



2026

# Community Health Needs Assessment

St. Michael Medical Center

May 28, 2026

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## **2026 COMMUNITY HEALTH NEEDS ASSESSMENT: A MESSAGE FROM JULIE MANAS**

Dear Community Members,

Our mission at Virginia Mason Franciscan Health (VMFH) and St. Michael Medical Center (SMMC) goes beyond clinical excellence; it's about nurturing the health of our entire community. As part of a robust health system with a history of over 130 years providing care in this region, we recognize that true well-being is deeply influenced by social, economic and environmental factors, and our compassion guides us to address these broader drivers of health. We are committed to advancing health equity and dismantling historical health disparities rooted in race, location or socioeconomic status, always prioritizing the needs of the vulnerable. This dedication compels us to reach beyond our facilities, partnering closely with public health agencies, other health systems, and a range of community organizations to collectively build a healthier Kitsap.

As part of this commitment, we are proud to present our comprehensive Community Health Needs Assessment (CHNA) for Kitsap County. This essential triennial assessment is a foundational cornerstone for how VMFH plans to serve you, our neighbors in Kitsap, for the years to come.

This year's CHNA represents a deepened dedication to understanding the unique health landscape of our vibrant Kitsap community. We have meticulously analyzed data on 55 health indicators, painting a detailed

picture of behaviors, outcomes, and the overall health status of residents across the peninsula. Crucially, this assessment is not just about numbers. We are particularly proud of the extensive community input gathered through four workshops and 10 key informant interviews with community leaders. We intentionally sought perspectives from individuals representing population groups disproportionately affected by health disparities in Kitsap, ensuring that the voices of those most vulnerable are central to our understanding.

The findings within this report will directly inform our efforts to provide high-quality, affordable health care and guide the development of our community health improvement programs and community benefit activities. We have identified several prioritized significant health needs for the Kitsap peninsula, including Behavioral Health, Access to Care & Preventive Services, Pregnancy & Births, and Chronic Disease.

This CHNA, conducted in partnership with the Kitsap Public Health District, provides a critical path forward. It will assist us in planning long-term, sustainable changes and strengthening our relationships with the evolving Kitsap community as we collectively work to improve health and well-being for all.

On behalf of VMFH and St. Michael Medical Center, I extend our sincere gratitude to everyone who contributed to this vital assessment. We are honored to serve Kitsap County and are steadfast in our promise to expand access to care, advocate for the vulnerable and, together with our partners, build a healthier future for generations to come.

## **COMMUNITY HEALTH NEEDS ASSESSMENT**

### **PURPOSE**

This community health needs assessment (CHNA) identifies and prioritizes significant health needs based on data on 55 health indicators that represent the health behaviors, outcomes and status of residents of the Virginia Mason Franciscan Health (VMFH) St. Michael Medical Center (SMMC) service area in Kitsap County. In addition, this assessment includes community input from Kitsap residents gathered at four community workshops and 10 key informant interviews of community leaders. Community input was focused on residents representing several key population groups disproportionately affected by health disparities in Kitsap.

The priorities identified in this report help guide SMMC in providing high-quality, affordable healthcare for the residents of Kitsap County and creating the hospital's community health improvement programs and community benefit activities. It is the goal of this report to provide a path forward that assists in planning long-term, sustainable changes and strengthens relationships with the evolving Kitsap community working to improve health and well-being.

This CHNA meets requirements of the Affordable Care Act, which requires nonprofit hospitals to conduct a CHNA at least once every three years. VMFH contracted with the Kitsap Public Health District (KPHD) to conduct a comprehensive CHNA.

### **COMMONSPIRIT HEALTH COMMITMENT AND MISSION STATEMENT**

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

### **DESCRIPTION OF COMMUNITY**

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

Kitsap County is one of the smallest counties in Washington state in terms of land area, with just under 400 square miles, however it ranks third in terms

of population density, with 750 people per square mile. Kitsap is situated on the Kitsap Peninsula and Bainbridge Island, with the Olympic Peninsula to the west and King County to the east. It is located between Hood Canal, Admiralty Inlet and Puget Sound, making transportation difficult and ferries and bridges vital to the community. More than half of all ridership on Washington State ferries originates or ends in Kitsap County.<sup>1</sup>

### **PRIORITIZED SIGNIFICANT HEALTH NEEDS**

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

<sup>1</sup>Washington State Employment Security Department, Kitsap County Profile, Updated January 2026, Accessed at <https://esd.wa.gov/jobs-and-training/labor-market-information/reports-and-research/labor-market-county-profiles/kitsap-county-profile>

The prioritized significant health needs identified in the CHNA are:

- Behavioral Health
  - » Depression & anxiety in youth (p. 54)
  - » Suicide deaths and hospitalizations (p. 57)
  - » Depression in adults (p. 56)
  
- Access to Care & Preventive Services
  - » Vaccinations (p. 37)
  - » Health insurance (p. 34)
  - » Routine dental checkup in youth (p. 36)
  - » Adequate prenatal care (p. 39)
  
- Chronic Illness
  - » Asthma-related emergency department visits (p. 90)
  - » Obesity in adults (p. 70)
  - » Food Insecurity (p. 29)

## **EVALUATION OF IMPACT FROM 2023 COMMUNITY HEALTH NEEDS ASSESSMENT**

In its CHNA from 2023, St. Michael Medical Center addressed five prioritized significant health needs, including:

- Access to Health Care
- Behavioral Health
- Pregnancy and Births
- Basic Needs
- Chronic Illness

*An impact evaluation is included at Appendix A.*

## **ADOPTION OF CHNA**

The St. Michael Medical Center CHNA was adopted by the Virginia Mason Franciscan Health Board of Directors on May 28, 2026. St. Michael Medical Center invited written comments on the most recent CHNA report and Implementation Strategy, both in the documents and on the website where they are widely available to the public. No written comments were received.

# Acknowledgements

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## **Kitsap Mental Health Services**

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Katie Chandler

Andrew Kelly

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

Bremerton Foodline

Bremerton School District

Central Kitsap Food Bank

Fishline

Givens Community & Senior Center

Helpline House

Kitsap Community Resources (KCR)

Kitsap County Department of Human Services

Kitsap Mental Health Services

Olympic College

Olympic Community of Health

Peninsula Community Health Services

ShareNet

South Kitsap Helpline

South Kitsap School District

Saint Vincent de Paul

The Suquamish Tribe

# Executive Summary



St. Michael Medical Center  
Community Health  
Needs Assessment  
2026

Virginia Mason Franciscan Health (VMFH) contracted with Kitsap Public Health District (KPHD) to conduct a Community Health Needs Assessment (CHNA) to identify the most pressing current health challenges affecting residents, as well as the strengths and assets that support health and wellbeing. This assessment integrates health indicator data with qualitative insights from the community, to provide a comprehensive understanding of health in Kitsap County.

We recognize the importance of monitoring community health indicators along with ongoing community needs and priorities to support the longevity, health, and well-being of our diverse community. Although the COVID-19 pandemic has faded from daily consciousness, its effects persist in shaping health outcomes.

The CHNA report presents the most current data on indicators and attempts to highlight areas in which community members are most vulnerable and may continue to be disproportionately burdened. Health metrics were selected by VMFH, in alignment with past CHNAs and key areas of interest.

This CHNA fulfills Section 9007 of the Affordable Care Act, as well as Washington State CHNA requirements.

This report includes insights on:

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

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

# Executive Summary

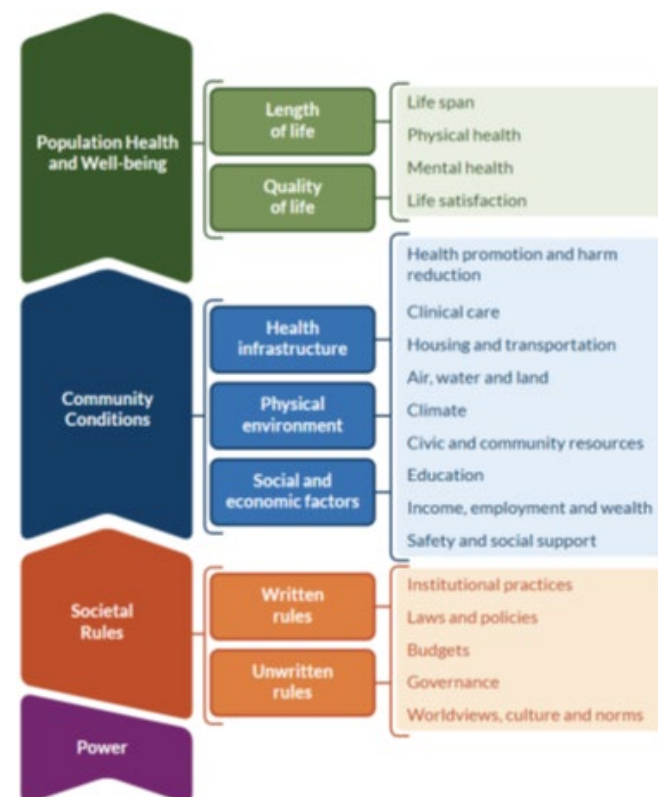
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Community engagement activities were conducted in partnership with local community organizations, led by Kitsap Public Health District. Community workshops were coordinated and facilitated by Zibolsky Consulting, a contractor working with local nonprofit social services agencies. These community engagement activities included:

- Four community workshops with residents from across Kitsap, representing different geographic areas and aspects of our community, were invited to participate in discussions on topics impacting their well-being and health.
- Ten key informant interviews with local organizational leaders to gather more nuanced ideas about the needs that community organizations see as they work in the community.

## COMMITMENT TO HEALTH EQUITY

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



Source: Robert Wood Johnson Foundation, County Health Rankings Model

and ethnicity, zip code, income, gender identity, or any other social or economic factor.

## PRIORITY HEALTH NEEDS

The process of identifying health priorities uses qualitative data – through community-identified needs and strengths – in addition to quantitative health indicators. Significant health needs were selected using the methodology outlined in the

# Executive Summary

Continued

Supplement (“Selection of Prioritized Significant Health Needs”). A copy of the scoring rubric is located at the end of the document. Using this methodology and rubric, the following health needs were identified as priorities for Virginia Mason Franciscan Health to address both individually and jointly with the community. Each of these topics provides broad opportunities for collaboration and programmatic and investment expansion.

We used several pieces of information to prioritize the quantitative indicators, including trends, disparities, and being identified as critical themes both in the systematic review of qualitative data and in our community engagement activities. Once the highest-ranking quantitative indicators were identified, we took a broader view of the qualitative data with respect to community-identified needs and strengths that were truly critical and should be prioritized at this time.

## **ACCESS TO HEALTH CARE**

Access to care was frequently brought up in both the focus groups and key informant interviews as being a concern in our community. Community members emphasized not only the importance in accessing healthcare services but also the critical role of economic stability and housing affordability in ensuring they can obtain and sustain the care they

need. Vaccinations (p. 37) were ranked higher because Kitsap’s rates are worse than the state. Misinformation about vaccines was also a concern during key informant interviews.

Routine dental checkup among youth (p. 36) and residents without health insurance (p. 34) were concerns because of the inequities seen by sex, race and ethnicity, and subcounty region. Improving access to dental services, especially among youth, was also discussed during the key informant interviews. Adequate prenatal care (p. 39) was ranked higher because Kitap’s percentage was lower than the state, and due to inequities seen by sex and subcounty region. Prenatal care was also a concern among those who participated during the key informant interviews, citing that Kitsap residents may need to look outside of Kitsap to access such services (in addition to other medical services).

## **BEHAVIORAL HEALTH**

Behavioral health was very frequently brought up in both the focus groups and key informant interviews as being a concern in our community. Community members emphasized not only the importance of accessing mental healthcare services but also the critical role of economic stability and housing affordability in ensuring they can obtain and sustain their wellbeing.

# Executive Summary

Continued

Anxiety and depression among youth (p. 54) were both ranked high due to higher percentages compared to the state overall and the inequities by sex, race, and subcounty region. Concerns about mental health services for youth were also discussed during community workshops. Depression among adults was also ranked higher due to inequities by sex and race. Suicide deaths and hospitalizations (p. 57) were ranked high due to their negative trends and inequities by sex and subcounty region.

During the key informant interviews and focus groups, unstable housing and behavioral health issues were at times discussed in tandem, as not having one can exacerbate the other. Those with mental health illness or substance use disorder can face barriers to stable housing, and those struggling to find stable housing may struggle with maintaining sobriety.

## **CHRONIC ILLNESS**

Chronic illness remains a key concern for community health. Priorities related to chronic illness include the need for access to affordable, healthy foods and environments that support active lifestyles. Economic stability and housing affordability were emphasized by community members as significant determinants of health, often serving as barriers to accessing the resources needed to prevent and manage chronic conditions.

Food insecurity (p. 29) among children and Kitsap overall was ranked high due to their negative trends and inequities by race. Food insecurity was also a concern among those who participated in the key informant interviews and focus groups. Asthma-related ED visits (p. 90) were ranked higher due to higher percentages compared to the state overall and inequities by sex and subcounty region. Adults who are overweight or obese (p. 70) was ranked high due to having a negative trend and inequities by sex, race, and subcounty region.

# Introduction

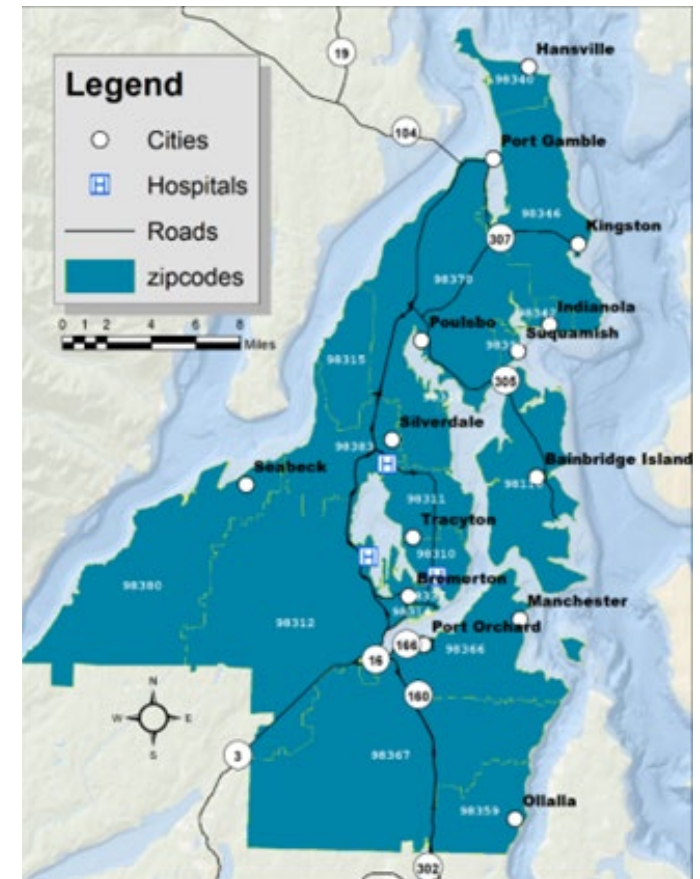


Virginia Mason Franciscan Health (VMFH) contracted with Kitsap Public Health District to conduct a comprehensive Community Health Needs Assessment (CHNA).

This process includes quantitative analyses of health indicator data and primary qualitative data collection through community conversations and key informant interviews with residents and community leaders in Kitsap County. These efforts focused on representing several key population groups disproportionately affected by health disparities, ensuring a holistic and inclusive understanding of community needs and priorities.

VMFH operates St. Michael Medical Center (SMMC) in Kitsap County. The purpose of this report is to describe health issues and the impacts those issues have on the community. This CHNA will help guide VMFH SMMC in providing high-quality, affordable health care for the members of the community that it serves.

It is the goal of this report to provide a path forward that assists in planning long-term, sustainable changes, strengthens relationships with the evolving Kitsap community working to improve health and well-being, and addresses new challenges with a focus on health issues that impact communities most affected by health disparities.



St. Michael Medical Center Service Area

## METHODS

This report includes a description of the community served, leading causes of death, levels of chronic illness and other important community health issues and needs. The report summarizes:

- Access to Care and Preventive Services
- Pregnancy and Births

# Introduction

## Continued

- Life Expectancy and Leading Causes of
- Hospitalizations and Death
- Behavioral Health
- Chronic Illness
- Communicable disease
- Safety and Violence
- Basic Needs

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

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

Approximately fifty-five indicators were chosen that, together, help understand the health of the

community. The main themes identified through the community engagement methods are presented first, followed by key demographic and socioeconomic drivers of health status and health indicators.

Input was gathered from community members and organizational leaders representing the broad interests of the communities served by health systems. Interviews with community members and key leaders were used to identify key themes and issues across respondents.

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

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

# Introduction

Continued

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

## DATA INTERPRETATION

When discussing trend over time in Kitsap, “no change” or “no trend” indicates there are no statistically significant changes over time. “Increasing” or “decreasing” trends indicates there is a statistically significant increase or decrease in Kitsap over time. Similarly, when making comparisons within subgroups or between Kitsap and Washington, “higher” or “lower” indicates there is a statistically significant difference. “Similar” or “no differences” indicates that there is no statistically significant difference for that comparison.

## DATA STRENGTHS AND LIMITATIONS

This CHNA presents a robust set of selected data indicators that enable a broad view of the health needs of the VMFH SMMC service area. Each data source has its own strengths and limitations. The following is a brief description of the most important factors when reviewing this data:

The Center for Health Statistics estimates death data to be 99% complete, providing an accurate count of almost all deaths in Kitsap County. In a similar fashion, hospitalizations are estimated to be 98% to 100%

complete. Having an accurate count of all deaths and hospitalizations in our area allows comparison from year to year, by cause, and by subgroup with very high confidence even when numbers are small. Hospitalization data, provided from the Comprehensive Hospitalization Abstract Reporting System (CHARS), were not age adjusted, and, therefore, there are limitations when making meaningful comparisons between populations with different age compositions.

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

Disaggregated data regarding age, race, ethnicity, geographic region, and gender are not available for all the data indicators, which limits the ability to

# Introduction

## Continued

look at disparities and health inequities within the community.

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

The most recent data available are always used; however, some sources may be older than others. Charts are labeled with the years of the data, so that the age of the data can be considered during planning.

Data may be unreliable due to small numbers of people experiencing or reporting the issue and therefore not reliable enough for decision-making. For the purposes of this report, counts of less than 10 and residual standard errors (RSE) higher than 25% were not used.

### **SELECTION OF PRIORITIZED SIGNIFICANT HEALTH NEEDS**

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

1. When compared to Washington state, county numbers are statistically significantly worse (1 point).
2. Existing estimates present a trend in the negative direction (1 point)
3. The indicator is related to listed themes (domains) from community engagement activities (2 points).
4. There is an appearance of inequity by gender, by race, or by geography (3 points).

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

Within each priority, indicators with scores of 50% and higher were included as sub-priorities. The selection of prioritized significant health needs was limited by several factors.

# Introduction

## Continued

These include:

- Available data: The inclusion and exclusion of topic areas was limited by the quantitative and qualitative data available. Indicators could not be prioritized based on inequities if insufficient data was available to evaluate the effect on subgroups.
- Selection of indicators: The inclusion and exclusion of certain indicators may bias the results toward a specific priority.
- Relevance to themes (domains) from community engagement activities: Due to the nature of the interview questions, relevance to some indicators may not be adequately captured.
- Categorization of indicators: Indicators may have more than one association (for example: obesity has a chronic illness component and a behavioral health component). Secondary, tertiary, and quaternary associations were ignored.

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

See “CHNA priorities, indicators, and related scoring” under the Supplement section for the complete table of priority indicators and their respective scores.

# Community Voice



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

## **METHODS**

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

The Supplement details the questions used in the Community Workshops and Key Informant Interviews.

## **LIMITATIONS**

For this report, community engagement data were collected from focus group discussions and key informant interviews. Due to the individual nature of participation, focus group and interview results are not generalizable to all Kitsap residents, but instead represent the opinions of residents who attended who were interested in raising their experiences to help improve health outcomes in Kitsap.

Some voices are under-represented in this qualitative data. Further community workshops to discuss the health needs and concerns among additional communities would be useful to continue to explore the needs of our populations. Suggestions for future outreach activities include discussions with people who are pregnant/postpartum, parents of young children, youth, people who are incarcerated, the Mam and Spanish speaking population, as well as community members facing houselessness.

The key informant interview responses represent the opinions and ideas of the organizational leaders, as noted and transcribed by KPHD's Assessment and Epidemiology Program Manager and a staff epidemiologist. The results are not intended to be representative of all residents or organizations in Kitsap.

Similarly, the interpretations of sentiment from the community workshops were based on the analyst's interpretation of the data and may not be representative of all residents in Kitsap. Participants were primarily individuals already connected to community services or organizations hosting the listening sessions, which may indicate that people who are more isolated or not engaged with service systems were not represented.

Demographic data were not consistently collected across all sessions due to time constraints and voluntary participation, which limited the ability to analyze responses by demographic group. In some sessions, only a few participants completed demographic forms, and in others, attendance levels made distribution difficult. Focus group discussions capture self-reported experiences and perceptions, which can be influenced by individual circumstances at the time of the discussion. While recurring themes across participants were noted, the findings should be interpreted as qualitative insights rather than statistically generalizable results. As for the analysis, the analyst was not present during the focus groups and is not able to see body language or tone of feedback given in the transcript. Categorization of mixed or neutral sentiment required the analyst's judgment during manual review and may vary depending on interpretation. Lastly, the use of Artificial intelligence (AI) coding may have impacted the results because of AI's limited abilities to grasp deep meanings, metaphors, or context.

### **COMMUNITY WORKSHOPS (FOCUS GROUP DISCUSSIONS)**

Four community workshops were held throughout Kitsap County and facilitated by an independent consultant company, Zibolsky Consulting. The purpose of the focus group discussions was to

gather input directly from community members in small group settings. The discussions were 60 to 90 minutes in length and conducted in person at locations within Kitsap County. The populations of interest were selected by VMFH based on gaps identified in previous community health assessments, their ongoing community outreach, and the need to build trust among communities. While the general community was invited to all community workshops, workshop's locations were designed particularly to involve the diversity of our community by making participation easier by members of the following communities:

- People with lived experience of healthcare access in Kitsap
- People experiencing inequities North Kitsap (Poulsbo) and South Kitsap (Port Orchard) residents
- People experiencing food insecurity

The focus groups included people representing diverse races, ethnicities, ages, geographic regions, genders, and sexual orientations. Participants were recruited by advertisements through Kitsap County community organizations serving Kitsap residents, including Kitsap Community Resources (KCR), Kitsap Mental Health Services (KMHS), and Kitsap Public Health District (KPHD). All participants were provided with refreshments, a \$25 gift card, and childcare

during the workshop to reduce barriers and express gratitude for participation.

All focus groups materials were reviewed by a data scientist from Zibolsky Consulting. Analysis was generated using an artificial intelligence (AI) tool, the Claude Sonnet 4.6 model within Claude Desktop for Python code development. After the AI-generated sentiment analysis was produced, the transcript was manually reviewed alongside the output to interpret statements in context. The model was built to evaluate responses for negative and positive sentiments on a Likert scale. Negative sentiments were assigned values of 0-5 and positive sentiments were assigned values from 6-10. Likert values are applied to words that are often associated with negative or positive reactions within the English language (i.e., “frustration” would have a value of 0, whereas “hopeful” would have a value of 6. From these values, key negative, positive, and mixed positive/negative themes were identified. This type of analysis is called a “sentiment analysis,” which is the process of analyzing respondent’s words to determine if the emotional tone of the message is positive, negative, or neutral.” Themes that emerged from the focus groups were developed using thematic coding through manual review of the transcripts and sentiment outputs. Categories were then used to describe the overall tone of feedback within those topic areas.

## KEY INFORMANT INTERVIEWS

Ten interviews were conducted with Kitsap County organizational leaders, including government, Tribal, educational, nonprofit, and healthcare organizations. One interview was with a group of leaders. The interviews were approximately 60 minutes in length and held either in person or via video call. Interviewees were not compensated for their time and were informed their responses would be de-identified and used to inform the VMFH SMMC assessment, as well as shared with a partnership of community organizations, including Kitsap Public Health District, Kitsap Community Resources, and Kitsap Mental Health Services, to inform their work.

The key informant interview respondents were selected by Virginia Mason Franciscan Health’s Community Integration Program Manager, with consultation from Kitsap Public Health District Assessment and Epidemiology Program Manager, to give a variety of perspectives from across the leadership of Kitsap County organizations. Three organizational respondents initially selected were not available for interview or were unresponsive to email and phone requests, and alternatives were selected.

The KPHD Assessment and Epidemiology Program Manager facilitated all interviews and conducted analysis together with a staff epidemiologist. Responses were summarized, with highlights and key points identified based on a rapid thematic analysis. This was an iterative process where responses were first grouped by general similarity of topic. Themes were identified in each group and ranked based on containing responses by the most respondents. Responses discussed by the same number of respondents were further ranked by the amount of detail provided by the respondent. Data analysis began with a detailed and systematic reading of the notes and transcripts, followed by pulling responses into groups with an assigned inductive coding label. Rapid Thematic Analysis was then conducted to identify themes/patterns of meaning across the dataset that were coherent with a central idea that meshed the data and codes together. Coded groups were reviewed and analyzed by a staff epidemiologist and discussed for consensus across both analysts.

### **THEMES (FROM COMBINED KEY INFORMANT INTERVIEWS & FOCUS GROUP DISCUSSIONS)**

As focus group participants and key informant interviewees were asked similar questions on the health needs and concerns of the community, common themes were identified from the combined

results. The themes that were identified indicate that the health needs and concerns community members are experiencing and perceiving are similar to the health needs and concerns organizational leaders are observing. Some differences were identified between themes emerging from the focus groups and key informant interviews. For example, community workshop respondents were more concerned about injury and violence, the high cost of childcare and financial stressors compared to key informant respondent.

### **ACCESS TO HEALTHCARE SERVICES**

Both community members and organizational leaders named access to healthcare as an ongoing challenge for the community. Access to healthcare continues to be a concern both due to continued lack of access as well as the increasing demand for various healthcare services.

*"The clinics are overused. The ER and urgent care, they're all overused."*

— Community Member

Participants highlighted long wait times, the need to travel outside the county for healthcare services, and lack of available healthcare providers as primary barriers to accessing healthcare services in Kitsap. Long wait times are especially an issue at emergency

departments and for those seeking Medicaid uninsured services. Participants also expressed frustration with accessing healthcare services due to bureaucracy, information gaps, and digital limitations (i.e., accessing services that rely on technology either because of access to a device or digital literacy).

*“Access to specialty care [is one of the top priorities.] I have had to take clients to Seattle or Tacoma or further for specialty care in a timely manner...and I had an 8 month wait for dermatology care myself.”*

— Community organization leader

Participants feel there is a shortage of providers across multiple sectors, especially in primary care, mental and behavioral health, and specialty care. Drivers for this shortage are due to lack of provider recruitment as well as limited wages and training opportunities. While this continues to remain a challenge in Kitsap, respondents also celebrated the progress at Olympic College and the opening of five new programs in the healthcare field.

Participants also expressed appreciation for mobile medical clinics across Kitsap. Participants also expressed their appreciation of the expansion of access at St. Michael but wish they would advertise their programs more because residents are not aware of services offered.

Participants also acknowledge how the addition of a Multicare emergency department and additional VMFH hybrid urgent care and emergency care facilities have improved services. While there are improvements, participants voiced caution in relying solely on Emergency Care, as growth in other medical services is needed as well.

### **CHALLENGES MEETING BASIC NEEDS**

Many participants voiced concern for the ongoing challenges a growing number of community members face meeting basic needs. Participants specifically addressed issues related to affordable housing, food insecurity, transportation, and childcare in Kitsap County.

As the Kitsap population continues to grow, concerns over rising costs and housing availability grow as well. The lack of affordable, safe, and stable housing was mentioned as a primary concern across all focus groups and interviews. Participants cited the lack of affordable housing in Kitsap as the driver for many issues and can lead to homelessness when combined with other stressors such as mental health, job loss, and substance use.

# Community Voice

Continued

St. Michael Medical Center  
Community Health  
Needs Assessment  
2026

*"[One of the most significant gaps is] housing and transportation barriers that prevent people from accessing care."*

— Community Organizational Leader

There is also concern about homelessness among the student population due to lack of affordable housing. More housing is needed at all levels, including more emergency shelter beds and permanent supportive housing. For those attempting to access housing programs, some participants expressed frustration with difficulties trying to navigate accessing such resources.

Participants also felt that food insecurity leads to poor health and places additional stressors on Kitsap residents. Food banks are focused on increasing access to food, and all of the food banks in Kitsap are increasing their capacity, but participants felt that the true goal should be to make the community more affordable for residents so that there is less need for food banks.

*"But if you look at the difference between the stores here and 20 miles over there... their stores are fully loaded with nice, fresh food, and over here, it's lower quality food, still high prices."*

— Community Member

Accessing services can be challenging and participants felt access to Supplemental Nutrition Assistance Program (SNAP) was especially challenging, due to changes in eligibility. While food insecurity remains a concern, participants also expressed gratitude for being able to access food banks and see food banks as a stabilizing force and a key access point for residents navigating hardship in the community.

While participants acknowledged improvements to transportation have been made, the demand is still there, especially for those experiencing homelessness, those who have low-income, older adults, and residents with disabilities. Many participants see basic needs as not in isolation of each other, for example, transportation services also need to be considered when developing housing plans.

Lastly, Participants felt there are not enough affordable daycare or childcare options in Kitsap. Participants described difficulties in navigating childcare services, especially due to high childcare costs.

*"[One of the top priorities is the] health supportive aspects of the community that may not seem like a priority, but nothing else matters if they are not in place – daycare and childcare are never enough."*

— Community Organizational Leader

Overall, these factors are closely linked to the general affordability of our area because if people could afford rent, then they would have to rely less on other services. Participants feel that resource management and the costs of basic needs in general are adversely affecting our population.

### **BEHAVIORAL AND MENTAL HEALTH SERVICES**

Behavioral and mental health services were key priorities across all community workshops. Kitsap residents have struggled with disillusionment and a sense of belonging and purpose in the years since the beginning of the COVID-19 pandemic, which has increased the need for mental health and well-being services. Participants spoke about the urgent need for mental health and substance use services and treatment in Kitsap.

*“People are aging. There are economic and political changes... [people are] struggling with belonging and a sense of purpose post COVID... disillusionment.”*

— Community Organizational Leader

Mental health needs are especially urgent among Kitsap youth. While healthcare and mental health services are available to students in some schools, there is limited capacity to meet the need. Kitsap youth need more mental health support, and

participants called for greater behavioral health partnerships with school districts.

There is also a need for more in-patient behavioral health beds and the capability for immediate transportation to detox and treatment centers. The laws determining who can provide substance use disorder (SUD) treatment in WA are restrictive and create an unnecessary divide between those who can treat SUD and those who can treat mental health.

*“[There are increased mental health] issues across a broad swath of our population rather than just the highest needs population.”*

— Community Organizational Leader

Kitsap needs more transitional housing for youth and adults, so that youth in particular are not boarding at healthcare, behavioral health, and mental healthcare centers until their discharge can be arranged. Some participants experienced difficulty in accessing quality and consistent mental health services. Those who were able to access recovery living facilities appreciate the peer understanding and support they receive.

Participants did acknowledge that the expansion of mobile crisis services has improved in the last three years, especially with the adoption of a 24/7 mobile crisis outreach teams model for adults and youth.

## COMMUNITY SUGGESTIONS AND AGENCY COLLABORATION

During the community engagement process, both community members and organizational leaders shared potential suggestions to address the health concerns and needs of our community. Additionally, many solutions were often tied to greater need for collaboration. Strengthening collaboration throughout the county and working on new and innovative partnerships is key for tackling these cross-sector issues.

### Housing:

- Organizations working on housing, transportation and childcare all need to come together to collectively work on problems.
- Kitsap needs to invest in a low-barrier shelter system that connects people to long-term supports, like healthcare, behavioral health, and permanent/long-term housing. Such services would help transition people back into the community.
- Elected officials locally need to fast track affordable housing construction and the permitting process.

### Healthcare:

- Kitsap needs to continue programs that increase local community college nursing and Advanced Registered Nurse Practitioner (ARNP) programs. There

should also be more and continued focus on the recruitment of primary care ARNPs, nurse midwives, licensed behavioral health professionals and mental health nurse practitioners.

- Better coordination is needed between behavioral health, physical health, and reproductive health.
- The Manette clinic membership model was praised as providing healthcare access that is affordable and accessible for those without insurance.
- Explore healthcare partnerships with the school districts for providing low-barrier options for services needed by large numbers of students, such as sports physicals, vaccinations, mental health, counseling, health education, and dental services.

### Behavioral health:

- Kitsap needs to expand county-wide behavioral health coordination and ensure inclusion of the Tribes and the Navy. Participants recommended expanding C.A.R.E.S. (Community Assistance, Referrals, and Education Service) responses to reduce the 911 burden and expand the Persons in Need program and the REAL (Recovery, Empowerment, Advocacy, Linkage) program, as well as increase school-based prevention and early intervention programs.
- Kitsap needs to invest in healthcare infrastructure and more options for behavioral health treatment, including a secure withdrawal management facility.

# Community Voice

Continued

- Behavioral health partnerships with school districts should also be expanded. Kitsap Mental Health Services (KMHS) provides therapists in schools and partners with teachers to create therapeutic settings for some children. They should explore expanding on this by providing short-term support for children in crisis.

- Virginia Mason Franciscan Health could partner with the school districts to provide more mobile clinics and more trained staff to run groups, especially for youth experiencing grief and those in crisis.

### **General resource navigation:**

- Improving coordination among agencies would greatly help residents receive access to various services. Participants frequently suggested navigator roles, better nonprofit coordination, and clearer entry points into services as practical solutions.

- Educate residents and organizational staff about where programs and resources are located. WA 211 may not be the best way to distribute information because it is not well utilized and not updated frequently enough. This system needs to be easily accessible to everyone, with resources updated frequently, so they can be utilized by those who need them most.

# Description of Community



## DEMOGRAPHIC CHARACTERISTICS

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

**Population** – Approximately 286,100 people lived in the VMFH St. Michael Medical Center primary service area in 2024: an increase of about 54,000 residents and a 23% growth since 2000.

**Age and Sex** – Children and youth 19 years old and younger represent 16.5% of the Kitsap population, about one in six residents. The proportion has been decreasing slightly over time, while the population aged 65 and older (21.1%) has been increasing and is now about one in five residents. Kitsap has slightly less of its population under the age of 19 compared to the state, and a slightly higher percentage age 65 and older. Respectively, these numbers are 17.8% (youth 19 and younger) and 17.9% (65 and older) statewide. The ratio of male to female is about 1:1.

**Race and Ethnicity** – A little less than three quarters of residents are non-Hispanic white (70.7%). Hispanic and Latino residents are the next largest group representing 10.0% of the service area's total population. Statewide, Hispanic and Latino account

for 14.9%. The third largest racial group in Kitsap is people identifying as two or more races (8.8%).

### Kitsap County Demographics, 2024

	Count	Percent
<b>Age (years)</b>		
0-4	14,371	5.0%
5-14	32,266	11.3%
15-24	36,304	12.7%
25-34	38,969	13.6%
35-44	37,062	13.0%
45-54	31,141	10.9%
55-64	35,582	12.4%
65-74	35,154	12.3%
75-84	19,892	7.0%
85+	5,360	1.9%
<b>Sex</b>		
Male	144,239	50.4%
Female	141,861	49.6%
<b>Race and Ethnicity</b>		
AIAN	3,469	1.2%
Asian	15,553	5.4%
Black	8,068	2.8%
NHOPI	3,169	1.1%
White	202,319	70.7%
Multiracial	25,037	8.8%
Hispanic or Latino	28,485	10.0%

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

Source: Washington Office of Financial Management

# Description of Community

Continued

## DISABILITY PREVALENCE

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

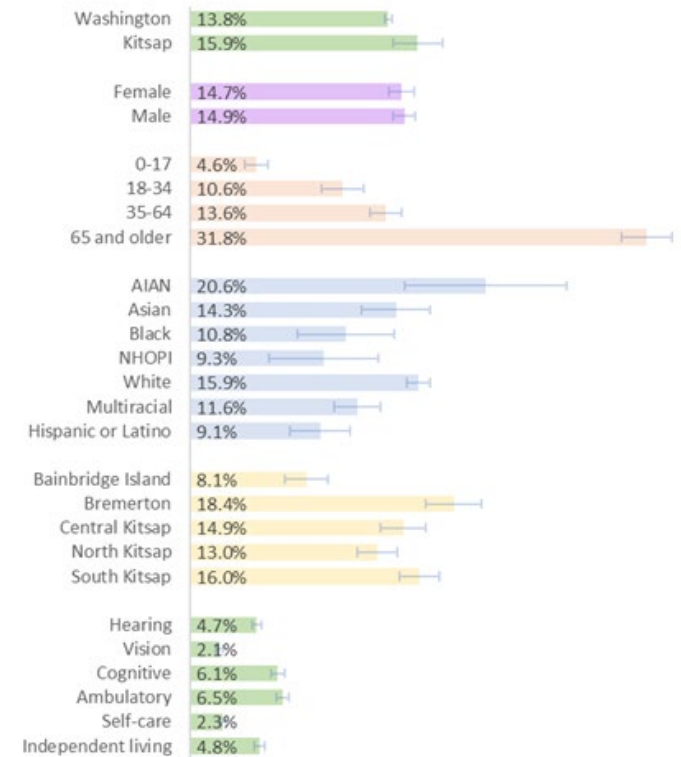
The prevalence of disability in Kitsap (16%) was higher than the state (14%) in 2024. Within the county, American Indian and Alaska Native residents had a higher percentage experiencing disability compared to all other race/ethnicity groups except for residents who identified as white. No differences were seen by sex.

Disability was more common in older age groups. Residents of Bremerton had a higher percentage compared to all other subcounty geographic regions except South Kitsap.

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

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

## DISABILITY PREVALENCE, 2024, 2020-2024



**Note:** Washington/Kitsap comparison is data from 2024, while subgroup data is from 2020-24; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander

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

## LANGUAGE

Among all individuals five years and older, Kitsap County had a higher proportion of the population who reported speaking English at home (91%) compared to the state. The top languages spoken

# Description of Community

Continued

at home other than English were Spanish (3.4%) and Tagalog or Filipino (1.7%).

While many residents are bilingual or multilingual, some report that they either do not speak English or speak English less than “very well”. In 2024, it was estimated to be about 3.4% of the Kitsap population or about 8,961 people. Residents whose first language was Korean, Chinese and Arabic had the highest proportions reporting speaking English less than “very well”, while those who speak Spanish or Tagalog had the highest overall numbers of people.

## SELECTED SOCIOECONOMIC CHARACTERISTICS

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

## EDUCATIONAL ATTAINMENT

Higher education is critical to shaping the economic and social well-being of a community. Education enables individuals to access better employment opportunities, higher incomes, and greater economic mobility which all contribute to reducing poverty and

## RESIDENTS WHO SPEAK ENGLISH LESS THAN "VERY WELL," 2020-2024

	Count	Percent
<b>Subcounty Region</b>		
Bainbridge Island	131	0.6%
Bremerton	2,234	4.7%
Central Kitsap	2,560	3.5%
North Kitsap	1,240	2.6%
South Kitsap	1,559	2.2%
<b>Language</b>		
Korean	450	64.4%
Chinese (including Mandarin, Cantonese)	472	55.9%
Arabic	116	38.9%
Tagalog or Filipino	1,645	34.7%
Spanish	3,381	34.2%
Vietnamese	290	33.8%
Russian, Polish/ other Slavic	137	23.7%
Other Asian/Pacific Island languages	705	23.5%

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

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

enhancing quality of life. Disparities in access to higher education persist.

In 2024, the four-year average percentage of adults aged 25 and older who have earned at least a

# Description of Community

Continued

bachelor's degree in Kitsap County (39.4%) was similar compared to the state overall (41.0%). Among different racial and ethnic groups, American Indian or Alaska Native had the lowest attainment of a bachelor's degree (12.4%) while Asian and white residents had the highest (38.5% and 39.6%). Residents from Bainbridge Island had the highest attainment of a bachelor's degree (76.4%) compared to all other regions.

## FOOD INSECURITY

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

According to Feeding America, in 2023, almost one in eight (12.3%) Kitsap residents experienced food insecurity. From 2021 to 2023, there has been an increasing trend in this indicator, and the percentage in Kitsap was similar to Washington overall. Kitsap residents who identified as Black or African American (23%) and Hispanic or Latino (22%) had higher percentages of people experiencing food insecurity than those who identified as white (10%). A higher percentage of Kitsap's children experienced

food insecurity (17.6%) compared to adults. This percentage has also been increasing since 2021 and was similar to the percentage of children overall in Washington (17.1%).

The second source uses data from the Behavioral Risk Factor Surveillance System, in which respondents were asked about food insecurity. In 2024, about 7% of Kitsap residents said it was "often true" or "sometimes true" that the food they bought just didn't last and they didn't have money to get more. This percentage has improved considerably, as it decreased by almost 1/3 since 2021. Due to a small number of respondents, this difference was not statistically significant. Kitsap's percentage was similar to Washington overall (roughly 10%). Residents 65 and older reported a lower percentage of food insecurity compared to residents aged 18-34. Males also reported a slightly lower percentage compared to females. There were no differences by race or geographic region.

Additionally, in July 2024, St. Michael Medical Center started administering a screening questionnaire to in-patients. This screening process asks patients about food insecurity, housing instability, transportation needs, difficulties with utilities, and interpersonal safety. While all in-patients should be screened, these percentages are likely underestimates of the true need based on screening limitations (i.e., patients may not

# Description of Community

Continued

feel comfortable sharing this information). Screening is intended to help connect patients to resources or team members who can assist. From July 2025 to January 2026, about 4% of in-patients at St. Michaels reported experiencing food insecurity.

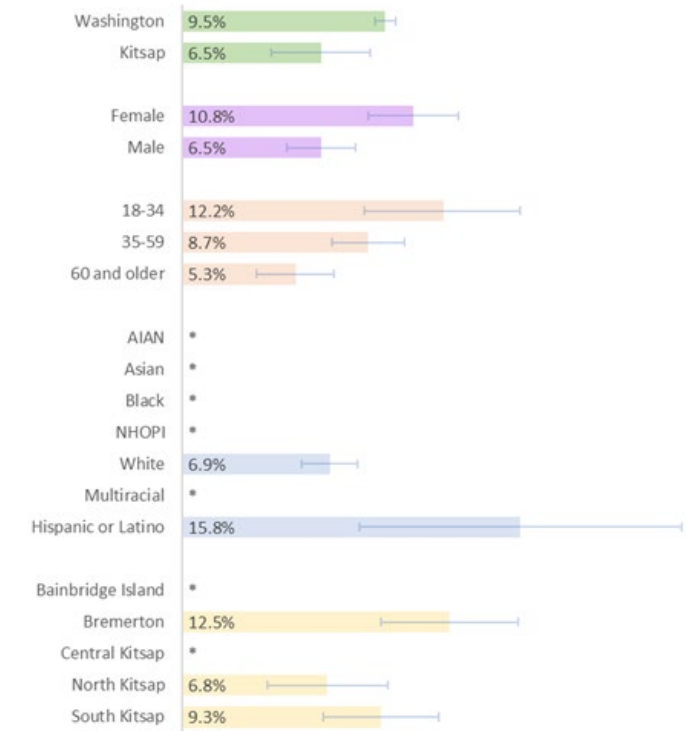
## FREE AND REDUCED-PRICE LUNCH

A free and reduced-price meal program is a federal program for students whose household income is less than or equal to 130% of the federal poverty limit (free) or between 130% and 185% of the federal poverty limit (reduced-price). This program helps to ensure that children have access to food with adequate nutritional value. During the 2024–2025 school year, 42.5% of students in Kitsap County were eligible for free or reduced-price lunch. While this was lower than the state (52.5%).

## STUDENTS EXPERIENCING HOMELESSNESS

Having stable and adequate housing is critical not only for securing economic stability but impacts our health and well-being as well. During the 2024-25 school year, 2.7% of public school students in Kitsap experienced homelessness. Homelessness refers to students who did not have a fixed, regular, and adequate nighttime residence. Examples of this type of living arrangement can include those living in

## ADULTS WHO REPORT FOOD INSECURITY, 2024, 2014-2024



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

**Note: Washington/Kitsap comparison is data from 2024, while subgroup data is from 2014-24; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander**

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

motels, hotels, emergency or transitional shelters, living in cars or public spaces. This does not include students awaiting faster care placement. Overall, from 2020-21 to 2024-25, there has been an increasing

# Description of Community

Continued

trend in homelessness among Kitsap students, but the percentage in Kitsap was lower than Washington overall (3.9%). Students from Bremerton (4.2%) and Central Kitsap (3.8%) had the highest percentage of students experiencing homelessness. South Kitsap and North Kitsap had similar percentages (around 2%), and Bainbridge Island had less than 1%.

## **TRANSPORTATION COST BURDEN**

For many households in the United States, transportation is one of the highest annual expenses. The ability to travel for work, access essential goods and supplies, or attend school is an important part of daily life. Research has shown that individuals with higher incomes are more likely to own personal vehicles, while those with lower incomes often rely on public transportation or alternative modes of transit. St. Michael Medical Center started administering a screening questionnaire to in-patients in July 2024 asking about food insecurity, housing instability, transportation needs, difficulties with utilities, and interpersonal safety. From July 2025 to January 2026, about 4% of in-patients at St. Michaels reported experiencing transportation needs.

# Description of Community

Continued

## **COMMUNITY RESOURCES — BASIC NEEDS**

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

[Salvation Army](#) in Bremerton provides shelter (ex: low barrier overnight shelter), food, poverty, and substance use treatment resources.

Food banks and food-related resources can be found at:

- [Fishline Food Bank & Comprehensive Services,](#)
- [Bremerton Foodline,](#)
- [Olympic College Sheryl McKinley Food Pantry,](#)
- [Central Kitsap Food Bank,](#)
- [ShareNet Food Bank,](#)
- [The Salvation Army - Bremerton Corps Food Pantry,](#)
- [St. Vincent De Paul Neighborhood Market & Resource Center,](#)
- [Helpline House,](#)
- [South Kitsap Helpline,](#)

- [Kitsap Food Bank Coalition](#)
- [New Day Ministry Food Pantry](#)
- [LifeCare Community Food Bank](#)
- [Lutheran Community Services NW - Bremerton](#)
- [Kitsap Harvest](#)
- [Meals on Wheels Kitsap](#)

[Washington State Department of Social and Health Services \(DSHS\)](#) has a Community Services Office in Bremerton and can assist with Basic Food Benefits, Temporary Assistance for Needy Families (TANF), housing and essential Needs, and more.

[St. Vincent de Paul in Bremerton](#) provides [shelter](#) for women and children, food, clothing, financial resources, and other types of assistance.

[North Kitsap Fishline](#) provides food, rental assistance, eviction protection, utility assistance, health, legal and financial services, mental health services, unhoused services (access to showers and hygiene services) and employment and education services.

[Helpline House](#) provides food, housing, utilities, legal, medical equipment loans, and other assistance.

[Gather Together Grow Together](#) serves the community through transportation, food assistance, job readiness, and mentorship.

# Description of Community

Continued

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

[Kitsap Rescue Mission](#) and the [Kitsap Housing and Homelessness Coalition](#) provide housing assistance and other resources, while [Homes for All Leadership Group](#) provides innovative leadership toward ending homelessness. [HH-Severe-Weather-Shelters](#) also provides severe weather shelter sites.

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

[WorkSource](#) connects people to employment-related resources and assistance.

Transportation assistance for seniors and those with disabilities is provided by [Kitsap Transit](#) and [Catholic Community Services](#).

[Olive Crest](#) offers transitional Foster Youth services.

[StandUp for Kids Kitsap County](#) provides support and resources to youth experiencing hardships.

[KidVantage Bremerton Hub](#) supports kids and families in the community through a network partners.

[Northwest Hospitality](#) provides supportive resources to people experiencing homelessness and housing instability.

[Kitsap County Veterans Assistance Fund](#) provides information and assistance to local veterans.

Kitsap Farmers Fighting Hunger partnership between local farmers, WSU Kitsap Extension and the Kitsap Conservation District help provide local produce for food banks.

[Asset Building Coalition of Kitsap County](#) provides financial education and connects residents to local resources that support stability, self-sufficiency, and financial security.

The [Kitsap County Housing and Essential Needs \(HEN\) Program](#), operated by Catholic Community Service, offers qualifying individuals services (e.g. rental assistance, security deposits, move in costs, bus vouchers, and monthly essential needs) and case management to help people gain and/or maintain stable housing.

[Kitsap Immigrant Assistance Center](#) provides a variety of services including language classes, scheduling for medical services, and emergency rent and food assistance.

# Access to Healthcare & Preventive Services



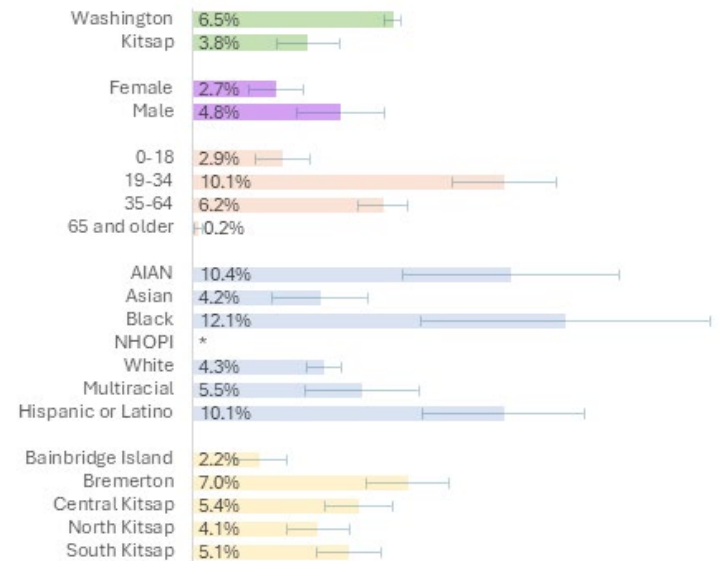
Access to comprehensive, high-quality health care services that are inclusive of the diversity of the community is vital for building healthier communities. Barriers to health care include inadequate insurance coverage, high costs of care, perceived lack of diversity and inclusion by health care providers,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

## INSURANCE COVERAGE

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

Following the implementation of the Affordable Care Act, the proportion of residents reporting being uninsured decreased significantly in both Kitsap and Washington. The proportion of the population that was uninsured in Kitsap (3.8%) was lower than

## RESIDENTS WITHOUT HEALTH INSURANCE 2024, 2020-24



**Note: Washington/Kitsap comparison is data from 2024, while subgroup data is from 2020-24; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander**

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

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

Washington in 2024 and has not changed from 2017 to 2024.

Males had a higher percentage of uninsured compared to females. The age group with the highest proportion of uninsured were young adults, aged 19 to 34. Residents in Bremerton had a higher percentage of uninsured compared to residents from North Kitsap and Bainbridge Island.

# Access to Healthcare & Preventive Services

Continued

All other subcounty geography areas had higher proportions compared to Bainbridge Island.

## UNMET HEALTHCARE NEEDS DUE TO COST

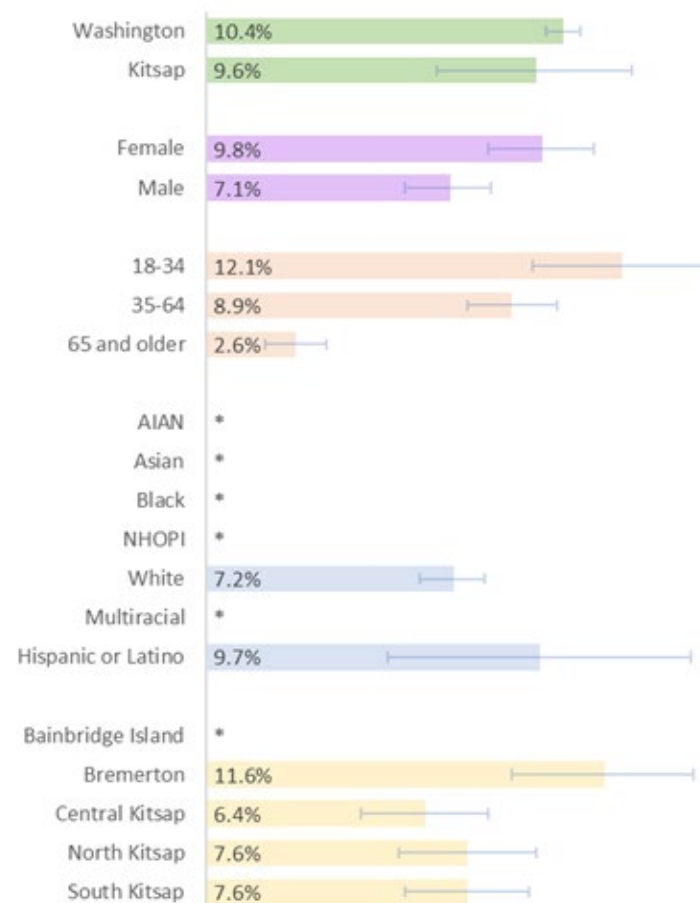
In 2024, about 9.6% of adults in Kitsap County reported that there was a time in the past year when they needed to see a doctor but could not because of cost, which was similar to Washington overall. This percentage has not changed in Kitsap from 2021 to 2024.

Those aged 65 and older reported a lower percentage (2.6%) not being able to see a doctor due to cost compared to younger age groups (8.9% for 35-64 years and 12.1% for 18-34 years). There was a higher percentage of residents from Bremerton compared to those from Bainbridge Island and Central Kitsap. There were no differences between Hispanic or Latino residents and white residents. However, many race/ethnicity groups had low sample sizes and wide confidence intervals, making comparisons difficult.

## ORAL HEALTH

Oral health is an often-overlooked component of a robust public health system. Regular dental checkups play a crucial role in preventing childhood caries (cavities) and can significantly reduce the risk of chronic illnesses, such as heart

### ADULTS REPORTING UNMET HEALTHCARE NEEDS DUE TO COST, 2024, 2014-24



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

**Note: Washington/Kitsap comparison is data from 2024, while subgroup data is from 2014-24; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander.**

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

# Access to Healthcare & Preventive Services

Continued

disease and diabetes, that are linked to poor oral hygiene.

Dental checkups not only help promote proper oral hygiene practices but also provide an opportunity to identify and address acute and chronic oral health conditions before they become more serious. Early detection and treatment are key in maintaining overall health and well-being.

## ROUTINE DENTAL CHECKUP (ADULTS)

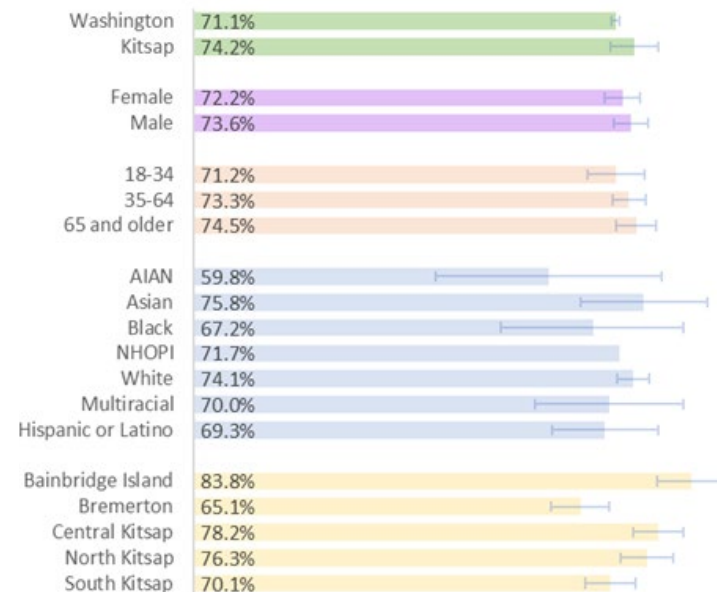
To prevent cavities and promote healthy dental hygiene practices, routine screenings by a dental professional are essential.

In 2024, about three in four (74%) adults in Kitsap County reported having a routine dental checkup in the past year. Overall, from 2012 to 2024, there has been no change over time in Kitsap. The percentage was similar to the state, with no differences by sex, age, or race/ethnicity. Residents from Bremerton reported a lower percentage compared to those from North Kitsap, Central Kitsap and Bainbridge Island.

## ROUTINE DENTAL CHECKUP (YOUTH)

Routine dental checkups are essential for preventing cavities and promoting healthy dental hygiene practices, particularly for youth. In Kitsap County, the

## ADULT ROUTINE DENTAL CHECKUP IN THE PAST YEAR, 2024, 2014-2024



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

**Note: Washington/Kitsap comparison is data from 2024, while subgroup data is from 2014-24; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander.**

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

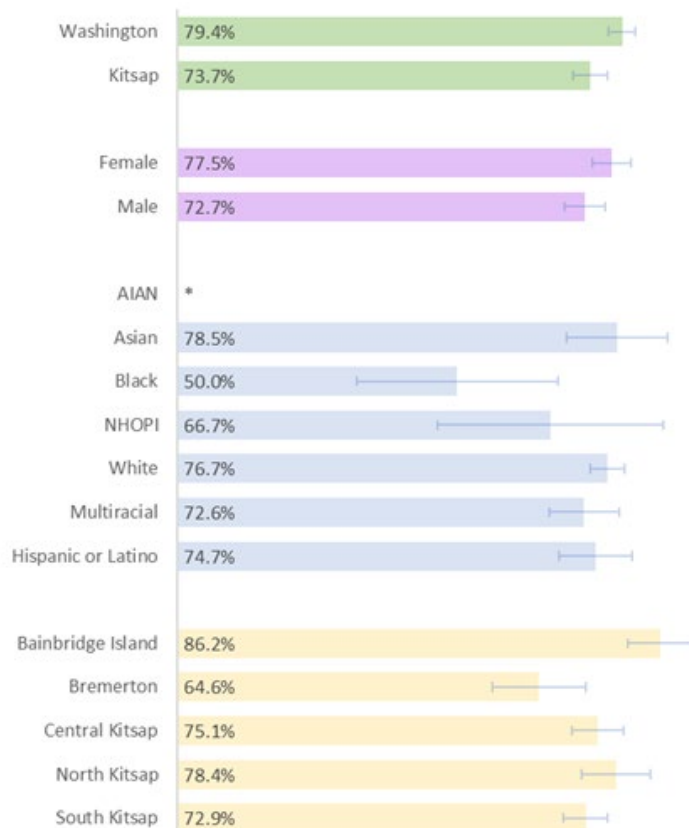
percentage of youth who reported having a routine dental checkup in the past year was similar to the state overall, and there were no differences observed by sex. A lower percentage of Black or African American youth reported having a routine dental checkup compared to their Asian, white, and Hispanic or Latino peers. A higher percentage of students from Bainbridge

# Access to Healthcare & Preventive Services

Continued

Island reported regular dental checkups compared to Bremerton, Central Kitsap and South Kitsap.

## YOUTH ROUTINE DENTAL CHECKUP IN THE PAST YEAR, 2023



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

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

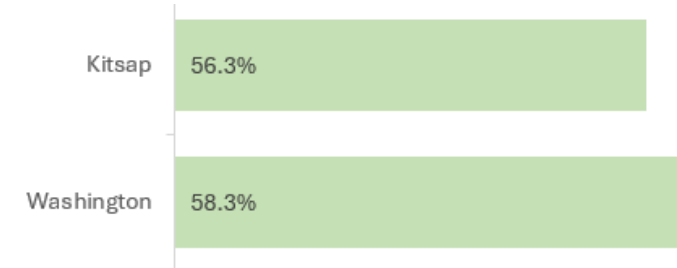
Source: Healthy Youth Survey 2023.

## VACCINATIONS (19–35 MONTHS)

Obtaining the recommended vaccinations early in childhood, particularly for children between 19 and 35 months old, has been successful in reducing the burden of infectious disease among youth. One commonly used measure for vaccinations is the percentage of children who have received the 4313314 HEDIS series (4 diphtheria, tetanus, acellular pertussis, 3 polio, 1 measles, mumps, rubella, 3 hepatitis B, 3 Hemophilus influenza type

B, one chicken pox, and 4 pneumococcal conjugate vaccine). The percentage of Kitsap County children between 19 and 35 months old who had their recommended vaccinations was lower than the state.

## RECOMMENDED EARLY CHILDHOOD VACCINES COMPLETED 19–35 MONTHS, 4313314 HEDIS SERIES



Source: Washington State Immunization Information System (IIS), reported by DOH: <https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/immunization-data/county-public-health-measures-dashboard>; accessed 12/29/2025

# Access to Healthcare & Preventive Services

Continued

St. Michael Medical Center  
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## COMMUNITY RESOURCES — ACCESS TO CARE

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

[Silverdale VA Clinic](#) offers veterans primary care and specialty services, including laboratory services, mental health care, social work and women's health care.

[Access to Baby and Child Dentistry](#) connects Medicaid-eligible children to preventive and restorative dental care.

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

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

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

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

[Olympic Connect](#) community-based workers help connect residents to various services like housing, food assistance, health care, childcare and more.

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

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

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

# Pregnancy & Births



## MATERNAL AND CHILD HEALTH

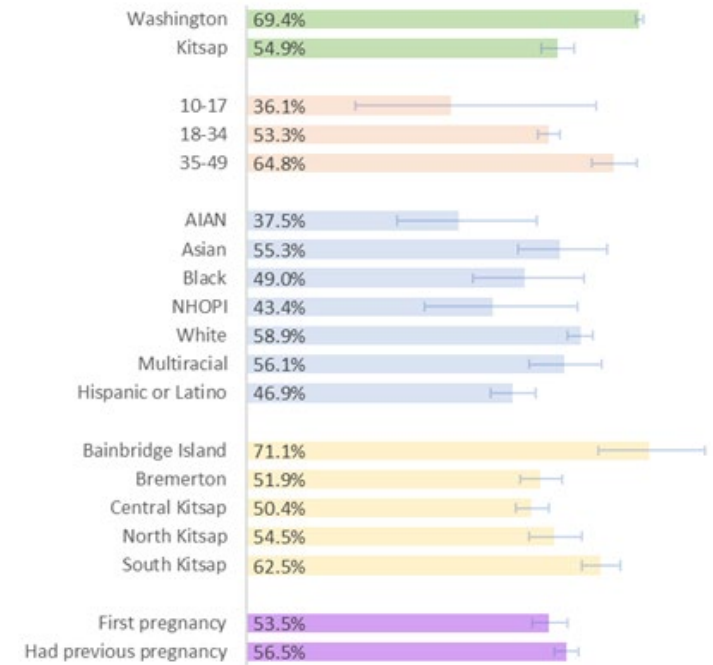
Pregnancy is a complex and life-changing experience that lays the foundations for a community's future. Many factors impact the likelihood of poor pregnancy outcomes. Any opportunity to improve the health and well-being of mothers, infants and children helps improve the starting point of health for families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

### PRENATAL CARE ADEQUACY

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

In Kitsap County, just over half of the people who gave birth (55%) received adequate prenatal care. While the percentage of those receiving adequate

### ADEQUATE PRENATAL CARE 2024, 2022-24



**Note: Washington/Kitsap comparison is data from 2024, while subgroup data is from 2022-24; Race is based on the race of the mother; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander**

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

prenatal care in Kitsap was lower than Washington overall in 2024, this percentage has increased by 10% in Kitsap since 2020, indicating a trend in the right direction.

# Pregnancy & Births

Continued

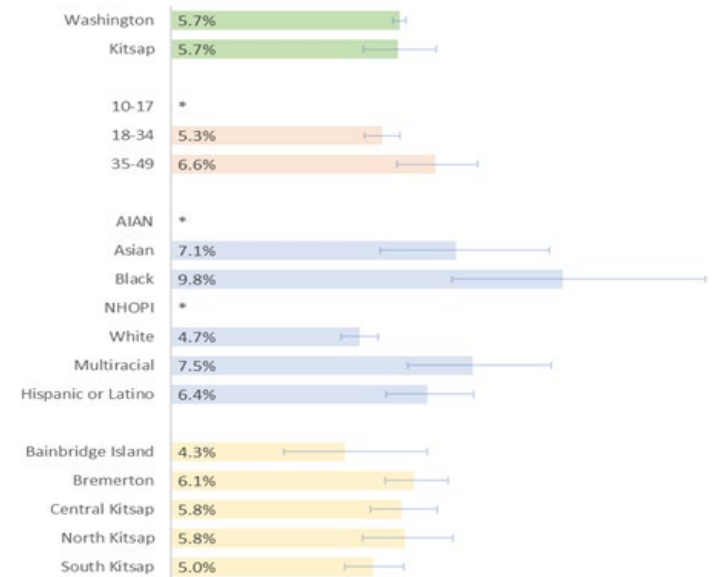
Between 2022 and 2024, a higher percentage of people giving birth in Kitsap who were aged 35-49 years received adequate prenatal care (65%) compared to those aged 18-34 years (53%). Geographically, a higher percentage of people giving birth from Bainbridge Island (71%) received adequate prenatal care compared to Bremerton (52%), Central Kitsap (50%) and North Kitsap (54%) and a similar percentage to South Kitsap (62%). The percentage was higher among those who identified as white (59%) compared to those who identified as American Indian and Alaska Native (38%) and Hispanic or Latino (47%).

## LOW BIRTH WEIGHT

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

Since twins and multiple births have a higher likelihood of being born prematurely and at low birth weight, this indicator only looks at singleton (single baby) births. In 2024, 5.7% of singleton babies born in Kitsap weighed less than 2,500 grams, which is the same as Washington's percentage overall. From 2019-2024, there has been an increasing trend in Kitsap.

## LOW BIRTH WEIGHT (SINGLETON ONLY) , 2024, 2020-24



\* Missing data has been suppressed because the count is less than 10. When only one subgroup has less than 10 observations, the second-smallest subgroup is suppressed to prevent back-calculation and protect confidentiality of the smallest subgroup.

**Note: Washington/Kitsap comparison is data from 2024, while subgroup data is from 2020-24; Race is based on the race of the mother; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander**

Source: Washington State Department of Health, Center for Health Statistics (CHS), Birth Certificate Data, Community Health Assessment Tool (CHAT), January 2026.

# Pregnancy & Births

Continued

A higher percentage of babies born to mothers who identify as Black and multiracial were born at low birthweight compared to babies born to white mothers. There were no differences by age group or geographic region.

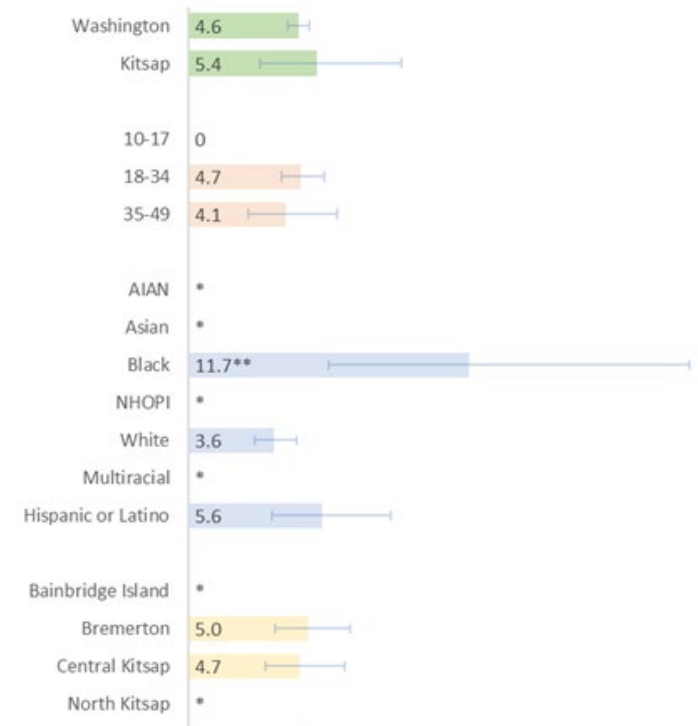
## INFANT MORTALITY

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

In 2024, 15 Kitsap County infants died before their first birthday. This translates to a rate of 5.4 infant deaths for every 1,000 live births in 2024. This rate has not changed from 2000 to 2024 and was similar to Washington's rate overall.

There are very few infant deaths, which make detecting a statistically significant change or difference difficult. However, in the last ten years, the mortality rate for babies born to Black or African American mothers was more than three times higher compared to that for babies born to white mothers. There were no differences by age or region.

## INFANT MORTALITY PER 1,000 LIVE BIRTHS 2024, 2015-24



\*Missing data has been suppressed because the count is less than 10. When only one subgroup has less than 10 observations, the second-smallest subgroup is suppressed to prevent back-calculation and protect confidentiality of the smallest subgroup.

\*\* Use caution in interpreting. The estimate has an elevated relative standard error and doesn't meet reliability standards.

**Note: Washington/Kitsap comparison is data from 2024, while subgroup data is from 2015-24; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander.**

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

# Pregnancy & Births

Continued

## COMMUNITY RESOURCES — PREGNANCY AND BIRTHS

The [Family Birth Center at St. Michael Medical Center](#) offers a [doula program](#), [lactation support](#) with their certified lactation consultants and [childbirth and parenting classes](#).

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

The [True Birth Center](#) provides midwifery care throughout pregnancy, birth, and beyond.

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

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

[Black Birth Power Initiative](#) is run by Swedish Medical Center's doula program seeks to honor Black lives by centering and uplifting the Black birth experience

with culturally congruent doula care at their Birth Centers.

[Black Infant Thrive](#), housed at Kitsap Public Health District, supports Black birthing families in Kitsap County through culturally-welcoming education, referrals, resources, and organizational partnerships.

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

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

The [Parent-Child Assistance Program](#) is an evidence based federal research program, housed by [Agapé Kitsap](#), helping mothers build and maintain healthy, independent family lives, assure that children are in safe and stable homes.

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

# Pregnancy & Births

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[Head Start/Early Head Start and Washington's State funded Early Childhood Education and Assistance Program \(ECEAP\)](#) provide free preschool programs for children ages 0 to 5 from income-eligible families and children with special needs. There are four providers in Kitsap County, including the [Port Gamble S'Klallam Tribe](#), the [Suquamish Tribe](#), [Olympic Educational Services District](#) and [Kitsap Community Resources](#).

[The Kitsap County Lactation Coaliton](#) protects, promotes, and supports breastfeeding by providing mothers, and their families with the education and resources, including [Kitsap Supports Lactation](#), that will assist them in attaining their breastfeeding goals.

[Perinatal Support Washington](#) provides perinatal mental health information and resources to all families and communities.

[Kitsap County Safe Babies Court](#) is a therapeutic court program that is focused on using the knowledge of early childhood development to meet the needs of the children/families in the child welfare system

The [Peninsulas Early Childhood Coalition \(PECC\)](#) is a network of organizations in Clallam, Jefferson, and Kitsap Counties dedicated to improving the well-being of children, families, and communities through policy, advocacy, data, and community engagement.

For individuals with Medicaid/Apple Health, [Answers Counseling](#) provides free, strengths-based Maternity Support Services (MSS), Infant Case Management, Mental Health Counseling, Family Connect and Family Resource Center services in Kitsap County.

The [Parent-Child Assistance Program](#) is an evidence based federal research program, housed by [Agapé Kitsap](#), helping mothers build and maintain healthy, independent family lives, assure that children are in safe and stable homes.

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

The Suquamish Tribe has a [Nurse Family Partnership Program](#) which provides support, education and other resources to parents

# Pregnancy & Births

Continued

Naval Base Kitsap provides a free [New Parent Support Program](#) helping military parents transition successfully into parenthood.

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

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

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

[KidVantage](#), formerly “Eastside Baby Corner West Sound,” partners with local agencies to bring essentials (like diapers, cribs, and car seats) to local

children living in poverty or crisis via their Bremerton hub.

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

[Child Care Aware Washington](#) offers the only statewide childcare resource and referral program in Washington State.

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

[Pregnant and Parenting Women \(PPW\) Services](#) provide services and treatment for substance use disorders for pregnant and postpartum women.

# Life Expectancy & Leading Causes of Death



## LIFE EXPECTANCY, DEATH AND HOSPITALIZATIONS

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

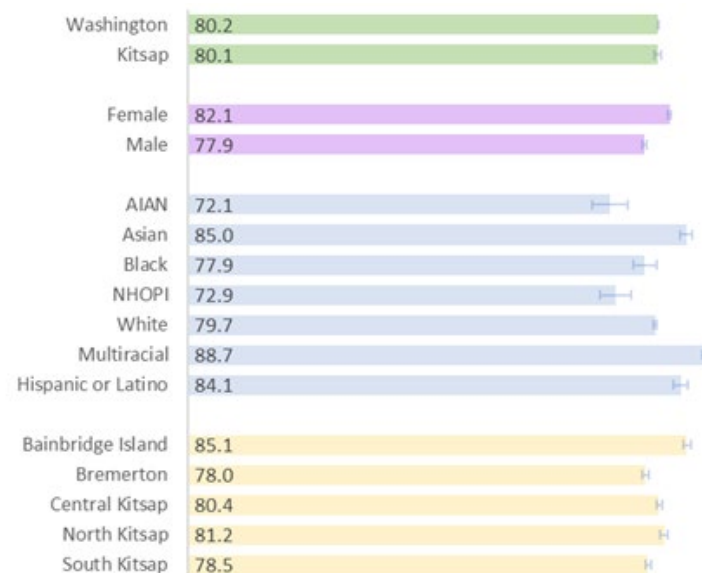
Life expectancy is partially determined by the environment and by human behavior, both risk-taking and health-promoting, and directly influenced by the leading causes of deaths and hospitalizations. As a result, these indicators provide actionable information for future public health interventions.

### LIFE EXPECTANCY

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

Life expectancy has been increasing in Kitsap County since at least 2000. A baby born in 2024 can expect to live about 80 years. However, some populations have lower life expectancies. Men have lower life expectancies than women by more than 4 years. Life expectancy also varies by race and ethnicity and geographic area of residence. American Indian

### LIFE EXPECTANCY (YEARS), 2024, 2020-2024



**Note: Washington/Kitsap comparison is data from 2024, while subgroup data is from 2020-24; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander.**

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

and Alaska Natives (72 years) have the lowest life expectancies in Kitsap, followed by Native Hawaiian or Pacific Islanders (73 years), and Black or African Americans (78 years). Residents of Bremerton (78 years) and South Kitsap (79 years) have lower life expectancies than residents of Central Kitsap (80 years), North Kitsap (81 years) and Bainbridge Island (85 years).

# Life Expectancy & Leading Causes of Death

Continued

## LEADING CAUSES

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

### LEADING CAUSES OF HOSPITALIZATION

Bacterial infections and heart disease were the leading causes of hospitalization among Kitsap residents in 2024, with over 800 hospitalizations for every 100,000 residents for both conditions. This was followed by pregnancy-related complications. Hypertension was fourth, with over 400 hospitalizations for every 100,000 people. Complications from surgical or medical procedures were fifth. Sixth, about 300 hospitalizations occurred for every 100,000 residents due to cerebrovascular disease or stroke. Seventh was hospitalizations due to conditions that threaten the health of the pregnant person or the fetus, and eighth was fractures. Diseases of the urinary system and mood disorders rounded out the top ten major causes of hospitalization.

Among women, many hospitalizations were related to pregnancy; excluding these cases, the leading causes

### TOP 10 LEADING CAUSES OF HOSPITALIZATION KITSAP COUNTY, 2024

Overall	Rate per 100,000
Bacterial infection	905
Heart disease	832
Complications of pregnancy	462
Hypertension	404
Complications from surgical or medical procedures	402
Cerebrovascular disease	310
Indications for care in pregnancy; labor; and delivery	297
Fractures	286
Diseases of the urinary system	272
Mood disorders	180

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

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

of hospitalization for both women and men were heart disease and bacterial infections. Alcohol-related disorders and diabetes were in the top ten causes for men, while women had mood disorders and respiratory failure in the top ten.

# Life Expectancy & Leading Causes of Death

Continued

## TOP 10 LEADING CAUSES OF HOSPITALIZATION (BY GENDER), 2020-2024

Male	Rate per 100,000
Heart disease	878
Bacterial infection	753
Hypertension	346
Complications from surgical or medical procedures	333
Cerebrovascular disease	278
Diseases of the urinary system	212
Fractures	207
Alcohol-related disorders	163
Diabetes mellitus with complications	155
Lower gastrointestinal disorders	151

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

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

Female	Rate per 100,000
Complications of pregnancy	835
Bacterial infection	774
Heart disease	690
Indications for care in pregnancy; labor; and delivery	583
Hypertension	330
Other complications of birth; puerperium affecting management of mother	312
Fractures	289
Complications from surgical or medical procedures	283
Cerebrovascular disease	279
Diseases of the urinary system	250
Female (non-pregnancy related)	Rate per 100,000
Bacterial infection	774
Heart disease	690
Hypertension	330
Fractures	289
Complications from surgical or medical procedures	283
Cerebrovascular disease	279
Diseases of the urinary system	250
Mood disorders	227
Lower gastrointestinal disorders	166
Respiratory failure	146

# Life Expectancy & Leading Causes of Death

Continued

St. Michael Medical Center  
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## LEADING CAUSES OF DEATH

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

Cancer was the leading cause of death in 2024 in Kitsap County, with 192 deaths for every 100,000 people. Heart disease was the second leading cause and the only other cause with a rate above 170 per 100,000. There is a large decrease in the number of deaths from the second cause to the third. Cerebrovascular diseases, Alzheimer's disease, and accidents all ranged from about 50-60 deaths per 100,000. Diabetes was seventh with about 31 deaths per 100,000. Chronic liver disease caused about 17 deaths per 100,000, and the rates for Suicide, Parkinsons and nutritional deficiencies each surpassed Covid-19, moving into a three-way tie for the 10th leading cause of death with about 14 deaths per 100,000.

Leading causes of death were similar between the sexes, though heart disease was ranked first and cancer second for males, while the reverse was true for females. The third leading cause was accidents for males and Alzheimer's disease for females.

The first and second leading causes of death were the same for all races and ethnic groups but varied by whether cancer was the leading cause and heart disease the second, or vice versa. Accidents were the third leading cause of death for American Indian or Alaskan Native, Black or African American, white, multiracial and Hispanic or Latino Kitsap residents. Cerebrovascular disease was the third leading cause for Asian or Asian Americans, and diabetes for those who identified as Native Hawaiian or Pacific Islander.

# Life Expectancy & Leading Causes of Death

Continued

**LEADING CAUSES OF DEATH KITSAP COUNTY, RATE PER 100,000, 2024**

	2016	2017	2018	2019	2020	2021	2022	2023	2024	Rank (#)
Cancer	181.8	176.4	185.7	190.6	176.7	186.2	176.9	185.7	192.6	1
Heart Disease	180.7	172.3	171.2	174.8	166.5	179.0	184.4	171.3	180.7	2
Accidents	43.6	46.0	43.4	46.3	42.8	51.9	62.3	65.7	61.9	3
Cerebrovascular diseases (stroke)	56.9	61.1	49.4	49.9	51.9	47.5	45.2	44.5	55.6	4
Alzheimer's disease	53.5	54.3	54.6	53.2	51.5	49.3	55.9	38.5	51.7	5
Chronic lower respiratory diseases	44.8	47.5	43.1	40.0	42.8	36.4	34.2	36.0	38.1	6
Diabetes mellitus	22.8	21.1	18.9	22.8	26.5	34.2	22.4	29.3	31.1	7
Chronic liver disease and cirrhosis	17.1	12.4			18.9	19.1	15.7	13.8	16.8	8
Infectious disease	19.4		19.7	18.0	20.3		24.6	23.0	14.3	9
Suicide	16.7	17.0	15.2	21.7	19.2	17.6		18.4	13.6	10
Parkinson's disease				17.6					13.6	
Nutritional Deficiencies									13.6	
Influenza, Pneumonia		22.6	16.7							
COVID-19						69.5	38.4			

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

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

# Life Expectancy & Leading Causes of Death

Continued

## LEADING CAUSES OF DEATH KITSAP COUNTY BY SEX AND RACE/ETHNICITY, 2020-2024

Rank (#)	Geographic Region				
	Bainbridge Island	Bremerton	Central Kitsap	North Kitsap	South Kitsap
1	204.3	162.6	150.1	220.1	195.7
2	143.6	190.7	161.8	168.7	188.0
3		68.9		59.8	61.5
			48.8		
	60.6				

Rank (#)	Race/Ethnicity (Races exclude Hispanic)						
	American Indian or Alaska Native	Asian or Asian American	Black or African American	Native Hawaiian or Pacific Islander	White	Multiracial	Hispanic or Latino
1	137.5	99.7	142.0	126.1	227.4	28.6	53.9
2	131.8	114.6	118.8	166.0	217.0	27.8	41.1
3	80.2*		62.0		65.5	26.1	28.4
		49.9					
				73.0*			

\* Use caution in interpreting. The estimate has an elevated relative standard error and doesn't meet KPHD reliability standards.

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

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

# Life Expectancy & Leading Causes of Death

Continued

## ACCIDENTAL DEATHS

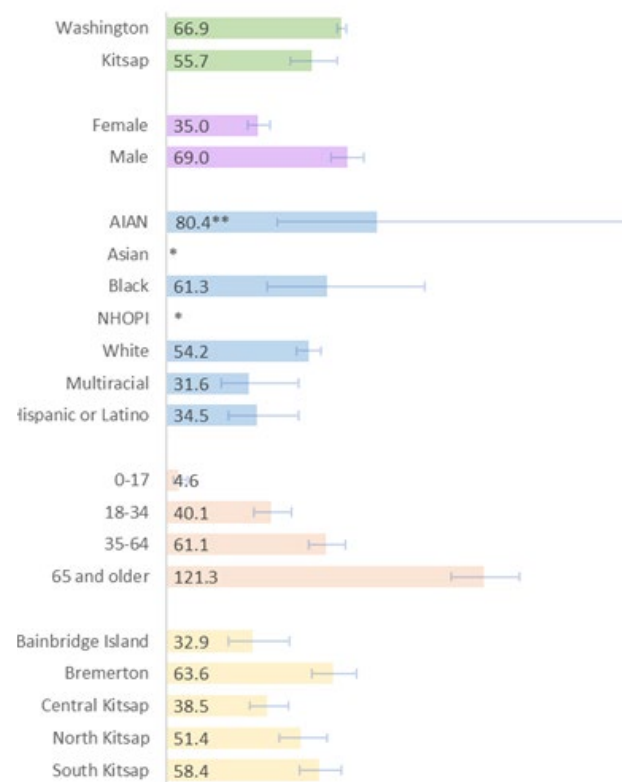
In looking at the leading causes of death, many are due to chronic, long-term processes developing slowly and affecting the health of the individual over their lifetime, but two of the leading causes can occur much more quickly with more immediately preventable precursors: accidents and suicide. Suicide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

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

The three major types of accidents causing death in Kitsap County are substance use poisoning (43% of all accidental deaths), falls (28%) and motor-vehicle traffic-related accidents (11%). Substance use and abuse will be addressed in the Behavioral Health chapter in this report.

In Kitsap County, the rate of accidental injury deaths has increased from 2000 to 2024. In 2024, the rate in Kitsap was lower compared to the state overall. Within Kitsap, men had a higher rate of fatal accidental injuries compared to women. Native Hawaiian or Pacific Islander and Asian or Asian American residents

## ACCIDENTAL DEATHS PER 100,000, 2024, 2020–2024



\*Missing data has been suppressed because the count is less than 10 or as complementary suppression to prevent calculation of suppressed data

\*\* Use caution in interpreting. The estimate has an elevated relative standard error and doesn't meet reliability standards.

Rates by age are not age-adjusted, all other estimates are age-adjusted

**Note: Washington/Kitsap comparison is data from 2024, while subgroup data is from 2020-24; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander.**

Source: Washington State Department of Health, Center for Health Statistics (CHS), Death Certificate Data, Community Health Assessment Tool (CHAT), 1990–2024, December 2025.

# Life Expectancy & Leading Causes of Death

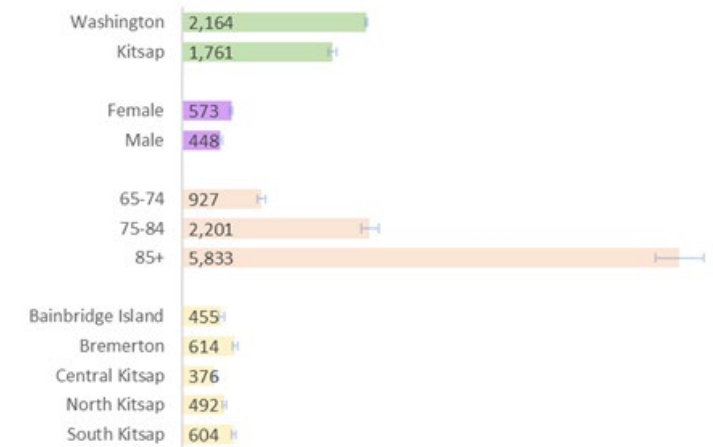
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had the lowest rates in Kitsap, while American Indian or Alaska Native residents had the highest. The death rate due to accidental injury also increased with increasing age. The accidental injury death rate was highest among Bremerton residents, followed by South Kitsap residents and North Kitsap residents. The rate has also been increasing the most severely among residents of Bremerton in recent years.

## FALL HOSPITALIZATIONS IN OLDER ADULTS

Accidental falls requiring hospitalization can occur at any age but are much more prevalent the older an individual gets. There were 1,761 fall-related hospitalizations in Kitsap for every 100,000 residents aged 65 and older from 2020-2024, which was lower than Washington's rate overall.

## FALL HOSPITALIZATIONS PER 100,000 RESIDENTS, 2020-2024



*Note: Washington/Kitsap rates include 65 and older only, subgroups represent all ages. These are unique hospitalizations, not people. An individual can be counted more than once if hospitalized more than once.*

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

# Life Expectancy & Leading Causes of Death

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## COMMUNITY RESOURCES — ACCIDENTAL DEATH

[Kitsap Brain Injury](#)'s support groups are open to anyone with a brain injury, their caregivers, and family.

[Kitsap Division Aging and Long-Term Care](#) and the YMCA of Kitsap and Pierce Counties partner to provide Enhance Fitness fall prevention classes.

Community and senior centers, such as [Bainbridge Island Senior Center](#), [Bremerton Senior Center](#), and [Village Green Community Center](#), offer physical activity programs for seniors.

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

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

[Harborview Injury Prevention and Research Center](#) conducts research, trains scientists and practitioners, and implements prevention programs to achieve injury-related health equity across the lifespan.

Washington State Department of Health's [Older Adult Falls Prevention Program](#) implements a state action plan to address fall prevention, shared informational resources and programs like the self-directed [Walk](#)

[With Ease](#) program, and partners with the National Council on Aging to coordinate the Washington State Falls Prevention Coalition.

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

[North Kitsap Fire & Rescue](#) provide helmet fittings, car seat checks, smoke alarm installation, etc.

[Washington State Parks Life Jacket Loaner Program](#) residents can borrow an infant, youth or adult life jacket for the day or weekend.

[Washington State Safe Storage Map](#) Interactive map designed to help people in crisis identify local options for temporary, voluntary firearm storage.

[Washington Target Zero](#) guide coalitions with an interest in and connection to traffic safety.

[Kitsap Public Health District playground inspections](#) implement Consumer Product Safety Commission guidance for playgrounds.

[Kitsap Department of Emergency Management](#) Online disaster preparedness tips.

[Mary Bridge Children's Center for Childhood Safety](#) offers resources to prevent unintentional childhood injury through health education, community partnerships and best practices.

# Behavioral Health & Substance Use



## MENTAL HEALTH

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

According to the National Alliance on Mental Illness, in a typical year, one in five (20%) Americans nationally will experience mental illness.<sup>3,4</sup> Multiracial U.S. adults have the highest percentage experiencing mental illness (35.5%) of any racial or ethnic group. U.S. adults identifying as lesbian, gay or bisexual are also experiencing more mental illness (53.2%) compared to other U.S. adult populations.<sup>3</sup>

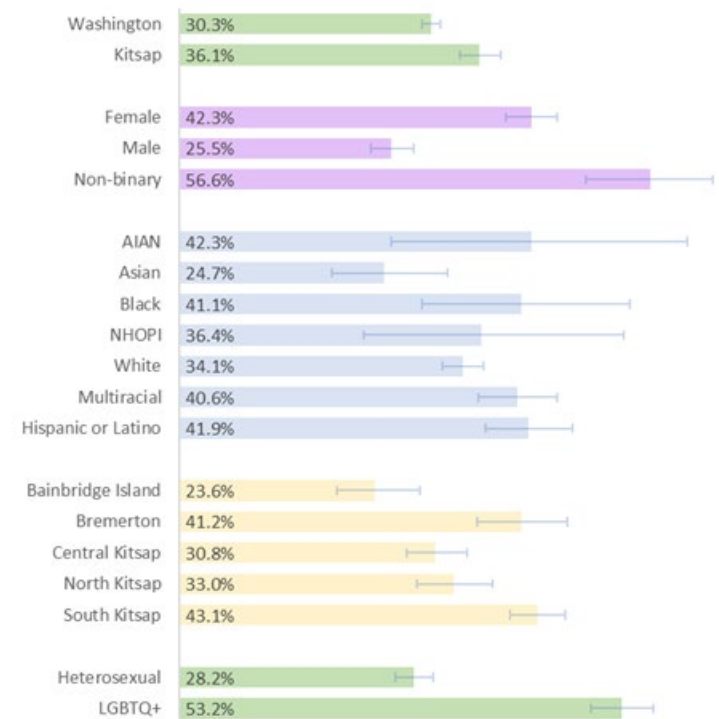
## DEPRESSION IN YOUTH

On the Healthy Youth Survey, tenth graders are asked if they have ever felt so sad or hopeless almost every

<sup>3</sup> Nami.org. *Mental Health By the Numbers* | NAMI: National Alliance on Mental Illness. [online] Available at: <https://www.nami.org/mental-health-by-the-numbers/> [Accessed February 24, 2026]

<sup>4</sup> Adults with any mental illness were defined as having any mental, behavior, or emotional disorder in the past year that met DSM-IV criteria (excluding developmental disorders and substance use disorders).

## YOUTH REPORTED DEPRESSIVE FEELINGS, 2023



**Note:** Washington and Kitsap estimates are for 10th graders; while subgroup responses are from 10th & 12th graders; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander. Non-binary= Transgender, Questioning or Something else fits better

Source: Healthy Youth Survey 2023.

day for two weeks or more in a row that they stopped doing some usual activities, which is a proxy for depression (i.e., depressive feelings). In 2023, 36% of 10th grade students (about two out of every five) in Kitsap reported that they had felt this way. There

# Behavioral Health & Substance Use

Continued

has been no trend in Kitsap from 2012 to 2023, and Kitsap's percentage was higher than Washington overall.

Disparities were seen between subgroups. Tenth and twelfth grades were combined to look at subgroups in 2023. Females (42%) had a much higher percentage reporting depressive feelings compared to males (26%). Youth in the Bremerton and South Kitsap areas also had higher percentages compared to youth in Bainbridge Island and Central Kitsap.

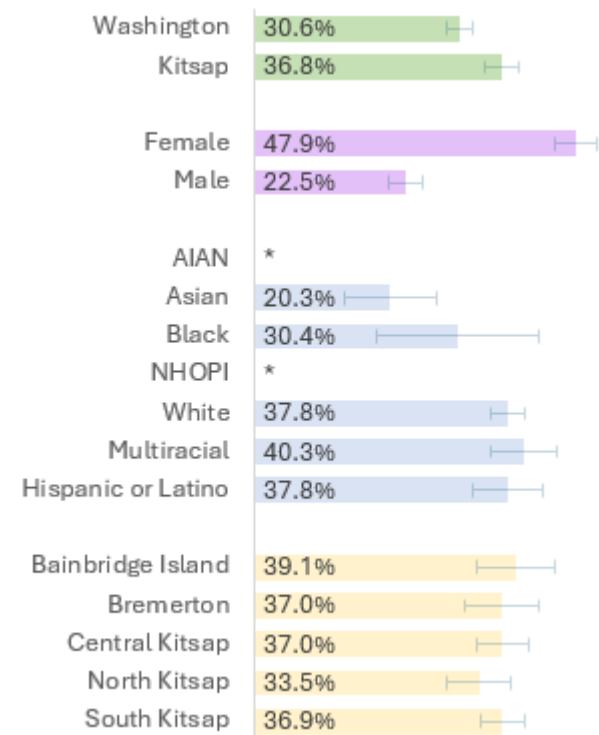
In Kitsap, youth with gender identities that were something other than male or female and youth with a sexual orientation of gay, lesbian, bisexual or something other than heterosexual had significantly higher percentages reporting experiencing depressive feelings, 57% and 53% respectively.

## ANXIETY IN YOUTH

Youth are considered to have experienced anxiety if they reported feeling bothered by nervousness, being on edge, or feeling anxious more than half of the time in the past two weeks.

The percentage of youth experiencing anxiety in Kitsap County was higher compared to the state overall. Females reported a higher percentage of feeling bothered by nervousness, anxiety, or being

## YOUTH REPORTED ANXIETY, 2023



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

Source: Healthy Youth Survey 2023

on edge more than half of the time compared to males. Asian or Asian American students were less likely to report feeling anxious compared to Hispanic, multiracial, and white students. There were no differences in reported anxiety among students from different geographic regions in Kitsap County.

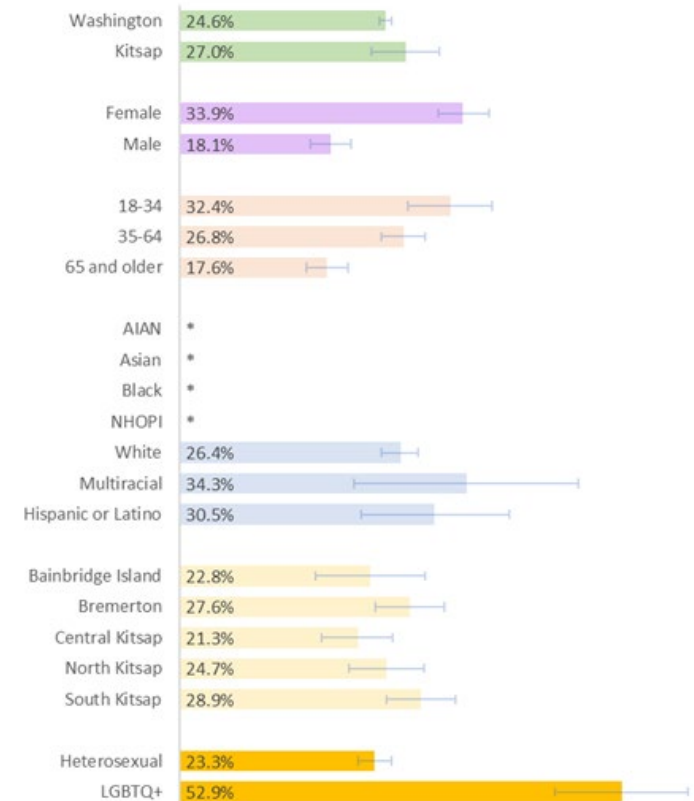
## DEPRESSION IN ADULTS

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

In 2024, over a quarter of adults in Kitsap reported ever being told they had a depressive disorder. There has been no trend in Kitsap overall from 2011 to 2024, and Kitsap's percentage was similar compared to Washington's percentage in 2024. There were no differences based on where residents reside across Kitsap County.

Female respondents and those who had a sexual orientation other than heterosexual reported a higher percentage of depression diagnosis compared to other subgroups. Many race/ethnic groups had low sample sizes and wide confidence intervals, making results difficult to interpret. That said, those who identify as multiracial reported a higher percentage of depression diagnosis compared to those who identify as Asian or Asian American. A lower percentage of those aged 65 and older reported a depression diagnosis compared to all other age groups. There were no differences by geographic region.

## ADULTS WHO REPORTED BEING TOLD THEY HAVE A DEPRESSIVE DISORDER, 2024, 2020-24



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

**Note: Washington/Kitsap comparison is data from 2024, while subgroup data is from 2020-24; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander.**

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

## SUICIDE

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

### SELF-INFLICTED INJURY HOSPITALIZATIONS

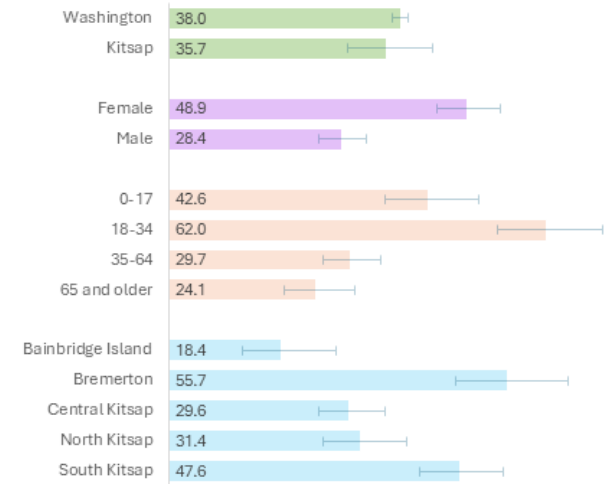
Attempted suicide hospitalizations are monitored by the age-adjusted rate of non-fatal hospitalizations where self-inflicted injury was a contributing cause of the hospitalization for every 100,000 residents. Hospitalization data represents the number of hospitalizations and will count the same person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

In 2024, there were approximately 36 hospitalizations due to self-inflicted injury for every 100,000 residents. This trend has been decreasing from 2011 to 2024. Kitsap's rate in 2024 was similar to Washington's rate of 38 per 100,000. Females had higher rates of hospitalizations than males, and those aged 18-34 had a higher rate of hospitalizations compared to all other age groups. Across Kitsap, residents from Bremerton had a higher rate compared to those from Bainbridge Island, Central Kitsap, and North Kitsap.

### SUICIDE DEATHS

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

### SELF-INFLICTED INJURY HOSPITALIZATION RATE PER 100,000 RESIDENTS, 2020-2024



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

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

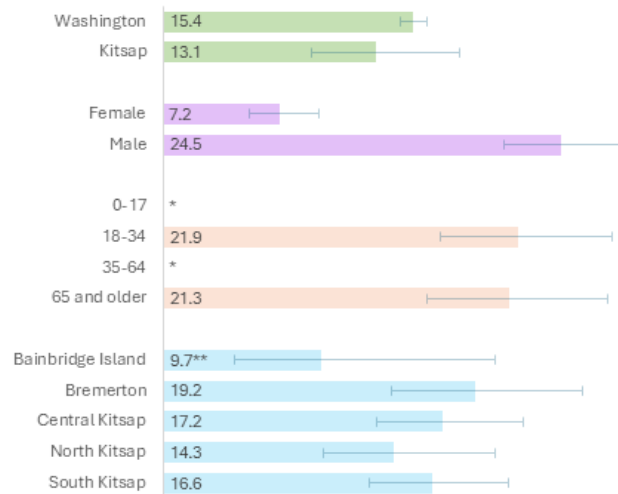
In 2024, there were about 13 deaths due to self-inflicted injury for every 100,000 residents in Kitsap, after adjusting for age. This rate has been increasing since 2000 and was similar to Washington's rate overall in 2024. Over the past five years, 64% of suicide deaths in Kitsap were by discharge of firearms, compared to 53% of suicides statewide.

When looking at different subgroups, males had a higher rate than females. The suicide death rate was lower for age group 0-17 compared to other age groups and was very similar among those in age

# Behavioral Health & Substance Use

Continued

## SUICIDE MORTALITY RATE PER 100,000 RESIDENTS, AGE-ADJUSTED, 2024, 2020-24



\*Missing data has been suppressed because the count is less than 10 or as complementary suppression to prevent calculation of suppressed data.

\*\*Use caution in interpreting. The estimate has an elevated relative standard error and doesn't meet reliability standards.

Note: Age group estimates are not age-adjusted.

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

groups 18-34, 35-64, or 65 and older. There are small differences in suicide death rates between subcounty geographic areas and none of the differences are statistically significant.

## SUBSTANCE USE AND DEPENDENCY

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

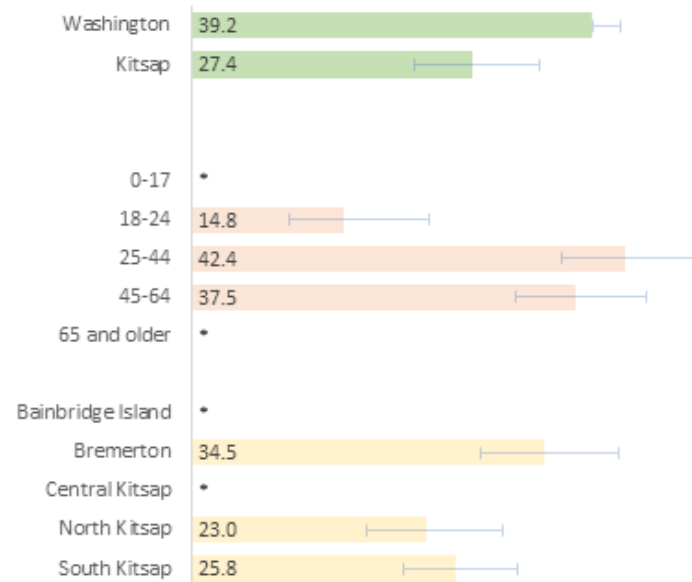
## ALL DRUG DEATH RATE

In 2024, there were 78 deaths of Kitsap residents where any drug was a contributing cause of death, resulting in a rate of 27.4 deaths per 100,000, after adjusting for age. This rate has been increasing in Kitsap since 2016. Kitsap's rate in 2024 was lower than the state's rate of 39.2 per 100,000. Kitsap residents aged 25-64 had a higher rate compared to those

# Behavioral Health & Substance Use

Continued

## POISONING (OVERDOSE) DEATHS PER 100,000, 2024, 2020-2024



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

**Note: Washington/Kitsap comparison is data from 2024, while subgroup data is from 2020-24.**

Rates for Kitsap, Washington, and region are age-adjusted. Rates by age are age-specific rates.

Source: Drug Overdose Dashboard, Kitsap Public Health District, Assessment and Epidemiology. <https://www.kitsappublichealth.org/cdip/substanceuse>

aged 18-24. There were no differences in drug-related deaths by region.

## SMOKING AND VAPING

Despite a robust body of evidence that tobacco use increases the risk of heart disease, cancer and many other negative health consequences, tobacco use remains one of the most prevalent risky behaviors in communities across the U. S.

### YOUTH SMOKING

Despite a decreasing trend in tobacco use nationwide, an increasing trend in electronic cigarette availability and use, attempts to replace traditional cigarettes with electronic cigarettes, and vaping product popularity among youth are concerning. To help combat the availability to minors in the state of Washington, Engrossed House Bill 1074 made it illegal to sell tobacco and vapor products to anyone under 21 as of January 1, 2020. Additionally, as of September 30, 2024, all 50 states passed legislation which prohibits the sale of e-cigarettes to underage persons.<sup>5</sup>

Preventing youth from forming smoking habits reduces the risk of smoking into adulthood. In 2023, 2.6% of 10th grade students in Kitsap reported smoking in the past 30 days, which was similar to Washington's percentage (2.3%) overall. There has

<sup>5</sup>Centers for Disease Control and Prevention. (2024, December 30). STATE System E-Cigarette Fact Sheet. State Tobacco Activities Tracking and Evaluation (STATE) System. <https://www.cdc.gov/statesystem/factsheets/ecigarette/ECigarette.html>

# Behavioral Health & Substance Use

Continued

been no trend in Kitsap from 2012 to 2023. Among 10th and 12th graders, there were no statistically significant differences by subgroup.

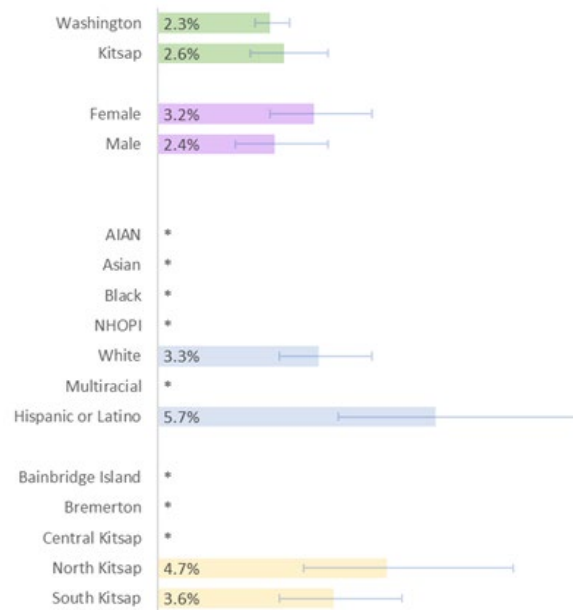
## YOUTH MARIJUANA USE

In 2023, 8.8% of 10th grade students in Kitsap reported using marijuana in the past 30 days. From

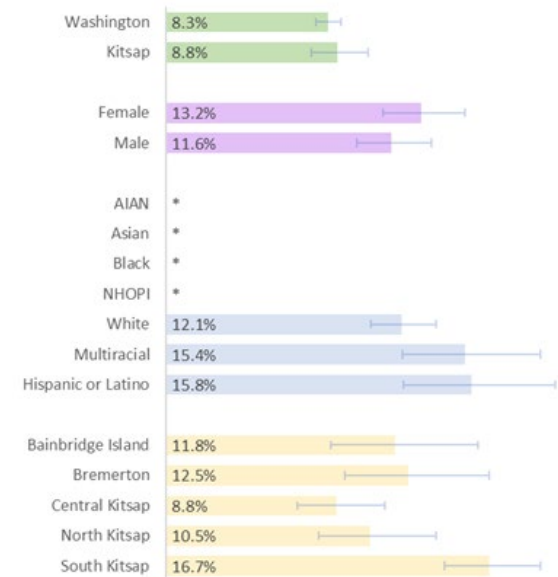
2012 to 2023, there has been a decreasing trend in Kitsap, and Kitsap's percentage was about the same as Washington in 2023. Tenth and 12th grade students in South Kitsap reported a higher

percentage of marijuana use compared to students from Central Kitsap and North Kitsap. Tenth and 12th grade students who identified as Hispanic or Latino,

## YOUTH SMOKING IN PAST 30 DAYS, 2023



## YOUTH MARIJUANA USE IN PAST 30 DAYS, 2023



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

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

Source: Healthy Youth Survey 2023.

# Behavioral Health & Substance Use

Continued

multiracial, and white reported similar percentages of marijuana use. All other races/ethnicity groups had less than 10 total students reporting marijuana use. There were no differences seen by sex.

Preventing youth from forming smoking habits reduces the risk of smoking into adulthood. In 2023, 2.6% of 10th grade students in Kitsap reported smoking in the past 30 days, which was similar to Washington’s percentage (2.3%) overall. There has been no trend in Kitsap from 2012 to 2023. Among 10th and 12th graders, there were no statistically significant differences by subgroup.

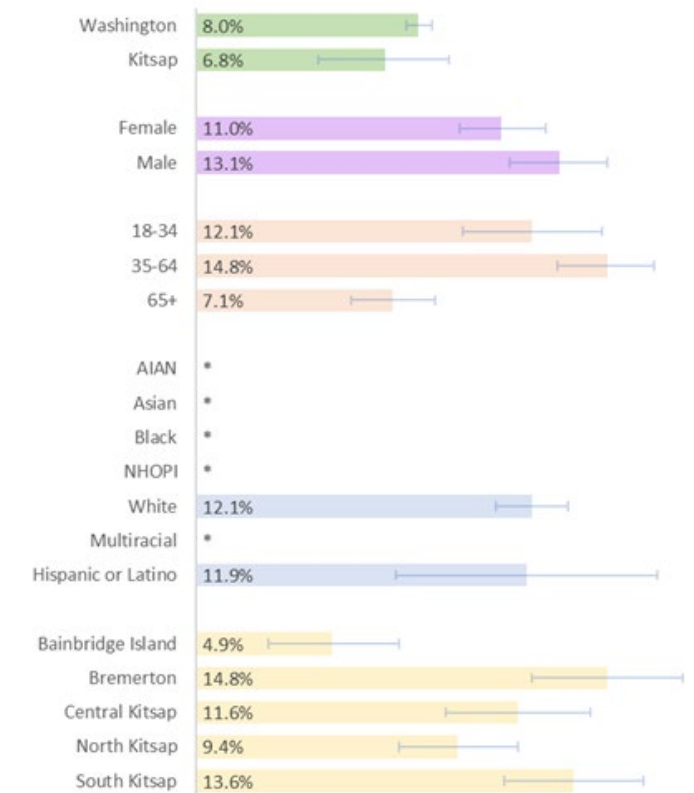
## ADULT CURRENT CIGARETTE USE

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

6.8% of Kitsap adults reported smoking in 2024, which was similar compared to Washington overall (8.0%). There has been a decreasing trend since at least 2011 in Kitsap.

Smoking was less prevalent among older adults, as adults 65 and older reported a lower percentage (7.1%) of smoking compared to all other age groups.

## ADULTS REPORTING CURRENTLY SMOKING, 2024, 2014-24



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

**Note: Washington/Kitsap comparison is data from 2024, while subgroup data is from 2014-24; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander**

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

# Behavioral Health & Substance Use

Continued

There were no differences between males and females or among races and ethnicities. While residents of Bremerton (14.8%) and South Kitsap (13.6%) reported higher percentages of smoking compared to Bainbridge Island (4.9%), these percentages have declined.

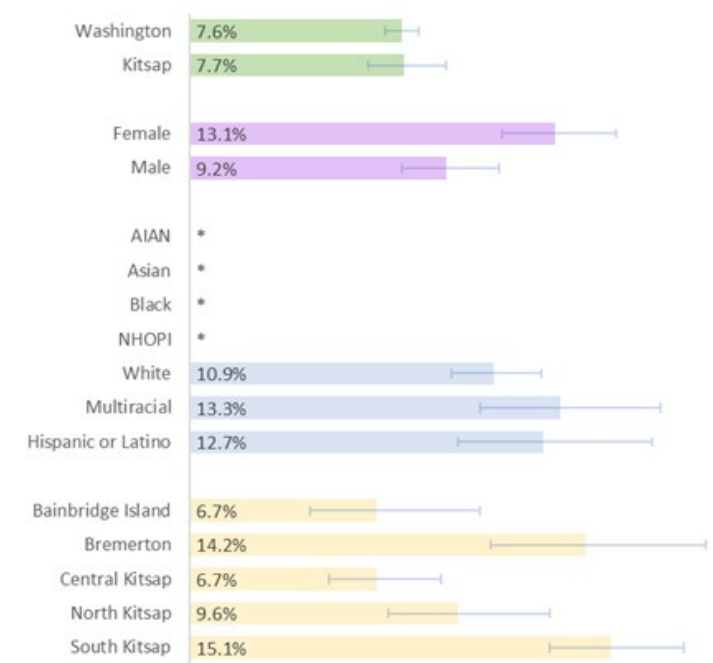
## YOUTH VAPE/E-CIGARETTE USE

Although tobacco cigarette use has declined nationwide, a new public health concern is the increasing prevalence of electronic cigarette (e-cig or vape) use among youth. Long-term effects of e-cigarette use are not well studied, and substances used in e-cigarettes can include tobacco and marijuana.

In 2023, 7.7% of 10th graders reported using electronic cigarettes, e-cigs, or vape pens in the past 30 days, which was similar to Washington's percentage overall. There has been no change in the trend of e-cigarette use in Kitsap from 2016 to 2023.

Among 10th and 12th graders, higher percentages of females reported vaping (13.1%) compared to males (9.2%). Students in South Kitsap (15.1%) and Bremerton (14.2%) reported higher percentages of vaping compared to Central Kitsap (6.7%) and Bainbridge Island (6.7%) students. No differences were observed by race and ethnicity.

## YOUTH E-CIGARETTE USE IN PAST 30 DAYS, 2023



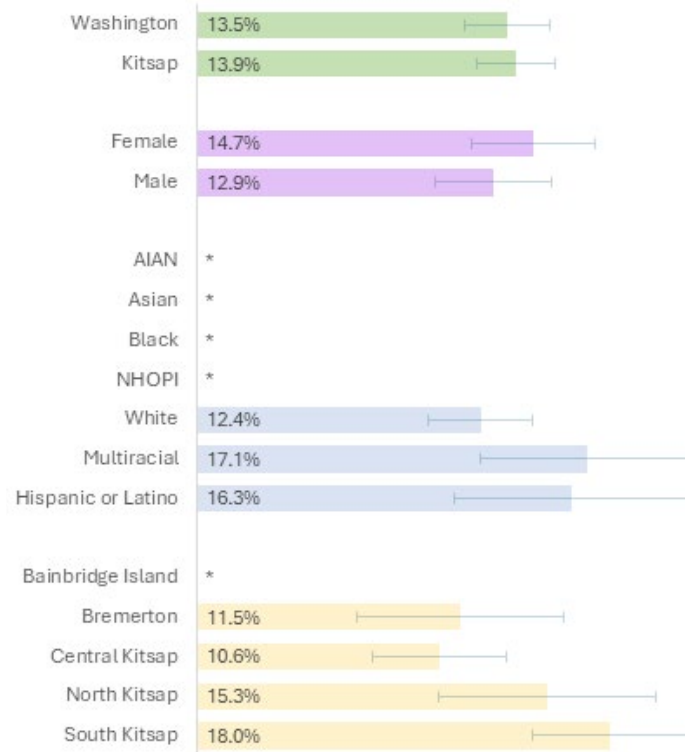
\* The estimate has an elevated relative standard error and doesn't meet reliability standards.

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

# Behavioral Health & Substance Use

Continued

## YOUTH ALCOHOL, MARIJUANA, PAINKILLER, OR OTHER ILLICIT DRUG USE IN PAST 30 DAYS, 2023



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

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

Source: Healthy Youth Survey 2023.

## ALCOHOL, MARIJUANA, PAINKILLER, OR OTHER ILLICIT DRUG USE

Marijuana use increases the risk of addiction and academic struggles among youth, while alcohol poses similar risks. Both substances can act as gateways to other illicit drug use.

The percentage of Kitsap County youth who reported consuming alcohol or using marijuana, painkillers, or other illicit drugs in the past 30 days was similar compared to the state. Students from South Kitsap reported a higher percentage of substance use compared to peers from Central Kitsap. There were no differences in substance use between males and females or across race/ethnic groups.

## SOCIAL CONNECTIONS

Approximately one-third of the United States population reports experiencing social isolation, defined as having two or fewer people they can rely on in times of need. Research shows that lacking strong social connections can have profound health implications—individuals with fewer than three strong connections face a 91% increased risk of mortality.

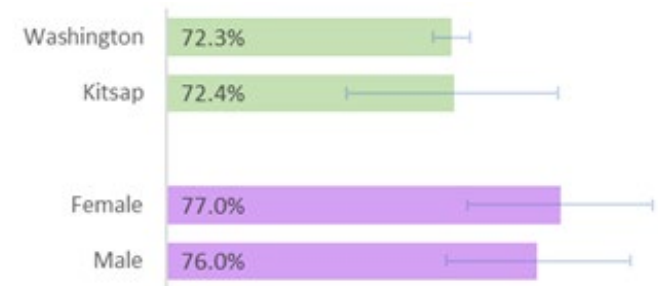
Strong social ties are essential for overall well-being, contributing to mental, emotional, and physical health.<sup>6</sup> Loneliness has a profound impact on health, significantly reducing life expectancy. Its effects are comparable to smoking 15 cigarettes per day and exceed the health risks associated with obesity.<sup>7</sup>

Communities with stronger social bonds and higher levels of trust tend to experience lower rates of obesity, hypertension, and diabetes, highlighting the vital role that social connectedness plays in overall wellbeing.

<sup>6</sup> Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: A meta-analytic review. *PLoS Med.* 2010;7(7):e1000316. doi: 10.1371/journal.pmed.1000316

<sup>7</sup> Holt-Lunstad J, Robles TF, Sbarra DA. Advancing social connection as a public health priority in the United States. *Am Psychol.* 2017;72(6):517-530.

## SOCIAL OR EMOTIONAL SUPPORT, 2022, 2012-2022



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

**Note: Washington/Kitsap comparison is data from 2022, while subgroup data is from 2012, 2018 and 2022.**

## SOCIAL AND EMOTIONAL SUPPORT

Adults were asked about whether they felt they received the social and emotional support that they needed. In 2022, about 72% of Kitsap residents felt they received the support they needed, which was similar compared to the state overall. Men and women reported similar percentages of support as well.

# Behavioral Health & Substance Use

Continued

St. Michael Medical Center  
Community Health  
Needs Assessment  
2026

## COMMUNITY RESOURCES

### BEHAVIORAL HEALTH

[WiSe Program](#) helps individuals and their families receive intensive behavioral health support at home and in the community.

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

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

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

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

[Suquamish Tribe's Wellness Center](#) and [Port Gamble S'Klallam Tribe's Wellness Program](#) help community members address addiction/substance use and mental health issues through prevention and outreach services.

[Catholic Community Services of Western Washington](#) provides an array of services, including counseling, case management, information and referral, mental health services and family support services to children, adults and families in need.

[Salish FYSPRT](#) provides community-based approaches to address the individualized behavioral health needs of children, youth and families.

[Salish SYNC](#) connects children, youth, and their families with resources to promote growth and their ability to thrive in communities.

[NW Hopeful Horizons](#) is committed to empowering and advocating for at-risk youth and families, particularly those in LGBTQIA and BIPOC communities.

An objective of the [Prenatal – age 25 Behavioral Health \(P-25 BH\) program](#) and services is committed to supporting pregnant individuals, children, youth, young adults, families and caregivers.

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

[Kitsap Strong](#) is coalition of more than 115 organizations that are collectively working together, grounded in the latest research, to prevent and

# Behavioral Health & Substance Use

Continued

overcome childhood trauma by building a culture of empathy, equity, and connection.

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

[988 Suicide and Crisis Lifeline](#), [Coffee Oasis Teen Text Line](#), [Salish Regional Crisis Line](#) and [Veterans Crisis Line](#) provide 24/7, free and confidential support for people in distress, and prevention and crisis resources for individuals and families.

[HearMeWA](#) provides free support for youth and young adults.

[Washington Warm Line](#) connects people with peer volunteers who have lived experience with mental health challenges and recovery.

[Fishline](#) began providing free mental health services in 2022 for those in need in North Kitsap.

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

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

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

Behavioral health navigators, housed within agencies like [Bainbridge Island](#) and the [Kitsap CARES program](#) help provide a more integrated approach between law enforcement, mental health and social services.

## **SUBSTANCE USE PREVENTION**

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

[The North Kitsap Recovery Resource Center](#) is a walk-in, no-cost resource center for anyone interested in drug or alcohol recovery in the North Kitsap area.

# Behavioral Health & Substance Use

Continued

St. Michael Medical Center  
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2026

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

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

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

[Olalla Recovery Center](#) offers inpatient (Olalla Guest Lodge) and outpatient (Gig Harbor Counseling Center) treatment.

[West Sound Treatment Center](#), [Peninsula Community Health Services](#), and [Cascadia Treatment Center](#) provide substance use disorder treatment and are dedicated to substance use disorder recovery through education and support services. [Coffee Oasis](#) provides substance use navigation and other resources for youth.

[The Washington State Quitline](#) provides tobacco cessation services.

[Washington Recovery Help Line](#) provides support for people experiencing a substance use crisis.

[Washington Telebuprenorphine Hotline](#) is a statewide telehealth program providing low-barrier access to buprenorphine, a medication for opioid use disorder

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

Washington State residents can access same-day telehealth appointments for opioid use disorder treatment through the [Washington Telebuprenorphine Hotline](#).

[Agapé Unlimited](#) is a non-profit, state-certified, outpatient chemical dependency treatment program, supplemented by a range of support services.

[Student Assistance Prevention-Intervention Services Program](#) addresses non-academic barriers to learning by providing mental health and substance use prevention and intervention counseling support and student dropout intervention services.

# Chronic Illness



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

## PHYSICAL ACTIVITY, OBESITY AND DIABETES

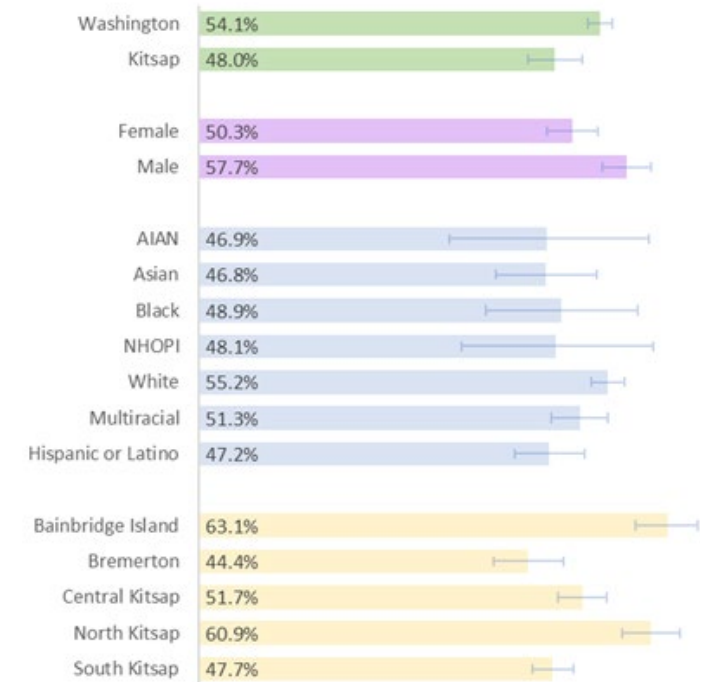
A healthy and active lifestyle has been shown to have a profound impact on reducing the burden of chronic illness. Maintaining a healthy weight and regular physical activity are protective factors promoting our health & well-being. Many chronic illnesses, such as diabetes and heart disease, share the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

### YOUTH PHYSICAL ACTIVITY

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

In 2023, just under half of 10th graders (48%) reported getting the recommended amount of physical activity. For 6th, 8th and 12th graders, the percentages were over half (52%, 56% and 53%

### YOUTH WHO REPORT BEING PHYSICALLY ACTIVE, 2023



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

Source: Healthy Youth Survey 2023.

respectively). There has been no significant change over time for grades 6th and 10th. The rate for 8th graders has been decreasing from 2014-2023 and increasing for 12th graders from 2012-2023.

Many race/ethnic groups had low sample sizes and wide confidence intervals, making results difficult to interpret. Considering this, students who identified

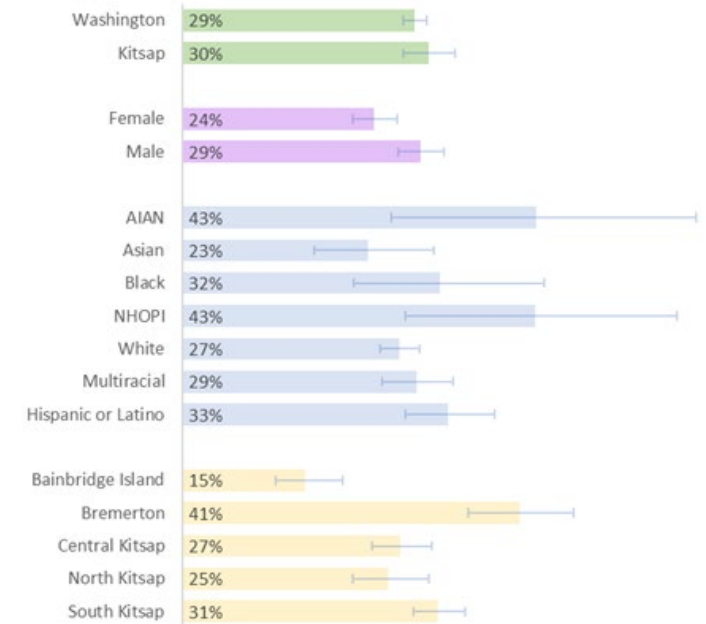
as white had a slightly higher percentage (55%) of getting the recommended amount of physical activity compared to Hispanic or Latino students (47%). Youth on Bainbridge Island had a higher percentage (63%) compared to all other areas of the county except for North Kitsap (61%). Central Kitsap, Bremerton and South Kitsap had similar percentages, with 52%, 44%, and 48% respectively. There were no differences based on sex.

### YOUTH OBESITY

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

In 2023, approximately 30% of 10th graders in Kitsap were classified as overweight. This percentage was similar to Washington State’s percentage overall, and both Washington and Kitsap have had an increasing trend since 2010. For 8th, 10th and 12th graders combined, there were no differences observed by sex, however all subcounty areas had higher percentages compared to Bainbridge Island. Almost 41% of Bremerton youth were classified as overweight compared to only 15% of Bainbridge Island youth.

### YOUTH CLASSIFIED AS OVERWEIGHT OR OBESE, 2023



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

Source: Healthy Youth Survey 2023.

### ADULT PHYSICAL ACTIVITY

In 2023, 68% of Kitsap adults reported participating in at least 2 ½ hours weekly of physical activity outside of their regular job. Kitsap’s percentage was similar to Washington state’s in 2023, and there has been an increasing trend from 2017 to 2023.

# Chronic Illnesses

Continued

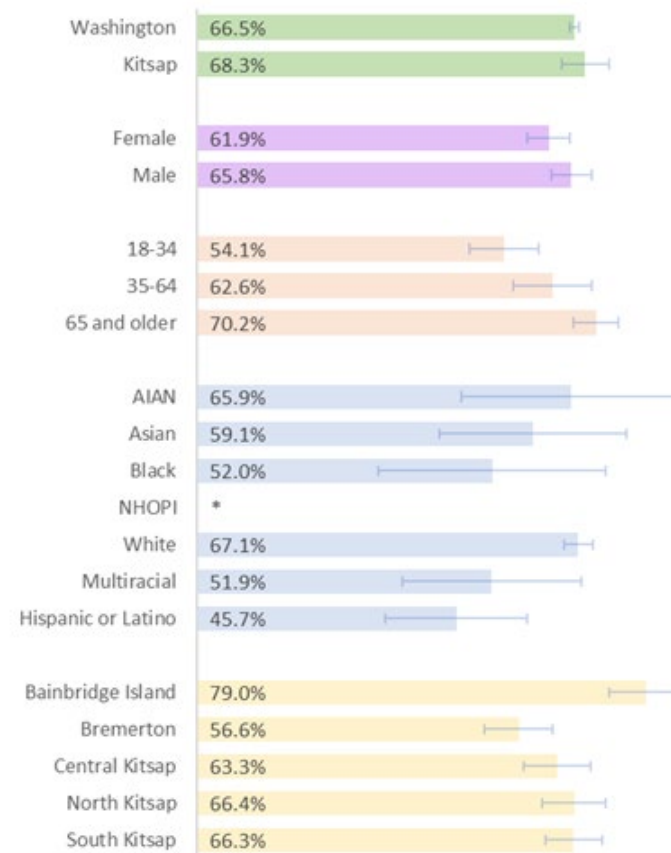
From 2013 to 2023, residents from Bainbridge Island reported higher percentages of completing at least 2 ½ hours of weekly physical activity compared to all other regions in the county. Those 18 to 34 had a lower percentage (about 54%) compared to those 65 and older (about 70%). Residents who identified as Hispanic or Latino reported lower percentages of physical activity compared to white residents. However, all race/ethnicity groups (excluding those who identified as white) had low sample sizes and wide confidence intervals, making comparisons difficult. There were no differences between males and females.

## ADULT OBESITY

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

Obesity and overweight percentages are calculated from respondents to the Behavioral Risk Factor Surveillance System survey questions about height and weight. In 2024, about 70% of Kitsap residents were classified as overweight or obese. Kitsap's rate

## ADULTS REPORTING AT LEAST 2 ½ HOURS PHYSICAL ACTIVITY WEEKLY, 2023, 2013-23

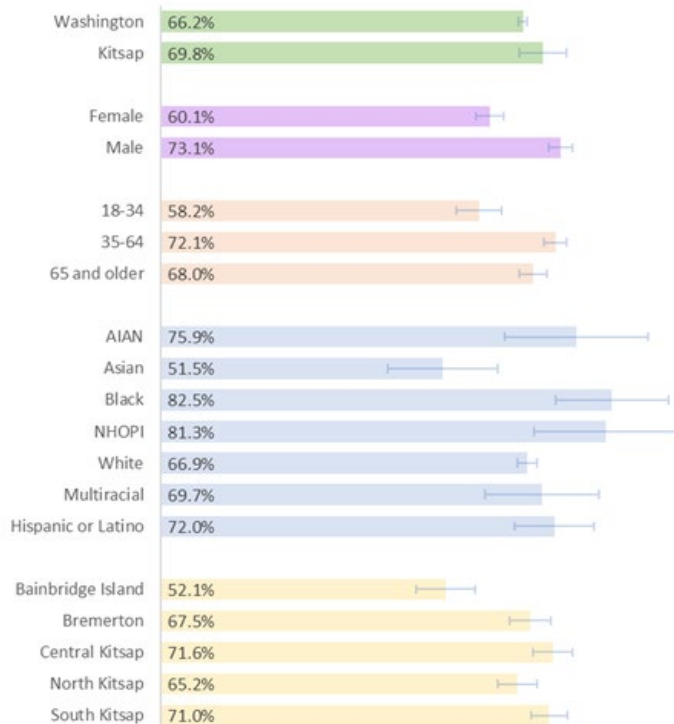


\* The estimate has an elevated relative standard error and doesn't meet reliability standards.

**Note: Washington/Kitsap comparison is data from 2023, while subgroup data is from 2013-23; BRSS data years include: 2013, 2015, 2017, 2019, 2023; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander**

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

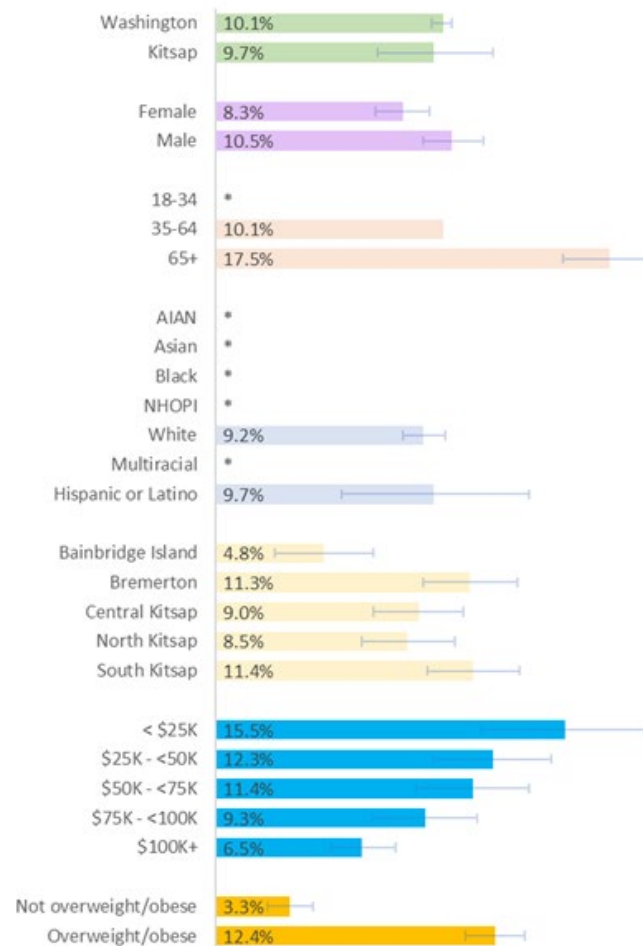
## ADULTS CLASSIFIED AS OVERWEIGHT OR OBESE, 2024, 2014-24



**Note: Washington/Kitsap comparison is data from 2024, while subgroup data is from 2014-24; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander**

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

## DIABETES DIAGNOSED IN ADULTS, 2024, 2014-24



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

**Note: Washington/Kitsap comparison is data from 2024, while subgroup data is from 2014-24; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander**

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

# Chronic Illnesses

Continued

St. Michael Medical Center  
Community Health  
Needs Assessment  
2026

was similar to Washington's rate, and both rates have been increasing over time.

A lower percentage of Kitsap residents aged 18 to 34 reported being overweight or obese compared to those aged 35 to 64 and 65 and older. All race/ethnicity groups (excluding those who identified as white) had low sample sizes and wide confidence intervals, making comparisons difficult. Considering this, a higher percentage of those who identified as Black and Native Hawaiian and Pacific Islander reported being overweight or obese compared to Asian residents. There were no differences between those who identified as American Indian and Alaska Native, Black, Native Hawaiian and Pacific Islander, multiracial, and Hispanic or Latino. A higher percentage of males reported being overweight or obese compared to females, and residents from Bremerton, Central Kitsap, North Kitsap and South Kitsap had higher percentages compared to residents from Bainbridge Island.

## **DIABETES IN ADULTS**

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

In 2024, about 10% of adults 18 years old or older in Kitsap reported ever being told by a healthcare professional that they had diabetes. There has been no change in Kitsap from 2011 to 2024, and Kitsap's rate in 2024 was similar to the state's rate.

From 2014 to 2024 in Kitsap, older adults reported higher percentages of diabetes compared to younger adults. Residents from Bremerton and South Kitsap had higher percentages compared to those from Bainbridge Island. Being overweight or obese and having a lower income were both associated with higher percentages of the population reporting having been diagnosed with diabetes. There were no differences in diabetes diagnosis between males and females.

## **HYPERTENSION (ADULTS)**

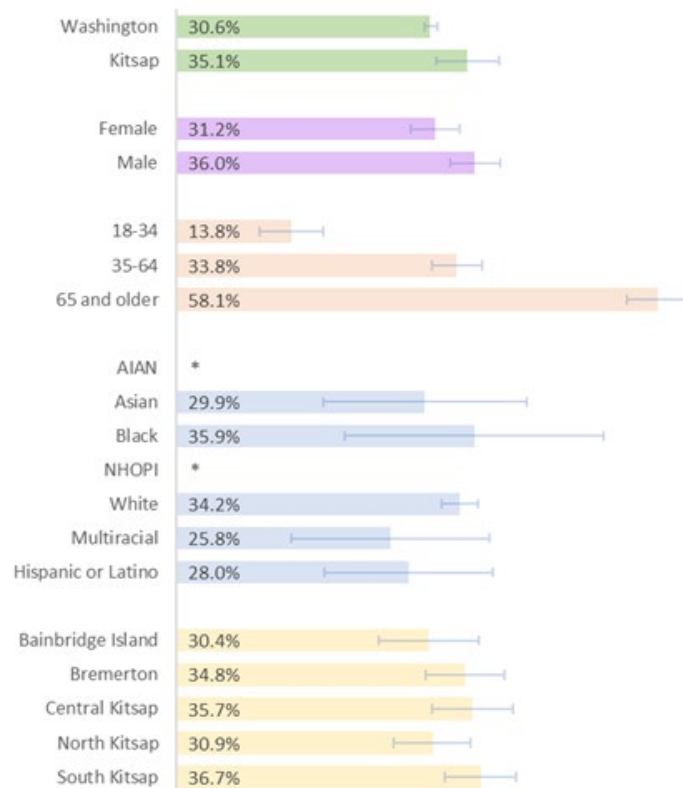
Hypertension, or high blood pressure, is a common condition that can lead to severe health complications if left untreated. The prevalence of hypertension is self-reported as part of the Behavioral Risk Factor Surveillance System.

In 2023, 35.1% of adults 18 years old or older in Kitsap reported having high blood pressure. There has been an increasing trend in Kitsap from 2019 to 2023, and Kitsap's percentage in 2023 was similar to the state.

# Chronic Illnesses

Continued

## ADULTS WHO HAVE HYPERTENSION, 2023, 2013-23

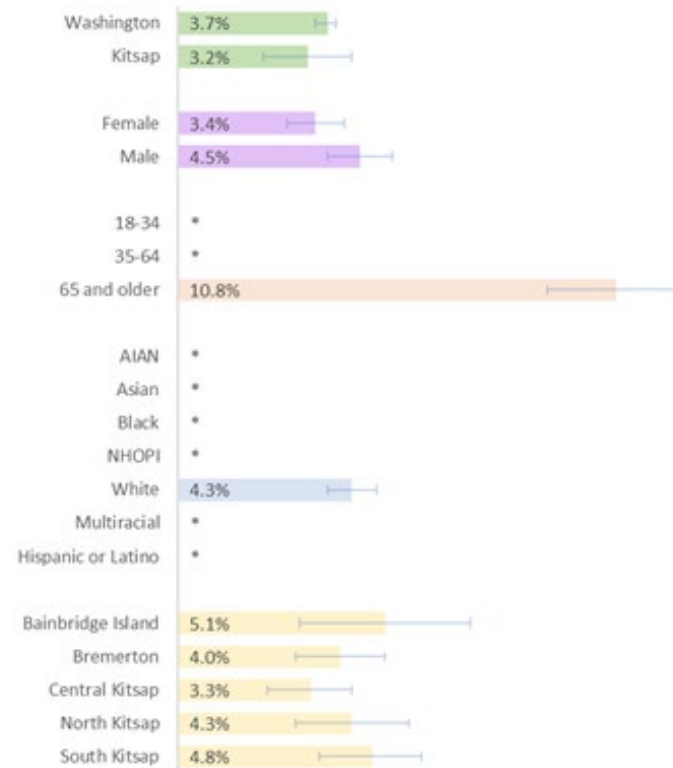


\* The estimate has an elevated relative standard error and doesn't meet reliability standards.

**Note: Washington/Kitsap comparison is data from 2023, while subgroup data is from 2013-23; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander**

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

## ADULTS WHO HAVE HEART DISEASE, 2024, 2014-2024



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

**Note: Washington/Kitsap comparison is data from 2023, while subgroup data is from 2013-23; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander**

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

From 2013 to 2023 in Kitsap, a higher percentage of adults 65 and older reported having high blood pressure compared to adults 64 and younger. There were no differences by sex, race or ethnicity, or by regions across Kitsap County.

### **CARDIOVASCULAR DISEASE IN ADULTS**

Cardiovascular disease, or heart disease, is self-reported as part of the Behavioral Risk Factor Surveillance System.

There has been no change in trend in the percentage of residents with heart disease in Kitsap County from 2011-2024, and Kitsap was similar to the state in 2024. While the risk of heart disease increases with age, there were no differences by sex or by different regions across Kitsap County. All race/ethnicity groups (excluding those who identified as white) had low sample sizes and wide confidence intervals, making comparisons difficult.

### **ASTHMA AMONG YOUTH**

Asthma is a condition that can affect individuals of all ages, though it most commonly begins in childhood. The prevalence of asthma among youth in Washington is assessed through the Healthy Youth

Survey, in which students self-report whether they have ever been diagnosed with asthma by a doctor.

In 2023, the percentage of youth with asthma in Kitsap County was similar to the state's percentage overall. No differences were seen by sex, race or ethnicity, or by geographic regions across Kitsap.

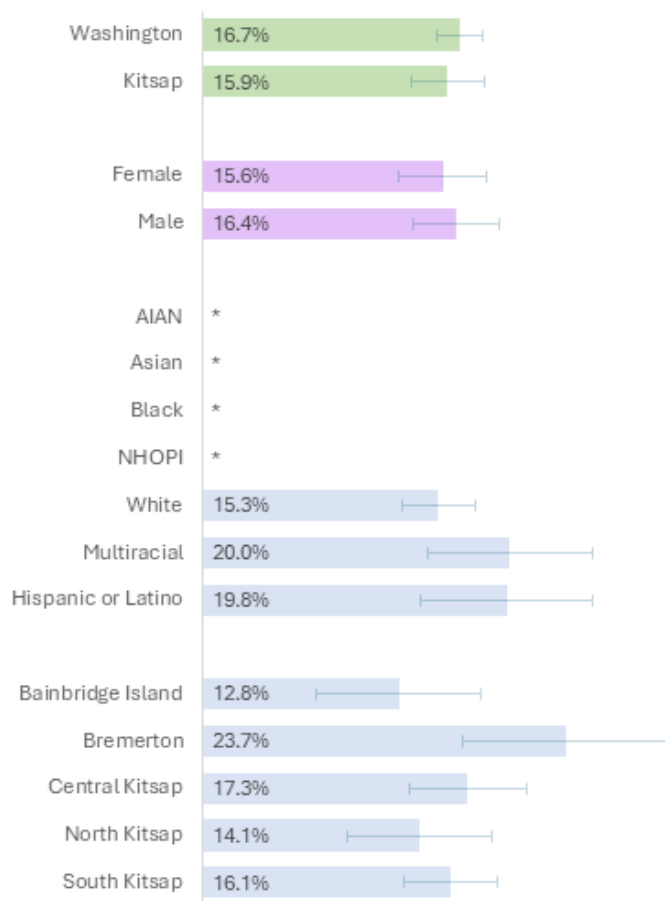
### **CANCER**

In the simplest terms, cancer is uncontrolled cell growth, caused by changes to genes that control the way our cells function, especially how they grow and divide. The development of cancer is influenced by many factors, including age-related changes, environmental toxins, genetics, and many other factors. The exact mechanisms and causes of cancer development are not well studied in many cases and types of cancer. Cancer continues to be the leading cause of death in Kitsap, with 551 resident deaths in 2024. Cancer is among the top two leading causes of death for all races and ethnicities, both sexes, and all subcounty areas in Kitsap. The following sections discuss the incidence of a few major cancers – cervical, colorectal and breast cancer.

### **BREAST CANCER**

**Screening** – In 2024, the U.S. Preventive Services Task Force lowered the recommended age for breast

## ASTHMA PREVALENCE AMONG YOUTH, 2023



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

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

Source: Healthy Youth Survey 2023.

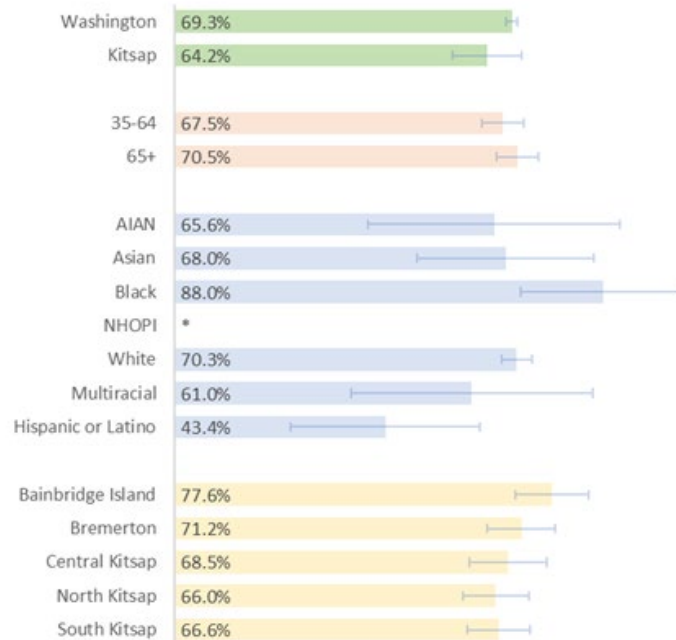
cancer screening to begin at age 40.<sup>8</sup> In 2024, over half of women in Kitsap (about 64%) reported having had a mammogram in the past 2 years. There were no differences between Kitsap and Washington overall or between any of the subgroups.

**Diagnosis** – In 2022, after adjusting for age differences, there were about 156 newly diagnosed cases of breast cancer in women for every 100,000 female Kitsap residents. There has been a decreasing trend from 2000-2022, and in 2022, Kitsap's rate was similar compared to Washington state overall.

This rate reflects 313 cases of breast cancer in female Kitsap residents in 2022. There were no cases of breast cancer in women younger than 18, and incidence increased with increasing age group. Those identifying as multiracial had a lower rate compared to Asian, Hispanic or Latino, and white residents. While Bainbridge Island had the highest incidence of any of the geographic regions, this rate was not statistically significantly higher compared to any other region.

<sup>8</sup> Centers for Disease Control and Prevention. (2024, September 16). Screening for Breast Cancer. U.S. Preventive Services Task Force (USPSTF). <https://www.cdc.gov/breast-cancer/screening/index.html>

## WOMEN SCREENED FOR BREAST CANCER, 2014-24

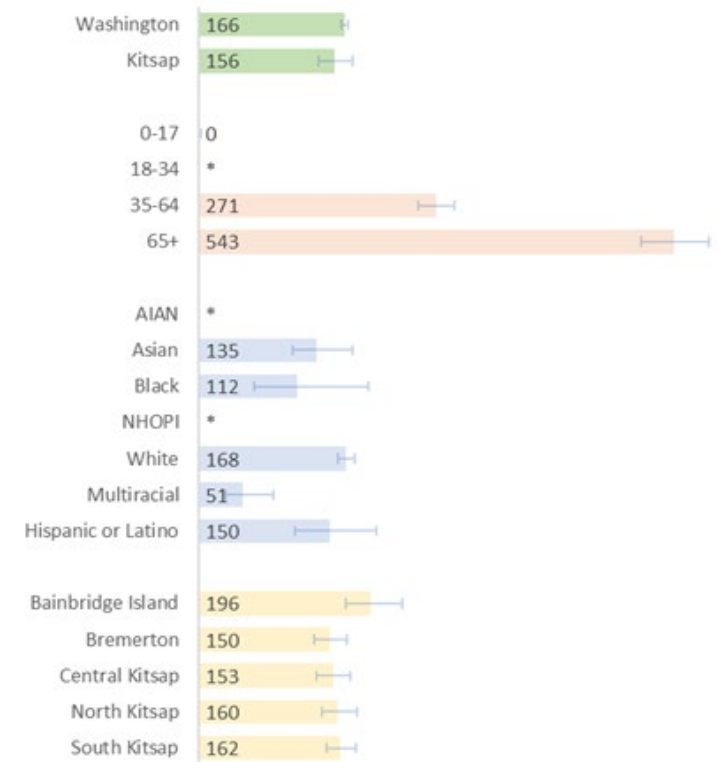


\* The estimate has an elevated relative standard error and doesn't meet reliability standards.

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

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

## BREAST CANCER INCIDENCE IN WOMEN PER 100,000 FEMALE RESIDENTS, AGE-ADJUSTED, 2022, 2018-22



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

**Note: Washington/Kitsap comparison is data from 2022, while subgroup data is from 2018-22; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander**

Source: Washington State Department of Health, Cancer Registry, Community Health Assessment Tool (CHAT), December 2025.

## COLORECTAL CANCER

**Screening** – In 2021, the U.S. Preventive Services Task Force lowered the recommended age for colorectal cancer screening to 45 for average-risk adults (previously age 50).<sup>9</sup>

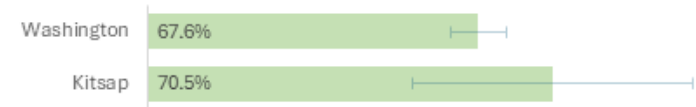
In 2022, about 71% of Kitsap residents between the ages of 45 and 75 reported having been screened for colorectal cancer, which was similar to Washington state overall. Due to updates in recommended age guidelines, there is no trend to analyze as only 2022 data is available.

**Diagnosis** – In 2022, after adjusting for age differences, there were approximately 35 newly diagnosed cases of colorectal cancer for every 100,000 Kitsap residents. This rate was similar to Washington overall (33 per 100,000) and has been decreasing from 2000 to 2022.

Kitsap’s rate reflects 129 cases of colorectal cancer in Kitsap residents in 2022. From 2018 to 2022, there were no differences by sex, race and ethnicity, or region. Incidence increased with increasing age

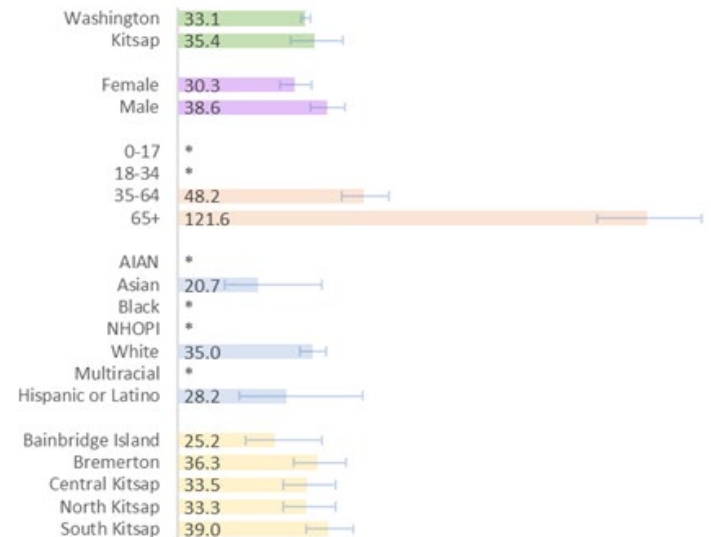
<sup>9</sup>Centers for Disease Control and Prevention. (2021, May 18). Colorectal Cancer: Screening. U.S. Preventive Services Task Force (USPSTF). [https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening#:~:text=The%20US%20Preventive%20Services%20Task%20Force%20\(USPSTF\)%20concludes%20with%20high,Starting%20and%20Stopping%20Ages](https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening#:~:text=The%20US%20Preventive%20Services%20Task%20Force%20(USPSTF)%20concludes%20with%20high,Starting%20and%20Stopping%20Ages)

## ADULTS SCREENED FOR COLORECTAL CANCER (AGES 45-75), 2022



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

## COLORECTAL CANCER INCIDENCE PER 100,000 RESIDENTS, AGE-ADJUSTED, 2022, 2018-22



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

**Note: Washington/Kitsap comparison is data from 2022, while subgroup data is from 2018-22; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander**

Source: Washington State Department of Health, Cancer Registry, Community Health Assessment Tool (CHAT), December 2025.

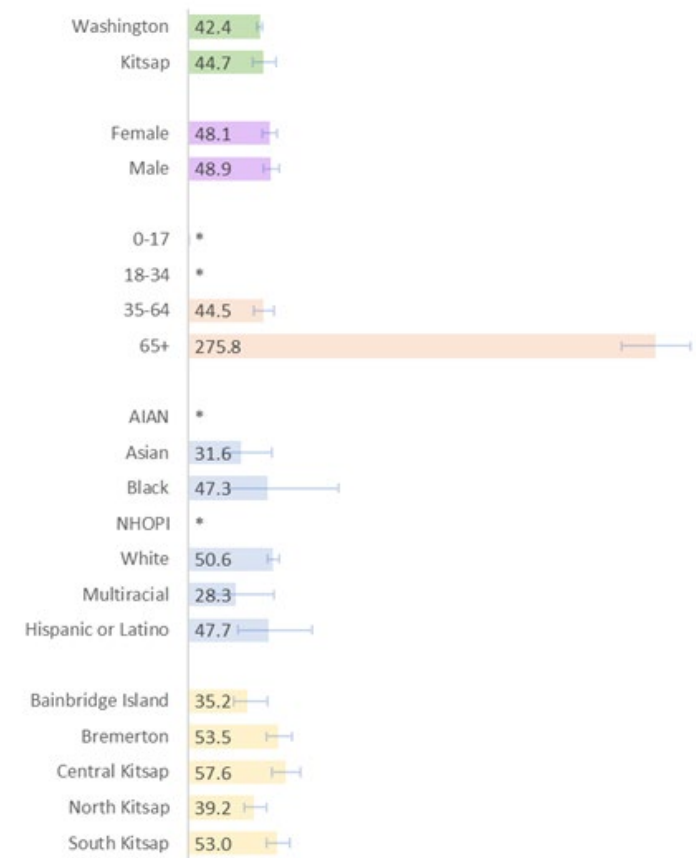
group, with those age 65+ having a higher incidence of colorectal cancer compared to all younger age groups.

## LUNG CANCER

**Diagnosis** – In 2022, after adjusting for age differences, there were about 44.7 newly diagnosed cases of lung cancer for every 100,000 Kitsap residents. There has been a decreasing trend from 2000-2022, and Kitsap’s rate was similar to Washington state overall.

This rate reflects 191 cases of lung cancer in Kitsap residents in 2022. From 2018 to 2022 there were no cases of lung cancer in those younger than 18, and incidence increased with increasing age. Residents from Central Kitsap had a higher rate compared to residents from Bainbridge Island and North Kitsap. There were no differences by sex or race and ethnicity.

## LUNG CANCER INCIDENCE 2022, 2018-2022



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

**Note: Washington/Kitsap comparison is data from 2022, while subgroup data is from 2018-22; AIAN=American Indian and Alaska Native, NHOPI=Native Hawaiian and Pacific Islander**

Source: Washington State Department of Health, Cancer Registry, Community Health Assessment Tool (CHAT), December 2025.

## COMMUNITY RESOURCES — CHRONIC ILLNESSES

[Franciscan Diabetes & Nutrition Associates](#) at St. Michael Medical Center, [Peninsula Community Health Services](#), and [Puget Sound Kidney Centers](#) offer nutrition education and other related services.

There are [farmers markets](#) throughout Kitsap County, and many accept EBT cards, WIC checks, and senior electronic benefits. Some markets participate in [SNAP Market Match](#), a program that matches up to \$10 or more per day at select farmers markets and Farm Stands per day.

[Kitsap Community Resources](#) houses the [Women, Infants and Children \(WIC\)](#) program, which provides support for pregnant women, nursing moms, and children under five to improve access to healthy foods, receive health education and screening services, increase breast feeding and access other health and social services. The [Suquamish](#) and [Port Gamble](#) tribes also operate their own WIC programs.

[Mama Moves Kitsap](#) is a nurse-led parent support group that encourages mindfulness, movement, and community by exploring Kitsap's beautiful parks.

The [YMCA of Pierce and Kitsap Counties](#) has a variety of healthy living programs, including a diabetes

prevention program, LIVESTRONG at the YWCA for cancer patients, and ACT! (a youth and family obesity prevention program).

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

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

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

# Chronic Illnesses

Continued

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

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

[SNAP Produce Match](#) allows SNAP/EBT users to get a \$5 coupon or discount when they spend at least \$10 on fruits and vegetables.

The Cities of [Bainbridge Island](#), [Bremerton](#), [Port Orchard](#), and [Poulsbo](#), [Kitsap County](#), [Great Peninsula Conservancy](#), all have information on parks and trails.

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

# Communicable Disease



## SEXUALLY TRANSMITTED INFECTIONS (STIs)

STIs – sometimes referred to as STDs (sexually transmitted diseases) – are infections that are spread primarily through person-to-person sexual contact. STIs are often asymptomatic, facilitating onward transmission without the infected person being aware. Some STIs can also be passed from mother to child during pregnancy and childbirth. STIs can have serious complications and consequences, and can result in infertility, increased risk of cancer and other STIs, and adverse birth outcomes.<sup>10</sup>

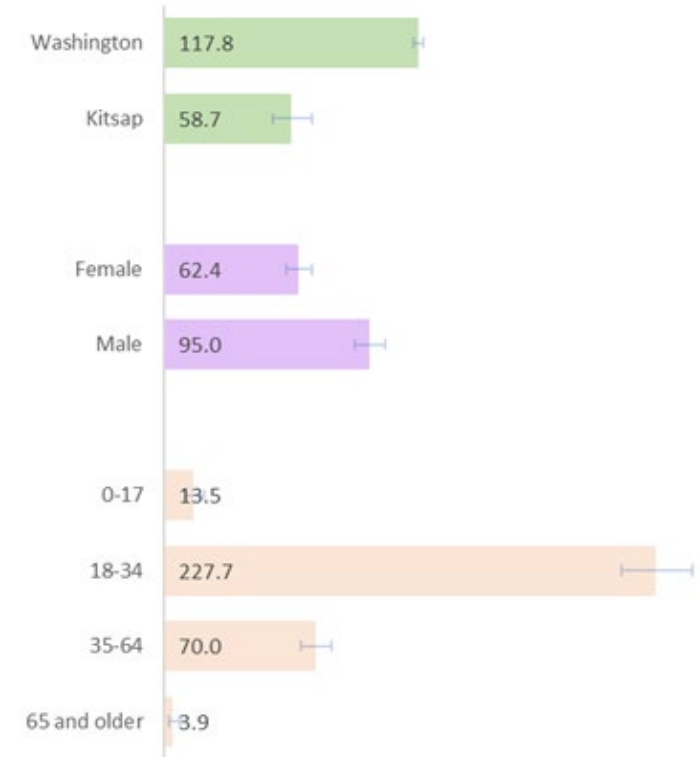
### GONORRHEA

In 2024, there were 168 cases of gonorrhea reported in Kitsap County, or 58.7 per 100,000 residents. About two-thirds of reported cases were male, and About two-thirds of cases were in adults under age 35.

### CHLAMYDIA

In 2024, there were 704 cases of chlamydia reported in Kitsap County, or 246.1 per 100,000 residents. which was lower compared to the state overall. Reported case rates were higher among females, and in people under 35 years old. Over 50% of cases in women were detected during routine exams, underlining the importance of preventative reproductive care.

## GONORRHEA CASES PER 100,000 PEOPLE, 2024, 2020-2024



**Note: Washington/Kitsap comparison is data from 2024, while subgroup data is from 2020-24**

Source: Public health surveillance data, accessed 2/25/2026; <https://doh.wa.gov/sites/default/files/2025-01/150224-WAStateSTIEpidemiologicalProfile2024.pdf>

<sup>10</sup> Kitsap Communicable Health Assessment. (2023) Communicable Disease. [https://46103627-2218-404d-a28f-c3dac82575c7.usfiles.com/ugd/461036\\_fa1497e71f694c3c895a68c493d29d87.pdf](https://46103627-2218-404d-a28f-c3dac82575c7.usfiles.com/ugd/461036_fa1497e71f694c3c895a68c493d29d87.pdf)

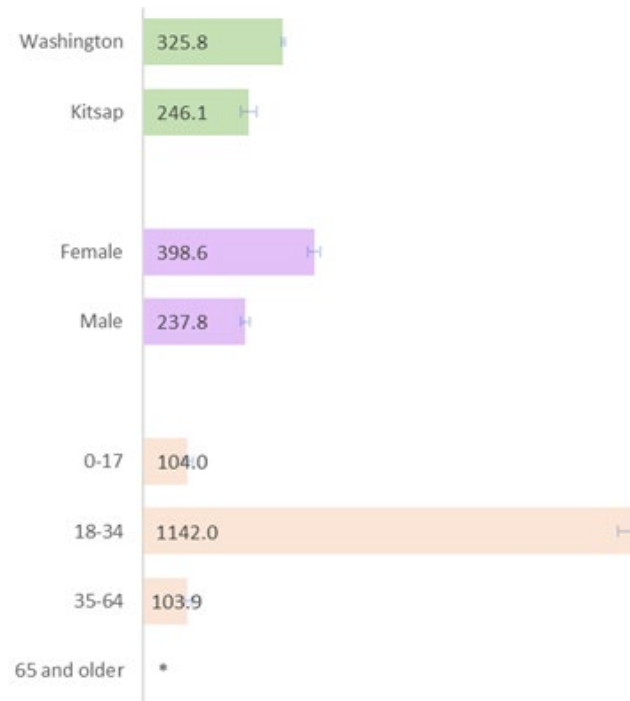
# Communicable Disease

Continued

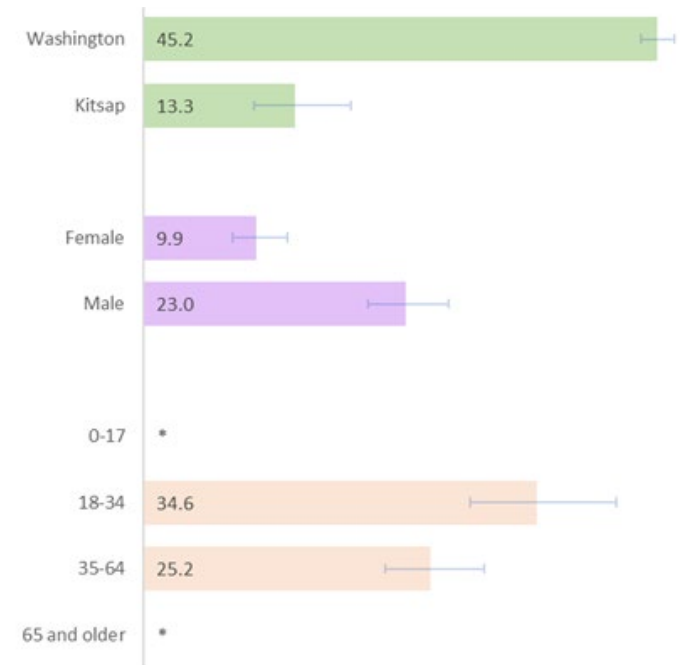
## SYPHILIS

In 2024, there were 38 cases of syphilis reported in Kitsap County, or 13.3 per 100,000 residents. As with gonorrhea and chlamydia, Kitsap rates are consistently lower than those observed for the state. Around 60% of cases were reported in males, though it is important to note that Kitsap, like the rest of the state, has seen increases in the past five years among women of child-bearing age, which poses a concern for mother-to-child transmission.

**CHLAMYDIA CASES PER 100,000 PEOPLE, 2024, 2020-2024**



**SYPHILIS CASES PER 100,000 PEOPLE, 2024, 2020-2024**



\* Missing data has been suppressed because the count is less than 10.

**Note: Washington/Kitsap comparison is data from 2024, while subgroup data is from 2020-24**

Source: Public health surveillance data, accessed 2/25/2026; <https://doh.wa.gov/sites/default/files/2025-01/150224-WAStateSTIEpidemiologicalProfile2024.pdf>

# Communicable Disease

Continued

## COMMUNITY RESOURCES — COMMUNICABLE DISEASE

[Planned Parenthood/Bremerton Health Center](#) provides STI testing and treatment, pregnancy testing and counseling, birth control prescriptions, and sex education. Planned Parenthood offers low- or no-cost services.

[Peninsula Community Health Clinic Mobile Medical Clinic](#) extends access to medical care to patients with transportation or other access issues. The mobile clinic has the latest in medical equipment and technical support and has wheelchair access. Walk-ins are welcome; appointments are encouraged.

The [Folx Foundation](#) is a nonprofit organization focused on providing free HIV and STD testing to all. People can request free, confidential STI test kits sent to their house.

[People's Harm Reduction Alliance](#) is a regional nonprofit organization with mobile outreach teams who provide safer sex supplies, including condoms, pregnancy tests and Plan B, as well as safer injection supplies and naloxone.

[Kitsap Public Health District](#) (KPHD) provides information on STI trends in Kitsap County and other resources related to testing and treatment. KPHD also

offers [HIV case management services](#), and can assist with medical care, medications, referrals, and more.

The [Washington state Department of Health](#) provides statewide resources for testing, health care provider alerts, and STI data dashboards.

# Safety & Violence



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

## CHILD ABUSE AND NEGLECT

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

In 2024, there were about 37 reports accepted for further action for every 1,000 residents from birth to age 17. There has been no change in trend in Kitsap from 2013 to 2024, and the rate was similar compared to Washington’s rate overall. Bremerton had the highest rate of any subcounty geography in Kitsap, and Bainbridge had the lowest rate.

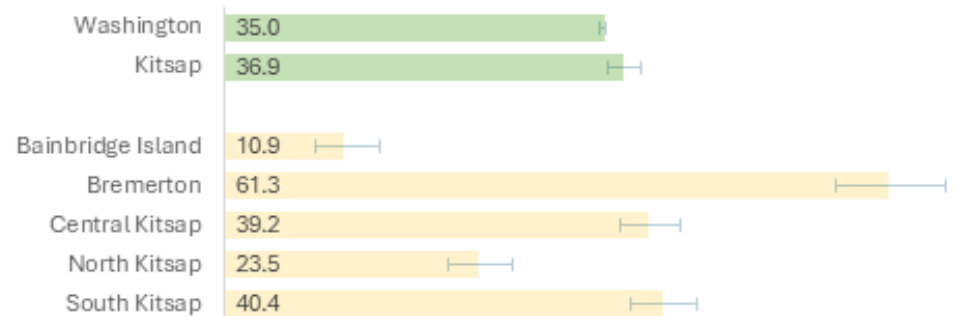
## DOMESTIC VIOLENCE OFFENSE RATE

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

In 2024, Kitsap had about 9 domestic violence offenses filed for every 1,000 Kitsap residents. Offenses are not arrests, but incidents reported. When more than one victim is involved, an offense is filed

### CHILD ABUSE AND NEGLECT REFERRALS TO CHILD PROTECTIVE SERVICES PER 1,000 RESIDENTS, 2024

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



# Safety & Violence

Continued

for each victim. Kitsap’s rate was similar compared to Washington state overall, and there has been an increasing trend in Kitsap from 2020 to 2024.

Because of the way law enforcement jurisdictions are laid out, it is difficult to compare subcounty areas. That said, Bremerton had a higher rate compared to Bainbridge Island, with about 10 offenses per 1,000 residents.

Additionally, St. Michael Medical Center started administering a screening questionnaire to in-patients in July 2024. This screening process asks patients about food insecurity, housing instability, transportation needs, difficulties with utilities, and interpersonal safety. From July 2025 to January 2026, about 1% of in-patients at St. Michaels reported experiencing interpersonal safety issues.

## DOMESTIC VIOLENCE OFFENSE PER 1,000 RESIDENTS, 2024

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

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



# Safety & Violence

Continued

## COMMUNITY RESOURCES — SAFETY & VIOLENCE

[Child Welfare](#) is a collection of DCYF programs that serve children, youth, young adults, and their families when there are concerns about abuse and neglect of children and youth.

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

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

St. Michael Medical Center is partnering with [RSI](#) (Rapid Sexual Assault Victim Exam Investigations), an Oregon-based forensic nursing services organization that provides SANE (Sexual Assault Nurse Examiner) services at all VMFH locations.

Kitsap County Clerk's office provides [information](#) on different civil protection orders, including those related to domestic violence, anti-harassment, and sexual assault.

[Naval Base Kitsap Family Advocacy Program](#) is responsible for the prevention and response to child

abuse and neglect and domestic abuse and intimate partner violence in military families.

[Kitsap County Child Fatality Review](#) is comprised of a panel of local Kitsap professionals who review why children of Kitsap County die and find ways to prevent future child injury and death.

[Homicide Victim Family Benefits](#) provides information about benefits that can be provided to family members of homicide victims.

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

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

King County's [Lock It Up](#) program offers information and resources on secure gun storage.

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

# Safety & Violence

Continued

[Washington Traumatic Brain Injury Strategic Partnership Advisory Council](#) was created to support the TBI community. It consists of 25 members from public and private sectors, individuals with TBI and their family members, medical and human service providers, caregivers, sovereign tribal nations, and state agencies.

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

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

[Grievers Library](#) offers free grief books and on-line resources to those living with grief.

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

[Kitsap County Medication Return](#) allows residents to safely dispose medications to drop-boxes located throughout Kitsap County.

[Safe Crossings Foundation](#) is dedicated to helping grieving children who have lost a parent, sibling, or other loved one to heal and thrive.

[Eluna](#) runs a grief camp both in-person and online, and an addiction prevention and mentoring camp for children, teens, and families.

[Naval Base Kitsap Integrated Primary Prevention \(IPP\)](#) promotes protective factors and reduces risk factors among individuals, within relationships, and within organizations, through policies, programs, and practices.

# Climate Health



Climate change is an emerging health threat, threatening ecosystems, countries, and human health. Several species (golden toad, various frog species) have gone extinct due to climate change. Additionally, some ecosystems (Australian Great Barrier Reef) have faced irreparable damage due to climate change.<sup>11</sup>

The World Health Organization estimates that climate change is expected to cause 250,000 additional deaths between 2030–2050 and cost several billion dollars per year by the end of this current decade.<sup>12</sup>

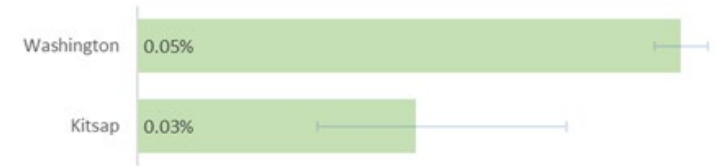
In this section, we describe three indicators: the number of heat- and cold-related emergency department (ED) visits, and the number of asthma-related emergency department visits. An individual may be counted more than once if they have repeat visits that fall under a specific category. All ED visits by Kitsap residents are included in the rates regardless of the county in which they received care.

Please note that the percentages for Kitsap and Washington are calculated from the total number of ED visits overall. The percentages for subgroup data are calculated from the total number of cold, heat, or asthma-related emergency department visits.

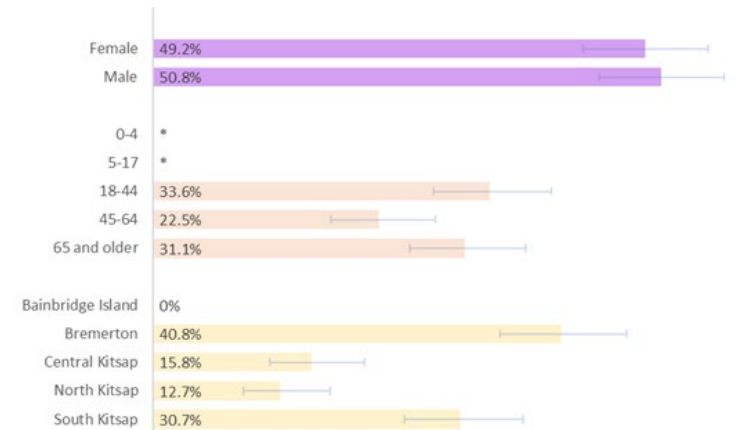
<sup>11</sup> International Fund for Animal Welfare. "18 animals that recently went extinct". Published December 12, 2023. Available at: <https://www.ifaw.org/journal/18-animals-recently-extinct>

<sup>12</sup> World Health Organization. "Climate change". Available at: [https://www.who.int/health-topics/climate-change#tab=tab\\_1](https://www.who.int/health-topics/climate-change#tab=tab_1)

## HEAT-RELATED EMERGENCY DEPARTMENT VISITS, 2024 KITSAP/WA



## HEAT-RELATED EMERGENCY DEPARTMENT VISITS, 2019-2024 SUBGROUPS



\*Missing data has been suppressed because the count is less than 10. When only one subgroup has less than 10 observations, the second-smallest subgroup is suppressed to prevent back-calculation and protect confidentiality of the smallest subgroup

Source: National Syndromic Surveillance Program, Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE), January 2024–December 2024

## HEAT-RELATED EMERGENCY DEPARTMENT VISITS

The percentage of heat-related ED visits is measured through the Electronic Surveillance System for the

Early Notification of Community Based Epidemics (ESSENCE), which is a visit-based rate that broadly searches an individual medical record for signs of “heat stroke,” “heat cramp,” “overheat” and other similar keywords, as well as ICD 10 codes that represent heat-related visits.

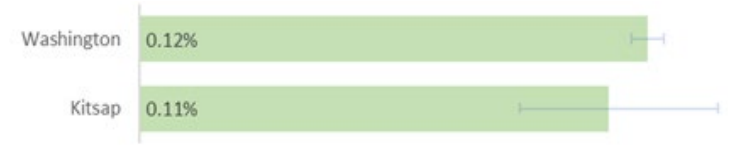
The percentage of heat-related ED visits in Kitsap County was slightly lower than the state. This percentage is out of the total number of ED visits. Out of the total number of heat-related ED visits, there were no differences by sex or age. Residents from Bremerton had a higher percentage of ED visits due to heat-related illnesses compared to those from Central Kitsap.

## COLD-RELATED EMERGENCY DEPARTMENT VISITS

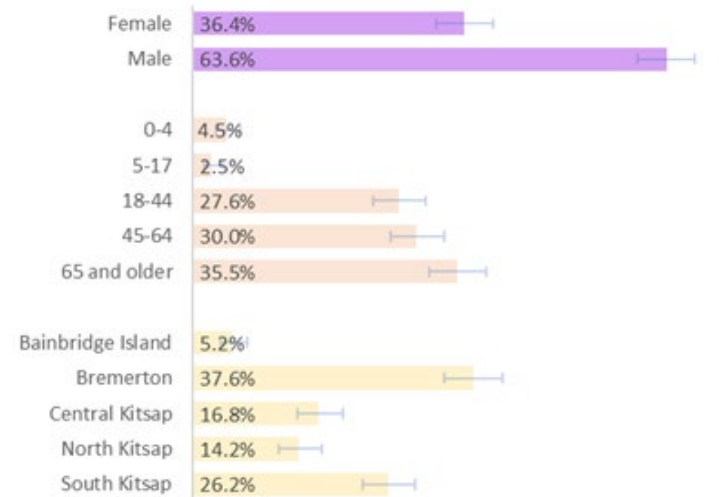
The percentage of cold-related emergency department (ED) visits is measured through ESSENCE. It is a visit-based rate that broadly searches an individual medical record for signs of “frostbite,” “hypothermia,” “environmental exposure to cold” (including associated ICD codes), or other similar terms.

The percentage of cold-related ED visits in Kitsap County was similar to the state overall. This percentage is out of the total number of ED visits. Out of the total

### COLD-RELATED EMERGENCY DEPARTMENT VISITS, 2024 KITSAP/WA



### COLD -RELATED EMERGENCY DEPARTMENT VISITS, 2019-2024 SUBGROUPS



Source: National Syndromic Surveillance Program, Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE), January 2024–December 2024

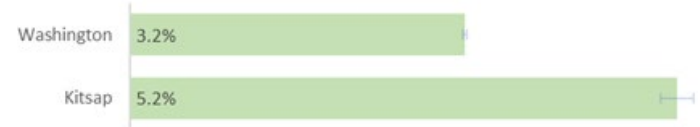
number of cold-related ED visits, males had a higher percentage of ED visits due to cold-related illnesses compared to females. Those 65 and older had a higher percentage compared to those 44 and younger. Residents from Bremerton had the highest percentage of cold-related ED visits compared to all other regions.

## ASTHMA-RELATED EMERGENCY DEPARTMENT VISITS

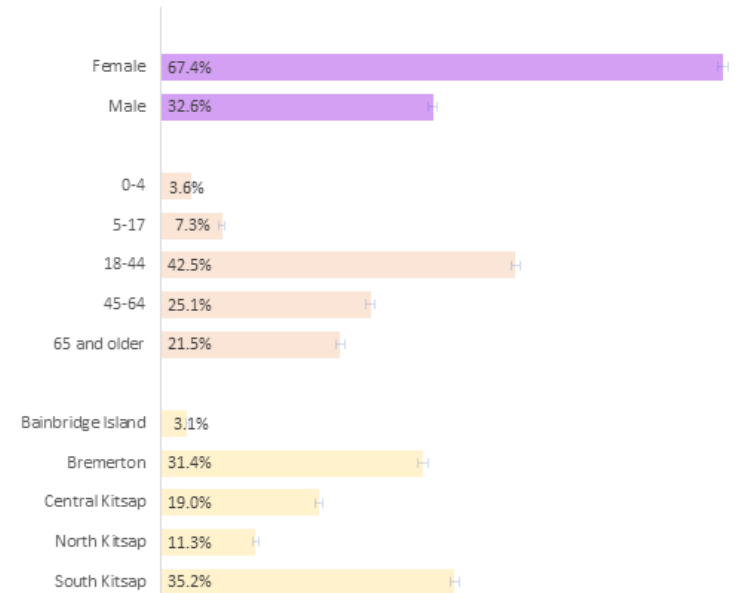
The percentage of asthma-related emergency department (ED) visits is measured through ESSENCE. It is a visit-based rate that broadly searches an individual medical record for signs of “asthma,” “bronchospasm” (including associated ICD codes), or other similar terms.

The percentage of asthma-related (ED) visits in Kitsap County was higher compared to the state. This percentage is out of the total number of ED visits. Out of the total asthma-related ED visits, females had a higher percentage of ED visits due to asthma-related illnesses compared to males. Those aged 18-44 had the highest percentage compared to all other age groups. Residents from South Kitsap had a higher percentage of ED visits due to asthma-related illnesses compared to all other regions.

### ASTHMA-RELATED EMERGENCY DEPARTMENT VISITS, 2024 KITSAP/WA



### ASTHMA-RELATED EMERGENCY DEPARTMENT VISITS, 2019-2024 SUBGROUPS



Source: National Syndromic Surveillance Program, Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE), January 2024–December 2024

## COMMUNITY RESOURCES — CLIMATE HEALTH

The Kitsap Public Health District (KPHD) helps has multiple [resources](#) about climate change for Kitsap residents. KPHD also collaborates with Kitsap developers to help create [healthy built environments](#) in Kitsap County.

The Kitsap County department of Emergency Management provides information about [cooling centers](#) and resources on how to navigate other [extreme weather conditions](#).

The Washington Department of Health has information about [wildfire smoke](#) and other [community resources](#).

The Public Health Emergency Preparedness & Response team at the Kitsap Public Health District provides information on how to make a [DIY air filter](#) to use during poor air quality days.

Kitsap County's [severe weather shelter program](#) provides safe, warm beds to stay overnight for people in need during severe weather events from November through March in Port Orchard, Silverdale, and Kingston.

[Kitsap Transit](#) offers free bus trips to Kitsap County severe weather shelters.

The [Kitsap Environmental Coalition](#) (KEC) is a non-profit organization dedicated to understanding and mitigating the effects of climate change in Kitsap County.



## **QUANTITATIVE DATA SOURCES**

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

### **WASHINGTON STATE DEPARTMENT OF HEALTH (DOH)**

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

### **COMMUNITY HEALTH ASSESSMENT TOOL (CHAT)**

This data source is a web application that incorporates data from a variety of sources and quickly generates estimates for different geographies depending on the data source. Hospitalizations and death data are available through CHAT. For hospitalizations, data only include inpatient stays at state licensed acute care

hospitals, and do not include military, DOD, VA, Indian Health Services, Rehabilitation or State Psychiatric Hospital stays.

### **WASHINGTON STATE OFFICE OF FINANCIAL MANAGEMENT (OFM)**

OFM provides population estimates by age, sex, race, and Hispanic origin, as well as estimates of population density and change.

### **U.S. CENSUS AND AMERICAN COMMUNITY SURVEY (ACS)**

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

The ACS location of residence is based on census tracts, which are converted to ZIP Code Tabulation Areas (ZCTAs) for analysis.

### **WASHINGTON STATE HEALTHY YOUTH SURVEY (HYS)**

HYS is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Services Division of Behavioral Health and Recovery, and the Liquor Control Board. This public school-based survey provides information about the self-reported health and health behaviors of youth in grades 6, 8, 10 and 12 in Washington to guide policy and programs that serve youth. This report highlights 10th and 12th grade data.

### **OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION (OSPI)**

Washington Office of Superintendent of Public Instruction (OSPI) offers data on free or reduced-price meal eligibility through the Comprehensive Education Data and Research System (CEDARS).

### **BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)**

This is the largest, continuously conducted, telephone health survey in the world. The survey collects

information on a vast array of health conditions, health-related behaviors and risk and protective factors about individual adults. It enables the Centers for Disease Control and Prevention (CDC), state and local health departments, and other health agencies to monitor the health and health behaviors of adults to guide policy and programs.

### **RAPID HEALTH INFORMATION NETWORK (RHINO)**

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

### **WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)**

DSHS's Facilities, Finance and Analytics Administration (FFA) provides leadership in financial, operational and risk management services. This administration produces a comprehensive time-series collection of county and school district-level data related to substance use and abuse, and the risk factors that

predict substance use among youth, called the Risk and Protection Profiles for Substance Abuse Prevention for Washington State and its Communities.

### QUANTITATIVE DEFINITIONS

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

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

much more common occurrence, are expressed in births per 1,000.

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

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

**Confidence Intervals (CI):** County comparisons to Washington state and comparisons among subpopulations were calculated using 95% confidence intervals. Confidence intervals (error bars on the graphs) indicate the margin of error for the value estimated by describing an upper and lower limit of an estimate. Using confidence intervals is an approach to determine if differences among groups

are statistically significant. If the confidence interval of two different estimates do not overlap, we most often can conclude that the difference is statistically significant and not due to chance.

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

**Population Size:** The 2024 population estimates are used throughout this report (Source: Washington State Office of Financial Management, Small Area Demographic Estimates, accessed January 2026).

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

- Asian: Non-Hispanic Asian

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

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

## QUALITATIVE QUESTIONS

Community Workshops – Four community focus group discussions were conducted throughout Kitsap County. Focus group participants were asked four groups of questions:

1. What do you think are the 3 most important factors for a healthy community?
  - » What are the top 3 needs you see for our community? What actions would best address

# Supplement

## Continued

those needs?

2. What are the challenges to being healthy and safe in Kitsap County?
  - » What challenges keep residents from receiving healthcare that they need?
  - » What challenges keep community residents from receiving mental health and substance use care/treatment when needed?
  - » What challenges are there to safe and affordable housing?
  - » What challenges are there to meeting basic needs like food security and healthy food options?
  - » What challenges are there to childcare?
  - » Have you had any needs that you were not able to meet in Kitsap?
3. What do you think is most important to do in the next 1-3 years to improve the health and quality of life of Kitsap County residents?
4. What is being done well in the community to keep our residents healthy and safe?
  - » Have you seen any improvements in the past 3 years in:
    - Healthcare access?
    - Mental health and substance use care?
    - Safe, affordable housing availability?

- Access to other basic needs like food security and healthy food options?
- Access to childcare?

**Key Informant Interviews** – 10 key informant interviews were conducted with community members who serve in leadership roles or who are subject matter experts in various aspects of community health. Interviews were conducted in person or over video call and, when possible and the participant approved, was recorded and transcribed. Each key informant was asked the following questions:

1. What do you see as the top priorities for the health and safety of Kitsap residents?
2. What is your organization doing or planning to do in the next 1-3 years to improve the health and safety of Kitsap residents?
3. What are the most significant gaps you see in resources and coordination?
4. What initiatives have had limited progress in the last 3 years and why?
5. What do you think should be done (by anyone) in the next 1-3 years to improve the health and safety of Kitsap County residents?

6. What aspects of Kitsap County today do you feel most promote health and safety?
7. What have been the most significant improvements in health and safety in the past 3 years in Kitsap?

## CHNA PRIORITIES, INDICATORS, AND RELATED SCORING

The table below shows the scores given to each priority indicator, which resulted into three main themes: behavioral health, access to care and preventative services, and chronic disease. See “Selection of prioritized significant health needs” in the Introduction (p. 15) for more information about the indicator scoring process.

Priorities and Sub-priorities	Indicators	Scores
<b>Behavioral Health</b>		
Anxiety in youth	Youth reported anxiety	68%
Depression in youth	Youth reporting depressive feelings	59%
Suicide deaths	Suicide mortality	52%
Suicide hospitalizations	Self-inflicted injury hospitalizations	52%
Depression in adults	Reported depressive disorder in adults	44%
<b>Access to Care and Preventive Services</b>		
Vaccinations	Vaccinations (19–35 months)	88%
Health insurance	Residents without health insurance	66%
Dental checkup (youth)	Youth routine dental checkup in the past year	61%
Prenatal care	Adequate prenatal care	52%
<b>Chronic Disease</b>		
Asthma	Asthma-related emergency department visits	60%
Obesity	Adults classified as overweight or obese	57%
Food insecurity	Food insecurity-feeding America (overall)	75%
	Food insecurity-feeding America (child)	69%

*\*Note: Housing was a primary theme discussed throughout the key informant interviews and focus groups (not shown on table)*

# Appendix A: 2023-2026 Evaluation of Impact

St. Michael Medical Center  
Community Health  
Needs Assessment  
2026

## **VIRGINIA MASON FRANCISCAN HEALTH ST. MICHAEL MEDICAL CENTER**

### **COMMUNITY ASSESSMENT**

St. Michael Medical Center engaged in multiple activities to conduct its community health improvement planning process. These included conducting a Community Health Needs Assessment with community input, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators. This evaluation of impact outlines many of the programs that St. Michael Medical Center delivered and that it supported, either through financial or in-kind support, and that addressed the health needs identified in the 2023 CHNA.

### **SIGNIFICANT HEALTH NEEDS**

From 2023 through 2026, St. Michael Medical Center focused on the following priority health needs:

- Access to Health Care
- Behavioral Health
- Pregnancy and Births
- Basic Needs
- Chronic Disease

### **STRATEGY BY HEALTH NEED**

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

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

# Appendix A: 2023-2026 Evaluation of Impact

Continued

St. Michael Medical Center  
Community Health  
Needs Assessment  
2026

## HEALTH NEED: ACCESS TO CARE

### PROJECT ACCESS

- VMFH provided financial support and donated care to project access programs across our service area. Project Access provided insurance premium support, donated care, and care coordination to vulnerable community members.

### MEDICAL RESPITE

- Provided dedicated space for homeless patients to recuperate after a hospital stay.

### OUTREACH FROM GRADUATE MEDICAL RESIDENTS

- St. Michael Medical Center Family Medicine Residents provided care to community members at various community settings, such as the Marvin Williams Center and the Salvation Army.

### TOTAL HEALTH ROADMAP

- Addressed the social needs of medical clinic patients through universal screening and connections through embedded Community Health Workers

### EDIBLE FOOD RECOVERY

- VMFH connected hospital food waste to local hunger relief organizations.

### PATIENT SUPPORT

- Provided patients with support for barriers to care including transportation, housing, equipment, and other support.
- Ensured patients, especially those experiencing homelessness, have clean clothes when they leave the hospital.
- Supported patients in receiving long term care in their home or an assisted living facility.

### WIC CLINICS

- Provided supplemental nutrition support for low-income pregnant women and families at VMFH WIC Clinics

### INSURANCE ENROLLMENT

- Continued enrolling qualified patients into Medicaid and other support programs.

# Appendix A: 2023-2026 Evaluation of Impact

Continued

St. Michael Medical Center  
Community Health  
Needs Assessment  
2026

## HEALTH NEED: ACCESS TO CARE

### KITSAP FREE CLINIC

- VMFH Provided funding and support to KIAC who provides direct medical care to serve Kitsap and Mason County low-income immigrants who do not qualify for health insurance due to immigration status

### LANGUAGE ACCESS INITIATIVE

- The VMFH Language Access Initiative was implemented to help make VMFH facilities more language-friendly through community engagement, staff training and community capacity building.

### PERINATAL LEADERSHIP COLLABORATIVE

- VMFH partnered with KPHD to launch a perinatal leadership collaborative to improve communication among key partners and to address gaps in service toward increasing rates of prenatal care.

### SERVING THE UNDERSERVED: HCV/STI OUTREACH AND CARE COORDINATION

- Hepatitis Education Project (HEP) successfully delivered field-based care coordination for HCV education and treatment.

### FOCUS PROGRAM

- The VMFH FOCUS Program provides testing in Kitsap County by screening for HIV, Hepatitis C (HCV) and syphilis in four healthcare settings. These diseases disproportionately impact communities of color, people experiencing homelessness/housing instability, and those who use drugs.

### COMMUNITY HEALTH IMPROVEMENT GRANTS

- VMFH gave grants to collaborative projects that align with our community health priorities. Grants range from \$20 - \$100k and must include two or more partners working together to reduce health disparities and community wellness.

### REACHI LIVED EXPERIENCE COUNCIL

- The CommonSpirit REACHI Lived Experience Council was implemented in the Puget Sound region to address the intersection of homelessness and healthcare. The council provided input and direction for VMFH and CommonSpirit on how to better provide care for a vulnerable population.

### WORKFORCE DEVELOPMENT

- Developed partnerships and implemented strategies to introduce youth to healthcare careers.

*(continued next page)*

# Appendix A: 2023-2026 Evaluation of Impact

Continued

St. Michael Medical Center  
Community Health  
Needs Assessment  
2026

## HEALTH NEED: ACCESS TO CARE

### MORE IN COMMON ALLIANCE

- Medical students from Morehouse School of Medicine spent time in VMFH hospitals.

### HEALTH CAREERS CLASS PRESENTATIONS

- VMFH staff introduced K-12 students to health careers through interactive presentations

### HIGH SCHOOL CAREER EXPLORATION PROGRAM

- The VMFH Student Healthcare Career Exploration Program is intended for middle and high school students and is a time-limited arrangement allowing the observation of clinical and/or non-clinical staff members in a non-patient facing environment.

### HEALTHCARE CAREER EXPO

- St. Michael Medical Center partnered with Olympic College, Kitsap Mental Health, Bremerton EMS, Dental Dental, Marvin Williams Recreation Center and all high schools in Kitsap County to implement an expo to expose high school students to more than 25 healthcare fields.

### PERINATAL LEADERSHIP COLLABORATIVE

- St. Michael Medical Center co-founded the Collaborative with community partners and stakeholders to address gaps and expand access to maternal health care in Kitsap County.

## IMPACT

Since the last CHNA, published in 2023, an improved trend in prenatal care has taken place. In 2020, 49.6% of pregnant individuals had access to prenatal care, in 2021 51.8% had prenatal care access and in 2024 55% had prenatal access. Since the last CHNA, rates of insurance coverage and unmet healthcare needs due to cost have remained unchanged.

## PLANNED COLLABORATION

VMFH collaborated with Olympic College, Kitsap Public District, the Peninsula Tribes, the Navy, Peninsula Community Health Services, and numerous community based organizations.

# Appendix A: 2023-2026 Evaluation of Impact

Continued

St. Michael Medical Center  
Community Health  
Needs Assessment  
2026

## HEALTH NEED: BEHAVIORAL HEALTH

### KITSAP MENTAL HEALTH

- Partnership with Kitsap Mental Health to expand behavioral health services in the St. Michael Emergency Room.

### TEEN MENTAL HEALTH FIRST AID TRAINING IN BREMERTON SCHOOL DISTRICT

- Students at Bremerton High School and Renaissance Alternative High School received teen Mental Health First Aid (tMHFA) training. tMHFA teaches youth to prevent suicide by connecting peers to professional care and trusted adults. The program also provided mental health first aid training to school staff, empowering them to heal from work-related secondary trauma and assist students in crisis.

### COMMUNITY HEALTH IMPROVEMENT GRANTS

- VMFH gave grants each year to collaborative projects that align with our community health priorities. Grants range from \$20 - \$100k and must include two or more partners working together to reduce health disparities and community wellness.

### NALOXONE KITS

- Provided Naloxone kits at no charge for patients with substance use disorder.

### LIFETALKS PROGRAM

- Development and delivery of a curriculum to reduce social isolation in community elders through storytelling and sharing.

### ANTI-STIGMA TRAINING FOR SUBSTANCE USE DISORDERS

- Provided evidence-informed training around reducing stigma for substance use disorders to VMFH staff and the wider community. This training utilizes materials developed by the Addiction Policy Forum.

## IMPACT

Since the last CHNA published in 2023, rates of adult depression have increased in Kitsap County from 24% to 27%. Rates of youth reporting depressive feelings have decreased to 36.1%, yet remain a priority since Kitsap County rates of youth depression are higher than Washington State.

## PLANNED COLLABORATION

VMFH collaborated with Kitsap Mental Health, multiple school districts, and numerous community based organizations to address these priorities.

# Appendix A: 2023-2026 Evaluation of Impact

Continued

## HEALTH NEED: PREGNANCY AND BIRTHS

### PERINATAL LEADERSHIP COLLABORATIVE

- St. Michael Medical Center partnered with Kitsap Public Health District and other key partners to collaborate toward improving maternal health care access across the county.

### VOLUNTEER DOULA PROGRAM

- St. Michael Medical Center implemented a volunteer doula program at the Family Birth Center to improve patient support and resources

### MIDWIFERY SERVICES

- St. Michael Medical Center has expanded care services at the St. Michael Medical Center Family Birth Center with the addition of Midwifery

## IMPACT

Since the last CHNA, published in 2023, there is an improved trend in access to prenatal care. In 2020, prenatal care access was 49.6%, in 2021 it was 51.8%, and in 2024, access to prenatal care was 55%. Since the last CHNA, there has been no change to rates of infant mortality.

## PLANNED COLLABORATION

VMFH/SMMC collaborated with Kitsap Public Health District, the Navy, the Tribes, Peninsula Community Health Services, the VMFH Family Medicine Practice and Residency and numerous community based organizations.

# Appendix A: 2023-2026 Evaluation of Impact

Continued

St. Michael Medical Center  
Community Health  
Needs Assessment  
2026

## HEALTH NEED: CHRONIC DISEASE

### MEDICALLY TAILORED FOOD BOX PROGRAM

- Implemented a partnership with South Kitsap Helpline and activated a medically tailored food box program for patients with diabetes. Referred patients from the Port Orchard Primary Care Clinic receive food boxes meeting dietary needs for six months.

### NUTRITION EDUCATION

- Provided programming, resources, tools, analysis, recipes and educational materials to food banks based on food availability and client demographics

### BUILDING CULTURAL RELEVANCE WITHIN THE FOOD SYSTEM

- Developed and implemented an assessment, tools, resources, and a learning lab for use within the food system to build cultural relevance and welcoming environment for all who are served by the food banking system

### CONGREGATIONAL HEALTH MINISTRIES

- Continued support for faith communities as they create and sustain health ministries. Continue supporting FaithHealth in Action, which helps faith communities of color create health ministries

### COMMUNITY HEALTH IMPROVEMENT GRANTS

- VMFH provided funding to numerous community based organizations to provide programs, resources, access to care, chronic disease, basic needs to sexual assault response and violence prevention.

### BLOOD PRESSURE SCREENINGS

- The VMFH Stroke Team conducted blood pressure screenings at events throughout the region.

### FOCUS PROGRAM

- The VMFH FOCUS Program provides testing in Kitsap County by screening for HIV, Hepatitis C (HCV) and syphilis in five healthcare settings. These diseases disproportionately impact communities of color, people experiencing homelessness/housing instability, and those who use drugs.

### CANCER EDUCATION & PREVENTION

- The VMFH Community Cancer program implemented community screening events and educational events annually. Education events are focused on prevention and removing barriers to screening and treatment.

(continued next page)

# Appendix A: 2023-2026 Evaluation of Impact

Continued

## HEALTH NEED: CHRONIC DISEASE

### ONCOLOGY WIG FITTINGS

- Provided fitted wigs for oncology patients undergoing chemotherapy treatment

### ADDRESSING DISPARITIES IN SCREENING RATES

- St. Michael Medical Center partnered with the Native American Tribes on the Peninsula to provide cancer screening prevention education and resources toward improving screening rates

## IMPACT

Since the last CHNA completed in 2023, BRFFS data reflects rates of food insecurity in adults have improved slightly from 10% to the current rate of 7%, although due to the number of respondents, this decrease cannot be stated as statistically significant. Rates of adult physical activity have improved since the last CHNA while rates of both adult and youth obesity are worsening. Rates of breast cancer, colorectal cancer, and lung cancer have all improved since the last CHNA.

## PLANNED COLLABORATION

St. Michael Medical Center collaborated with KPHD, the Tribes, and various community based organizations to implement these programs and address our goals.

# Appendix A: 2023-2026 Evaluation of Impact

## HEALTH NEED: BASIC NEEDS

### COMMUNITY ENGAGEMENT

- VMFH participated in the Kitsap County HEAL Network, The Health Equity Coalition, the Bremerton Nourishing Network, The Port Orchard Resources Network and others to support meeting the basic needs of our community

### PATIENT SUPPORT

- VMFH provided patient support to address basic needs, including food insecurity, housing, transportation, clothing, and durable medical equipment.

### MEDICALLY TAILORED FOOD BOX PROGRAM

- Implemented the Medically Tailored Food Box Program to address food insecurity and transportation barriers for qualified patients

### EDIBLE FOOD RECOVERY

- Implemented edible food recovery at SMMC to connect food waste to community feeding programs.

### COMMUNITY HEALTH IMPROVEMENT GRANTS

- VMFH provided funding to numerous community based organizations to address basic needs, including food insecurity, housing, transportation, and care navigation.

## IMPACT

Since the last CHNA completed in 2023, BRFSS data reflects rates of food insecurity in adults have improved slightly from 10% to the current rate of 7%. Due to the number of respondents, however, this reduction can not be considered statistically significant. SMMC has implemented social needs screening for admitted patients to identify and provide resources and support for social needs.

## PLANNED COLLABORATION

VMFH collaborated with KPHD and multiple community based organizations to implement programs addressing our goals.

# Appendix B: SMMC Primary Service Area

## ST. MICHAEL MEDICAL CENTER PRIMARY SERVICE AREA

The primary service area represents 75% of inpatients served.

98110	98311	98314	98337	98345	98359	98366	98370	98383	98528
98310	98312	98315	98340	98346	98364	98367	98380	98392	