



Orcas Island  
Healthcare District

*Investing in Islanders'  
Health and our Island  
Economy*

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Temporary Levy Lid Lift Town Hall  
Friday March 28<sup>th</sup>, 2025



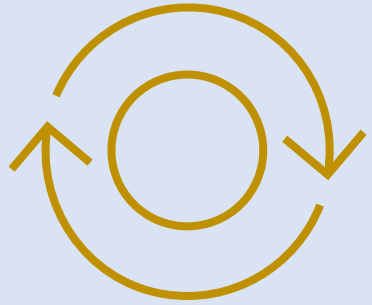
# What is Our Island Healthcare District?

*As a Public Hospital District, the OIHCD exists to protect and improve the health of our community. In the immediate term the District does this by ensuring that island-appropriate, quality primary and acute/urgent medical care, including after-hours care, is available to all members of our community in a financially sustainable and cost-effective manner. Longer term, the District intends to serve as a catalyst to bring all health care stakeholders together to support a community approach to care that addresses all health care needs on the island.*

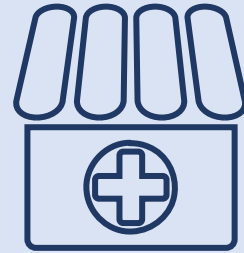
# What is Our Island Healthcare District?

- Founded in 2018
- One of over 50 public health districts in the State
- Clinic served 3,813 unique patients in 2024 (+4% from 2023) and 11,053 visits (+5% from 2023)
- Only healthcare provider serving all islanders and all comers
- Only healthcare provider offering after hours “call” to all islanders (~120/month)
- 23 staff – 22 live on the island (District and Island Health employees)
- Island Health partnership – they operate the clinic
- Dental health partnership with OCRC and OICF

# What Is the Temporary Levy Lid Lift For?



**#1:**  
Maintain  
current  
operations

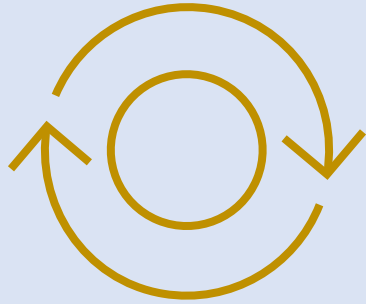


**#2:**  
Modernize  
and expand  
facilities



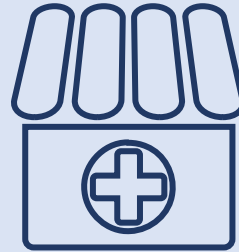
**#3:** Provide  
more types  
of primary  
care  
services

# Additional Details on Uses of Temporary Funds



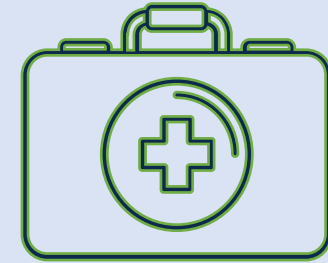
## #1 Maintain current operations

- Support portion of cost increases in healthcare



## #2: Modernize and expand facilities

- Expand clinic to accommodate population growth and aging population
- Renovate existing space
- Add small dental wing (if State funding secured)
- Add small temporary housing unit

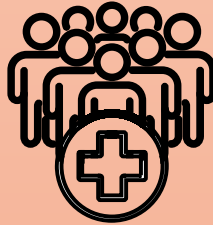


## #3: Provide more types of primary care services

- Home visits for frail elders
- Prenatal care
- Extended hours (evening or weekend)
- Integrated mental-behavioral health
- Rotating chronic care clinics (e.g. diabetes management, pacemakers, etc.)

# What Are the Anticipated Impacts?

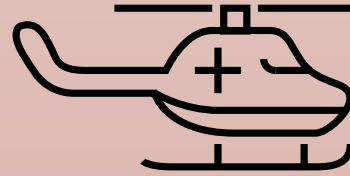
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## Improves islanders' health

- Creates access for island appropriate primary care

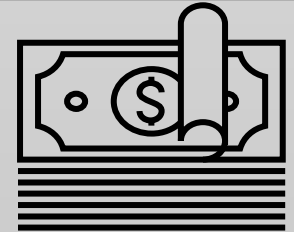
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## Saves islanders money and time

- Less island trips
- Keep care on island
- More time at work / school

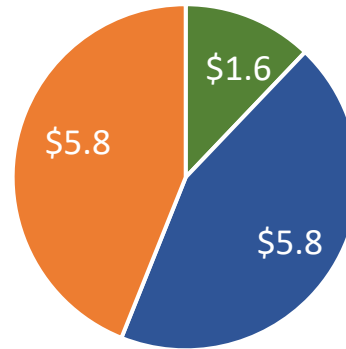
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## Strengthens our island economy

- More good paying jobs – not just healthcare
- More stable revenue / costs for businesses

# How Would The District Use the Temporary Funds Over 10 years?



## #1: Maintain current operations

44% of total temporary levy  
(\$5.8M over 10 years)

## #2: Modernize and expand facilities

44% of total temporary levy  
(\$5.8M over 10 years)

\$4M for clinic renovation  
\$500k for temporary housing unit  
\$1.3M to rebuild capital reserves

District policy would ensure excess reserves would be banked (lowering taxes)

## #3: Provide more types of primary care services

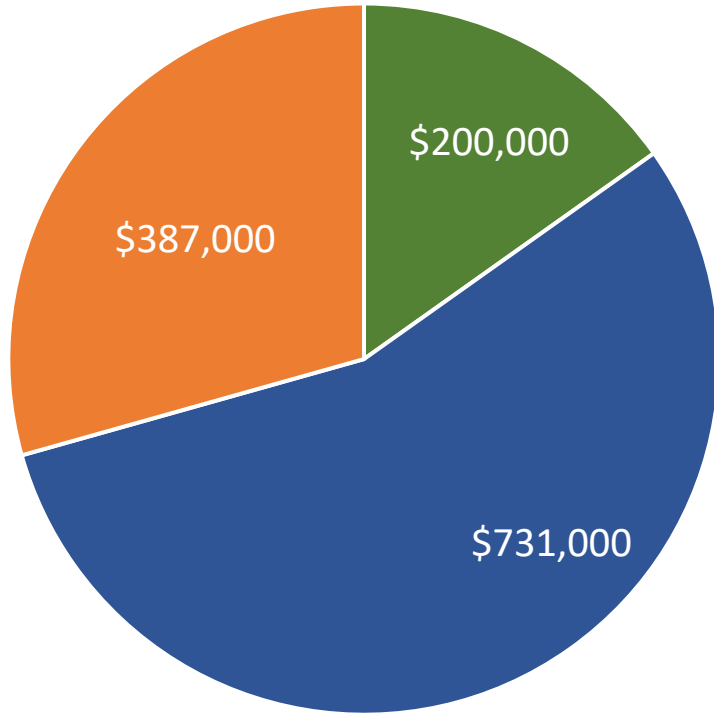
12% of total temporary levy  
(\$1.6M over 10 years)

Startup expenses to launch and sustain new primary care programs

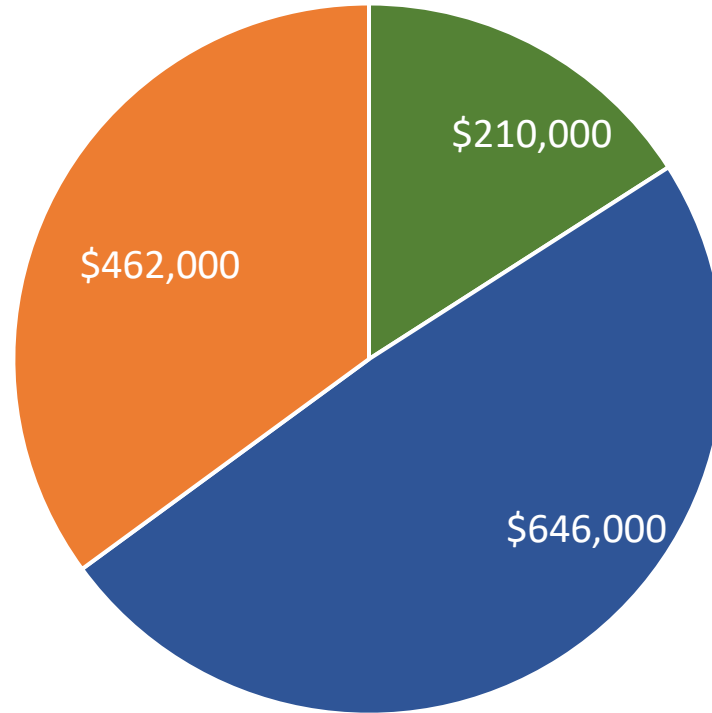
District policy would ensure expenses do not exceed this

# What Will the Temporary Levy Fund?

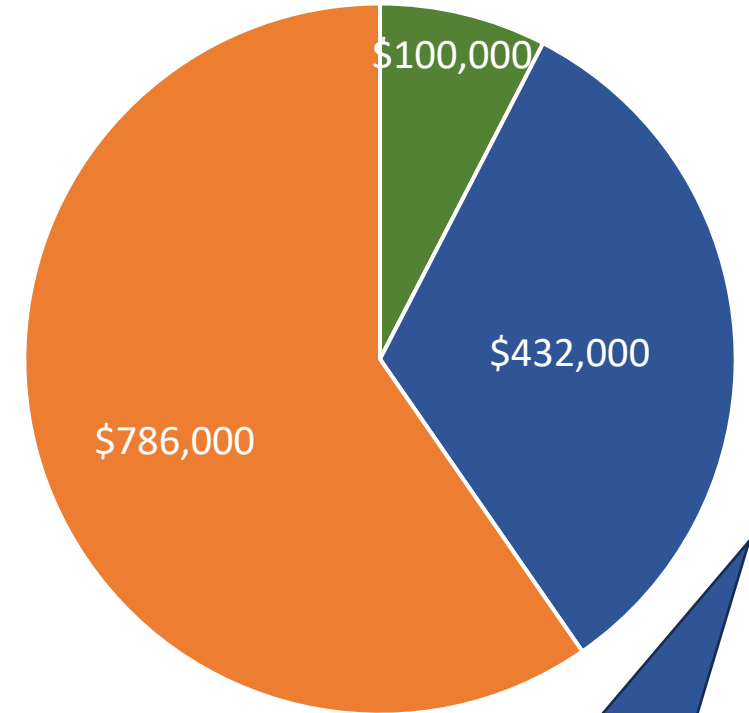
2026



2030



2035



#1 Current Operations   #2 Facilities   #3 New Primary Care Services

Over 10 years: \$5.8M  
for facility  
renovation/expansion



# Commissioners' Commitment to the Community



## **Proactivity:**

Commissioners are seeking to avoid an urgent crisis



## **Fiscal stewardship:**

Commissioners will not draw down all funds if not necessary



## **Accountability:**

Temporary levy forces Commissioners to innovate for long term sustainability



**Scope:** Is not “creeping” to include specialty services or specialty buildings



Thank you!

**Next Community Meeting - Wednesday April 9<sup>th</sup>, 5pm , Fire Hall**

# Appendix: Impact Per Land Value

	Rate	Annual expense per \$500k land value	Annual expense per \$1,000k land value
Current Levy	.415	\$207.50	\$415
10-year temporary levy	+ .285	\$142.50	\$285
Total (2026-2035)	= .700	= \$350	= \$700

	Rate	Annual expense per \$500k land value	Annual expense per \$1,000k land value
Current Levy	.415	\$207.50	\$415
10-year temporary levy			
• Operations	+ .160	\$116.20	\$232.40
• Facility	+ .125	\$91.30	\$182.60
Total (2026-2035)	= .700	= \$350	= \$700

# Appendix: Impact Per District Revenue

	Rate	Revenue in 2025	Revenue in 2026	Revenue in 2036
Current Levy	.415	\$2,019,198	\$2,055,090	\$2,444,427
10-year temporary levy (2026-2035)	+ .285	\$0	\$1,318,029	\$0
Total	= .700	\$2,019,198	\$3,373,119	\$2,444,427

	Rate	Revenue in 2025	Revenue in 2026	Revenue in 2036
Current Levy	.415	\$2,019,198	\$2,055,090	\$2,444,427
10-year temporary levy				
• Operations	+ .160	\$0	\$738,100	\$0
• Facility	+ .125	\$0	\$580,000	\$0
Total	= .700	\$2,019,198	\$3,373,119	\$2,444,427

Assumes 1.8% increase per year in max levy

Appendix:  
Patient Payer  
Mix

2024		
	Unique Pts	
Commercial	1582	41%
DSHS	699	18%
Medicare	1314	34%
L&I	52	1%
Self	166	4%
Total	3813	100%