



# 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  Don't know how to apply  What I want isn't available locally  
Mark all that apply.  Too expensive  Don't know what to study  No access to online education  
 Too old  Don't know  Other: \_\_\_\_\_

**3. What is the highest level of education completed by your:**  
**3a. Mother**  Less than 12<sup>th</sup> grade  GED  High school diploma  Some college or AA degree  
 4-year college graduate or higher  Don't know  
**3b. Father**  Less than 12<sup>th</sup> 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  A couple or a few months  
 Half of the year  Most of the year  
 The whole 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  More time to cook  More energy to cook  
 Less expensive groceries  Better family support  If food at home tasted as good as eating out  
 Better knowledge of how or what to cook  Ability to make/eat healthy food  Don't know  
 Better transportation  Nothing, I'm satisfied with how often I prepare meals at home  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 time to prepare them  Liking them more  
 More places to buy them  More knowledge about how to prepare them  Nothing, I'm satisfied with my daily fruit and vegetable servings  
 Better selection in my local store  Don't know  Other: \_\_\_\_\_  
 More convenient packaging

**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.**  No school age children  
 Unhealthy school meal choices  Unhealthy snacks in vending machines  
 Sugar-sweetened drinks in vending machines  Unhealthy snacks provided by school  
 Unhealthy snacks/drinks/meals from home  Unhealthy treats for rewards or celebrations  
 Don't know  Other: \_\_\_\_\_

**11. Where do you or your family go to get physical activity in your community? Mark all that apply.**

- |  |   |
|--|---|
| <input type="checkbox"/> At home, inside                           | <input type="checkbox"/> Public parks/playgrounds                     |
| <input type="checkbox"/> At home, outside                          | <input type="checkbox"/> Roads  |
| <input type="checkbox"/> Trails or paths                           | <input type="checkbox"/> A paid gym or class membership               |
| <input type="checkbox"/> Schools: playgrounds, courts, gyms        | <input type="checkbox"/> Physical activity break/fitness room at work |
| <input type="checkbox"/> Parks and recreation facilities/classes   | <input type="checkbox"/> Don't know                                   |
| <input type="checkbox"/> Free community group or church activities | <input type="checkbox"/> Other: _____                                 |

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

- |   |  |
|---|--|
| <input type="checkbox"/> More affordable classes/activities             | <input type="checkbox"/> Information about activities or ways to be active that are free |
| <input type="checkbox"/> More time                                      | <input type="checkbox"/> Better transportation to organized activities                   |
| <input type="checkbox"/> More places where I can be active near my home | <input type="checkbox"/> Indoor options when the weather is bad                          |
| <input type="checkbox"/> A workplace that supports activity             | <input type="checkbox"/> Nothing, I/we are satisfied with our activity level             |
| <input type="checkbox"/> Don't know                                     |  |
| <input type="checkbox"/> Other: _____                                   |  |

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Sidewalks                                 | <input type="checkbox"/> Shoulders along roadways | <input type="checkbox"/> Law enforcement presence |
| <input type="checkbox"/> Speed bumps or other ways to slow traffic | <input type="checkbox"/> Designated bike lanes    | <input type="checkbox"/> Neighborhood watch group |
| <input type="checkbox"/> Crosswalks                                | <input type="checkbox"/> Lighting                 | <input type="checkbox"/> Other: _____             |
|  | <input type="checkbox"/> Don't know               |   |

**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:**

	Never	Sometimes	Often	Always	Don't know
a. Inside your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In the area around your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In the area around your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Inside your vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. In the places where you/your family are active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Never	Rarely	Sometimes	Often	Always
a. 5 or more alcoholic drinks on one occasion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Electronic cigarette (e-cigarettes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other tobacco product, including chew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Illegal drugs (meth, crack, heroin, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Prescription medications that weren't prescribed to you or you took more than was prescribed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18. How supportive is your network of friends and/or family?**  I do not have a network of friends/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?** Mark all that apply.  
 Too busy       No insurance       Don't need it, feel healthy  
 Don't have a provider       Change or loss of insurance       Too expensive  
 Don't like my provider       Nervous or scared to go       Nothing would prevent me  
 No transportation       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?** Mark all that apply.  
 Too busy       No insurance       Don't need it, feel healthy  
 Don't have a provider       Change or loss of insurance       Too expensive  
 Don't like my provider       Nervous or scared to go       Nothing would prevent me  
 No transportation       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.)?** Mark all that apply.  
 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?** Mark all that apply.  
 Bullying       Unhealthy or unstable home life       Lack of involved, supportive, positive role models  
 Substance use       Maintaining physical health  
 Abuse or misuse of technology (texting, internet, gaming, etc.)       Maintaining emotional health       Lack of quality education  
 Lack of afterschool or extracurricular activities       Suicidal thoughts or attempts       Staying in school  
 Pressure to succeed       Other: \_\_\_\_\_  
 Lack of transportation

**27. What are the biggest challenges for parents of young children (age 0-5) in your community?** Mark all that apply.  
 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: \_\_\_\_\_

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Social isolation/being lonely | <input type="checkbox"/> Support to age in place        | <input type="checkbox"/> Lack of recreational or social activities |
| <input type="checkbox"/> Living on a fixed income      | <input type="checkbox"/> Cost of needed assistance/care | <input type="checkbox"/> Transportation                            |
| <input type="checkbox"/> Housing                       | <input type="checkbox"/> Getting good health care       | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> Safety outside the home       | <input type="checkbox"/> Managing health problems       |  |

**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.

- |                                      |  |   |  |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> Child care  | <input type="checkbox"/> Education           | <input type="checkbox"/> Elder Care       | <input type="checkbox"/> Employment        |
| <input type="checkbox"/> Health care | <input type="checkbox"/> Health problems     | <input type="checkbox"/> Healthy food     | <input type="checkbox"/> Housing           |
| <input type="checkbox"/> Income      | <input type="checkbox"/> Meeting basic needs | <input type="checkbox"/> Mental health    | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Pollution   | <input type="checkbox"/> Safety              | <input type="checkbox"/> Single parenting | <input type="checkbox"/> Social support    |
| <input type="checkbox"/> Stress      | <input type="checkbox"/> Substance use       | <input type="checkbox"/> Transportation   | <input type="checkbox"/> Other: _____      |

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

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

**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 12<sup>th</sup> 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!**