

Kitsap Community Health Priorities (KCHP)

Community Health Assessment, 2014

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 by a three-member “Sponsor Group”, comprised of the directors of the local Health District, nonprofit hospital and United Way. Since 2011, the Sponsor Group has been expanded to include the Kitsap Community Foundation and the Kitsap County Department of Human Services. KCHP completed a community health assessment during February to July 2014 using a modified MAPP (Mobilizing for Action through Planning and Partnerships) framework. A volunteer Advisory Group of 47 community leaders representing 27 agencies/communities served as the KCHP “think tank,” generating and reviewing health status information to facilitate identification of key issues.

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II. Demographic and Geographic Characteristics of Kitsap County

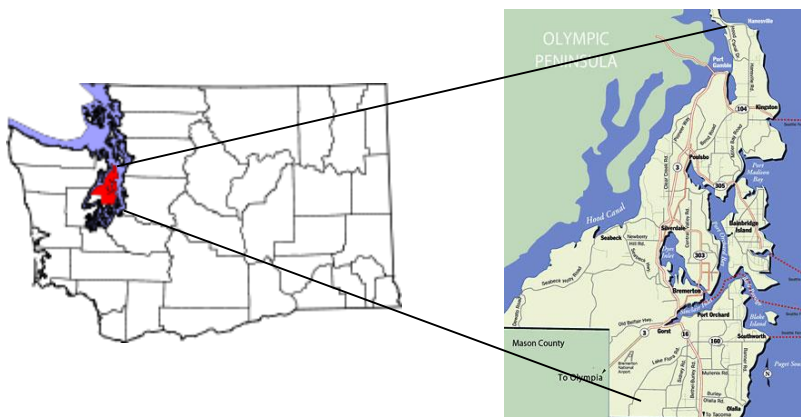
Kitsap County is one of the smallest counties in Washington State by geographic size, but it is the third most densely populated county in the state with an estimated population of 254,000 residents in 2013.¹ On average, Kitsap residents are slightly older than Washington State residents.² Median age within Kitsap County ranges from 34 to 48 years old.³ 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.⁴

Kitsap residents are relatively well educated: Seven in ten Kitsap adults have more than high school education⁵ and more than four in five high school seniors graduate in 5-years.⁶

Household incomes are slightly higher in Kitsap than in Washington; however, 11% of residents live below the poverty level, 15% of children under age 18.⁷

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.

Figure 1. Maps of Kitsap County



Kitsap County is located in the central Puget Sound region of Washington State (Figure 1.⁸). 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 33% of the total population, with unincorporated

areas accounting for the remaining 67% of the population.⁹

Table 1 summarizes key demographic characteristics of the county.

¹ Washington State Office of Financial Management, 2013

² Ibid.

³ American Community Survey, 2010-12.

⁴ US Census, 2010

⁵ American Community Survey, 2012

⁶ Washington State Office of the Superintendent of Public Instruction, 2012-13

⁷ American Community Survey, 2012

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

⁹ Washington State Office of Financial Management, 2013

Table 1. Key Demographic Characteristics of Kitsap County

Demographic Characteristic	Population	Percent	Source, Year
Population	254,000		WA Office of Financial Management, 2013
Sub-County Areas			WA Dept of Health, CHAT (grouped zip codes), 2011
Bainbridge Island	23,030	9%	
Bremerton	85,844	34%	
Central Kitsap	30,866	12%	
North Kitsap	46,424	18%	
South Kitsap	67,587	27%	
Gender			WA Office of Financial Management, 2013
Male	128,460	51%	
Female	125,538	49%	
Age Groups			WA Office of Financial Management, 2013
0-4	15,245	6%	
5-14	30,351	12%	
15-19	14,523	7%	
20-34	50,509	20%	
35-64	102,984	42%	
65+	40,387	13%	
Race/Ethnicity			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%	
Education			American Community Survey, 2012
High school graduates (age 25+)	122,281	70%	
Median Household Income			American Community Survey, 2010-12
All households	98,682	\$59,684	
Families with children < age 18	27,818	\$65,848	
Poverty			American Community Survey, 2012
Living below 100% FPL	27,164	11%	Office of the Superintendent of Public Instruction, 2013-14
Public school free/reduced meal participation	13,097	36%	
Housing			American Community Survey, 2012
Owner occupied housing units	66,361	68%	
Renter occupied housing units	30,666	32%	
Housing Affordability			American Community Survey, 2012
Households paying more than 30% of income on housing costs	35,819	39%	
Unemployment	7,988	7%	US Dept of Labor, BLS, LAUS, 2013 prelim
Disability			American Community Survey, 2007-09
Population living with a disability	30,814	13%	

III. Assessments and Input

KCHP completed assessments and gathered input to generate information about the critical issues affecting community health in Kitsap and opportunities to address those issues. These included:

- The **Community Health Status Assessment** which examined more than 200 indicators to identify priority community health and quality of life issues. The information came from standard public health data sources and local agencies.
- The **Community Themes and Strengths Survey** which surveyed Kitsap residents to understand their perceptions of and priorities for community health.
- The Advisory Group, a group of nearly 50 community leaders serving as the “think tank”, met monthly from February to May to review data and in small groups, identify key findings and provide the following input:
 - **Forces of Change:** What is happening or changing in the community that may affect the issues you listed?
 - **Public Health, Health Care and Social Services Capacity:** What is the current capacity in the community to address the issues you listed? This question focused on the community capacity in public health, health care, and social services systems.

The following sections summarize the key findings from the assessment, survey, and Advisory Group input. Complete results for the assessment and survey are available on the KCHP website, 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 from a variety of local, state and national data sources. These sources include vital statistics (abortion, birth, pregnancy, death), hospitalizations, adult and youth behavior and health access and health status surveys, population, employment, education, housing, natural environment, built environment, among others.

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 demographics are changing

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

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

Household composition in Kitsap is changing – there are more people living alone, more married couples without children, and more children in single parent households. Births to unmarried women have also increased.

Nearly half of Kitsap children had a parent who has served in the military, and many of those parents have been sent to a combat zone. Our veteran population in 2012 is lower compared to 2000.

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 is good or 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. Adult protective service intakes and investigations have increased over time.

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 as a whole has gone up over time, the range in median income for sub-county areas and for sub-groups is wide. The unemployment rate and percentage of people living in or close to poverty have worsened; however, both rates are better than Washington State.

More than 1 in 4 households with children are receiving public assistance – this ranges from 7% in Bainbridge Island to 46% in Bremerton and from 15% among married couple households to 42% among single-parent households. 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 and self-reported homelessness among Basic Food recipients has increased.

General Health

In general, Kitsap residents are healthy. The vast majority of adults report having excellent, very good, or good general health however the rate is 68% among lowest income adults compared to 81% among adults at higher incomes. Just over half of adults report that their activities are not limited by poor physical or mental health, only 39% among adults with lowest incomes. Two-thirds of adults experienced at least one Adverse Childhood Experience before their 18th birthday; more than one-quarter experienced 3 or more.

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.

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Fewer women are starting prenatal care before the third trimester and rates vary by sub-group – 18% among pregnant women with less than high school education; 5% among White, non-Hispanic women and 8-9% among women of other races or Hispanic. The rate of low birth weight babies has increased and is highest among older moms and moms who smoked prenatally. 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. Most new moms breastfeed in the hospital, however 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 but rates vary considerably across the county.

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 than one-third of adults are being told they have high cholesterol and/or high blood pressure. The rate of diabetes-related hospitalizations has increased and rates vary widely by sub-county area, from 397 per 100,000 to 1,435 per 100,000.

Although more Kitsap residents are including the recommended amount of fruit and vegetables in their diets (sub-county rates range from 67% to 76%), the density of fast food restaurants and convenience stores has increased and the density of supermarkets has decreased.

Substance abuse is mixed for teens and worsening for adults

Fewer teens are abusing alcohol and pain killers and while youth tobacco use is unchanged, electronic cigarette use is emerging and marijuana use has increased.

On the other hand, although adults are smoking less, adults are binge drinking more often, and the rates of alcohol-related hospitalizations and drug-related deaths have increased.

Mental health trends mixed for teens and adults

Rates of mental distress and depression are too high among adults and youth. One-third of youth report not having an adult to turn to when they are feeling sad or hopeless; one-quarter of adults report not getting needed social/emotional support, lower among adults with lowest income.

More youth are reporting seriously considering suicide in the past year. The self-inflicted injury hospitalization rate is improving although rates vary by sub-county area (30 per 100,000 to 58 per 100,000) and sub-group, lowest among seniors age 65+ and highest among young adults age 18-34. The suicide death rate is unchanged over time but is highest among males and older adults.

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. Although not measurable yet, soon Affordable Care Act will begin to enroll individuals in health care coverage. Rates of civilians with health insurance coverage vary by sub-group and sub-county region – lower among younger adults and adults with lower incomes. One in five adults report not having a primary health care provider – rates vary by sub-group and sub-county area - lower among males, younger adults, and adults with lower incomes. Adults without health insurance or with health insurance that does not cover the cost of necessary medical care (uninsured or underinsured) is highest among low income, younger adults and males.

Only 30% of eligible population is using Medicaid dental assistance; rates are lowest among adults. Fewer low-income adults report a dental visit in the past year compared to adults with higher incomes.

B. Community Themes and Strengths Survey

The purpose of this survey is to identify information beyond the CHSA indicators and include qualitative input.

The Community Themes and Strengths survey asks questions to better understand:

- Are Kitsap residents satisfied with their education level?
- Do Kitsap residents have barriers to healthy food and opportunities for physical activity?
- What are the levels of substance use and emotional well-being among Kitsap residents?
- Do Kitsap residents have access to routine medical and dental care?
- What are the biggest challenges for Kitsap residents?
- What would Kitsap residents change to improve health and well-being in the county?

To conduct this survey, the KCHP fielded an online and paper survey during June 2014. The survey was completed by 1,600 individuals with a valid Kitsap County zip code. The following summary of community themes and strengths reflects results from the survey.

Education

Most adults reported having the education level they would like however, rates were much lower among younger adults and adults at lower income levels compared to older adults and adults with higher incomes. Those indicating they do not have the education level they would like identified cost as the biggest reason.

Food and Physical Activity

Thirty percent of adults reported never eating at or taking food home from a fast food or other restaurant or deli in an average week; 52% reported 1-2 times and 19% reported 3 or more times in an average week. Those reporting never were younger, had lower levels of education, and lower incomes.

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When asked what factors would motivate more meal preparation at home, 41% of respondents reported “nothing, I’m satisfied”; 36% reported more time to cook; 33% reported more energy to cook; and 31% reported less expensive groceries.

On average, 1 in 3 respondents reported 3 or more fruit servings per day and 40% reported 3 or more vegetable servings per day. Rates were higher among females, adults with college degree or higher education, and higher income. The top factor identified to help increase average daily fruit/vegetable consumption is “less expensive.” Nearly half of respondents with school aged children reported that their children have access to unhealthy school meal choices; one-third reported use of unhealthy treats for rewards or celebrations.

Nearly 3 in 4 respondents reported that they and/or family get physical activity outside at home, more than half reported using trails/paths and nearly half use public parks/playgrounds. When asked what would help you/your family be more physically active, the top factor identified was “more time” followed by “more places to be active near my home” and “more affordable classes/activities.” When asked what would make it safer or easier to be active in their neighborhood, more than half of respondents reported sidewalks (59%) and shoulders along roadways (51%).

Forty percent of respondents reported more than 2 hours of daily screen time (watching TV or movies, video games, using computer, tablet or smart phone for fun) – rates are higher among youngest and oldest adults, adults with lower levels of education, and adults with lower incomes. Among families with school aged children, 55% report that screen time for fun “sometimes” interferes with other activities (physical activity, homework, time with family) and 24% report it interferes often or always.

Substance Use and Emotional Well-Being

Adults reported sometimes, often or always having cigarette smoke: inside the home 6%, in the area around the home 31%, in the area around work 34%, inside vehicles 10%, in the places where you/your family are active 33%.

Sometimes, often, always substance use rates for respondents were as follows: cigarettes 12%, binge alcohol use 9%, electronic cigarettes 5%, other tobacco products 2%, marijuana 6%, illegal drugs 1%, use of others prescription medications or yours used in excess 1%.

Seventy percent of respondents report that their network of friends/family is very or extremely supportive. Rates are higher among females, adults with higher education levels, and adults with higher income levels. Sixteen percent of respondents reported that half, most or the whole year they did not have enough money in the past year for essentials (food, clothing, housing, medicine). More than half of respondents report that most days are somewhat stressful, 23% report most days are very stressful, another 9% report most days are extremely stressful. Stress is higher among females, younger adults, and adults with lower incomes. Six percent of respondents reported seriously thinking about killing themselves in the past year.

Over half of respondents somewhat believe community members have a shared feeling of pride and responsibility for what happens in the community, another 24% definitely believe.

Access to Care

In the next year, 60% of adults will definitely have a doctor check-up, 64% will definitely have a dental check-up. For both, lower among younger adults and adults with lower incomes. Half of respondents say nothing would prevent them from either check-up, 25% report being too busy would prevent them from a doctor check-up, 25% report expense would prevent a dental check-up.

What are the biggest challenges?

For three groups – teens, parents of young children, and seniors – respondents were asked to select from a specific list of challenges. Respondents highest rated challenges are listed in this table:

TEENS	PARENTS OF YOUNG CHILDREN	SENIORS
1. Substance use	1. Cost of child care	1. Living on a fixed income
2. Unhealthy/unstable home life	2. Single parenting	2. Social isolation/being lonely
3. Lack of involved, supportive, positive role models	3. Child care options	3. Cost of needed assistance/care

In addition, respondents were asked to rate the **top day-to-day challenges for their family**, the top 5 overall were:

1. Stress
2. Income and Physical Activity (tie)
3. Healthy Food
4. Health Problems

What are the top three changes to improve health and well-being in Kitsap County?

1. More/better jobs
2. Less substance use/abuse
3. Less poverty

More/better jobs was the most common response among sub-groups (gender, age, education level, Kitsap County sub-area, race/ethnicity) with only one exception, Native American/Alaska Natives ranked less substance use/abuse as #1. Less substance use/abuse was second for the majority of sub-groups (13).

C. Forces of Change and Public Health, Health Care, Social Services

Capacity Input

The purpose of the Forces of Change and Public Health/Health Care/Social Services Capacity input is to understand areas of opportunity or strength and areas of challenge or weakness related to key issues. The input was guided by the following questions:

- What are the key issues most important to our community’s health and well-being based on:
 - Size – how many people are affected?
 - Seriousness – does issues lead to death, disability or decreased quality of life?
 - Trend – is it getting worse or not improving over time and/or is it worse than WA?
 - Value – how important is it to our community?
- What is the current capacity in the community to address these issues?

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- What is happening or changing in the community that may affect these issues?
 - Consider existing or new opportunities, factors, or events; existing or new barriers; and consequences of inaction on an issue.

The table and text below summarize the input by the KCHP Advisory Group in February-May 2014.

Key Issues Identified by Small Groups:

DATA TOPICS	ISSUES IDENTIFIED BY SMALL GROUPS (# of groups identifying)				
Demographics & Environmental Health	AGING POPULATION (5)	TRANSPORTATION (5)	FOOD ACCESS (4)	YOUTH WITH PARENTS IN COMBAT (3)	YOUTH WALK/BIKE TO SCHOOL (3)
Socioeconomics, Employment, Housing	BREMERTON AREA DISAPRITIES (3)	HOMELESSNESS (3)	ACCESS TO EARLY LEARNING (2)	AFFORDABLE HOUSING (2)	FOOD INSECURITY (2)
Health Care Resources, Pregnancy/Births, Quality of Life	YOUTH SUICIDE PREVENTION (4)	ACCESS TO MENTAL HEALTH CARE (3)	ACCESS TO PRENATAL CARE (3)	ADVERSE CHILDHOOD EXPERIENCES (3)	
Health-related Behaviors, Deaths, Illness, Injury, Disability	OVERWEIGHT/OBESITY (4)	OPIATE USE (3)	DIABETES (3)		

Forces of Change/Capacity:

Aging Population

Growing senior population – community needs enough transportation options, support for family care givers, appropriate levels of care, healthy food access; need overall holistic cross-agency planning approach.

Early Learning

Children need equal opportunity to early learning – many school districts funding all-day Kindergarten; preschool not available for all income levels; need parent programs to increase involvement linked to student success.

Disparate Educational Achievement

Low-income, homeless, foster kids have lower graduation rates – need more support/interventions for these groups.

Provider Access

Affordable Care Act expanding number of insured - does community have enough providers to meet Medicaid demand for medical and dental? Youth access to mental health care at school. Early prenatal care delayed – need additional providers? Need more collaboration and organization to ensure access. 1/10th of 1% funding may help.

Adverse Childhood Experiences

Children growing up in poverty, broken families, households with mental illness – lifelong consequences for many including poor health, lower quality of life. Capacity in community resources: teachers/school counselors, physicians, community boards, family intervention programs, 211. 1/10th of 1% funding may help.

Suicide

Community awareness and focus on suicide increasing – need funded prevention programs in school (have lost funding); hard to treat when not well understood. Rates highest among older adults. 1/10th of 1% funding may help.

Opiates

Opiate use/abuse and deaths too high. Tribal task force on hard drugs, 1/10th of 1% funding may help.

Healthy Eating & Active Living

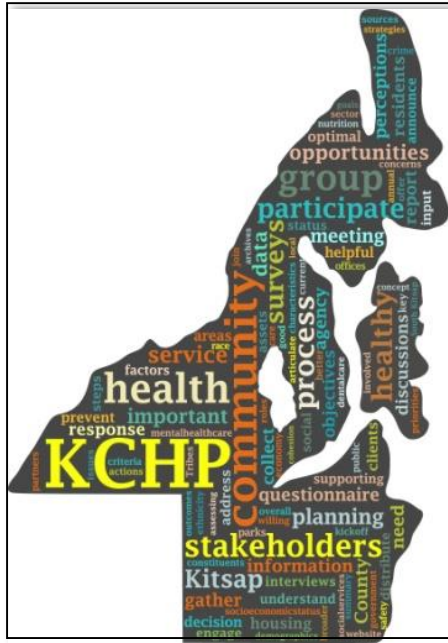
Rates of obesity/overweight and diabetes are too high – have 5210 program, need funding for marketing awareness and prevention programs, appropriate health services, retailer education, access to Farmers Markets, food banks, access to public gardens (pea patches).

Transportation

Community has capacity in Kitsap Transit (worker-driver), Paratransit (Medicaid resource), School District bus usage, WSDOT ferry system. Transportation reductions impact quality of life. Commuting, impact of neighboring counties, military – cross-jurisdictions with county and military opportunity. Current capacity for weekend almost non-existent. Senior population will need transportation for independence and mobility. Need to public will for transportation changes; community development for safer routes to school.

IV. Using the Assessments/Inputs

In July 2014, the KCHP Sponsor and Advisory groups reviewed the assessment/input findings grouped into overlapping areas of convergence and voted with dots to identify potential priority issue areas (see Appendix A). The resulting potential priorities were presented to the community on September 30, 2014 for a vote to establish the final priorities (see Appendix B). KCHP then formed Working Groups to address the selected priorities.



Kitsap Community Health Priorities

Areas of Convergence:
Key Findings from the Community Health
Status Assessment and Community Survey

July 29, 2014

Background

- Each slide represents one *key finding* area identified during the Advisory Group small group analysis.
- Each *key finding* area includes selected data from the Community Health Status Assessment reviewed February – May 2014 and selected results from the Community Survey reviewed June 2014.
- All data and survey results are available at: kitsapchp.com

Thank you to the KCHP Advisory Group for their participation in and contributions to this process!

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Areas of Convergence:

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Housing/Homelessness

Living Wage Jobs, Workforce Education/Training

Mental Health/Emotional Well-Being/Stress

Overweight/Obesity/Chronic Disease

Parenting

Physical Activity/Active Living

Prenatal Care

Substance Use

Transportation

Adverse Childhood Experiences

Data

- 66% of adults report at least one ACE; 29% report 3 or more (F.1.5)
- CPS accepted referral rate: 32 per 1,000 children; 67 per 1,000 in Bremerton (F.2.8)
- About 1 in 6 youth report ever having been physically abused by an adult (F.2.9)
- Nearly 400 Kitsap children receive foster care services (B.1.5)

Survey

- #2 issue identified for teens “unhealthy or unstable home life” (identified by 60%)
- 24% identified “more help for residents dealing with stress, mental health, and/or emotional trauma” as a top 3 change to improve health and well-being

Aging Population

Data

- Over 40,000 residents age 65+, up 64% since 2000 (A.2.3)
- 27% of older adults live alone; more live with family compared to WA (B.1.2)
- 21% of older adults live below 200% of poverty (B.4.6)
- Population with Medicare differs by area: 19% Bainbridge; 18% NK; 16% SK; 15% Bremerton and CK (D.2.9)
- Rate of Adult Protective Services intakes and investigations increasing (F.2.10)
- Alzheimer's disease death rate increasing (H.1.3)
- Top causes of death: age 65-84: 1) cancer; 2) cardiovascular; 3) chronic lower respiratory; age 85+: 1) cardiovascular; 2) Alzheimer's 3) cancers (H.1.4)

Survey

- #1 challenge for seniors is "living on a fixed income" (identified by 77%)
- #2 challenge is "social isolation/being lonely" (identified by 68%)
- #3 challenge is "cost of needed assistance/care" (identified by 65%)
- #4 challenge is "managing health problems" (identified by 50%)
- #5 challenge is "transportation" (identified by 48%)

Bremerton (as an outlier)

Data

- City of Bremerton population increased only 2% from 2000-2013 (Kitsap average was 9%) (A.3.1)
- Highest rates of asthma-related hospitalizations (C.1.2)
- Highest rates of risk of lead exposure: 33% compared to 15% County average (C.4.1)
- 45% of households with children are headed by a single parent (32% in Kitsap) (B.1.3.)
- Children receiving Foster Care services more than twice as high as elsewhere in Kitsap (B.1.5)
- Third grade standardized test, high school graduation and drop out rates worse than county average (B.2.11, B.2.4, B.2.6)
- Median household income \$12,500 lower than county average (B.4.1)
- 20% of the population is living in poverty; over 1 in 4 children (B.4.3)
- 63% of public school students receive free/reduced meals, county average is 36% (B.4.9)
- 80% of Bremerton adults have a personal doctor (Kitsap average is 79%) (D.2.7)
- 73% of Bremerton adults report a routine medical check-up in past year (Kitsap is 67%) (D.3.1)
- 34% of births are to unmarried mothers (E.2.4)
- Second highest property crime rate after SK; highest violent crime rate (F.2.5, F.2.6)
- CPS referral rate 67 per 1,000 children, county average is 32 (F.2.8)
- Highest rate of premature death (H.1.5)

Survey

- More Bremerton survey participants report 2+ hours of recreational screen time each day
- More Bremerton survey participants report cigarette smoke sometimes/often/always in area around their home
- Almost 20% of Bremerton survey participants report smoking cigarettes in the past year
- 40% of Bremerton survey participants report not having enough money for half/most/or the whole year
- Bremerton respondents had highest rate of most days being very/extremely stressful

Education

Data

- Adults with more than a high school education increasing (B.2.1)
- 90% of babies are born to moms with at least a high school education; improving over time, better than WA but 80% for low-income moms (B.2.2)
- High school graduation rate higher than WA but lower for low-income, homeless, and foster care students (B.2.4)
- High school drop out rate lower than WA but 1% on Bainbridge vs. 21% in Bremerton and higher among low income, homeless, foster care students (B.2.6)
- Access to early learning – only half of children age 3-4 are enrolled in school (B.2.3)
- 50% of adults with high school or less education have ever been told they have high cholesterol compared to 34% with 4+ years of college (H.2.2)
- 31% of adults with high school or less education had a flu shot in past year compared to 49% with 4+ years of college (H.3.13)
- 85% of adults age 65+ with high school or less education have ever had a pneumonia shot compared to 76% with 4+ years of college (H.3.14)

Survey

- 65% of respondents have the level of education they would like; lower among younger adults, those with less than college degree; non-Whites, those with higher incomes
- Of those not satisfied with education level, 70% report continuing is too expensive, 39% report no time and 23% report what they want to study isn't available locally
- 57% of respondents report that their mother and their father had more than a high school education; higher among respondents with higher education and higher income
- 15% identified "higher level of education among all residents" as a top 3 change to improve health and well-being

Food Access/Insecurity

Data

- Increase in convenience store density, rate higher than WA; decrease in supermarket density (C.2.2)
- Increase in fast food and full service restaurants, rates lower than WA (C.2.5)
- 88% of Kitsap Farmers Markets accept WIC and SNAP (C.2.4)
- 36% of public school students receive free/reduced meals, increasing over time (B.4.9)
- 13% of Kitsap residents and 21% of Kitsap children experience food insecurity (B.4.12)
- 70% increase in food bank usage since 2006 (B.4.13)
- Fewer than 3 in 4 adults and youth report eating 5 fruits/veggies a day (G.2.4, G.2.5)
- Fewer youth report drinking 1+ sugar-sweetened sodas, still about 3 in 10 (G.2.6)

Survey

- 30% of respondents eat out or take food home 0 times per week, 52% 1-2 times per week, 19% 3 or more times per week
- 41% of respondents are satisfied with the frequency of meal preparation at home; 36% need more time to cook; 33% need more energy to cook
- Fewer than 3 daily servings of fruits: 67%; veggies: 60%. Worse among males, lower education, lower income
- 44% report they could eat more fruits/veggies if less expensive; 21% if more time to prepare them
- Parents of school-age children report about half have access to unhealthy school meal choices; a third get unhealthy treats for rewards/celebrations; a quarter have access to unhealthy choices in vending machines
- 29% report healthy food as a top daily challenge (ranked #4)
- 19% identified “more healthier food/less unhealthy food available” as a top 3 change to improve health and well-being

Housing/Homelessness

Data

- 39% of households spend more than 30% of income on housing; 39% of owners with mortgages, 52% of renters; all worse over time (B.5.7)
- Rent affordable with median income earnings: \$916/month; 50% of renters are unable to afford a 2 bedroom at this rate (B.5.10)
- Need hourly wage of \$17.96 (195% of minimum wage) to afford a 2-bedroom rental at \$916/month (B.5.11)
- Nearly 800 public school students experienced homelessness; 151% increase since 2006 (B.5.13)
- On average each month, 2,700 Food Stamp recipients experience homelessness; 43% are unhoused (B.5.14)
- Number of individuals counted during the annual Point in Time count is decreasing (B.5.16)

Survey

- 16% of respondents reported not having enough money in the past year for essentials; higher among younger adults, lower education, non-White, non-Asian, low income, Bremerton, newer to Kitsap
- 32% identified “housing” as a top challenge for seniors
- 24% identified “more affordable housing” as a top 3 change to improve health and well-being

Living Wage Jobs, Workforce Education/Training

Data

- Unemployment rate higher among younger adults and adults with lower education levels (B.3.1)
- Since 2000, decrease in construction jobs and increase in service industry and government jobs (B.3.5)
- 25% of the population are “working poor;” earn under 200% FPL (B.4.6)
- Need hourly wage of \$17.96 (195% of minimum wage) to afford a 2-bedroom rental at \$916/month (B.5.11)

Survey

- 65% of respondents have the level of education they would like; lower among younger adults, those with less than college degree; non-Whites, those with higher incomes
- Of those not satisfied with education level, 70% report continuing is too expensive, 39% report no time and 23% report what they want to study isn’t available locally
- 42% identified “more/better jobs” as a top 3 change that would improve health and well-being (ranked #1)

Mental Health/Emotional Well-being/Stress

Data

- Entire county is a mental health professional shortage area (D.1.3)
- 77% of adults report always/usually get social emotional support they need; 68% among lower-income (F.1.4)
- 66% of adults report at least one Adverse Childhood Experience; 29% report 3 or more (F.1.5)
- 12% of adults report mental distress, 31% among low income (F.1.9)
- About 30% of youth report being depressed in the past year (F.1.10)
- Of youth reporting being depressed, at least 1 in 3 also report being bullied (F.1.11)
- 59% of 10th graders and 65% of 8th graders have an adult to turn to when feeling sad/hopeless (F.1.13)
- 1 in 5 youth report seriously considering suicide in past year (F.1.14)
- 1 in 11 youth report attempting suicide in past year, 1 in 8 girls (F.1.15)
- 1 in 6 sixth graders ever seriously thought about suicide; 1 in 20 ever tried to kill self (F.1.16)
- Increase in youth reporting parent in combat; about 40% of 8th and 10th graders (A.2.11)
- Suicide-related hospitalizations down; suicide deaths unchanged over time (F.1.17, F.1.18)

Survey

- 6% report having no network or friends/family or a non-supportive network; worse among lower education, Blacks, Hispanics, Native Hawaiian/Pacific Islanders, those with no money half/most/the whole year
- 58% report that most days are somewhat stressful, 23% very stressful, 9% extremely stressful; very/extremely stressful highest among females, younger adults, less than college degree, Black, Native Hawaiian/Pacific Islander, lower income, children in household, resident of Bremerton, CK, NK, SK
- 6% report seriously thinking about killing self in the past year
- #2 challenge identified for teens “unhealthy or unstable home life” (identified by 60%)
- #3 challenge identified for teens “lack of involved, supportive, positive role models” (identified by 55%)
- 47% identified “bullying” as a top challenge for teens
- 46% identified “maintaining emotional health” as a top challenge for teens
- 62% identified stress as a day-to-day challenge (ranked #1)
- 24% identified “more help for residents dealing with stress, mental health, and/or emotional trauma” as a top 3 change to improve health and well-being

Overweight/Obesity/Chronic Disease

Data

- 61% of adults are overweight/obese; increasing over time (G.2.2)
- 1 in 4 youth is overweight or obese (G.2.3)
- Fewer than 3 in 4 adults and youth report eating 5 fruits/veggies a day (G.2.4, G.2.5)
- Fewer youth report drinking 1+ sugar-sweetened sodas, still 3 in 10 (G.2.6)
- 41% of adults do not meet recommendations for physical activity, 60% of low-income (G.2.7)
- 19% of adults report no physical activity in past month, 34% of low-income (G.2.8)
- 38% of eighth graders and 52% of tenth graders do not meet recommendations for physical activity (G.2.9)
- 43% of eighth graders and 54% of tenth graders do not have PE class at school (G.2.10)
- Between 1 in 5 and 1 in 6 youth report 3+ hours of recreational screen time on school days (G.2.11)
- Leading causes of death are cardiovascular disease and cancers (H.1.3)
- Major cardiovascular disease 3rd leading cause of premature death (H.1.5)
- 41% of adults ever told they have cholesterol; 34% of adults ever told they have high blood pressure (H.2.2, H.2.3)
- 9% of adults ever told they have diabetes; 5% of youth (H.2.5, H.2.6)
- Diabetes related hospitalizations increasing (H.2.10)

Survey

- Fewer than 3 daily servings of fruits: 67%; veggies: 60%. Worse among males, lower education, lower income
- 40% of respondents have more than 2 hours of screen time daily; higher among those with lower education level, lower income, no children in household
- Parents of school age children report that recreational screen time interferes with other activities often or always 24% of the time; differs by race/ethnicity, higher among lower income
- Parents of school-age children report about half have access to unhealthy school meal choices; a third get unhealthy treats for rewards/celebrations; a quarter have access to unhealthy choices in vending machines
- 19% identified “more healthier food/less unhealthy food available” as a top 3 change to improve health and well-being
- 36% identified “maintaining physical health” as a top challenge for teens
- 50% identified “managing health problems” as a top challenge for seniors
- 45% reported physical activity as a top daily challenge (ranked #2)
- 29% reported healthy food as a top daily challenge (ranked #4)
- 26% reported health problems as a top daily challenge (ranked #5)

Parenting

Data

- 9% of all Kitsap households are headed by a single parent (B.1.1)
- Of households with children, 32% are headed by a single parent; increasing over time, higher than WA; 45% in Bremerton (B.1.3)
- 28% of households with children receive public assistance, increased since 2005 (B.4.7)
- 28% of births are to unmarried women, nearly half to women under age 25 (B.1.4, E.2.4)
- 37% of births are to low-income women, increased over time (E.2.5)
- 11% of women report smoking during pregnancy, 25% with less than high school education (E.1.8)
- Over 30% of 8th and 10th graders live in homes with poor family management (F.1.12)

Survey

- #2 challenge for teens: “unhealthy or unstable home life” (identified by 60%)
- #3 challenge for teens: “lack of involved, supportive, positive role models” (identified by 55%)
- #1 challenge for parents of young children “cost of child care” (identified by 78%)
- #2 challenge for parents of young children “single parenting” (identified by 55%)
- #3 challenge for parents of young children “child care options” (identified by 52%)
- 43% identified “lack of awareness of available community resources” as a challenge for parents of young children
- 37% identified “lack of education/information about parenting” as a challenge for parents of young children
- 16% identified “parenting help for parents of young children” as a top 3 change to improve health and wellbeing

Physical Activity/Active Living

Data

- Increase in fitness/recreation centers over time (C.2.1)
- Increase in public school bus riders picked up within the “walk zone” (C.3.1)
- 70% of kids never walk to school; 95% never bike to school (C.3.3)
- 3 in 4 workers drives alone to work, higher over time and compared to WA (C.3.4)
- Increase in workers taking public transportation, walking or bicycling to work (C.3.4)
- 12% of adults report having a physical impairment, 30% of low-income (F.1.8)
- 41% of adults do not meet recommendations for physical activity, 60% of low-income (G.2.7)
- 19% of adults report no physical activity in past month, 34% of low-income (G.2.8)
- 38% of eighth graders and 52% of tenth graders do not meet recommendations for physical activity (G.2.9)
- 43% of eighth graders and 54% of tenth graders do not have PE class at school (G.2.10)
- Between 1 in 5 and 1 in 6 youth report 3+ hours of recreational screen time on school days (G.2.11)

Survey

- Nearly 3 in 4 respondents report getting physical activity outside at home; about half use trails/paths and public parks/playgrounds
- To be more physically active, 42% report needing more time; 34% need more places close to home; 33% need more affordable classes/activities
- To make it safer/easier to be active in their neighborhood, 59% need sidewalks; 51% need shoulders along roadways; 37% need designated bike lanes
- 40% of respondents have more than 2 hours of screen time daily; higher among those with lower education level, lower income, no children in household
- Parents of school age children report that recreational screen time interferes with other activities often or always 24% of the time; differs by race/ethnicity, higher among lower income
- 45% identified physical activity as a day-to-day challenge (ranked #2)

Prenatal Care

Data

- 78% of pregnant women start prenatal care in the 1st trimester, unchanged over time and lower than WA (E.1.4)
- 16% of pregnant women start prenatal care in the 2nd trimester, unchanged over time, higher than WA (E.1.4)
- 6% of pregnant women start prenatal care in the 3rd trimester or get none, worse over time and higher than WA (E.1.5)
- Late or no prenatal care rate is higher among Medicaid-paid births (10%); among women with less than high school education (18%); among non-Whites (E.1.5)

Survey

- NO RELATED QUESTIONS

Substance Use

Data

- Younger, lower-income and Bremerton resident adults more likely to allow smoking in vehicles (C.4.3)
- 11% of pregnant women smoke during pregnancy, down from 20% but still higher than WA; 25% with less than high school education (E.1.8)
- 10% of babies born to mom's who smoked during pregnancy were low birth weight compared to 5% of all births (E.2.8)
- 1 in 5 adults report current smoking; 1 in 16 eighth graders; 1 in 9 tenth graders (G.1.1, G.1.3)
- Tobacco retailers failed 39% of compliance checks (testing sales to minors), 15% in WA (G.1.2)
- 6% of tenth graders reported using e-cigarettes in the past month (G.1.6)
- 9% of eighth graders and 20% of tenth graders used marijuana in the past month (G.1.8)
- Fewer 10th graders report using pain killers to get high in the past month (G.1.9)
- 15% of adults report binge drinking in past month (G.1.10)
- Youth reported alcohol use decreasing (G.1.11, G.1.12, G.1.13)
- Drug related deaths (including opiates) worse over time (G.1.17)
- KPHD syringe exchange 251% increase in volume of syringes compared to 2008

Survey

- 31% report cigarette smoke in area around home sometimes/often/always; higher among younger adults, lower income, American Indian/Alaska Natives, Native Hawaiian/Pacific Islanders, lower income, Bremerton
- 34% report cigarette smoke in the area around work sometimes/often/always; higher among younger adults, lower education, non-Whites and non-Hispanics
- 10% report cigarette smoke inside vehicles sometimes/often/always; higher among lower education, American Indian/AK Natives, lower income
- 33% report cigarette smoke in area where they're active sometimes/often/always; higher among younger adults, lower education, American Indian/Alaska Natives, Native Hawaiian/Pacific Islanders, lower income, Bremerton, CK, SK, newer to Kitsap County
- 20% report rarely binge drinking in past year, 9% sometimes/often/always; higher among males, younger adults, some race/ethnic groups
- 15% report using cigarettes in past year, 12% sometimes/often/always; higher among younger adults, American Indian/Alaska Natives, Native Hawaiian/Pacific Islanders, lower income, Bremerton, NK, SK, newer to Kitsap County
- 5% report using electronic-cigarettes sometimes/often/always
- 6% report using marijuana sometimes/often/always
- #1 challenge identified for teens "substance use" (identified by 68%)
- 30% identified less substance use/abuse as a top 3 change to improve health and well-being (ranked #2)

Transportation

Data

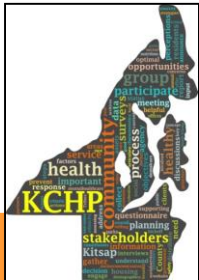
- Transit cutbacks due to loss of funding (C.3.5, C.3.6)
- 3 in 4 workers drives alone to work, higher over time and compared to WA (C.3.4)
- Increase in workers taking public transportation, walking or bicycling to work or working from home (C.3.4)
- Decrease in workers using carpools/vanpools (C.3.4)

Survey

- 48% identified transportation as a top challenge for seniors (ranked #5)
- 29% identified transportation as a top challenge for parents of young children
- 12% reported transportation is a top daily challenge
- 22% identified “better public transportation” as a top 3 change to improve health and well-being
- To make it safer/easier to be active in their neighborhood, 59% need sidewalks; 51% need shoulders along roadways; 37% need designated bike lanes

2014 KCHP Potential Priorities

- Mental Health
- Affordable Housing
- Adverse Childhood Experiences
- Obesity
- Youth Substance Use/Abuse
- Living Wage Jobs



Mental Health:

Ensure mental health care is accessible, available, and timely for all.

DATA

ADULTS:

12% report mental distress

23% report not getting needed emotional support

32% report most days are very or extremely stressful

Stress was the #1 day-to-day challenge reported by community survey respondents

YOUTH:

30% report being depressed

35% have no adult to turn to when depressed

20% report seriously considering suicide in the past year

Half of adult community survey respondents identified “maintaining emotional health” as a top challenge for teens

SUICIDE:

Suicide death rate unchanged over time

Suicide-related hospitalizations are decreasing over time

6% of adult community survey respondents reported seriously thinking about suicide in the past year



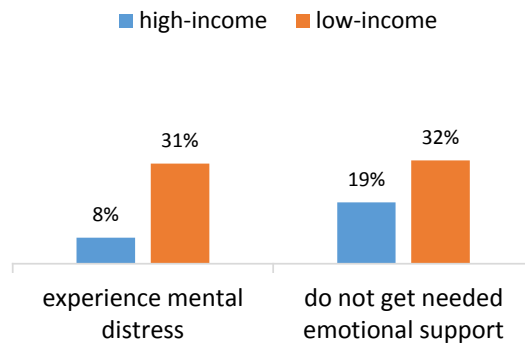
Mental Health:

Ensure mental health care is accessible, available, and timely for all.

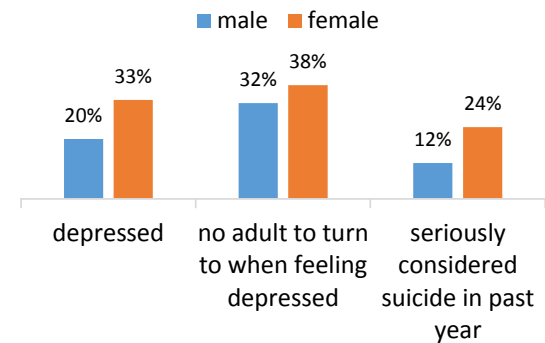
DISPARITIES

- Kitsap County is designated as a mental health professional shortage area

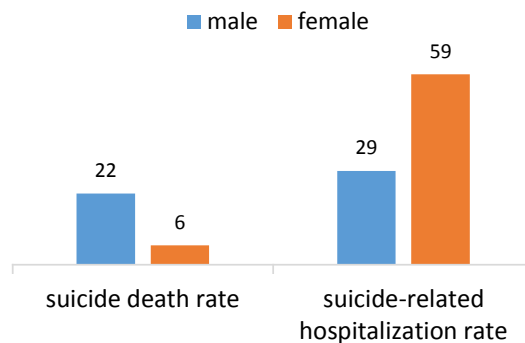
Adults by Income Group



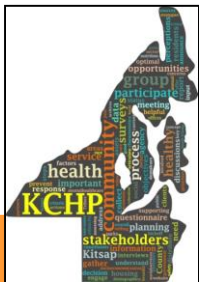
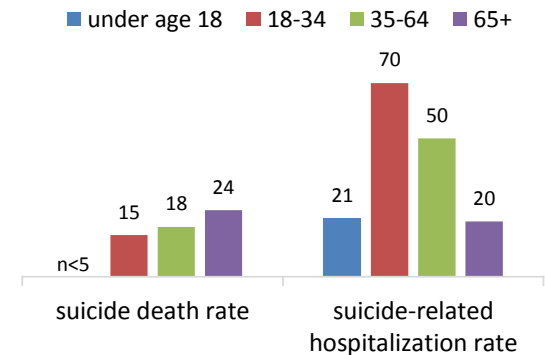
Youth by Gender



Suicide by Gender



Suicide by Age



Mental Health:

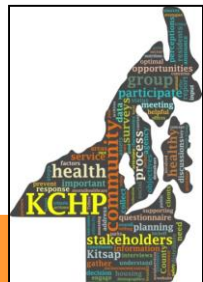
Ensure mental health care is accessible, available, and timely for all.

IMPACT

- The burden of mental illness is among the highest of all diseases and is one of the most common causes of disability¹
- Mental health is essential to a person's well-being, healthy relationships, and the ability to live a full and productive life¹
- Mental health has serious impacts on physical health¹
 - Compared to the general population, those with serious mental illness die 14-32 years earlier; they are more than twice as likely to smoke and more likely to be obese²
- Mental health disorders among children and youth can lead to school failure, substance use, family discord, violence and suicide¹

1. Healthy People 2020. Accessed at: <http://www.healthypeople.gov/2020/LHI/mentalHealth.aspx>, 9/22/14

2. National Institute of Mental Health. Accessed at: <http://www.nimh.nih.gov/about/director/2011/no-health-without-mental-health.shtml>.. 9/22/14



Affordable Housing:

Increase affordable housing and make homelessness a one-time brief event.

DATA

HOUSING COST:

Households spend more than 30% of income on housing: 39% of households with mortgages, 52% of renter households; both worse over time

Need an hourly wage of \$18 to afford an average priced 2-bedroom rental

16% of adult community survey respondents reported not having enough money for essentials including housing in the past year

HOMELESSNESS:

Nearly 800 students experienced homelessness during the 2012-13 school year

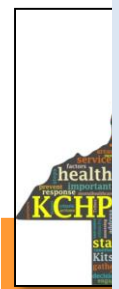
In 2013, on average, 2,700 Kitsap Food Stamps recipients reported homelessness per month

The number of individuals and households counted in the annual one night "Point in Time Count" is decreasing

COMMUNITY SURVEY:

32% of adult participants identified "housing" as a top challenge for seniors

24% of adult participants identified "more affordable housing" as a top 3 challenge to improve health and well-being

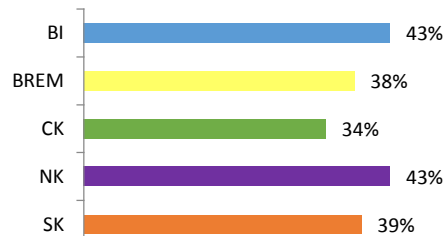


Affordable Housing:

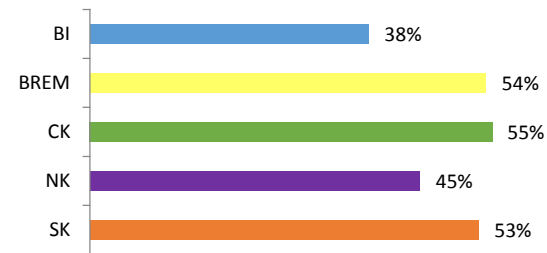
Increase affordable housing and make homelessness a one-time brief event.

DISPARITIES

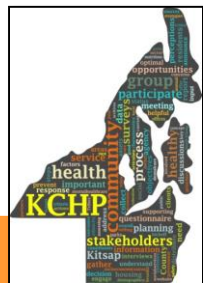
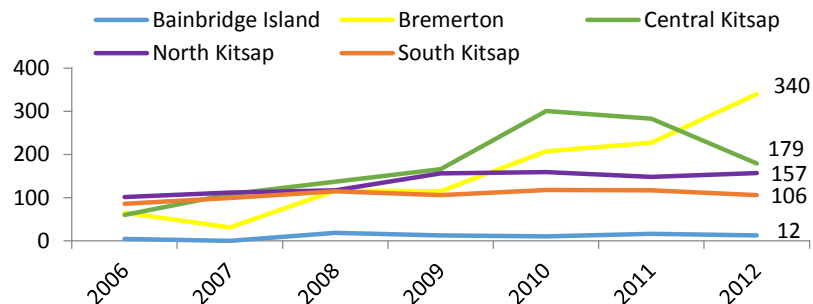
Spend more than 30% Income on Housing (own with mortgage) by Place



Spend more than 30% Income on Housing (rent) by Place



Students Experiencing Homelessness by School District



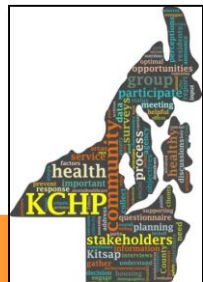
Affordable Housing:

Increase affordable housing and make homelessness a one-time brief event.

IMPACT

- Having to pay excessive amounts of income for housing leaves insufficient funds for other essential needs including food, health insurance, and health care¹
- Stable affordable housing can reduce stress and related adverse health outcomes¹
- Negative health effects increase as duration of homelessness continues²
- Homeless children have more behavioral and physical health problems as well as poorer school attendance and performance compared to low-income housed children³

1. Center for Housing Policy, *The Impacts of Affordable Housing on Health: A Research Summary*. Accessed at: http://www.nhc.org/media/files/Insights_HousingAndHealthBrief.pdf, 9/22/14
2. Buckner, J. C. (2004). Impact of homelessness on children. In D. Levinson (Ed.), *Encyclopedia of homelessness*, Vol. 1 (pp. 74-76). Thousand Oaks, CA: Berkshire Publishing Group.
3. **Community-Wide Strategies for Preventing Homelessness: Recent Evidence**, *The Journal of Primary Prevention*, <http://www.medscape.com/viewarticle/561610>, accessed 7/13/11.



Adverse Childhood Experiences:

Prevent ACEs and reduce the negative impact of ACEs.

DATA

ACEs: emotional abuse; physical abuse; sexual abuse; in the household: domestic violence; substance use; mental illness; divorce/separation; incarceration

ADULTS:

66% report at least one ACE

29% report 3 or more ACEs

Most common ACEs:
emotional abuse (35%),
household substance abuse
(31%)

YOUTH:

1 in 3 live in a home at high
risk for poor family
management

1 in 6 report ever having
been physically abused by
an adult

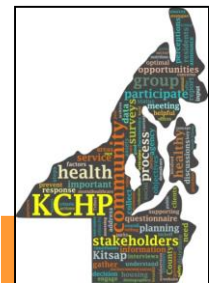
40% report they do not
have an adult to turn to
when they need help

Nearly 400 Kitsap children
receive foster care services

COMMUNITY SURVEY:

60% of adult participants
identified “unhealthy or
unstable home life” as a top
issue for teens

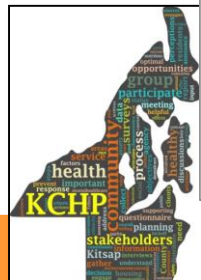
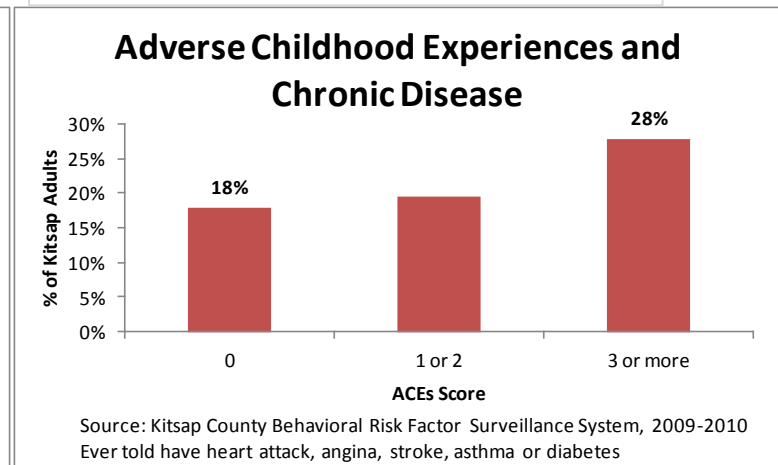
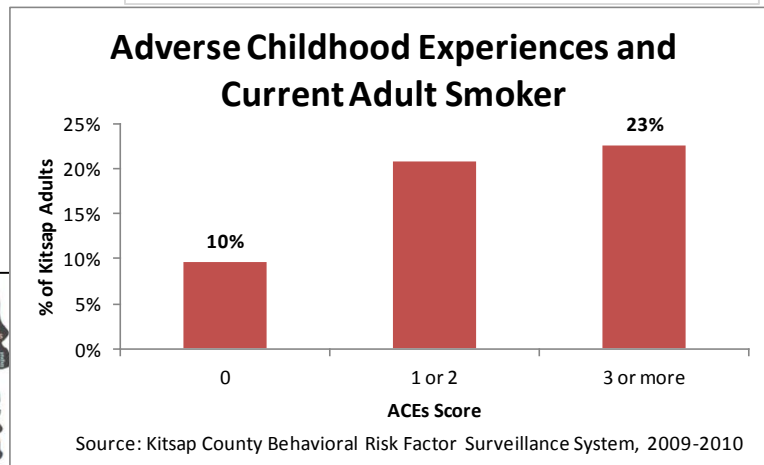
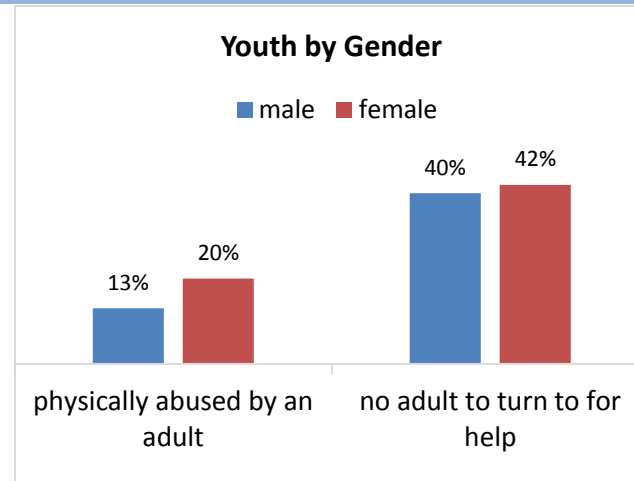
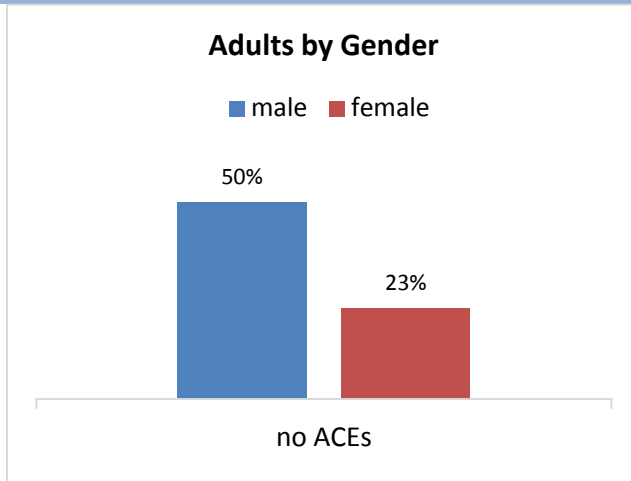
1 in 4 adult participants
identified “more help for
residents dealing with
stress, mental health,
and/or emotional trauma”
as a top 3 change to
improve health and well-
being



Adverse Childhood Experiences:

Prevent ACEs and reduce the negative impact of ACEs.

DISPARITIES



Adverse Childhood Experiences:

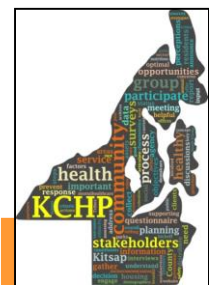
Prevent ACEs and reduce the negative impact of ACEs.

IMPACT

- ACE study findings suggest that certain adverse childhood experiences are major risk factors for poor quality of life and illness and death¹
 - Lung, heart, liver disease, obesity, diabetes, depression, drug use, intimate partner violence, multiple sex partners, STDs, smoking, suicide attempts, unintended pregnancy, alcohol abuse...
 - Over twice as many people with an ACE score above 4 are unable to work as adults compared to those with a score of 0
- ACEs are considered the most important determinant of lifetime health
- ACEs follow a dose-response relationship: the more ACEs; the worse the outcome¹
- ACEs are not destiny, they create risk that with the right circumstances, can be overcome²
- Community, family, and individual resiliency reduce the impact of trauma

1. Centers for Disease Control and Prevention, <http://www.cdc.gov/violenceprevention/acestudy/>, accessed 9/22/14.

2. Vincent J. Filletti, MD. Adverse Childhood Experiences Study Researcher.



Prevent/Reduce Obesity:

Make it easy for all residents to be physically active and ensure all residents have healthier food options.

DATA

ADULTS:

61% are overweight/obese, increasing over time

72% eat fewer than 5 fruits/vegetables per day

41% do not meet physical activity recommendations

19% report no physical activity in the past month

30% report food insecurity (cut meal size or meals because not enough \$ for food; not enough \$ for balanced meals)

YOUTH:

25% are overweight/obese

72% eat fewer than 5 fruits/vegetables per day

Half of 10th graders do not meet physical activity recommendations

15% report food insecurity (family cut meal size or meals because no \$ for food)

FOOD OPTIONS:

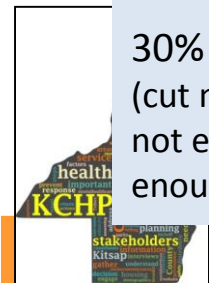
Convenience store density has increased

Full service and fast food restaurant densities have increased

277,669 visits by new and returning clients at 8 Kitsap food banks, increasing over time

COMMUNITY SURVEY:

45% of adult participants identified “physical activity” as a top daily challenge (ranked #2); 29% identified “healthy food” (ranked #4)

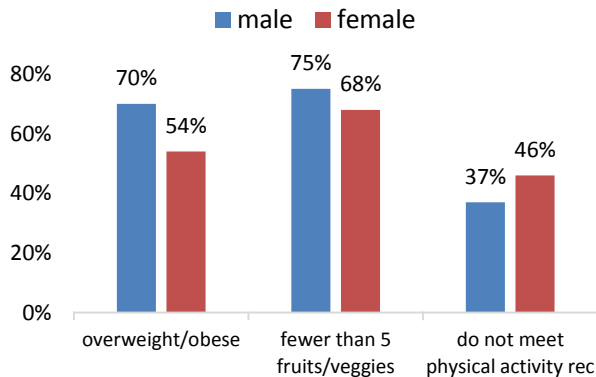


Prevent/Reduce Obesity:

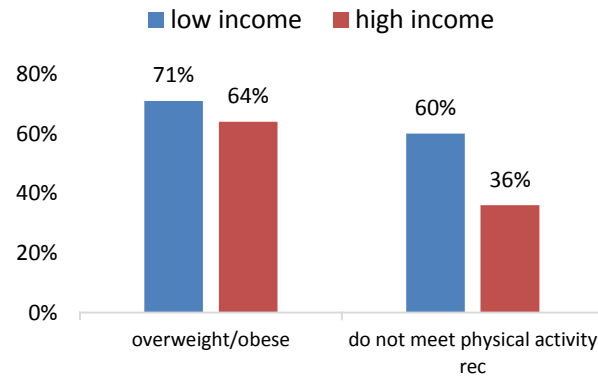
Make it easy for all residents to be physically active and ensure all residents have healthier food options.

DISPARITIES

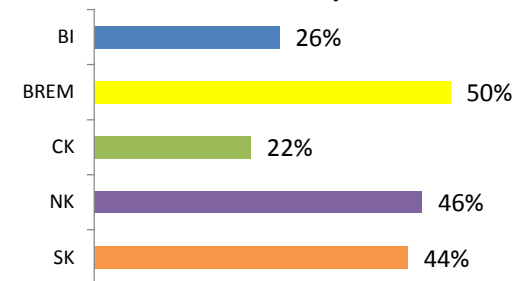
Adults by Gender



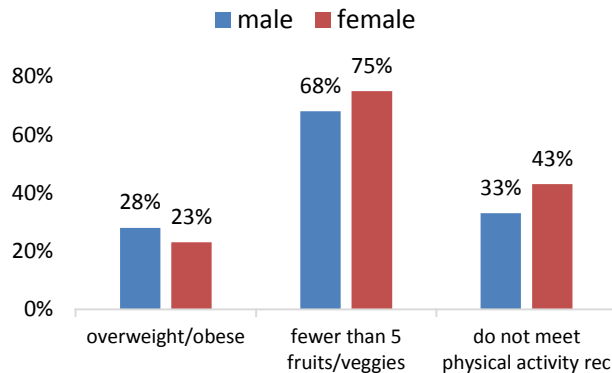
Adults by Income



Adults Not Meeting Physical Activity Recommendation by Place



Youth by Gender

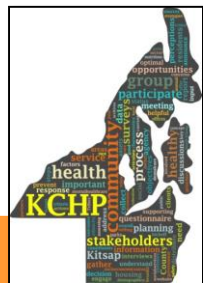


Prevent/Reduce Obesity:

Make it easy for all residents to be physically active and ensure all residents have healthier food options.

IMPACT¹

- Regular physical activity can improve health and quality of life at all ages
- Individuals at a healthy weight are less likely to develop chronic disease risk factors, develop chronic diseases, experience complications during pregnancy or die prematurely
- Influence of social factors:
 - Diet: knowledge and attitudes, skills, social support, norms, policies, food assistance programs, cost
 - Physical activity: education level, income level, self-efficacy, social support
- Influence of physical factors:
 - Diet: access to and availability of healthier food retailers; foods eaten away from home are often less nutritious than foods prepared at home
 - Physical activity: access to and satisfaction with facilities, enjoyable scenery, safe neighborhoods



1. Healthy People 2020. Accessed at: <http://www.healthypeople.gov>, 9/23/14

Youth Substance Use/Abuse

Ensure youth substance use prevention, intervention and treatment services are accessible, available and timely.

DATA

TOBACCO:

39% of the time, Kitsap tobacco retailers failed compliance checks (would have sold tobacco to a minor), worse over time

6% of 8th graders and 11% of 10th graders smoked cigarettes in the past month

ALCOHOL:

22% of 6th graders have ever used alcohol

11% of 8th graders and 25% of 10th graders used alcohol in the past month, lower over time

6% of 8th graders and 14% of 10th graders had 5+ drinks on an occasion in the past 2 weeks (binge)

OTHER PAST MONTH USE:

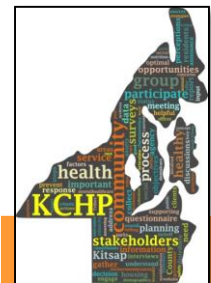
6% of 10th graders used e-cigarettes

9% of 8th graders and 20% of 10th graders used marijuana

6% of 10th graders used pain killers to get high

COMMUNITY SURVEY:

68% of adult participants identified “substance use” as a challenge for teens; ranked #1



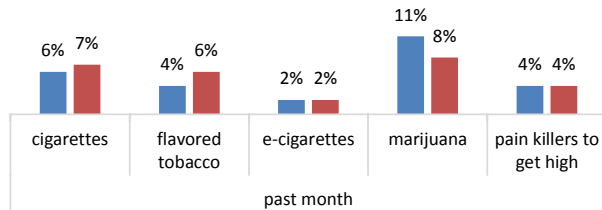
Youth Substance Use/Abuse

Ensure youth substance use prevention, intervention and treatment services are accessible, available and timely.

DISPARITIES

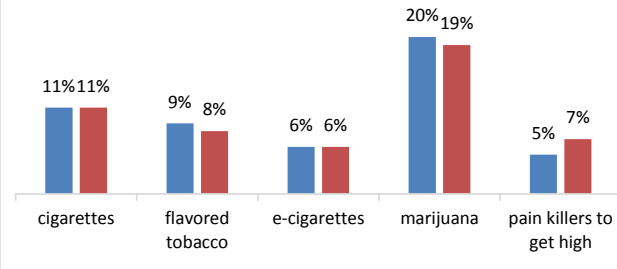
Eighth Graders by Gender

■ male ■ female



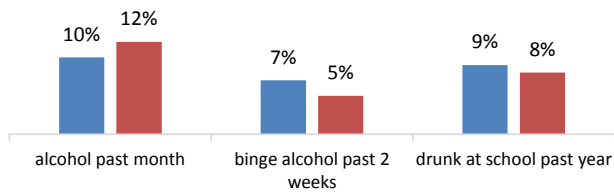
Tenth Graders by Gender

■ male ■ female



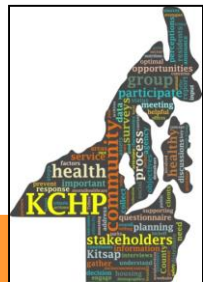
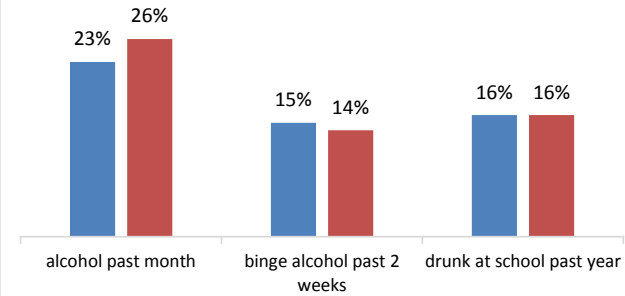
Eighth Graders by Gender

■ male ■ female



Tenth Graders by Gender

■ male ■ female



Youth Substance Use/Abuse

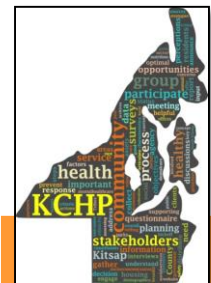
Ensure youth substance use prevention, intervention and treatment services are accessible, available and timely.

IMPACT

- Teens who smoke:¹
 - Show early signs of heart disease and stroke
 - Have lower physical fitness and endurance
 - Are more likely to use alcohol and other drugs
 - Are more likely to have seen a doctor for a emotional or psychological complaint
 - Are more likely to smoke as adults
- Youth who persistently abuse substances often experience an array of problems including:²
 - Academic difficulties, absenteeism, health-related problems (injury, disease, mental health), poor peer relationships, poor family relationships, involvement with the juvenile justice system

1. Health effects of smoking among young people, accessed at: http://www.who.int/tobacco/research/youth/health_effects/en/, 9/24/14.

2. Consequences of youth substance abuse, accessed at: <http://www.ojdp.gov/pubs/drugid/ration-03.html>, 9/24/14.



Living Wage Jobs

Increase living wage jobs.

DATA

EMPLOYMENT:

August 2014 preliminary unemployment rate 5.3%; peaked at 8.2% in 2011

Since 2000, decrease in construction jobs; increase in professional/business services, leisure/hospitality and government jobs

EDUCATION:

30% of adults age 25+ have high school education or less

INCOME:

25% of the population have annual household earnings under 200% of the federal poverty level: \$23,340 for a 1-person household, \$47,700 for a family of 4

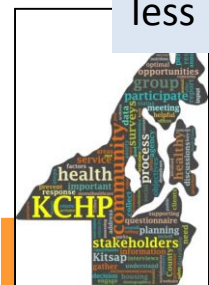
28% of households with children receive public assistance

Need an hourly wage of \$17.96 (195% minimum wage) to afford an average priced 2-bedroom rental

COMMUNITY SURVEY:

42% of adult participants identified “more/better jobs” as a top 3 change to improve health and well-being (ranked #1)

35% of adult participants do not have the level of education they want – 70% say it’s too expensive, 39% have no time, 23% say no local program



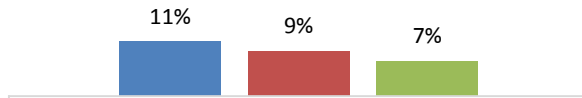
Living Wage Jobs

Increase living wage jobs.

DISPARITIES

Unemployment by Education

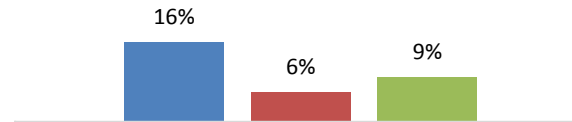
- less than high school
- only high school
- more than high school



unemployment rate (age 25-64)

Unemployment by Age

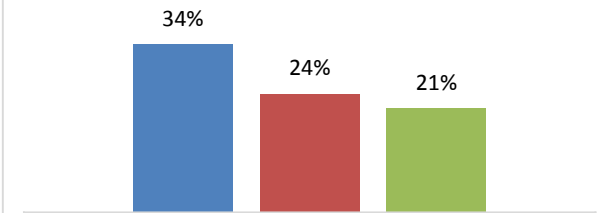
- age 20-34
- age 35-64
- age 65+



unemployment rate

Income less than 200% FPL by Age

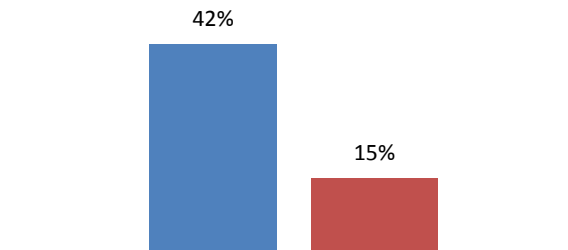
- under age 18
- age 18-64
- age 65+



live below 200% FPL

Receive public assistance by family type

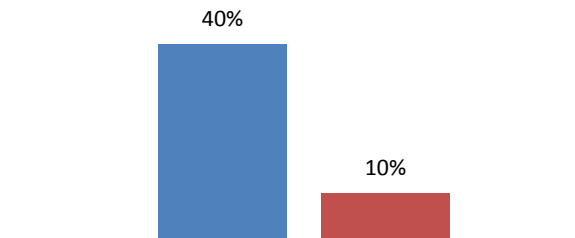
- single with children
- married with children



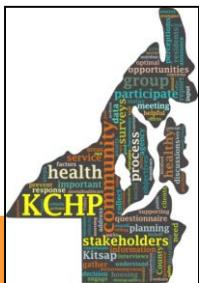
receive public benefits

Adults uninsured or cannot pay for needed medical care by income

- low income
- high income



un or underinsured



Living Wage Jobs

Increase living wage jobs.

IMPACT

- Those working in low-wage jobs make insufficient income to meet local cost of living – housing, food, health care, child care, basic necessities¹
- Having a living wage would enable the working poor to achieve financial independence while maintaining housing and food security¹
- Hourly wage needed to meet a minimum estimate of cost of living in Kitsap County by family size based on 2010 data:

Family Size:	1 adult	1 adult, 1 child	1 adult, 2 children	1 adult, 3 children	2 adults	2 adults, 1 child	2 adults, 2 children	2 adults, 3 children
Living wage	\$8.77	\$19.38	\$23.60	\$30.23	\$13.77	\$17.15	\$18.48	\$22.63

- WA State minimum wage: \$9.32 (as of 1/1/14)

1. Poverty in America, Living Wage Calculator, accessed at: <http://livingwage.mit.edu/>, 9/25/14

