Kitsap Community Health Priorities (KCHP)

A healthier Kitsap County through a shared vision and coordinated action on health priorities

What does Kitsap County need to be a better place to live? Your input on this survey is essential to help develop priorities to improve community health and well-being in Kitsap County. Thank you for your time!

PLEASE MARK THE BOX THAT CORRESPONDS TO YOUR ANSWER FOR THE QUESTIONS BELOW AND WRITE IN ANY OTHER ANSWER NOT LISTED IN THE SPACE PROVIDED:

1. How many years have you lived in Kitsap County?
   - less than 1 year
   - 1-5 years
   - 6-10 years
   - 10+ years
   - Other: ____________________________

2. Do you have the level of education you would like?
   - Yes
   - No
   - Don’t know

2a. If no, why not?
   - No time
   - Too expensive
   - Too old
   - Don’t know what to study
   - Don’t know how to apply
   - Don’t know
   - What I want isn’t available locally
   - No access to online education
   - Other: ____________________________

3. What is the highest level of education completed by your:
   3a. Mother
      - Less than 12th grade
      - GED
      - High school diploma
      - Some college or AA degree
      - 4-year college graduate or higher
      - Don’t know
   3b. Father
      - Less than 12th grade
      - GED
      - High school diploma
      - Some college or AA degree
      - 4-year college graduate or higher
      - Don’t know

4. In the past year, about how many months did you or your family not have enough money to pay for essentials such as food, clothing, housing and medicine?
   - 0 months
   - Half of the year
   - The whole year
   - A couple or a few months
   - Most of the year
   - Don’t know

5. In an average week, how many times do you eat at or take food home from a fast food or other restaurant or deli? (include all meals)
   - 0
   - 1-2
   - 3-5
   - 6-7
   - 8+

6. Which of the following would motivate you to prepare meals at home more? Mark all that apply.
   - More time to buy groceries
   - Less expensive groceries
   - Better knowledge of how or what to cook
   - Better transportation
   - More time to cook
   - Better family support
   - Ability to make/eat healthy food
   - Nothing, I’m satisfied with how often I prepare meals at home
   - More energy to cook
   - If food at home tasted as good as eating out
   - Don’t know
   - Other: ____________________________

7. How many servings of fruits do you eat in an average day?
   - 0
   - 1-2
   - 3-4
   - 5+

8. How many servings of vegetables do you eat in an average day?
   - 0
   - 1-2
   - 3-4
   - 5+

9. Which of the following would help you to eat more fruits and vegetables in an average day? Mark all that apply.
   - Less expensive
   - More places to buy them
   - Better selection in my local store
   - More convenient packaging
   - More time to prepare them
   - More knowledge about how to prepare them
   - Don’t know
   - Liking them more
   - Nothing, I’m satisfied with my daily fruit and vegetable servings
   - Other: ____________________________

10. If you have school age children (Kindergarten-12th grade), which of the following do your children have access to at school? Mark all that apply.
    - Unhealthy school meal choices
    - Sugar-sweetened drinks in vending machines
    - Unhealthy snacks/drinks/meals from home
    - Don’t know
    - Unhealthy snacks in vending machines
    - Unhealthy snacks provided by school
    - Unhealthy treats for rewards or celebrations
    - Other: ____________________________
### 11. Where do you or your family go to get physical activity in your community? Mark all that apply.

- □ At home, inside
- □ At home, outside
- □ Trails or paths
- □ Schools: playgrounds, courts, gyms
- □ Parks and recreation facilities/classes
- □ Free community group or church activities
- □ Public parks/playgrounds
- □ Roads
- □ A paid gym or class membership
- □ Physical activity break/fitness room at work
- □ Don’t know
- □ Other:__________________________________

### 12. Which of the following would help you or your family be more physically active? Mark all that apply.

- □ More affordable classes/activities
- □ More time
- □ More places where I can be active near my home
- □ A workplace that supports activity
- □ Don’t know
- □ Other:__________________________________
- □ Information about activities or ways to be active that are free
- □ Better transportation to organized activities
- □ Indoor options when the weather is bad
- □ Nothing, I/we are satisfied with our activity level

### 13. What would make it safer or easier to walk, bike, play or be active in your neighborhood? Mark all that apply.

- □ Sidewalks
- □ Speed bumps or other ways to slow traffic
- □ Crosswalks
- □ Shoulders along roadways
- □ Designated bike lanes
- □ Lighting
- □ Don’t know
- □ Law enforcement presence
- □ Neighborhood watch group
- □ Other:__________________________________

### 14. On an average day, about how many hours do you spend watching TV or movies, playing video games, or using a computer, tablet or smart phone for fun?

- □ 0 hours
- □ less than 1 hour
- □ 1-2 hours
- □ 3-4 hours
- □ 5 or more hours
- □ Don’t know

### 15. If you have school age children, how often does screen time for fun interfere with their other activities including being physically active, getting homework done, or spending time with family?

- □ No school age children
- □ Never
- □ Sometimes
- □ Often
- □ Always
- □ Don’t know

### 16. Which of the following best describes how often there is cigarette smoke in the following places:

<table>
<thead>
<tr>
<th>Place</th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Inside your home</td>
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<tr>
<td>b. In the area around your home</td>
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<tr>
<td>c. In the area around your work</td>
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<tr>
<td>d. Inside your vehicles</td>
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<tr>
<td>e. In the places where you/your family are active</td>
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</tbody>
</table>

### 17. In the past year, how often have you used the following substances?

<table>
<thead>
<tr>
<th>Substance</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. 5 or more alcoholic drinks on one occasion</td>
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<td>b. Cigarettes</td>
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<td>c. Electronic cigarette (e-cigarettes)</td>
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<td>d. Other tobacco product, including chew</td>
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<td>e. Marijuana</td>
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<td>f. Illegal drugs (meth, crack, heroin, etc.)</td>
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<tr>
<td>g. Prescription medications that weren’t prescribed to you or you took more than was prescribed</td>
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<td></td>
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</tr>
</tbody>
</table>
18. How supportive is your network of friends and/or family?  
- Not at all  - Somewhat  - Very  - Extremely  - Don’t know

19. Thinking about the amount of stress in your life, how stressful are most days?  
- Not at all  - Somewhat  - Very  - Extremely  - Don’t know

20. In the past year, did you seriously think about killing yourself?  
- No  - Yes  - Don’t know

21. How likely are you to go to a doctor for a check-up in the next year?  
- I never go  - I might go  - I will probably go  - I will definitely go  - Don’t know

22. What might prevent you from going for a doctor check-up in the next year?  
- Too busy  - No insurance  - Don’t need it, feel healthy  - Don’t know  - Other:______________________
- Don’t have a provider  - Change or loss of insurance  - Too expensive  - Nervous or scared to go  - Nothing would prevent me
- Don’t like my provider  - Don’t know  - Other:______________________
- No transportation  - Other:______________________
- Don’t know  - Other:______________________

23. How likely are you to go to a dentist for a check-up/cleaning in the next year?  
- I never go  - I might go  - I will probably go  - I will definitely go  - Don’t know

24. What might prevent you from going for a dental check-up/cleaning in the next year?  
- Too busy  - No insurance  - Don’t need it, feel healthy  - Don’t know  - Other:______________________
- Don’t have a provider  - Change or loss of insurance  - Too expensive  - Nervous or scared to go  - Nothing would prevent me
- Don’t like my provider  - Don’t know  - Other:______________________
- No transportation  - Other:______________________
- Don’t know  - Other:______________________

25. During a community-wide emergency or disaster, which of the following would you turn to for help (information, resources, support, etc.)?  
- Fire/emergency medical services  - Church or other religious organization  - Local business
- Police or other law enforcement  - Neighborhood organization  - Don’t know
- Medical/healthcare provider  - Dept. of Emergency Management  - Other:______________________

26. What are the biggest challenges for teens in your community?  
- Bullying  - Unhealthy or unstable home life  - Lack of involved, supportive, positive role models
- Substance use  - Maintaining physical health  - Lack of education/information about kindergarten preparation
- Abuse or misuse of technology (texting, internet, gaming, etc.)  - Maintaining emotional health  - Cost of child care
- Lack of afterschool or extracurricular activities  - Suicidal thoughts or attempts  - Lack of child care options
- Other:__________________________________

27. What are the biggest challenges for parents of young children (age 0-5) in your community?  
- Lack of education/information about parenting  - Lack of information about kindergarten preparation
- Cost of child care  - Child care options
- Lack of free, full-day kindergarten  - Lack of family activities
- Lack of awareness of available community resources  - Single parenting
- Lack of community support  - Lack of opportunities to meet other parents
- Lack of information about child health/development  - Lack of medical, mental health or dental providers for their children
- Transportation  - Other:__________________________________

Other:__________________________________
28. What are the biggest challenges for seniors (age 65+) in your community? Mark all that apply.

- Social isolation/being lonely
- Living on a fixed income
- Housing
- Safety outside the home
- Support to age in place
- Cost of needed assistance/care
- Getting good health care
- Managing health problems
- Lack of recreational or social activities
- Transportation
- Other: ____________________

29. Do community members have a shared feeling of pride and responsibility for what happens in your community?

- Not at all
- Somewhat
- Definitely
- Don’t know

30. What are the FIVE biggest day-to-day challenges for you and/or your family? Please mark 5.

- Child care
- Health care
- Income
- Pollution
- Stress
- Education
- Health problems
- Meeting basic needs
- Safety
- Substance use
- Elder Care
- Healthy food
- Mental health
- Single parenting
- Social support
- Employment
- Housing
- Physical Activity
- Transportation
- Other: ____________________

31. Which THREE things would you change to improve health and well-being in Kitsap County? Please mark 3.

- Less poverty
- More/better jobs
- More healthier food/ less unhealthy food available
- Higher level of education among all residents
- More opportunities for physical activity
- Less substance use/abuse
- Parenting help for parents of young children
- Better access to health care
- Better access to dental care
- Better access to mental health care
- Better access to substance abuse treatment
- More assistance for residents who need it
- More affordable housing
- More kids graduating from high school
- Safer communities/less violence
- Better public transportation
- Fewer unplanned pregnancies
- More help for residents dealing with stress, mental health, and/or emotional trauma
- Healthier environment (air, water)
- Stronger sense of community
- Other: ____________________

TELL US ABOUT YOURSELF: PLEASE FILL IN OR MARK YOUR RESPONSE TO THE QUESTIONS BELOW.

Gender:  □ Female    □ Male

Zip code of residence: ____________

Number of people in your household: ______  Number of children under age 18 in your household: ______

Your age group:  □ 18 or under  □ 19 to 29  □ 30 to 39  □ 40 to 49  □ 50 to 59  □ 60 to 69  □ 70 or above

Which of the following do you consider yourself? Mark all that apply.

- American Indian/Alaska Native
- Asian
- Black
- Hispanic
- Native Hawaiian/Pacific Islander
- White

Your highest level of education:

- Less than 12th grade
- High school graduate/GED
- Some college/AA degree
- College degree or higher

Your average annual household income:

- Less than $25,000
- $25,000 to 50,000
- $50,000 to 75,000
- $75,000 to 100,000
- More than $100,000

THANK YOU FOR COMPLETING THE KCHP SURVEY!