

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

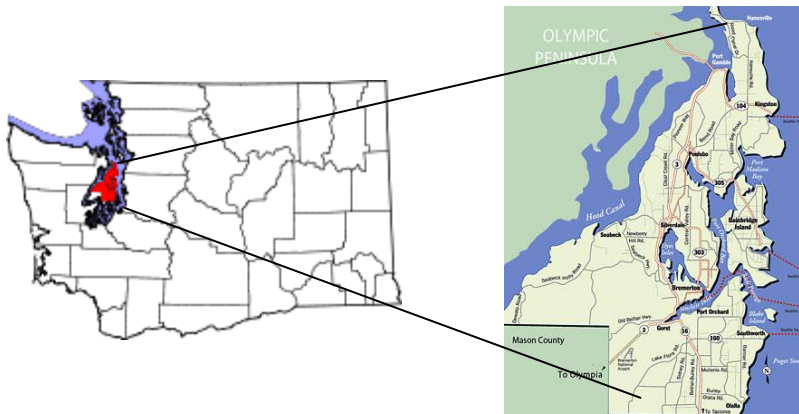
Kitsap County is one of the smallest counties in Washington State by geographic size, but it is the third most densely populated county in the state with an estimated population of 254,000 residents in 2013.¹ On average, Kitsap residents are slightly older than Washington State residents.² Median age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

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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.

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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.

V. Health Priority Factsheets, added December 2017

The following 8 pages contain four 2-page fact sheets with updated community health data on the health priority topics of:

1. Adverse Childhood Experiences
2. Affordable Housing
3. Behavioral Health
4. Obesity

These fact sheets were developed for distribution at the December 12, 2017 KCHP Community Data Convening.



Kitsap Community Health Priorities

Priority 1: Adverse Childhood Experiences (ACEs)

Prevent ACEs and reduce the negative impact of ACEs

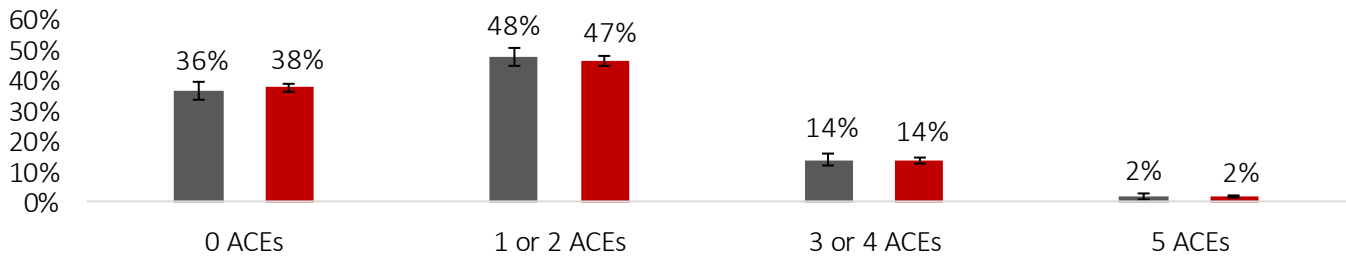
ACEs Characteristics & Impact

ACEs include experiences of abuse, neglect, and/or family/household dysfunction during the first 18 years of life.¹ Having more ACEs increases the risk for poor mental health (e.g. depression, anxiety, suicide ideation), poor health behaviors (e.g. smoking, heavy drinking, unsafe sexual practices) and poor health outcomes (e.g. obesity, cardiovascular and liver disease).²

Adolescent Report of ACEs: Kitsap Compared to WA³

8th, 10th, and 12th Grade Self-Reported Data combined (2016)

■ Kitsap ■ WA



Kitsap County ACEs & Adolescents³

10th Grade Self-Reported Data (2016)

Ever intentionally physically hurt by an adult

About 1 in 5 youths

In the past 12 months physically hurt by someone they were dating

About 1 in 8 youths

Put down or insulted by an adult or parent in the household

About 3 in 8 youths

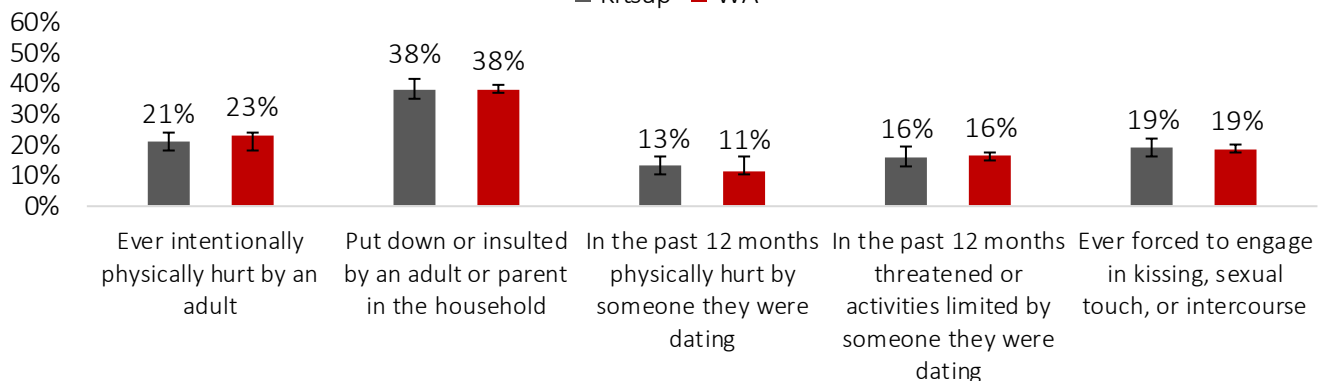
Ever forced to engage in kissing, sexual touch, or intercourse

Almost 1 in 5 youths

Adolescent Report of ACEs by Type: Kitsap Compared to WA³

10th Grade Self-Reported Data (2016)

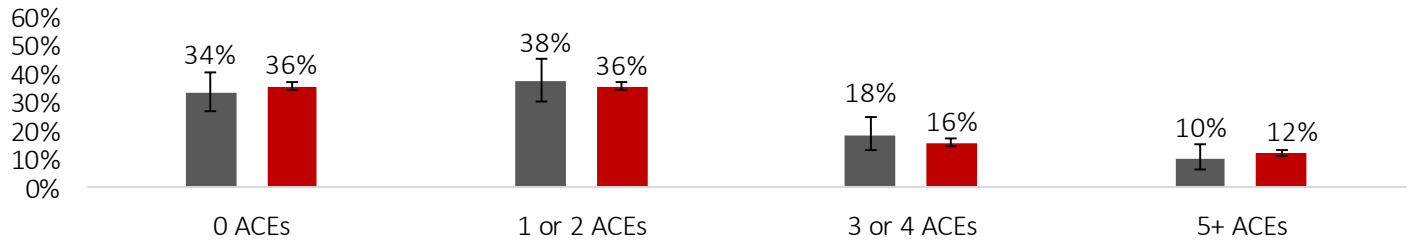
■ Kitsap ■ WA



Kitsap Adult Report of ACEs: Kitsap Compared to WA⁴

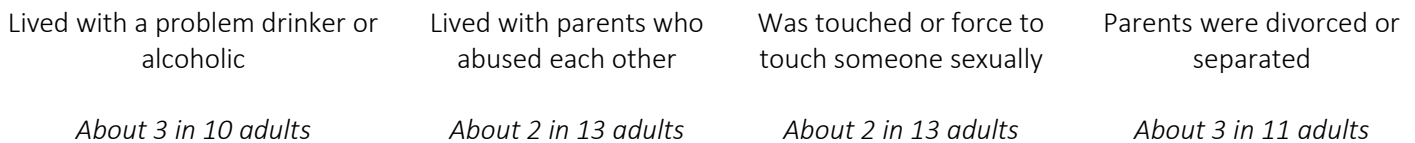
Adult Self-Reported Data (2011)

■ Kitsap ■ WA



Kitsap County ACEs & Adults⁴

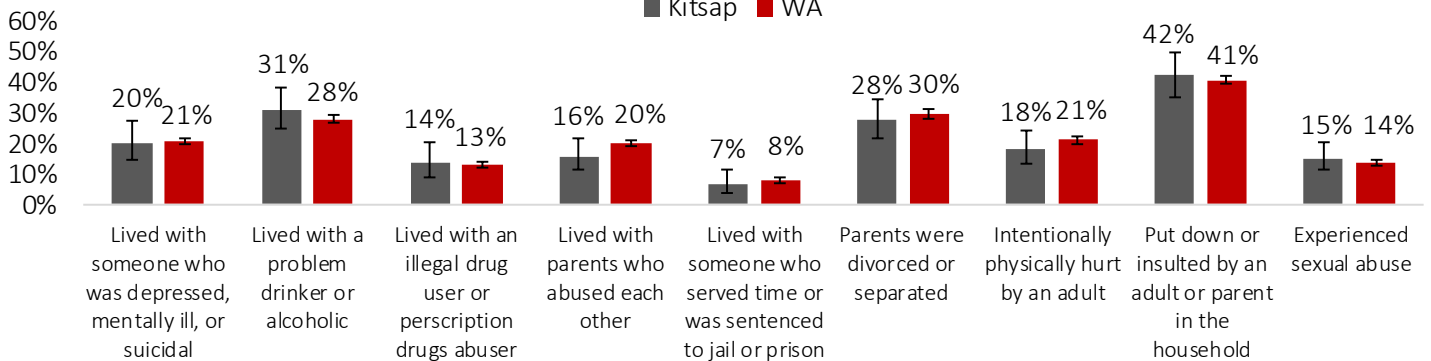
Adult Self-Reported Data (2011)



Kitsap Adult Report of ACEs by Type: Kitsap Compared to WA⁴

Adult Self-Reported Data (2011)

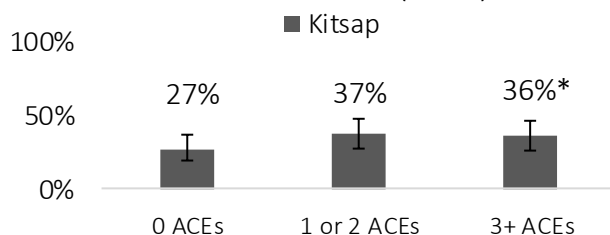
■ Kitsap ■ WA



Kitsap Adult Report of ACEs & Associations⁴

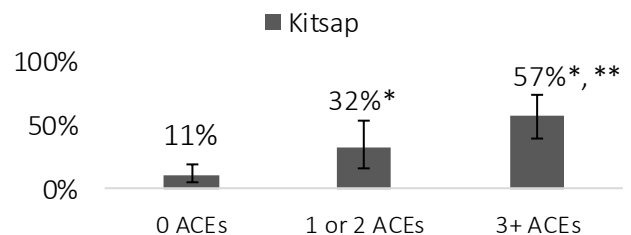
Adult Self-Reported Data (2011)

Adults Who Smoked at Least 100 Cigarettes in Their Lifetime by Number of ACEs (2011)



* Statistically significantly higher than 0 ACEs

Adults Who Reported 5+ Mentally Unhealthy Days in the Past 30 Days by Number of ACEs (2011)



* Statistically significantly higher than 0 ACEs

** Statistically significantly higher than 1 or 2 ACEs

Sources

1.) Center for Disease Control and Prevention (2016). Adverse Childhood Experiences. 2.) Center for Disease Control and Prevention (2016). About the CDC-Kaiser ACE Study. 3.) Healthy Youth Survey (2016). 4.) Behavioral Risk Factor Surveillance System (2011).



Kitsap Community Health Priorities

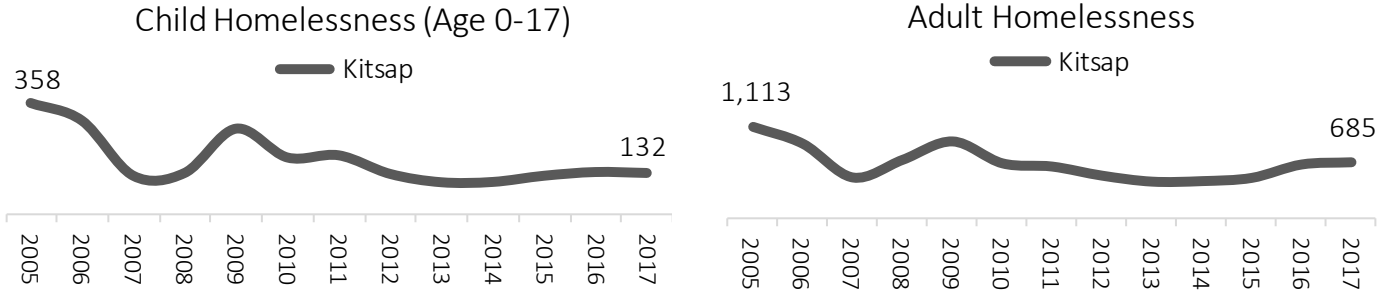
Priority 3: Affordable Housing

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

Homelessness Characteristics & Impact

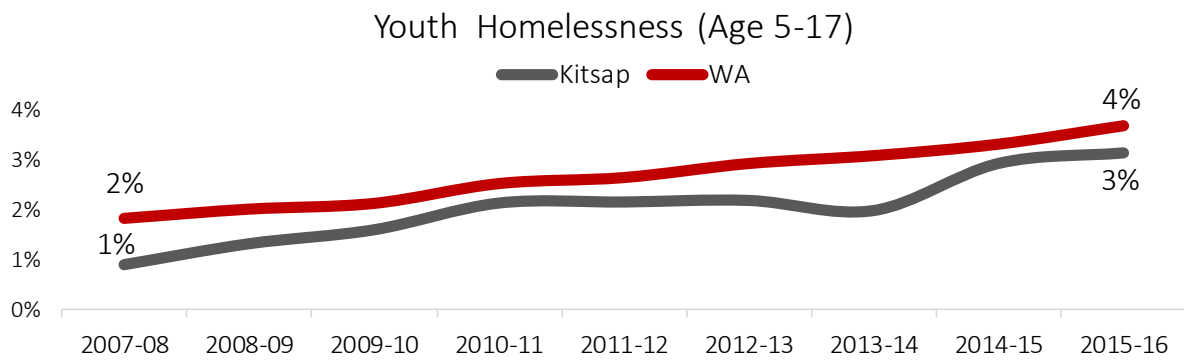
Many influences contribute to the complex issue of homelessness, including individual factors (e.g. substance abuse) and structural factors (e.g. unaffordable housing).¹ Homelessness can be hard to document and define due to its transient nature. Those affected have a higher risk for mental health disorders, infectious diseases, injuries, and mortality.¹

Kitsap County Point in Time Count of Children & Adults Experiencing Homelessness²



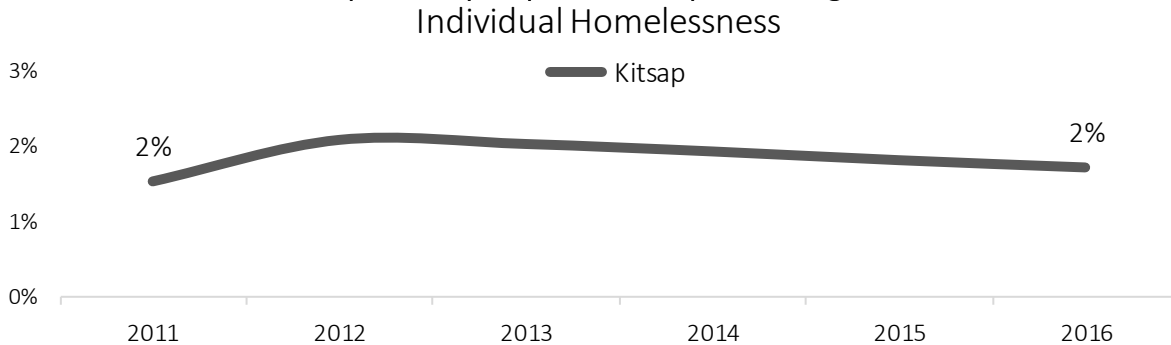
In emergency or transitional shelter, unsheltered, or temporarily living with family or friends.

OSPI Count of Youth Experiencing Homelessness: Kitsap Compared to WA³



In a shelter, doubled-up, unsheltered, or in a hotel/motel.

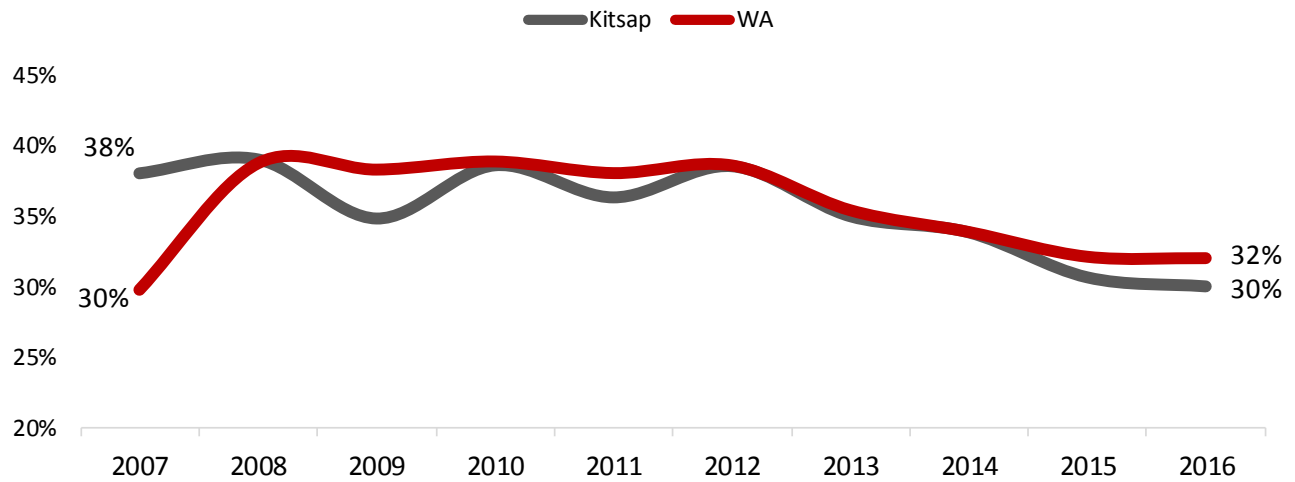
Percent of Kitsap County Population Experiencing Homelessness⁴



Literally homeless or imminently losing housing and in a homeless services or housing program.

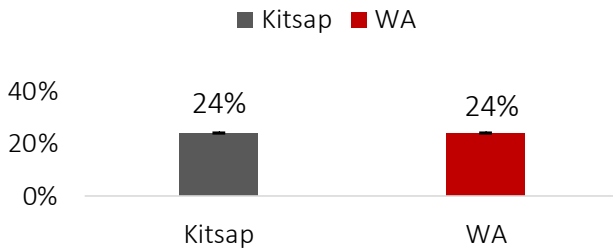
Housing Affordability: Kitsap Compared to WA⁵

Households Paying 30% or More of Monthly Income on Housing

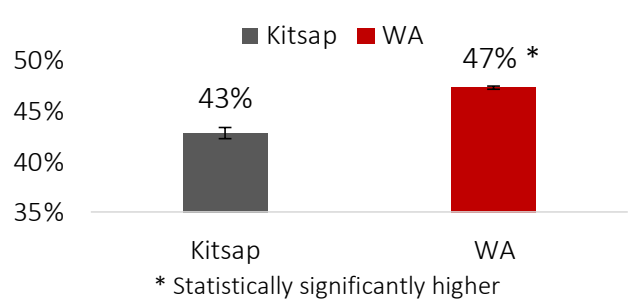


Housing Affordability by Type, Homeowners and Renters: Kitsap Compared to WA⁵

Homeowners Paying 30% or More of Monthly Income on Housing (2016)



Renters Paying 30% or More of Monthly Income on Housing (2016)



Sources

- 1.) Fazel, S., Geddes, R., & Kushel, M. (2014). The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations. *The Lancet*, 384(9953).
- 2.) Department of Commerce (2017). Annual Point in Time Count.
- 3.) Office of the Superintendent of Public Instruction (2016).
- 4.) Housing Solutions Center of Kitsap County, Homeless Management Information System (2016)
- 5.) US Census and American Community Survey (2016). Selected Housing Characteristics.



Kitsap Community Health Priorities

Priority 2: Behavioral Health

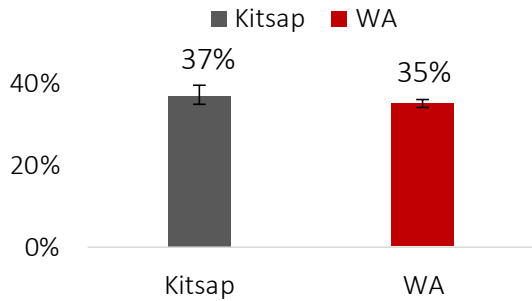
Ensure behavioral health care is accessible, available, and timely for all

Behavioral Health & Impact

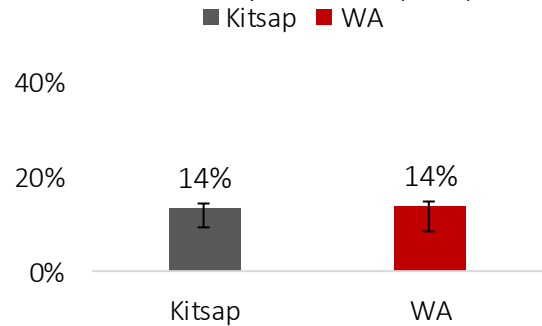
Behavioral health refers to mental and emotional well-being and includes behaviors that impact wellness. Realization of abilities, successful management of normal stress, a productive work life, and positive community contribution are all necessary components.¹ Behavioral health problems include drug and alcohol addiction, substance use disorders, and serious mental distress and disorders that are aggravated by a lack of readily available care.²

Kitsap Adolescent & Adult Reported Feeling Depressed: Kitsap Compared to WA^{3,4}

Grade 8, 10, and 12 Self-Reported Data combined (2016)



Adult Self-Reported Data (2016)



Kitsap County Behavioral Health & Adolescents³

10th Grade Self-Reported Data (2016)

Experienced high anxiety in the past 2 weeks

Almost 1 in 3

Not having an adult to turn to when feeling sad or hopeless

Almost 4 in 10

Used Alcohol in the past 30 days

Over 1 in 6

Used pain killer to get high or non-prescribed prescription drugs in the past 30 days

About 1 in 14

Kitsap County Behavioral Health & Adults⁴

Adult Self-Reported Data (2016)

Experienced 13+ days of mental distress during the past 30 days

About 1 in 9

Had 14+ days of limited activity due to poor physical or mental health during the past 30 days

About 1 in 7

Had 5+ alcoholic drinks at one time during the past 30 days

Almost 3 in 10

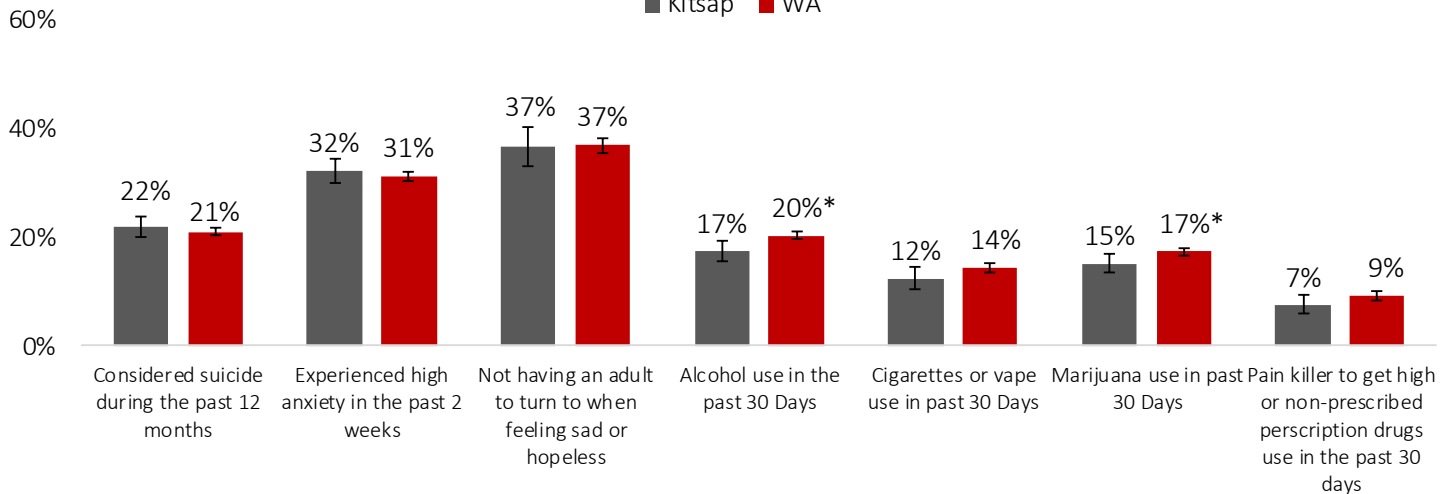
Had 5+ days of missed work or usual activities because of mental health or emotional condition during the past 30 days

About 1 in 20

Kitsap Adolescent Mental Health, Support, & Substance Use by Type Compared to WA³

10th Grade Self-Reported Data (2016)

■ Kitsap ■ WA

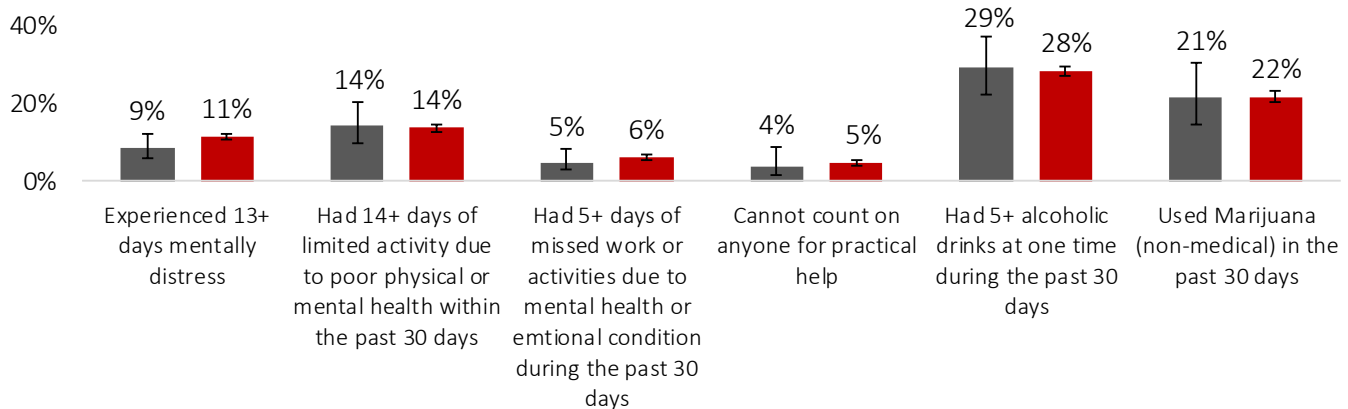


*Statistically significantly higher

Kitsap Adult Mental Health & Substance Use by Type Compared to WA⁴

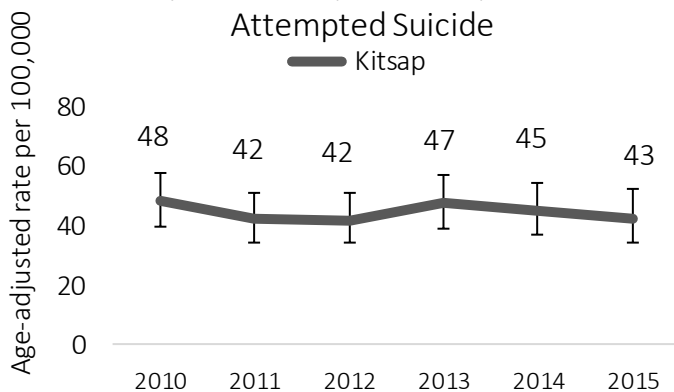
Adult Self-Reported Data (2011)

■ Kitsap ■ WA

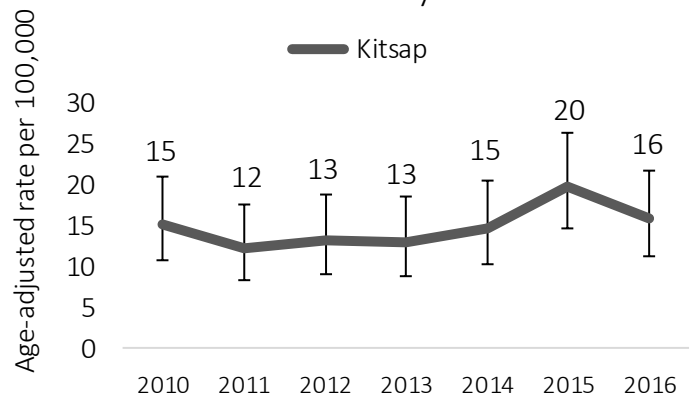


Kitsap Suicide Hospitalization & Mortality⁵

Hospitalization (Non-Fatal) Rate for Attempted Suicide



Suicide Mortality Rate



Sources

- 1.) World Health Organization (2001).
- 2.) Substance Abuse and Mental Health Services Administration (2014). National Behavioral Health Quality Framework
- 3.) Healthy Youth Survey (2016)
- 4.) Behavioral Risk Factor Surveillance System (2016)
- 5.) Washington State Department of Health, Community Health Assessment Tool



Kitsap Community Health Priorities

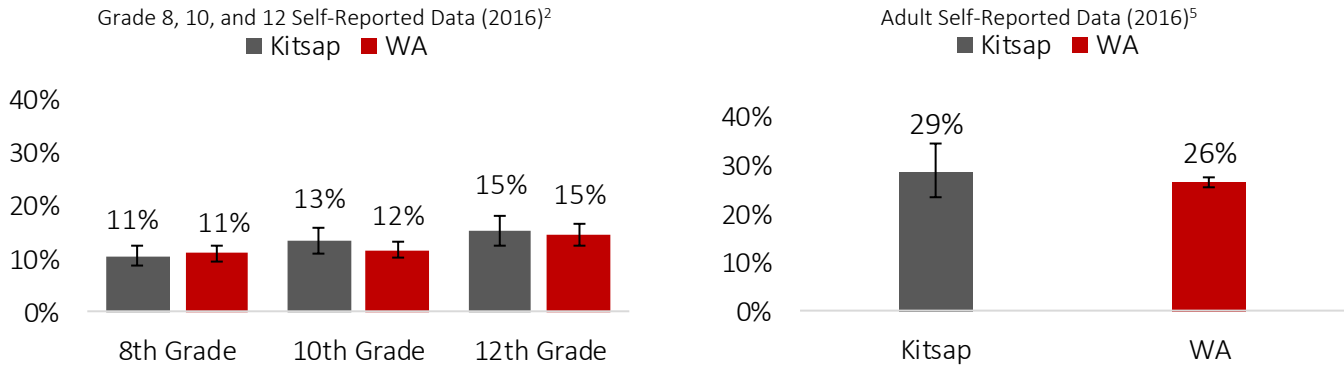
Priority 4: Prevent/Reduce Obesity

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

Obesity Characteristics & Impact

Adult obesity is defined by a body mass index (BMI) that is at or exceeds 30.0. For children aged 2-19, obesity is defined as a BMI that is at or exceeds the 95th percentile for individuals of the same age and sex.¹ Many influences contribute to the complex issue of obesity, including environmental factors (e.g. lack of healthy food options) and individual behaviors (e.g. not being physically active). Obesity puts individuals at higher risk for chronic health conditions (e.g. diabetes).

Prevalence of Obesity: Kitsap Compared to WA



Kitsap County Obesity Risk Behaviors & Adolescents

10th Grade Self-Reported Data (2016)²

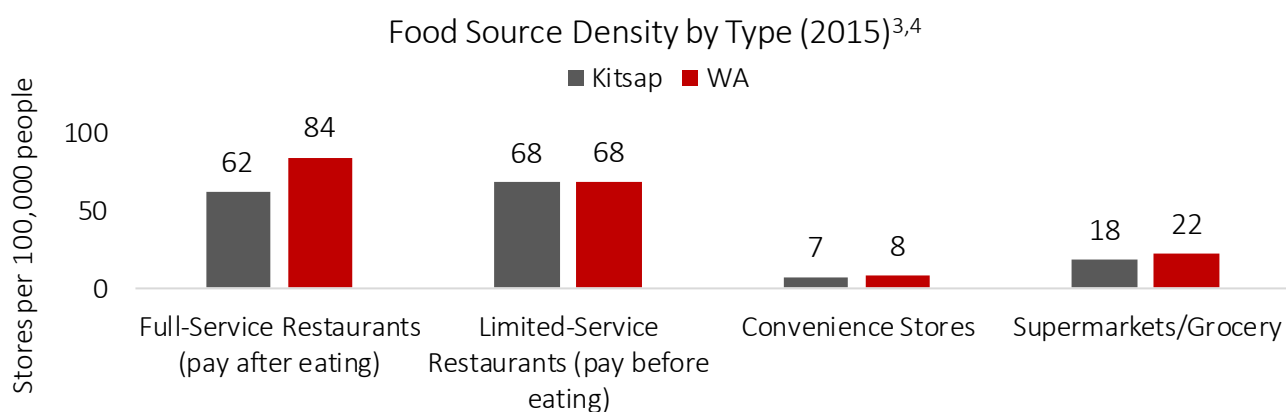
Consumed fewer than five fruits and vegetables daily	Viewed more than two hours of screen time daily	Completed less than one hour of physical activity daily	Consumed at least one sugar-sweetened beverage in past week
<i>About 8 in 10 (81%)</i>	<i>About 2 in 3 (66%)</i>	<i>About 7 in 10 (69%)</i>	<i>About 3 in 4 (76%)</i>

Kitsap County Obesity Risk Behaviors & Adults

Adult Self-Reported Data (2015)⁵

Completed less than one hour of physical activity for 5 days	Walked to work at least one day a week	Biked to work at least one day a week	Consumed fewer than five fruits and vegetables daily
<i>Almost 6 in 10 (57%)</i>	<i>About 3 in 100 (3%)</i>	<i>About 1 in 100 (1%)</i>	<i>About 3 in 4 (75%)</i>

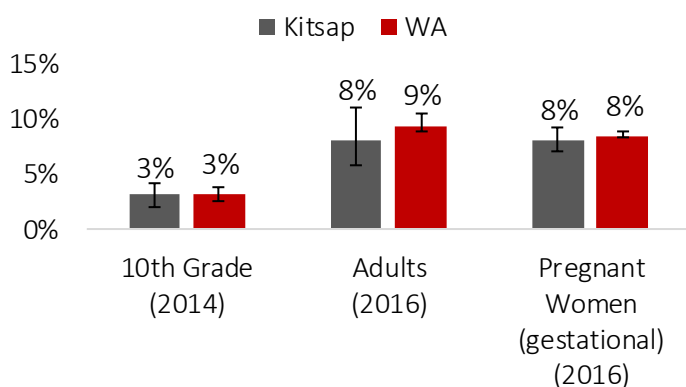
Kitsap Food Environment Factors: Kitsap Compared to WA



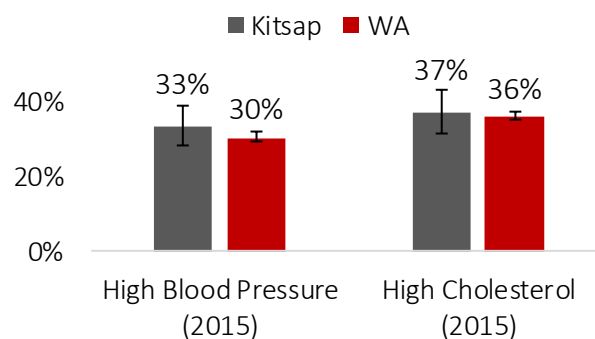
Prevalence of Chronic Disease and Conditions: Kitsap Compared to WA

Adolescent (10th grade) & Adult Self-Reported Data

Diabetes Diagnosis^{1,5,6}

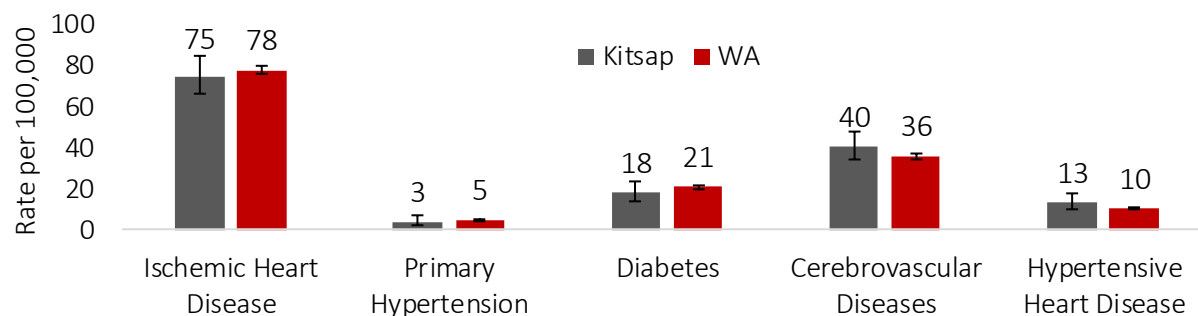


Adults Told by Their Doctor They Have:⁵



Chronic Disease Mortality: Kitsap compared to WA

Average Annual Death Rate by Primary Cause⁷
(Age-Adjusted)



Sources

- Centers for Disease Control and Prevention (2016). Overweight & Obesity;
- Healthy Youth Survey, 2016;
- US Census, County Business Patterns;
- Washington State Office of Financial Management, 2015;
- Behavioral Risk Factor Surveillance System;
- Washington State Department of Health, Center for Health Statistics, Birth Certificate Data, 2015;
- Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2016

**B. Harrison Medical Center Community Health Needs Assessment
Community Survey Report**

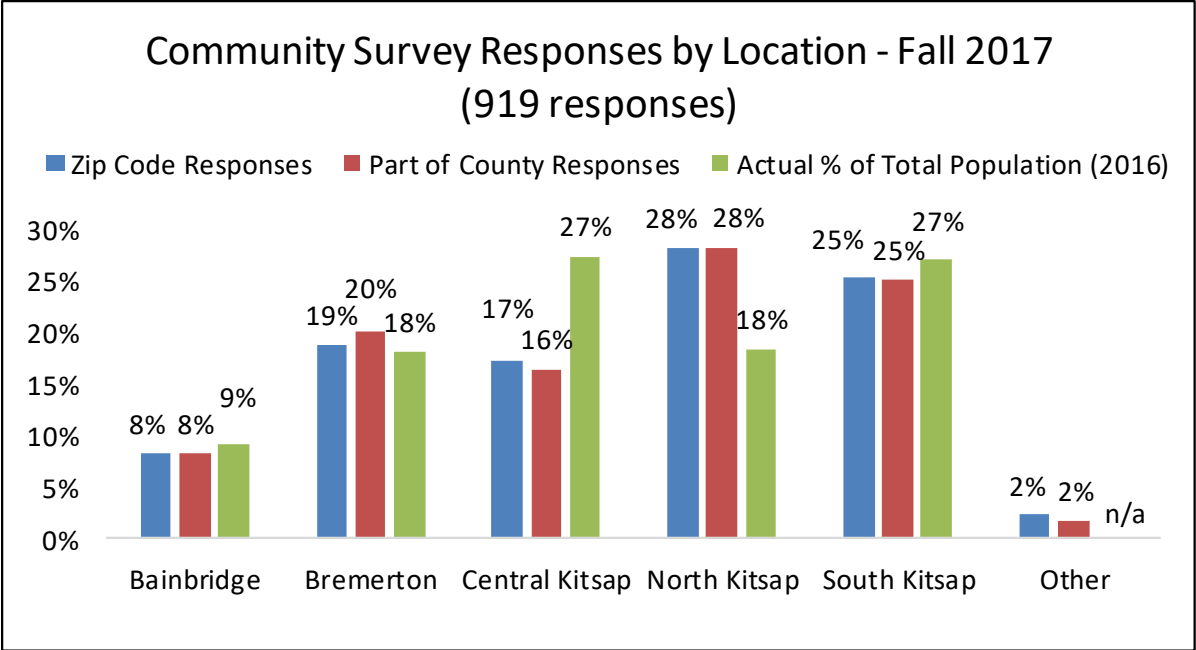
CHI Franciscan Health Harrison Medical Center Community Survey – Fall 2017

Demographics

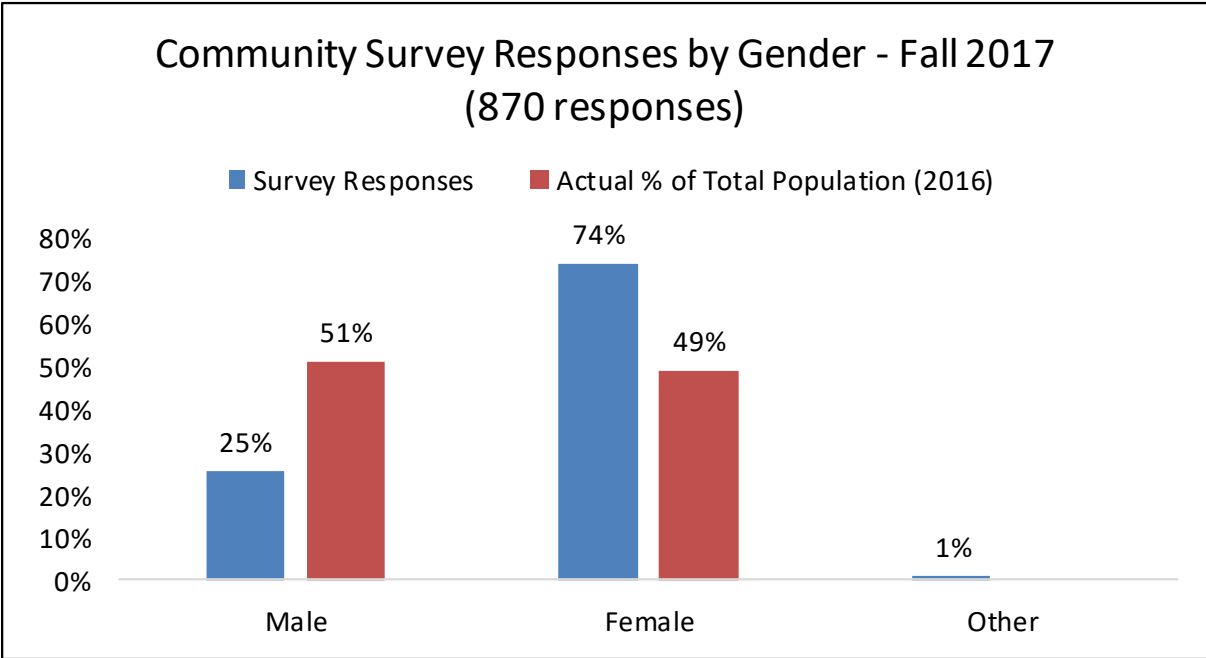
Overall, there were 962 surveys, of which 919 (95.5%) had at least one response.

Demographics of respondents were requested to determine whether all areas, races, genders and ages were adequately represented in the survey responses.

Geography - Respondents were spread out across Kitsap County. Approximately 8% of respondents reported living in zip code 98110 on Bainbridge Island. This is similar to the 9% of Kitsap County which lived on Bainbridge Island in 2016. Eighteen percent of Kitsap County's population resides in Bremerton and 27% in Central Kitsap. The percentage of survey respondents reporting living in Bremerton (20%) was similar to population percentages, but fewer reported living in Central Kitsap (16%) than population percentages. When we analyzed zip codes for these regions, it depended greatly whether residents of zip code 98312 were placed in Bremerton or Central Kitsap because almost 10% of respondents reported living in 98312. If 98312 had been grouped in Central Kitsap, 27% of respondents would have been placed in Central Kitsap and only 9% in Bremerton. For the purposes of this report, 98312 was grouped in Bremerton, making it 19% of residents reporting living in a zip code we associated with Bremerton, while Central Kitsap's was 17%. This more closely mirrored the respondents' own report of where they lived. South Kitsap residents responded to the survey in similar percentages to the population by both zip code and reported area of the county, but North Kitsap respondents were at higher percentages compared to the general population. The survey appeared to have reasonably good representation from all areas of the county, with the lowest representation in Central Kitsap and disproportionately more representation from North Kitsap. Because we were interested in responses from Kitsap County, the 2% of responses who reported residing outside of the county were removed from the results.

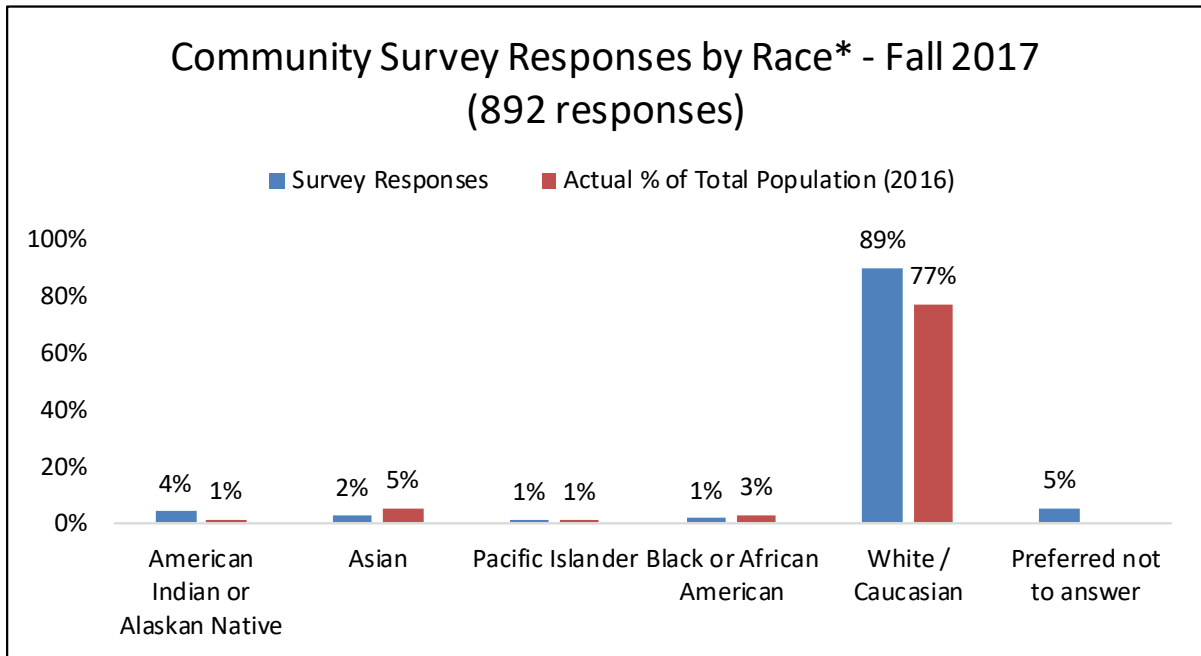


Gender - Respondents from Kitsap County were disproportionately female, with approximately 3 out of 4 respondents reporting being female.

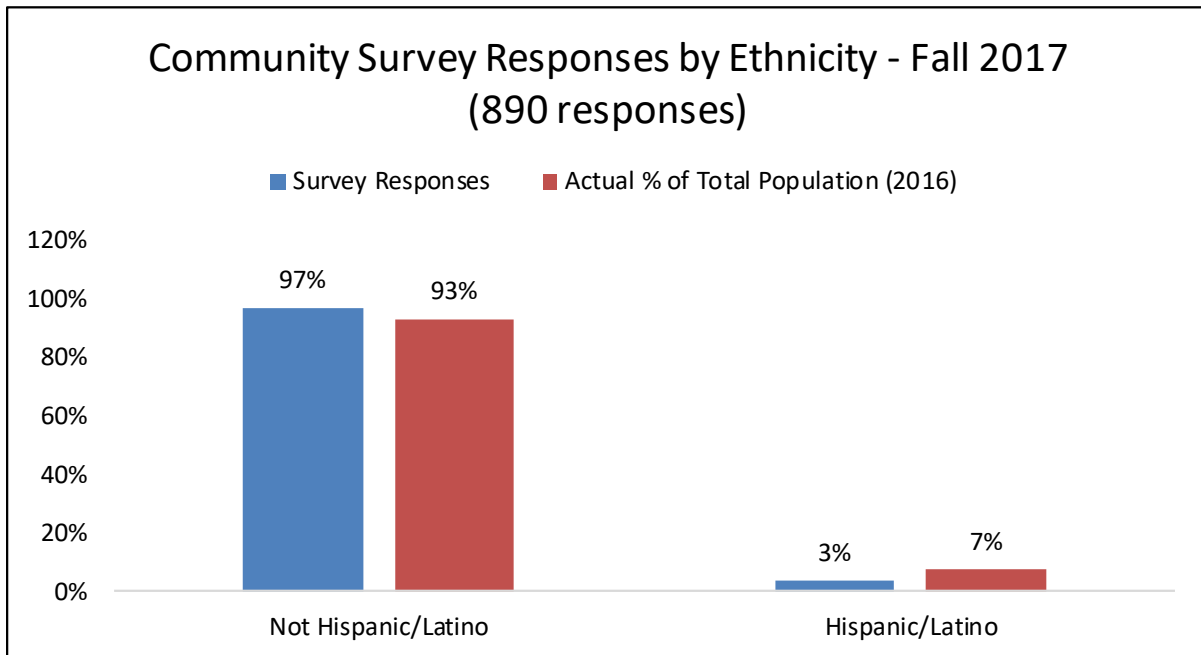


Race/Ethnicity - Respondents were asked to select all races and ethnicities that applied to them. Respondents from Kitsap County were primarily White, similar to the general population of Kitsap County, but in a slightly higher proportion. There was a slightly higher proportion of American Indian and Alaskan Native respondents compared to the general population and a slightly lower proportion of Asian and Black respondents compared to the general population.

There was a slightly lower proportion of survey respondents identifying as Hispanic compared to the general population of Kitsap County.

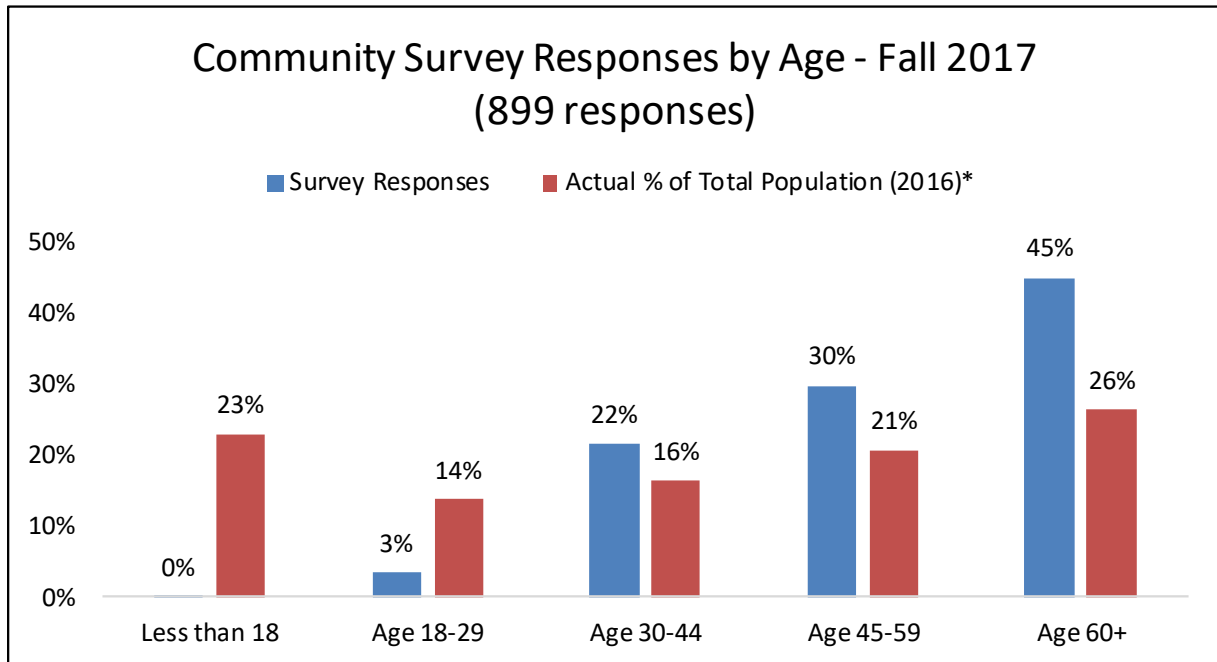


*Respondents could choose more than one race.



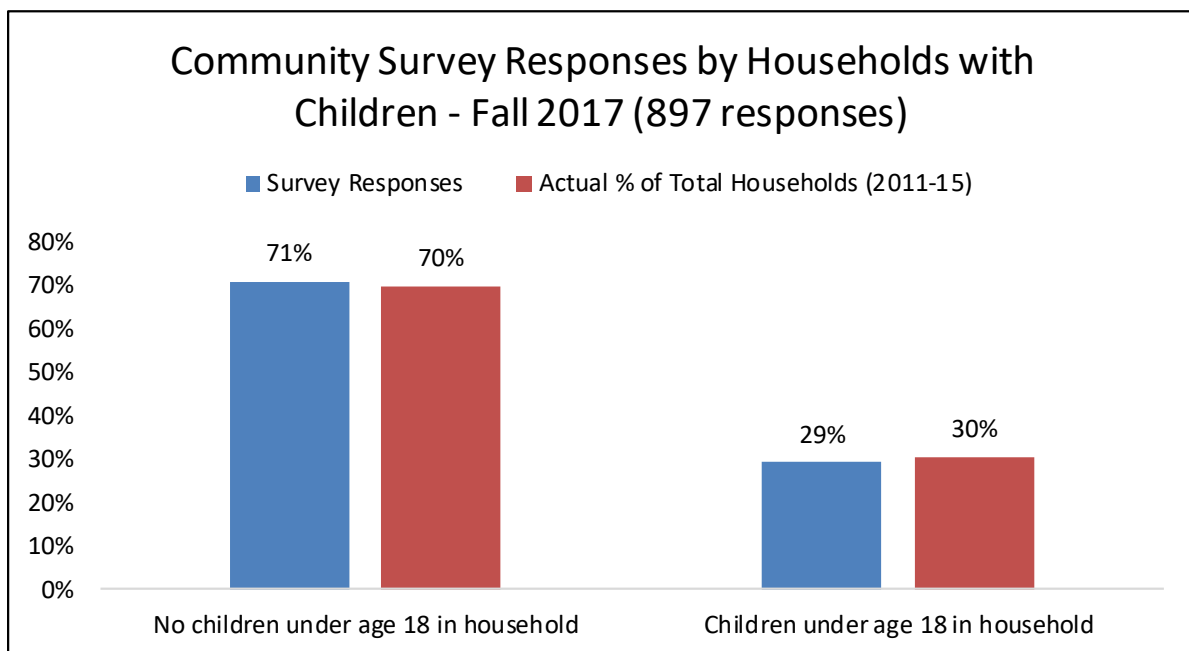
Age - In general, survey respondents tended to be disproportionately older compared to the general population. Seven out of ten respondents reported being 45 years of age or older.

There were less than 40 respondents (3.6%) who reported being less than 30 years old. School-age children in general were not recruited or targeted for this survey.



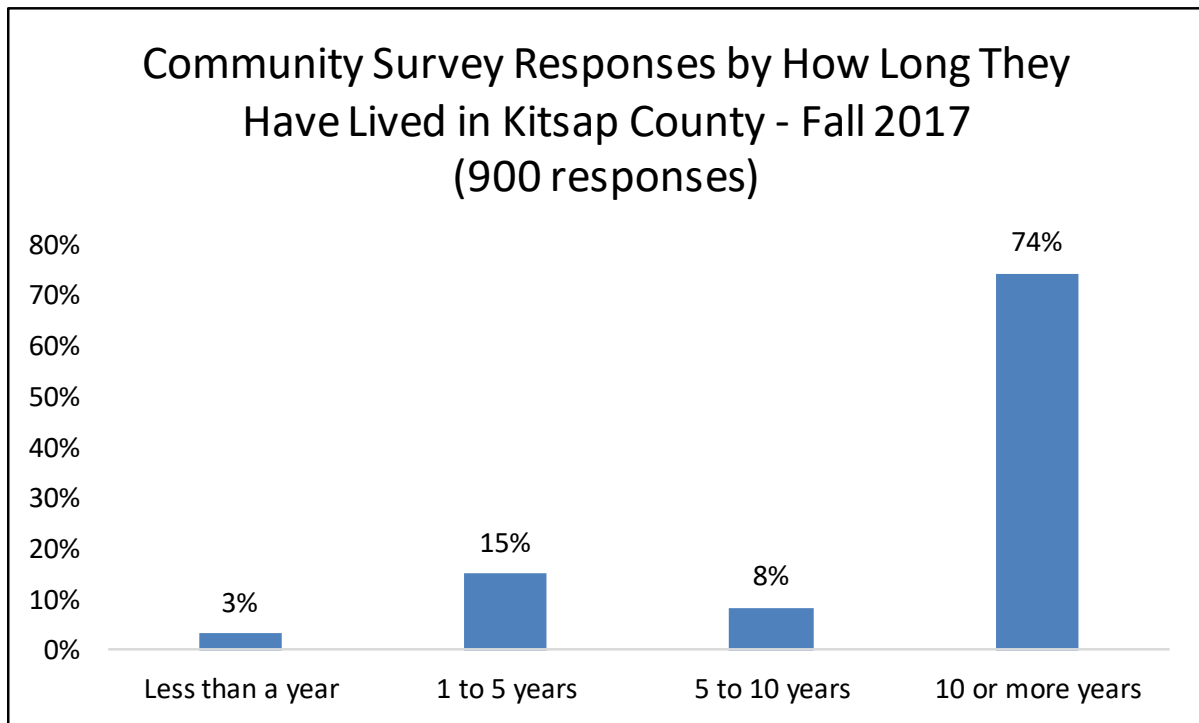
*The actual percentage of total population is based on the following ranges: ages 0-19, 20-29, 30-44, 45-49 and 60+.

Children - Only 29% of respondents reported living with a child under the age of 18. About 30% of Kitsap households have children under 18 as well, however it should be noted that survey respondents were individuals that could have come from the same household.



Language Spoken at Home - Survey respondents overwhelmingly reported speaking English at home (99.9%). Although respondents could choose more than one language, there were less than 10 respondents who reported speaking Spanish at home (about 1%). Only 17 respondents reported speaking a language at home other than Spanish or English, which could be due in large part to the fact that the survey was administered in English. Other languages reported were Filipino/Tagalog, Japanese, French, German, American Sign Language, Croatian, Greek, Hawaiian Pidgin, Norwegian and Gaelic.

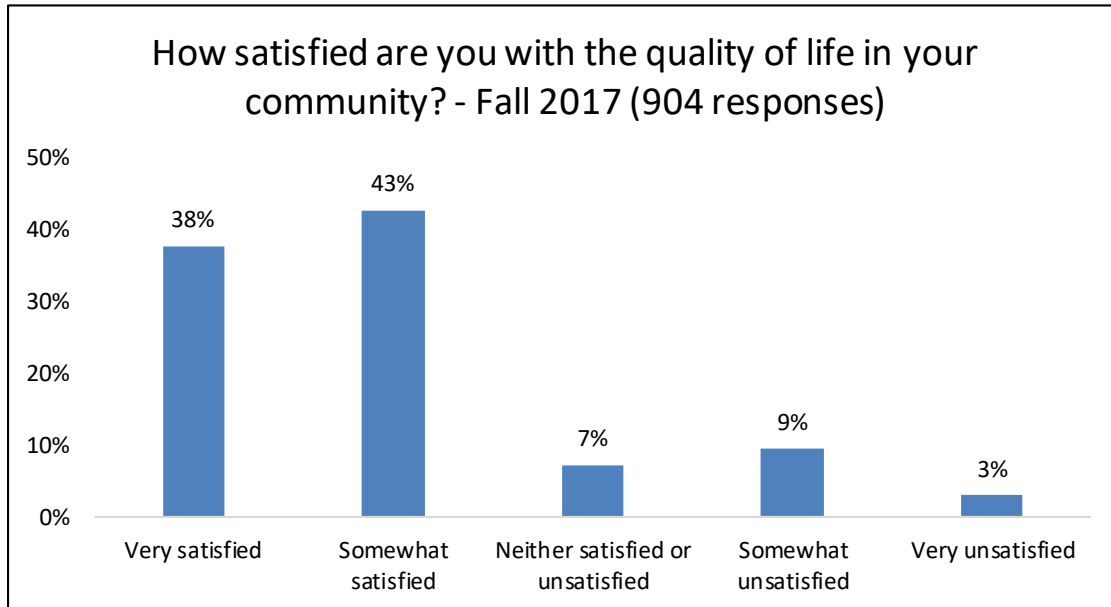
Duration of Residence - Most respondents (74%) reported having lived in Kitsap County for 10 or more years. An additional 8% reported living here 5 to 10 years, 15% living here 1 to 5 years, and 3% reported living in Kitsap less than a year.



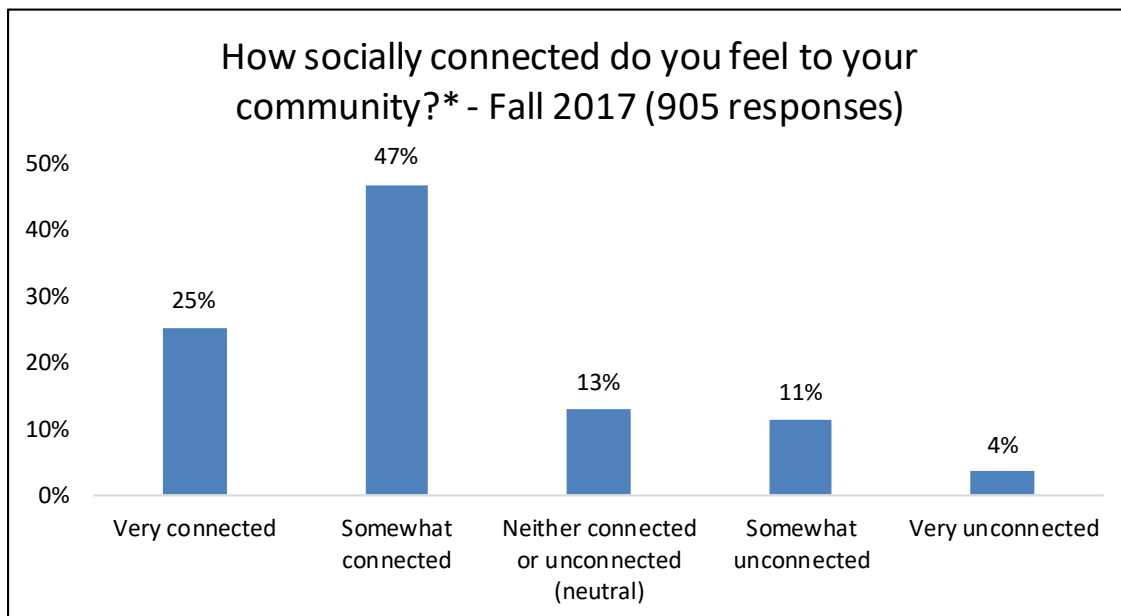
Overall, Kitsap County was reasonably well represented by respondents to the survey, especially geographically. The survey appeared to have reasonably good representation from all areas of the county, with disproportionately low representation in Central Kitsap and disproportionately high representation in North Kitsap. Men, non-White, Hispanic and younger residents were underrepresented in this survey. Those who have recently moved to Kitsap County were also likely underrepresented. How well this survey represents the county should be considered when evaluating the following responses.

Community Health

Quality of Life - Most respondents reported being satisfied with the quality of life in their community. About 4 out of 5 reported being very satisfied or somewhat satisfied, whereas only 12% reported being very unsatisfied or somewhat unsatisfied.



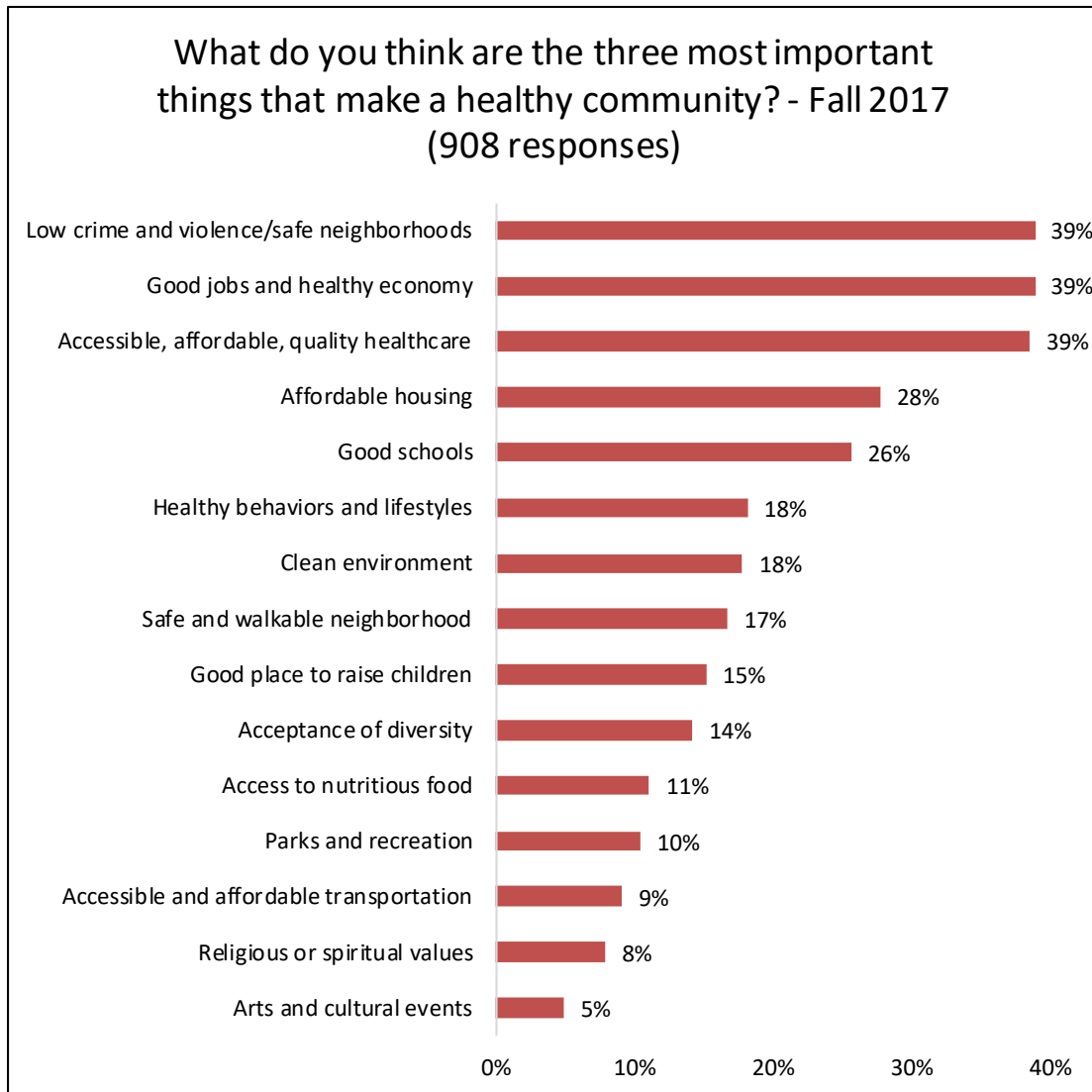
Social Connectedness - Most respondents reported feeling socially connected or socially involved with their community. About 72% reported feeling very connected or somewhat connected to their community.



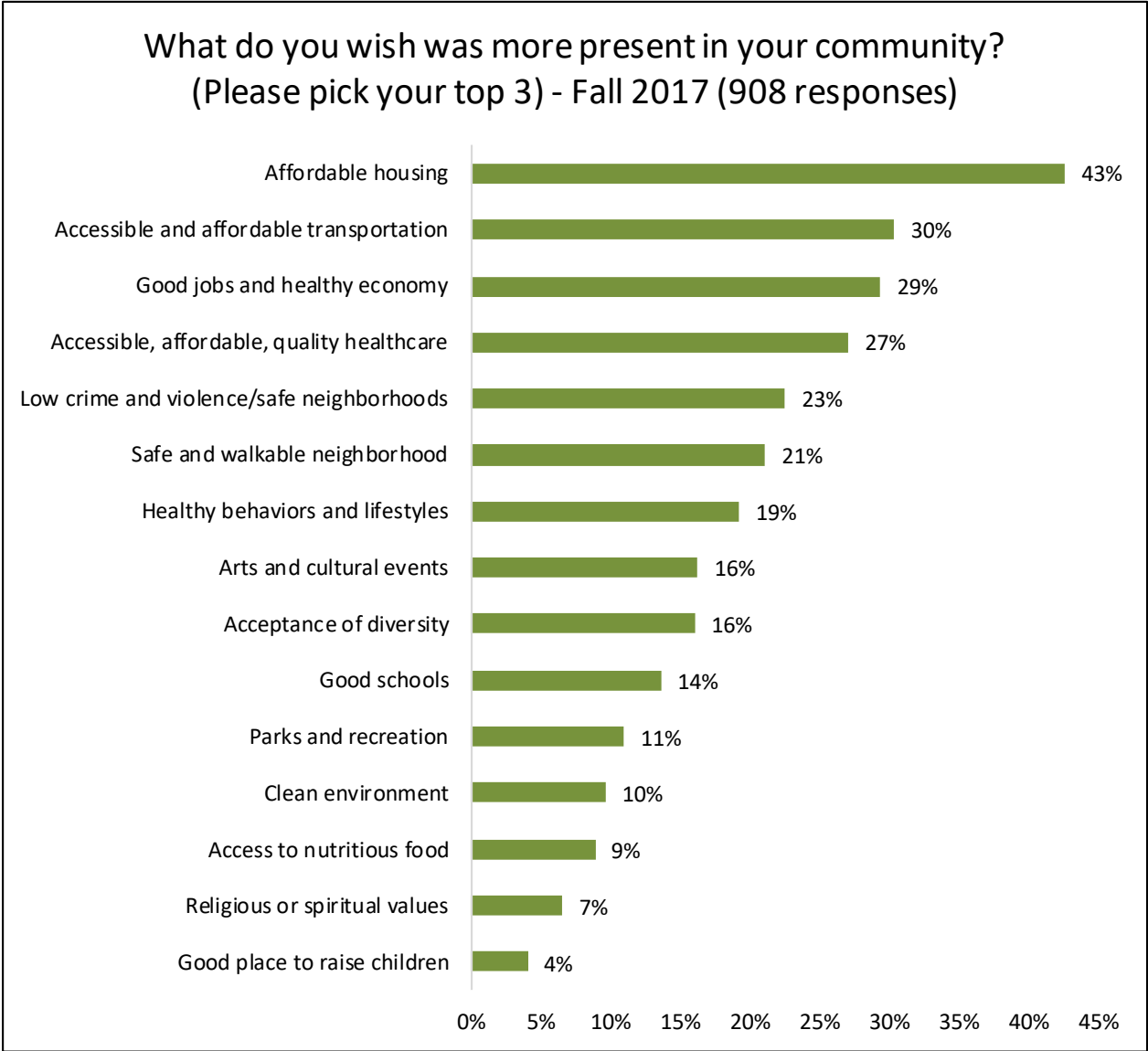
*Connected means being socially involved with others in your community.

Most Important Factors for a Healthy Community - When it came to identifying the three things that are most important in making a community healthy, more than a third of respondents picked low crime and violence or safe neighborhoods, good jobs and a healthy economy, and accessible, affordable, quality healthcare. About a quarter of respondents picked affordable housing and good schools. The following chart shows all categories with at least 10 responses.

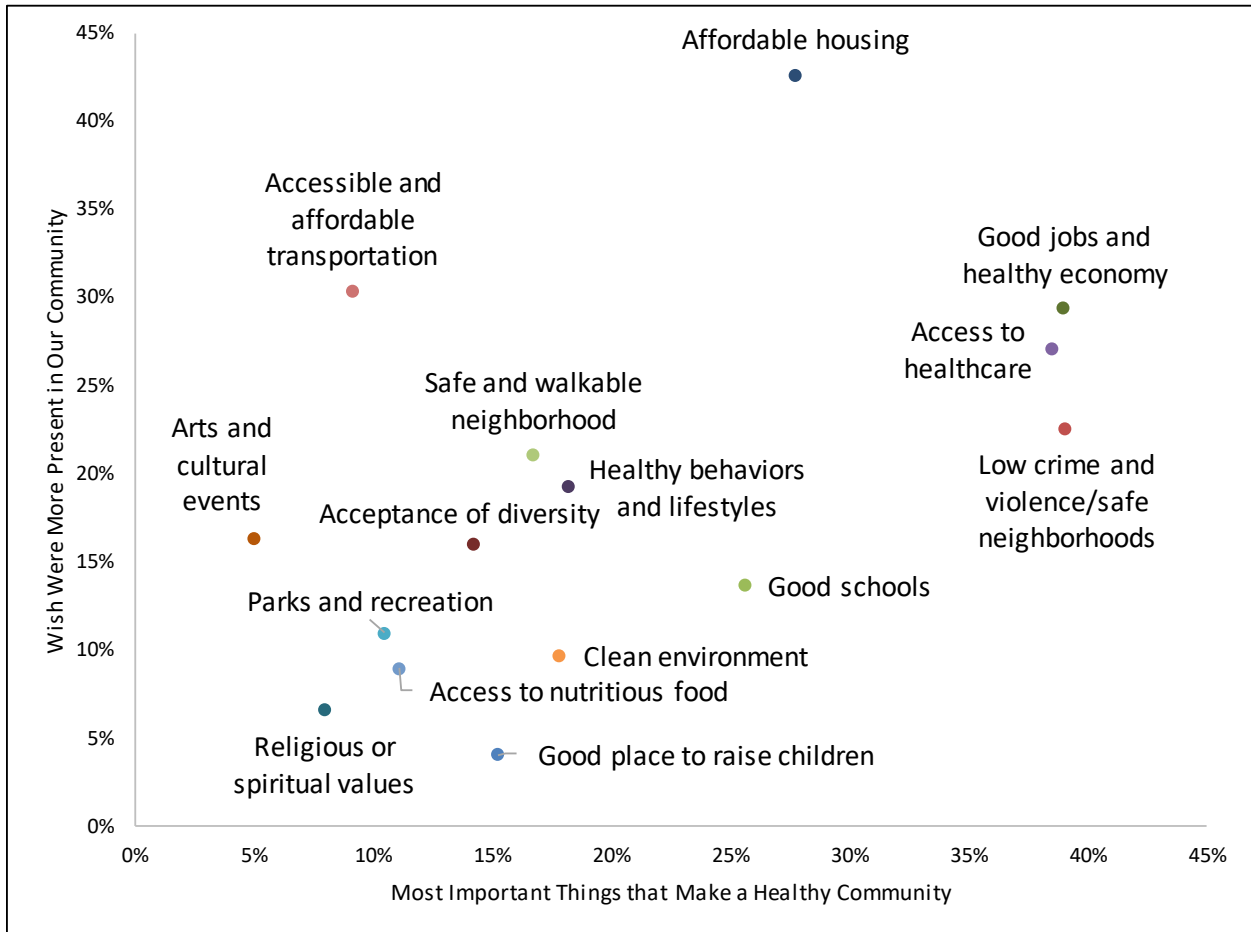
Responses regarding healthcare included comments about the availability of healthcare providers and clinics, such as “Access to alternative healthcare choices, not drugs” or “a local hospital in Bremerton”. It also included comments about the cost of healthcare (“Affordable healthcare for insurance holders”) and complaints about healthcare quality, such as “Access to healthcare providers not a part of the monopoly we have here in Kitsap County. You can no longer find doctors that personally care for patients in our community. Most belong to the big corporations and they make providers look at patients as numbers. It's hard to find personable quality care here.” Several respondents also believed that all of these factors are important for a healthy community and that “leaving one out lessens health”.



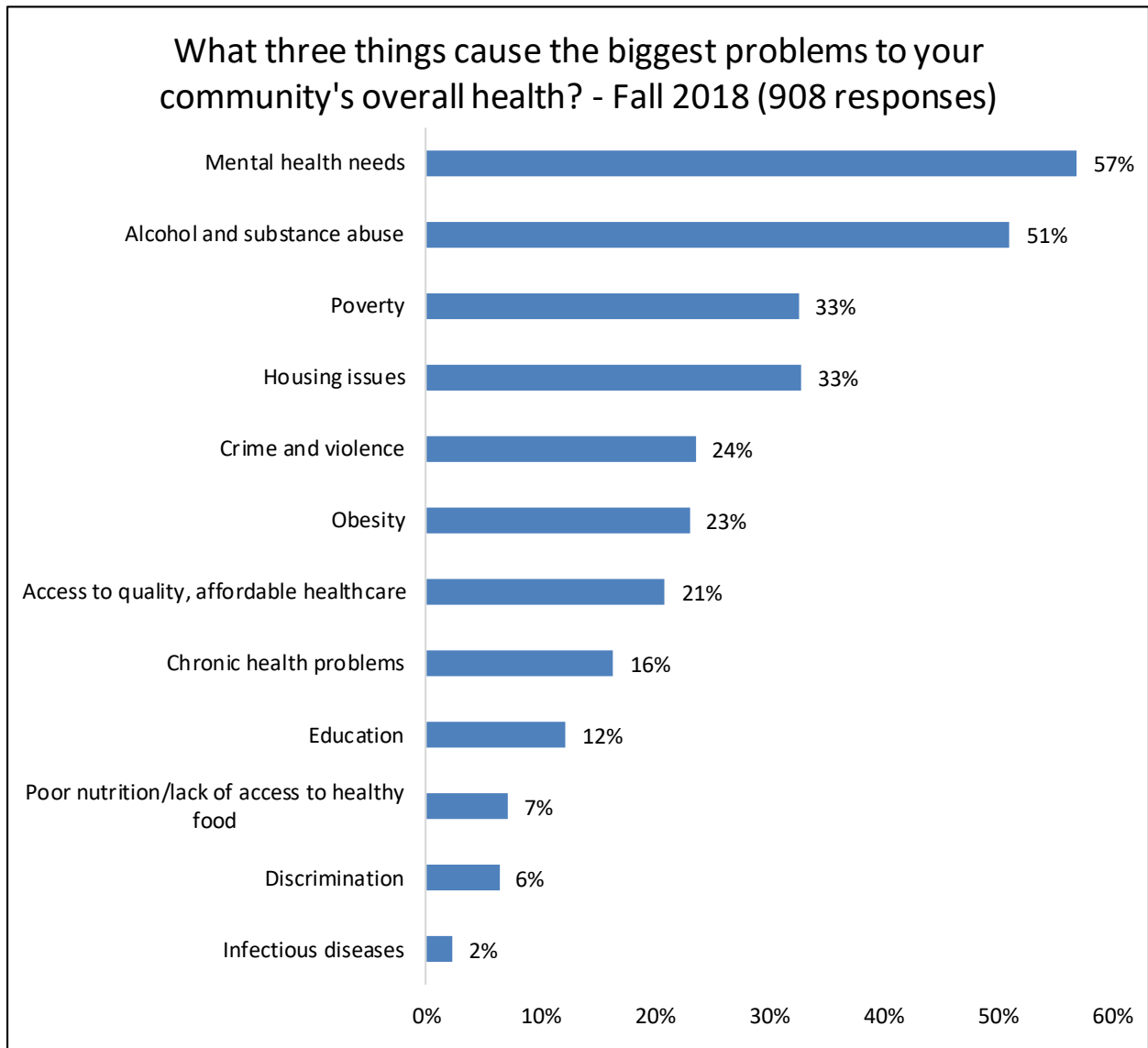
Factors You Wish Were More Present in Your Community – Respondents were asked to pick the top 3 things they wished were more present in their community. Affordable housing was the single biggest thing identified by respondents (43%) that they wished was more present in their community, followed by accessible and affordable transportation (30%), good jobs and a healthy economy (29%), and accessible, affordable, quality healthcare (27%). Again, all categories are shown that had 10 or more similar responses. For this question, there were many individual responses.



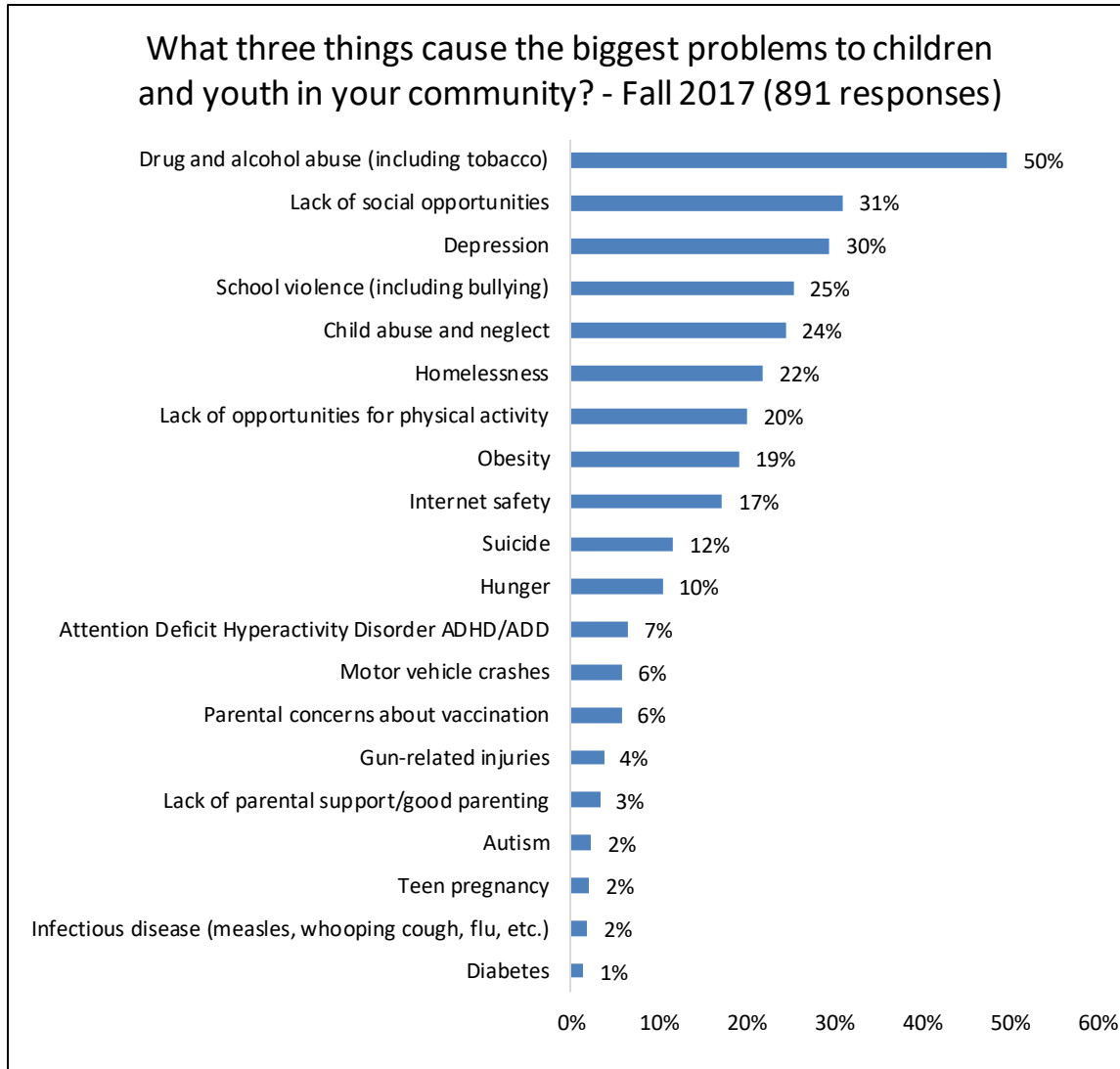
Most Important and Most Wished For - Responses to the previous two questions were compared to identify those items thought to be the most important and most wished for. In the following chart, the closer an item is to the top right-hand corner, the more important and wished for it was considered. Items closer to the bottom left-hand corner were considered the least wished for and least important by survey respondents. Affordable housing, good jobs/healthy economy, access to affordable, quality healthcare and low crime/safe neighborhoods stood out as the most wished for and most important.



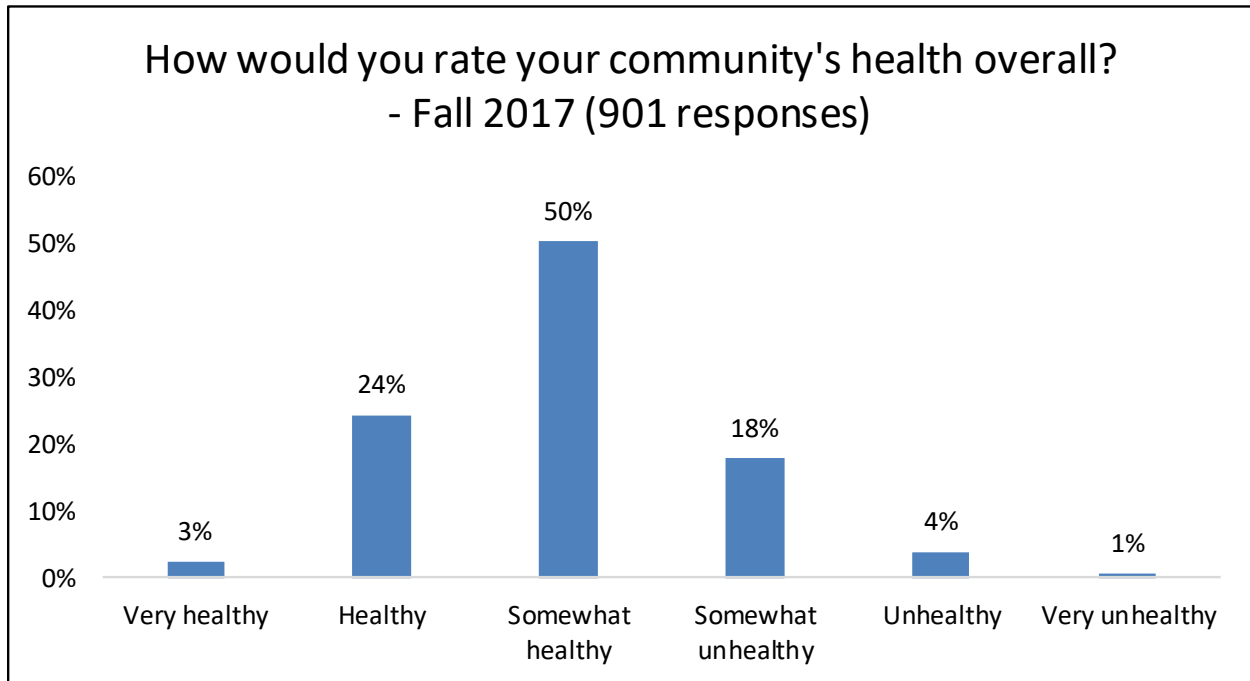
Biggest Problems for Community’s Overall Health – Respondents were asked to pick the top 3 biggest problems to their community’s overall health. Mental health needs and alcohol/substance abuse were both identified by over half of the respondents as things that cause the biggest problem to their community’s overall health, followed by poverty and housing issues. Regarding mental health, respondents mainly expressed a need for more availability of mental health providers. “Mental Health needs is the foundation to all the other problems. We need more quality Mental Health providers to serve this community.” Substance use was often reported with the mental health responses, such as “Mental health crisis in this area. Self medication with drugs. Homelessness. People are suffering everywhere you look here.” In contrast, several people expressed the sentiment “I feel that we are blessed to live in the community that we live.”



Biggest Problems for Children and Youth - When it came to children and youth in their community, respondents believed that drug and alcohol abuse (including tobacco) was the single biggest problem. Lack of social activities (such as after-school activities, camps, affordable gyms) and depression were considered to be the next biggest problems. All categories with 10 or more responses are included.



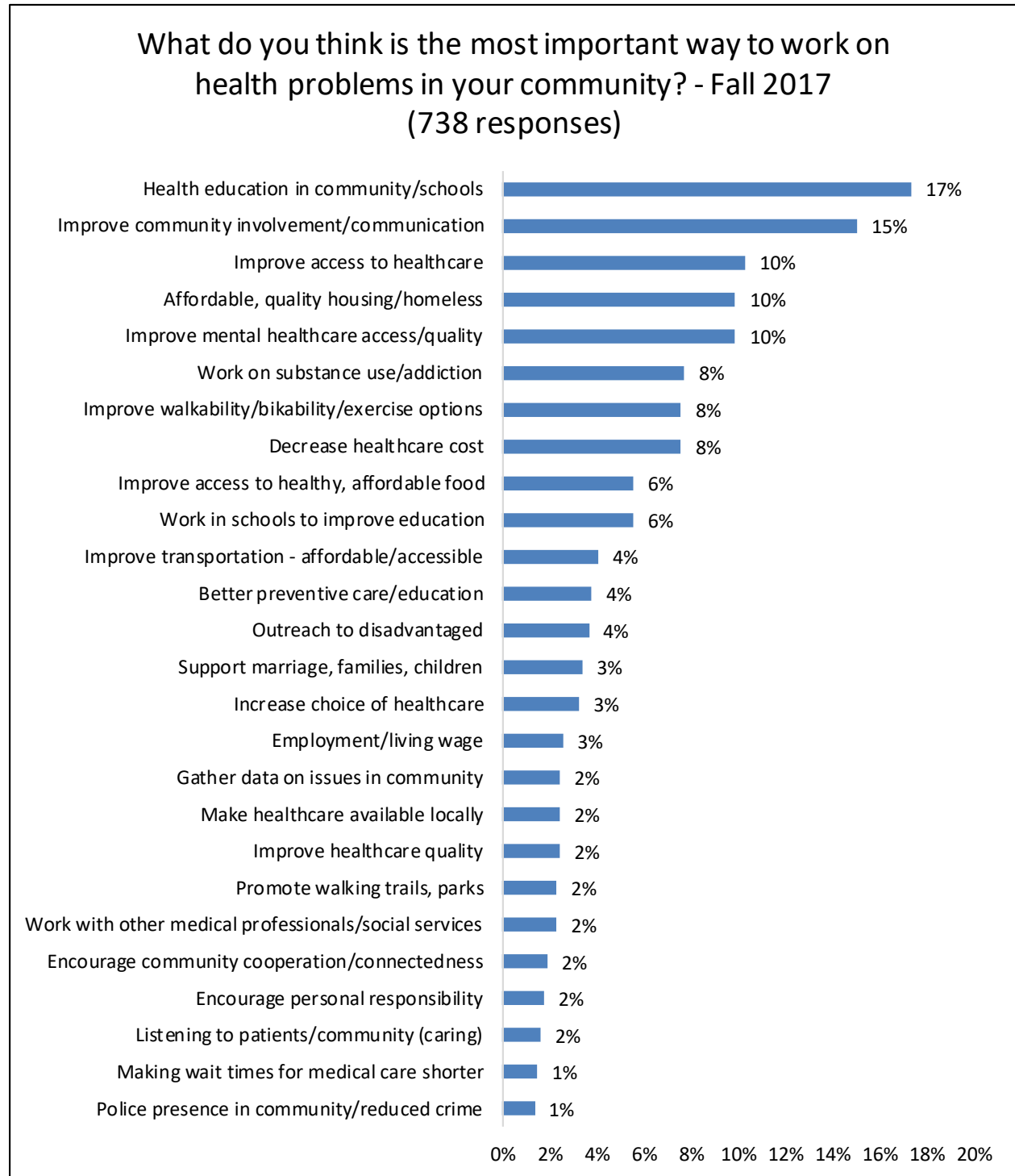
Community's Overall Health - Respondents were asked to rate their community's health overall and about 77% reported it was healthy (either very healthy, healthy or somewhat healthy). Most people (50%) described the health of our community as "somewhat healthy".



Most Important Way to Work on Health Problems - Respondents were asked to describe what they thought was the most important way to work on health problems in their community, and many respondents described several ways. The most common response was to increase or promote health education throughout the community and in schools. Nutritional education, quick low-cost healthy meals and starting in schools educating children were commonly mentioned. One respondent suggested "offer an anchor in this world of internet conflicting information" and another said "Educate the community about what is available and expected cost of caring for a health problem. Educate parents of the value and necessity of vaccination. Educate teens on sexually transmitted diseases, proper personal care, and value of exercise and a balanced diet. Educate, educate, educate, educate!"

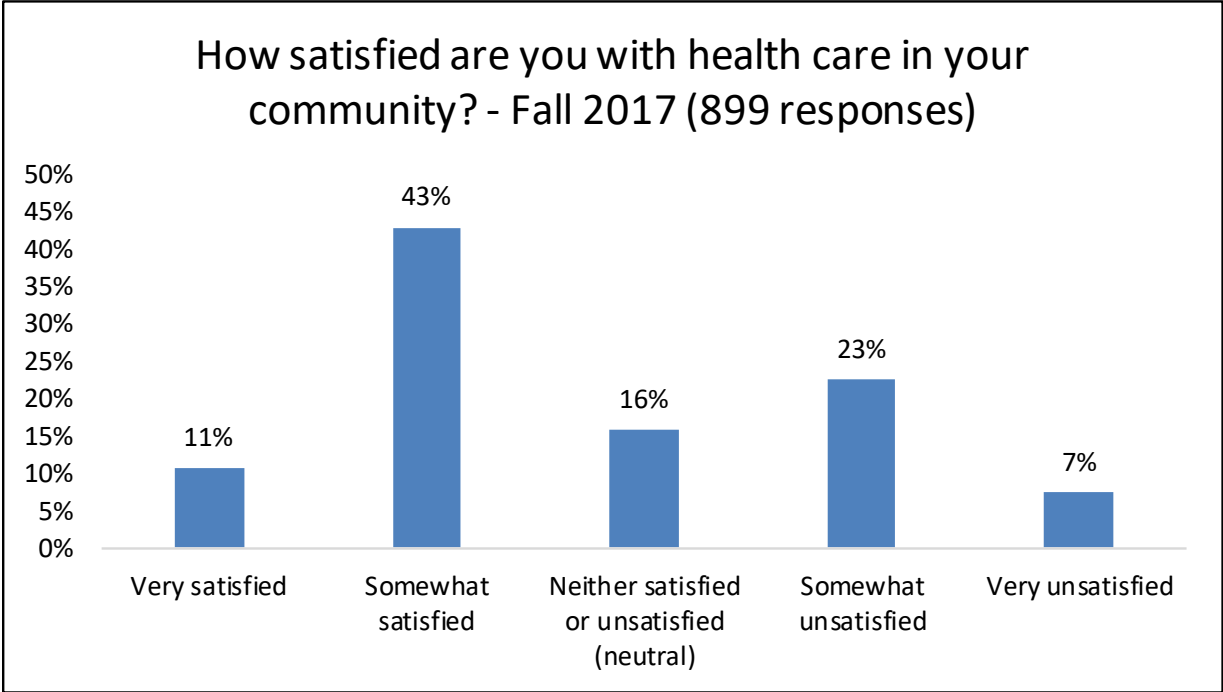
Closely tied to education, the second most common suggestion was to improve community involvement and communication. This included "Better communication and coordination of information garnered on observed behaviors and problems in neighborhoods, schools, and the community in general." as well as "Pulling together coalitions of community members, government agencies, insurers, healthcare providers to reach people where they are." Similar suggestions were to "Identify the most prominent health problems by collecting data, and focusing community attention on the issues contributing to those problems. A community

group specifically organized to address those issues will be needed.” and “By building partnerships and encouraging community members to join together and get involved in developing and realizing solutions.”



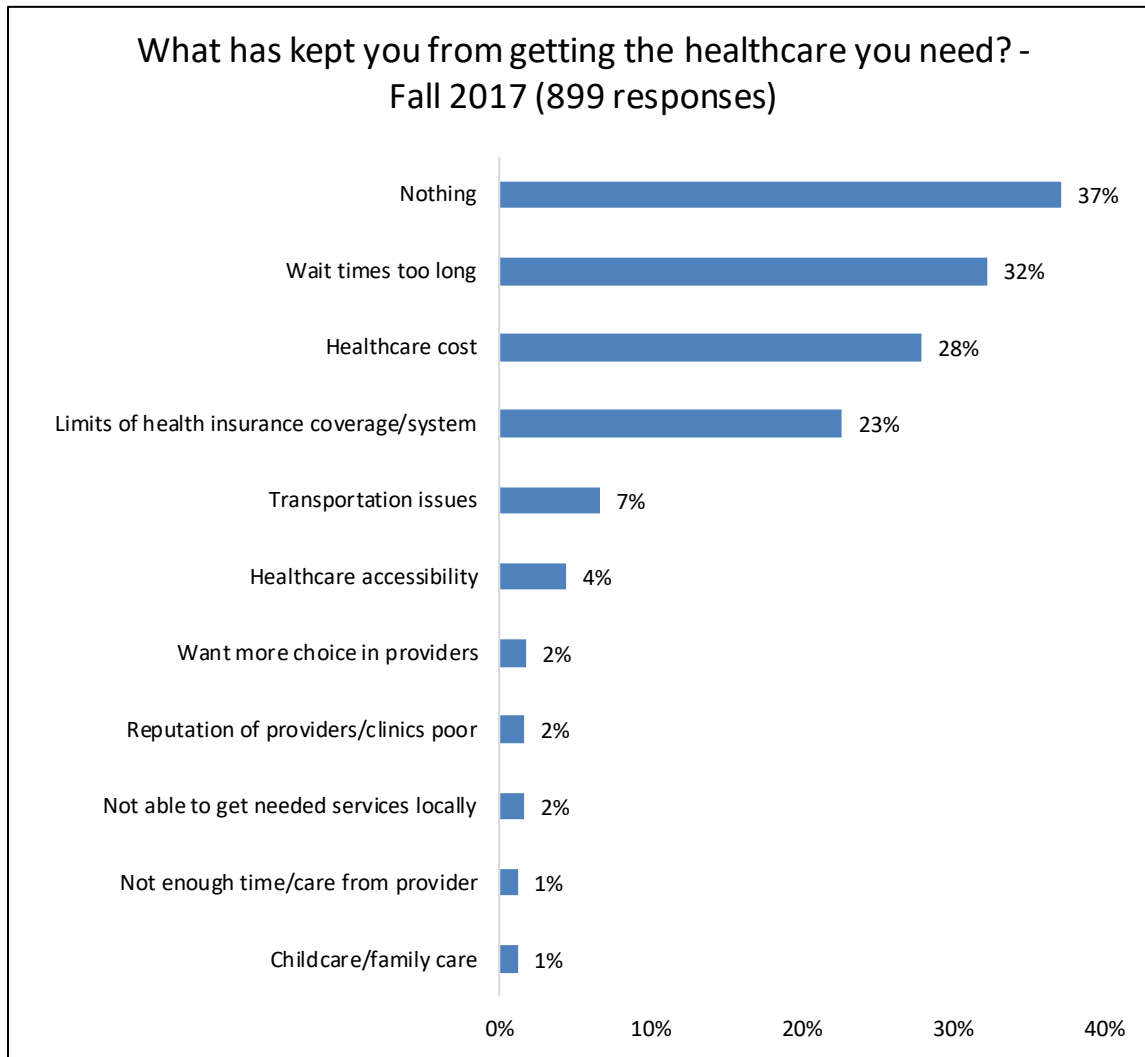
Satisfaction with Healthcare - More than half (54%) reported that they were very satisfied or somewhat satisfied with health care in their community, but 30% reported being somewhat or very unsatisfied. These percentages were much lower overall than the percentages satisfied with the quality of life in their communities. When asked to explain their response further, responses ranged from “All our doctors are great and the new hospital will be wonderful.” from a respondent who is very satisfied with their healthcare to “Going to the doctor is too expensive and you never know what will actually be covered, policies too complicated and too many loopholes. Doctors don't stay - too many turnovers. Serious & chronic conditions often require a trip to Seattle.” from a respondent who was neither satisfied nor unsatisfied.

Respondents who were unsatisfied said “great doctors leave or change their practices to incorporate monthly fees. Rushed visits. There seems to be a push to make patients make multiple appointments rather than deal with several issues at once.” and “At this time I do not have a primary care manager because I cannot find one that actually listens to me.” And “The majority of health care has moved from our community. Several of our doctors have left the community health care system after being bought out. When we visit health care, there are so many mixups in billing issues, rebilled for services, collections on bills that have already been paid. It is now financially "risky" to go to the doctor - even with good insurance.”

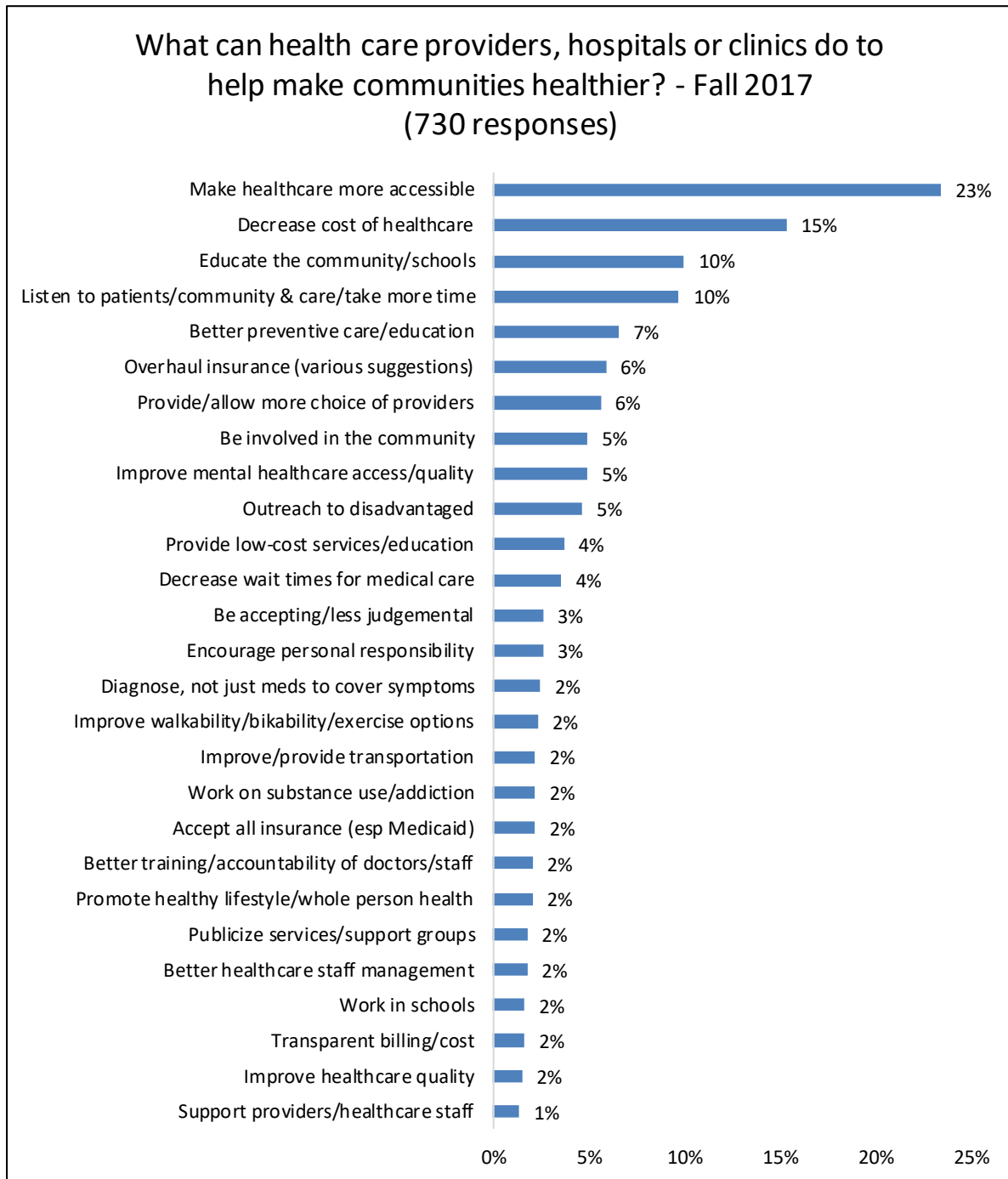


Kept from Getting Needed Healthcare - More than a third of respondents reported that nothing has kept them from getting the healthcare they need. Approximately 32% of respondents reported not being able to get the healthcare they need because doctors were unavailable or the wait time for an appointment was too long. Another 28% reported the cost of health care (including deductibles and co-pays) kept them from getting needed healthcare and another 23% reported the limits of their health insurance coverage kept them from getting needed healthcare.

Respondents repeatedly reported being unable to get timely basic appointments for routine issues (such as “Can't get an appointment unless it is urgent. Have to go to urgent care for routine issues.” and “Can't get in to see my PCP unless I wait 6 weeks. Always end up at Urgent Care which costs more.” and “I can't use my wrist, but yet I have to wait three weeks to get a MRI. That is crazy.”)



What can Healthcare Providers, Hospitals and Clinics Do – Although there were many responses to this question, in general respondents believed that making healthcare more accessible and affordable were the most important things healthcare providers, hospitals and clinics could do to make our communities healthier. Responses included “more flexible hours and preventative care options that allow for long term health without breaking the bank.”, “More local clinics to cover basic preventative care.”, “Have more appointment availability or access to urgent care type clinics” and “More providers. Not double or triple booking. “



Conclusions

Overall, there were some notable differences in representation in this survey compared to the general population. Kitsap County was fairly well represented geographically, however men, non-White, Hispanic and younger residents were underrepresented in this survey. Those who have recently moved to Kitsap County were also likely underrepresented. How well this survey represents the county is important when evaluating the responses.

In general, most respondents were satisfied with quality of life in Kitsap County and felt socially connected to their communities. Small percentages felt unsatisfied with the quality of life in their community (12%) and socially unconnected to their community (15%). While most respondents (50%) felt that their community overall was somewhat healthy, only 5% felt that their community overall was unhealthy or very unhealthy. More than twice as many respondents (30%) reported being unsatisfied with healthcare in their communities as reported being unsatisfied with the quality of life in their communities (12%). An additional 16% were neither satisfied or unsatisfied with healthcare in their communities.

The things that were most important to respondents in making a healthy community were safe neighborhoods with low crime/violence, good jobs and a healthy economy and access to affordable, high quality healthcare. Affordable housing and good schools were also important to over a quarter of respondents. Of these, more respondents wished that affordable housing and accessible, affordable, high-quality healthcare were more present in their communities. In addition, although transportation ranked relatively low on the most important things in making a healthy community, about 30% of respondents wished affordable transportation was more accessible in their communities, making it the second most wished for item after affordable housing.

When asked about problems to their community's overall health, more than half of respondents ranked mental health issues and alcohol/substance use and abuse issues as the biggest problems. Approximately a third of respondents also felt poverty and housing issues were the biggest problems to their community's overall health. Similarly, drug, tobacco and alcohol use and abuse was ranked as one of the biggest problems for children and youth in our community, with about half of respondents mentioning it.

Respondents gave many and varied responses about the best ways to work on health problems in their communities, but the highest percentages of respondents believed that health education and information in the community and schools was most important, followed by getting the community involved in solving problems. One in ten respondents believed that improving access to healthcare, working to make housing affordable and livable for all and

improving mental healthcare access and quality were important ways to work on healthcare in their communities.

Over a third of respondents reported that nothing had kept them from getting the healthcare they needed, but the remainder reported long wait times, the cost of healthcare and the limits of their health insurance coverage as the biggest reasons they were unable to get the healthcare they needed.

The two most reported ways in which healthcare providers, hospitals and clinics could help make communities healthier were to make healthcare more accessible and affordable. About 1 in 10 respondents felt that healthcare providers, hospitals and clinics should also work to educate their patients and the community on how to be healthy and spend more time listening to their patients and the community. An additional 7% felt that providing better preventive care and education would help make the community healthier.