MBC
- Suquamish Tribe
- Up From Slavery Initiative
- Virginia Mason Franciscan Health
- You are Beautiful, PLLC



Other Organizations Invited

- Civil Survival
- Ebenezer AME Church
- Filipino American Association of Kitsap County
- Gods Broken Home University
- Kitsap Advocating for Immigrant Rights and Equality
- Kitsap County Veterans Program
- Islamic Center of Kitsap County
- Kitsap Parent Coalition / Easter Seals
- New Horizons Baptist Ministries
- Surviving Change
- Summit Ave. Presbyterian Church
- Voices of Pacific Island Nations



What We Have Done So Far

- **Established a Focus: Address root cause(s) to systemic inequities**
- Discussed the following:
 - Collaborative purpose, roles
 - Definition of health equity and social determinants of health
 - Barriers to good health in Kitsap County
 - Existing community assets
- Allocated time for information sharing (programs, grants, events, etc.) and relationship building



Next Steps

To discuss:

- Which root cause(s) to address (goals)
- Missing/needed/overlapping community assets
- Strategies we would like to focus on
- How we will work on those strategies
- How we interface with existing and future groups with similar goals



Questions?

Jessica Guidry

Equity Program Manager

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Kitsap County Child Death Review (CDR) Introduction

Erica Whares
Healthy Communities Specialist
Chronic Disease and Injury Prevention Program



KITSAP PUBLIC HEALTH DISTRICT

Presentation Objectives

1. Explain the Child Death Review Panel and what review meetings will look like
2. Review national and local child mortality statistics and trends



What is Child Death Review?



- **Community-oriented process** involving professionals from multiple disciplines
- Facilitates an **objective review** to outline key circumstances involved with a child's death
- Collectively examines how and why children die in our county with the **goal of preventing future deaths and improving safety.**

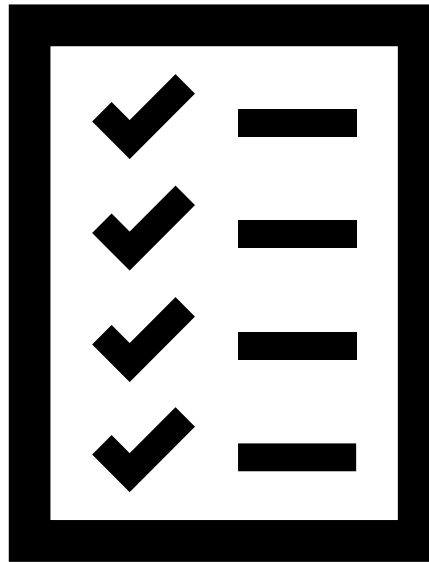


Child Death Review

Prevention-focused child death review is different from other processes.

What it IS

- An ongoing, confidential process of data collection, analysis, interpretation, and action
- A systemic process guided by policies and state law
- Intended to move from data collection to prevention activities.



What it is NOT

- A mechanism for assigning blame or responsibility for any death
- A research study
- Institutional review or substitute for existing mortality and morbidity inquiries



The death of a child is...

- A sentinel event
- Often preventable
- A community responsibility
- Often, a result of numerous system gaps



Kitsap County CDR Purpose



The purpose of the Child Death Review (CDR) is to lead to a better understanding of how and why children die, and what can be done **to prevent child deaths** in the future, based on **findings** from review meetings. These findings are used to **catalyze action** to prevent other deaths, ultimately improving the health and safety of communities, families, and children. The death of a child should invoke a **community response**, and the circumstances involved in most child deaths are **multidimensional** with many factors, and responsibility does not rest in any one place.



History of CDR in Kitsap County

- Case logs from 1999-2015
- Last review took place in 2015
- Prevention strategies included: increased signage at local beaches, expanded messaging on safe sleeping environments, advocated for Graduated Driver's Licenses
- Other fatality reviews in Kitsap



RCW 70.05.170 – Protected process

The legislature finds that the mortality rate in Washington State among infants and children less than eighteen years of age is unacceptably high, and that such mortality may be preventable. The legislature further finds that, through the performance of child mortality reviews, preventable causes of child mortality can be identified and addressed, thereby reducing the infant and child mortality in Washington State.

- State Law (RCW 70.05.170) enacted in 1993 and revised in 2010
- Local health jurisdictions may conduct child death reviews so that “preventable causes of child mortality can be identified and addressed” through evidence-based systems and policy changes
- State CDR team at DOH oversees local CDR data and priorities



The Fatality Review Process

Steps to Success



Tell the Story



Tell each story to identify and understand the risk and protective factors



Collect Data



Multidisciplinary data on the context in which the decedent lived should be documented



Take Action



Fatality Review Teams should be a catalyst for prevention



Why we have Child Death Reviews



Unintentional Injury Deaths in Children and Youth, 2010-2019

Injuries are a leading cause of death for children and teens in the U.S. The types of injury vary by age.



Suffocation deaths are most common among infants <1 year old.



Drowning deaths are most common among 1-4 year olds.



Motor vehicle crash deaths are most common among 5-19 year olds.

Child injury death rates decreased 11% from 2010 to 2019. However, rates increased among some groups.

↑ 50%

Poisoning and drug overdose death rates among Hispanic children

↑ 37%

Poisoning and drug overdose death rates among Black children

↑ 21%

Suffocation death rates among Black children

↑ 9%

Motor vehicle death rates among Black children

Focused prevention strategies can help prevent injuries and deaths.



Family engagement and support, parental monitoring, and school connectedness can reduce substance use.



Safe sleep strategies can reduce suffocation deaths among infants.



Proper use of car seats, booster seats, and seat belts can reduce motor vehicle crash injuries and deaths.

West BA, Rudd RA, Sauber-Schatz EK, Ballesteros MF. Unintentional injury deaths in children and youth, 2010-2019. Journal of Safety Research 2021;78:322-30. <https://doi.org/10.1016/j.jsr.2021.07.001>



Leading Causes of Death, by Age Group

Washington State, 2015-2017, combined

Listed by: Death Counts and Death Rates per 100,000 people
(rates in parentheses)

Rank	<1	1-4 years	5-9 years	10-14 years	15-24 years
1	Certain conditions originating in perinatal period 506 (190.1)	Unintentional Injury 58 (5.4)	Unintentional Injury 39 (2.8)	Suicide 32 (2.4)	Unintentional Injury 664 (23.6)
2	Congenital Abnormalities 286 (107.5)	Malignant Neoplasms 31 (2.9)	Malignant Neoplasms 25 (91.8)	Unintentional Injury 31 (2.3)	Suicide 497 (17.7)
3	Unintentional Injury 51 (19.20)	Congenital Abnormalities 19 (1.8)	Congenital Abnormalities 6**	Malignant Neoplasms 27 (2.0)	Homicide 167 (5.9)
4	Cardiovascular Diseases 25 (9.4)	Homicide 18 (1.70)	Homicide 8**	Congenital Abnormalities 10**	Malignant Neoplasms 78 (2.8)
5	Homicide 11**	Influenza and Pneumonia 9**	Cardiovascular Diseases 7**	Homicide 8**	Cardiovascular Diseases 61 (2.2)

Data Source: DOH Death Certificates



Kitsap Core CDR Panel

Will include representatives from:

Port Gamble S'Klallam Tribe

Bainbridge Youth Services

Poulsbo Fire Department

Peninsula Community Health

Central Kitsap Fire and Rescue

Medical Examiner's Office

Public Health

Kitsap Mental Health Services

DCYF

Local Pediatrician

South Kitsap School District

OESD 114



Looking Ahead

1. Our CDR review team is conducting planning meetings before our first review in March
2. Will conduct 4 review meetings per year
3. Enter data into the National Fatality Review-Case Reporting System (NFR-CRS)
4. Catalyze prevention locally



Questions



Resources

1. The National Center for Fatality Review and Prevention: <https://ncfrp.org/>
2. Mock Child Death Review Case Review Meeting: <https://vimeo.com/473134675>
3. CDR 101 (From the National Center):
<https://mediasite.mihealth.org/Mediasite/Play/1839e8222b7547e8928610af62edd98c1d?catalog=db105963a5d642c9b6237f5de124c02a21>
4. Public Health On Call (Podcast from Johns Hopkins):
<https://johnshopkinssph.libsyn.com/551-the-massachusetts-pediatric-injury-equity-review-a-new-process-for-reviewing-pediatric-injuries-in-order-to-prevent-them>





Thank you

Questions? Email
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Communicable Diseases: 2022 in Review

Wendy Inouye, MS MPA
Epidemiologist
Communicable Diseases



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1 | Respiratory Season



2 | Mpox 2022



3 | Tuberculosis



4 | Syphilis/Gonorrhea



5 | Immunizations



All photos courtesy of CDC Public Health Image Library.



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****DISCLAIMER****

- Data are preliminary (accessed 1/30/2023), and are not finalized counts for 2022.
- Data are obtained through public health surveillance:
 - Underrepresents true disease activity.
 - Contains biases in detection and reporting.



1

The Return of Respiratory Season



Reminder: What we track for Influenza

How reported:

- Clinical Labs
- NREVSS

tests done
tests positive



LABORATORY
SURVEILLANCE



EMERGENCY
DEPT VISITS



DEATHS



OUTBREAKS IN
LONG-TERM CARE

How reported:

- Deidentified HC visit data (syndromic surveillance)

ED visits at Kitsap facilities
ED visits attributable to flu

new flu outbreaks

How reported:

- Vital Records
- LTCFs

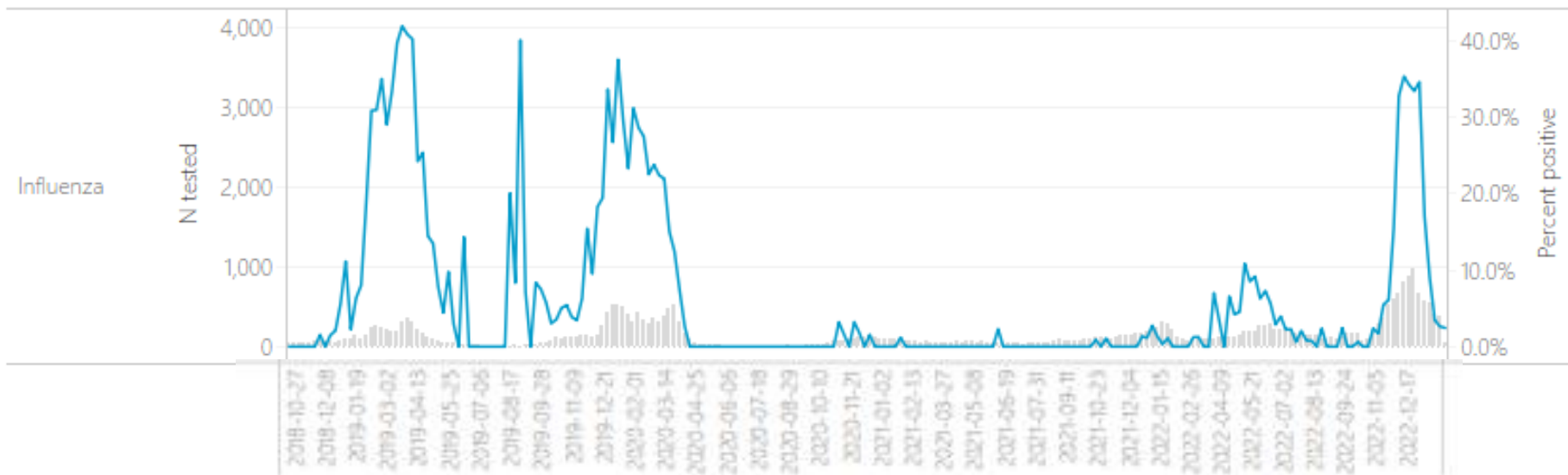
Individual case reports

How reported:

- LTCFs



Weekly reported tests performed and the percent of those that are positive for each virus, past four years.



Jan – Apr 2019
 A (H1N1)
 A (H3N2)

May - Jun 2022
 A (H3N2)

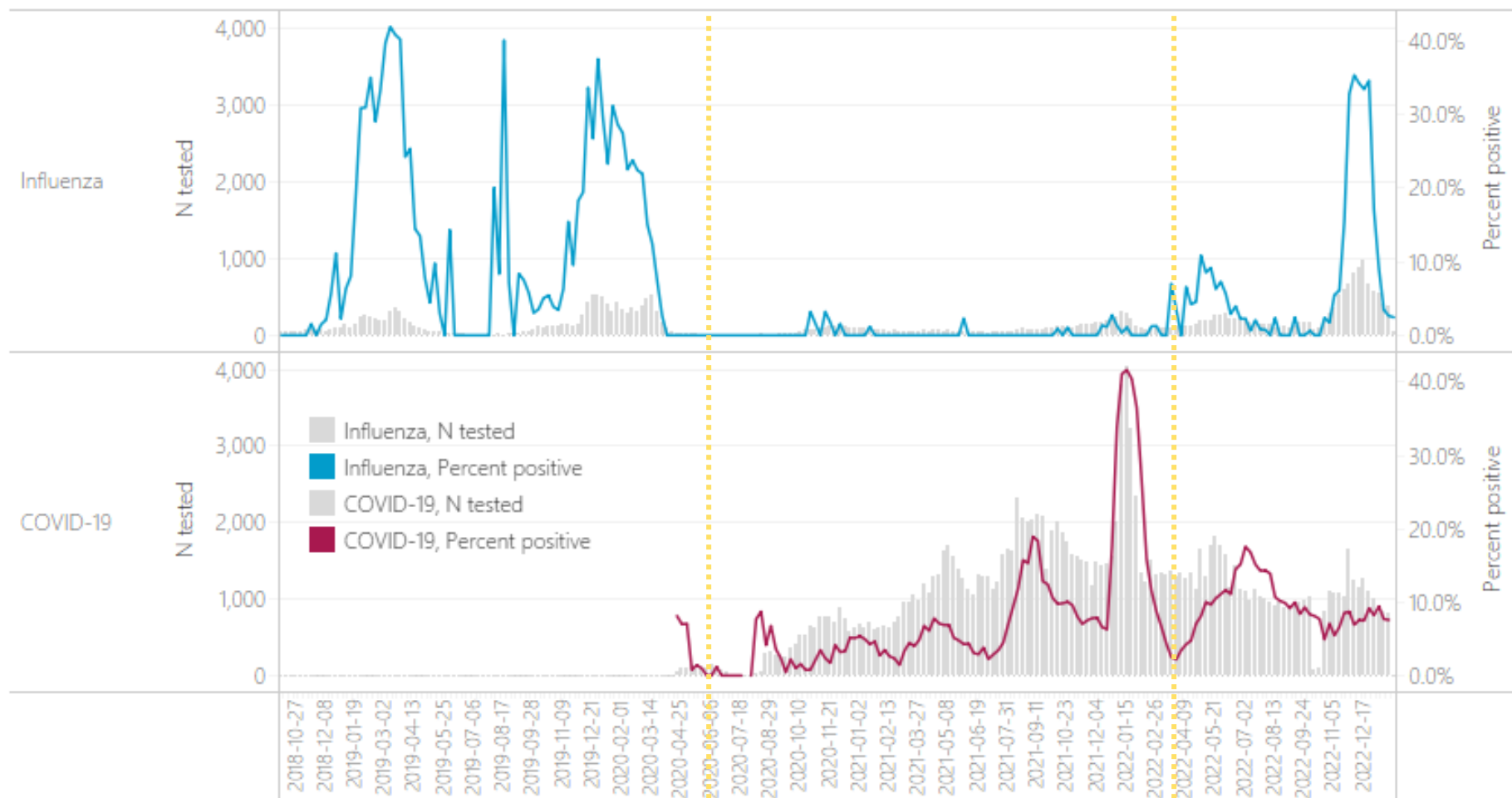
Nov 2019 – Feb 2020
 A (H1N1)
 Flu B

Nov - Dec 2022
 A (H3N2)

Influenza Lab Reporting, Oct 2018 – Jan 2023



Weekly reported tests performed and the percent of those that are positive for each virus, past four years.

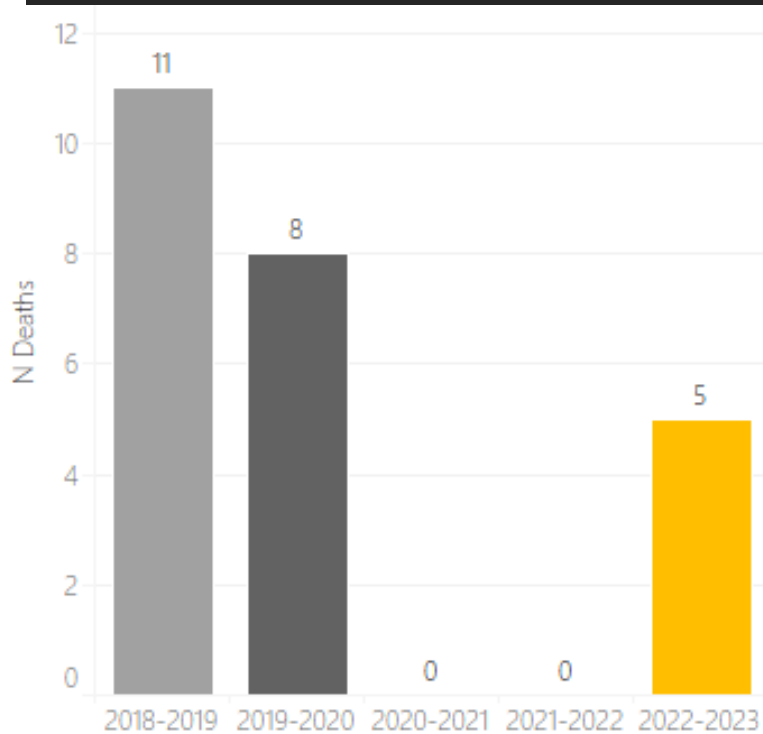


WA Mask Mandate:
Jun 2020 – Mar 2022

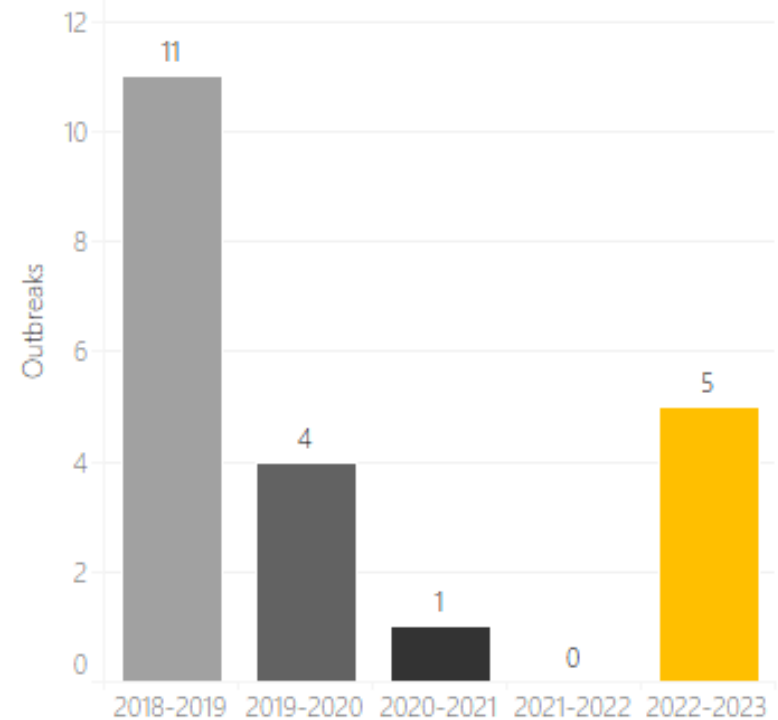


Flu deaths and outbreaks also “un-paused”.

INFLUENZA-ASSOCIATED DEATHS



INFLUENZA OUTBREAKS IN LONG-TERM CARE FACILITIES



COVID-19 **0** **15** **199** **173** **21**

0 **16** **46** **115** **29**

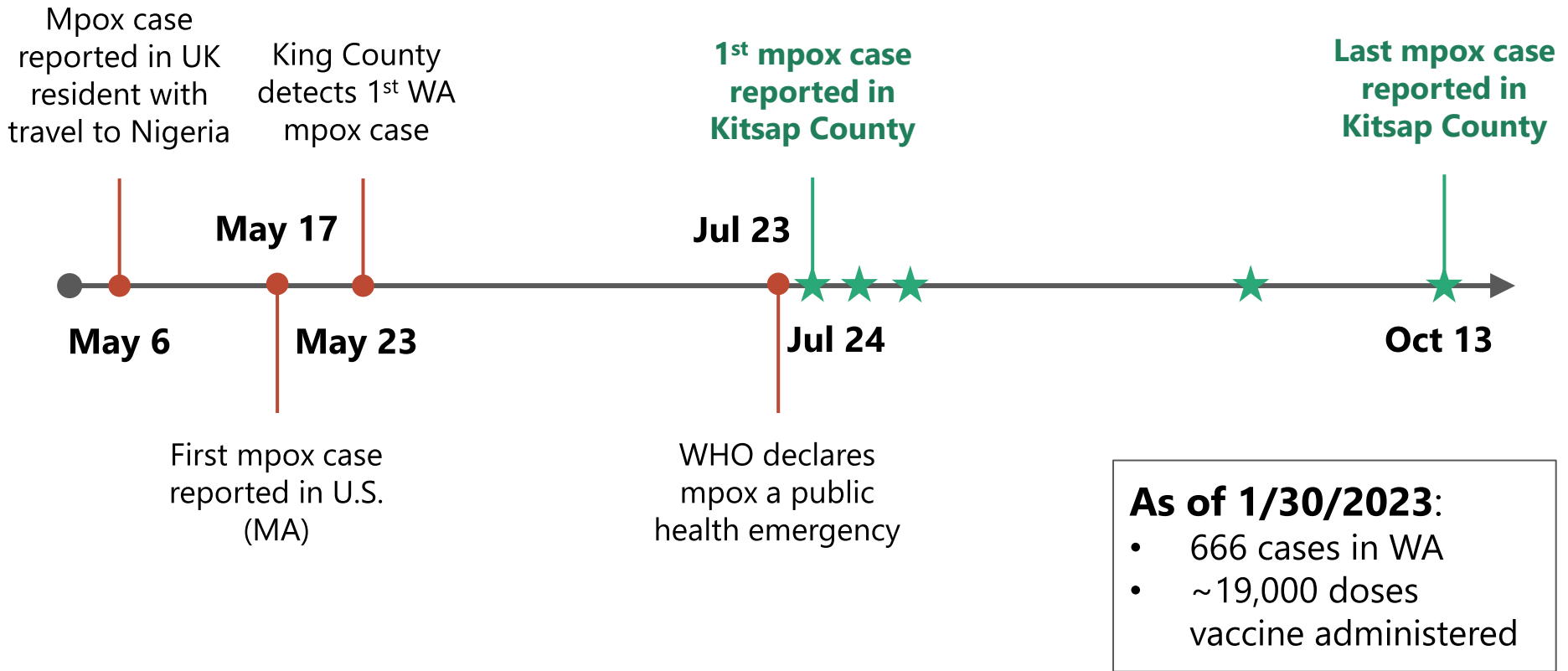


2

Mpox: The Global Threat of 2022



2022 Mpox Epidemic in Brief



3

Tuberculosis: A Public Health Crucible



TB requires a unique public health response.

Case management 4 – 12+ months.

Importance of identifying close contacts.

Most often impacts populations with other challenges and vulnerabilities.

LTFU not an option.

A typical person with TB disease in the United States requires:



PLUS

- X-rays
- Lab tests
- Follow-up & testing of contacts

Several factors can complicate case/contact management.

**Interpreter
needed**

**Case has a
lot of
contacts**

**Resistance
to first-line
TB drugs**

**Case unable
to tolerate
drug
regimen**

**Patient is
underinsured
or has no
insurance**

**Case
identified
after death**

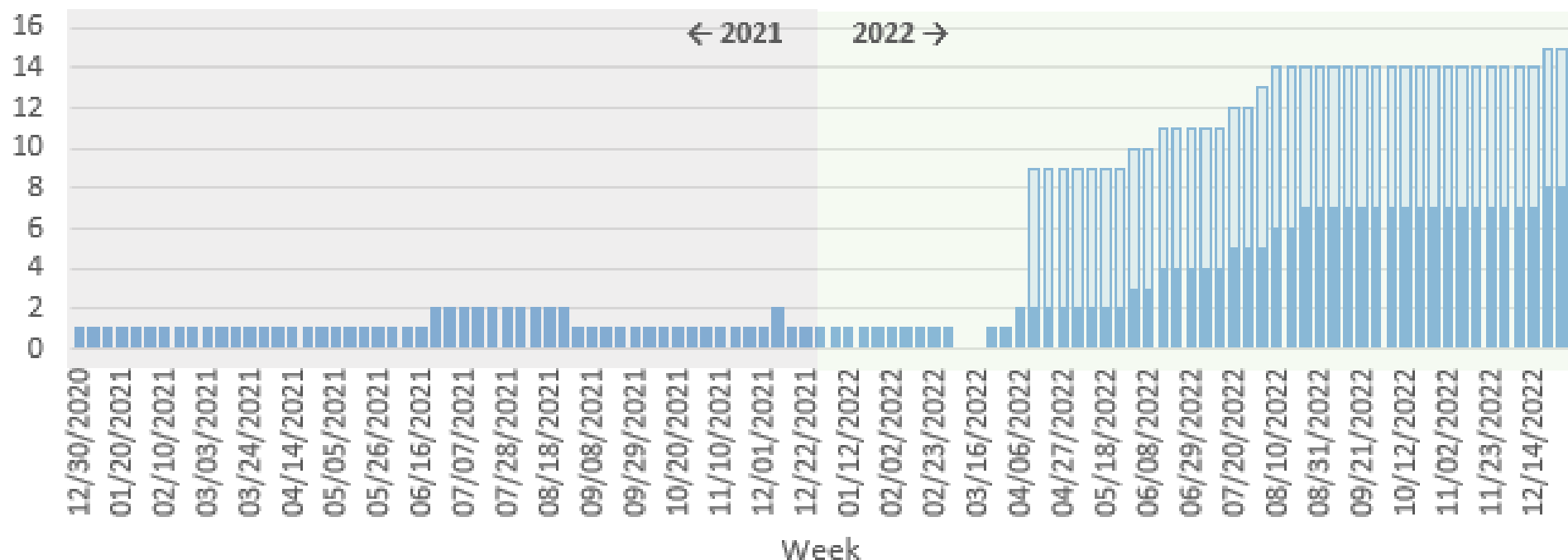
**Case has
other social
needs**



2022 in Kitsap required a different strategy.

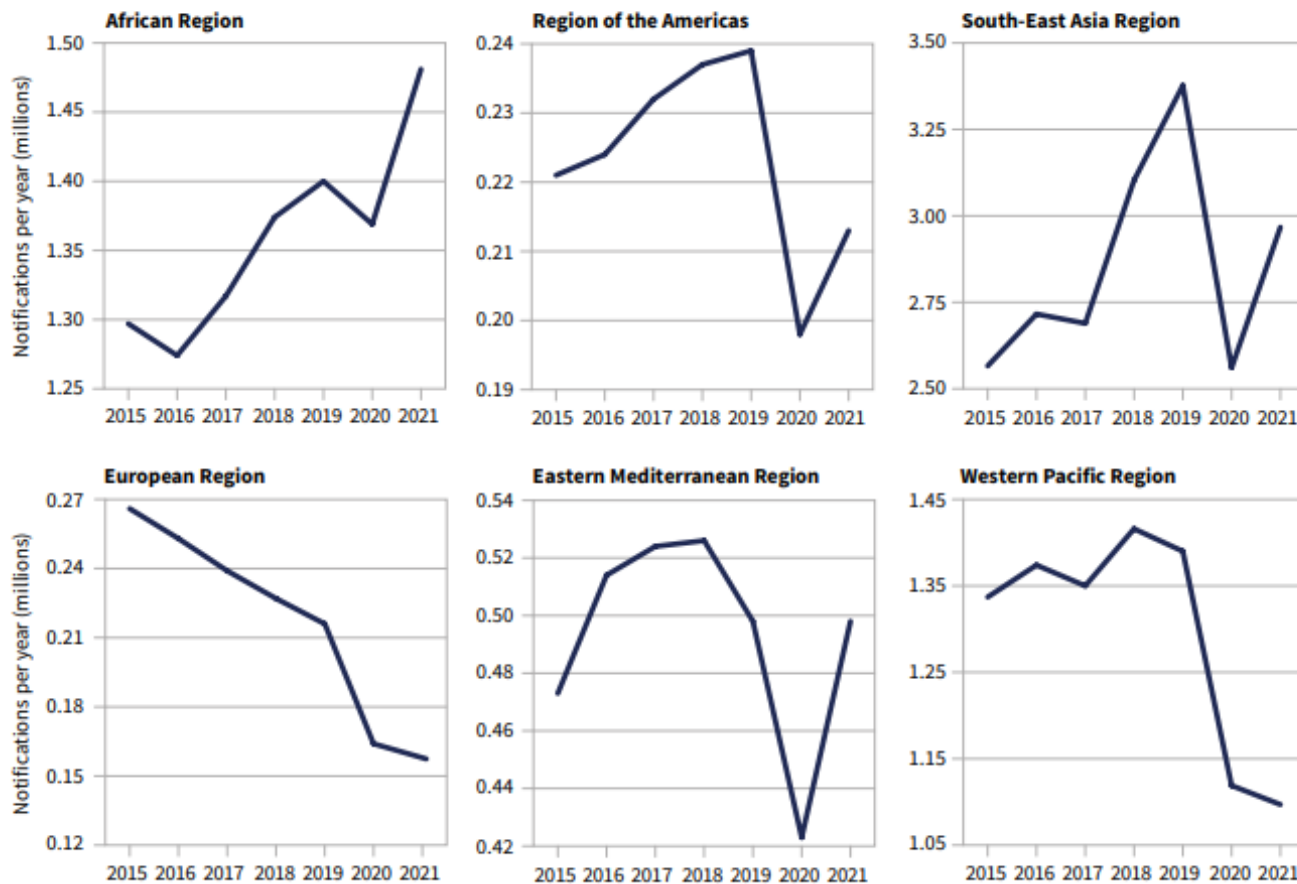
Number of TB cases requiring routine case management by KPHD, by week

■ Active TB □ LTBI (Close contacts)



Footnote: Global disruption of TB services has likely set back TB elimination.

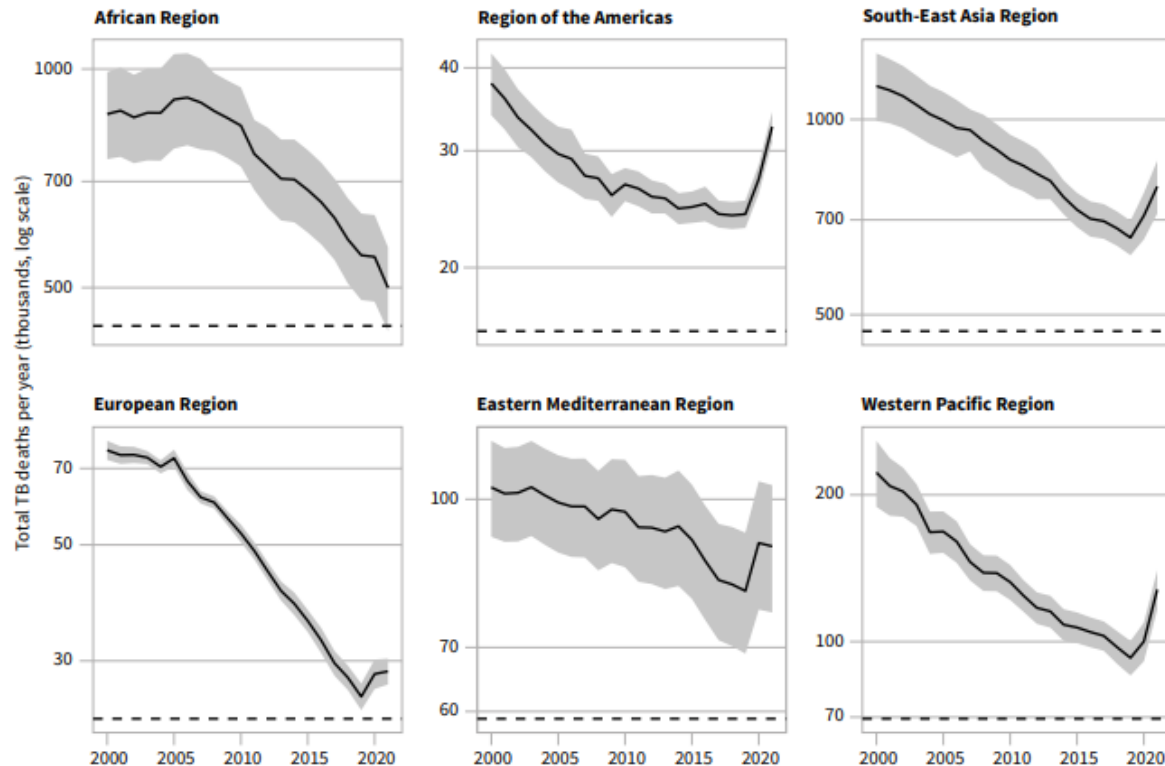
Trends in case notifications of people newly diagnosed with TB by WHO region, 2015–2021



We can already see a worrying impact on global TB deaths.

Trends in the estimated absolute number of TB deaths (HIV-positive and HIV-negative) by WHO region, 2000–2021

The horizontal dashed line shows the first milestone of the End TB Strategy, which was a 35% reduction in the total number of TB deaths between 2015 and 2020. Shaded areas represent 95% uncertainty intervals.



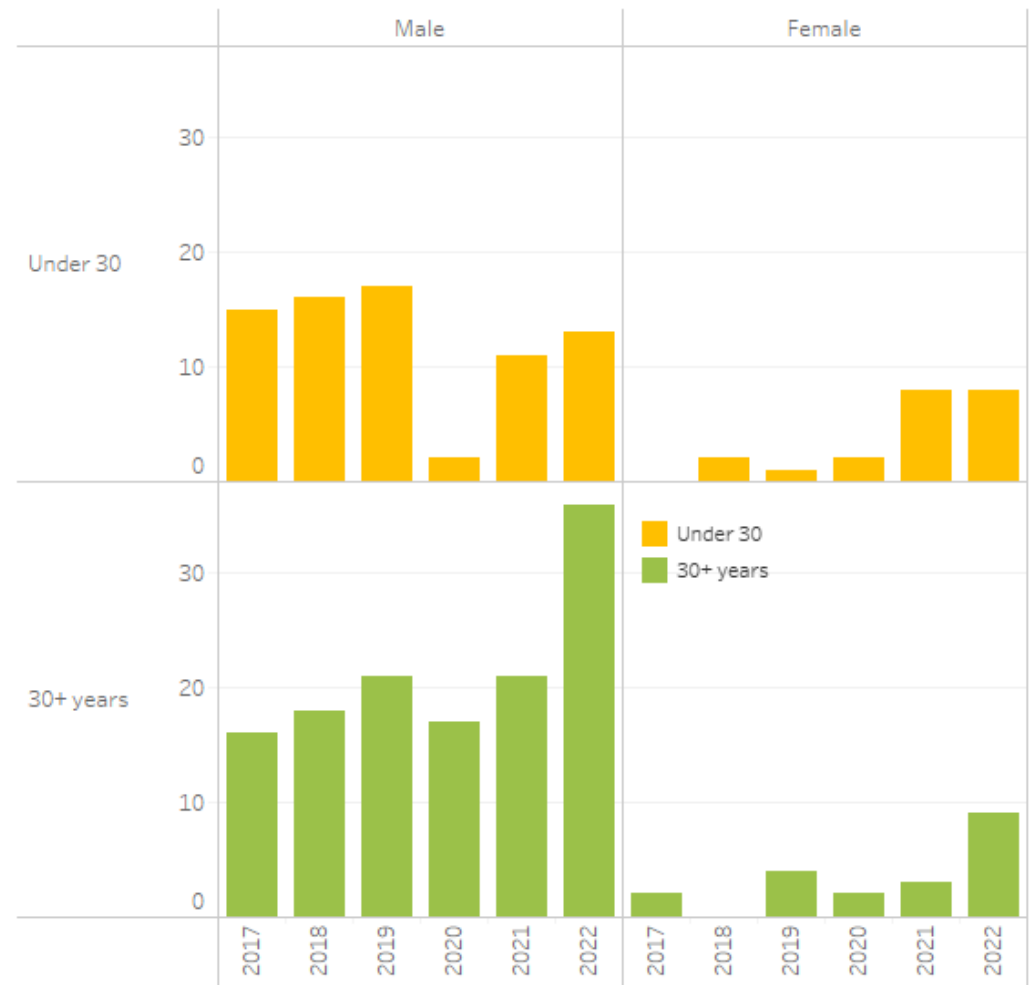
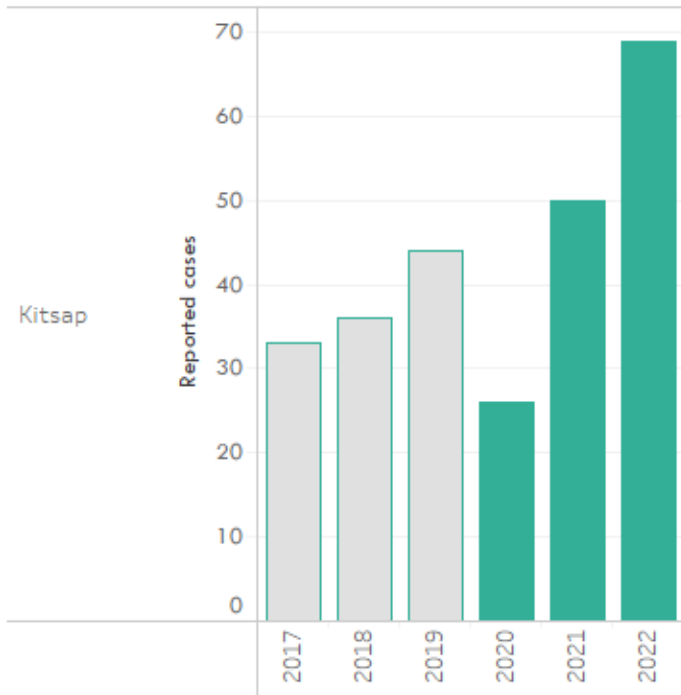
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STI Surveillance Data: a Window to Health System & Behaviors?



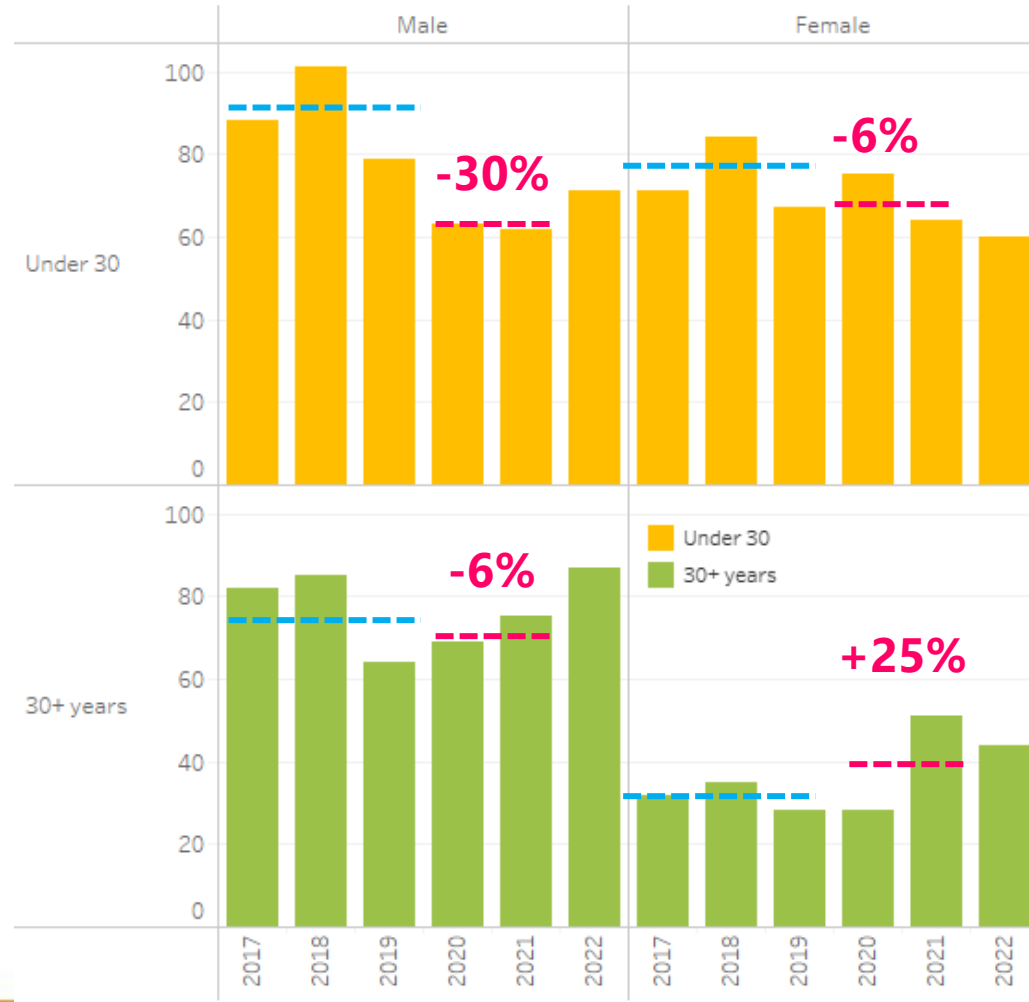
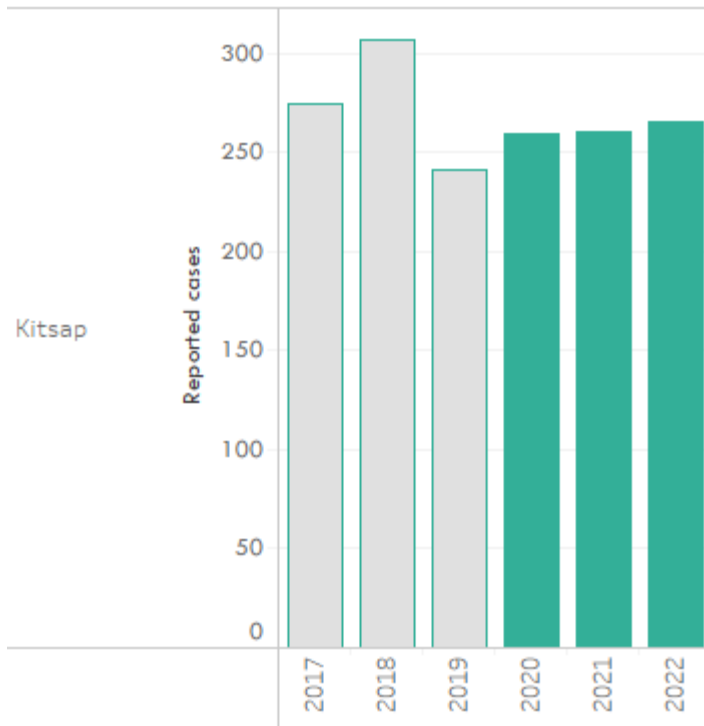
Syphilis surveillance data reveal gaps in STI health.

Syphilis cases (any stage), 2017 – 2022.



Gonorrhea surveillance also points to nuanced epidemics.

Gonorrhea cases, 2017 – 2022.



5

Immunizations at a Public Health Crossroads



The COVID-19 epidemic interrupted routine immunizations. Can we recover?

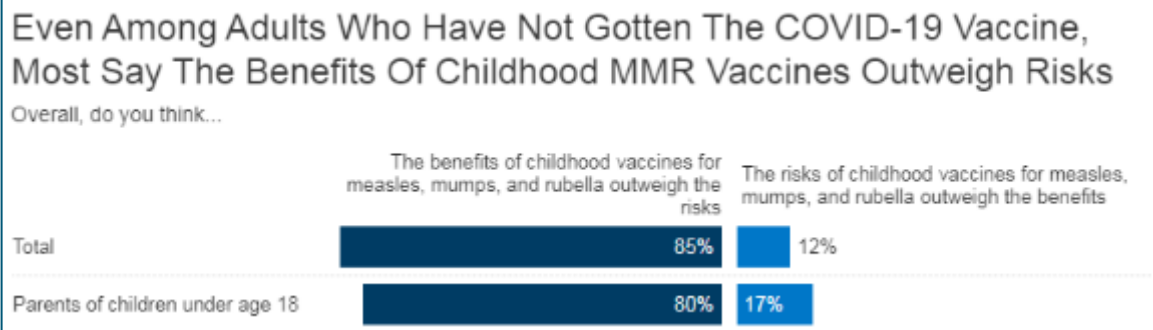
The Seattle Times

Kindergarten vaccination rates drop in all but 3 WA counties

Jan. 23, 2023 at 6:00 am | Updated Jan. 23, 2023 at 10:26 am

By Gene Balk / FYI Guy

Seattle Times columnist



CDC Centers for Disease Control and Prevention
CDC 24/7: Saving lives. Protecting People!™

Morbidity and Mortality Weekly Report (MMWR)

“An additional 3.9% without an exemption were not up to date with measles, mumps and rubella vaccine. **Despite widespread return to in-person learning, COVID-19-related disruptions continued to affect vaccination coverage and assessment for the 2021–22 school year, preventing a return to prepandemic coverage.**”

Gene, B. (2023, January 23). [Kindergarten vaccination rates drop in all but 3 WA counties](#). *The Seattle Times*.

Seither R. [Vaccination Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten—United States, 2021–22 School Year](#). *MMWR*. Morbidity and Mortality Weekly Report. 2023;72.

KFF [COVID-19 Vaccine Monitor](#), Dec 16, 2022.

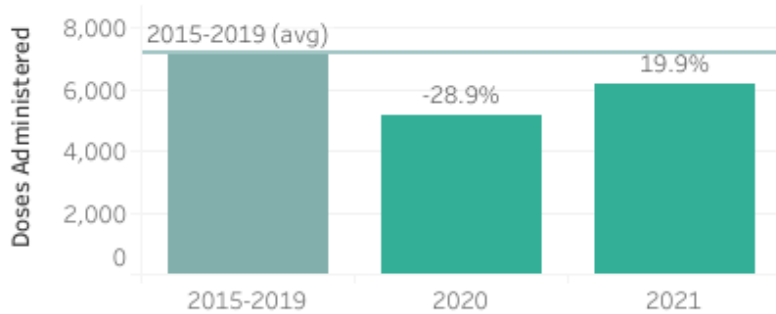


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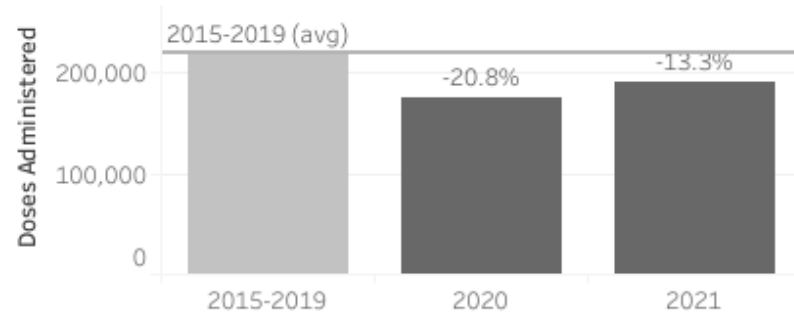
2021 data showed decline in number of routine immunization doses administered in Kitsap County.

4 - 6 YEARS

KITSAP

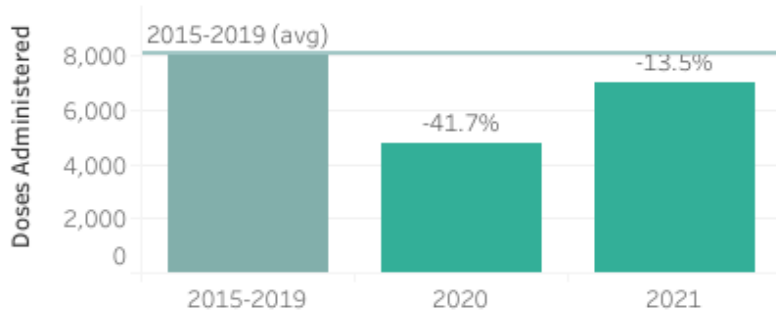


WASHINGTON STATE

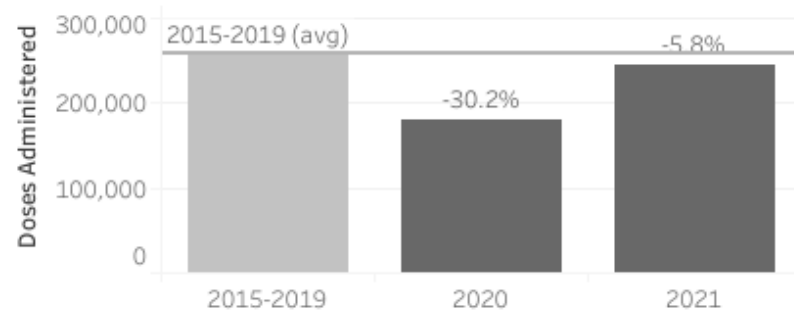


11 - 12 YEARS

KITSAP

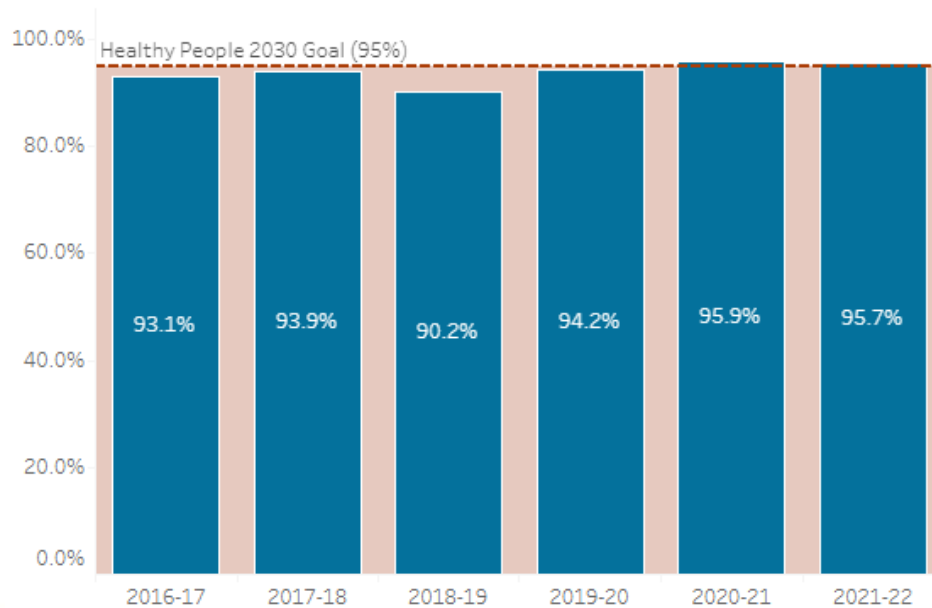


WASHINGTON STATE



In the 2021-22 school year:

- >2,700 Kitsap students were not UTD on routine immunizations.
- Only 92% of Kitsap kindergarteners were UTD on MMR.
 - >6% of Kitsap kindergarteners had no record of MMR and no exemption.

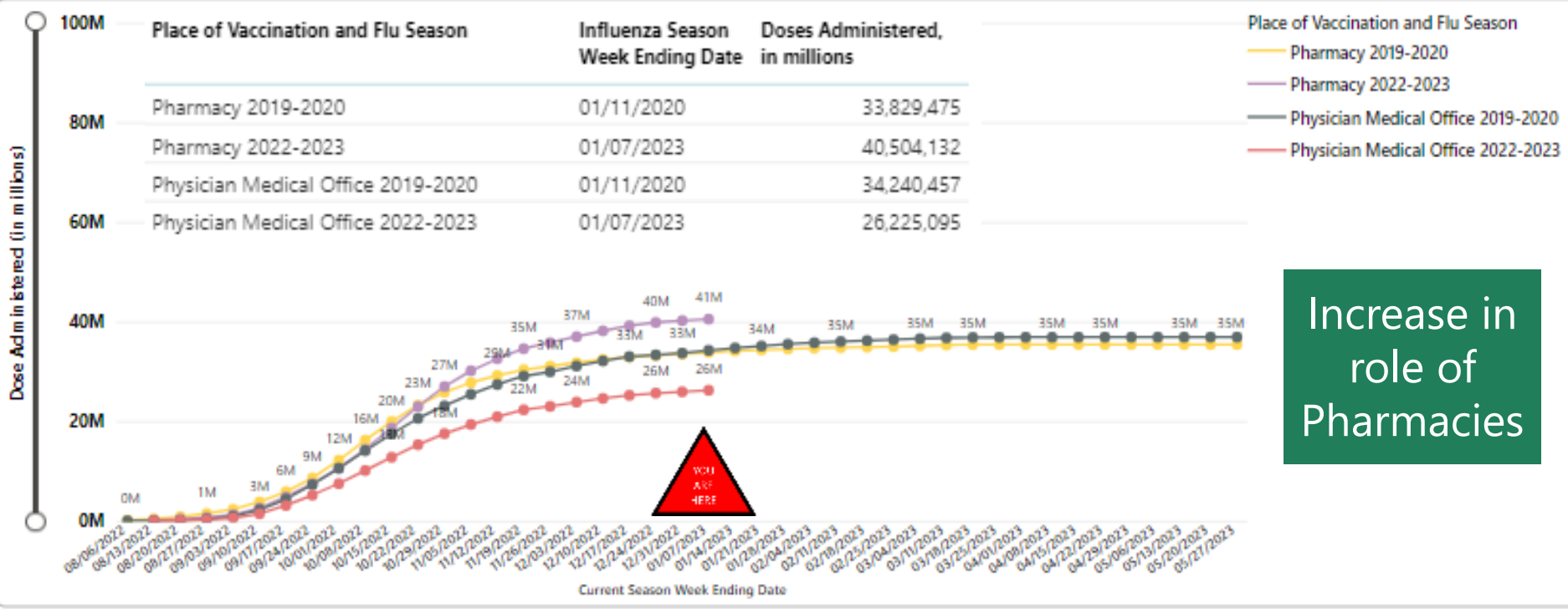


Spotlight: South Kitsap School District catchment area now exceeds the DHHS Healthy People 2030 Goal for routine immunizations coverage.



Additional note: What adult flu vaccines tell us.

Weekly cumulative estimated number of influenza vaccinations administered in pharmacies and physician medical offices, adults 18 years and older, U.S. (Data source: IQVIA Pharmacy and Physician Medical Office Claims).



Increase in role of Pharmacies

Source: <https://www.cdc.gov/flu/fluview/dashboard/vaccination-administered.html>, accessed 1/30/2023

Strong immunization coverage is critical in protecting our community against vaccine-preventable diseases.

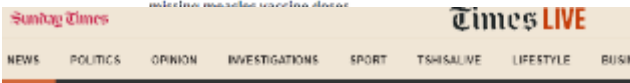


HEALTH | INDIA

India: Mumbai races to halt measles outbreak

Caroline Graham in Mumbai
12/14/2022

India's financial hub of Mumbai is battling to contain a post-COVID surge in measles. Health officials partly blame a disruption in immunization programs which has resulted in measles vaccine doses



Times LIVE

SOUTH AFRICA

Seven baby fatalities in 2022 as whooping cough cases escalate in Western Cape

DE WAGTERS 2022 - 10:34
BY TIMESLIVE



Public Health news and blog

New case of measles in King County

January 21, 2023

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British Columbia

Rare bacterial infection outbreak impacting vulnerable populations on Vancouver Island



Haemophilus influenzae Type B, or Hib, Identified in Victoria, Parksville and Nanaimo

CBC News - Posted: Dec 05, 2022 4:24 PM PST | Last Updated: December 5, 2022

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Diphtheria cases rising among asylum seekers

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FORBES > INNOVATION > HEALTHCARE

Measles Outbreak In Ohio: 82 Children Infected, 32 Hospitalized, Most Are Unvaccinated

Bruce Y. Lee Senior Contributor @

I am a writer, journalist, professor, systems modeler, computational and digital health expert, avocado-eater, and entrepreneur, not always in that order.

Dec 27, 2022, 11:36pm EST



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Thank you

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