

# Kitsap Health Disparities

Maya A. McKenzie, MPH  
Epidemiologist  
Assessment & Epidemiology



KITSAP PUBLIC HEALTH DISTRICT

# Deeper Dive

- You have previewed a high level overview of our Core Public Health Indicators
- Move to discussion of how population groups have different rates/percentages - *disparities*



# Definition of Health

- **Health**

A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. – World Health Organization (WHO), 1948

- **Determinants of Health**

Housing and economic stability, safety and cohesion within communities, access to quality education and child care, employment, access to and ability to navigate the health care system, childhood trauma, racial and gender injustice.



# Definitions – What Does it Mean?

- **Health Disparity**

A difference in health outcomes between two populations.



# Subgroup Categories

## Gender

- Male
- Female

## Race & Ethnicity

- White
- Non-White
- Hispanic/Latino

## Sexual orientation

- Heterosexual (straight)
- LGBTQ

- Blue = reference group



# Age group Categories

- Infancy to early childhood (age 0-4)
  - Childhood to adolescents (age 5-17)
  - Early adulthood (age 18-34)
  - Middle adulthood (age 35-64)
  - Late adulthood (age 65+)
- 
- There were no age group comparisons



# Kitsap Disparities – Gender

- There were gender disparities in every age category
- Disparities occurred for both male and female subcategories
- Disparities for women were mainly socioeconomic and health related
- Disparities in men were mainly health related and occurred in middle to late adulthood



# Kitsap Disparities – Gender (cont.)

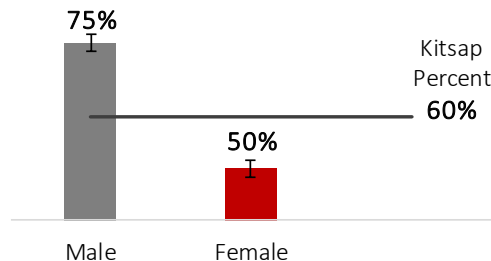
- Females

Girls are enrolled less into early education programs.

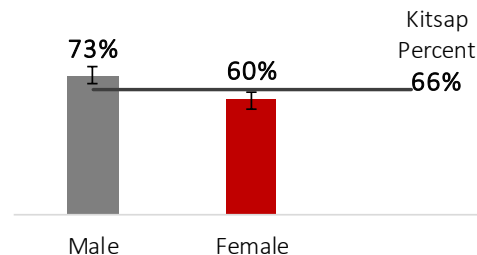
Adolescent girls reported less that they have an adult to turn to when feeling sad or hopeless.

Women in early adulthood had more drug related hospitalizations.

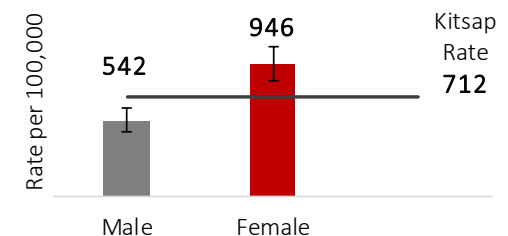
Children Age 3-4 Enrolled in Early Education Programs (2016)



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



Nonfatal Drug-Related Hospitalization Rate per 100,000 Residents Age 18-34 (2015)





# Kitsap Disparities – Gender (cont.)

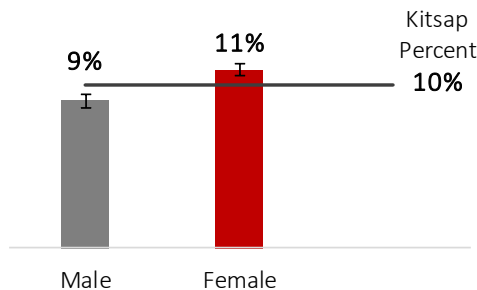
- Females

Female residents reported more that they were living in poverty.

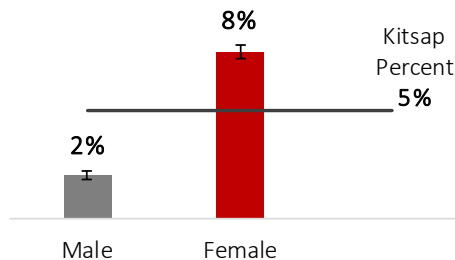
There is a relatively large poverty gap between men and women in late adulthood.

There is a large gap in prevalence of smoking between men and women in late adulthood.

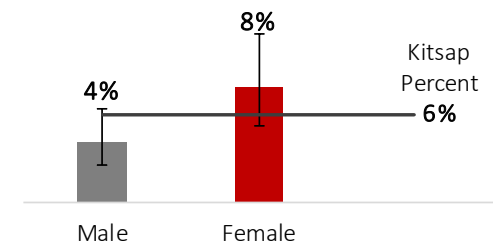
Residents Living Below 100% of Poverty (2016)



Older Adults (Age 65 and older) Living Below 100% of Poverty (2016)



Adults (Age 65+) Report Currently Smoking (2011-16)

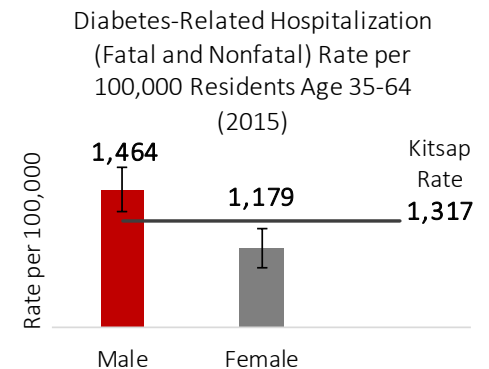
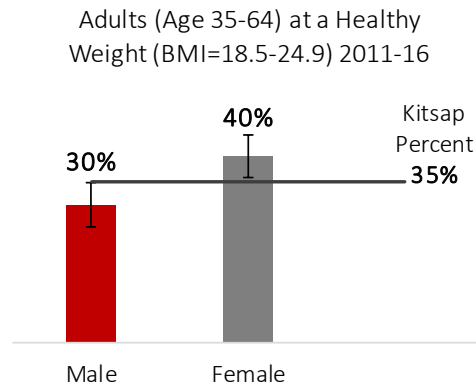
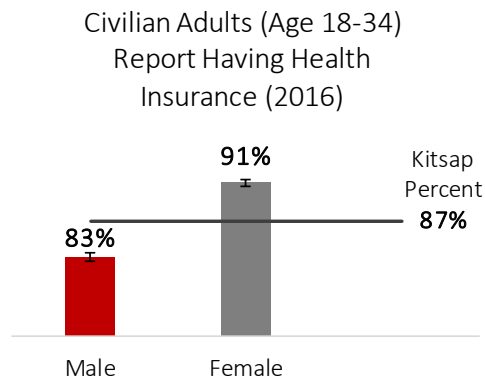


# Kitsap Disparities – Gender (cont.)

- Males

Men in early adulthood reported less that they have health insurance.

Men in middle adulthood had more diabetes related hospitalizations and reported more not being at a healthy weight. This also was true for males in late adulthood.



# Kitsap Disparities – Race & Ethnicity

- There were race & ethnicity disparities in every age category
- Non-White Kitsap residents had the most identified disparities followed by Hispanic/Latino residents
- Disparities ranged from socioeconomic, social, health behavior, and health outcome factors

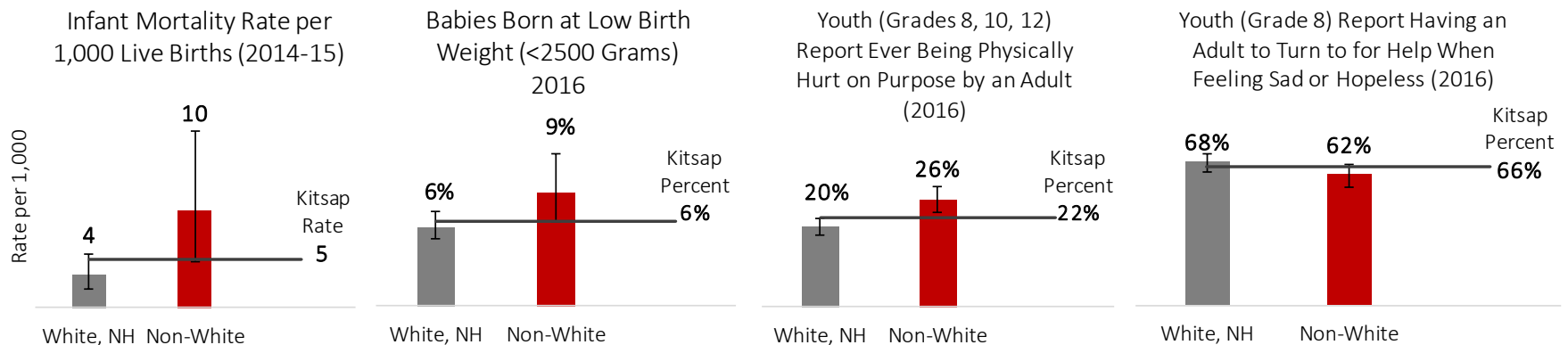


# Kitsap Disparities – Race & Ethnicity (cont.)

- Non-White

Non-White infants had more incidences of infant mortality and being low birthweight.

Non-White adolescents reported more being physically hurt by an adult on purpose and reported less being able to turn to an adult when feeling sad or hopeless.

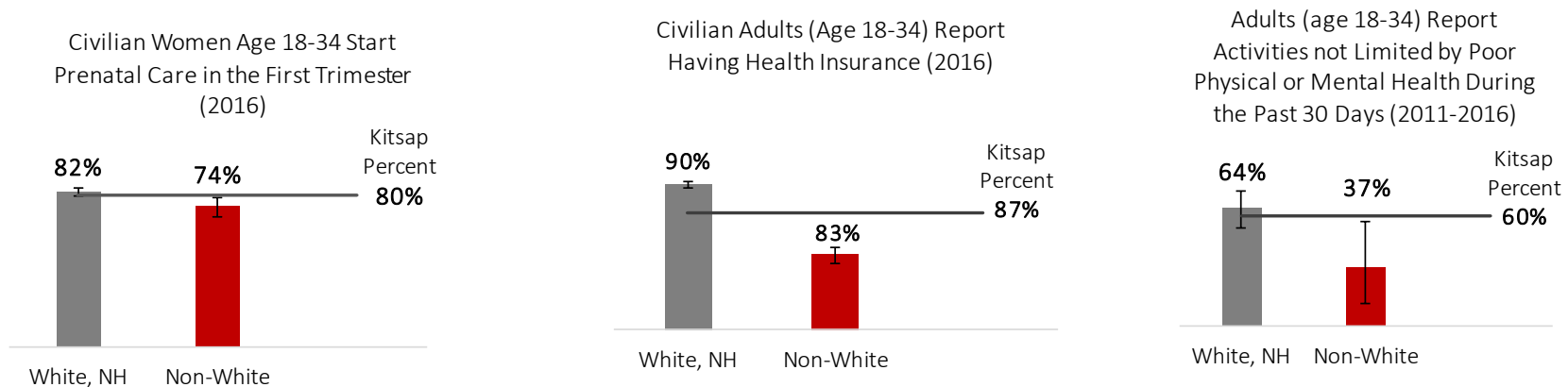


# Kitsap Disparities – Race & Ethnicity (cont.)

- Non-White

Non-White women in early adulthood reported less that they started prenatal care in their first trimester of pregnancy.

They also reported less that they have health insurance and that they did not have activities limited due to poor physical or mental health during the last 30 days.



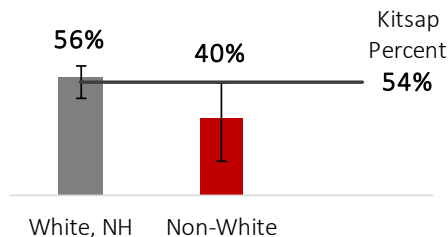
# Kitsap Disparities – Race & Ethnicity (cont.)

- Non-White

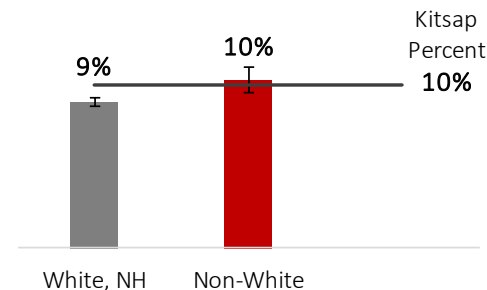
Non-White residents in middle adulthood reported less that people in their community do favors for each other often or very often.

Overall, Non-White residents reported more living in poverty.

Adults (Age 35-64) Report That They and People in Their Community do Favors for Each Other Often or Very Often (2011-2016)



Residents Living Below 100% of Poverty (2016)



# Kitsap Disparities – Race & Ethnicity (cont.)

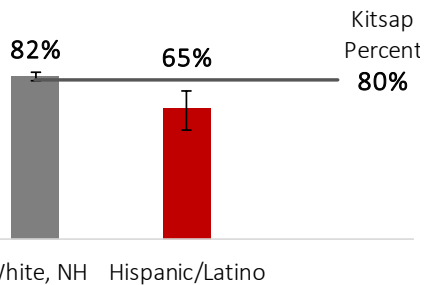
- Hispanic/Latino

Hispanic/Latino women in early adulthood reported less that they started prenatal care in their first trimester of pregnancy.

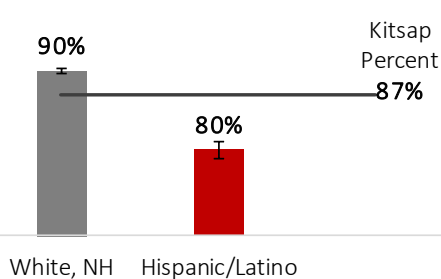
They also reported less that they have health insurance in early and middle adulthood.

Overall, Hispanic/Latino residents reported less having more than a high school education and reported more that they were living in poverty.

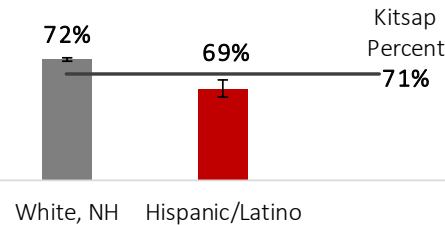
Civilian Women Age 18-34 Start Prenatal Care in the First Trimester (2016)



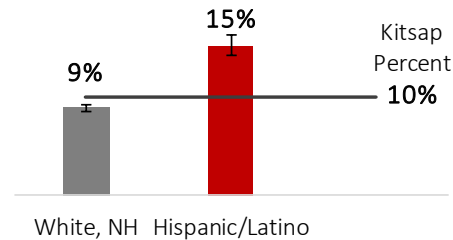
Civilian Adults (Age 18-34) Report Having Health Insurance (2016)



Adults (Age 25+) With More Than High School Education (2016)



Residents Living Below 100% of Poverty (2016)



# Kitsap Disparities – Sexual Orientation

- Disparities identified were in adolescents
- Limited data was available
  - Several data sources do not ask about sexual orientation
  - Numbers were too small to report





# Kitsap Disparities – Sexual Orientation

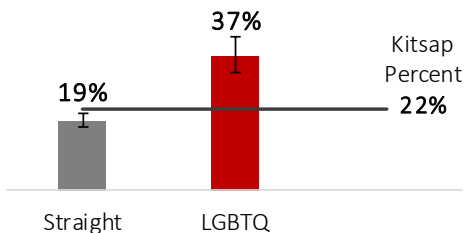
(cont.)

- LGBTQ

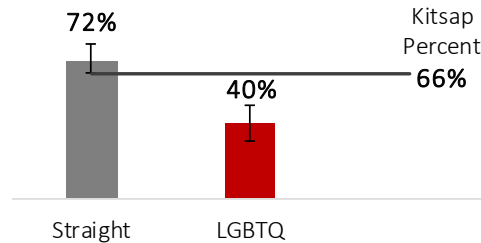
LGBTQ adolescents reported more being physically hurt by an adult on purpose and reported less being able to turn to an adult when feeling sad or hopeless.

They also reported more that they smoke cigarettes.

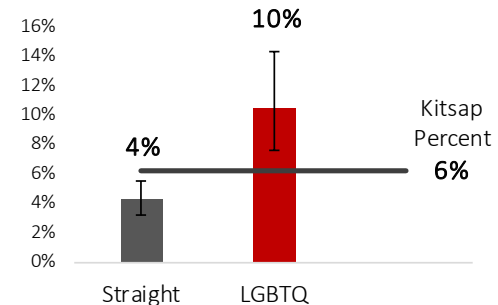
Youth (Grades 8, 10, 12) Report Ever Being Physically Hurt on Purpose by an Adult (2016)



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



Smoked Cigarettes in the Past 30 Days (2016)



# Recap

- Disparities were identified within gender, race and ethnicity, and sexual orientation
- Disparities were in social, socioeconomic, and health outcome factors
- Disparities were present in every age category



# Things to Reflect On

- Although data presented was a snapshot of indicators and subgroups, if the data is indicative of ongoing patterns it is imperative:
  1. To consider if these differences are due to inequity
  2. To understand how disparities seen in childhood relates to outcomes seen in adulthood in order to prevent adverse health outcomes

E.g. Will the girls who report not being able to turn to an adult when feeling sad or helpless later on end up being the women in early adulthood who experience drug related hospitalization?



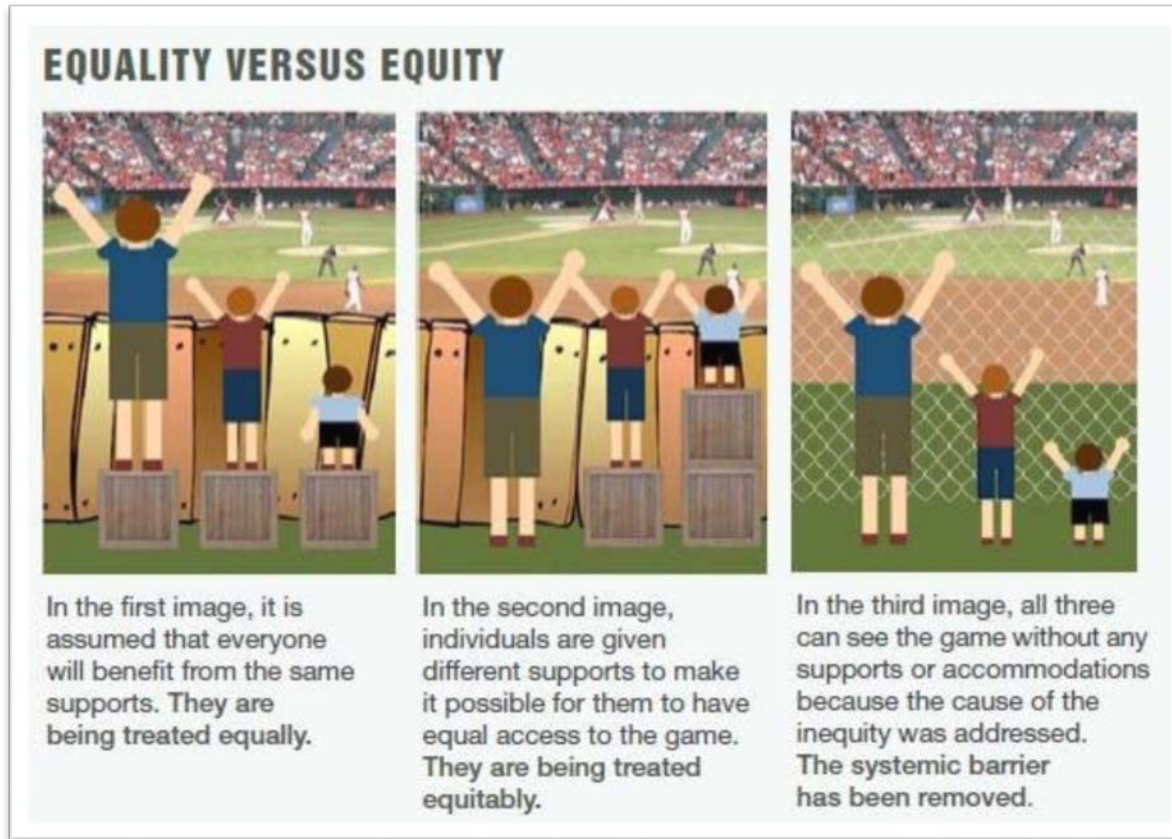
# Health Equity

Katie Eilers, MPH, MSN, RN, APHN-BC  
Director  
Community Health



KITSAP PUBLIC HEALTH DISTRICT

# What exactly is Health Equity?



# Health Equity Exercise

- On your own:

If you could use your talent, skills, time, and influence – what would you do to move the needle on health equity by 15%?

- Report back to the small group and discuss
- Popcorn reporting in larger group

