

2023 | KITSAP COMMUNITY HEALTH ASSESSMENT

EXECUTIVE SUMMARY

INTRODUCTION & BACKGROUND

The 2023 Kitsap County Community Health Assessment (CHA) highlights the current demographics, socioeconomics, and health status of residents; the factors that contribute to less-than-optimal health outcomes; and resources in a community to improve health. It was developed by Kitsap Public Health District's Assessment & Epidemiology Program, in collaboration with programs throughout the Health District and community partners, especially Virginia Mason Franciscan Health and the partnership team led by Kitsap Community Resources.

The 2023 CHA aims to look at health in Kitsap from a broad perspective, including many different types of indicators in our lives. Some indicators directly influence health, such as lifestyle factors like diet and activity level. Many other indicators have more of an indirect impact. These factors impact health by the resources, resiliency, and stress they give to our lives, and they include employment status, quality of housing, and educational attainment, among many others.

METHODS

Informed by the Mobilizing for Action through Planning and Partnership (MAPP) framework, developed by the National Association of County and City Health Officials (NACCHO), the 2023 CHA includes three main assessments:

- The **Community Voice Assessment** involved several qualitative methods of data collection to elicit perceptions of community strengths, needs, and opportunities for change. It included 16 key informant interviews, 10 focus group discussions, and 2 community surveys completed in 2021 and 2022. Thematic analysis of content provided important context regarding priority communities and topics.
- The **Community Status Assessment** involved the analysis of existing social, economic and health data, drawn from national, state, and local sources. It included evaluations of trends over time, comparison of Kitsap to Washington and comparison of available subgroups for approximately 126 health indicators.
- A list of **Community Assets** was compiled to include local organizations working with Kitsap residents in specific topic areas of need. This list can be found at the end of every chapter.

There are some limitations to the information presented in this CHA, for example, a time lag from when data are collected to when data are available and lack of data for some population groups. Differences between groups are assessed using statistical methods which may not align with perception and community experiences. See the Methods chapter for more information about statistical methods. In some instances, data on important topics were not available or had not been evaluated at this time.

FINDINGS | DEMOGRAPHICS

In 2022, an estimated 280,717 people lived in Kitsap County. From 2010 to 2022, Kitsap had a population growth rate of 12%, which is higher than the U.S. growth rate of 8%, but lower than Washington state's rate (17%). Kitsap County has a slightly older population than Washington as a whole (40% are 50 years and older compared to 35%), and a slightly higher percentage of males aged 20 to 24 (4% compared to 3%). Kitsap has less racial and ethnic diversity than Washington (72% white compared to 63%).

For the purposes of this report, Kitsap County is described as having five geographic regions: Bainbridge Island, Bremerton, Central Kitsap, North Kitsap, and South Kitsap. Depending on the data source, these regions are defined by the school district boundaries or by the ZIP Code boundaries for the geographic area.

<i>Geographic Region</i>	Population Estimate (2022)	Percent of Total Kitsap Population	Population Estimate (2020)	Percent Change from 2020 to 2022
<i>Bainbridge Island</i>	25,103	9%	25,070	+0.1%
<i>Bremerton</i>	68,358	24%	64,451	+6.1%
<i>Central Kitsap</i>	61,141	22%	58,976	+3.7%
<i>North Kitsap</i>	51,853	18%	51,318	+1.0%
<i>South Kitsap</i>	74,261	26%	72,194	+2.9%

Figure 1: Population distribution by Kitsap subregion

Data Source: (1) Washington State Population Interim Estimates (PIE), December 2022. (2) Washington State Office of Financial Management, Forecasting Division, single year intercensal estimates 2001-2020, Community Health Assessment Tool (CHAT), Oct 2021.

Note: Geographic region is based on ZIP code rollup.

The percentage of Kitsap residents living with a disability was about 14.5% in 2021, representing about 37,000 residents. This percentage increases with increasing age groups, resulting in about 32% of residents aged 65 and older living with at least one disability. Ambulatory disabilities were most common, followed by cognitive, independent living, hearing, self-care, and vision.

More than nine in ten (93%) Kitsap residents were born in the U.S. or born abroad as U.S. citizens and more than two in five (42%) born in the U.S. were born in Washington state. Among Kitsap residents born outside the U.S., an estimated 4% were born in Asia — predominantly Southeast Asia (2%) — and about 1% were born in Central America.

In 2021, an estimated 91% of Kitsap residents five years and older spoke English at home, which was higher than the estimated percentage of Washington residents overall (79%, Figure 8). In Kitsap, excluding English, the top languages spoken at home were Spanish (3%) and Tagalog/Filipino (2%).

In 2021, an estimated 3% of Kitsap residents five years and older (about 6,700 community members) spoke a language other than English at home and reported speaking English less than very well, which was lower than the estimated percentage of Washington residents overall (8%). Over the past five years (2017-2021), residents who reported speaking English less than very well included about 2,106 residents who spoke Spanish, 1,719 residents who spoke Tagalog or Filipino, 446 residents who spoke Mandarin or Cantonese, and 374 residents who spoke Korean.

FINDINGS | SOCIAL DETERMINANTS OF HEALTH

Key findings:

- **There have been decreases in Kitsap’s population living in poverty from 2013 to 2021.** In 2021, about one in five (19%) Kitsap residents (about 52,000 people) were estimated to live below 200% of the Federal Poverty Level (FPL) (below \$53,000 annual income for a family or household of four).
- **Increases are seen in Kitsap’s population experiencing homelessness from 2014 to 2022.** In January 2022, two in every 1,000 Kitsap residents (a total of about 563 people) were experiencing homelessness.
- **Kitsap renters spent more than 30% of their monthly income toward housing costs more frequently than Washington renters overall.** In 2021, more than one in two (52%) renter-occupied housing units in Kitsap spent more than 30% of their monthly income toward housing costs, which was higher than Washington (49%).
- **There have been decreases in the percentage of Kitsap households receiving SNAP benefits from 2010 to 2021.** In 2021, an estimated 12% of Kitsap households (about 12,400 households) received SNAP benefits. More research is needed to assess whether this trend is due to a decrease in needed services, a decrease in households being able to access services, or something else.
- **Community members reported cost as a barrier to meeting basic needs.** In the 2022 Kitsap Community Resources (KCR) survey, cost was reported as the primary barrier preventing survey participants from meeting basic needs for housing, food, reliable transportation, and childcare.

Key disparities (differences):

- **Disparities are seen in economic stability (income) by geography and race and ethnicity.**
 - Among Bremerton community members nearly one in three (32%) lived below 200% of the Federal Poverty Level (FPL) in 2021 (about \$53,000 annual income for a family or household of four). This was the highest percentage of any Kitsap County region.

- The estimated median household income by race/ethnicity in 2021 ranged from \$58,854 for American Indian or Alaska Native community members to \$90,191 for White community members.
- **Disparities were seen in educational attainment by geography and housing status.**
 - Across Kitsap County, the percentage of public school students graduating within four years ranged from 64% in Bremerton to 94% in Bainbridge Island during the 2020-2021 school year.
 - Of the 152 public school students recorded as experiencing homelessness, only about half (53%) graduated high school within four years compared to 83% of students not experiencing homelessness for the 2020-2021 school year.
- **Disparities were seen in food insecurity by age and race and ethnicity.**
 - A higher percentage of Kitsap's youth (younger than 18 years old) experienced food insecurity (11%) than the overall population (8%) in 2021.
 - In 2021, Black or African American residents were 2.6 times more likely to report experiencing food insecurity than white residents (18% and 7%, respectively). Hispanic or Latino residents were 2.3 times more likely (16%) to report experiencing food insecurity than white residents.
- **Disparities were seen in housing stability by geography.**
 - Among Bremerton public school students, 156 (3.5%) experienced homelessness during the 2021-2022 school year, the highest percentage of any Kitsap region.
 - Among renter-occupied housing units from 2017 to 2021, the percentage of households burdened by the cost of housing (more than 30% of their monthly income spent on housing costs) ranged from 33% in Bainbridge Island to 53% in Bremerton. Across Kitsap County, the percentage of households burdened by the cost of housing was higher among renter-occupied housing units than owner-occupied units.

FINDINGS | HEALTHCARE ACCESS

Key findings:

- **There is less availability of healthcare providers in Kitsap County than Washington.** In 2021, the estimated rate of primary care physicians (PCPs) in Kitsap (63 per 100,000 residents) was lower than the Washington rate (90 per 100,000). Our Accountable Community of Health (ACH) region, which includes Kitsap, Clallam, and Jefferson counties, had the lowest rate of non-primary care specialists in the state. On a per capita basis, there were 110 specialists per 100,000 persons in our ACH compared to 184 per 100,000 in Washington state overall.
- **Affordability and accessibility of healthcare services in Kitsap is concerning.** After declining steadily since the implementation of the Affordable Care Act (ACA) in 2010, the percentage of uninsured community members has remained steady in Kitsap since 2018, with about 6% lacking health insurance coverage in 2021. In the 2022 KCR Focus Group Discussions, community members reported access to healthcare as a top concern in Kitsap County. Participants shared their experiences with months-long wait times for primary care and mental health services, a

lack of Medicaid providers, fear of medical bills, and previous experiences with inadequate interpretation services. Additionally, among 2022 KCR Community Survey participants, “too long to wait for an appointment” was the primary barrier to getting needed medical care (44%, 476 participants).

Key disparities (differences):

- **Disparities are seen in health insurance coverage by age group, race and ethnicity, and geography.**
 - Among 19- to 34-year-olds, nearly one in ten (9%) were uninsured, the highest of any age group.
 - Among community members who identified as American Indian or Alaska Native, nearly one in seven (14%) were uninsured, the highest percentage of any race/ethnicity. This may be due in part to the fact that individuals who receive their care through the Indian Health Service (IHS) do not have any health insurance and are categorized as uninsured by the Census.
 - Among Bremerton community members, about one in fifteen (7%) were uninsured, the highest of any Kitsap region.
- **There are disparities for residents who report an unmet healthcare need due to cost by age, geography and income level.**
 - An estimated 12% of younger adults (ages 18 to 44) reported there was a time in the past year when they needed to see a doctor but could not because of cost, higher than adults ages 65 and older (3%).
 - Among Bremerton community members, an estimated 12% reported there was a time in the past year when they needed to see a doctor but could not because of cost, the highest of any Kitsap region.
 - Among those with an income less than \$25,000, an estimated 22% reported there was a time in the past year when they needed to see a doctor but could not because of cost, the highest of any income group.
- **Disparities exist in preventative care visits among Medicaid beneficiaries by sex and age.**
 - Fewer males (65%) had at least one adult ambulatory or preventative care visit in 2021, compared to females (80%).
 - Fewer 20 year olds to 44 year olds (71%) had at least one adult ambulatory or preventative care visit in 2021, compared to 45 year olds to 64 year olds (78%).

FINDINGS | PREGNANCY & BIRTH

Key findings:

- **Kitsap has 47% fewer OB/GYN providers** per 100,000 residents compared to Washington, despite having a higher pregnancy rate.
- **There is a need for improved prenatal care access in Kitsap.** From 2018 to 2019, there was a sizable decrease in the proportion of Kitsap residents who had adequate prenatal care for their pregnancies. The rate did not improve from 2019 to 2021. Only around half (52%) of Kitsap residents who gave birth in 2021 had received

adequate prenatal care based on the Adequacy of Prenatal Care Utilization Scale; this was lower than Washington State's percentage (70%). The difference was statistically significant.

- **There is a need for breastfeeding and chestfeeding support in Kitsap.** In the 2022 community survey, over half of respondents (54%) who had recently been or currently were pregnant said there was a time in the last two years when they needed lactation and breast- or chestfeeding support and could not get it. The most frequently cited reasons were: (a) not being able to afford the co-pay or deductible (44%), (b) the provider not taking their insurance (31%), (c) not having any way to get to services (24%) and (d) not being able to find services (23%).

Key disparities (differences):

- **Disparities in adequate prenatal care access exist by geography.**
 - From 2019 to 2021, less than half of Bremerton residents giving birth (47%) received adequate prenatal care compared to almost two-thirds of Bainbridge residents giving birth (65%). Although Bainbridge has the highest reported rate of adequate prenatal care in Kitsap, this region is not as high as Washington State overall (70%).
- **Disparities in adverse birth outcomes exist by race and ethnicity and geography.**
 - From 2017 to 2021, Black and African American people giving birth had statistically significantly higher rates of premature birth (11% compared to 7% for White people giving birth) and babies born at low birth weight (9% compared to 4% for White). From 2012 to 2021, infant mortality for Black and African American babies remains consistently higher than the rate for White babies (10 per 1,000 compared to 4 per 1,000).
 - From 2017 to 2021, Hispanic and Latino people giving birth had statistically significantly higher rates of premature birth (10% compared to 7% for White people giving birth) and babies born at low birth weight (6% compared to 4% for White).
 - Bremerton people giving birth had a higher rate of premature birth from 2017 to 2021 (9% compared to 5% for Bainbridge Island).
- **Disparities in gestational hypertension rates exist by race and ethnicity and geography.**
 - In 2021, more than one in ten (12%) people who gave birth in Kitsap were diagnosed with gestational hypertension at some point during their pregnancy. From 2017 to 2021, the rate of gestational hypertension was higher in those who identify as Native Hawaiian or Pacific Islander (18%), multiracial (12%) and White or Caucasian (11%) compared to those who identify as Asian (8%). The highest rates geographically were seen in Bremerton (13%), Central Kitsap (12%) and South Kitsap (10%) compared to only 7% on Bainbridge Island.
- **Preschool enrollment differences exist by geography.**
 - From 2016 to 2020, the lowest percent preschool enrollment for children aged 3 to 4 was among Bremerton children with only 38%, while Bainbridge children had the highest percentage (70%).

FINDINGS | MENTAL HEALTH & WELLBEING

Key findings:

- **There are concerning trends in Kitsap for depression and suicide.**
 - **There have been increases in Kitsap youth (12th graders) reporting depressive feelings from 2012 to 2021.** In 2021, nearly half of Kitsap 12th grade students (47%) reported feeling so sad or hopeless that they stopped doing usual activities for at least two weeks in the past year.
 - **Kitsap youth reported suicide ideation at higher percentages than Washington youth overall.** In 2021, more than one in five Kitsap 12th graders (23%) reported they had seriously considered attempting suicide in the past year, which was higher than Washington in 2021 (20%); this difference was statistically significant.
 - **Kitsap youth reported attempting suicide at higher percentages than the Healthy People 2030 goal.** Healthy People 2030 aims to reduce the percentage of adolescents in grades 9 through 12 who attempt suicide to less than 2%. In 2021, 9% of 10th graders and 8% of 12th graders reported they had attempted suicide at least once in the past year.
 - **There have been increases in the Kitsap resident suicide death rate from 2010 to 2021.** In 2021, there were 17 deaths due to self-inflicted injury for every 100,000 residents in Kitsap.
- **An encouraging trend is seen with decreases in Kitsap youth (10th graders) reporting bullying from 2012 to 2021.** In 2021, 16% of 10th graders reported they had been bullied at least once in the past 30 days.
- **Community members reported multiple barriers to getting needed mental healthcare.** Among 2022 KCR Community Survey participants (18 years or older), appointment wait times were reported as the primary barrier to getting needed mental health counseling (44%, 361 participants), followed by cost (23%, 186 participants), and not knowing how to find a counselor (19%, 160 participants).

Key disparities (differences):

- **There are disparities in mental health needs for Kitsap youth identifying as transgender, questioning, or something other than male or female.** For these youth, there were differences in:
 - **Bullying** - About one in three (30%) youth compared to 9% of male youth.
 - **Not having an adult to turn to** - One in five (20%) youth compared to 9% of female youth.
 - **Depressive feelings** - More than seven in ten (71%) youth compared to 30% of male youth.
 - **Seriously considering suicide** - More than one in two (51%) youth compared to 13.5% of male youth.
 - **Attempting suicide** - One in five (20%) compared to 5% of male youth.
- **There are disparities in mental health needs for Kitsap female youth.** For these youth, there were differences in:
 - **Bullying** - Female youth reported more frequently being bullied than male youth, 17% compared to 9%.

- **Depressive feelings** - One in two (50%) female youth compared to 30% of male youth.
- **Seriously considering suicide** - Nearly one in four (24%) female youth compared to 13.5% of male youth.
- **Attempting suicide** - Nearly one in ten (9%) female youth compared to 5% of male youth.
- **There are disparities in adults by sex.**
 - A higher estimated percentage of adults (18+) who identified as female reported having ever received a depression diagnosis (33%), compared to male adults (18%).
 - In 2021, death certificate data indicated the suicide rate among male Kitsap residents (26 per 100,000) was higher than among female Kitsap residents (9 per 100,000).
- **There are disparities in mental health needs for Kitsap youth identifying as lesbian, gay, bisexual or other than heterosexual.** For these youth, there were differences in:
 - **Bullying** - 24% compared to 11% of heterosexual youth.
 - **Not having an adult to turn to** - 21% compared to 10% of heterosexual youth.
 - **Depressive feelings** - About two-thirds (64%) of youth compared to 33% of youth who identified as heterosexual.
 - **Seriously considering suicide** - Two in five (40%) youth compared to 6% of heterosexual youth.
 - **Attempting suicide** - One in six (17%) compared to 5% of heterosexual youth.
- **There are disparities by sexual orientation in Kitsap adults.** From 2011 to 2021, more than one in three (34%) adults (18+) who identified as lesbian, gay, bisexual, or other reported they had 14 or more days of “not good” mental health, far more than adults who identified as heterosexual (11%).
- **There are disparities in mental health needs by income level.**
 - From 2011 to 2021, adults (18 years or older) with the two lowest reported incomes (less than \$25,000 and \$25,000 to less than \$50,000) reported having received a depression diagnosis more frequently than any other income group (46% and 28%, respectively).
 - From 2011 to 2021, adults (18 years or older) with the two lowest reported incomes (less than \$25,000 and \$25,000 to less than \$50,000) reported 14 or more days of “not good” mental health more frequently than any other income group (24% and 14%, respectively).
- **There are disparities in mental health needs by age.**
 - From 2011 to 2021, adults (18 years or older) in the younger age groups (18-44 years old) reported 14 or more days of “not good” mental health more frequently than older age groups (45 years or older).
 - In the 2022 KCR survey, those younger than 35 reported higher percentages of participants needing mental healthcare, but not being able to get it (52%, 243 participants), than those 65 and older (16%, 93 participants).

FINDINGS | HEALTH BEHAVIORS

Key findings:

- **Kitsap experienced an increasing death rate due to opioids from 2018 to 2022.** Opioids accounted for more than three in four of our drug-related deaths in 2022. At the same time, our non-fatal opioid hospitalizations and emergency department visits have not been increasing. Fentanyl was increasingly reported as the opioid causing visits to the emergency department in 2021 and 2022, replacing heroin.
- **The alcohol-related death rate increased in Kitsap from 2018 to 2021.** Very little investigation has been done into the effects of the COVID-19 pandemic or other contributing factors to this increasing death rate in Kitsap County, but in KCR's 2022 community survey, alcohol was the most widely used substance in an average week by respondents, with one third reporting weekly use (33%).
- Trends in e-cigarette use among public high school students are unchanged over time; **higher percentages of students reported vaping compared to smoking cigarettes in 2021.** Anecdotally, e-cigarette use in school has been expressed as a concern of parents, teachers, and staff in our school districts.
- In general, crime appears to be decreasing in Kitsap. However, **among more serious offenses such as the category of Group A crime, there was an increase in 2022 in every jurisdiction in Kitsap, after years of decreasing rates.** Group A crime includes 49 offenses grouped into 23 crime categories, such as murder, robbery, prostitution, and arson. Increases were also seen in 2021 in domestic violence, child abuse and neglect referrals, sexual assault crimes, and homicides.
- **The percentage of households that had a gun in or around their house in 2020 was higher in Kitsap (42%) than the state overall (32%).** About one in 15 Kitsap residents (6.5%) had a loaded and unlocked firearm

Key disparities (differences):

- **There were differences in substance use rates by sex.** Compared to females, males had a higher death rate due to alcohol from 2012 to 2021, a higher opioid overdose non-fatal emergency department visit rate in 2022, and a higher death rate due to firearms (including self-inflicted) from 2017 to 2019. Among youth, female 10th and 12th grade students reported higher percentages alcohol use, binge drinking, and vaping than males in 2021.
- **There were differences in substance use by sexual orientation and gender identity.** In 2021, higher percentages of 10th and 12th grade students reported smoking cigarettes and vaping among those who reported a sexual orientation of gay, lesbian, bisexual or something other than heterosexual and among those who identified with a gender other than male or female. In 2021, higher percentages of 10th and 12th grade students reported using marijuana among those who reported a sexual orientation of gay, lesbian, bisexual or something other than heterosexual.
- **There were differences in substance use by geography.** Bainbridge and North Kitsap 10th and 12th grade students reported higher percentages drinking alcohol and using marijuana in 2021, while Bremerton students reported the lowest alcohol use and Bremerton and South Kitsap students reported the lowest marijuana use. Bainbridge Island students also reported the highest percentages binge drinking, while South Kitsap reported

the lowest percentage. Bremerton and South Kitsap adults reported the highest percentages of adults currently smoking from 2011 to 2021, while Bainbridge Island and North Kitsap reported the lowest percentages.

- **There were differences in child abuse reports by geography.**
- From 2011 to 2021, **decreasing percentages of adults reported smoking as level of educational attainment increased.**

FINDINGS | COMMUNICABLE DISEASE

Key findings:

- **Emerging Infections and Outbreak Response**
 - From the beginning of the COVID-19 pandemic in March 2020 through the end of national Public Health Emergency on May 11, 2023, Kitsap County reported over 54,000 laboratory-confirmed cases and nearly 3,000 hospitalizations. COVID-19 has contributed to over 400 deaths in Kitsap County.
- **Reportable Communicable (Infectious) Diseases**
 - From 2013 through 2022, Kitsap County identified 31 active tuberculosis (TB) cases, including two deaths caused by tuberculosis. Multiple TB cases in the past five years have exposed worrying gaps in TB identification in Kitsap, where multiple opportunities were missed across several facilities.
 - One hundred to 300 new chronic hepatitis C diagnoses and up to four acute cases are reported each year in Kitsap. While the majority of new diagnoses are reported in people in their 50s and 60s, an increasing proportion of new diagnoses are among people in their 20s and 30s, mirroring a trend observed nationwide. Although hepatitis C patients often require complex “whole health” person-based care, resources are seldom available to communities to accomplish this. Although almost all people infected with hepatitis C can be essentially cured with medication, the CDC estimates that fewer than one-third of newly diagnosed cases were initiated on antiviral treatment.
 - Kitsap County typically has anywhere between three and twenty influenza-associated deaths each flu season.
- **Immunizations and Vaccine-Preventable Diseases**
 - According to data reported by Kitsap schools at the beginning of the 2022-23 school year:
 - 1,433 (4%) Kitsap K-12 students were not complete on their age-appropriate immunizations and did not have recorded exemptions.
 - Seven public schools’ kindergarten cohorts reported <90% of their students complete on the MMR vaccine.
 - A total of 352 (14%) public school seventh graders did not have a recorded Tdap vaccine or a recorded exemption.

- 14 of 66 (21%) Kitsap Public Schools reported overall immunization rates <90%. This includes three home school programs, five elementary schools, two middle schools, two high schools, and two K-12 programs.
 - KPHD estimates that between 37% and 48% of Kitsap residents (all ages) received a seasonal influenza vaccine in the 2022-23 flu season. In Washington State, coverage tends to be higher in older age groups than in younger ones; and national data showed that people who were uninsured were 60% less likely to report having received a seasonal flu vaccine.
 - Beginning in 2020 (during the COVID-19 pandemic) Kitsap County and the U.S. as a whole have seen an increasing proportion of adults opting to receive immunizations at commercial pharmacies, instead of at a provider's office.
- **Sexually Transmitted Infections (STIs)**
 - In 2022, there were 1,011 chlamydia, 275 gonorrhea, 80 syphilis, and ten new HIV diagnoses reported in Kitsap County. There are currently an estimated 345 Kitsap residents living with HIV.
 - Syphilis cases have risen dramatically in recent years; in 2017 there were 33 reported cases, compared to 80 in 2022. Syphilis is the only STI for which Kitsap County reports rates above the U.S. Department of Health and Human Services (DHHS) National Strategic Plan target.
 - A large proportion of Kitsap STI cases receive their care outside Kitsap County. According to 2022 Kitsap Public Health surveillance data, over 20% of chlamydia, 32% of gonorrhea and 38% of syphilis cases in Kitsap County residents were tested outside of Kitsap County; in fact, 12 cases were tested and treated by other jurisdictions' health departments.

FINDINGS | CHRONIC DISEASE

Key findings:

- **Heart disease was the second leading cause of death in Kitsap in 2021** and among the top three for all adult age groups (18-34, 35-64, and 65 and older), making it a key area for targeted prevention. In 2021, more than one in three Kitsap residents (35%) reported having been diagnosed with high blood pressure, a risk factor for heart disease. More than one in three (34%) reported high cholesterol, another risk factor.
- **From 2010 to 2021, there have been increasing trends in the percentage of Kitsap adults and 10th graders who classify as overweight or obese.** These trends are statistically significant. In 2021, two in three Kitsap County adults (66%) and more than one in four 10th graders (29%) reported a height and weight that classified as overweight or obese.
- **Cancer, in its many forms, has been the leading cause of death and premature death in Kitsap every year since at least 2000.** This makes it a key candidate for prevention initiatives. However, none of the three cancers reviewed (breast, cervical or colorectal) had concerning trends or comparisons to Washington State overall. More investigation into the role these cancers play as a cause of death in Kitsap would be beneficial.

Key disparities (differences):

- **Disparities exist along economic lines (such as income level and educational attainment) for many chronic disease metrics in Kitsap, similar to published findings from other areas of the United States.** In Kitsap, these differences were seen across heart disease, diabetes and weight indicators, including high blood pressure diagnosis (education and income), high cholesterol diagnosis (education), diabetes (education and income), physical activity levels in adults (education and income), and overweight and obesity in adults (education). Although there are no economic subgroups for youth, physical activity and overweight and obesity in youth were also seen to differ between higher median income areas such as Bainbridge Island and lower median income areas such as Bremerton. It is important to note that there are several social and economic factors, such as healthcare access, insurance coverage and transportation, that can affect screening rates and access to preventive and treatment services, which also factor into these disparities.

FINDINGS | INJURIES, HOSPITALIZATIONS & DEATHS

Key findings:

- **Leading Causes of Death**
 - The top five causes of death in Kitsap in 2021 were:
 1. Cancer
 2. Heart disease
 3. COVID-19
 4. Accidents (unintentional injuries)
 5. Alzheimer's disease
 - The top five causes of premature death in Kitsap in 2021 were:
 1. Cancer
 2. Accidents (unintentional injuries)
 3. Heart disease
 4. COVID-19
 5. Suicide & chronic liver disease and cirrhosis (tied)
 - The top five causes of years of potential life lost* before age 65 in Kitsap in 2021 were:
 1. Accidents (unintentional injuries)
 2. Cancer
 3. Suicide
 4. Heart disease

5. COVID-19

- **Accidents**

- The top three causes of accidental death in Kitsap in 2021 were:

1. Substance use poisoning and falls (tied)
2. Motor vehicle traffic-related accidents

Key disparities (differences):

- **There are differences in life expectancy and premature death by sex.** Life expectancy was shorter in males compared to females from 2016 to 2020. The premature death rate (deaths before age 65) was higher in males compared to females from 2017 to 2021.
- **There are differences in life expectancy and premature death by race and ethnicity.** From 2016 to 2020, life expectancy was shortest in Native Hawaiian or Pacific Islanders, American Indian or Alaska Natives, and Black or African Americans. It was highest among Asian or Asian Americans and Hispanic or Latinos. Premature death rates in Black or African American residents and Native Hawaiian or Pacific Islander residents were higher than rates in white residents and Hispanic or Latino residents, which were higher than rates in Asian or Asian American residents.
- **There are differences in life expectancy by geography.** From 2016 to 2020, life expectancy was higher in Bainbridge Island compared to all other sub-county geographies.

COMMUNITY ASSETS

The 2023 CHA lists community organizations and resources available in Kitsap at the end of each chapter. The people and organizations working in Kitsap can be integral partners with Kitsap Public Health District in celebrating the successes and helping fill the needs of our community in each of these areas.

ADDENDUM I. KEY THEMES

The information from the 2023 CHA was presented to attendees of the Data Summit on September 26, 2023, at the Norm Dicks Government Building. Attendees included 70 participants from organizations and nonprofits, healthcare organizations, Naval Hospital Bremerton, the school districts, Olympic College, local government, and the Suquamish Tribe. After a presentation on the key findings and disparities seen in the data collected for the CHA, attendees were asked to comment on the highest priorities they saw coming out of the data, as well as the biggest gaps they saw. Addendum 1 lists the key themes that emerged from this collaborative work.

In addition, Data Open Houses were held in the community on October 7 at Sheridan Park Community Center in Bremerton, October 16 at the Port Orchard City Hall Chambers, October 23 at the Poulsbo Library Large Community Room, and October 30 at the Kitsap Mall Community Room in Silverdale. These open houses were attended by 4 guests in Bremerton, 4 guests in Port Orchard, 24 guests in Poulsbo and 40 guests in Silverdale. In addition, the data was available online for comment from October 2 to November 15 and in the lobby of the Norm Dicks Government Building for comment from November 1 to November 15. Addendum 1 lists the key themes that emerged from community input.