

KITSAP COUNTY HEALTH DISPARITY REPORT 2017



KITSAP PUBLIC
HEALTH DISTRICT

KITSAP COUNTY HEALTH DISPARITY REPORT

2017

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Thank you to everyone who provided invaluable insight during the creation of this report.

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INTRODUCTION

The Kitsap County Health Disparity Report provides deeper analysis of the county health assessment data presented in the [2017 Kitsap County Indicators Report](#). Indicators that could be disaggregated were separated into several subgroup populations and analyzed to identify health disparities. Health disparities are differences in health outcomes between populations and are greatly influenced by environmental, social, and behavioral factors.

Factors like institutionalized discrimination, economic stability, clean environments, neighborhood safety, quality of education, access to healthy foods, and the quality of community and familial relationships have an impact on our overall health and well-being. Therefore, subgroup populations that are disproportionately negatively impacted by poor environmental, social, and economic factors have higher risk of experiencing adverse health disparities. To address health disparities, it is important that community-wide systems are based on equity.

Equity is the quality of being fair; it differs from equality because it acknowledges that due to larger systemic and historical factors, subgroup populations may face unique challenges and may need diverse levels of support. To reduce disparities, it is important that community-wide systems are culturally competent and inclusive, and that they are actively working to reduce unfair barriers that limit subgroup populations from healthy social and physical environments, services, and resources necessary to improve and maintain health and wellbeing.

Some disparities identified in this report are not unique to Kitsap County; many also occur at the state and national level. Data presented in this report reflect risk and health outcomes at the population level and should not be projected onto any one individual. This report is intended to inform our community about disparities in health outcomes and social factors that influence health here in Kitsap County. It should be used to stimulate community conversations about the meaning of the data, explore root causes of disparities, discuss available evidence-based actions to address disparities and develop a collective plan to reduce health inequities and improve overall community health. Public health uses this data to prioritize strategies and influence policies and systems that promote equity and the mitigation of adverse social determinants of health.

For this report, indicators are labeled by category: social, socioeconomic, health behavior, access, and health outcome. They are organized into five age groups ranging from infancy to late adulthood. Within each age category, indicators are organized into three demographic categories: gender, race and ethnicity (i.e., Hispanic or Latino), and sexual orientation. Within those, data was separated into seven subgroup populations: male and female; White (Non-Hispanic), People of Color (Non-Hispanic)^a, and Hispanic or Latino; straight, and lesbian, gay, bisexual, transgender, or queer (LGBTQ). For statistical analysis, male, White, and straight were used as the reference population for their demographic categories. For comparisons, it is important to remember that estimates are based on proportions within subgroup populations. Therefore, percent differences may appear small in comparison, however, the number of people disproportionately affected may be large. Also, small numbers of a subgroup population within a proportion will influence statistical significance.

This report has four sections: relative risk ratios, indicators, graphs, and a data table. The relative risk ratio section lists the likelihood of subgroup populations experiencing identified disparities compared to the reference population; this section only includes indicators with statistically significant disparities. The indicators section displays all subgroup population estimates/rates by indicator and highlights in red font those estimates that are statistically significant disparities. The graphs section provides visual display of disparities between subgroup populations, and graphs are only presented for indicators with statistically significant disparities. Lastly, the data table shows the numbers used to calculate estimates/rates for all indicators.

a. To improve statistical strength to identify disparities, Black or African American, American Indian and Alaska Native, Asian, Native Hawaiian and Other Pacific Islander, and Two or More Races are combined into one subgroup (i.e., People of Color) so that small numbers would not impact statistical reliability. This subgroup population does not include residents who identify as Hispanic or Latino. Hispanic or Latino is separated from the category of People of Color because it is an ethnicity. Therefore, residents can identify as Hispanic or Latino and of any race. Note that combining races into a single subgroup population may conceal race-specific disparities.

NUANCE OF EQUALITY AND EQUITY

Equality



Equality assumes that everyone will have the same outcomes from the same supports. It does not consider that people have different life circumstances that can either help or hinder their outcomes in life. Life circumstances are impacted by individual, interpersonal, community, organizational, societal, and historical factors.

In the first image, an equal amount of support was provided to all three people, however the desired outcome was not achieved for all people. The person on the left could already see over the fence without additional support, the person in the middle was able to see over the fence once additional support was provided, and the person on the right still was unable to see over the fence even with additional support.

Equitable Support



Equitable support acknowledges that people will need different levels of support based on their life circumstances, and that life circumstances are affected by individual, interpersonal, community, organizational, societal, and historical factors.

In the second image, each person was provided sufficient support to be able to see over the fence and have fair access to view the game. This is equitable because it achieved the desired outcome for all people.

Equity

Equitable Systems/Access



Equitable systems/access removes systemic barriers that are based on unfair community, organizational, societal, and/or historical factors, and provides people with fair opportunity to access resources without having to provide additional supports.

In the third image, the wooden fence, which caused a barrier for the person in the middle and the person on the right, was replaced with a better solution that would allow all viewers to have equitable access to view the game.

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KEY FINDINGS

While risk factors do not guarantee poor health outcomes (because other unidentified factors can be simultaneously working to lower risk), information from evidence-based research and analysis of disparities leads to the following key findings.

MALE

Compared to Kitsap residents who identify as female, residents who identify as male may be at higher risk for experiencing chronic diseases.

Kitsap residents who identify as male in middle & late adulthood:

- had lower likelihood of being at a healthy weight (Page 16 & 17)
- had higher likelihood of experiencing heart disease and diabetes-related hospitalizations (Page 16 & 17)

FEMALE

Compared to Kitsap residents who identify as male, residents who identify as female may be at higher risk for experiencing adverse behavioral health.

Kitsap residents who identify as female:

- adolescents had lower likelihood of having an adult to turn to when they felt sad or hopeless (Page 13)
- adolescents had higher likelihood of seriously considering attempting suicide during the past 12 months (Page 14)
- in early adulthood had higher likelihood of drug-related hospitalizations (Page 15)
- in late adulthood had higher likelihood of current smoking (Page 17)

PEOPLE OF COLOR

Compared to Kitsap residents who identify as White, residents who identify as People of Color may be at higher risk for experiencing chronic diseases, adverse behavioral health, poor birth outcomes.

Kitsap adolescents who identify as People of Color:

- had lower likelihood of engaging in the recommended level of physical activity and being at a healthy weight (Page 13 & 14)
- had lower likelihood of drinking no sugary beverages in the past 7 days at school (Page 13)
- had higher likelihood of being physically hurt on purpose by an adult (Page 13)
- had lower likelihood of having an adult to turn to when they felt sad or hopeless (Page 13)

Kitsap residents who identify as People of Color:

- in early adulthood had higher likelihood of having their activities limited due to poor physical or mental health during that past 30 days (Page 14)

Kitsap females who identify as People of Color:

- had higher likelihood of having babies born at low birthweight and higher likelihood of their babies dying (Page 13)
- in early adulthood had lower likelihood of starting prenatal care in the first trimester of pregnancy (Page 14)

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KEY FINDINGS (continued)

While risk factors do not guarantee poor health outcomes (because other unidentified factors can be simultaneously working to lower risk), information from evidence-based research and analysis of disparities leads to the following key findings.

HISPANIC/LATINO

Compared to Kitsap residents who identify as White, residents who identify as Hispanic or Latino may be at higher risk for experiencing challenges associated with economic-related social determinants of health and challenges with health care access.

Kitsap adolescents who identify as Hispanic or Latino:

- had lower likelihood of graduating high school (Page 13)

Kitsap females who identify as Hispanic or Latina:

- in early adulthood had lower likelihood of having more than a high school education during pregnancy (Page 14).
- in early adulthood had lower likelihood of starting prenatal care in the first trimester of pregnancy (Page 14)

LGBTQ

Compared to Kitsap adolescents who identify as straight, Kitsap adolescents who identify as LGBTQ may be at higher risk for experiencing adverse behavioral health.

Kitsap adolescents who identify as LGBTQ had:

- higher likelihood of having been physically hurt on purpose by an adult (Page 13)
- lower likelihood of having an adult to turn to when they felt sad or hopeless (Page 13)
- lower likelihood of having opportunities for positive participation in the family setting (Page 13)
- higher likelihood of parent(s) not setting clear rules or not engaged in details of their daily life (Page 13)
- higher likelihood of current smoking, alcohol use, and marijuana use (Page 14)
- higher likelihood of seriously considering attempting suicide during the past 12 months (Page 14)

SUMMARY

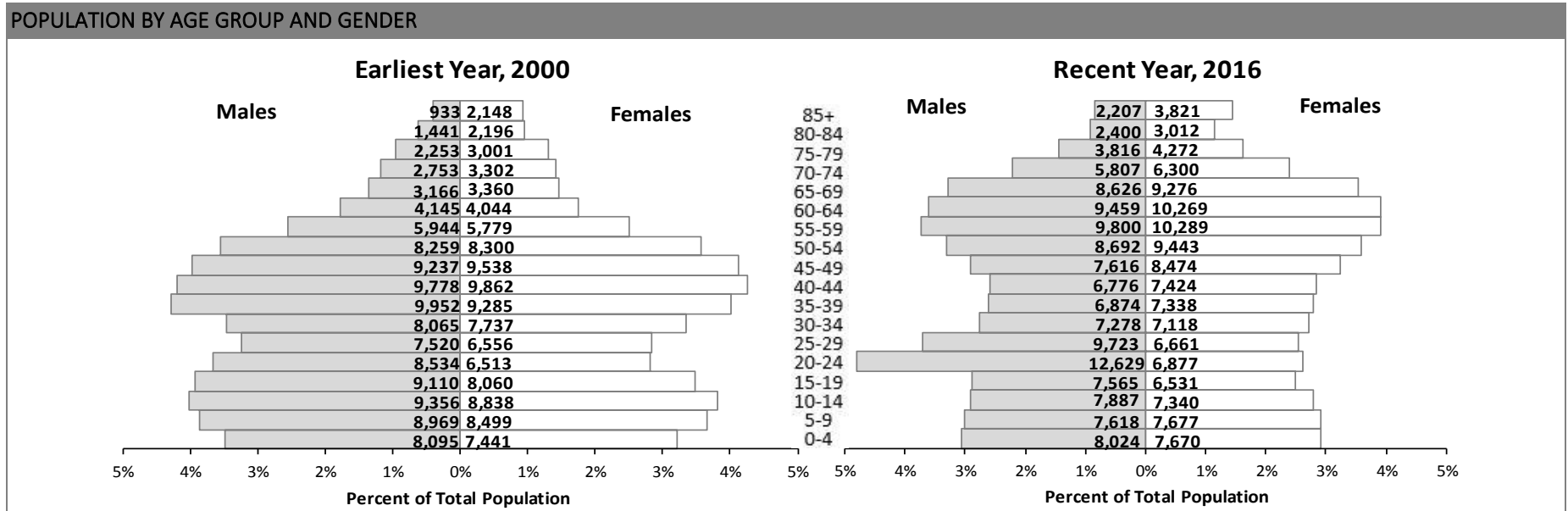
Findings from this report reveal that based on most recent data, disparities exist within the Kitsap population by age, gender, race and ethnicity, and sexual orientation. If the recent data are indicative of ongoing patterns, it is necessary to identify whether the differences are due to inequity. Additionally, for the purpose of prevention, it is important to investigate whether the disparities seen in children and adolescents will progress into the disparities seen in adults.

Awareness that differences exist lends the opportunity for Kitsap County to work strategically towards ensuring that community-wide efforts are equitable and that disparities among subgroup populations are eliminated. Addressing disparities will help make Kitsap a safer and healthier place for all to live, learn, work, and play.

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DEMOGRAPHIC PROFILE			
By Race and Ethnicity	Kitsap County		
	Earliest Year (2000)	Recent Year (2016)	Percent Change Since 2000
	# (% of total population)	# (% of total population)	% increase of population
		231,969	262,590
White, Non-Hispanic	191,937 (83%)	202,296 (78%)	5%
Black or African American, Non-Hispanic	6,581 (3%)	7,209 (3%)	10%
American Indian and Alaska Native, Non-Hispanic	3,534 (2%)	3,621 (1%)	2%
Asian, Non-Hispanic	10,200 (4%)	13,754 (5%)	35%
Native Hawaiian and Other Pacific Islander, Non-Hispanic	1,723 (1%)	2,521 (1%)	46%
Two or more races, Non-Hispanic	8,385 (4%)	14,482 (6%)	73%
Hispanic or Latino	9,609 (4%)	18,707 (7%)	95%



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HOW TO INTERPRET A RELATIVE RISK RATIO

Relative risk ratios (relative risk) are calculated for the statistically significant disparities that were identified in the indicators table. The relative risk is displayed by subgroup population and ordered from smallest to largest. Relative risk compares the percent/rate estimate of one subgroup population to another to assess a difference in the likelihood of an outcome.

To attain the relative risk for disparity, each subgroup population's adverse estimate was divided by their counterpart's estimate. A relative risk greater than 1 means the population has a higher risk of the indicator occurring. A relative risk less than 1 means the population has a lower risk of the indicator occurring. A relative risk equal to 1 means the population has the same risk of the indicator occurring (because of a 1:1 ratio).

For example:

Indicator = Reports of daily headaches

Population A = 15%

Population B = 37% *

Population B / Population A = 37/15 = 2.47

Population B is 2.47 times as likely to report experiencing daily headaches compared to population A. Therefore, population B has a higher relative risk for experiencing daily headaches.

* This is the adverse estimate, because of a higher percentage for an unfavorable outcome. Depending on what outcome you are examining, the unfavorable outcome could also be a lower percentage/rate and considered an adverse estimate.

NAS = The indicator is not age-stratified

Relative risk equal to 1 = same likelihood | Relative risk greater than 1 = higher likelihood | Relative risk less than 1 = lower likelihood

RELATIVE RISK RATIO OF STATISTICALLY SIGNIFICANT DISPARITIES BY SUBGROUP POPULATION

Subgroup Population A		
Indicator	Age	Subgroup population A percent/rate relative to subgroup population B percent/rate
Indicator	18-34	Subgroup population A was 3.03 times as likely as subgroup population B to experience the indicator.

The subgroup population.

Age category for the indicator.

The percent/rate estimate of subgroup population A divided by the percent/rate estimate of subgroup population B (i.e., relative risk ratio).

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Relative risk equal to 1 = same likelihood | Relative risk greater than 1 = higher likelihood | Relative risk less than 1 = lower likelihood

RELATIVE RISK RATIO OF STATISTICALLY SIGNIFICANT DISPARITIES BY SUBGROUP POPULATION

FEMALES

Indicator	Age	Female percent/rate relative to male percent/rate
Youth (grade 8) report having an adult to turn to for help when feeling sad or hopeless ⁶	5-17	Adolescents who identify as female were 0.82 times as likely as male adolescents to report having an adult to turn to for help when feeling sad or hopeless.
Youth (grade 8) report engaging in 1 or more hours of physical activity five or more days per week ⁶	5-17	Adolescents who identify as female were 0.82 times as likely as male adolescents to report engaging in 1+ hours of physical activity 5+ days per week.
Fall-related hospitalization (fatal and nonfatal) rate per 100,000 residents ³	65+	Adults who identify as female were 1.39 times as likely as male adults to experience fall-related hospitalization.
Alzheimer's death rate per 100,000 residents ³	65+	Adults who identify as female were 1.73 times as likely as male adults to experience Alzheimer's death.
Drug-related hospitalization (nonfatal) rate per 100,000 residents ³	18-34	Adults who identify as female were 1.74 times as likely as male adults to experience drug-related hospitalization.
Youth (grade 8) report seriously considering attempting suicide during the past 12 months ⁶	5-17	Adolescents who identify as female were 1.77 times as likely as male adolescents to report seriously considering attempting suicide during the past 12 months.
Adults report currently smoking ²	65+	Adults who identify as female were 1.93 times as likely as male adults to report currently smoking.
Opioid drug-related hospitalization (nonfatal) rate per 100,000 residents ³	18-34	Adults who identify as female were 2.23 as likely as male adults to experience opioid drug-related hospitalization.
Older adults (age 65 and older) living below 100% of poverty ¹	65+	Adults who identify as female were 2.91 times as likely as male adults to report living below 100% of poverty.
Diabetes-related hospitalization (fatal and nonfatal) rate per 100,000 residents ³	18-34	Adults who identify as female were 3.03 times as likely as male adults to experience diabetes-related hospitalization.

MALES

Indicator	Age	Male percent/rate relative to female percent/rate
Adults at a healthy weight (BMI=18.5-24.9) ²	35-64	Adults who identify as male were 0.74 times as likely as female adults to report being at a healthy weight.
Adults at a healthy weight (BMI=18.5-24.9) ²	65+	Adults who identify as male were 0.76 times as likely as female adults to report being at a healthy weight.
Civilian adults report having health insurance ¹	18-34	Adults who identify as male were 0.92 times as likely as female adults to report having health insurance.

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NAS = The indicator is not age-stratified

Relative risk equal to 1 = same likelihood | Relative risk greater than 1 = higher likelihood | Relative risk less than 1 = lower likelihood

RELATIVE RISK RATIO OF STATISTICALLY SIGNIFICANT DISPARITIES BY SUBGROUP POPULATION (continued)

MALES (continued)

Indicator	Age	Male percent/rate relative to female percent/rate
High school graduation rate (5-year cohort) ⁷	5-17	Adolescents who identify as male were 0.93 as likely as female adolescents to graduate high school.
Death rate per 100,000 residents ⁴	65+	Adults who identify as male were 1.10 times as likely as female adults to experience death.
Diabetes-related hospitalization (fatal and nonfatal) rate per 100,000 residents ³	65+	Adults who identify as male were 1.12 times as likely as female adults to experience diabetes-related hospitalization.
Youth (grades 8, 10, 12) report parent(s) do not set clear rules or are not engaged in details of daily life ⁶	5-17	Adolescents who identify as male were 1.20 times as likely as female adolescents to report their parent(s) do not set clear rules or are not engaged in details of daily life.
Diabetes-related hospitalization (fatal and nonfatal) rate per 100,000 residents ³	35-64	Adults who identify as male were 1.24 times as likely as female adults to experience diabetes-related hospitalization.
Heart disease hospitalization (fatal and nonfatal) rate per 100,000 residents ³	65+	Adults who identify as male were 1.24 times as likely as female adults to experience heart disease hospitalization.
Death rate per 100,000 residents ⁴	35-64	Adults who identify as male were 1.40 times as likely as female adults to experience death.
Adults ever told by a health care provider that they have cardiovascular disease ²	65+	Adults who identify as male were 1.45 times as likely as female adults to report ever being told by a health care provider that they have cardiovascular disease.
Heart disease hospitalization (fatal and nonfatal) rate per 100,000 residents ³	35-64	Adults who identify as male were 1.78 times as likely as female adults to experience heart disease hospitalization.

PEOPLE OF COLOR

Indicator	Age	People of Color percent/rate relative to White percent/rate
Adults report activities not limited by poor physical or mental health during the past 30 days ²	18-34	Adults who identify as People of Color were 0.58 times as likely as White adults to report activities not limited by poor physical or mental health during the past 30 days.
Adults report that they and people in their community do favors for each other often or very often ²	35-64	Adults who identify as People of Color were 0.71 times as likely as White adults to report that people in their community do favors for each other often or very often.
Youth (grade 8) report drinking no sugary beverages in the past 7 days at school ⁶	5-17	Adolescents who identify as People of Color were 0.84 times as likely as White adolescents to report drinking no sugary beverages in the past 7 days at school.
Civilian pregnant women with more than a high school education ⁵	18-34	Pregnant women who identify as People of Color were 0.84 times as likely as White pregnant women to report having more than a high school education.

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NAS = The indicator is not age-stratified

Relative risk equal to 1 = same likelihood | Relative risk greater than 1 = higher likelihood | Relative risk less than 1 = lower likelihood

RELATIVE RISK RATIO OF STATISTICALLY SIGNIFICANT DISPARITIES BY SUBGROUP POPULATION (continued)

PEOPLE OF COLOR (continued)

Indicator	Age	People of Color percent/rate relative to White percent/rate
Youth (grade 8) report engaging in 1 or more hours of physical activity five or more days per week ⁶	5-17	Adolescents who identify as People of Color were 0.85 times as likely as White adolescents to report engaging in 1+ hours of physical activity 5+ days per week.
Youth (grade 8) at a healthy weight (below 85th percentile for BMI) ⁶	5-17	Adolescents who identify as People of Color were 0.86 times as likely as White adolescents to report being at a healthy weight.
Adults (age 25 and older) with more than a high school education ¹	NAS	Residents who identify as People of Color were 0.87 times as likely as White residents to report having more than a high school education.
Youth (grades 8, 10, 12) report opportunities for positive participation in the family setting ⁶	5-17	Adolescents who identify as People of Color were 0.90 times as likely as White adolescents to report opportunities for positive participation in the family setting.
Civilian women start prenatal care in the first trimester ⁵	18-34	Pregnant women who identify as People of Color were 0.90 times as likely as White pregnant women to report starting prenatal care in the first trimester.
Youth (grade 8) report having an adult to turn to for help when feeling sad or hopeless ⁶	5-17	Adolescents who identify as People of Color were 0.91 times as likely as White adolescents to report having an adult to turn to for help when feeling sad or hopeless.
Youth (grade 8) report having a dental checkup, exam or cleaning in the past 12 months ⁶	5-17	Adolescents who identify as People of Color were 0.91 times as likely as White adolescents to report having a dental checkup, exam or cleaning in the past 12 months.
Youth (grade 10) report using alcohol in the past 30 days ⁶	5-17	Adolescents who identify as People of Color were 1.25 times as likely as White adolescents to report using alcohol in the past 30 days.
Youth (grades 8, 10, 12) report ever being physically hurt on purpose by an adult ⁶	5-17	Adolescents who identify as People of Color were 1.34 times as likely as White adolescents to report ever being physically hurt on purpose by an adult.
Civilian women report smoking during pregnancy ⁵	18-34	Pregnant women who identify as People of Color were 1.37 times as likely as White pregnant women to report smoking during pregnancy.
Babies born at low birth weight (less than 2500 grams) ⁴	0-4	Women giving birth who identify as People of Color were 1.44 times as likely as White women giving birth to experience babies being born at low birth weight.
Infant mortality rate per 1,000 live births ⁴	0-4	Women giving birth who identify as People of Color were 2.90 times as likely as White women giving birth to experience infant mortality.
Civilian pregnant women with more than a high school education ⁵	18-34	Pregnant women who identify as Hispanic or Latino were 0.52 times as likely as White pregnant women to report having more than a high school education.
Youth (grade 8) report engaging in 1 or more hours of physical activity five or more days per week ⁶	5-17	Adolescents who identify as Hispanic or Latino were 0.69 times as likely as White adolescents to report engaging in 1+ hours of physical activity 5+ days per week.

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NAS = The indicator is not age-stratified

Relative risk equal to 1 = same likelihood | Relative risk greater than 1 = higher likelihood | Relative risk less than 1 = lower likelihood

RELATIVE RISK RATIO OF STATISTICALLY SIGNIFICANT DISPARITIES BY SUBGROUP POPULATION (continued)

HISPANIC OR LATINO

Indicator	Age	Hispanic or Latino percent/rate relative to White percent/rate
Civilian women start prenatal care in the first trimester ⁵	18-34	Pregnant women who identify as Hispanic or Latino were 0.80 times as likely as White pregnant women to report starting prenatal care in the first trimester.
High school graduation rate (5-year cohort) ⁷	5-17	Adolescents who identify as Hispanic or Latino were 0.95 times as likely as White adolescents to graduate high school.

WHITE

Indicator	Age	White percent/rate relative to People of Color percent/rate
Adults at a healthy weight (BMI=18.5-24.9) ²	35-64	Adults who identify as White were 0.70 times as likely as adults who identify as People of Color to report being at a healthy weight.
Youth (grade 8) who walk or bike to school at least one day per week ⁶	5-17	Adolescents who identify as White were 0.80 times as likely as adolescents who identify as People of Color to report walking or biking to school at least one day per week.

LGBTQ

Indicator	Age	LGBTQ percent/rate relative to Straight percent/rate
Youth (grade 8) report having an adult to turn to for help when feeling sad or hopeless ⁶	5-17	Adolescents who identify as LGBTQ were 0.55 times as likely as straight adolescents to report having an adult to turn to for help when feeling sad or hopeless.
Youth (grade 8) report engaging in 1 or more hours of physical activity five or more days per week ⁶	5-17	Adolescents who identify as LGBTQ were 0.74 times as likely as straight adolescents to report engaging in 1+ hours of physical activity 5+ days per week.
Youth (grades 8, 10, 12) report opportunities for positive participation in the family setting ⁶	5-17	Adolescents who identify as LGBTQ were 0.80 times as likely as straight adolescents to report opportunities for positive participation in the family setting.
Youth (grades 8, 10, 12) report parent(s) do not set clear rules or are not engaged in details of daily life ⁶	5-17	Adolescents who identify as LGBTQ were 1.20 times as likely as straight adolescents to report their parent(s) do not set clear rules or are not engaged in details of daily life.
Youth (grade 10) report using alcohol in the past 30 days ⁶	5-17	Adolescents who identify as LGBTQ were 1.55 times as likely as straight adolescents to report using alcohol in the past 30 days.
Youth (grade 10) report using marijuana in the past 30 days ⁶	5-17	Adolescents who identify as LGBTQ were 1.66 times as likely as straight adolescents to report using marijuana in the past 30 days.
Youth (grades 8, 10, 12) report ever being physically hurt on purpose by an adult ⁶	5-17	Adolescents who identify as LGBTQ were 1.94 times as likely as straight adolescents to report ever being physically hurt on purpose by an adult.
Youth (grade 8) report seriously considering attempting suicide during the past 12 months ⁶	5-17	Adolescents who identify as LGBTQ were 2.42 times as likely as straight adolescents to report seriously considering attempting suicide during the past 12 months.

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NAS = The indicator is not age-stratified

Relative risk equal to 1 = same likelihood | Relative risk greater than 1 = higher likelihood | Relative risk less than 1 = lower likelihood

RELATIVE RISK RATIO OF STATISTICALLY SIGNIFICANT DISPARITIES BY SUBGROUP POPULATION (continued)

LGBTQ (continued)

Indicator	Age	LGBTQ percent/rate relative to Straight percent/rate
Youth (grade 10) report smoking in the past 30 days ⁶	5-17	Adolescents who identify as LGBTQ were 2.46 times as likely as straight adolescents to report smoking in the past 30 days.

STRAIGHT

Indicator	Age	Straight percent/rate relative to LGBTQ percent/rate
Youth (grade 8) who walk or bike to school at least one day per week ⁶	5-17	Adolescents who identify as straight were 0.69 times as likely as LGBTQ adolescents to report walking or biking to school at least one day per week.

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HOW TO READ AN INDICATOR

The indicator table provides estimated percentages and rates for Kitsap County and subgroup populations. The indicators are listed in rows and their category, year, and subgroup population estimates are listed in columns. Also, the indicators are ordered by category. Each indicator has a numeric superscript to reference the source of the data. The data sources are on page 36. Lettered superscripts which can be found on indicators or estimated percentages/rates, are to reference footnotes. Footnotes are at the bottom of the page. Estimates with red font indicate that there is a statistically significant difference (i.e., disparity) between the subgroup population compared to the subgroup reference population.

The indicators are reported for five age group categories: Infancy to early childhood (age 0-4), childhood to adolescence (age 5-17), early adulthood (age 18-34), middle adulthood (age 35-64), and late adulthood (age 65+).

Indicator estimates are listed for three demographic subcategories: gender, race and ethnicity, and sexual orientation.

The demographic subcategories contain seven subgroup populations: male and female; Non-Hispanic White, Non-Hispanic People of Color, and Hispanic or Latino; straight and LGBTQ. For statistical comparisons, male, White, and straight were used as the reference population for their corresponding demographic subcategories (i.e., female is compared to male, People of Color is compared to White, Hispanic or Latino is compared to White, and LGBTQ is compared to straight).

Indicator	Indicator Category	Year	Kitsap County	Gender		Race/Ethnicity			Orientation	
			Percent/Rate	Male	Female	White	People of Color	Hispanic/Latino	Straight	LGBTQ
CHILDHOOD - ADOLESCENCE (AGE 5-17)										
Indicator	Health behavior	2016	58%	64%	53%	63%	54%	44%	66%	49%

Red font = statistically significant disparity -- = number was too small to report a percent/rate N/A = data was not available

Reference subgroup population.

Age group category.

Overall percent/rate for Kitsap County.

Percent/rate of Kitsap County residents disaggregated by gender, race/ethnicity, and sexual orientation subgroup populations.

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Red font = statistically significant disparity -- = number was too small to report a percent/rate N/A = data was not available										
Indicator	Indicator	Year	Kitsap County	Gender		Race/Ethnicity			Orientation	
	Category		Percent/Rate	Male	Female	White	People of Color	Hispanic/Latino	Straight	LGBTQ
INFANCY - EARLY CHILDHOOD (AGE 0-4)										
Infant mortality rate per 1,000 live births ⁴	Health outcome	2014-15	5	475	582	4 ^{RSE}	10 ^{RSE}	--	N/A	N/A
Babies born at low birth weight (less than 2500 grams) ⁴	Health outcome	2016	6%	6%	7%	6%	9%	4% ^{RSE}	N/A	N/A
Children age 3-4 enrolled in early education programs ¹	Socioeconomic	2016	50%	58%	44%	N/A	N/A	N/A	N/A	N/A
CHILDHOOD - ADOLESCENCE (AGE 5-17)										
Youth (grade 6) report being bullied in the last month ⁶	Social	2016	26%	26%	26%	27%	26%	26%	N/A	N/A
Youth (grade 8) report having an adult to turn to for help when feeling sad or hopeless ⁶	Social	2016	65%	73%	60%	68%	62%	66%	72%	40%
Youth (grades 8, 10, 12) report ever being physically hurt on purpose by an adult ⁶	Social	2016	22%	21%	23%	20%	26%	26%	19%	37%
Youth (grades 8, 10, 12) report parent(s) do not set clear rules or are not engaged in details of daily life ^{b,6}	Social	2016	31%	34%	28%	30%	33%	29%	29%	35%
Youth (grades 8, 10, 12) report opportunities for positive participation in the family setting ^{c,6}	Social	2016	61%	63%	60%	64%	58%	56%	63%	51%
High school graduation rate (5-year cohort) ⁷	Socioeconomic	2015-16	87%	84%	90%	88%	87%	83%	N/A	N/A
Youth (ages 5-17) living below 100% of poverty ^{d,1}	Socioeconomic	2016	11%	11%	11%	10%	--	--	N/A	N/A
Youth (grade 8) report eating 5 or more fruits/ vegetables daily ⁶	Health behavior	2016	22%	24%	21%	21%	25%	21% ^{RSE}	25%	20%
Youth (grade 8) report drinking no sugary beverages in the past 7 days at school ⁶	Health behavior	2016	66%	64%	66%	69%	59%	72%	65%	68%
Youth (grade 8) report engaging in 1 or more hours of physical activity five or more days per week ⁶	Health behavior	2016	58%	64%	53%	63%	54%	44%	66%	49%
Youth (grade 8) report 2 hours or less of screen time for fun on school days ^{e,6}	Health behavior	2016	77%	77%	76%	77%	76%	85%	77%	75%

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

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

d. A family of four earning \$24,563 or less in 2016 was living in poverty.

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

RSE The estimate is imprecise because of a large relative standard error (≥25%). This is due to the indicator occurring a small number of times for the subgroup population within the given year(s).

KITSAP COUNTY HEALTH DISPARITY REPORT

2017

Red font = statistically significant disparity -- = number was too small to report a percent/rate N/A = data was not available										
Indicator	Indicator	Year	Kitsap County	Gender		Race/Ethnicity			Orientation	
	Category		Percent/Rate	Male	Female	White	People of Color	Hispanic/Latino	Straight	LGBTQ
CHILDHOOD - ADOLESCENCE (AGE 5-17) CONTINUED										
Youth (grade 8) who walk or bike to school at least one day per week ⁶	Health behavior	2016	31%	32%	30%	29% ^f	36%	28%	28%	41%
Youth (grade 10) report smoking in the past 30 days ⁶	Health behavior	2016	6%	6%	6%	7%	5%	--	4%	10%
Youth (grade 10) report using electronic cigarettes in the past 30 days ⁶	Health behavior	2016	10%	12%	8%	9%	11%	--	8%	13%
Youth (grade 10) report using alcohol in the past 30 days ⁶	Health behavior	2016	17%	16%	19%	16%	20%	13% ^{RSE}	15%	23%
Youth (grade 10) report using marijuana in the past 30 days ⁶	Health behavior	2016	15%	14%	16%	15%	15%	19%	13%	21%
Youth (grade 8) report having had a dental checkup, exam or cleaning in the past 12 months ⁶	Access	2016	87%	88%	87%	90%	82%	83% ^{RSE}	90%	86%
Youth (grade 8) at a healthy weight (below 85th percentile for BMI) ⁶	Health outcome	2016	70%	70%	71%	75%	64%	62%	70%	70%
Youth (grade 8) report seriously considering attempting suicide during the past 12 months ⁶	Health outcome	2016	20%	14%	25%	19%	20%	22%	16%	39%
EARLY ADULTHOOD (AGE 18-34)										
Adults report that they and people in their community do favors for each other often or very often ²	Social	2011-16	45%	41%	48%	44%	47%	--	52%	--
Civilian pregnant women with more than a high school education ⁵	Socioeconomic	2016	67%	N/A	N/A	70%	59%	37%	N/A	N/A
Adults report currently smoking ²	Health behavior	2011-16	23%	20%	26%	23%	17%	29%	--	--
Civilian women report smoking during pregnancy ⁵	Health behavior	2016	15%	N/A	N/A	14%	19%	--	N/A	N/A
Civilian adults report having health insurance ¹	Access	2016	87%	83%	91%	90%	83% ^{RSE}	80% ^{RSE}	N/A	N/A
Civilian women start prenatal care in the first trimester ⁵	Access	2016	80%	N/A	N/A	82%	74%	65%	N/A	N/A
Adults report mental distress (14 or more days of poor mental health during the past 30 days) ²	Health outcome	2011-16	15%	11%	19%	17%	--	--	--	--
Adults report activities not limited by poor physical or mental health during the past 30 days ²	Health outcome	2011-16	60%	69%	55%	64%	37%	--	--	--

f. Kitsap adolescents who identify as White reported less that they walk or bike to school at least one day per week compared to adolescents who identify as People of Color.

RSE The estimate is imprecise because of a large relative standard error (≥25%). This is due to the indicator occurring a small number of times for the subgroup population within the given year(s).

KITSAP COUNTY HEALTH DISPARITY REPORT

2017

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Indicator	Indicator	Year	Kitsap County	Gender		Race/Ethnicity			Orientation	
	Category		Percent/Rate	Male	Female	White	People of Color	Hispanic/Latino	Straight	LGBTQ
EARLY ADULthood (AGE 18-34) CONTINUED										
Adults at a healthy weight (BMI=18.5-24.9) ²	Health outcome	2011-16	43%	41%	46%	48%	32%	--	39%	--
Births to women diagnosed with gestational diabetes during pregnancy ⁵	Health outcome	2016	7%	N/A	N/A	6%	9%	--	N/A	N/A
Adults ever told by a health care provider that they have high blood pressure ²	Health outcome	2011-15	14%	17%	11%	15%	--	--	--	--
Suicide-related hospitalization (nonfatal) rate per 100,000 residents ³	Health outcome	2015	68	52	89	N/A	N/A	N/A	N/A	N/A
Drug-related hospitalization (nonfatal) rate per 100,000 residents ³	Health outcome	2015	712	542	946	N/A	N/A	N/A	N/A	N/A
Opioid drug-related hospitalization (nonfatal) rate per 100,000 residents ³	Health outcome	2015	384	253	564	N/A	N/A	N/A	N/A	N/A
Diabetes-related hospitalization (fatal and nonfatal) rate per 100,000 residents ³	Health outcome	2015	252	136	411	N/A	N/A	N/A	N/A	N/A
Heart disease hospitalization (fatal and nonfatal) rate per 100,000 residents ³	Health outcome	2015	41	31 ^{RSE}	55 ^{RSE}	N/A	N/A	N/A	N/A	N/A
Fall-related hospitalization (fatal and nonfatal) rate per 100,000 residents ³	Health outcome	2015	45	43 ^{RSE}	47 ^{RSE}	N/A	N/A	N/A	N/A	N/A
Death rate per 100,000 residents ⁴	Health outcome	2016	84	92	74	87	95 ^{RSE}	--	N/A	N/A
MIDDLE ADULthood (AGE 35-64)										
Adults report that they and people in their community do favors for each other often or very often ²	Social	2011-16	54%	53%	55%	56%	40%	--	49%	--
Civilian pregnant women with more than a high school education ⁵	Socioeconomic	2016	82%	N/A	N/A	86%	77%	--	N/A	N/A
Adults report currently smoking ²	Health behavior	2011-16	17%	19%	15%	18%	17%	--	14%	--
Adults report engaging in 1 or more hours of physical activity on average each day per week ²	Health behavior	2015	39%	46%	33%	37%	--	--	38%	--
Civilian adults report having health insurance ¹	Access	2016	93%	94%	93%	94%	95% ^{RSE}	89% ^{RSE}	N/A	N/A
Civilian women start prenatal care in the first trimester (age 35-47) ⁵	Access	2016	84%	N/A	N/A	85%	80% ^{RSE}	--	N/A	N/A

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KITSAP COUNTY HEALTH DISPARITY REPORT

2017

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Indicator	Indicator	Year	Kitsap County	Gender		Race/Ethnicity			Orientation	
	Category		Percent/Rate	Male	Female	White	People of Color	Hispanic/Latino	Straight	LGBTQ
MIDDLE ADULTHOOD (AGE 35-64) CONTINUED										
Adults report their general health is excellent, very good, or good during the past 30 days ²	Health outcome	2016	90%	92%	87%	91%	--	--	89%	--
Adults report mental distress (14 or more days of poor mental health during the past 30 days) ²	Health outcome	2011-16	12%	11%	13%	12%	11%	--	9%	--
Adults report activities not limited by poor physical or mental health during the past 30 days ²	Health outcome	2011-16	50%	52%	49%	51%	45%	55%	50%	--
Adults at a healthy weight (BMI=18.5-24.9) ²	Health outcome	2011-16	35%	30%	40%	33% ^g	47%	40%	36%	--
Adults ever told by a health care provider that they have high blood pressure ²	Health outcome	2011-15	33%	38%	29%	33%	36%	--	33%	--
Adults ever told by a health care provider that they have cardiovascular disease ²	Health outcome	2011-16	6%	7%	5%	6%	8%	--	9%	--
Suicide-related hospitalization (nonfatal) rate per 100,000 residents ³	Health outcome	2015	48	39	57	N/A	N/A	N/A	N/A	N/A
Drug-related hospitalization (nonfatal) rate per 100,000 residents ³	Health outcome	2015	444	467	423	N/A	N/A	N/A	N/A	N/A
Opioid drug-related hospitalization (nonfatal) rate per 100,000 residents ³	Health outcome	2015	182	158	205	N/A	N/A	N/A	N/A	N/A
Diabetes-related hospitalization (fatal and nonfatal) rate per 100,000 residents ³	Health outcome	2015	1317	1464	1179	N/A	N/A	N/A	N/A	N/A
Heart disease hospitalization (fatal and nonfatal) rate per 100,000 residents ³	Health outcome	2015	587	759	427	N/A	N/A	N/A	N/A	N/A
Fall-related hospitalization (fatal and nonfatal) rate per 100,000 residents ³	Health outcome	2015	192	213	173	N/A	N/A	N/A	N/A	N/A
Drug-related death rate per 100,000 residents ⁴	Health outcome	2016	27	30	24 ^{RSE}	32 ^{RSE}	--	--	N/A	N/A
Death rate per 100,000 residents ⁴	Health outcome	2016	444	522	372	440	404	342 ^{RSE}	N/A	N/A

g. Kitsap residents who identify as White (age 35-64) reported less being at a healthy weight (BMI=18.5-24.9) compared to residents who identify as People of Color.

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KITSAP COUNTY HEALTH DISPARITY REPORT

2017

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Indicator	Indicator	Year	Kitsap County	Gender		Race/Ethnicity			Orientation	
	Category		Percent/Rate	Male	Female	White	People of Color	Hispanic/Latino	Straight	LGBTQ
LATE ADULTHOOD (AGE 65+)										
Adults report that they and people in their community do favors for each other often or very often ²	Social	2011-16	60%	58%	61%	59%	--	--	53%	N/A
Older adults (age 65 and older) living below 100% of poverty ¹	Socioeconomic	2016	5%	3%	8%	5%	--	--	N/A	N/A
Adults report currently smoking ²	Health behavior	2011-16	6%	4%	8%	6%	--	--	--	--
Adults report engaging in 1 or more hours of physical activity on average each day per week ²	Health behavior	2015	52%	57%	48%	57%	--	--	56%	--
Civilian adults report having health insurance ¹	Access	2016	99.5%	100%*	99%	100%*	95%	100%*	N/A	N/A
Adults report their general health is excellent, very good, or good during the past 30 days ²	Health outcome	2016	77%	77%	77%	78%	--	--	78%	--
Adults report mental distress (14 or more days of poor mental health during the past 30 days) ²	Health outcome	2011-16	7%	6%	8%	7%	--	N/A	8% ^{RSE}	N/A
Adults report activities not limited by poor physical or mental health during the past 30 days ²	Health outcome	2011-16	56%	61%	52%	56%	61%	--	56%	N/A
Adults at a healthy weight (BMI=18.5-24.9) ²	Health outcome	2011-16	35%	30%	40%	35%	33%	--	36%	--
Adults ever told by a health care provider that they have diabetes ²	Health outcome	2016	23%	27%	18%	22%	--	--	23%	--
Adults ever told by a health care provider that they have high blood pressure ²	Health outcome	2011-15	64%	67%	60%	62%	--	--	60%	--
Adults ever told by a health care provider that they have cardiovascular disease ²	Health outcome	2011-16	22%	26%	18%	22%	21%	--	24%	--
Drug-related hospitalization (nonfatal) rate per 100,000 residents ³	Health outcome	2015	241	237	244	N/A	N/A	N/A	N/A	N/A
Opioid drug-related hospitalization (nonfatal) rate per 100,000 residents ³	Health outcome	2015	99	76 ^{RSE}	118	N/A	N/A	N/A	N/A	N/A
Diabetes-related hospitalization (fatal and nonfatal) rate per 100,000 residents ³	Health outcome	2015	3902	4142	3696	N/A	N/A	N/A	N/A	N/A
Heart disease hospitalization (fatal and nonfatal) rate per 100,000 residents ³	Health outcome	2015	2719	3032	2451	N/A	N/A	N/A	N/A	N/A
Fall-related hospitalization (fatal and nonfatal) rate per 100,000 residents ³	Health outcome	2015	1255	1039	1441	N/A	N/A	N/A	N/A	N/A

* 100% of those surveyed.

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KITSAP COUNTY HEALTH DISPARITY REPORT

2017

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Indicator	Indicator	Year	Kitsap County	Gender		Race/Ethnicity			Orientation	
	Category		Percent/Rate	Male	Female	White	People of Color	Hispanic/Latino	Straight	LGBTQ
LATE ADULTHOOD (AGE 65+) CONTINUED										
Alzheimer's death rate per 100,000 residents ⁴	Health outcome	2016	281	201	349	300	--	--	N/A	N/A
NOT AGE-STRATIFIED										
Residents living below 100% of poverty ^{d,1}	Socioeconomic	2016	10%	9%	11%	9%	10%	15%	N/A	N/A
Adults (age 25 and older) with more than a high school education ¹	Socioeconomic	2016	71%	69%	72%	72%	63%	69%	N/A	N/A
Civilian adults (age 25 and older) currently employed ¹	Socioeconomic	2016	96%	96%	97% ^{RSE}	96%	--	--	N/A	N/A

d. A family of four earning \$24,563 or less in 2016 was living in poverty.

RSE The estimate is imprecise because of a large relative standard error (≥25%). This is due to the indicator occurring a small number of times for the subgroup population within the given year(s).

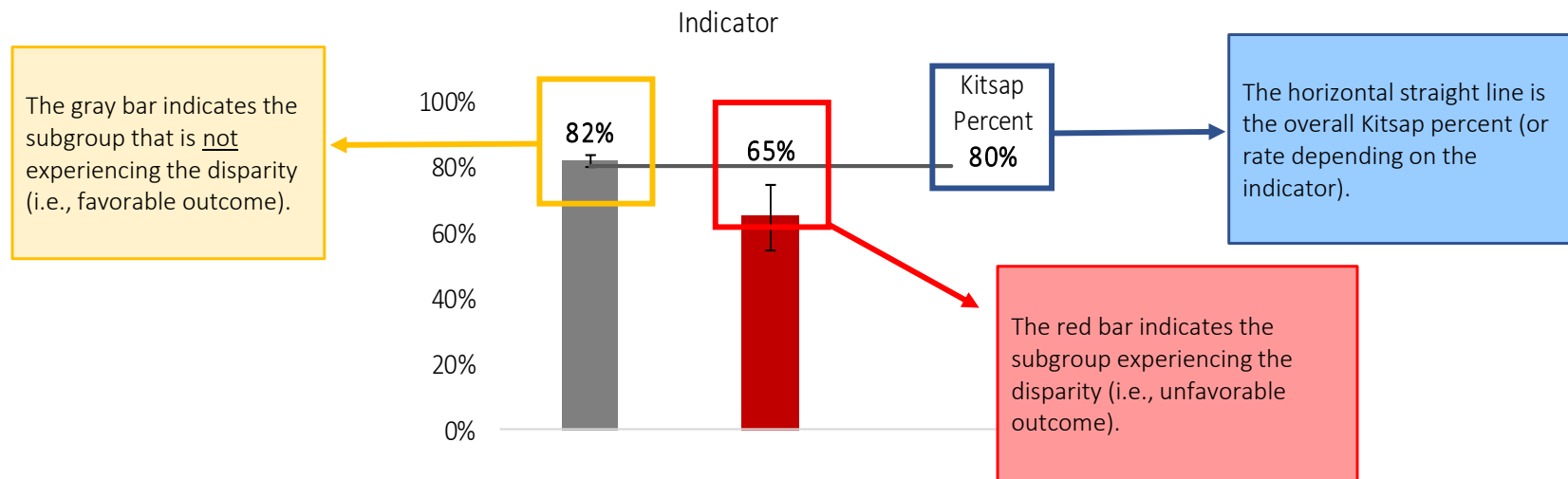
KITSAP COUNTY HEALTH DISPARITY REPORT

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HOW TO READ A GRAPH

The graphs are of the statistically significant disparities that were identified in the indicators table. The graphs are displayed by subgroup population and in the same order as in the indicators table.

Each graph has two bars, one bar is the estimate for the reference population (left bar), and the other is the counterpart (right bar). The red bar indicates the subgroup that has the unfavorable disparity. Error markers are on the top of each bar to display the 95% confidence interval for the estimate. The horizontal straight line across the chart is the estimate for Kitsap County as a whole.

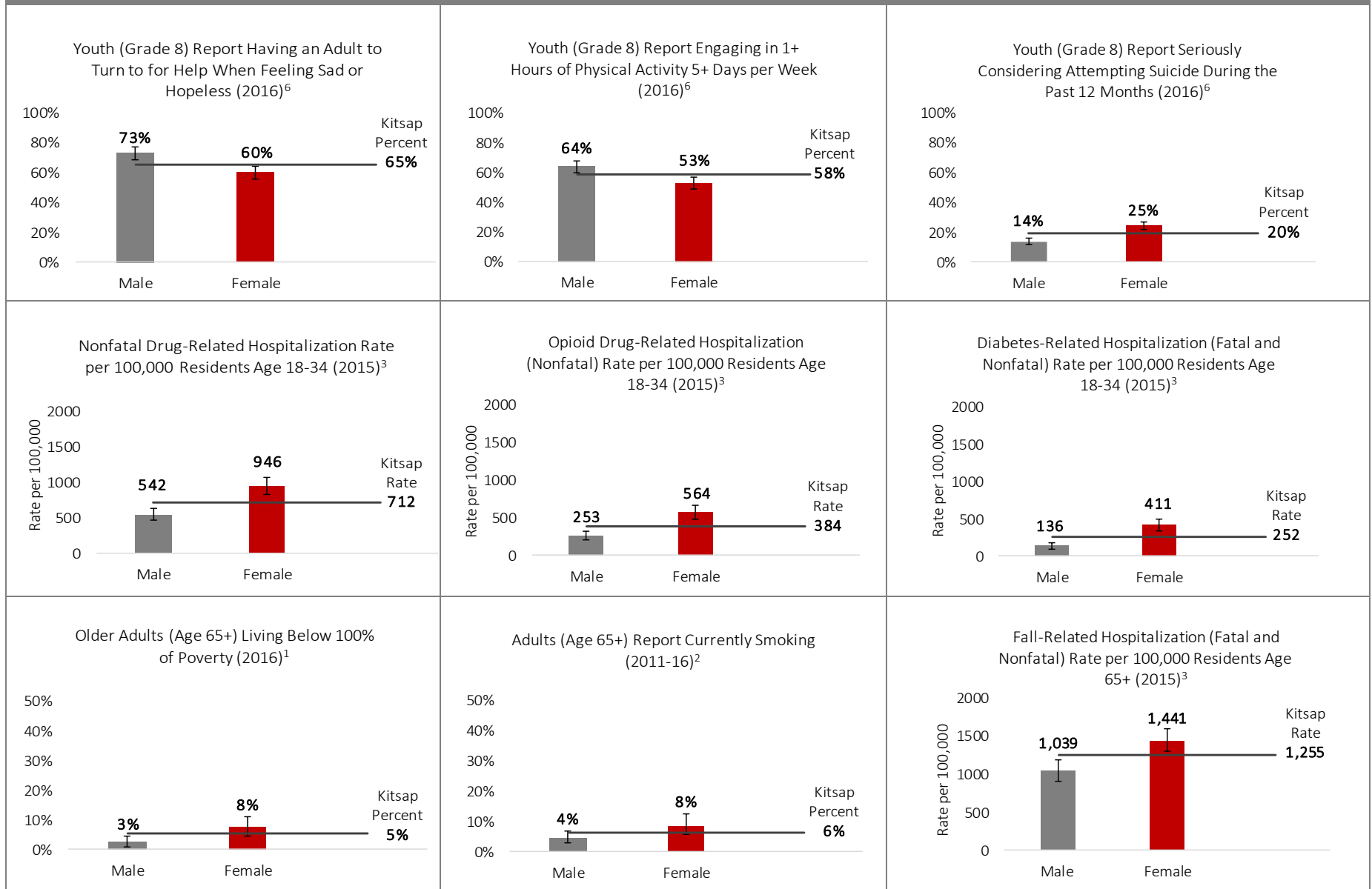


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GRAPHS OF STATISTICALLY SIGNIFICANT DISPARITIES BY SUBGROUP POPULATIONS

FEMALE



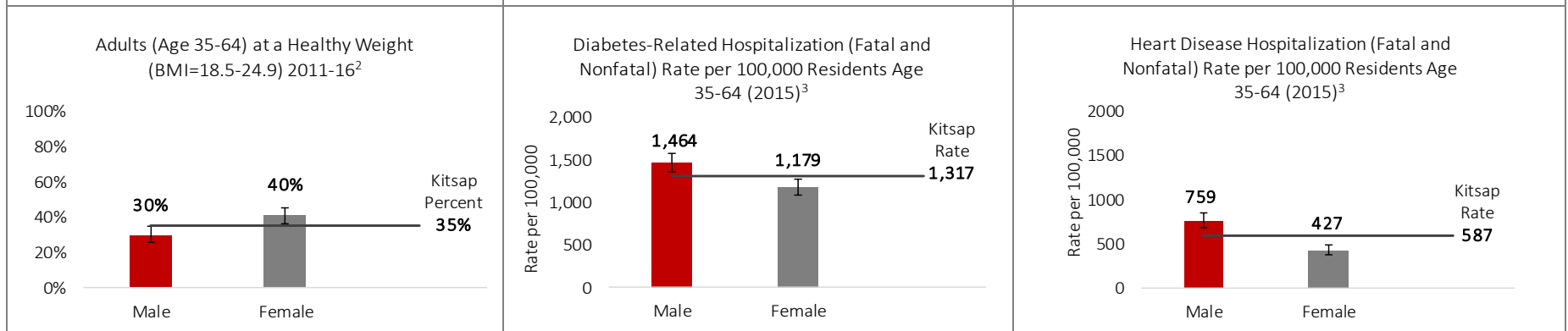
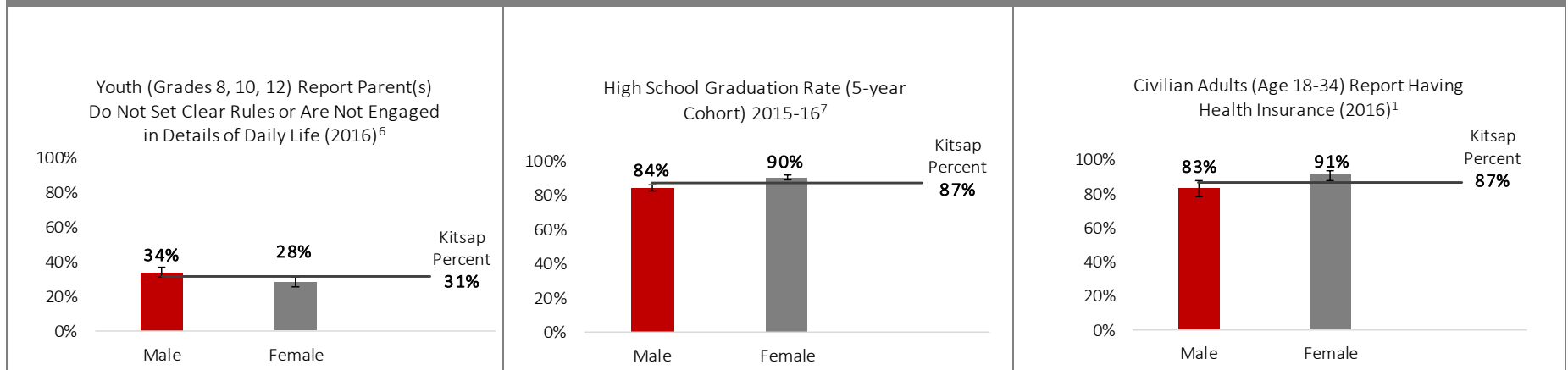
KITSAP COUNTY HEALTH DISPARITY REPORT

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FEMALE (continued)



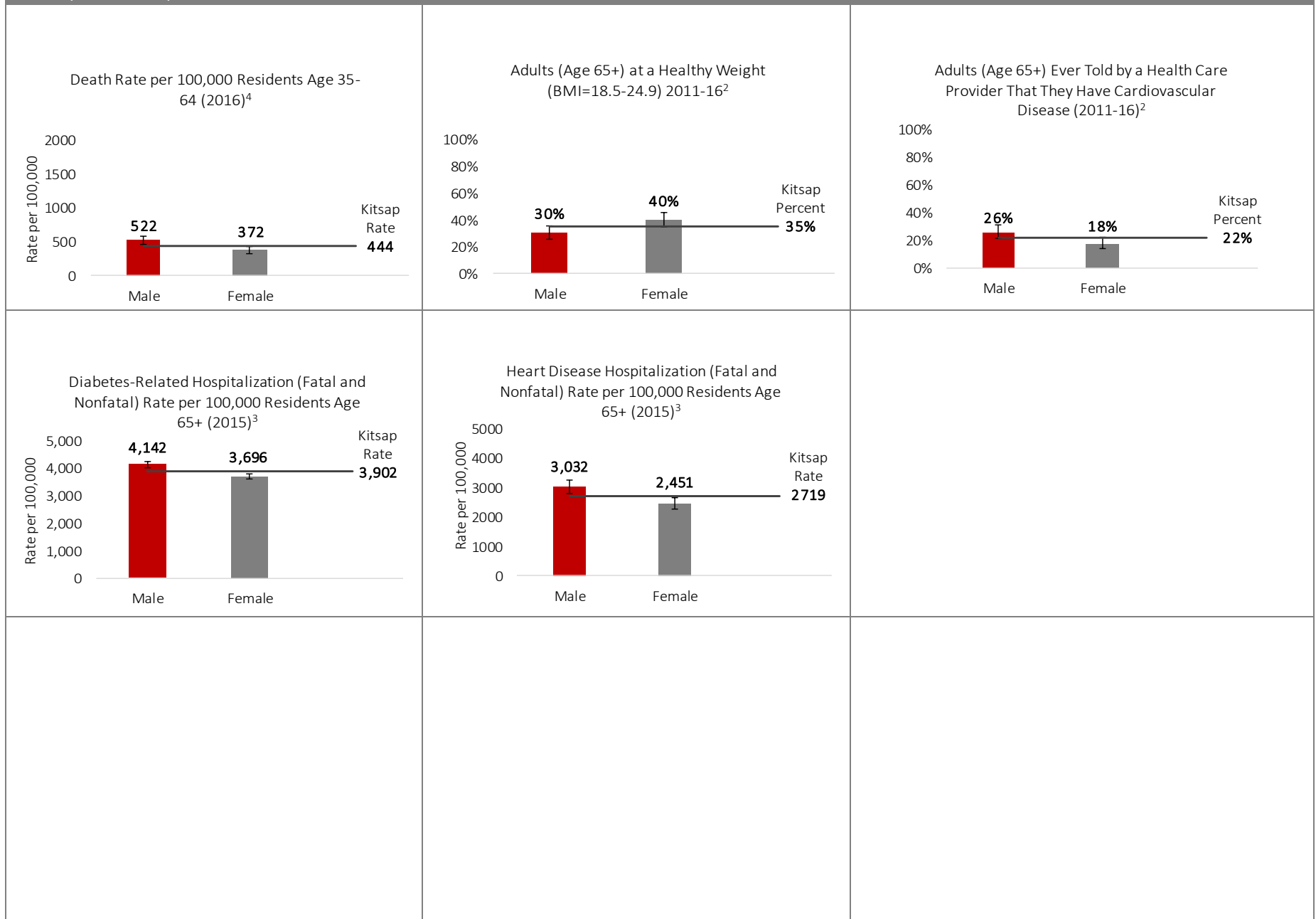
MALE



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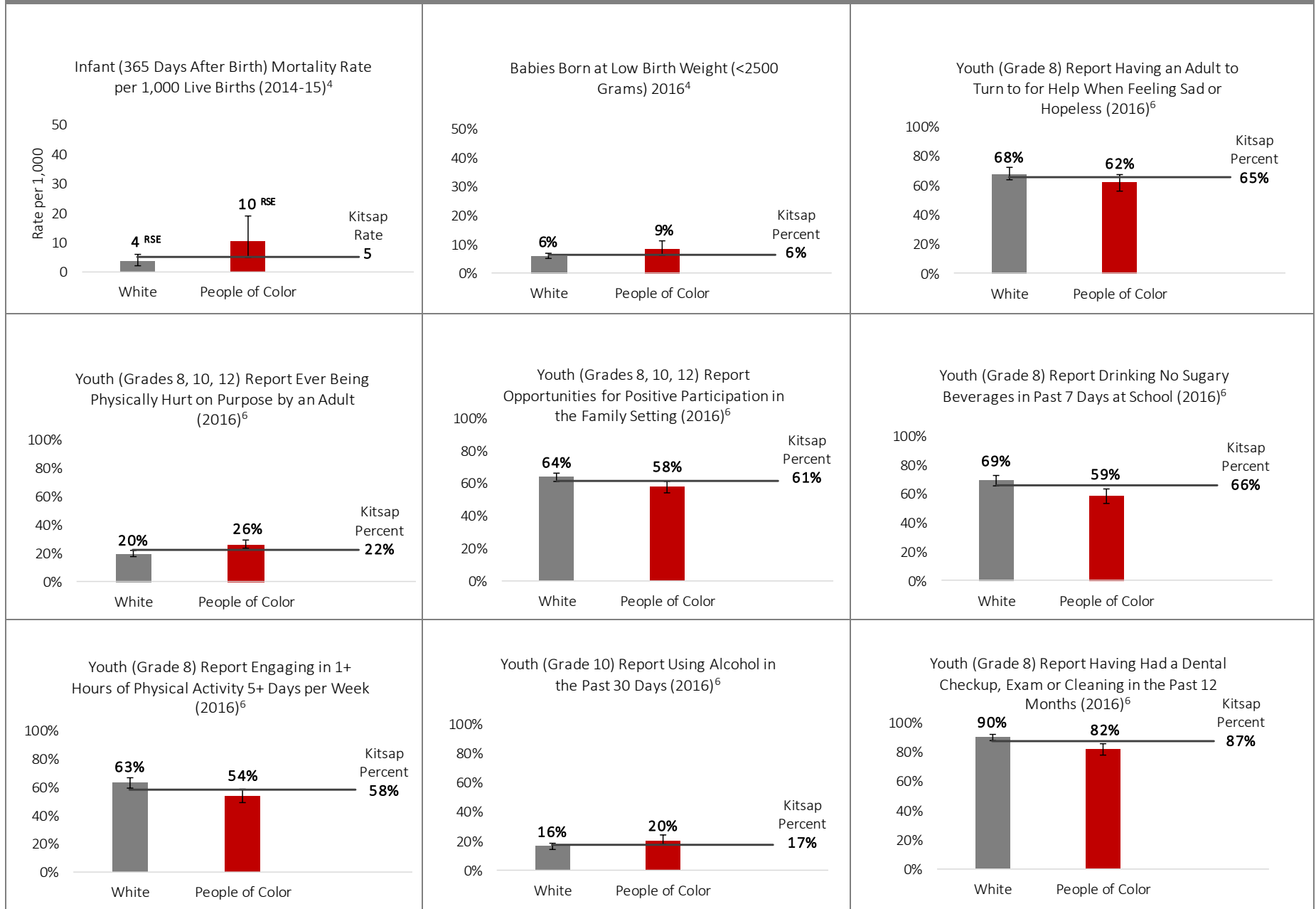
MALE (continued)



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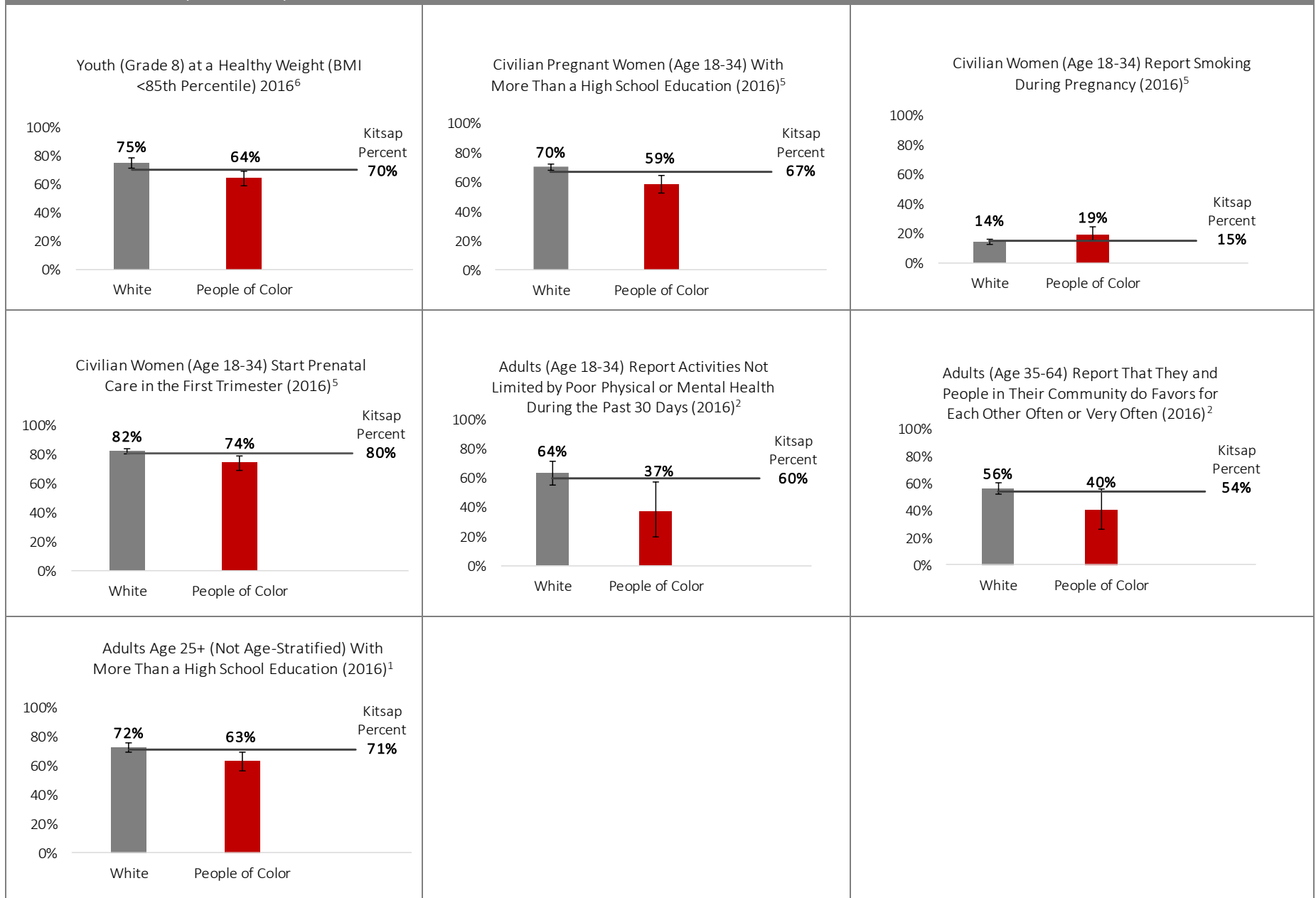
PEOPLE OF COLOR



KITSAP COUNTY HEALTH DISPARITY REPORT

2017

PEOPLE OF COLOR (continued)



KITSAP COUNTY HEALTH DISPARITY REPORT

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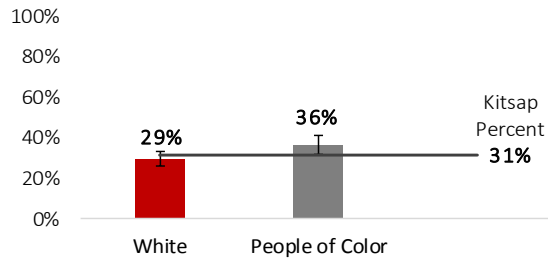
HISPANIC/LATINO																										
<p>High School Graduation Rate (5-year Cohort) 2015-16⁷</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>88%</td> </tr> <tr> <td>Hispanic/Latino</td> <td>83%</td> </tr> <tr> <td>Kitsap Percent</td> <td>87%</td> </tr> </tbody> </table>	Group	Rate (%)	White	88%	Hispanic/Latino	83%	Kitsap Percent	87%	<p>Youth (Grade 8) Report Engaging in 1+ Hours of Physical Activity 5+ Days per Week (2016)⁶</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>63%</td> </tr> <tr> <td>Hispanic/Latino</td> <td>44%</td> </tr> <tr> <td>Kitsap Percent</td> <td>58%</td> </tr> </tbody> </table>	Group	Rate (%)	White	63%	Hispanic/Latino	44%	Kitsap Percent	58%	<p>Civilian Pregnant Women (Age 18-34) With More Than a High School Education (2016)⁵</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>70%</td> </tr> <tr> <td>Hispanic/Latino</td> <td>37%</td> </tr> <tr> <td>Kitsap Percent</td> <td>67%</td> </tr> </tbody> </table>	Group	Rate (%)	White	70%	Hispanic/Latino	37%	Kitsap Percent	67%
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<p>Civilian Women (Age 18-34) Start Prenatal Care in the First Trimester (2016)⁵</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>82%</td> </tr> <tr> <td>Hispanic/Latino</td> <td>65%</td> </tr> <tr> <td>Kitsap Percent</td> <td>80%</td> </tr> </tbody> </table>	Group	Rate (%)	White	82%	Hispanic/Latino	65%	Kitsap Percent	80%																		
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KITSAP COUNTY HEALTH DISPARITY REPORT

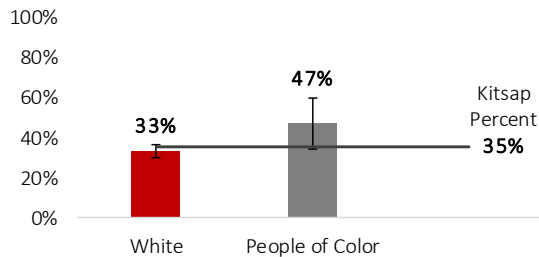
2017

WHITE

Youth (Grade 8) Who Walk or Bike to School at Least One Day per Week (2016)⁶

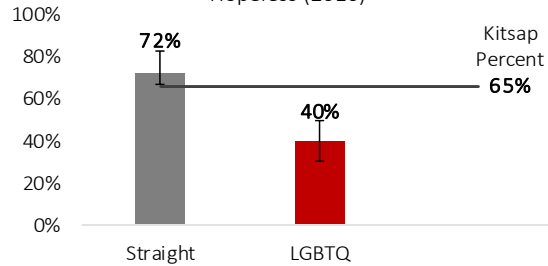


Adults (Age 35-64) at a Healthy Weight (BMI=18.5-24.9) 2011-16²

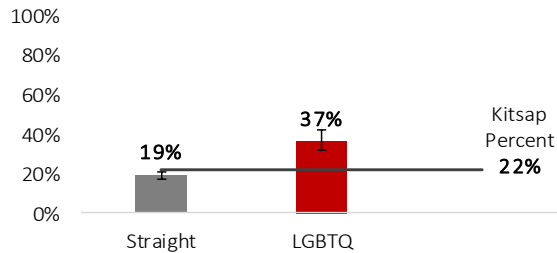


LGBTQ

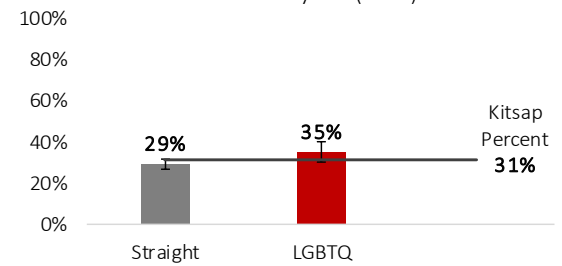
Youth (Grade 8) Report Having an Adult to Turn to for Help When Feeling Sad or Hopeless (2016)⁶



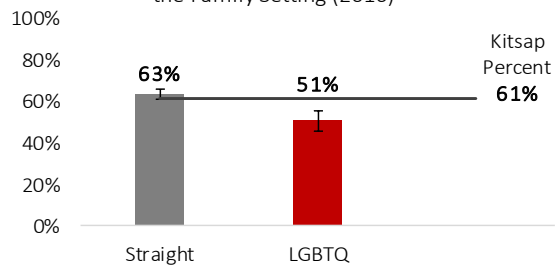
Youth (Grades 8, 10, 12) Report Ever Being Physically Hurt on Purpose by an Adult (2016)⁶



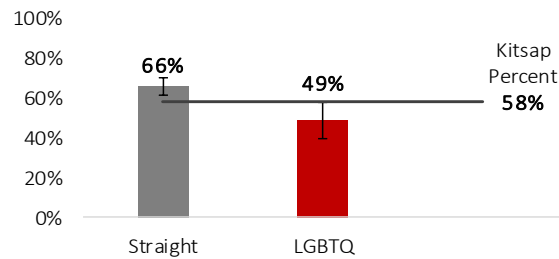
Youth (Grades 8, 10, 12) Report Parent(s) Do Not Set Clear Rules or Are Not Engaged in Details of Daily Life (2016)⁶



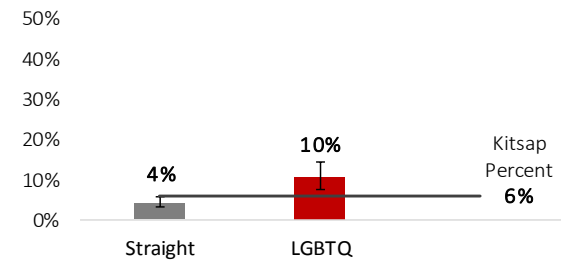
Youth (Grades 8, 10, 12) Report Opportunities for Positive Participation in the Family Setting (2016)⁶



Youth (Grade 8) Report Engaging in 1+ Hours of Physical Activity 5+ Days per Week (2016)⁶



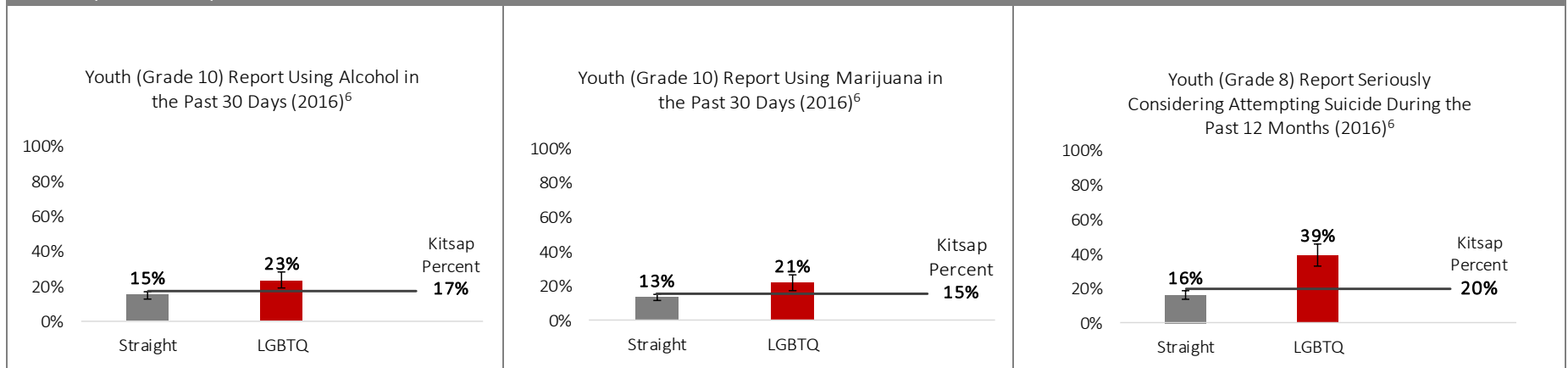
Youth (Grade 10) Report Smoking in the Past 30 Days (2016)⁶



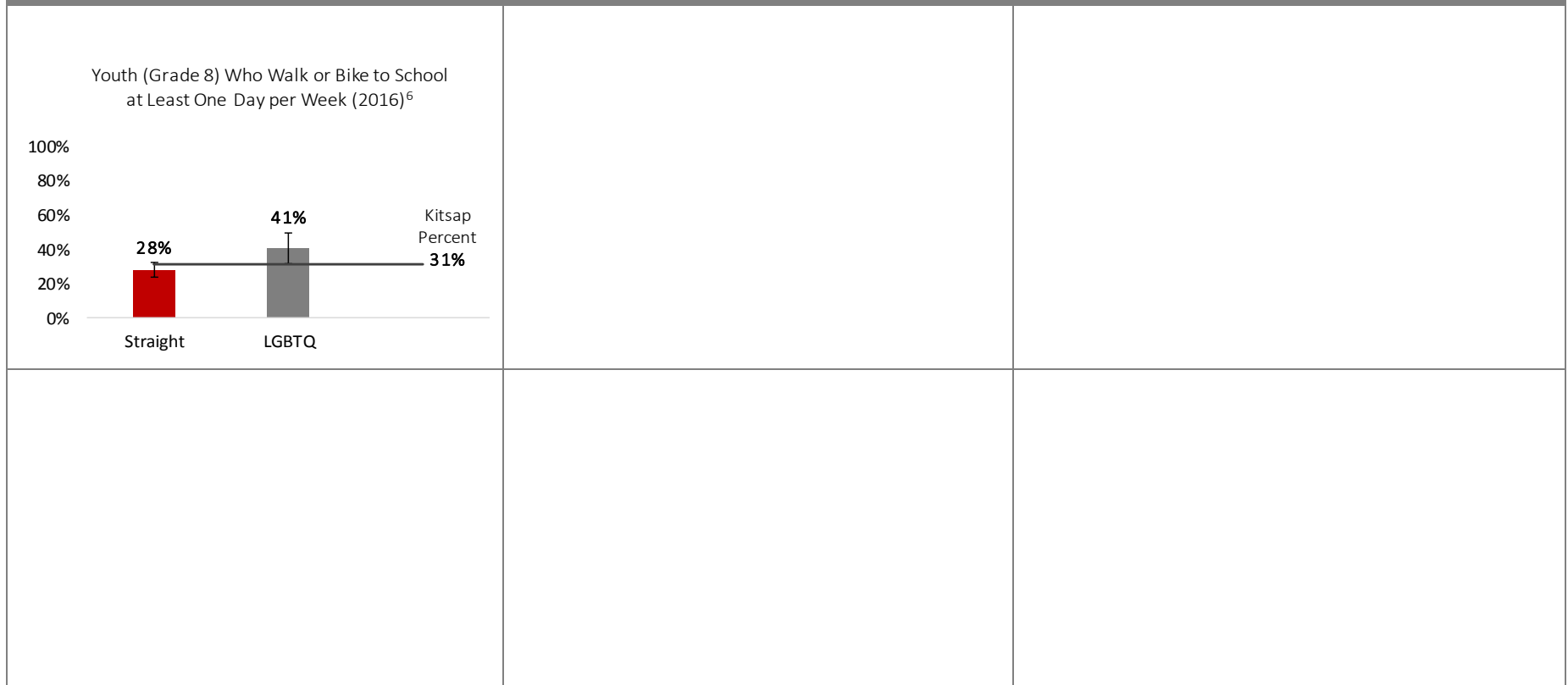
KITSAP COUNTY HEALTH DISPARITY REPORT

2017

LGBTQ (continued)



STRAIGHT



KITSAP COUNTY HEALTH DISPARITY REPORT

2017

NAS = The indicator is not age-stratified | **Lower** = Lower estimate of 95% Confidence Interval | **Upper** = Upper estimate of 95% Confidence Interval

DATA TABLE OF STATISTICALLY SIGNIFICANT DISPARITIES BY SUBGROUP POPULATION										
INDICATOR	AGE	YEAR	NUMBER /TOTAL	ESTIMATE	LOWER	UPPER	NUMBER /TOTAL	ESTIMATE	LOWER	UPPER
FEMALES										
FEMALE						MALE				
Youth (grade 8) report having an adult to turn to for help when feeling sad or hopeless ⁶	5-17	2016	<u>273</u> 456	59.87%	55.31%	64.27%	<u>271</u> 371	73.05%	68.31%	77.31%
Youth (grade 8) report engaging in 1 or more hours of physical activity five or more days per week ⁶	5-17	2016	<u>290</u> 550	52.73%	48.55%	56.87%	<u>342</u> 533	64.17%	60.01%	68.12%
Youth (grade 8) report seriously considering attempting suicide during the past 12 months ⁶	5-17	2016	<u>271</u> 1102	24.59%	22.14%	27.22%	<u>148</u> 1063	13.92%	11.97%	16.13%
Drug-related hospitalization (nonfatal) rate per 100,000 residents ³	18-34	2015	<u>223</u> 23583	945.59	825.54	1078.19	<u>176</u> 32463	542.15	465.00	628.43
Opioid drug-related hospitalization (nonfatal) rate per 100,000 residents ³	18-34	2015	<u>133</u> 23583	563.96	472.19	668.37	<u>82</u> 32463	252.59	200.89	313.53
Diabetes-related hospitalization (fatal and nonfatal) rate per 100,000 residents ³	18-34	2015	<u>97</u> 23583	411.31	333.55	501.77	<u>44</u> 32463	135.54	98.48	181.95
Older adults (age 65 and older) living below 100% of poverty ¹	65+	2016	<u>1838</u> 23972	7.67%	7.34%	8.01%	<u>525</u> 19916	2.64%	2.42%	2.87%
Adults report currently smoking ²	65+	2011-16	<u>34</u> 502	8.44%	5.65%	12.42%	<u>22</u> 422	4.38%	2.75%	6.90%
Fall-related hospitalization (fatal and nonfatal) rate per 100,000 residents ³	65+	2015	<u>354</u> 24565	1441.10	1294.87	1599.33	<u>219</u> 21077	1039.07	905.99	1186.19
Alzheimer's death rate per 100,000 residents ³	65+	2016	<u>93</u> 26681	348.56	281.33	427.01	<u>46</u> 22856	201.26	147.35	268.45
MALES										
MALE						FEMALE				
Youth (grades 8, 10, 12) report parent(s) do not set clear rules or are not engaged in details of daily life ⁶	5-17	2016	<u>395</u> 1167	33.85%	31.19%	36.61%	<u>335</u> 1189	28.17%	25.69%	30.80%
High school graduation rate (5-year cohort) ⁷	5-17	2015-16	<u>1202</u> 1426	84.29%	82.31%	86.09%	<u>1257</u> 1393	90.24%	88.57%	91.69%
Civilian adults report having health insurance ¹	18-34	2016	<u>23450</u> 28233	83.06%	82.62%	83.49%	<u>24051</u> 26507	90.73%	90.38%	91.08%
Adults at a healthy weight (BMI=18.5-24.9) ²	35-64	2011-16	<u>170</u> 562	29.84%	25.32%	34.79%	<u>276</u> 686	40.49%	35.97%	45.18%

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NAS = The indicator is not age-stratified | **Lower** = Lower estimate of 95% Confidence Interval | **Upper** = Upper estimate of 95% Confidence Interval

DATA TABLE OF STATISTICALLY SIGNIFICANT DISPARITIES BY SUBGROUP POPULATION										
INDICATOR	AGE	YEAR	NUMBER /TOTAL	ESTIMATE	LOWER	UPPER	NUMBER /TOTAL	ESTIMATE	LOWER	UPPER
MALES (continued)										
			MALE				FEMALE			
Diabetes-related hospitalization (fatal and nonfatal) rate per 100,000 residents ³	35-64	2015	<u>721</u> 49263	1463.59	1358.69	1574.43	<u>622</u> 52742	1179.32	1088.44	1275.75
Heart disease hospitalization (fatal and nonfatal) rate per 100,000 residents ³	35-64	2015	<u>374</u> 49263	759.20	684.19	840.18	<u>225</u> 52742	426.60	372.67	486.14
Death rate per 100,000 residents ⁴	35-64	2016	<u>257</u> 49217	522.18	460.28	590.08	<u>198</u> 53237	371.92	321.91	427.49
Adults at a healthy weight (BMI=18.5-24.9) ²	65+	2011-16	<u>131</u> 415	30.40%	25.56%	35.72%	<u>188</u> 467	40.19%	34.78%	45.85%
Adults ever told by a health care provider that they have cardiovascular disease ²	65+	2011-16	<u>107</u> 427	25.79%	21.25%	30.92%	<u>80</u> 512	17.74%	13.89%	22.38%
Diabetes-related hospitalization (fatal and nonfatal) rate per 100,000 residents ³	65+	2015	<u>873</u> 21077	4142.03	3871.79	4426.17	<u>908</u> 24565	3696.38	3459.83	3944.85
Heart disease hospitalization (fatal and nonfatal) rate per 100,000 residents ³	65+	2015	<u>639</u> 21077	3031.80	2801.25	3276.26	<u>602</u> 24565	2450.69	2258.80	2654.52
PEOPLE OF COLOR										
			PEOPLE OF COLOR				WHITE			
Infant mortality rate per 1,000 live births ⁴	0-4	2014-15	<u>10</u> 978	10.22 ^{RSE}	4.90	18.80	<u>16</u> 4542	3.52 ^{RSE}	2.01	5.72
Babies born at low birth weight (less than 2500 grams) ⁴	0-4	2016	<u>48</u> 562	8.54%	6.30%	11.32%	<u>134</u> 2260	5.93%	4.97%	7.02%
Youth (grade 8) report having an adult to turn to for help when feeling sad or hopeless ⁶	5-17	2016	<u>192</u> 310	61.94%	56.42%	67.16%	<u>320</u> 471	67.94%	63.60%	72.00%
Youth (grades 8, 10, 12) report ever being physically hurt on purpose by an adult ⁶	5-17	2016	<u>200</u> 758	26.39%	23.37%	29.64%	<u>288</u> 1466	19.65%	17.69%	21.76%
Youth (grades 8, 10, 12) report opportunities for positive participation in the family setting ⁶	5-17	2016	<u>458</u> 795	57.61%	54.15%	61.00%	<u>925</u> 1452	63.71%	61.20%	66.14%
Youth (grade 8) report drinking no sugary beverages in the past 7 days at school ⁶	5-17	2016	<u>235</u> 401	58.60%	53.72%	63.32%	<u>433</u> 624	69.39%	65.67%	72.88%
Youth (grade 8) report engaging in 1 or more hours of physical activity five or more days per week ⁶	5-17	2016	<u>212</u> 393	53.94%	49.00%	58.81%	<u>394</u> 624	63.14%	59.29%	66.84%

RSE The estimate is imprecise because of a large relative standard error (≥25%). This is due to the indicator occurring a small number of times for the subgroup population within the given year(s).

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DATA TABLE OF STATISTICALLY SIGNIFICANT DISPARITIES BY SUBGROUP POPULATION										
INDICATOR	AGE	YEAR	NUMBER /TOTAL	ESTIMATE	LOWER	UPPER	NUMBER /TOTAL	ESTIMATE	LOWER	UPPER
PEOPLE OF COLOR (continued)										
PEOPLE OF COLOR							WHITE			
Youth (grade 10) report using alcohol in the past 30 days ⁶	5-17	2016	<u>118</u> 578	20.42%	17.33%	23.89%	<u>184</u> 1126	16.34%	14.30%	18.61%
Youth (grade 8) report having had a dental checkup, exam or cleaning in the past 12 months ⁶	5-17	2016	<u>281</u> 343	81.92%	77.51%	85.64%	<u>520</u> 577	90.12%	87.41%	92.30%
Youth (grade 8) at a healthy weight (below 85th percentile for BMI) ⁶	5-17	2016	<u>227</u> 354	64.12%	59.00%	68.94%	<u>426</u> 569	74.87%	71.15%	78.26%
Civilian pregnant women with more than a high school education ⁵	18-34	2016	<u>159</u> 271	58.67%	52.73%	64.37%	<u>1030</u> 1467	70.21%	67.82%	72.50%
Civilian women report smoking during pregnancy ⁵	18-34	2016	<u>52</u> 269	19.33%	15.06%	24.47%	<u>206</u> 1463	14.08%	12.39%	15.96%
Civilian women start prenatal care in the first trimester ⁵	18-34	2016	<u>198</u> 267	74.16%	68.59%	79.04%	<u>1191</u> 1452	82.02%	79.97%	83.91%
Adults report activities not limited by poor physical or mental health during the past 30 days ²	18-34	2011-16	<u>15</u> 34	36.68%	19.87%	57.51%	<u>96</u> 164	63.56%	54.98%	71.37%
Adults report that they and people in their community do favors for each other often or very often ²	35-64	2011-16	<u>34</u> 66	40.01%	26.15%	55.67%	<u>418</u> 708	56.33%	51.91%	60.65%
Adults (age 25 and older) with more than high school education ¹	NAS	2016	<u>18245</u> 28936	63.05%	62.50%	63.61%	<u>107505</u> 148505	72.39%	72.16%	72.62%
HISPANIC OR LATINO										
HISPANIC OR LATINO							WHITE			
High school graduation rate (5-year cohort) ⁷	5-17	2016	<u>223</u> 268	83.21%	78.27%	87.21%	<u>1659</u> 1890	87.78%	86.22%	89.18%
Youth (grade 8) report engaging in 1 or more hours of physical activity five or more days per week ⁶	5-17	2016	<u>21</u> 48	43.75%	30.70%	57.73%	<u>394</u> 624	63.14%	59.29%	66.84%
Civilian pregnant women with more than a high school education ⁵	18-34	2016	<u>29</u> 79	36.71%	26.93%	47.72%	<u>1030</u> 1467	70.21%	67.82%	72.50%
Civilian women start prenatal care in the first trimester ⁵	18-34	2016	<u>53</u> 81	65.43%	54.59%	74.88%	<u>1191</u> 1452	82.02%	79.97%	83.91%

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NAS = The indicator is not age-stratified | **Lower** = Lower estimate of 95% Confidence Interval | **Upper** = Upper estimate of 95% Confidence Interval

DATA TABLE OF STATISTICALLY SIGNIFICANT DISPARITIES BY SUBGROUP POPULATION										
INDICATOR	AGE	YEAR	NUMBER /TOTAL	ESTIMATE	LOWER	UPPER	NUMBER /TOTAL	ESTIMATE	LOWER	UPPER
WHITE										
WHITE						PEOPLE OF COLOR				
Youth (grade 8) who walk or bike to school at least one day per week ⁶	5-17	2016	<u>179</u> 618	28.96%	25.53%	32.66%	<u>140</u> 389	35.99%	31.38%	40.88%
Adults at a healthy weight (BMI=18.5-24.9) ²	35-64	2011-16	<u>395</u> 1116	33.06%	29.86%	36.42%	<u>39</u> 103	46.90%	34.21%	60.00%
LGBTQ										
LGBTQ						STRAIGHT				
Youth (grade 8) report having an adult to turn to for help when feeling sad or hopeless ⁶	5-17	2016	<u>38</u> 96	39.58%	30.38%	49.59%	<u>212</u> 294	72.11%	66.72%	76.92%
Youth (grades 8, 10, 12) report ever being physically hurt on purpose by an adult ⁶	5-17	2016	<u>139</u> 375	37.07%	32.33%	42.06%	<u>291</u> 1522	19.12%	17.22%	21.17%
Youth (grades 8, 10, 12) report parent(s) do not set clear rules or are not engaged in details of daily life ⁶	5-17	2016	<u>139</u> 400	34.75%	30.25%	39.54%	<u>423</u> 1456	29.05%	26.78%	31.44%
Youth (grades 8, 10, 12) report opportunities for positive participation in the family setting ⁶	5-17	2016	<u>204</u> 403	50.62%	45.76%	55.47%	<u>926</u> 1460	63.42%	60.92%	65.86%
Youth (grade 8) report engaging in 1 or more hours of physical activity five or more days per week ⁶	5-17	2016	<u>54</u> 111	48.65%	39.55%	57.84%	<u>275</u> 416	66.11%	61.43%	70.49%
Youth (grade 10) report smoking in the past 30 days ⁶	5-17	2016	<u>34</u> 325	10.46%	7.58%	14.26%	<u>51</u> 1201	4.25%	3.24%	5.54%
Youth (grade 10) report using alcohol in the past 30 days ⁶	5-17	2016	<u>75</u> 324	23.15%	18.89%	28.04%	<u>179</u> 1202	14.89%	12.99%	17.02%
Youth (grade 10) report using marijuana in the past 30 days ⁶	5-17	2016	<u>69</u> 322	21.43%	17.30%	26.23%	<u>155</u> 1198	12.94%	11.16%	14.96%
Youth (grade 8) report seriously considering attempting suicide during the past 12 months ⁶	5-17	2016	<u>91</u> 233	39.06%	33.02%	45.45%	<u>133</u> 824	16.14%	13.79%	18.81%
STRAIGHT										
STRAIGHT						LGBTQ				
Youth (grade 8) who walk or bike to school at least one day per week ⁶	5-17	2016	<u>117</u> 418	27.99%	23.90%	32.48%	<u>45</u> 111	40.54%	31.87%	49.84%

KITSAP COUNTY HEALTH DISPARITY REPORT

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SOURCES

- ¹ US Census and American Community Survey
- ² Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, supported in part by Centers for Disease Control and Prevention: analyzed by Kitsap Public Health District
- ³ Washington State Department of Health, Center for Health Statistics, Hospital Discharge Database (hospitalizations): accessed through Community Health Assessment Tool (CHAT)
- ⁴ Washington State Department of Health, Center for Health Statistics, Vital Statistics Databases (births and deaths): accessed through Community Health Assessment Tool (CHAT)
- ⁵ Washington State Department of Health, Center for Health Statistics, Vital Statistics Databases (births and deaths): analyzed by Kitsap Public Health District
- ⁶ Washington State Department of Health, Healthy Youth Survey
- ⁷ Washington State Office of the Superintendent of Public Instruction

BACKGROUND INFORMATION

INDICATORS

What is an indicator?

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

Indicator Selection Criteria*:

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

Readily understood by people who need to act: policymakers, community leaders, healthcare professionals

Compelling enough to lead to action

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

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

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

Specific indicators may be presented in certain age group categories and not in others because of insufficient data for comparisons.

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DATA SOURCES

U.S. Census and American Community Survey

The Census and American Community Survey collect data about population, housing, and economy. The Census is conducted every 10 years; the American Community Survey is conducted annually.

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual land-line telephone survey – expanded to include cell phones beginning in 2011 - conducted continuously throughout the year. It is a collaborative effort of the Centers for Disease Control and the Washington State Department of Health. The survey collects information from adults on health conditions, health-related behaviors, and risk and protective factors. The survey has several limitations. First, individuals without landlines or cellular telephones are not included. Surveys are conducted in English and Spanish only. Potential respondents are not always available or willing to participate. Because the survey relies on respondent's own report, some data may be under or overestimated. 2011 is the historical baseline for trend over time due to methodological changes in the survey administration and statistical weighting.

Community Health Assessment Tool (CHAT)

The Community Health Assessment Tool (CHAT) is an online repository of public health data maintained by the WA State Department of Health and available to local public health assessment staff. CHAT includes: birth risk factors, cancer incidence, communicable diseases, sexually transmitted diseases, tuberculosis, fertility, hospitalizations, infant mortality, life expectancy, mortality, population and pregnancy and abortion data. Sexually transmitted disease cases include only those with confirmed classification. Hospitalization data are for inpatient stays (not emergency department visits) and does not include federal facilities. Also, if an individual is hospitalized more than once they will be represented in the estimate more than once.

Vital Statistics Databases

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

Healthy Youth Survey

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

Washington State Office of the Superintendent of Public Instruction

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

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DATA DETAILS

Two distinct types of data have been used to calculate the values reported in the Kitsap County Health Disparity Report: survey and incidence. All data in the indicator report are 'rounded' to the nearest whole number.

Survey Data

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

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

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

Incidence Data

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

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

Confidence Intervals

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

Statistically Significant

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

Relative Standard Error

The relative standard error (RSE) is used to evaluate the reliability of the statistical estimate when there are a small number of events in any given year. When the RSE is large, the estimates are imprecise (RSE is $\geq 25\%$). Some estimates will be presented for 2- or 3-year periods rather than single years, in order to reduce the RSE below 25%.

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DATA DETAILS (continued)

Relative Risk Ratio

Relative risk ratio (RR) compares the probability of an outcome occurring between two different populations. The proportion of an outcome that occurs in one population is divided by the proportion of an outcome that occurs in a different population.

They are calculated as follows: (Proportion in population A / Proportion in population B) = RR

An RR of 1 means there is no difference in the probability of an outcome occurring in one population compared to another. An RR greater than 1 means there is more probability of an outcome occurring in one population compared to another. An RR less than 1 means there is a less probability of an outcome occurring in one population compared to another.

ADDITIONAL INFORMATION ON HEALTH DISPARITIES AND EQUITY

HEALTH DISPARITIES

Centers for Disease Control and Prevention - Health Disparities [Click Here](#)

Healthy People - Disparities [Click Here](#)

Office of the Surgeon General - Elimination of Health Disparities [Click Here](#)

EQUITY

Centers for Disease Control and Prevention - Health Equity [Click Here](#)

King County Office of Equity and Social Justice - Building Equity and Opportunity Infographic [Click Here](#)

King County Office of Equity and Social Justice - Equity and Social Justice Strategic Plan 2016-2022 [Click Here](#)

King County Office of Equity and Social Justice - The Determinants of Equity [Click Here](#)

Office of Minority Health & Health Equity - Health Equity [Click Here](#)