

Kitsap Community Health Priorities

Community Health Status Assessment Summary of Findings

The purpose of the Community Health Status Assessment is to provide the Kitsap Community Health Priorities (KCHP) with an understanding of the community's health status and emerging health issues.

This assessment answers the questions, "How healthy are our residents?", "What does the health status of our community look like?", and "How is the health status of our community changing over time?".

Below is a summary of the key takeaways from the Community Health Assessment, which examined many indicators of community health. The statistics that support this summary are noted in the appendix. To review all 194 indicators, refer to the KCHP Community Health Status Assessment prepared by the Kitsap County Health District.

Kitsap community

Kitsap demographics are changing

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

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

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

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

Quality of life in Kitsap is relatively good

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

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

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

Kitsap residents are experiencing economic hardship

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

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

Health and health behaviors

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

The following section discusses health status and health behaviors in specific areas.

Trends are mixed for maternal and child health

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

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

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

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

The referral rate to Child Protective Services has decreased; we do not know how much of the decrease is due to known staffing reductions.

Obesity is a persistent problem

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

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

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

Substance abuse is improving slightly for teens, worsening for adults

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

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

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

Mental health trends are unchanged for teens, adults

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

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

Access to health care has not improved

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

Appendix A – Key health status indicators

The notations in parentheses refer to the indicators in the Community Health Status Assessment.

DEMOGRAPHICS

- Decrease in population age 0-19; increase in population 20+; trend of aging population. (A.2.1., A.2.2., A.2.3.)
- Increase in non-White, non-Hispanic population, especially in population age 0-17. Approximately 3 in 10 children/youth are non-White, non-Hispanic. (A.2.4., A.2.5.)
- About ½ of eighth and tenth graders have a parent who has served in the military. Of those, nearly 1/3 have a parent who has been sent to a combat zone. (A.2.7.)
- Highest population growth in Kitsap County cities over past 10 years has been in Port Orchard and Poulsbo. (A.3.1.)

SOCIOECONOMICS

- The unemployment rate has increased. (B.1.1.)
- The top employer in the County is Naval Base Kitsap, followed by Harrison Medical Center and Kitsap County. (B.1.4.)
- Median income has increased. Differences by sub-county region, race/ethnicity, and gender. (B.2.1., B.2.2.)
- Population living at 200%, 185%, and 100% of the poverty level has increased. Differences by age and sub-county region. (B.2.3., B.2.4.)
- Public school students eligible for free or reduced lunch program has increased. Differences by school district (B.2.5.)
- Approximately 1 in 3 adults and 1 in 6 teens had to cut meals or meal size because there was not enough money for food (B.2.2.6, B.2.7.)
- There were about 78,000 visits to Kitsap food banks during the last three months of 2010. (B.2.8.)
- Adults with more than a high school education has increased (nearly 7 in 10 adults). Differences by sub-county region. (B.3.1.)
- On-time high school graduation and high school drop-out rates are improved. Differences by income, race/ethnicity, and sub-county region (B.3.2., B.3.3.)
- Household composition has changed – fewer husband-wife with or without children and single female with children households; more single male with children and individuals living alone of all ages and specifically adults age 65+. (B.4.1.)
- Households with children with a single-parent have increased. Differences by sub-county region. (B.4.2.)
- Births to unmarried women have increased. Differences by age and sub-county region. (B.4.3.)
- Nearly 4 in 10 households spend more than 30% of monthly income on housing. (B.5.4.)
- Over 2,000 persons who applied for Food Stamps Assistance reported being homeless, up 63% over 2 years. (B.5.6.)

ENVIRONMENTAL HEALTH

- Air quality is excellent. Drinking water quality, shoreline water quality, and food service establishment safety have improved. (C.1.1., C.1.2., C.1.4., C.1.5.)
- Density of arts, recreation and entertainment facilities has increased. (C.2.1.)
- Density of supermarkets has decreased while density of convenience stores, fast food, and full service restaurants have all increased. (C.2.2.)
- Eighth and tenth graders who never walk to school has increased, about 7 in 10; more than 9 in 10 never bike to school. (C.3.1., C.3.2.)
- Excluding those who work at home, for the majority of their commute: about 7 in 10 workers drive alone to work, 1 in 7 carpool/vanpool, 1 in 12 take the bus/train/ferry. Six percent work at home. (C.3.3.)
- Kitsap Transit ridership has decreased (up to 40% service reduction in 2000 and 30% in 2009). (C.3.4.)
- Motor vehicle death and hospitalization rates have decreased. Differences by gender, age group and sub-county area. (C.3.5., C.3.6.)
- Over 9 in 10 adults report no one is allowed to smoke in the home and about 8 in 10 adults report no one is allowed to smoke in vehicles. Differences for smoking in vehicles by gender, age group and income. (C.4.2., C.4.3.)
- In the past 5 years there have been no methamphetamine lab clean-ups. (C.4.4.)

HEALTH CARE ACCESS

- Bremerton/Port Orchard is a primary care shortage area. The entire County is a mental health care provider shortage area. (D.1.3.)
- About 1 in 6 adults is underinsured and about 1 in 10 is uninsured. Differences by income (2 in 3 adults with income <\$25,000 are uninsured). (D.2.1., D.2.4.)
- Adults with a personal doctor or health care provider has decreased. Differences by gender, age group and income. (D.2.6.)
- Over 7 in 10 adults visited the dentist in past year. Differences by gender and income. Eighth graders visiting the dentist in past year increased. (D.3.3., D.3.4.)
- Women getting routine mammograms and pap tests was lowest among those with income \$25,000-\$50,000. Differences by sub-county area. (D.3.5., D.3.6.)

PREGNANCY & BIRTHS

- Pregnancy rate has decreased for all women of child bearing age (15-44) and for age 15-19, age 19-24, and age 35+. Birth rate has decreased. Differences by age group and sub-county area. (E.1.1., E.2.1.)
- Pregnant women starting prenatal care in the 3rd trimester or not at all has increased. Differences by age group, education, income, and sub-county area. (E.1.2., E.1.3.)
- Smoking during pregnancy has decreased. Differences by age group, education, income and sub-county area. (E.1.4.)

- Proportion of births to women of low-income has increased. Nearly 4 in 10 births is to a low-income woman. Differences by age, education, and sub-county area. (E.2.3.)
- Low birth weight babies has increased. Differences by education and sub-county area. (E.2.5.)
- High birth weight babies has decreased. Differences by age, education and sub-county area (E.2.6.)
- Differences in preterm babies by age, education, income and sub-county area. (E.2.7.)
- Almost 9 in 10 new mothers breastfed in the hospital. Differences by education and sub-county area. (E.3.1.)

QUALITY OF LIFE

- About 9 in 10 adults report that having ‘excellent, very good, or good’ general health. Differences by gender, age group, and income. (F.1.2.)
- About 6 in 10 adults report their activities were not limited by poor physical or mental health in past month. Differences by gender, age group, income, and sub-county region. (F.1.5.)
- Most adults report always or usually getting the social/emotional support they need. (F.1.4.)
- Over 1 in 10 adults had 14 or more poor mental health days in the past month. (F.1.7.)
- About 1 in 4 eighth graders and almost 1 in 3 tenth graders report feeling so sad/hopeless for two or more weeks in a row that they stopped doing their usual activities (during the past year). Differences by gender. Two in 3 eighth graders and fewer than 2 in 3 tenth graders report having an adult to turn to for help when they feel sad/hopeless. (F.1.8., F.1.9.)
- Almost 1 in 6 eighth and tenth graders seriously considered suicide in past year. Differences by gender. One in 15 eighth and tenth graders actually attempted suicide in past year. Difference by gender for eighth graders. (F.1.10., F.1.11.)
- The self-inflicted injury hospitalization rate is highest among females and ages 18-34. Differences by sub-county region. The suicide death rate is unchanged over time and highest among males. Differences by sub-county region. (F.1.12., F.1.13)
- Property crime rate has decreased. Violent crime rate hasn’t changed. Differences by sub-county region for both. Adolescent arrest rate has decreased. (F.2.4., F.2.5., F.2.6.)
- Child Protective Services accepted referral rate has decreased. Differences by sub-county region. (F.2.7.)
- Domestic violence offense rate has decreased. Homicide death rate has decreased. (F.2.8., F.2.9.)
- Almost 1 in 4 adults is not registered to vote. Of those registered, almost ½ didn’t vote in the November election. (F.3.1., F.3.2.)

UNHEALTHY BEHAVIORS

- Adult smokers have decreased. Differences by age group, gender, income, and sub-county region. (G.1.1)
- No difference in 8th or 10th grade tobacco or marijuana use over time. Tenth grade differences by gender for cigarettes, any tobacco and marijuana. One in 13 eighth graders and 1 in 6 tenth graders used any tobacco product; 1 in 13 eighth graders and 1 in 5 tenth graders used marijuana in the past month. (G.1.2., G.1.3., G.1.5.)

- Tenth graders reporting using pain killers has decreased. One in 25 eighth graders and 1 in 13 tenth graders used pain killers to get high in the past month. Differences by gender. (G.1.6.)
- Adult binge drinking has increased. Differences by gender and age group. (G.1.7.)
- More than 1 in 4 sixth graders has ever used alcohol. Differences by gender. Eighth grader alcohol use has decreased. One in 8 eighth graders and 1 in 4 tenth graders used alcohol in the past month. (G.1.8., G.1.9.)
- Tenth grade binge drinking has decreased. One in 16 eighth graders and 1 in 7 tenth graders binge drank in past 2 weeks. Tenth grade differences by gender. (G.1.10.)
- One in 14 eighth graders and over 1 in 6 tenth graders was drunk at school. Tenth grade differences by gender. (G.1.11.)
- Alcohol related death rate unchanged over time while alcohol-related hospitalization rate has increased. Differences by gender, age group and sub-county region. (G.1.12., G.1.13.)
- Drug related death rate statistically unchanged but appears to be increasing over time while drug related hospitalization rate has increased. Differences by gender, age group and sub-county region. (G.1.14., G.1.15.)
- Opiate related death rate and opiate related hospitalization rate have increased. Differences by gender, age group and sub-county region. (G.1.16., G.1.17.)
- Overweight or obese adults have increased. Nearly 6 in 10 adults are overweight or obese. Differences by gender, age group, and sub-county region. (G.2.2.)
- Just over 1 in 4 eighth graders and tenth graders are overweight or obese. Differences by gender. (G.2.3.)
- Adults and eighth and tenth graders eating fewer than 5 fruits and vegetables a day have decreased. Adult differences by gender, age group, income, and sub-county area. Eighth/tenth differences by gender. (G.2.4., G.2.5.)
- About 4 in 10 eighth graders and over 3 in 10 tenth graders drank at least one soda (not diet) yesterday. Differences by gender. (G.2.6.)
- About 4 in 10 adults and about half of eighth and tenth graders do not meet physical activity recommendations. Adult differences by gender, age group, income, and sub-county area. Eighth/tenth grade differences by gender. (G.2.7., G.2.8.)
- Four in 10 eighth graders and over half of tenth graders do not have physical activity class at school. Differences by gender. (G.2.9.)
- One in 5 eighth graders and nearly 1 in 5 tenth graders have 3 or more hours of screen time on school days (TV, videos, DVDs, video games, computer for fun). Differences by gender. (G.2.10.)
- Tenth grade helmet use has increased. More than half of sixth graders use a helmet, more than 1 in 3 eighth graders and 1 in 3 tenth graders. Slight differences by gender. (G.3.1.)
- Eighth grade seatbelt use has increased. One in 30 sixth graders, 1 in 15 eighth graders and 1 in 11 tenth graders never, rarely or only sometimes use seatbelt. Eighth grade differences by gender. (G.3.3.)
- Over 1 in 6 eighth graders and nearly 1 in 5 tenth graders rode in a car driven by someone who had been drinking. One in 20 adults drove after drinking. Adult differences by gender, age group, income and sub-county region. (G.3.4., G.3.5.)

DEATH, ILLNESS, INJURY, AND DISABILITY

- Life expectancy at birth and the all-cause death rate are unchanged over time and lower than Washington State. Both are improved over time in Washington State. Differences by gender. (H.1.1., H.1.2.)
- The all-cause death rate is highest among males and has differences by age group and sub-county region. Among the leading causes of death, the Alzheimer's and diabetes rates have increased, and the major cardiovascular disease and influenza/pneumonia have decreased. (H.1.2., H.1.3.)
- The all-cause hospitalization rate is highest among females and has differences by age group and sub-county region. Among the leading causes of hospitalization, musculoskeletal disease has increased. (H.1.6., H.1.7.)
- Fewer than 2 in 3 adults report never losing any teeth due to gum disease or decay. Differences by age group, income, and sub-county region. (H.2.1.)
- Adults told they have high cholesterol and adults told they have high blood pressure have both increased. (H.2.2., H.2.3.)
- Almost 1 in 6 adults has been told they have asthma and more than 1 in 5 eighth and tenth graders have been told they have asthma. (H.2.7., H.2.8.)
- The diabetes hospitalization rate has increased. Differences by gender, age group, and sub-county region. (H.2.10.)
- Uterine/cervical cancer incidence and colorectal cancer incidence have decreased. Lung cancer and colorectal cancer deaths have decreased. Differences by gender, age group, and sub-county region for lung cancer deaths; differences by age group and sub-county region for colorectal cancer deaths. (H.2.11., H.2.12.)
- Chlamydia infection rate has increased. Rate is higher for females. (H.3.1.)
- Two-year olds with complete immunizations has decreased. Kindergarten children with complete immunizations has decreased. (H.3.8., H.3.9.)
- Child unintentional injury hospitalizations as a percentage of all child hospitalizations has increased. (H.4.2.)
- The all-cause unintentional injury death rate has increased. Differences by gender, age group, and sub-county region. Falls and poisoning deaths have increased, and motor vehicle-traffic deaths have decreased. (H.4.5.)