

# Kitsap Community Health Priorities (KCHP)

## *Community Health Assessment*

---

### **What is a Community Health Assessment?**

A community health assessment is a comprehensive description of the health status of a population, accomplished by using a collaborative process of collecting and analyzing information in partnership with community members and organizations. The description of population health status includes identification of issues for health improvement, determination of factors that contribute to health issues, and consideration of resources that can be mobilized for health improvement. The community health assessment is the basis for developing a community health improvement plan. Successful use of the community health assessment requires a process for educating and mobilizing communities, developing health priorities, garnering resources, and planning actions to improve community health.

Kitsap Community Health Priorities (KCHP) is the community health improvement process for Kitsap County, Washington. KCHP was initiated and is led by a three-member “Sponsor Group”, comprised of the directors of the local Health District, nonprofit hospital and United Way. KCHP completed a community health assessment during March to September 2011 using the MAPP (Mobilizing for Action through Planning and Partnerships) framework, conducting four separate assessments. The Sponsor Group selected a group of 13 community leaders to serve as the KCHP “think tank”, generating and reviewing health status information to facilitate identification of key issues.

---

### **Table of Contents**

I. Demographic and Geographic Characteristics of Kitsap County.....	1
II. Four MAPP Assessments .....	4
A. Community Health Status Assessment .....	4
B. Community Themes and Strengths Assessment .....	7
C. Forces of Change Assessment.....	9
D. Local Public Health System Assessment .....	11
III. Using the MAPP Assessments .....	12

---

### **I. Demographic and Geographic Characteristics of Kitsap County**

Kitsap County is one of the smallest counties in Washington State by geographic size, but it is the third most densely populated county in the state with an estimated population of 254,000 residents in 2011.<sup>1</sup> On average, Kitsap residents are slightly older than Washington State residents.<sup>2</sup> Kitsap is relatively homogenous: more than three-quarters of residents are White, Non-Hispanic. Hispanics represent the second largest racial/ethnic group, and the Kitsap minority population has been increasing over time.<sup>3</sup>

---

<sup>1</sup> Washington State Office of Financial Management, 2011

<sup>2</sup> U.S. Census, 2010

<sup>3</sup> Ibid

# Kitsap Community Health Priorities (KCHP) Community Health Assessment

Kitsap residents are relatively well educated: More than two in three Kitsap adults have more than high school education<sup>4</sup> and nearly 90% of high school seniors graduate on-time.<sup>5</sup>

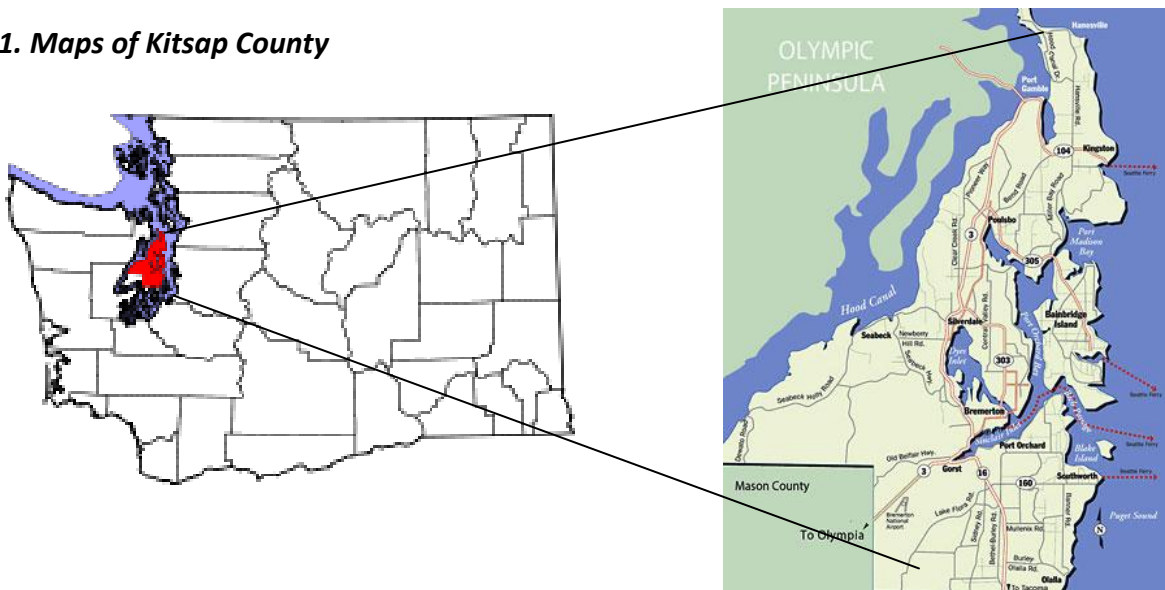
Household incomes are slightly higher in Kitsap than in Washington; however, almost 10% of residents live below the poverty level, about one in three children.<sup>6</sup>

Kitsap County is home to two American Indian Tribes and several Navy installations. Both are major employers in the county, in addition to county and city governments, schools, and the local hospital.

Kitsap County is located in the central Puget Sound region of Washington State. While generally designated as urban by government agencies, Kitsap County is characterized by large areas of relatively rural land and only four incorporated cities. Together the four cities comprise 32% of the total population, with unincorporated areas accounting for the remaining 68% of the population.<sup>7</sup>

The following maps (Figure 1) show Kitsap's location in Washington and Kitsap County only<sup>8</sup>, and Table 1 summarizes key demographic characteristics of the county.

**Figure 1. Maps of Kitsap County**



<sup>4</sup> American Community Survey, 2007-09

<sup>5</sup> Washington State Office of the Superintendent of Public Instruction, 2009-10

<sup>6</sup> U.S. Census, 2010

<sup>7</sup> Washington State Office of Financial Management, 2011

<sup>8</sup> Washington State map – [www.en.wikipedia.org](http://www.en.wikipedia.org); Kitsap County map – <http://www.kitsapeda.org/default.asp?ID=94>

# Kitsap Community Health Priorities (KCHP) *Community Health Assessment*

**Table 1. Key Demographic Characteristics of Kitsap County**

Demographic Characteristic	Population	Percent	Year, Source
<b>Population</b>	251,133		US Census, 2010
Sub-County Areas			WA Dept of Health, CHAT (grouped zip codes), 2009
Bainbridge Island	23,290	9%	
Bremerton	82,192	33%	
Central Kitsap	30,623	12%	
North Kitsap	45,961	19%	
South Kitsap	65,448	26%	
<b>Gender</b>			US Census, 2010
Male	126,101	51%	
Female	122,199	49%	
<b>Age Groups</b>			US Census, 2010
0-4	14,831	6%	
5-14	31,126	12%	
15-19	17,259	7%	
20-34	49,970	20%	
35-64	104,651	42%	
65+	33,296	13%	
<b>Race/Ethnicity</b>			US Census, 2010
Non-Hispanic or Latino:			
White	198,745	79%	
Black/African American	6,329	3%	
American Indian/AK Native	3,524	1%	
Asian	12,082	5%	
Pacific Islander	2,177	1%	
Two or More Races	12,167	5%	
Hispanic or Latino	15,686	6%	
<b>Education</b>			American Community Survey, 2007-09
High school graduates (age 25+)	109,316	69%	
<b>Poverty</b>			American Community Survey, 2007-09
Living below 100% FPL	20,960	9%	Office of the Superintendent of Public Instruction, 2009-10
Public school free/reduced meals	37,014	35%	
<b>Housing Affordability</b>			American Community Survey, 2007-09
Households paying more than 30% of income on housing costs	101,962	37%	
<b>Unemployment</b>	9,847	8%	US Dept of Labor, BLS, LAUS, 2010
<b>Disability</b>			American Community Survey, 2007-09
Living with a disability	30,814	13%	

## **II. Four MAPP Assessments**

KCHP completed a series of four assessments generating information about the critical issues affecting community health in Kitsap and opportunities to address those issues. Each assessment had a specific methodology that generated unique information. These four assessments are:

- The **Community Health Status Assessment** which examined 194 indicators to identify priority community health and quality of life issues. The information came from standard public health data systems and local agencies.
- The **Community Themes and Strengths Assessment** which surveyed Kitsap residents to understand their perceptions of and priorities for community health and Kitsap's assets and weaknesses.
- The **Forces of Change Assessment** which focused on identifying the trends, factors, and events, and their associated threats or opportunities, that affect the context in which the community and its health system operate. The Charter Group, a group of 13 KCHP participants serving as the "think tank", provided the information during focus group sessions.
- The **Local Public Health System Assessment** which focused on the capacities and strengths of the local public health system. The Kitsap County Health District administered a survey to key stakeholders within the local public health system.

The following sections summarize the key findings from each of the four assessments; the assessment reports in their entirety are available on the KCHP website, [kitsapchp.com](http://kitsapchp.com).

### **A. Community Health Status Assessment**

The purpose of the Community Health Status Assessment is to provide information about the community's health status and emerging health issues.

The Community Health Status Assessment answers the questions:

- How healthy are our residents?
- What does the health status of our community look like?
- How is the health status of our community changing over time?

Below is a summary of the key findings:

#### **Kitsap Community**

##### **Kitsap demographics are changing**

There are fewer younger people, and a growing aging population. Kitsap has become more racially/ethnically diverse, especially amongst young people.

Families in Kitsap are changing. There are more people living alone, and more children living with a single parent. Births to unmarried women have also increased.

## Kitsap Community Health Priorities (KCHP) *Community Health Assessment*

In 2010, more Kitsap children had a parent who has served in the military than in 2008, and many of those parents have been sent to a combat zone.

The Navy, Port Gamble S'Klallam Tribe, and the Port Madison (Suquamish) tribe are key populations in Kitsap County.

### **Quality of life in Kitsap is relatively good**

The quality of the environment has improved across many factors, including air quality, drinking water quality, shoreline water quality, and food service establishment safety. There are more arts, recreational, and entertainment opportunities than ever.

Kitsap has generally gotten safer: property crime, adolescent arrests, domestic violence, and homicide death rates have decreased, although the violent crime rate has not changed.

Kitsap workers rely on cars for transportation, but many also participate in carpool/vanpools, use buses, ride ferries and either bike or walk to work. Budget cuts have forced service reductions to the Kitsap Transit transportation system.

### **Kitsap residents are experiencing economic hardship**

While the median income for Kitsap residents has gone up, the unemployment rate and percentage of people living in or close to poverty have worsened. However, Kitsap's median income and the unemployment and poverty rates are better than Washington State.

Many Kitsap adults and families are experiencing food insecurity, and visits to Kitsap food banks have increased. Many Kitsap households do not have affordable housing.

### **Health and Health Behaviors**

Kitsap residents are feeling healthy. The vast majority of adults report having excellent, very good, or good general health, and most report that their activities are not limited by poor physical or mental health. However, life expectancy and overall death rates have not improved in the past 20 years. In fact, Kitsap is worse than Washington State for both measures.

### **Trends are mixed for maternal and child health**

Although the pregnancy and birth rates have decreased, the proportion of births to low-income women has increased. The teen pregnancy rate has decreased.

Fewer women are starting prenatal care before the third trimester, and the rate of low birth weight babies has increased.

While smoking during pregnancy has decreased overall, the rate is higher for younger mothers, low-income mothers, and mothers with less than a high school education, and the Kitsap rate remains above the Washington State rate. Also, while most new mothers breastfeed in the hospital, those with less than a high school education breastfeed less.

Fewer children are getting immunizations, which is consistent with the trend across Washington State.

The referral rate to Child Protective Services has decreased.

### **Obesity is a persistent problem**

Similar to Washington State, many Kitsap teens and adults are overweight or obese. Most teens never walk or bike to school, and many teens and adults do not meet physical activity recommendations. Many teens are spending three or more hours in front of the TV or playing computer or video games. Many teens do not have physical education at school.

More adults are being told they have high cholesterol and high blood pressure, and the rates of diabetes-related hospitalizations and deaths have increased.

Although more Kitsap residents are including the recommended amount of fruit and vegetables in their diets, the density of fast food restaurants and convenience stores has increased and the density of supermarkets has decreased.

### **Substance abuse is improving slightly for teens and worsening for adults**

Fewer teens are abusing alcohol and pain killers, but tobacco and marijuana use have not changed.

On the other hand, alcohol use among adults has worsened. Adults are binge drinking more often, and the rates of alcohol-related hospitalizations and deaths have increased.

The rate of drug-related hospitalizations has increased, and opiate-related hospitalizations and deaths have also increased.

### **Mental health trends are unchanged for teens and adults**

The self-inflicted injury hospitalization rate and suicide death rate are unchanged. The percentage of Kitsap adults reporting mental distress or getting needed social/emotional support is unchanged.

The percentage of teens that have either seriously considered or attempted suicide is unchanged, as is the percentage of teens who report that they have an adult to turn to when they are feeling sad or hopeless.

### **Access to health care has not improved**

Kitsap County has a shortage of mental health providers, and the Bremerton/Port Orchard area has a shortage of primary care providers. Fewer adults report having a primary health care provider. Adults without health insurance or with health insurance that does not cover the cost of necessary medical care (uninsured or underinsured) has not changed. Fewer low-income adults report a dental visit in the past year compared to adults with higher incomes.

## **B. Community Themes and Strengths Assessment**

The purpose of this assessment is to identify community issues and concerns to address, community assets to leverage, and community weaknesses to overcome.

The Community Themes and Strengths Assessment asks the following questions:

- What factors are most important to community health?
- What assets does Kitsap have that can be used to improve community health?
- What weaknesses exist within our community that must be addressed or overcome to improve community health?

To conduct this assessment, the KCHP Charter Group fielded an online and paper survey during July and the first half of August 2011. The survey was completed by 1,341 individuals with a valid Kitsap County zip code. The following summary of community themes and strengths reflects results from that survey, and related results from the first KCHP community meeting in May 2011 attended by 35 Community Representatives.

### **What is important to our community's health?**

When asked to rate a list of factors according to how important they are to community health, survey respondents rated the following as most important, in order of importance:

- Health care
- Personal behaviors
- Employment and the economy
- Environment
- Education and literacy

Lowest rated categories were arts and culture, religious/faith-based values, and race/ethnicity.

### **What are the assets within the Kitsap community?**

Kitsap residents report somewhat to mostly good health. Most survey respondents are satisfied with the quality of life in Kitsap, and most respondents feel that Kitsap has networks of support. Most respondents feel that Kitsap is a good place to raise children and is a safe place to live.

When asked what they like about Kitsap County, the top five themes were:

1. A **tightly knit social environment**, with access to family, friends, neighbors, and community networks; and a sense of safety.
2. A **beautiful physical environment** with abundant outdoor recreation opportunities, low traffic congestion, clean air and water, and a mild climate.
3. A relatively **stable economy and affordable cost of living**, with jobs (due in part to the military) and lower than urban housing and living expenses.
4. A **small community that is not isolated**, with good access to major cities, the ocean, and the mountains.

## Kitsap Community Health Priorities (KCHP) *Community Health Assessment*

5. An **abundance of activities**, including recreation, community events, and a variety of local businesses.

Community Representatives who participated in the first KCHP community meeting in May 2011 were asked to identify Kitsap's assets that can be used to improve community health. Community Representatives listed similar themes:

1. A **healthy environment**, with clean air and water, access to outdoor recreation, increased access to locally-grown food, and an emphasis on walkable and bike-friendly streets.
2. A **good location**, close to a major metropolitan area and its resources.
3. **Good community and social resources**, such as schools, YMCAs, and the Kitsap County Health District.
4. Access to **high quality health care**.
5. **Healthy economic development** and growth.
6. **Honest people**.

### **What weaknesses exist within our community might we need to address to improve community health?**

Only one-third of survey respondents reported a shared feeling of pride amongst Kitsap community members. Only one-quarter of survey respondents felt there is economic opportunity in Kitsap.

When asked what they dislike about Kitsap County, the top five themes were:

1. **Inadequate transportation system**, including lack of shoulders for safe walking and bicycling, long commutes, limited public transportation, and deteriorated and congested roads.
2. Elements of an **unfavorable social environment**, with crime, a transient military population, lack of diversity and culture, and insular sub-county communities.
3. **Limited healthy living options**, including lack of support for safe recreation and healthy eating options and few opportunities for family activities and recreation when the weather is not good.
4. **Lack of economic opportunity** from limited jobs and an undiversified economy.
5. **Sluggish or poorly managed government** that is bogged down by politics and regulations.

When asked what prevents the best possible health in Kitsap County, respondents most often identified the following themes:

1. **Lack of access to affordable health care**, including lack of affordable health insurance; limited access to care medical, mental health, and dental care; and lack of coordinated care.
2. **Unhealthy personal behaviors**, including lack of exercise, smoking, substance use, bad habits, lack of motivation, and lack of role models for healthy living.
3. A **tough economy**, with a high cost of living, increasing poverty, and limited economic opportunity.
4. A **lack of healthy living options**, including limited access to safe and affordable places to be active and to healthy and affordable eating options, and too much fast food.
5. A **physical environment** with rainy weather, pollution, and areas with unhealthy housing.



In addition to these themes, the Community Representatives who participated in the May 2011 KCHP community meeting also identified the following three themes:

1. **Need for community collaboration** around a shared vision and priorities.
2. A presence of **health inequities**.
3. **Inadequate public transportation system** that is difficult to use or not accessible.

### **C. Forces of Change Assessment**

The purpose of the Forces of Change Assessment is to lay the foundation for identifying strategies that will help achieve Kitsap's community health priorities, while leveraging opportunities and addressing or avoiding threats. The Forces of Change Assessment answers the following questions:

- What trends, factors, or events are occurring or might occur that affect Kitsap's community health or the local public health system?
- What are the specific opportunities created by each trend, factor, or event? In other words, in what ways could each trend, factor, or event improve community health in Kitsap?
- What are the specific threats created by each trend, factor, or event? In other words, in what ways could each trend, factor, or event do damage to community health in Kitsap?

The following summary outlines the eleven forces of change identified by the KCHP Charter Group in June 2011.

#### **Poor economy and funding reductions for social and public health services**

Opportunities that could emerge from this trend include new momentum to be entrepreneurial and find creative approaches to solve community problems, collaborate and use resources more efficiently, and restructure and reexamine priorities. Threats include expansion of under- and uninsured populations, higher incidence of mental illness, more poverty, higher costs associated with poor health and childbirth outcomes, and permanent loss of critical infrastructure.

#### **Health care reform**

Quality of care, collaboration, access to health care, and preventive care may improve, and long-term health care costs may drop. On the other hand, health care reform may be costly to implement in the near term and the confusion associated with the law may result in lawsuits. The new emphasis on preventive care may result in reduction of crisis care.

#### **Uncertain future of the military**

A substantial cut in defense spending could prompt economic diversity and new jobs. However, demographics could shift and a loss of revenue and population associated with the military's presence could collapse the local infrastructure and compromise small businesses.

#### **Rapidly changing technology and access to information**

New technology and access to information creates opportunities for collaboration across geographies, automated systems, new health applications, emphasis on research and data to correct misinformation and affect behavioral and policy change, and an inexpensive and easy way to reach people. Threats

associated with this trend include social isolation, decreased physical activity, and widespread misinformation.

### **Pervasiveness of marketing in our culture**

Marketing may provide us an opportunity to reach broader audiences by forming new partnerships with the private sector. As with the tobacco industry, it may also increase opportunities for expanding public awareness and lawsuits that can provide money for public health and prompt policy change. On the other hand, pervasive marketing of things that are bad for us may increase adverse health conditions and drive political decisions that negatively affect health.

### **New emphasis on livability in community planning**

An emphasis on livability provides more opportunity for communities to offer resources for healthy living, but may shift funds from other needs, harm freight mobility and economic development, and create communities that are not affordable for all.

### **Stronger emphasis on protecting and improving the environment**

Protecting and improving the environment provides us with an opportunity to safeguard an important asset of Kitsap, but may shift resources from other needs.

### **Greater emphasis placed on early learning and kindergarten readiness**

The current emphasis on early learning may improve educational and life outcomes, decrease incarceration, and increase the long-term quality of Kitsap's workforce. It may also create opportunities for new partnerships and home visiting programs. It may, however, shift funds from other education areas and remain vulnerable to budget cuts.

### **Changing Kitsap demographics**

The aging, increasingly diverse, and suburbanized population creates opportunity for new service markets, new partnerships, and increased cultural diversity. On the other hand, the aging population may result in increased health care costs, a changed workforce, increased social isolation, and less support for community programs and education. More minorities and immigration may increase difficult-to-reach populations.

### **Community is more collaborative**

Increased collaboration offers the opportunity to identify and pursue clear outcomes, improve accountability, add representation from all sectors, strengthen knowledge sharing, and create sustainable programs. However, it may result in increased competition for funds.

### **Pervasive opiate addiction**

Increasing opiate addiction has brought the provider community together and resulted in collaborative discussions. On the other hand, crime and health problems associated with opiate use may decrease the community quality of life, shift resources away from other health care priorities, and decrease the supply of opiates for people who need them for medical uses.

## **D. Local Public Health System Assessment**

The Local Public Health System Assessment answers the following questions:

- What are the activities, competencies, and capacities of our local public health system?
- How well is the public health system doing in providing public health services to our community?

As part of the KCHD strategic planning process, KCHD staff (n=68) and community partner agency representatives (n= 171) evaluated the performance of the KCHD over the past five to ten years and suggested priority areas for the next five years using a modified version of the *Centers for Disease Control Ten Essential Public Health Services* tool. The KCHP Sponsor Group used these survey findings to complete this assessment.

### **Activities, Competencies, and Capacities of KCHD**

When KCHD staff and partners were asked to evaluate public health system performance over the past five to ten years, the following areas were rated as areas of strength or weakness:

The KCHD has the best performance in the following three areas:

- Assessing health status and public health issues
- Enforcing public health laws and regulations
- Investigating health problems and environmental hazards

The KCHD is performing less successfully in the following four areas:

- Engaging the community to identify and address health problems
- Educating public about prevention, wellness and other public health issues
- Improving access to health care services
- Developing policies that help improve the community's health

### **Priority areas for the KCHD**

When KCHD staff and partners were asked to rank their first and second priorities for KCHD in the next five years, the following received the most first and second priority rankings:

- Assessing health status and public health issues
- Investigating health problems and environmental hazards
- Maintaining a competent public health workforce
- Enforcing public health laws and regulations

The following received the fewest first and second priority rankings:

- Contribute to evidence base for public health practice
- Improving access to health care services
- Engaging the community to identify and address health problems
- Educating public about prevention, wellness and other public health issues

KCHD staff and community partners diverged somewhat on their rankings. Community partners were much more likely than KCHD staff to rank “coordinate and improve access to health care” as a top priority. KCHD staff were much more likely than community partners to rank “engage community around health issues” as a top priority.

### **III. Using the MAPP Assessments**

The KCHP Sponsor and Charter groups reviewed the assessment findings and summarized the key issue areas, descriptions of contributing factors, and disparities within the population (Tables 2-15). KCHP then held a community meeting in September 2011 to share and discuss the summaries. In October 2011, the Sponsor and Charter groups drafted a list of potential health priorities which were finalized by the community in November 2011. After finalizing the health priorities KCHP formed Working Groups to address the selected priorities.

**Table 2. Assessment Findings Related to Aging Population**

### **Community Health Status**

- Kitsap's population is aging. In the past 10 years, the adult populations aged 45-64 and 65+ increased about 35%
- One in twenty older adults live in poverty; one in five live at 200% poverty
- Older adults use the health care system more than others
- More than one-third of seniors age 65+ have a disability
- Unintentional fall deaths have increased

### **Community Themes and Strengths**

- Some survey respondents report that age prevents better health
- On average survey respondents report Kitsap is an okay place to grow old, but it was not an overwhelmingly positive response (53% yes, 33% neutral)
- Survey respondents report that Kitsap has a tightly knit social environment, with access to friends, family, neighbors, and community networks
- Survey respondents report that Kitsap has good community and social services
- Survey respondents report that Kitsap offers access to high quality health care, although it is not affordable for many people and there are limited medical, dental, and mental health care options
- Survey respondents report that Kitsap has an abundance of activities, including recreation, community events, and a variety of local businesses
- Survey respondents report that Kitsap has an inadequate transportation system

### **Forces of Change**

- Aging population creates opportunity for a new service market, larger and more educated workforce and volunteer population, and a greater depth of knowledge
- Aging population may increase health care costs, change the workforce, and increase social isolation and its consequences
- The aging population may have more of an anti-tax mentality and be less likely to support public schools and community programs

### **Local Public Health System**

- Local public health system is performing less successfully in educating the public about prevention, wellness and other public health issues and in developing policies that help improve the community's health
  - A top priority of KCHD staff and community partners is to maintain a competent public health workforce, because an estimated 40% of public health workforce will retire in the next 10 years, taking their expertise and experience with them
-

---

**Table 3. Assessment Findings Related to Active Living**

### **Community Health Status**

- Fewer teens are walking or biking to school
- About half of adults and teens report low levels of physical activity, female rates lower than males; low-income adults have the lowest rate
- One in five teens spends 3+ hours on school days watching TV or playing computer or video games for fun

### **Community Themes and Strengths**

- Some survey respondents report being unhealthy or less healthy due to lack of exercise, time/motivation for exercise, cost, lack of safe walking/biking options, access to affordable and accessible indoor facilities, lack of role models
- Survey respondents rate health behaviors second in importance to health
- Some survey respondents report disliking Kitsap due to lack of safe recreation areas, family activities, recreation places in bad weather

### **Forces of Change**

- New emphasis on livability in community planning may offer resources for healthy living, but may also shift funds from other needs, or have adverse effects to freight mobility and economic development
- Potential friction between planners/developers and proponents of active living

### **Local Public Health System**

- Local public health system is performing less successfully in educating and engaging the community on health issues and in developing policies that improve the community's health
  - Engaging and educating the community on health issues is identified as a lower priority by KCHD staff and community partners
-

**Table 4. Assessment Findings Related to Transportation**

### **Community Health Status**

- Of workers who do not work at home, for the majority of their commutes:
  - More than 7 in 10 drive alone
  - Just over 1 in 10 ride in a vanpool/carpool
  - Less than 1 in 10 ride the bus or ferry
- Kitsap Transit budget cuts in 2000 and 2009 have resulted in service reductions and decreased ridership
- Fewer teens are walking or biking to school
- Motor-vehicle related hospitalizations and deaths have decreased

### **Community Themes and Strengths**

- Some survey respondents report being unhealthy or less healthy due to too much time in cars, lack of convenient/efficient public transportation options, cost of gas/ferries
- Survey respondents rate transportation low in importance to health
- Some survey respondents report liking Kitsap for low congestion, proximity to urban areas
- Some survey respondents report disliking Kitsap due to lack of: public transportation, limited transportation service areas, long commutes, long distance to amenities, cost to leave county (ferry/bridge), poor road condition/design, congestion

### **Forces of Change**

- New emphasis on livability in community planning may offer resources for healthy living, but may also shift funds from other needs, or have adverse effects to freight mobility and economic development
- Increased suburbanization leads to increased commute times

### **Local Public Health System**

- Public health system not traditionally involved in transportation issues
- Local public health system is performing less successfully in educating and engaging the community on health issues and in developing policies that improve the community's health
- Engaging and educating community on health issues is identified as a lower priority by KCHD staff and community partners

**Table 5. Assessment Findings Related to Chronic Disease**

## **Community Health Status**

- Increase in adults who are overweight or obese
- Just over 1 in 4 teens is overweight or obese
- About 2 in 3 adults and 3 in 4 teens had a routine medical check-up in past year
- Increase in adults ever told they have high blood pressure or high cholesterol
- Increase in diabetes-related hospitalizations and deaths
- Top leading cause of hospitalization and death is major cardiovascular disease
- Decrease in rates of cervical, colorectal cancer incidence and lung, colorectal cancer deaths

## **Community Themes and Strengths**

- Some survey respondents report being unhealthy or less healthy because of weight, chronic conditions, lack of health care/insurance, or unaffordable health care/insurance
- Less than half of survey respondents are satisfied with the health care system
- Survey respondents rate health care highest in importance to health
- Survey respondents report that Kitsap has an abundance of activities, including recreation, community events, and a variety of local businesses
- Survey respondents report that Kitsap has an inadequate transportation system, including lack of shoulders for safe walking and biking
- Survey respondents report that Kitsap has limited healthy living options, including lack of support for safe recreation and healthy eating options

## **Forces of Change**

- New emphasis on livability in community planning may offer resources for healthy living, but may also shift funds from other needs, or have adverse effects to mobility, econ development
- New technology and access to information through social media and the internet provide opportunities to affect behavioral and policy change
- The aging population may result in increased health care costs
- Marketing/availability of things that are bad for us may increase adverse health conditions, such as obesity, high blood pressure, and diabetes
- Too much use of technology decreases physical activity
- Misinformation, especially about health care, is more readily available and may increase preventable disease incidence

## **Local Public Health System**

- Local public health system has good performance in assessing community health status and public health issues
  - Local public health system is performing less successfully in educating and engaging the community on health issues and in developing policies that improve the community's health
  - Engaging and educating the community on health issues and improving access to health care services are identified as lower priorities by KCHD staff and community partners
  - Public health system shift to chronic disease prevention; KCHD new program in 2010
-



**Table 6. Assessment Findings Related to Substance Abuse**

## **Community Health Status**

- 1 in 4 adults age 18-34 are smokers
- Women smoking during pregnancy is higher than Washington State and higher for younger, lower educated, and low-income women
- Smoking rate for teens is unchanged; 10<sup>th</sup> grade smoking rate is twice as high as 8<sup>th</sup> grade
- 1 in 5 tenth graders used marijuana last month
- Adult binge drinking has increased
- Alcohol use and binge drinking amongst teens has decreased
- In the past month, nearly 1 in 5 tenth graders have ridden in a car with someone who has been drinking
- Alcohol, drug and opiate related hospitalizations have increased
- Opiate related deaths have increased
- Unintentional poisoning deaths have increased

## **Community Themes and Strengths**

- Some survey respondents report being unhealthy or less healthy due to tobacco, alcohol and drug abuse
- Survey respondents rate health behaviors second in importance to health
- Survey respondents report that Kitsap offers a tightly knit social environment, with access to family, friends, neighbors, and community networks and a sense of safety
- Survey respondents report that Kitsap offers good community and social resources
- Some survey respondents report disliking Kitsap because of smokers and drug abusers

## **Forces of Change**

- Increasing opiate addiction may result in more opiate-related crime, increased cost and misuse of health care and may increase black market for opiates
- Opiate addiction adversely impacts families
- Increasing opiate addiction has brought the provider community together, resulted in collaboration around new methadone clinic, and resulted in policy change for providers.
- Reduced funding for social and public health services may result in loss of critical infrastructure, force focus on crisis intervention instead of prevention, decrease funding for direct services

## **Local Public Health System**

- Local public health system is performing less successfully in educating and engaging the community on health issues and in developing policies that improve the community's health
  - Engaging and educating community on health issues is identified as a lower priority by KCHD staff and community partners
  - Tobacco program funding cuts to public health
-

**Table 7. Assessment Findings Related to Healthy Food**

### **Community Health Status**

- About 1 in 3 adults and 1 in 6 teens are experiencing food insecurity
- Food bank usage up in 2010 compared to previous year
- More than 1 in 3 public school students received free/reduced lunch; 3 in 5 students in Bremerton
- People have less access to supermarkets and more access to fast food and convenience stores
- Breastfeeding in the hospital more common among higher income women; average duration of breastfeeding unknown
- Majority of adults and young people do not eat recommended daily amount of fresh fruits and vegetables
- 1 in 3 teens drank more than one soda (not diet) yesterday

### **Community Themes and Strengths**

- Some survey respondents report being unhealthy or less healthy due to bad eating habits, cost of healthy food (fast food cheap, farmers markets expensive), lack of access to healthy food
- Survey respondents rate health behaviors second in importance to health
- Survey respondents report that Kitsap has limited healthy living and healthy eating options

### **Forces of Change**

- Marketing and availability of things that are bad for us may provide an opportunity to influence industry and expand public awareness and prompt policy change, but it also may increase adverse health conditions and drive political decisions that negatively affect health
- New emphasis on livability in community planning may offer resources for healthy living, but may also shift funds from other needs, or have adverse effects to freight mobility and economic development

### **Local Public Health System**

- Local public health system is performing less successfully in educating and engaging the community on health issues and in developing policies that improve the community's health
- Engaging and educating community on health issues is identified as a lower priority by KCHD staff and community partners

**Table 8. Assessment Findings Related to Medical Care**

### **Community Health Status**

- 1 in 6 adults is uninsured or underinsured; most children are insured
- Kitsap has primary care provider shortage in Bremerton/Port Orchard areas
- Adults with a personal doctor has decreased
- About 2 in 3 adults and 3 in 4 teens had a routine medical check-up in past year
- Over 1 in 3 births is paid for by Medicaid
- Adults getting routine recommended cancer screenings (e.g. mammograms, pap test, colonoscopy) has not changed over time
- Pregnant women accessing prenatal care in the first trimester is worse than that of Washington State and more pregnant women are waiting until the third trimester to access prenatal care
- Low birth weight babies have increased, highest among mothers with low education

### **Community Themes and Strengths**

- Some survey respondents report being unhealthy or less healthy due to no healthcare/ insurance, unable to afford care/ insurance/ medications, limited options including alternative and prenatal, limited accessibility to care when needed (end up at ER), lack of care coordination, low quality of care
- Survey respondents rate health care as highest in importance to health
- Less than half of survey respondents are satisfied with the health care system
- Although survey respondents report access to high quality health care is an asset to Kitsap, lack of access to affordable health care; limited options for medical, mental health, and dental care; and lack of coordinated care are weaknesses

### **Forces of Change**

- Reduced funding for social and public health services may encourage entrepreneurship, more creative problem solving, more collaboration, and more efficient use of resources
- Reduced funding for social and public health services may result in loss of critical infrastructure, force focus on crisis intervention instead of prevention, and decrease funding for direct services
- Health care reform provides an opportunity to improve quality and care coordination, improve access to health care, and focus on preventative care, but may be costly to implement and create confusion
- Higher unemployment results in increased burden on community safety net and is likely to expand under- and uninsured populations
- Reduced prenatal care and access to maternal services will increase costs, pregnancy and delivery complications, and related poor outcomes that have long-term effects

### **Local Public Health System**

- Improving access to health care services is identified as a lower priority by KCHD staff and community partners
- Maternal Support Services funding cuts

---

**Table 9. Assessment Findings Related to Dental Care**

**Community Health Status**

- Lower-income adults are much less likely than moderate- to high-income adults to visit a dentist
- About 3 in 4 teens visit a dentist regularly
- Kitsap has no designated dental provider shortage areas
- About 1 in 3 adults report having a tooth extracted due to gum disease and/or tooth decay

**Community Themes and Strengths**

- Some survey respondents report being unhealthy or less healthy due to limited dental options
- Survey respondents rate health care highest in importance to health
- Less than half of survey respondents are satisfied with the health care system
- Some survey respondents report disliking Kitsap due to lack of dental care options, dental programs for low-income populations

**Forces of Change**

- Poor economy and funding reductions for social and public health services may encourage creative approaches to solving community problems, collaboration and more efficient use of resources, but may also result in more un- and underinsured, higher health care costs associated with poor health, and permanent loss of critical infrastructure

**Local Public Health System**

- Improving access to health care services is identified as a lower priority by KCHD staff and community partners
  - KCHD oral health coordinator position cut December 2010
-

**Table 10. Assessment Findings Related to Mental Health**

### **Community Health Status**

- More than 1 in 10 adults report 14 or more days of poor mental health in the past month; almost 1 in 4 with income less than \$25,000
- More than 1 in 4 new moms screened positive on a test for post-partum depression
- About 3 in 10 eighth graders were bullied in the past month
- One in three tenth graders felt so sad/hopeless that they stopped their usual activities, higher among females
- About 2 in 3 teens have an adult to turn to when feeling sad/hopeless
- Almost 1 in 6 teens seriously considered 1 in 15 actually attempted suicide
- Women, adults age 18-34, and Bremerton and South Kitsap residents are more likely to be hospitalized because of intentional self injury
- Suicide death rate higher among males and in Bremerton and South Kitsap
- Suicide is the 8<sup>th</sup> leading cause of death; 2<sup>nd</sup> for ages 15-44
- Kitsap is a designated mental health provider shortage areas

### **Community Themes and Strengths**

- Some survey respondents report being unhealthy or less healthy due to lack of healthcare/ insurance, limited mental health options, services do not meet need, depressing weather, stress due to economic downturn/work environment
- Survey respondents rate health care highest in importance to health
- Less than half of survey respondents are satisfied with the healthcare system
- 6 in 10 survey respondents feel there are networks of support for individuals and families
- Survey respondents report that Kitsap offers good community and social resources; a tightly knit social environment, with access to family, friends, neighbors, and community networks; and a sense of safety
- Some survey respondents report disliking Kitsap due to lack of community spirit/county cohesiveness, need more support for mental health and drug abuse recovery, too much rain brings on depression

### **Forces of Change**

- Poor economy results in poorer mental health
- Reduction in funding for social services force focus on crisis intervention instead of prevention

### **Local Public Health System**

- Local public health system is performing less successfully in educating and engaging the community on health issues and in developing policies that improve the community's health
- Engaging and educating community on health issues and improving access to health care services are identified as a lower priorities by KCHD staff and community partners
- KCHD injury prevention program (suicide prevention) program cut December 2010

**Table 11. Assessment Findings Related to Need for Publicly Funded Services**

### **Community Health Status**

- More people are living at or near poverty
- More people are accessing food banks
- Unemployment rate is higher
- Most adults report getting the social/emotional support they need
- More than 1 in 10 adults report 14 or more days of poor mental health in the past month; almost 1 in 4 with income less than \$25,000
- Child protective services referrals have decreased
- Density of arts, recreation, and entertainment facilities has increased

### **Community Themes and Strengths**

- Survey respondents at lower income level rate education/literacy, housing, parks and recreation, social services, and transportation as more important to health
- Survey respondents at lower income levels give lower ratings for satisfaction with Kitsap quality of life, satisfaction with health care system, good place to raise children, safe place to live
- Some survey respondents report being unhealthy or less healthy due to budget cuts to safety-net, reduced funding to education/ medical/ dental/ housing, high cost of living, lack of livable wage jobs
- Some survey respondents report disliking Kitsap due to numbers of individuals on public-support and too much emphasis and dependence on public programs

### **Forces of Change**

- Reduction in funding for social services may create new opportunities for collaboration and efficient use of resources, but may also result in loss of critical infrastructure; focus on crisis intervention rather than prevention; decrease funds for direct services; and a grant chasing environment

### **Local Public Health System**

- KCHD offering fewer direct services

---

**Table 12. Assessment Findings Related to Racial/Ethnic Diversity**

**Community Health Status**

- Increasing Non-White, non-Hispanic population, particularly Hispanic and multi-racial
- Non-White and non-Asian groups have the lowest incomes
- High school graduation rates and drop-out rates worse for non-White and non-Asian groups
- Unknown if there are differences in health access, conditions and outcomes by race/ethnicity

**Community Themes and Strengths**

- On average survey respondents think race/ethnicity is somewhat important to health (3 on scale of 5)
- Survey respondents indicated that lack of diversity and culture is a community weakness
- Community representatives identified the persistence of health inequities as a community weakness

**Forces of Change**

- Increase in minority/immigrant populations may result in communication gaps

**Local Public Health System**

- Improving access to health care services is identified as a lower priority by KCHD staff and community partners. This includes providing culturally and linguistically competent care
-

**Table 13. Assessment Findings Related to Education**

## **Community Health Status**

- Low-income students are less likely to graduate on time and more likely to drop out than moderate- to high-income students. Kitsap graduation and drop-out rates better than Washington State and better over time
- Low-income mothers are less likely to have at least a high school education; Kitsap rate for all mothers is better than Washington State
- Pregnant women with less than high school education seek prenatal care later, smoke more, have more low birth weight babies, have more preterm births and breastfeed less

## **Community Themes and Strengths**

- Survey respondents with less than college education rate “how healthy are you” lower than those with college education
- Survey respondents rate education 5<sup>th</sup> highest in importance to health
- Survey respondents with less than college education rate “satisfied with quality of life in Kitsap County” and “Kitsap a safe place to live” lower than those with college education
- Some survey respondents report being unhealthy or less than healthy due to lack of education, lack of health education, limited higher education opportunities, decreasing education funding
- Some survey respondents report disliking Kitsap due to lack of four year college, cuts to job training programs at OC, inequities between districts/schools

## **Forces of Change**

- Local focus on kindergarten readiness creates an opportunity to improve educational and life outcomes, but may decrease focus on other education levels
- Beliefs fueled by misinformation provide opportunities to emphasize research/data to correct misinformation and for policy changes but may have adverse impacts on the health of families and communities
- More access to information may provide opportunities to use existing communication channels to reach people and promote use of non-traditional communication channels, but may cause overload of information and disrupt personal relationships between health care provider and patient

## **Local Public Health System**

- Local public health system is performing less successfully in educating and mobilizing the community around health issues
  - Engaging and educating community on health issues is identified as a lower priority by KCHD staff and community partners
-



**Table 14. Assessment Findings Related to Economy/Employment**

### **Community Health Status**

- More people are living at or near poverty
- More people are accessing food banks
- Unemployment rate is higher
- The top employer in the County is Naval Base Kitsap, followed by Harrison Medical Center and Kitsap County
- Households with children with a single-parent have increased. Births to unmarried women have increased
- Nearly 4 in 10 households spend more than 30% of monthly income on housing
- Over 2,000 persons who applied for Food Stamps Assistance reported being homeless, up 63% over 2 years

### **Community Themes and Strengths**

- Survey respondents rate employment/economy third highest in importance to health
- Only just over one-quarter of survey respondents feel there is economic opportunity Some survey respondents report being unhealthy or less healthy due to cost of living/poverty/lack of economic opportunity (no or low paying jobs, cost of living high)
- Some survey respondents report liking Kitsap due to jobs/economy and the military
- Some survey respondents report disliking Kitsap due to lack of economic opportunity- limited jobs, lack diverse economy

### **Forces of Change**

- Poor economy may drive entrepreneurship, increase collaboration and efficient use of resources, strengthen partnerships, and increase community member participation in events/offerings, but may increase burden on community safety net and increase unemployment, under- and uninsured population, mental health disease, and foreclosures/homelessness

### **Local Public Health System**

- Recent decreases in public health funding – lack of stable, flexible public health funding

**Table 15. Assessment Findings Related to Sense of Community**

## **Community Health Status**

- 68% of Kitsap population in unincorporated areas; 9% in Bainbridge Island; 15% in Bremerton; 4% in Port Orchard; and 4% in Poulsbo; highest population growth in Kitsap County cities over past 10 years has been in Port Orchard and Poulsbo
- Household composition has changed – fewer husband-wife with or without children and single female with children households; more single male with children and individuals living alone of all ages and specifically adults age 65+
- Density of arts, recreation and entertainment facilities has increased; density of supermarkets has decreased while density of convenience stores, fast food, and full service restaurants have all increased
- Of workers who do not work at home, for the majority of their commutes: more than 7 in 10 drive alone; just over 1 in 10 ride in a vanpool/carpool; less than 1 in 10 ride the bus or ferry
- Kitsap Transit budget cuts in 2000 and 2009 have resulted in service reductions and decreased ridership
- Most adults report always or usually getting the social/emotional support they need
- One in three tenth graders felt so sad/hopeless that they stopped their usual activities; about 2 in 3 teens have an adult to turn to when feeling sad/hopeless
- Property crime rate has decreased but violent crime rate hasn't changed; differences by sub-county region for both
- Almost 1 in 4 adults is not registered to vote; almost ½ of those registered didn't vote in the November election

## **Community Themes and Strengths**

- Two-thirds of survey respondents are satisfied with quality of life in Kitsap County
- Nearly two-thirds of survey respondents feel Kitsap is a good place to raise children and is a safe place to live
- Nearly three-fifths of survey respondents feel there are networks of support
- Only just over one-third of survey respondents feel Kitsap community members have a shared feeling of pride
- Some survey respondents report liking Kitsap due to the social environment- family and friends, neighbors, community networks, low crime
- Some survey respondents report disliking Kitsap due to the social environment- crime, military population not permanent, lack of diversity/culture, sub-county communities insular
- Survey respondents ranked religious/faith-based values and arts & culture as least important to health

## **Forces of Change**

- Increased collaboration in the community may identify clearer outcomes; increase accountability, representation from all sectors, and strength in knowledge sharing; allow for varying levels of participation; and create sustainable programs; but may result in competition for funds and cause turf issues

## **Local Public Health System**

- Local public health system is performing less successfully in educating and mobilizing the community around health issues
- Engaging and educating community on health issues is identified as a lower priority by KCHD staff and community partners