

# 2020 Harrison Medical Center Community Health Needs Assessment



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## Executive Summary

### Message from Executive



At CHI Franciscan, part of our mission is to improve the health of the people we serve. Since Harrison Medical Center’s inception in 1918 and CHI Franciscan’s founding in 1891, we have cared for all those in need through practicing our core values to heal the whole person—in mind, body and spirit. At CHI Franciscan we are much more than a health system, we are partners in our communities’ health and wellness and we take great responsibility in the care we provide our neighbors and families throughout the Puget Sound. Every three years, we conduct a community health needs assessment of our region to ensure we are meeting the current and future needs of our communities. We are fortunate to have such a wide array of local partners who share our common values and commitment to improving the health of our region. Based on our assessment, these findings will guide our direction to provide quality, affordable healthcare to all members of our community today and for many years to come.

Sincerely,

David Schultz  
Senior Vice President of Operations

### About CHI Franciscan

[CHI Franciscan](#) is a Catholic nonprofit health system based in Tacoma, Washington. One of the largest health systems in Washington state, CHI Franciscan is comprised of more than 12,500 physicians, advanced practice clinicians, nurses, and staff that provide expert, compassionate medical care at 10 acute care hospitals and more than 220 primary and specialty care clinics throughout the greater Puget Sound. As part of [CommonSpirit Health](#), and as a member of every community we serve, we bring together medicine, kindness, respect, and compassion to help people truly begin to heal. We honor our values and legacy by investing in our communities. In 2019 we provided \$197 million in community benefits, including free, subsidized, and reduced cost health care and programs. We are also the only Washington State hospital system that accepts an unlimited number of Medicaid patients.

### About Harrison Medical Center

Harrison Medical Centers in Bremerton and Silverdale have a combined total of 326 hospital beds and the primary service region is all of Kitsap County. Harrison employs over 1,900 employees and, in Fiscal Year 2019, generated over 61,000 inpatient days and over 79,000 emergency room visits. Community benefit, the cost of charity care, uncompensated care, and community programs, totaled over \$31 million in FY2019.

### Expanded Silverdale Campus

In late 2020, Harrison Medical Center will transition operations from the Bremerton facility to an expanded facility at its Silverdale campus. The new state-of-the-art hospital will provide expanded critical and acute care services including heart and stroke care. Features of the new medical center will include a 500,000 square foot hospital addition, a 56-bay emergency department, 144 new acute care beds and 13 new

procedural rooms. The expanded Silverdale hospital will be a source of pride for the community and help CHI Franciscan maintain its commitment to quality, safety and innovation.

### Community Health Needs Assessment

CHI Franciscan is a member of Kitsap Community Health Priorities (KCHP) Sponsor Group, a consortium of stakeholders that collaborate on a joint Community Health Needs Assessment. The purpose of a CHNA is to provide a comprehensive description of the health of a community. The KCHP CHNA provides a description of the community, an analysis of health indicators, and community input from a cross-section of stakeholders and residents.

The majority of patients who visit Harrison Medical Center come from Kitsap County. The entire county was included in the CHNA, which measured many health indicators. Community Health Needs Assessments and Implementation Plan Strategies for Harrison Medical Center and all CHI Franciscan facilities can be found at [www.chifranciscan.org/about-us/community-health-needs-assessment.html](http://www.chifranciscan.org/about-us/community-health-needs-assessment.html)

### Priority Health Needs

Kitsap Community Health Priorities created priority health areas that combined the health indicator data with community survey data.

The priority health needs identified in the CHNA are:

1. Affordable Housing
2. Health Care Access
3. Obesity/Health Eating/Active Living
4. Substance Use
5. Well-Being

### Evaluation of Impact from 2017 Community Health Needs Assessment

Harrison Medical Center addressed all 5 priority health needs from the CHNA that covered 2017-2020. The priority health needs included: access to care, behavioral health, maternal and child health, substance use, and obesity. An impact evaluation is included at Appendix E.

### Adoption of CHNA

The Harrison Medical Center CHNA was adopted by the CHI Franciscan Board of Directors on 05/28/2020

## Organizing Partners

Kitsap County is home to many organizations and individuals seeking to improve the health of our community. We thank the many partners and community members who gave their time to complete surveys, provide input, participate in workgroups, and provide resources.

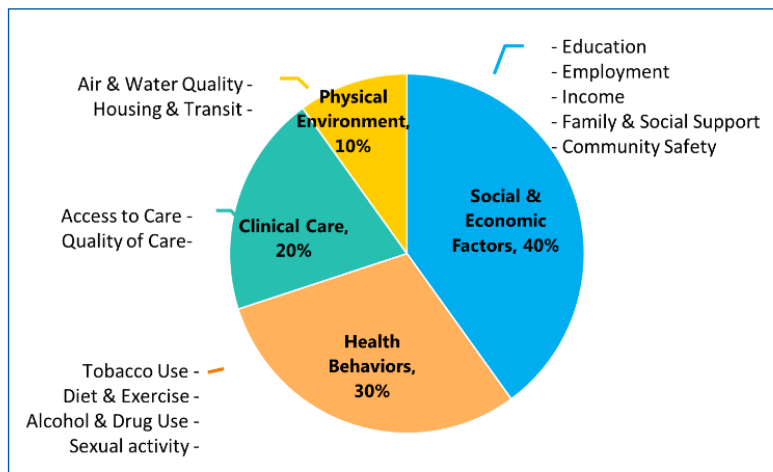
We acknowledge the following organizations who participate on the KCHP Steering Committee and guide this work:

- CHI Franciscan/Harrison Medical Center
- Holly Ridge Center
- Kaiser Permanente
- Kitsap Community Foundation
- Kitsap Community Resources
- Kitsap County Human Services Department
- Kitsap Mental Health Services
- Kitsap Public Health District
- Olympic Educational Services District
- Peninsula Community Health Services
- Suquamish Tribe
- United Way

## Community Health and Health Equity

### What is Community Health?

Community health encompasses the health experiences of all individuals and the community context into which people are born and live their lives. Health is not only determined by health care, personal behaviors and genetics, but also by social, economic and environmental factors as described by *Figure 1*.



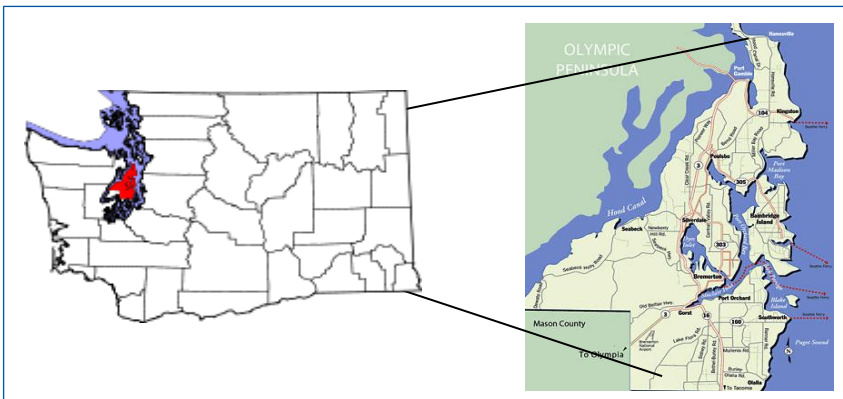
### What is Health Equity?

According to the Centers for Disease Control and Prevention (CDC), “Health equity is achieved when every person can attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.” To understand areas of inequity, when possible, this report presents data for different subpopulations to be able to identify differences or disparities.

**Figure 1. Factors Influencing Health<sup>1</sup>**

## Demographic and Geographic Characteristics of Kitsap County

Kitsap County is located in the central Puget Sound region of Washington State (*Figure 2*). Characterized by four incorporated cities – Bainbridge Island, Bremerton, Port Orchard, and Poulsbo - and unincorporated land. Despite being one of the smallest counties in Washington State by land area, Kitsap County has a total population of 270,100 in 2019.<sup>2</sup> Between 2000 and 2019 the population increased by about 1% every year.



By school district region, South Kitsap has the highest population (73,736), followed by Central Kitsap (72,780), North Kitsap (50,361), Bremerton (48,334), and Bainbridge Island (24,520). On average, Kitsap residents are slightly older than Washington State residents, with a median age between 35 and 48.<sup>3</sup> *Table 1* describes additional key demographic characteristics of the county.

**Figure 2. Map of Kitsap County<sup>4</sup>**

Kitsap County is home to two American Indian Tribes and several Navy installations. Both are major employers in the county, in addition to city government, schools, and the local hospital.

Over three quarters the population in Kitsap County is non-Hispanic White (76%), with all minority race populations increasing from 2010 to 2019, except for the non-Hispanic American Indian and Alaska Native population. Bremerton and Central Kitsap are the most diverse areas of the county.<sup>5</sup>

Almost 3 in 4 Kitsap residents have more than a high school education (72%). The percentage has been increasing from 2005 to 2017 and is highest on Bainbridge Island (92%). South Kitsap has the lowest percentage of adults with more than a high school education (65%).<sup>3</sup>

Household incomes for Kitsap Residents are slightly higher than Washington State; and 1 in 12 residents (8%), lives below the poverty level.<sup>3</sup>

<sup>1</sup> Based on the County Health Rankings model: <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

<sup>2</sup> Washington State Office of Financial Management Population Estimates, Small Area Estimate Program, 2019

<sup>3</sup> US Census and American Community Survey, 2017

<sup>4</sup> Washington State map – [www.en.wikipedia.org](http://www.en.wikipedia.org); Kitsap County map – <http://www.kitsapeda.org/default.asp?ID=94>

<sup>5</sup> Washington State Department of Health, Community Health Assessment Tool (CHAT), 2018

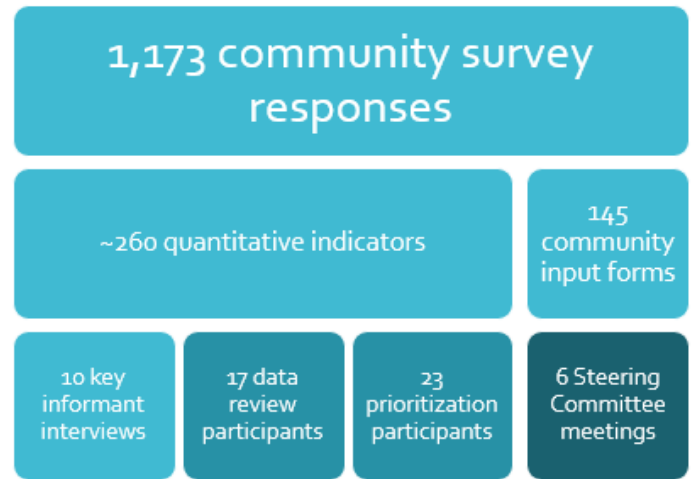
**Table 1. Quick Reference Demographic Characteristics of Kitsap County**

Demographic Characteristics	Population	Percent (%)	Source, Year
<b>Population</b>	270,100		WA State Office of Financial Management Population Estimates, Small Area Estimates, 2019
Sub-County Areas			
Bainbridge Island	24,520	9	
Bremerton	48,334	18	
Central Kitsap	72,780	27	
North Kitsap	50,361	19	
South Kitsap	73,736	27	
<b>Gender</b>			WA State Office of Financial Management Population Estimates, Small Area Estimates, 2018
Male	135,099	51	
Female	132,021	49	
<b>Age Groups</b>			WA State Office of Financial Management Population Estimates, Small Area Estimates, 2018
0-4	16,147	6	
5-14	31,146	12	
15-19	14,114	5	
20-34	49,749	19	
35-64	100,922	38	
65+	55,043	21	
<b>Race/Ethnicity</b>			WA State Office of Financial Management Population Estimates, Small Area Estimates, 2019
Non Hispanic	249,655	92	
White	204,458	76	
Black/African American	7,865	3	
American Indian/Alaska Native	3,685	2	
Asian	15,194	6	
Pacific Islander	2,675	1	
Two or More Races	15,778	6	
Hispanic or Latino	20,445	8	
<b>Education</b>			US Census and American Community Survey, 2017
High school graduate (25+)	132,452	72	
<b>Median Household Income</b>			Office of Financial Management; US Census and American Community Survey, 2018
All households	\$74,729		
Families with children <18	\$76,845		
<b>Poverty</b>			US Census and American Community Survey, 2017 & WA State Office of Superintendent of Public Instruction, 2018-19
Living below 100% FPL	20,068	8	
Public school free/reduced meal participation	12,105	33	
<b>Housing</b>			US Census and American Community Survey, 2013-17
Owner occupied housing units	67,077	61	
Renter occupied housing units	33,407	30	
<b>Housing Affordability</b>			US Census and American Community Survey, 2013-17
Households paying more than 30% of income on housing costs	32,019	33	
<b>Unemployment</b>	5,713	4.6	US Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, 2018
<b>Disability</b>			US Census and American Community Survey, 2013-17
Population living with a disability	37,903	17	

## Assessments and Input

To develop this report, primary and secondary data sources were identified to describe the health of the community. These included about 260 quantitative indicators, community input via online survey, brief 3-question paper survey and key informant interviews.

A summary of the KCHP community health assessment and prioritization process by the numbers is displayed in Figure 3. Complete results for indicators, assessments and surveys are available at [kitsapchp.org](http://kitsapchp.org).



*Figure 3. Summary of KCHP process by the numbers*

## Methods

Kitsap Public Health District’s epidemiology team lead the collection and analysis of data throughout the KCHP process.

### HEALTH INDICATORS

Health indicators provide information about the community’s health status and emerging health issues from a variety of local, state and national data sources. Various data sources are used to develop indicators on the following topics: demographics, socioeconomics, housing, healthcare access, perinatal health, obesity, healthy eating, active living, well-being, substance use, crime and safety, and environmental health, among others. For a complete list of data sources, please see the technical notes in **Appendix A**.

### COMMUNITY INPUT

One method to gather community input for the assessment was an online community survey. Qualitative data collection methods included key informant interviews and a 3-question community voice form. Questionnaires were developed and adapted from previous county surveys, with an emphasis on the following topics:

1. Identify main health concerns of Kitsap County residents
2. Identify existing programming designed to address health concerns
3. Explore gaps in resources and coordination related to health concerns
4. Explore key elements in Kitsap County that promote health



### COMMUNITY HEALTH PRIORITIES SURVEY

The Kitsap Community Health Priorities Survey was administered to gather insights from residents on Kitsap County's most substantial challenges, current health behaviors and outcomes, and ways to improve health and well-being in Kitsap County. The survey was made available online on Monday, September 9th, 2019, and was closed on Monday, September 30th, 2019. The survey was distributed widely via email, Facebook, Instagram, Twitter, the Kitsap County Public Health website, and the Kitsap County GovDelivery list serve, resulting in 1173 respondents. Demographics for who completed the survey can be found in **Appendix B**.

### KEY INFORMANT INTERVIEWS

KCHP leadership identified key informants based on their community involvement, leadership roles, and/or direct involvement with a sub-group or population. Twelve key informants were identified and ten participated in the interviews. Key informants represented stakeholder/sector perspectives including behavioral health, schools and youth, health care, veterans, human rights, social services, aging, housing, law enforcement and public health.

Interviews were conducted in September and October of 2019. Respondents were given the option to complete over the phone, through an email response, or in-person. Seven of the key informants completed the survey through an email response, and three completed the survey over the phone. Responses were compiled in excel for theme analysis.

### COMMUNITY VOICE SURVEY

A paper form three-question survey was administered by eight different community organizations to capture the voice of community members. These organizations were selected by KCHP leadership, with representation from direct clinical care providers, community support services, behavioral health, and public services. Surveys (n=145) were collected in September and October 2019. Responses to the open-ended questions were entered into Survey Monkey for theme analysis.

THEME ANALYSIS: Open coding of both the key informant and community voice survey was completed to identify overarching themes. Then, a closed coding framework was applied based on indicator sections from the quantitative data.

The Community Health Priorities Survey, Key Informant Interview Tool and Community Voice Survey can be viewed in **APPENDIX C**.

### **LIMITATIONS**

For this report, we included highlights from the qualitative and quantitative data reviewed during the full assessment process. Use caution when generalizing interviews and surveys to the entire population. Survey data often have issues arising from how, where and from whom the data were collected. For example, stratifying estimates sometimes cannot be done due to small sample sizes.

## Results

### Socioeconomic and Community Characteristics

The social and economic characteristics of a community help public health stakeholders understand available resources and improve community health. Poverty, unemployment, median household income are examples of important socioeconomic characteristics.

**SECTION SUMMARY:** Kitsap County household income and poverty rates are better than the state average while rates of unemployment and disability are worse and adults with a high school education is similar. Over time, rates of unemployment and poverty are unchanged, free/reduced meals are worsening but adults with more than high school education, median household income and people with disability are improving. In the most recent data, gaps between sub-county geographic areas persists across socioeconomic and community characteristic indicators, some parts of the county faring much better than others. Likewise for indicators with race/ethnicity data, African-American non-Hispanic and American Indian/Alaska Native non-Hispanic have the least favorable rates. Cardiovascular disease and cancer still top the list as leading causes of death.

#### POPULATION AGE 25+ WITH MORE THAN A HIGH SCHOOL EDUCATION Percentage

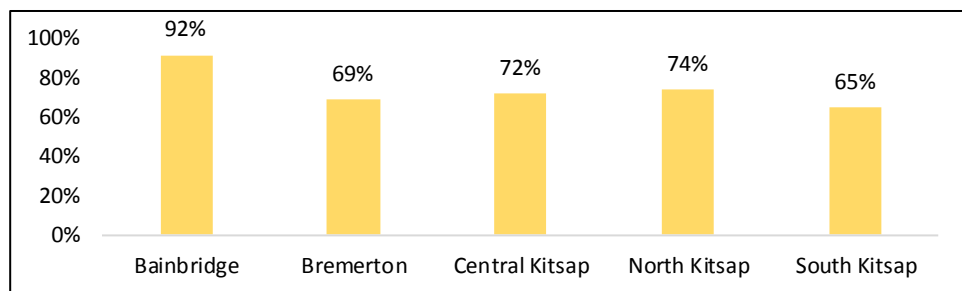
The percentage of the population age 25 and older who have at least some college education.

Source: US Census and American Community Survey

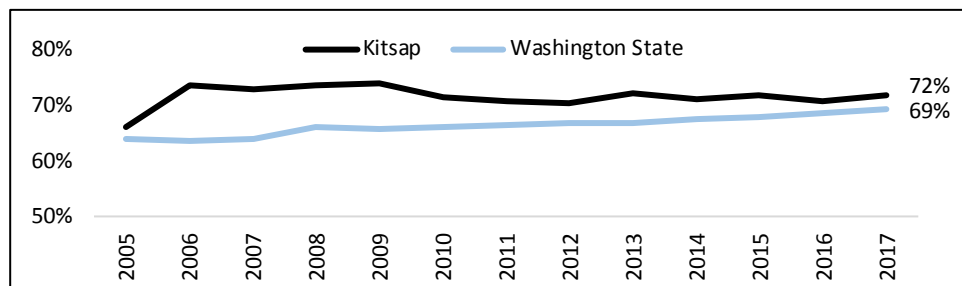
Summary: Almost 3 in 4 Kitsap residents have more than a high school education (72%). The percentage has been increasing from 2005 to 2017 and is highest on Bainbridge Island (92%). South Kitsap has the lowest percentage of adults with more than a high school education (65%).

Percentage	Early year 2000	2005	Recent years 2017	Statistical comparison of 2005 and 2017
Kitsap County	65%	66%	72%	n/a
Washington State	62%	64%	69%	n/a
<b>Statistical comparison: Kitsap vs. Washington:</b>				
<b>Estimated number of Kitsap County residents:</b>			132,452	

**Sub-county geography:**  
2013-17



**Trend over Time:**



## UNEMPLOYMENT RATE

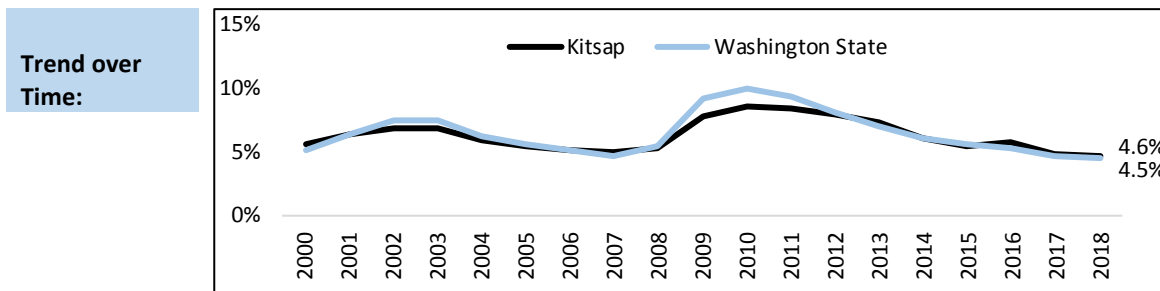
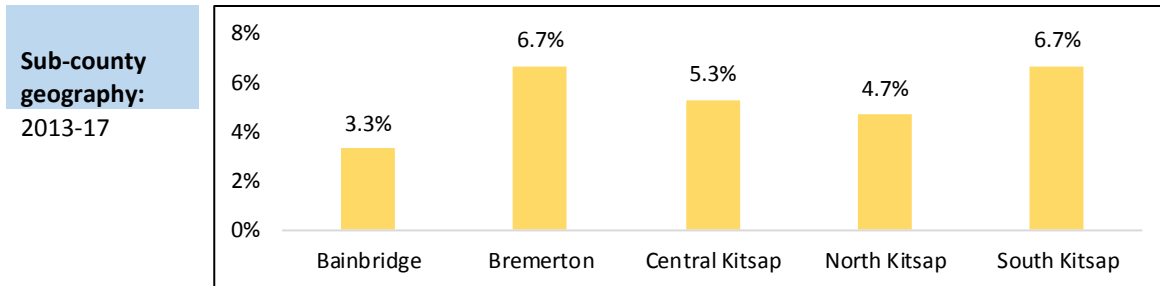
Percentage

The percentage of people age 16 and older in the labor force and unemployed.

Source: US Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics; sub-groups: US Census and American Community Survey

Summary: The unemployment rate in Kitsap County was decreasing from 2002 to 2007, then increasing from 2007 to 2010, and now has been decreasing since 2010. It is slightly, but statistically significantly, lower than the state's unemployment rate. The highest unemployment rates occurred in Bremerton and South Kitsap from 2013 to 2017.

Percentage	Early year 2000	2010	Recent year 2018	Statistical trend since 2000	
<b>Kitsap County</b>	5.6%	8.6%	4.6%		n/a
<b>Washington State</b>	5.0%	10.0%	4.5%		n/a
<b>Statistical comparison: Kitsap vs. Washington:</b>					
<b>Estimated number of Kitsap County residents:</b>			5,713		



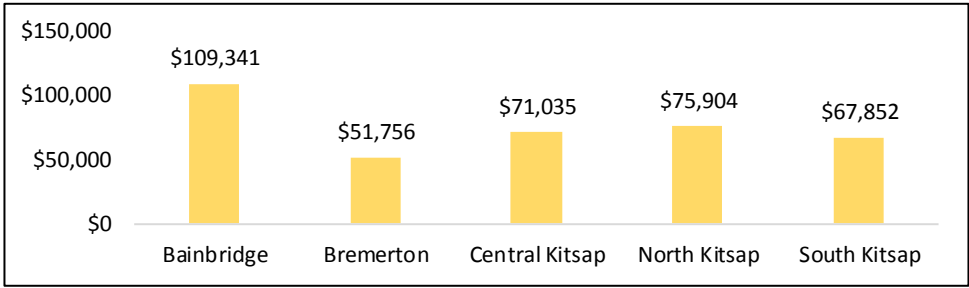
## MEDIAN HOUSEHOLD INCOME

Source: Office of Financial Management (single year estimates); US Census and American Community Survey (multi-year estimates)

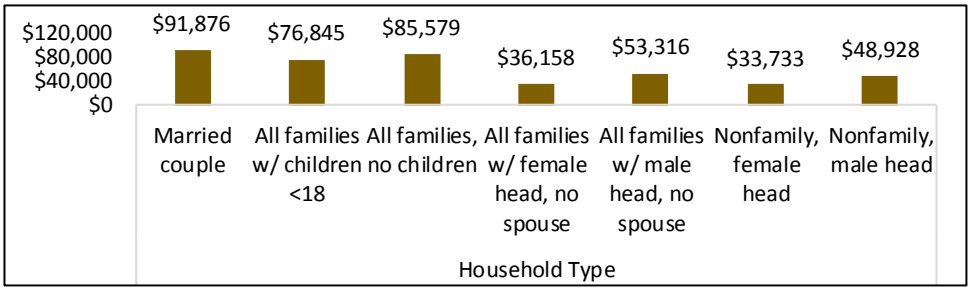
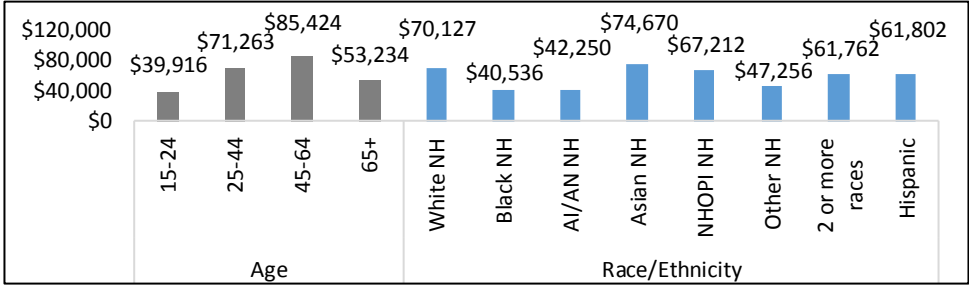
Summary: The median household income in 2018 in Kitsap was \$74,729, a statistically significant increase from 2000 and higher than the state overall. The highest median household income occurs in Bainbridge, while the lowest is in Bremerton. In general, household income increases with increasing age, up until the age of retirement (in general 65 years). Median household incomes are highest among non-Hispanic Asians, followed by non-Hispanic Whites and non-Hispanic Native Hawaiian and other Pacific Islanders. In general, non-Hispanic Black Kitsap residents have the lowest median household income, almost \$30,000 less than non-Hispanic White residents. Married couples have the highest median household income in general, while families with no children tend to have slightly higher median household incomes than those with children under 18 years. Households with male head-of-households and no spouse have higher median household incomes across all household types than households with female head-of-households and no spouse.

	Early year 2000	2010	Recent year 2018	Statistical trend since 2000	
<b>Kitsap County</b>	\$48,387	\$54,804	\$74,729		Annual change: 2%
<b>Washington State</b>	\$44,120	\$54,888	\$73,294		Annual change: 2%
<b>Comparison: Kitsap vs. Washington:</b>					

**Sub-county geography:**  
2013-17



**Sub-Groups:**  
2013-17



**POPULATION LIVING BELOW 100% OF THE POVERTY LEVEL Percentage**

The percentage of the population living at or below 100% of the federal poverty level. In 2017, the federal poverty level was \$24,600 for a family of four or \$12,060 for an individual.

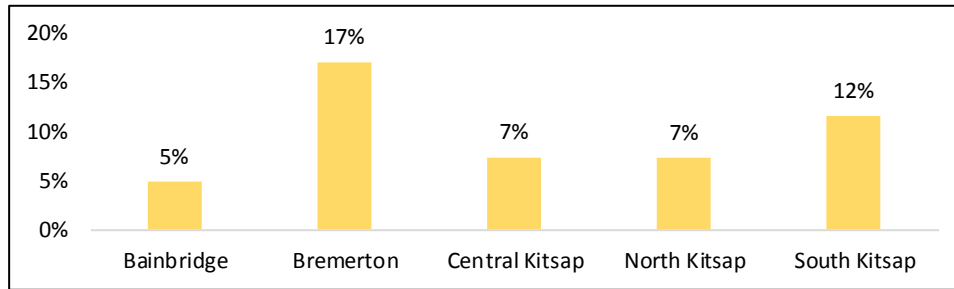
Source: US Census and American Community Survey

Summary: In 2017, approximately 8% of Kitsap's population lived below the poverty level, unchanged since 2005 and lower than the state's rate of 11%. Bremerton has a much higher percentage than other areas, followed by South Kitsap. Non-Hispanic Black residents and non-Hispanic American Indian/Alaska Native residents have much higher percentages than other races and ethnicities. Those age 0 to 4 years, those with lower education and females all have higher percentages living in poverty than their counterparts.

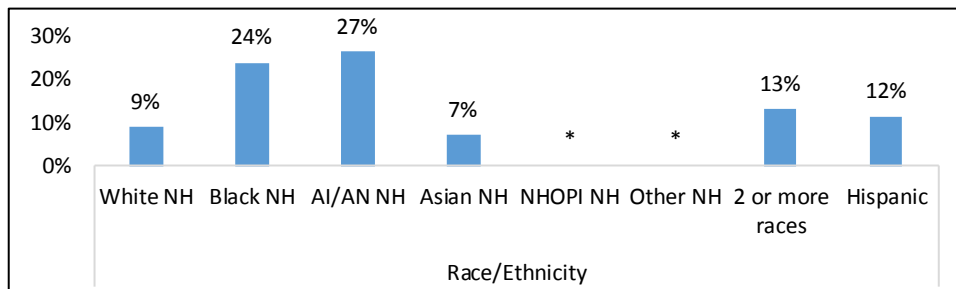
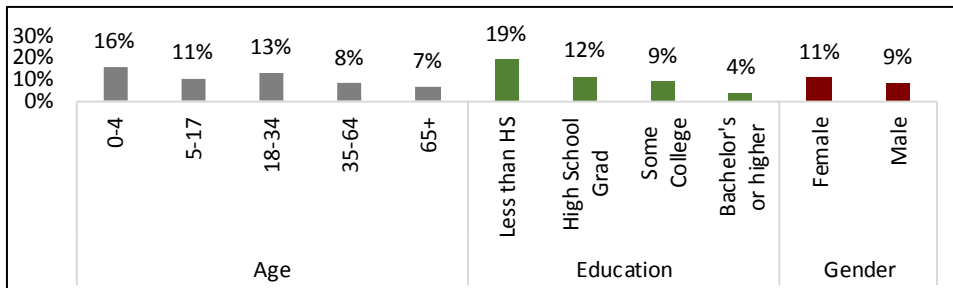
Percentage	Early year 2000	2005	Recent years 2017	Statistical trend since 2005	
<b>Kitsap County</b>	9%	9%	8%		n/a
<b>Washington State</b>	11%	12%	11%		n/a
<b>Statistical comparison: Kitsap vs. Washington:</b>					
<b>Estimated number of Kitsap residents:</b>			20,068		

Population living below 100% of the poverty level continued:

Sub-county geography:  
2013-17



Sub-Groups:  
2013-17  
\* = data unreliable



FREE AND REDUCED MEAL PROGRAM ELIGIBILITY

Percentage

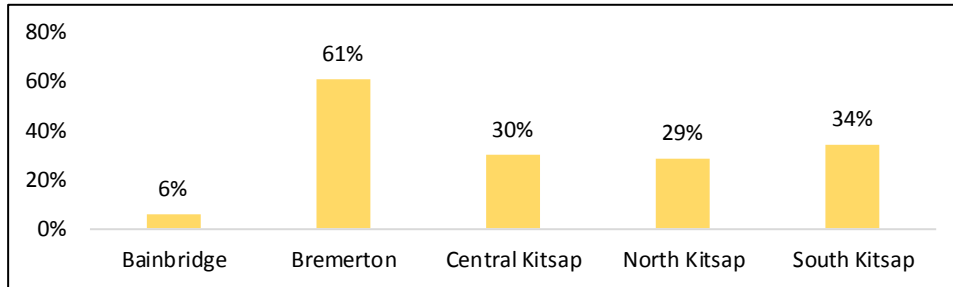
The percentage of the public school students receiving free or reduced-price meals in October of the school year. Eligibility for Free or Reduced Lunches is 185% of the federal poverty level.

Source: WA State Office of Superintendent of Public Instruction

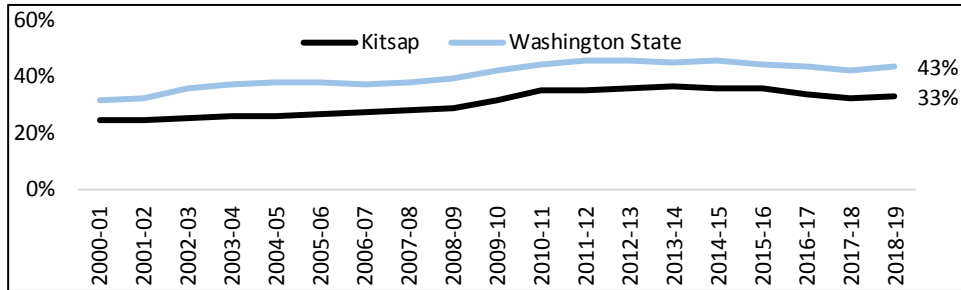
Summary: The percentage of public school students eligible to receive free or reduced-price meals was 33% (about 1 in 3) in October of the 2018-19 school year. Kitsap's rate has been increasing since the 2000-01 school year overall. Although Kitsap's rate has been decreasing from 2013 to 2018, it is still not back to the 2000-01 percentage. The percentage of students eligible is highest in Bremerton (61%), and lowest in Bainbridge (6%).

Percentage	Early year 2000-01	2010-11	Recent year 2018-19	Statistical trend since 2000-01
Kitsap County	24%	35%	33%	Annual change: 2%
Washington State	31%	44%	43%	Annual change: 2%
Statistical comparison: Kitsap vs. Washington:				
Estimated number of Kitsap residents:			12,105	

**Sub-county geography:**  
2018-19



**Trend over Time:**



**POPULATION WITH A DISABILITY**

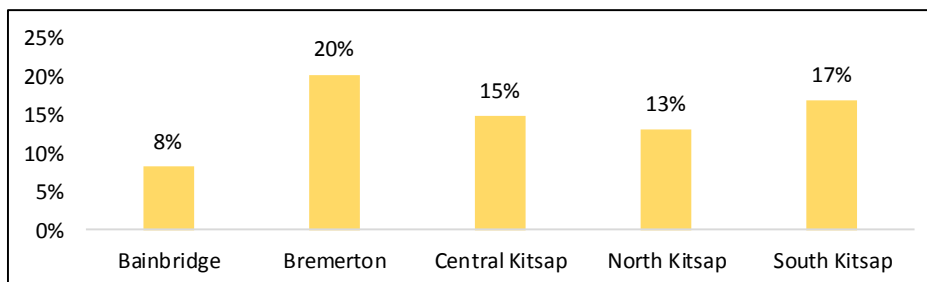
**Percentage**

Source: US Census and American Community Survey

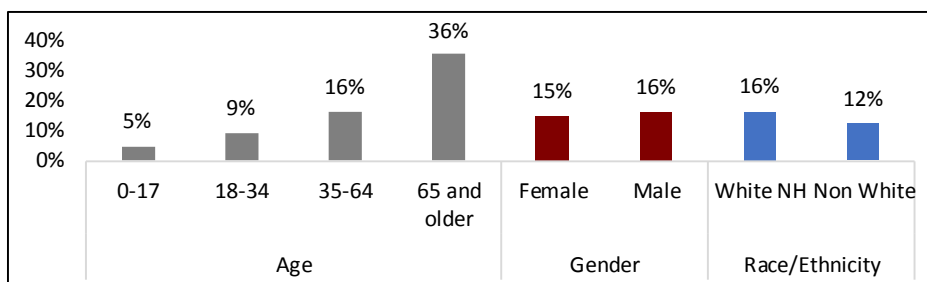
Summary: From 2013 to 2017, approximately 17% of Kitsap residents had a disability, a statistically significant decrease from 2008-12, but worse than the state overall. This accounts for about 37,903 Kitsap residents living with a disability during this 5-year period. Bremerton has the highest percentage of residents with a disability (20%), followed by South Kitsap (17%). The percentage of the population with a disability increases with increase age, is about the same for females and males, and is slightly higher in those identifying as non-Hispanic White compared to those identifying as other races and ethnicities. This disability type affecting the most people in Kitsap is an ambulatory disability (8%), followed by cognitive disability (7%).

Percentage	Early year		Recent years	Statistical comparison	
	2000	2008-12		of 2008-12 and 2013-17	
<b>Kitsap County</b>	18%	18%	17%		n/a
<b>Washington State</b>	18%	12%	13%		n/a
<b>Statistical comparison: Kitsap vs. Washington:</b>					
<b>Estimated number of Kitsap County residents:</b>			37,903		

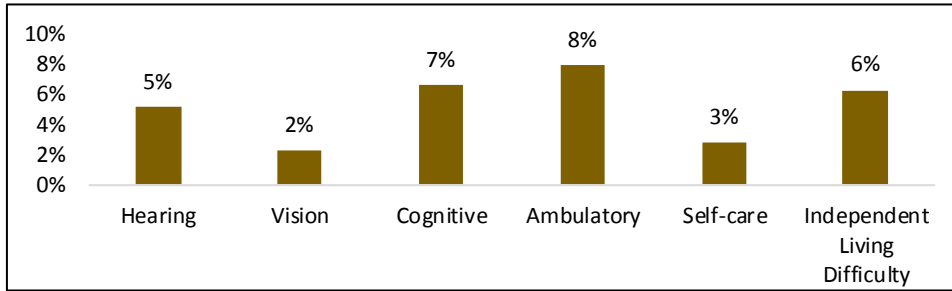
**Sub-county geography:**  
2013-17



**Sub-Groups:**  
2013-17



**Disability Type:**



**LEADING CAUSES OF DEATH**

**Rate per 100,000**

The leading causes of death with the highest crude rates per 100,000. The leading causes are the causes affecting the highest number of Kitsap residents.

Source: WA State, Community Health Assessment Tool (CHAT)

Summary: The leading cause of death in Kitsap County from 2013 to 2017 was cardiovascular diseases, followed by cancer and Alzheimer's disease. Kitsap has higher rates of all 3 of these causes than the state overall. Cardiovascular disease and cancer were the top 2 causes of death in all sub-county geographic areas in Kitsap. The leading cause of death for children under age 18 were conditions originating in the perinatal period and accidents. For young adults age 18 to 34, accidents were the top cause, followed by intentional self-harm or suicide. Cancer and cardiovascular diseases were the top 2 for ages 35 and older. Cancer and cardiovascular diseases were the top 2 causes for all races and ethnicities, and for both males and females.

Rate per 100,000	2013-17		Compared to WA
	Annual Average #	Rate per 100,000	
Major cardiovascular diseases	594	229	Higher
Malignant neoplasms	489	189	Higher
Alzheimer's disease	156	60	Higher
Chronic lower respiratory diseases	123	47	Higher
Accidents	111	43	Same
Diabetes mellitus	59	23	Same
Chronic liver disease and cirrhosis	43	17	Higher
Intentional self-harm (suicide)	43	17	Same
Influenza and pneumonia	38	15	Higher
Parkinson's disease	25	10	Same
Pneumonitis due to solids and liquids	18	7	Same
Nephritis nephrotic syndrome and nephrosis	18	7	Same
In situ neoplasms benign neoplasms and neoplasms of uncertain or unknown behavior	13	5	Same
Certain conditions originating in the perinatal period	7	3	Same
Congenital malformations deformations and chromosomal abnormalities	7	3	Same
Assault (homicide)	6	2	Same
Nutritional deficiencies	5	2	Same
Peptic ulcer	4	2	Same
Cholelithiasis and other disorders of gallbladder	4	2	Same
Complications of medical and surgical care	3	1	Same

## Housing

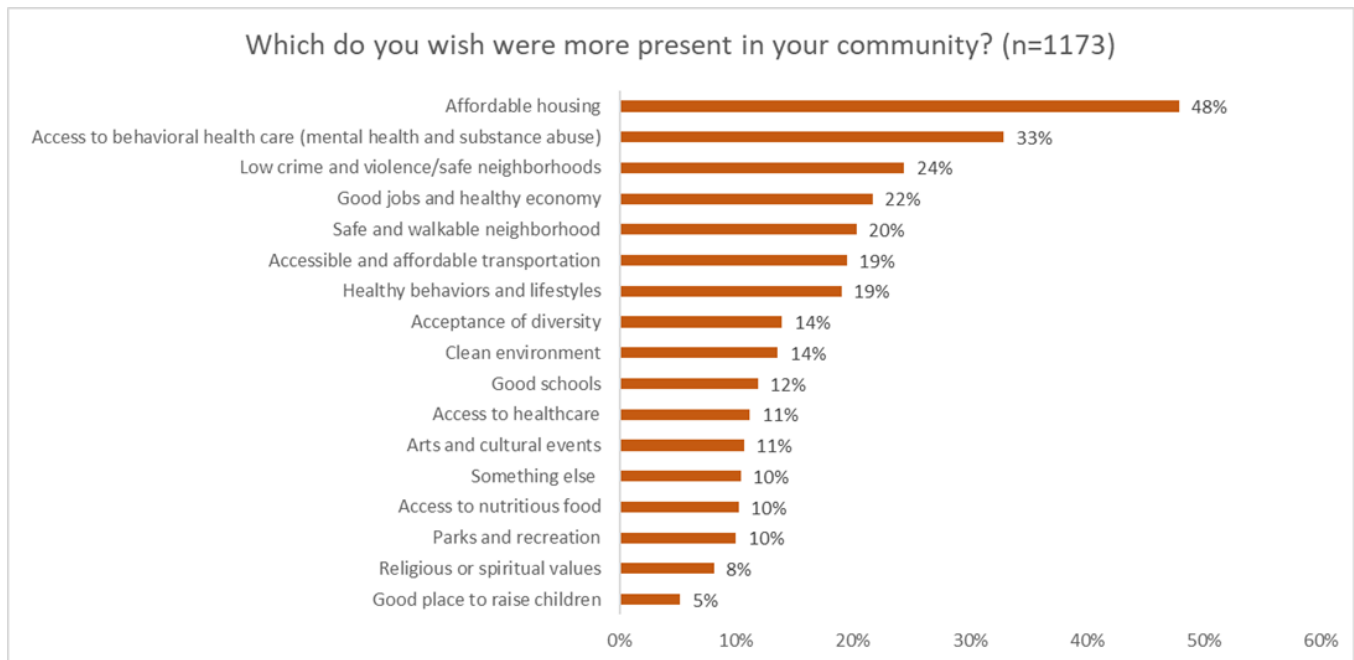
*“No health measures make a long-lasting impact when there is nowhere to live.”  
— Community Survey Respondent*

**Ensuring that all residents have access to affordable housing** was a theme that surfaced among key informants and community members. The demand for affordable housing exceeds the supply. This creates pressure on programs, such as rental assistance, which experience long waits in order to help those in need.

*“Our waiting lists for affordable rental assistance are long. The supply of affordable housing resources for low income vulnerable populations are woefully inadequate compared to the tremendous need. This disparity between intense demand and shrinking supply is present not only in Kitsap County, but across the country.”— Key Informant*

Respondents from the Community Survey were asked to pick the top 3 factors they wished were more present in the community. Affordable housing was the most frequently selected response at 48% as seen in **Figure 4**. Both key informants and community members identified systemic challenges to support living without a permanent home. Just as the number of affordable housing is low, so are shelter beds and permanent supportive housing stock. Agencies are lacking the capacity to **reduce the number of those experiencing homelessness**.

**An opportunity to earn a living wage** was identified by community members to keep up with increasing costs to live in Kitsap County as healthcare, fresh food, taxes, and housing prices continue to increase.



**Figure 4. Community Survey Results for Factors Wished to be More Present in the Community**

The key issues identified by the data review group were: volume of affordable housing (low, fixed, no income), livable wages, rental market stability, and student population housing.



**SECTION SUMMARY:** Housing is getting more expensive in Kitsap County although still lower than WA State. Renters spend more of their household income on housing than home-owners. The rate of persons experiencing homelessness has been unchanged for several years but in the Point in Time count in January 2019, nearly 500 individuals experiencing homelessness were identified.

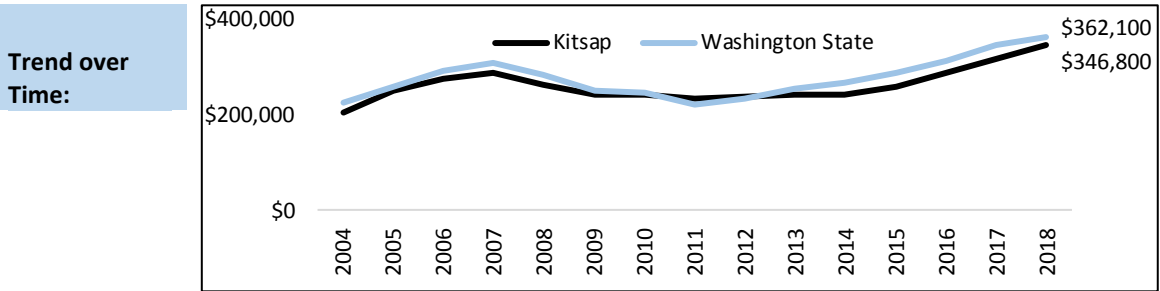
**MEDIAN HOUSE PRICES**

The median home price based on the sale of existing homes.

Source: Center for Real Estate Research, University of Washington

Summary: Median house prices in Kitsap have been increasing since 2004, and were about \$346,800 in 2018, which is lower than the state's median of \$362,100.

	Early year 2004	2010	Recent year 2018	Statistical trend since 2004	
<b>Kitsap County</b>	\$206,900	\$241,600	\$346,800	Increasing	Annual change: 2%
<b>Washington State</b>	\$225,000	\$245,700	\$362,100	Increasing	Annual change: 2%
<b>Comparison: Kitsap vs. Washington:</b>				Lower	



**HOUSEHOLDS SPENDING MORE THAN 30% OF INCOME ON HOUSING**

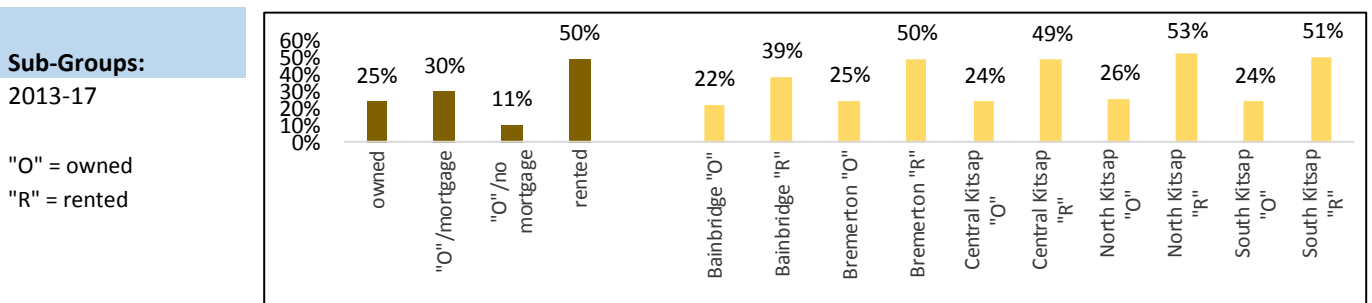
Percentage

The proportion of households that spend 30% of more of their monthly income on housing.

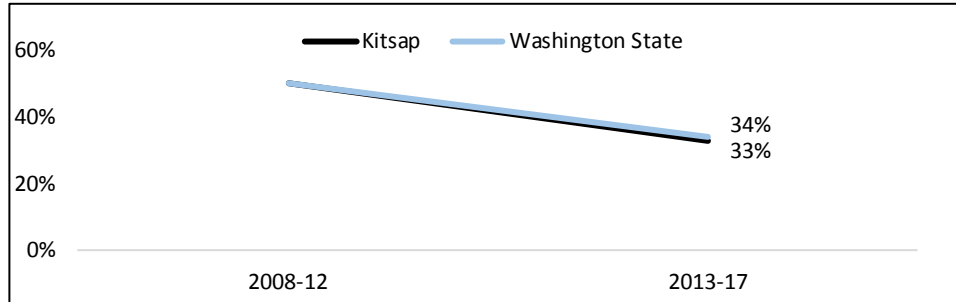
Source: US Census and American Community Survey

Summary: From 2013 to 2017, about 1 in 3 Kitsap households spent more than 30% of their income on housing, similar to the state overall. This percentage has been decreasing from about half from 2008 to 2012. Renters have higher percentages than owners in all areas of the county.

Percentage	Early year 2000	2008-12	Recent years 2013-17	Statistical comparison of 2008-12 and 2013-17	
<b>Kitsap County</b>	32%	50%	33%		n/a
<b>Washington State</b>	32%	50%	34%		n/a
<b>Statistical comparison: Kitsap vs. Washington:</b>					
<b>Estimated number of Kitsap households:</b>				32,019	



**Trend over Time:**



**HOMELESSNESS**

**Rate per 1,000**

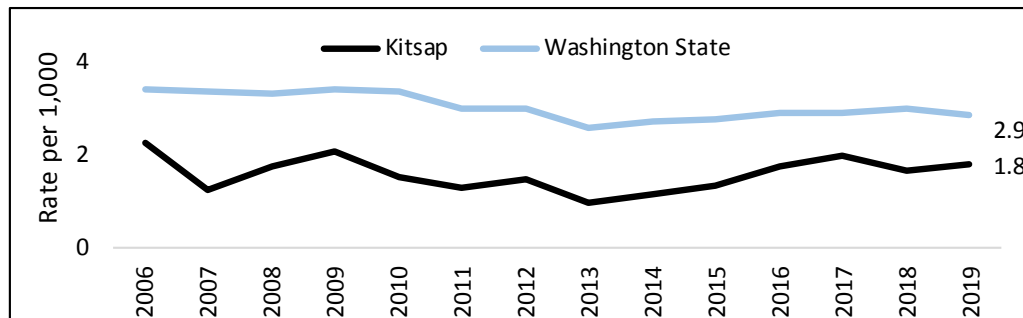
The Point-In-Time Count is a one-day annual count in January of individuals in Kitsap County experiencing homelessness, calculated as a rate per 1,000 population.

Source: WA State Department of Commerce, Point in Time Count

Summary: During the annual point-in-time count in January, 2019, 480 homeless individuals were identified in Kitsap County. This is a rate of almost 2 per 1,000 residents, lower than the state overall, but unchanged from 2006.

Rate per 1,000	Early year 2006	Recent year 2019	Statistical trend since 2006	
<b>Kitsap County</b>	2.2	1.8		n/a
<b>Washington State</b>	3.4	2.9		Annual change: -2%
<b>Statistical comparison: Kitsap vs. Washington:</b>				
<b>Estimated number of Kitsap residents:</b>		480		

**Trend over Time:**



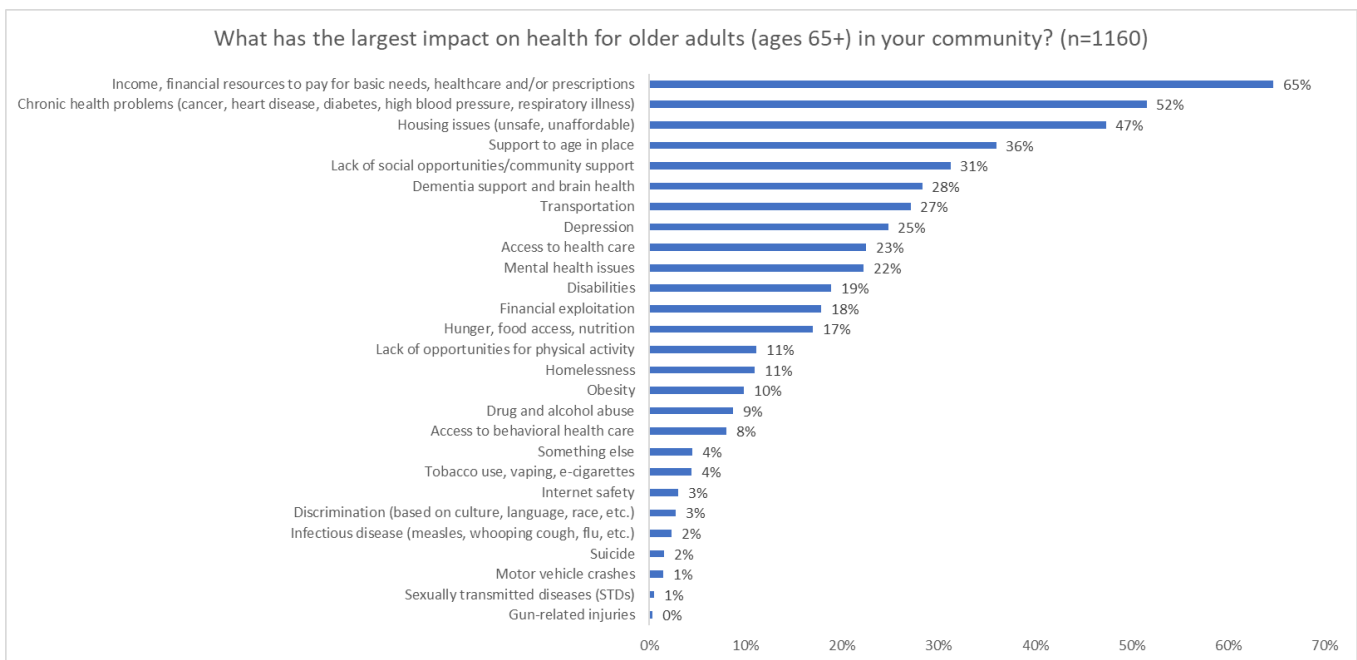
## Health Care Access

**Health care access and availability** are main factors driving health care resources as a priority area. For example, there is a need to **increase the number of access points through community-based clinical care** according to key informants. Peninsula Community Health Services is working to increase the availability of access points by *“delivering care in more places within the community where patients are more frequently gathered.”* This includes mobile care for behavioral health, school-based clinics, developing partnerships with community organizations for co-located services, and adding specialty services (e.g. dental and prenatal/OB care).

*“All school-based services aim to provide medical and behavioral health services, as well as referrals to higher level services and care coordination when needed.” -Key Informant*

The most common barriers to accessing care from community members included rising costs for healthcare services and medications, awareness of available services, and limited public transportation options.

According to Community Survey Respondents, the largest impact on health for adults over the age of 65 is Income, financial resource to pay for basic needs, healthcare, and/or prescriptions (65%), followed by chronic health problems (52%), housing issues (47%), and support to age in place (36%). These results can be viewed in **Figure 5**.



**Figure 5. Community Survey Results for Largest Impact on the Health of Older Adults (65+)**

The key issues identified by the data review group were: dental access for Medicaid and adult unmet health care needs.

**SECTION SUMMARY:** The availability of primary care providers has been decreasing and worse than the state average while the number of dentists has been increasing and similar to the state. Kitsap County has federally designated health professional shortage areas for primary care, mental health and dentists. The rate of uninsured is low, decreasing over time and lower than the state average. There are disparities for sub-county areas and sub-populations. Kindergarteners with complete immunizations is unchanged over

time and similar to the state average but there are disparities by sub-county region. The leading cause for inpatient hospitalizations is related to the circulatory system.

**PRIMARY CARE PHYSICIAN RATE**

**Rate per 10,000**

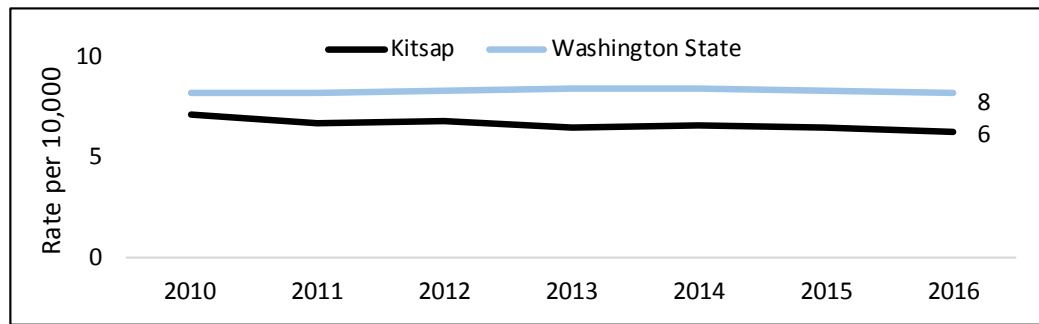
Number of primary care physicians per 10,000 population.

Source: County Health Rankings

Summary: In 2016, there were approximately 6 primary care physicians for every 10,000 residents in Kitsap. This is a decreasing trend since 2010 and fewer than the state overall per capita. There were approximately 163 primary care physicians working in Kitsap County in 2016.

Rate per 10,000	Early year 2010	Recent year 2016	Statistical trend since 2010
Kitsap County	7	6	Annual change: -2%
Washington State	8	8	n/a
Statistical comparison: Kitsap vs. Washington:			
Estimated number of Kitsap County PCPs:		163	

Trend over Time:



**DENTIST RATE**

**Rate per 10,000**

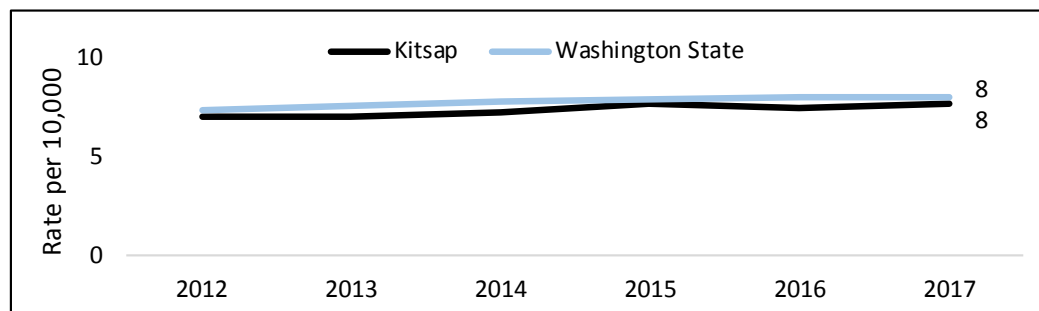
Number of dentists per 10,000 population.

Source: County Health Rankings

Summary: In 2017, there were approximately 8 dentists for every 10,000 residents in Kitsap. This is an increasing trend since 2012, but about the same as the state overall. There were approximately 204 dentists working in Kitsap County in 2017.

Rate per 10,000	Early year 2012	Recent year 2017	Statistical trend since 2012
Kitsap County	7	8	Annual change: 2%
Washington State	7	8	Annual change: 2%
Statistical comparison: Kitsap vs. Washington:			
Estimated number of Kitsap County dentists:		204	

Trend over Time:



**HEALTH CARE PROFESSIONAL SHORTAGE AREAS (HPSA)**

Source: WA State Office of Community Health Systems, Rural Health Section

Summary: As of 2017, Kitsap County was classified as a health professional shortage area for primary care, dental health and mental health. In addition, the Port Gamble S’Klallam Tribal Clinic and the Suquamish Tribe were previously classified as health professional shortage areas for primary care, dental health and mental health. Peninsula Community Clinic is also classified as a health professional shortage area for primary care, while Peninsula Community Health is for dental health and mental health.

	HPSA	Date	Type
<b>Kitsap County</b>	Port Gamble S’Klallam Tribal Clinic	2002	Primary Care
	Suquamish Tribe	2002	Primary Care
	Peninsula Community Clinic	2003	Primary Care
	Kitsap County - Geographic HPSA	2017	Primary Care
	Port Gamble S’Klallam Tribal Clinic	2002	Dental Health
	Suquamish Tribe	2002	Dental Health
	Peninsula Community Health	2003	Dental Health
	Kitsap County - Geographic HPSA	2017	Dental Health
	Port Gamble S’Klallam Tribal Clinic	2002	Mental Health
	Suquamish Tribe	2002	Mental Health
	Peninsula Community Health	2013	Mental Health
	Kitsap County - Geographic HPSA	2017	Mental Health

**ADULTS WITHOUT HEALTH INSURANCE**

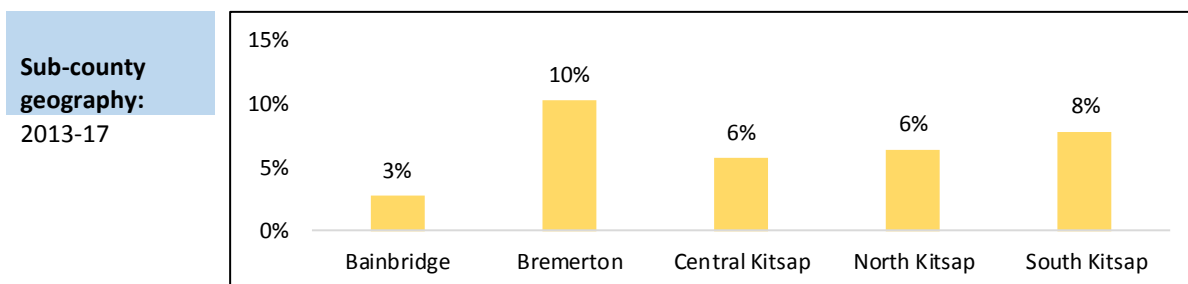
Percentage

The percentage of civilian non-institutionalized adults (age 18+) who do not have health insurance. For 2017 and 2013-17, the age changed to adults 19+.

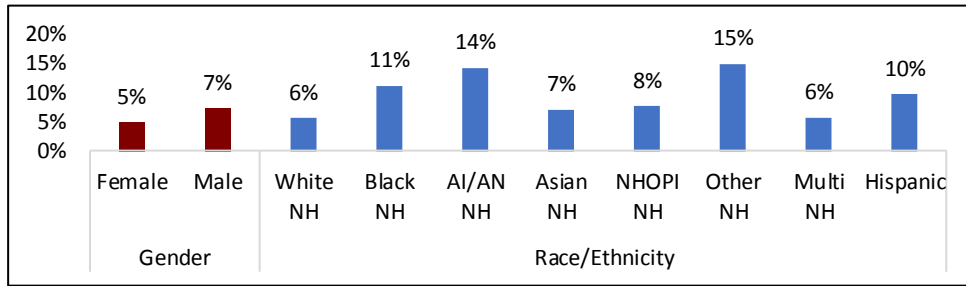
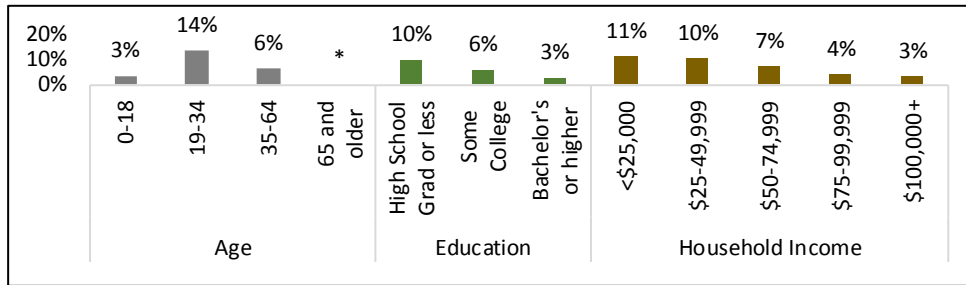
Source: US Census and American Community Survey

Summary: In 2017, only 4% of Kitsap adults reported having no health insurance, a statistically significant decrease from 2009 and statistically significantly lower than the state overall. From 2013 to 2017, Bainbridge had the lowest percentage in the county (3%), followed by Central Kitsap (6%) and North Kitsap (6%). By age, the highest percentage of uninsured was among those age 19-34 (14%). The percentage of uninsured was higher as education level decreased and as household income level decreased. Males had a slightly higher percentage than females, and there is some variation among races and ethnicities as well.

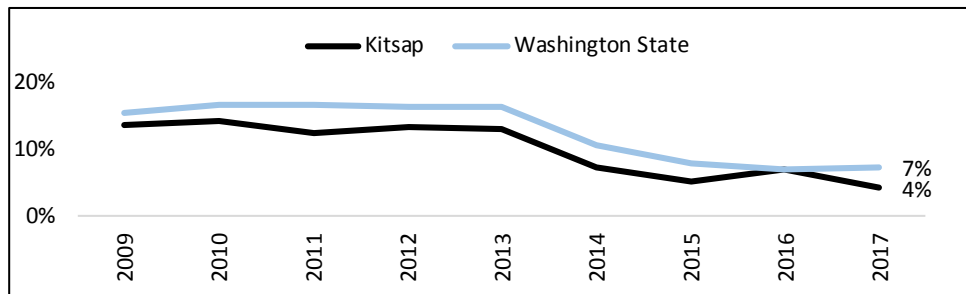
Percentage	Early year 2009	Recent year 2017	Statistical trend since 2009
<b>Kitsap County</b>	13%	4%	Annual change: -14%
<b>Washington State</b>	15%	7%	Annual change: 11%
<b>Statistical comparison: Kitsap vs. Washington:</b>			
<b>Estimated number of Kitsap residents:</b>		7,821	



**Sub-Groups:**  
2013-17  
\* = data unreliable



**Trend over Time:**



**KINDERGARTNERS WITH COMPLETE IMMUNIZATIONS**

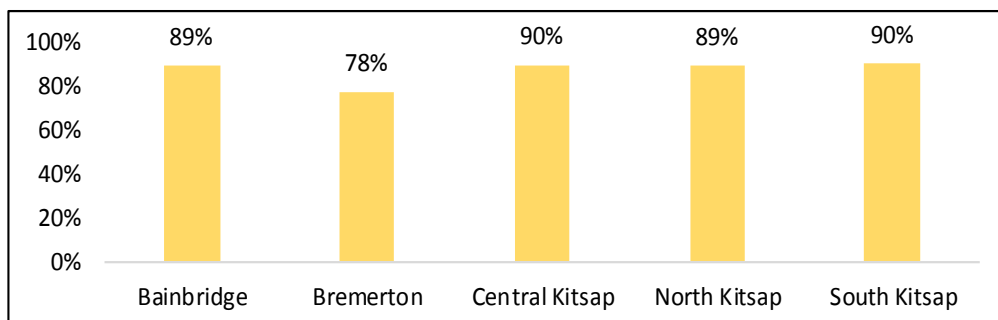
**Percentage**

Source: WA State Department of Health, Office of Immunization and Child Profile

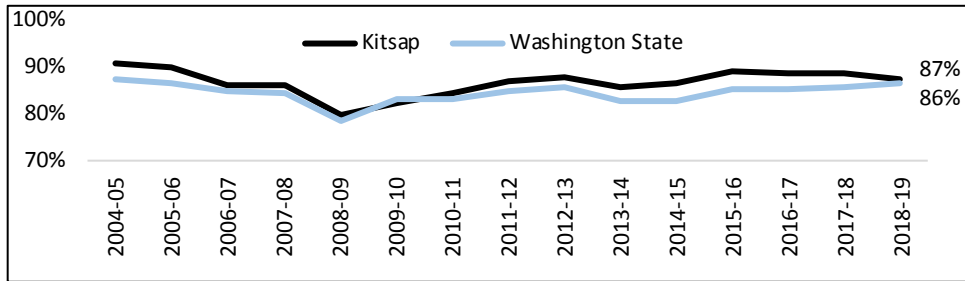
Summary: In 2018-19, the rate of kindergartners with complete immunizations was 87% in Kitsap County. This percentage is not statistically different over time, or when compared to the state. Bremerton has the lowest rate of kindergartners with complete immunizations in Kitsap County.

Percentage	Early year		Recent year	Statistical	
	2004-05	2011-12	2018-19	trend since 2004-05	
<b>Kitsap County</b>	91%	87%	87%		n/a
<b>Washington State</b>	87%	85%	86%		n/a
<b>Statistical comparison: Kitsap vs. Washington:</b>					
<b>Estimated number of Kitsap County residents:</b>			2,384		

**Sub-county geography:**  
2013-17



**Trend over Time:**



Note: The student immunization status is based on parent reports to public and private schools and may not be verified by a healthcare provider. In school years 2012-2013 and 2013-2014, data for kindergartners and all students in grades K-12 are weighted to account for schools that did not report. Data for other school years for kindergartners and all students in grades K-12 are unweighted. Weighting allows for comparison of Washington State data with data from other states and accurate comparison of multiple years of Washington State data.

**LEADING CAUSES OF HOSPITALIZATIONS**

**Rate per 100,000**

The leading causes of hospitalization with the highest crude hospitalization rates per 100,000 including fatal discharges. The leading causes are the causes affecting the highest number of Kitsap residents.

Source: WA State, Community Health Assessment Tool (CHAT)

Summary: From 2016 to 2017, the leading causes of hospitalization in Kitsap are diseases of the circulatory system, certain conditions originating in the perinatal period, and complications of pregnancy, childbirth and the puerperium.

Rate per 100,000	2016-17		Compared to WA
	Annual Average #	Rate per 100,000	
<b>Diseases of the circulatory system</b>	3,148	1,196	Same
<b>Certain conditions originating in the perinatal period</b>	2,386	906	Lower
<b>Complications of pregnancy; childbirth; and the puerperium</b>	2,366	899	Lower
<b>Diseases of the digestive system</b>	1,935	735	Same
<b>Diseases of the musculoskeletal system and connective tissue</b>	1,719	653	Same
<b>Infectious and parasitic diseases</b>	1,703	647	Higher
<b>Injury and poisoning</b>	1,628	618	Lower
<b>Diseases of the respiratory system</b>	1,326	504	Lower
<b>Neoplasms</b>	998	379	Higher
<b>Mental illness</b>	987	375	Lower

## Perinatal Health

**SECTION SUMMARY:** There are about 3,000 births to Kitsap resident women each year. The live birth rate has been decreasing but is similar to the state average. The rate is higher in some parts of the county compared to others. The pregnancy rate is unchanged over time and higher than the state average. Infant mortality is unchanged over time and similar to the state average, about 14 Kitsap babies die before their first birthday each year.

### LIVE BIRTH RATE

Rate per 1,000

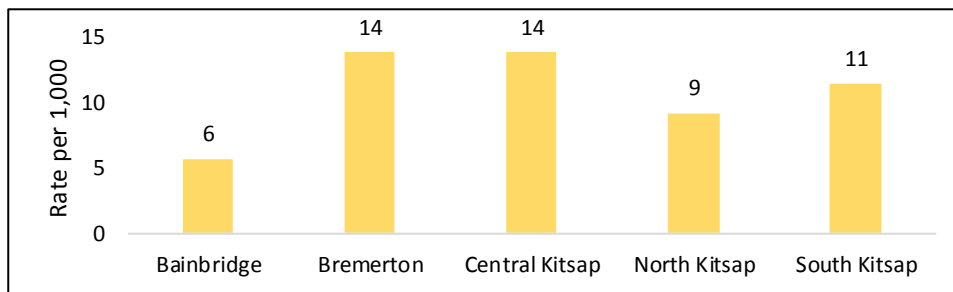
The number of live births per 1,000 total population.

Source: WA State Department of Health, Community Health Assessment Tool (CHAT)

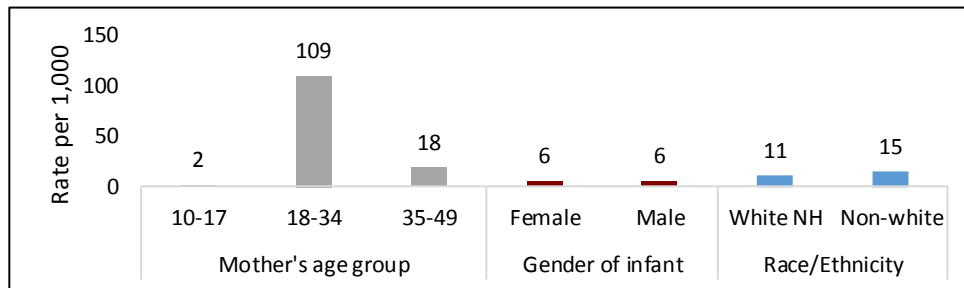
Summary: In 2018, the live birth rate was 11 per 1,000 residents in Kitsap County. The birth rate was about the same as the state and has been decreasing since 2000. Bremerton and Central Kitsap have higher birth rates than other sub-county geographies. The birth rate is highest among those age 18 to 34 and very low among those age 10 to 17. The birth rate for male infants is the same as for female infants. Those identifying as a race or ethnicity other than non-Hispanic White have a slightly higher birth rate than those identifying as non-Hispanic White.

Rate per 1,000	Early year 2000	2010	Recent year 2018	Statistical trend since 2000	
Kitsap County	13	12	11	Decreasing	Annual change: -0.7%
Washington State	14	13	12	Decreasing	Annual change: -0.6%
<b>Statistical comparison: Kitsap vs. Washington:</b>					
<b>Estimated number of Kitsap County residents:</b>					
			2,994		

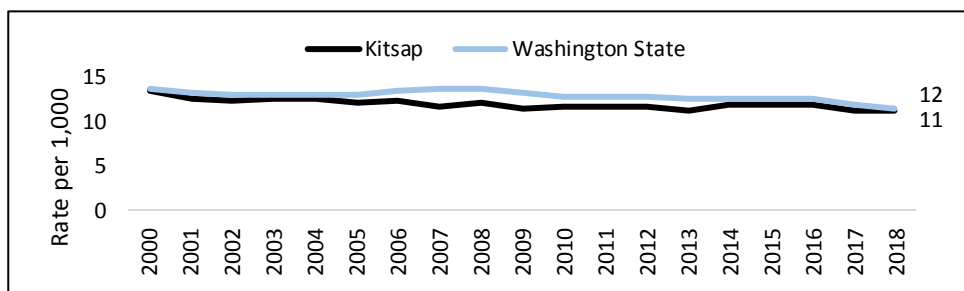
**Sub-county geography:**  
2013-17



**Sub-Groups:**  
2013-17



**Trend over Time:**





**PREGNANCY RATE**

**Rate per 1,000**

The number of live births, fetal deaths and induced abortions per 1,000 women of child-bearing age (age 15-44).

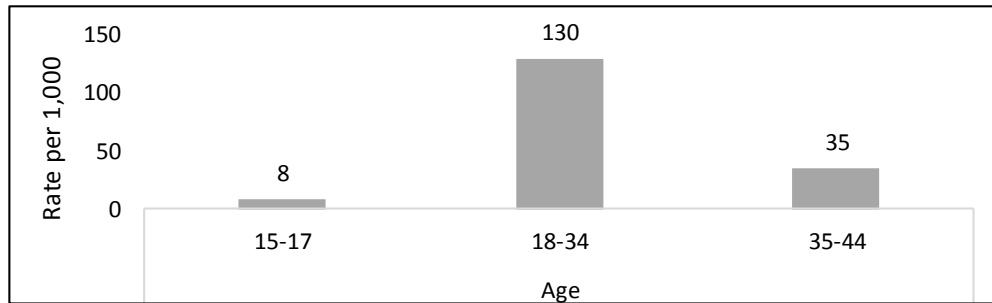
Source: WA State, Community Health Assessment Tool (CHAT)

Summary: In 2017, there were about 84 pregnancies for every 1,000 women of child-bearing age in Kitsap. This rate is unchanged since 2000, but higher than the state overall. The rate is higher among those age 18 to 34 (130 per 1,000), lower among those age 35 to 44 (35 per 1,000) and lowest among those age 15 to 17 (8 per 1,000).

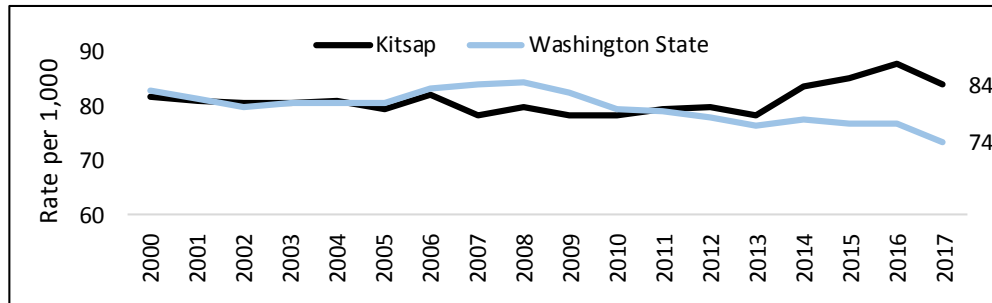
Rate per 1,000	Early year 2000	2010	Recent year 2017	Statistical trend since 2000	
Kitsap County	82	78	84		n/a
Washington State	83	79	74	Decreasing	Annual change: -0.5%
Statistical comparison: Kitsap vs. Washington:			Higher		
Estimated number of Kitsap County residents:			3,483		

**Sub-Groups:**

2017



**Trend over Time:**



**INFANT MORTALITY**

**RATE PER 1,000**

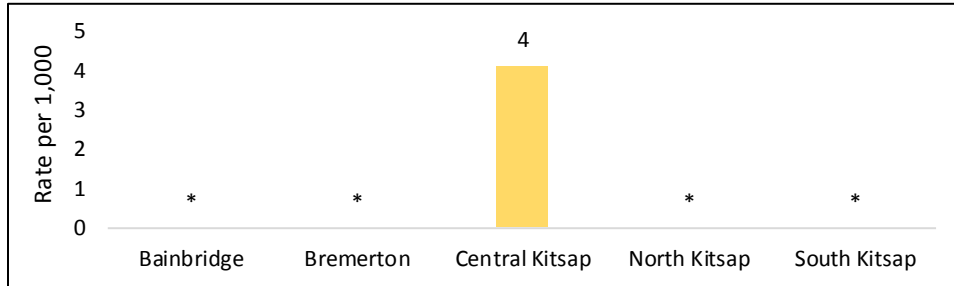
The total infant mortality rate includes all deaths during the first 365 days after birth per 1,000 live births.

Source: WA State Department of Health, Community Health Assessment Tool (CHAT)

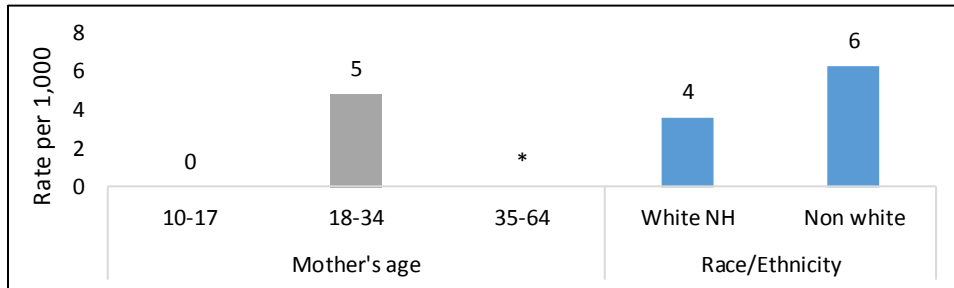
Summary: From 2013 to 2017, 5 out of every 1,000 Kitsap live births died before their first birthday. This rate is unchanged since 1998-02 and the same as the state. The rate is higher for infants identifying as a race or ethnicity other than non-Hispanic White.

Rate per 1,000	Early years 1998-2002	Recent years 2013-17	Statistical trend since 1998-02	
Kitsap County	6	5		n/a
Washington State	5	4	Decreasing	Annual change: -1%
Statistical comparison: Kitsap vs. Washington:				
Estimated number of Kitsap residents each year:			14	

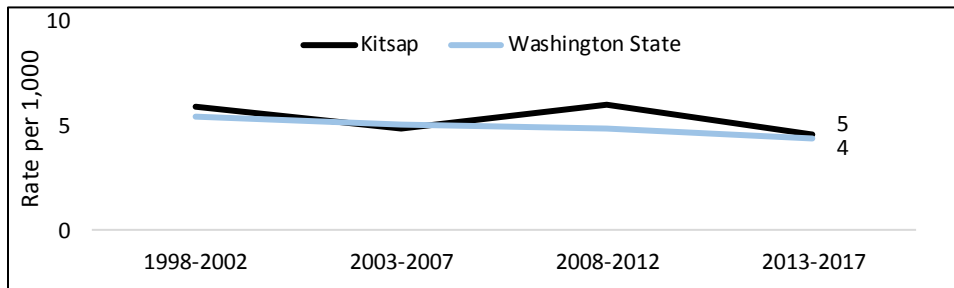
**Sub-county geography:**  
2013-17  
\* = data unreliable



**Sub-Groups:**  
2013-17  
\* = data unreliable



**Trend over Time:**



## Obesity, Healthy Eating and Active Living

A healthy and active lifestyle has been shown to have a profound impact on reducing the burden of chronic illness. A healthy diet and regular physical activity are protective factors promoting our health and wellbeing, while tobacco use, and a multitude of environmental exposures are some factors that may lead to negative health outcomes.

*“The continuing problem of sedentary lifestyles and poor nutrition [is having an impact on health.]”*  
 — Key Informant

The environment in Kitsap County lends itself healthy behaviors according to the community. Residents benefit from the parks and abundance of walking trails. Several key informants identified a need to address the lack of health and wellness, and **rural community members feel as though the number of safe sidewalks is lacking.**

The key issues identified by the data review group were: youth physical activity, youth food access, adult food access and adult physical activity.

**SECTION SUMMARY:** Nearly 6 in 10 Kitsap adults are overweight or obese, unchanged over time and slightly lower than the state average. There are disparities by sub-county area and by race/ethnicity. Not quite 3 in 10 eighth graders are overweight or obese, worsening over time and about the same as the state average. Kitsap eighth graders have higher rates of physical activity compared to the state average. Only about 1 in 4-5 adults and youth report eating 5 or more fruits and vegetables daily, the youth rate is worsening over time. About 3 in 10 youth report walking or biking to school with sub-county differences and lower than the state average.

### ADULTS OVERWEIGHT OR OBESE Percentage

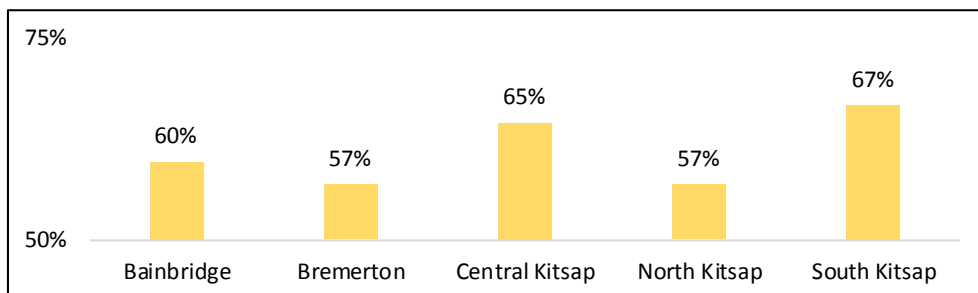
The percentage of adults age 18+ who report being obese or overweight.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

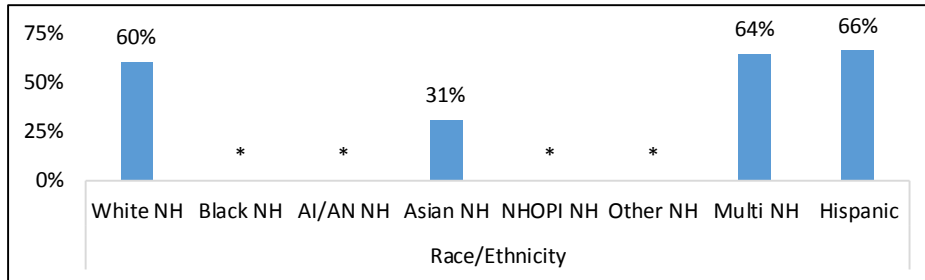
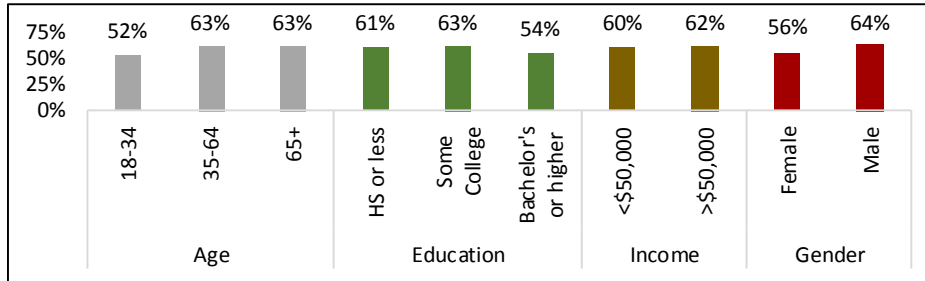
Summary: In 2017, 58% of adults in Kitsap County age 18 and older report being obese or overweight. This rate is slightly lower than the state's rate of 59%. There are not many variations among subgroups in Kitsap County, outside of a low percentage of Asian reporting as overweight or obese (31%). South Kitsap experiences the highest rate of overweight and obesity at 67%.

Percentage	Early year		Recent year	Statistical trend since 2011	
	2011	2014	2017		
<b>Kitsap County</b>	60%	60%	58%		n/a
<b>Washington State</b>	58%	59%	59%		n/a
<b>Statistical comparison: Kitsap vs. Washington:</b>					
<b>Estimated number of Kitsap residents:</b>			120,482		

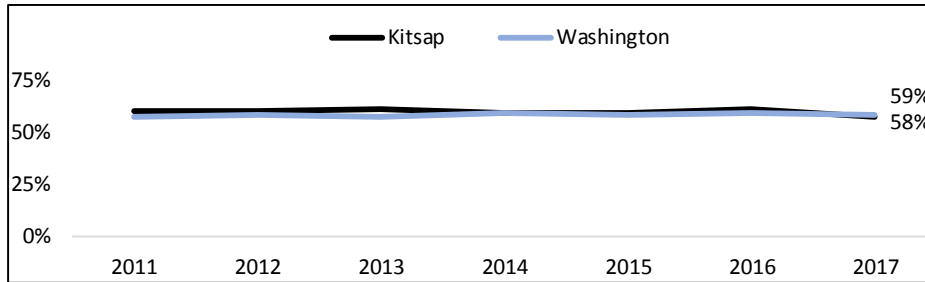
**Sub-county geography:**  
2011-17



**Sub-Groups:**  
2011-17



**Trend over Time:**



**YOUTH OVERWEIGHT OR OBESE**

**Percentage**

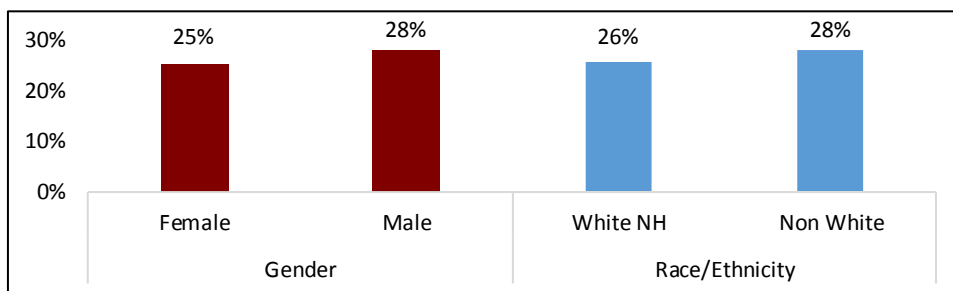
The percentage of students who are overweight or obese based on self-reported weight and height. Overweight includes students who are in the top 15%, but not the top 5%, for body mass index by age and gender based on growth charts developed by the Centers for Disease Control and Prevention (2000).

Source: Healthy Youth Survey

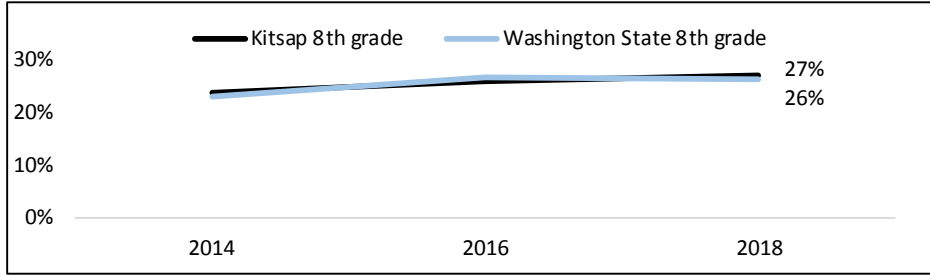
Summary: In 2018, more than 1 in 4 Kitsap 8th and 10th graders were overweight or obese based on self-reported height and weight. Both percentages were about the same as the state, but Kitsap's 8th grade percentage has been increasing from 2014 to 2018. For both 8th and 10th graders, males had slightly higher percentages than females, and students identifying as a race or ethnicity other than non-Hispanic White had slightly higher percentages than those identifying as non-Hispanic White. Bremerton had the highest percentage of overweight and obese 10th graders of any sub-county geography in Kitsap with 34%, followed by South Kitsap with 31%.

Percentage	Early year	Recent year	Statistical comparison
8TH GRADE	2014	2018	of 2014 and 2018
Kitsap County	24%	27%	n/a
Washington State	23%	26%	n/a
<b>Statistical comparison: Kitsap vs. Washington:</b>			
<b>Estimated number of Kitsap students:</b>		730	

**Sub-Groups:**  
2018  
8th grade



**Trend over Time:**



**YOUTH PHYSICALLY ACTIVE AT RECOMMENDED LEVEL**

**Percentage**

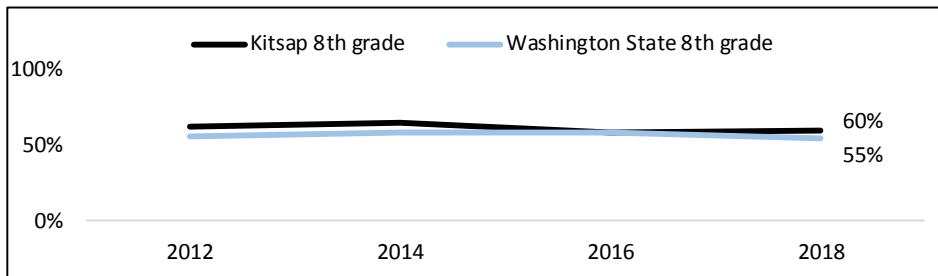
The percentage of students who report getting at least 60 minutes of physical activity 5 days or more days per week.

Source: Healthy Youth Survey

Summary: In 2018, 60% of Kitsap 8th graders and 44% of Kitsap 12th graders reported getting at least 60 minutes of physical activity on 5 or more days per week. Kitsap's 8th grade percentage is statistically unchanged from 2012 to 2018 and higher than the state. Kitsap's 10th grade percentage is statistically significantly lower than it was in 2012 and lower than the state's percentage.

Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Kitsap County	62%	60%		n/a
Washington State	56%	55%		n/a
<b>Statistical comparison: Kitsap vs. Washington:</b>				
<b>Estimated number of Kitsap students:</b>		1,629		

**Trend over Time:**



**ADULT DAILY FRUIT AND VEGETABLE CONSUMPTION**

**Percentage**

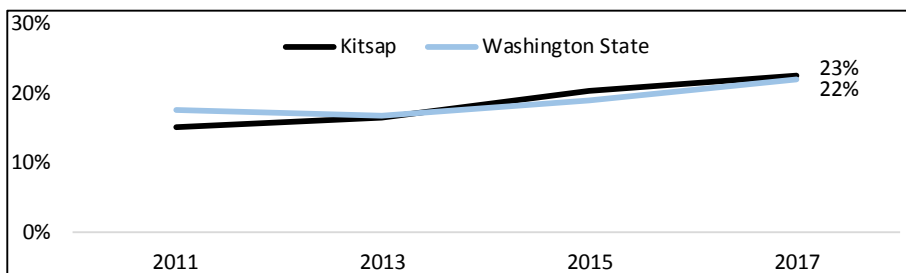
The percentage of adults who report eating the recommended 5 fruit and vegetable servings per day.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: In 2017, about 23% of adults reported eating the recommended 5 fruit and vegetable servings per day or more. This percentage is unchanged over time since 2011 and about the same as the state's percentage.

Percentage	Early year 2011	Recent year 2017	Statistical comparison of 2011 and 2017	
Kitsap County	15%	23%		n/a
Washington State	18%	22%		n/a
<b>Statistical comparison: Kitsap vs. Washington:</b>				
<b>Estimated number of Kitsap residents:</b>		46,931		

**Trend over Time:**



**YOUTH DAILY FRUIT AND VEGETABLE CONSUMPTION**

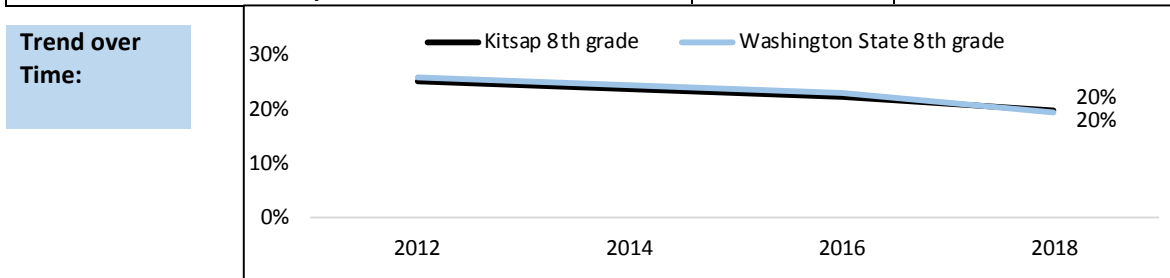
Percentage

The percentage of students who report eating the recommended 5 or more servings of fruits and vegetables per day.

Source: Healthy Youth Survey

Summary: In 2018, almost 1 in 5 Kitsap 8th and 10th graders reported eating the recommended 5 or more servings of fruits and vegetables per day. The percentages for 8th and 10th graders have been decreasing from 2012 to 2018, but are about the same as the state's percentages.

Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Kitsap County	25%	20%		n/a
Washington State	26%	20%		n/a
<b>Statistical comparison: Kitsap vs. Washington:</b>				
<b>Estimated number of Kitsap students:</b>		534		



**YOUTH WALK OR BIKE TO SCHOOL**

Percentage

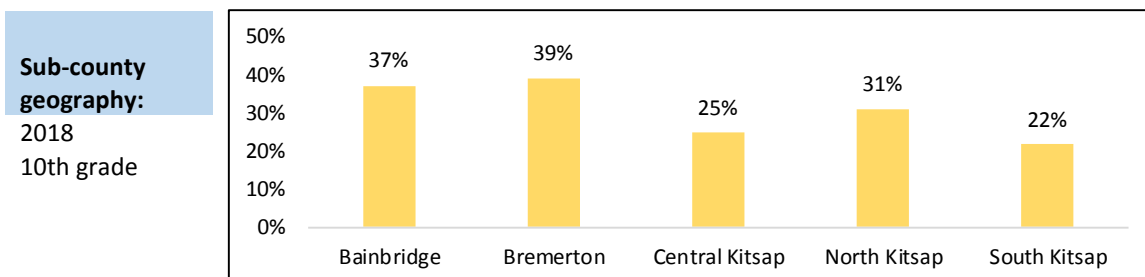
The percentage of students who report walking or biking to school on average one or more days per week.

Source: Healthy Youth Survey

Summary: About 31% of 8th graders and 29% of 10th graders report walking or biking to school one or more days a week on average. Both percentages are unchanged since 2012 and lower than the state. Bremerton has the highest percentage of students who report walking or biking to school, followed closely by Bainbridge Island.

Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Kitsap County	32%	31%		n/a
Washington State	41%	38%	Decreasing	n/a
<b>Statistical comparison: Kitsap vs. Washington:</b>		Lower		
<b>Estimated number of Kitsap County residents:</b>		851		

Percentage 10TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018	
Kitsap County	36%	29%	Decreasing	n/a
Washington State	36%	38%		n/a
<b>Statistical comparison: Kitsap vs. Washington:</b>		Lower		
<b>Estimated number of Kitsap County residents:</b>		799		

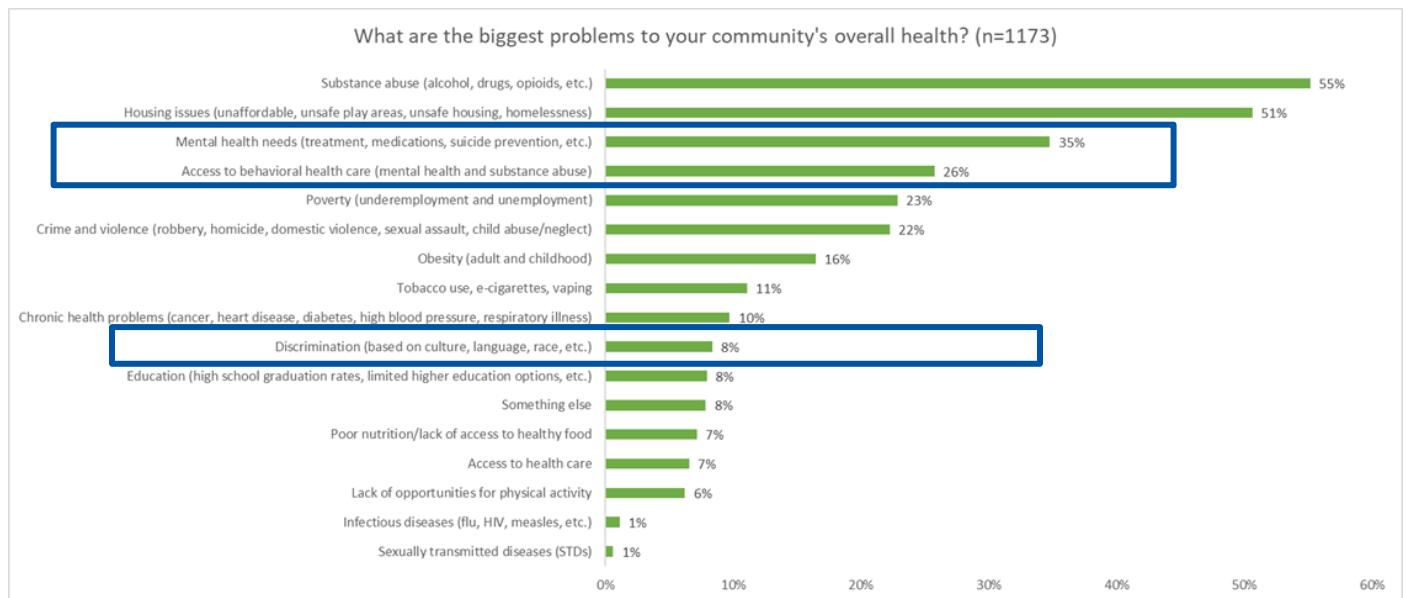


## Well-Being

Community input identified youth behavioral health as a main priority and a need for increased awareness of suicide prevention. Concerns about increasing depression among youth and suicide ideation among all age groups especially youth. Kitsap Strong is an organization working to support trauma-informed models of care that promote health and wellness.

*“Quantitatively and subjectively through experience, [I see an] ongoing rise in anxiety and depression, and an inability to effectively cope with those feelings... resulting in behaviors seen in schools.”*  
 — Key Informant

According to Community Survey Respondents, the third and fourth biggest problems to the community’s overall health were mental health needs (35%) and access to behavioral health care (26%). Additionally, many community members identified discrimination as a problem. These results can be viewed in **Figure 6**.



**Figure 6. Community Survey Results for Biggest Problems to Your Community’s Overall Health**

The key issues the data review group identified were: improve youth mental health; improve access to mental health services; reduce suicides; whole health mentality and belonging, self-esteem.

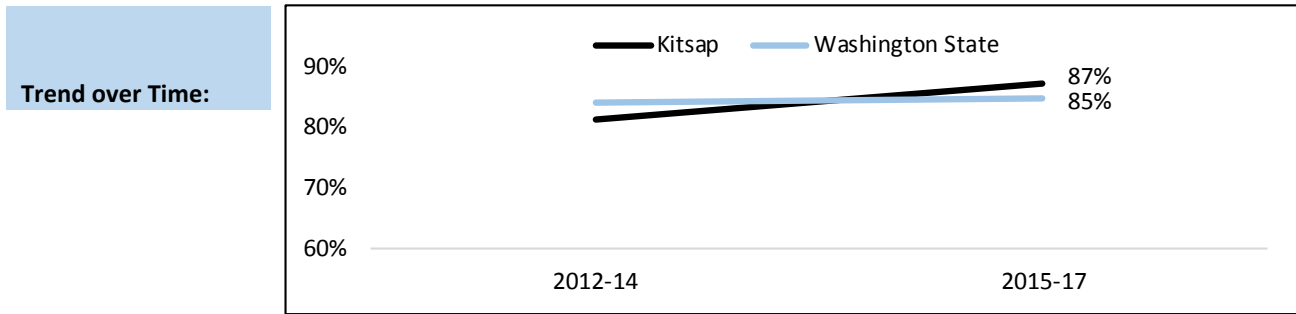
**SECTION SUMMARY:** Nearly 9 in 10 Kitsap adults report having excellent, very good or good general health, this rate is improving over time and higher than the state average. About 3 in 10 Kitsap adults report having experienced 3 or more Adverse Childhood Experiences, similar to the state average. About 3 in 10 sixth and eighth graders reporting having been bullied in the past 30 days, with more 6<sup>th</sup> graders and fewer 8<sup>th</sup> graders reporting having been bullied compared to several years ago. Both rates are similar to the state average. Amongst 8<sup>th</sup> graders, more females and non-white students report having experienced bullying. There are about 40 Kitsap suicide deaths each year; the rate is worsening over time and similar to the state average.

**ADULTS REPORT EXCELLENT, VERY GOOD, OR GOOD GENERAL HEALTH** **Percentage**

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: From 2015-17, 87% of adults reported excellent, very good or good general health. This percentage is increasing since 2012-14 and better than the state.

Percentage	Early years 2012-14	Recent years 2015-17	Statistical comparison of 2012-14 to 2015-17
<b>Kitsap County</b>	81%	87%	n/a
<b>Washington State</b>	84%	85%	n/a
<b>Statistical comparison: Kitsap vs. Washington:</b>			
<b>Estimated number of Kitsap County residents:</b>		180,281	



**ADULTS WITH 3 OR MORE ADVERSE CHILDHOOD EXPERIENCES** **Percentage**

Adverse Childhood Experiences (ACEs) include 8 possible experiences during childhood: living with someone with: mental illness, substance abuse, or incarceration event; witnessing domestic violence; parental separation/divorce; experiencing physical abuse, verbal abuse or sexual abuse.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Summary: In 2011, almost a third of Kitsap adults reported having 3 or more adverse childhood experiences, about the same as the state. This question has not been asked more recently.

Percentage	Recent year 2011
<b>Kitsap County</b>	32%
<b>Washington State</b>	26%
<b>Comparison: Kitsap vs. Washington:</b>	
<b>Estimated number of Kitsap residents:</b>	63,078

**YOUTH BULLYING** **Percentage**

The percentage of students who report being bullied in the past month. Bullying is defined as another student, or group of students, saying or doing nasty or unpleasant things to someone, or teasing repeatedly in a way he or she doesn't like.

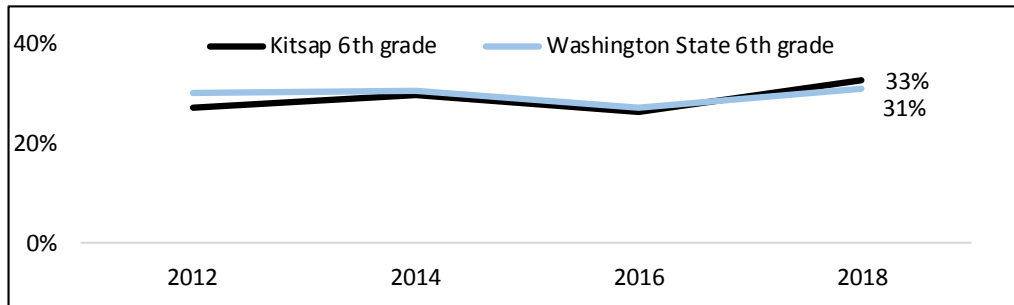
Source: Healthy Youth Survey

Summary: About a third of 6th graders, over a quarter of 8th graders, and just over 1 in 5 10th graders reported being bullied in the past month. The percentage for 6th graders had worsened from 2012 to 2018, but the percentages for 8th and 10th graders were lower than 2012. Only 10th graders had a statistically significantly different percentage than the state overall, and Kitsap was worse. Bremerton School District had the highest percentage of 10th graders reporting bullying of any Kitsap school district, while Bainbridge had the lowest. For both 8th and 10th graders, females reported bullying in higher percentages than males, and those identifying as races or ethnicities other than non-Hispanic White reported bullying in higher percentages than those identifying as non-Hispanic White.



Percentage 6TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018
Kitsap County	27%	33%	n/a
Washington State	30%	31%	n/a
<b>Statistical comparison: Kitsap vs. Washington:</b>			
<b>Estimated number of Kitsap County students:</b>		886	

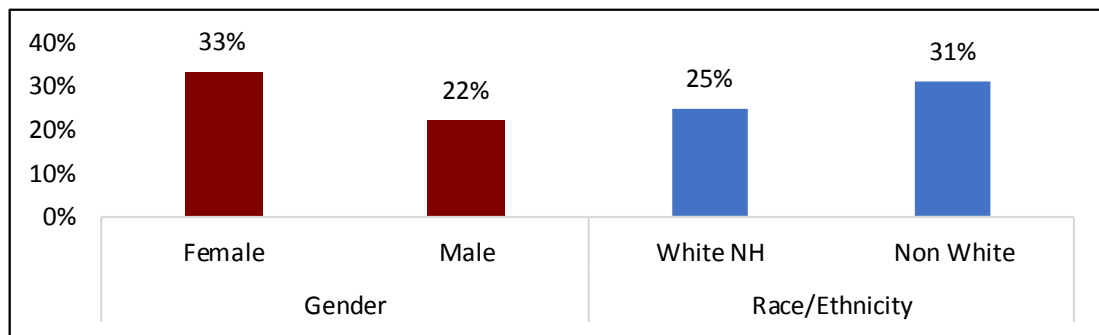
**Trend over Time:**



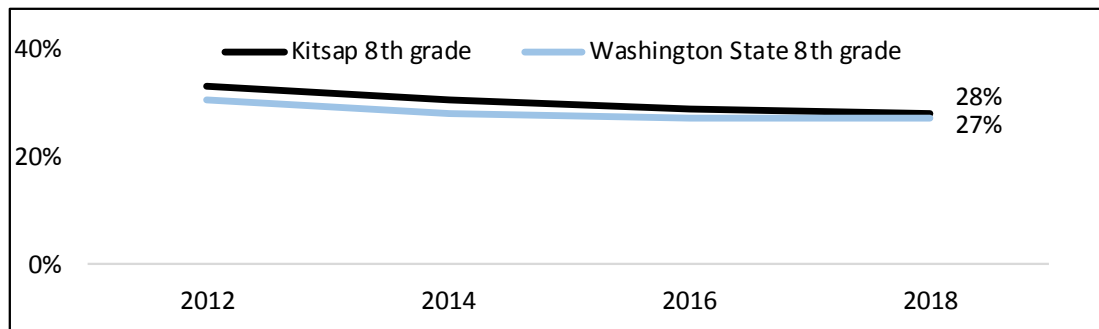
Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018
Kitsap County	33%	28%	n/a
Washington State	31%	27%	n/a
<b>Statistical comparison: Kitsap vs. Washington:</b>			
<b>Estimated number of Kitsap County students:</b>		760	

**Sub-Groups:**

2018  
8th grade



**Trend over Time:**



**SUICIDE DEATH RATE**

**Age-adjusted rate per 100,000**

The age-adjusted rate per 100,000 of self-inflicted injury deaths.

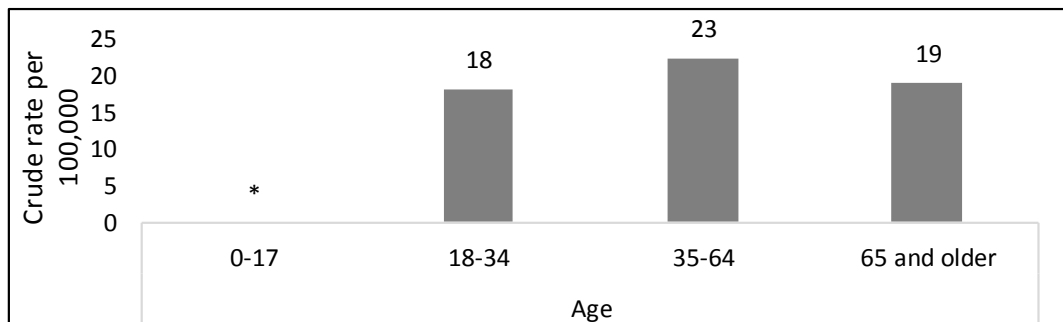
Source: WA State Department of Health, Community Health Assessment Tool (CHAT)

Summary: In 2018, the age-adjusted rate of suicides was 15 per 100,000 in Kitsap. This rate has been increasing since 2000 and is about the same as the state. It accounts for 41 suicides of Kitsap residents in 2018.

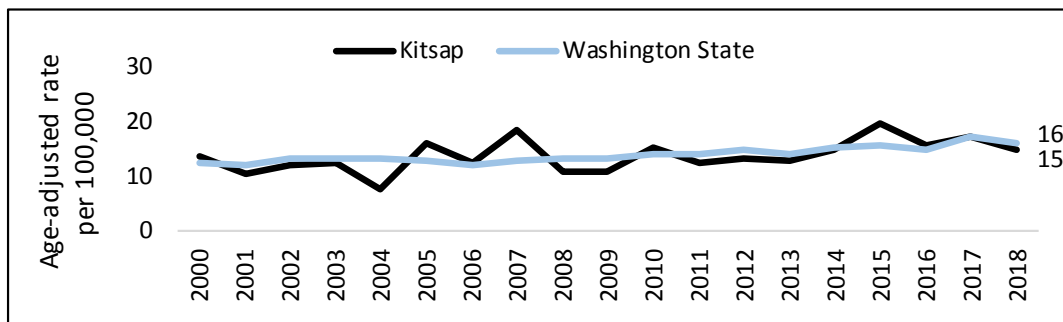
Age-adjusted rate per 100,000	Early year 2000	2010	Recent year 2018	Statistical trend since 2000
Kitsap County	13	15	15	Annual change: 2%
Washington State	12	14	16	Annual change: 2%
Statistical comparison: Kitsap vs. Washington:				
Estimated number of Kitsap County residents:			41	

**Sub-Groups:**

2014-18  
\* = data unreliable

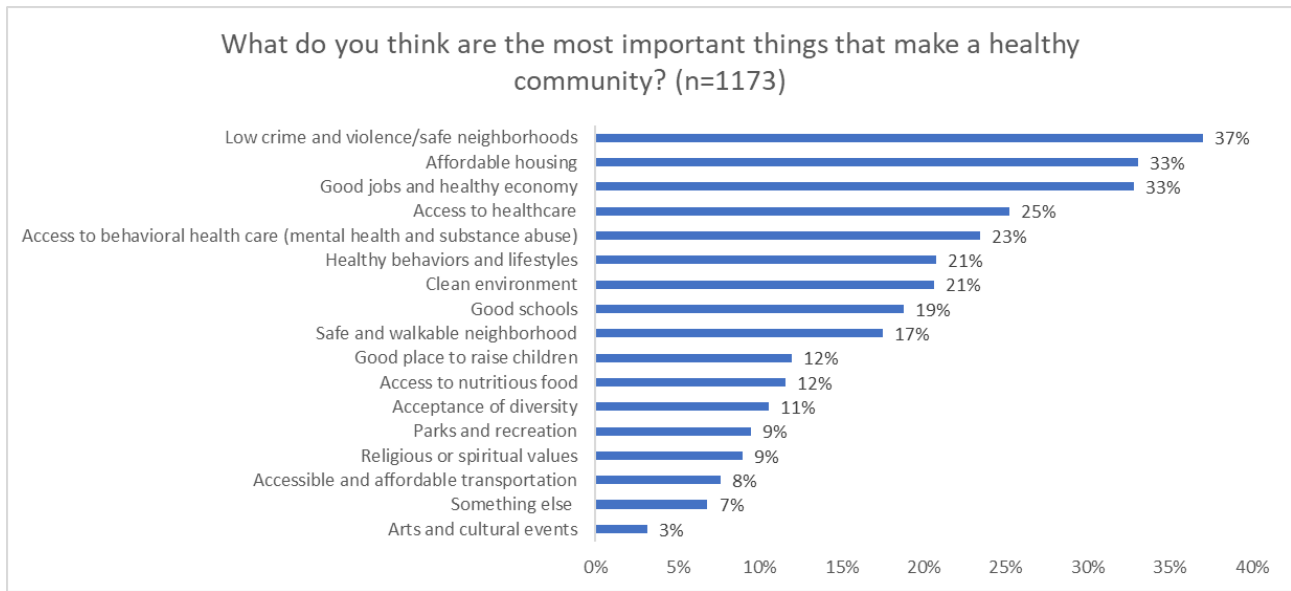


**Trend over Time:**



## Crime and Safety

Crime and Injury adversely affect everyone, regardless of background. Injuries and violence are leading causes of death and disability at all levels of our society but are preventable. Those who survive these traumatic experiences may face lifelong mental and physical problems. Community Survey Respondents identified low crime and violence as the most important thing that makes a healthy community (37%) as seen in **Figure 7**.



**Figure 7. Community Survey Results for Most Important Things that make a Healthy Community**

**SECTION SUMMARY:** Kitsap County has lower crime rates and motor vehicle injury related hospitalizations compared to the state average. There has been no change over time in crime and motor vehicle injury rates. Total crime rates differ by sub-county area.

### MOTOR VEHICLE INJURY RELATED HOSPITALIZATIONS

### Age-Adjusted Rate per 100,000

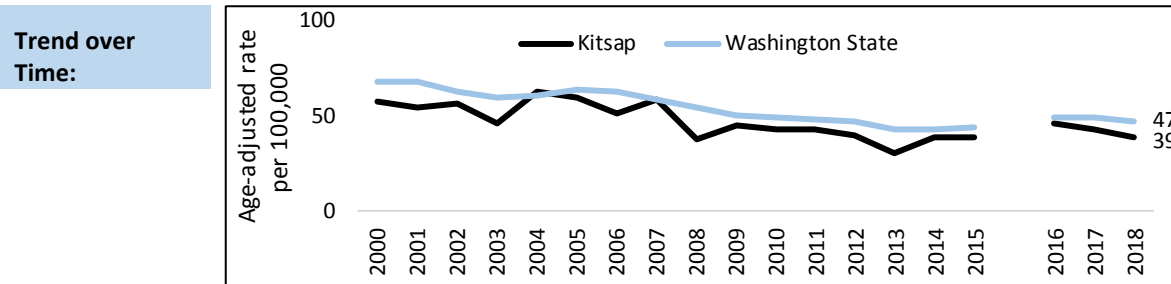
The age-adjusted rate per 100,000 of hospitalizations due to motor vehicle injuries; subgroups are crude rates.

Source: WA State, Community Health Assessment Tool (CHAT)

Summary: In 2018, the age-adjusted rate of hospitalizations due to motor vehicle injuries was 39 per 100,000, statistically significantly lower than the state overall. Because of changed in coding and classification of hospitalizations, data from 2016 to 2018 is not comparable to previous years, but there has been no change in Kitsap or Washington State from 2016 to 2018.

DISCLAIMER: Because of the 2015 mid-year code conversion from International Classification of Disease (ICD) version 9 to 10, 2016 and later hospitalization data is not comparable to previous years.

Age-Adjusted Rate per 100,000	Early year 2000	2010	Recent year 2018	Statistical comparison of 2016 to 2018	
Kitsap County	57	43	39		n/a
Washington State	68	49	47		n/a
<b>Statistical comparison: Kitsap vs. Washington:</b>					
<b>Estimated number of Kitsap County residents:</b>			106		



**MOTOR VEHICLE INJURY RELATED DEATH RATE**

**Age-Adjusted Rate per 100,000**

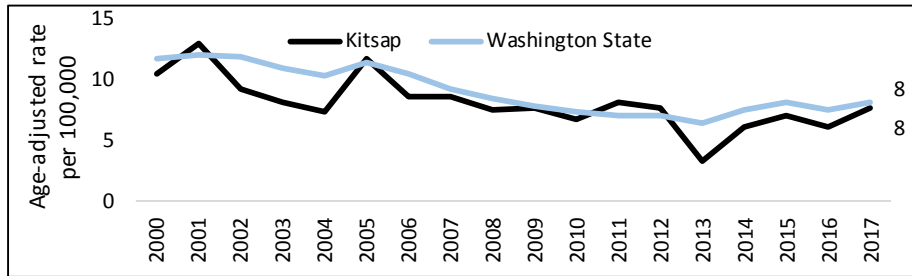
The age-adjusted rate per 100,000 of deaths due to motor vehicle injury.

Source: WA State, Community Health Assessment Tool (CHAT)

Summary: In 2017, the age-adjusted rate of deaths due to motor vehicle injuries was 8 per 100,000, about the same as the state overall. There has been a statistically significantly decreasing trend from 2000 to 2017 in Kitsap County, similar to Washington overall; however Washington's rate has been increasing statistically significantly from 2011 to 2017.

Age-Adjusted Rate per 100,000	Early year		Recent year	Statistical trend since 2000	
	2000	2010	2017		
Kitsap County	10	7	8		Annual change: -3%
Washington State	12	7	8		Annual change: -2%
<b>Statistical comparison: Kitsap vs. Washington:</b>					
<b>Estimated number of Kitsap County residents:</b>					
			21		

**Trend over Time:**



**TOTAL CRIME RATE**

**Rate per 1,000**

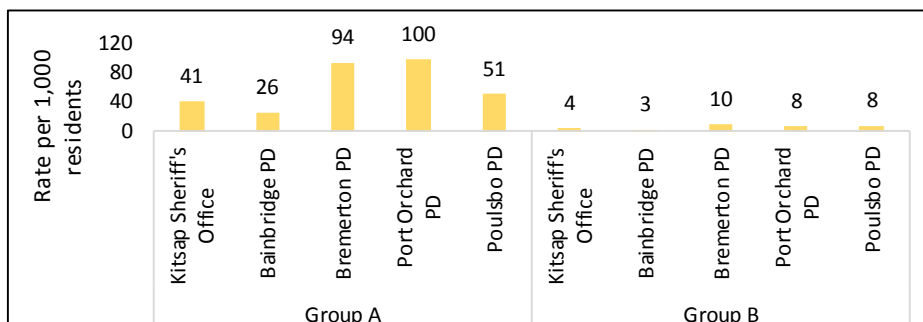
Total crime includes both group A and B offenses. Group A offenses include 49 offenses grouped in 23 crime categories, such as murder, robbery, prostitution and arson. Group B offenses include 10 offenses such as DUI, trespass and disorderly conduct.

Source: WA State Association of Sheriffs & Police Chiefs, Uniform Crime Report

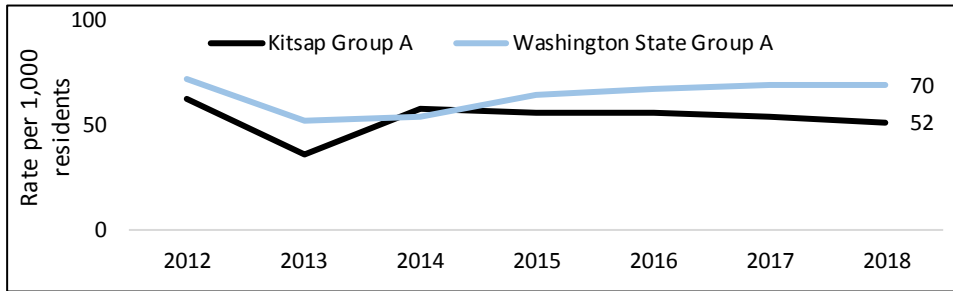
Summary: In 2018, the total crime rate in Kitsap County was 73 crimes per 1,000 residents. The Group A crime rate was 52 per 1,000 residents, which was no change since 2012 and better than Washington's 2018 rate. The Port Orchard Police Department had the highest rate of Group A crimes (100 per 1,000 residents), followed by the Bremerton Police Department (94 per 1,000). The Group B crime rate was 3 per 1,000 residents and was unchanged since 2012. Bremerton Police Department had the highest rate of Group B crimes (10 per 1,000).

Rate per 1,000	Early year		Recent year	Statistical trend since 2012	
	2012		2018		
Kitsap County	86		73		n/a
Group A	63		52		n/a
Group B	3		3		n/a
<b>Washington State</b>					
Group A	73		70		n/a
<b>Statistical comparison: Kitsap vs. Washington (Group A):</b>					
<b>Estimated number of Kitsap Group A offenses:</b>					
			13,771		
<b>Estimated number of Kitsap Group B offenses:</b>					
			853		

**Sub-Groups:**  
2018



**Trend over Time:**  
Group A



**ADULT ARREST RATE**

**Rate per 1,000**

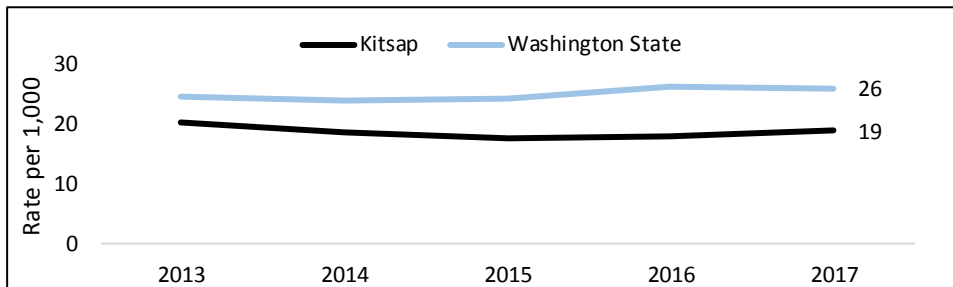
Total number of arrests for adults age 18+ per 1,000 adult residents.

Source: Washington Statistical Analysis Center, Washington State County Criminal Justice Data Book

Summary: In 2017, there were 19 arrests for adults age 18+ per 1,000 adult residents in Kitsap County. This rate is unchanged since 2013, but better than the state's rate of 26 per 1,000.

Rate per 1,000	Early year 2013	Recent year 2017	Statistical trend since 2013	
Kitsap County	20	19		n/a
Washington State	25	26		n/a
<b>Statistical comparison: Kitsap vs. Washington:</b>				
<b>Estimated number of Kitsap County crimes:</b>		3,929		

**Trend over Time:**



**ADOLESCENT (AGE 10-17) ARREST RATE**

**Rate per 1,000**

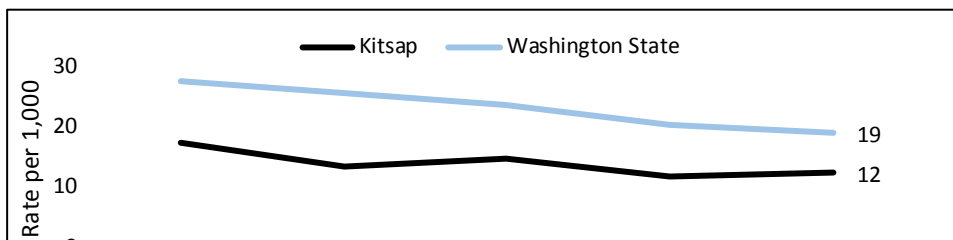
Total number of arrests for adolescents age 10-17 per 1,000 adolescent residents.

Source: WA Department of Social and Health Services Risk & Protection Profile for Substance Abuse Prevention

Summary: The arrest rate for adolescents age 10 to 17 was 12 per 1,000 in 2017. This rate is unchanged from 2013 and is lower than the state's rate of 19 per 1,000.

Rate per 1,000	Early year 2013	Recent year 2017	Statistical trend since 2013	
Kitsap County	17	12		n/a
Washington State	28	19		Annual change: -10%
<b>Statistical comparison: Kitsap vs. Washington:</b>				
<b>Estimated number of Kitsap County arrests:</b>		279		

**Trend over Time:**



## Environmental Health

Community members identified the number and quality of parks and walking trails as a great asset to the community. One key informant stated, “[The] natural environment lends itself to engaging in healthy activities.”

- **Clean air and water** were identified as key assets to the County by community members
- Food affordability was a theme identified by the community. Many respondents identified the high number of fast foods as a barrier to eating healthy.
- While eating healthy is expensive, according to community respondents, **the farmers market is a key factor that allows for Kitsap County to access fresh food.** Eighteen respondents identified food as a key factor to be healthy in the next one to three years.

**SECTION SUMMARY:** Kitsap County has healthy air and both fresh and saltwater. The built environment landscape for food access is unchanged over time, with density rates of supermarkets and convenience stores similar to the state average.

### DAYS WITH HEALTHY AIR

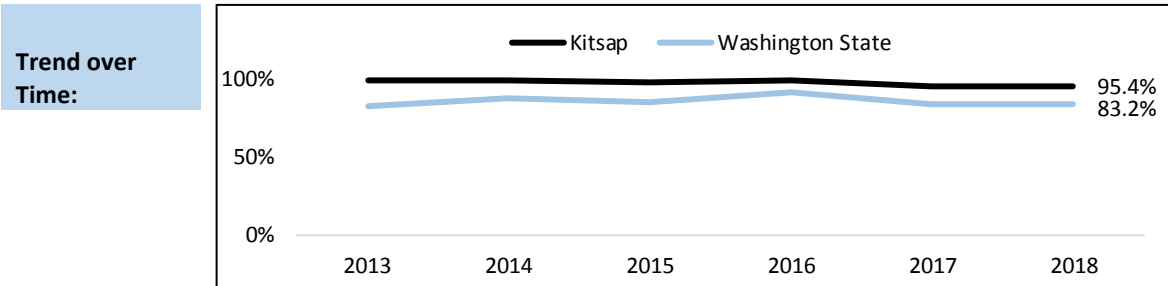
Percentage

The percentage of monitored days when the air quality "good" which is defined as having a PM2.5 concentration below 13.4  $\mu/m^3$ .

Source: Puget Sound Clean Air Agency

Summary: More than 95% of days in 2018 had "good" air quality (PM2.5 concentration below 13.4  $\mu/m^3$ ). This percentage is slightly lower, but not statistically significantly lower, than the percentage in 2013 (98.6%) and is better than Washington State overall.

Percentage	Early year 2013	Recent year 2018	Statistical trend since 2013	
Kitsap County	98.6%	95.4%		n/a
Washington State	82.3%	83.2%		n/a
Statistical comparison: Kitsap vs. Washington:				



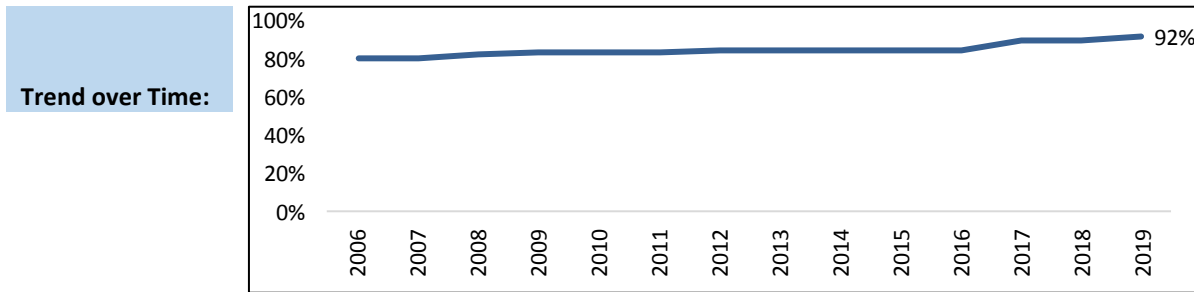
**SHORELINE MILES OPEN FOR SHELLFISHING** Percentage

The percentage of shoreline miles classified as 'open' for shellfish.

Source: Kitsap Public Health District, Water Pollution Identification & Correction Program

Summary: In 2019, 92% of shoreline miles have been classified as open for shell fishing, a statistically significant increase from 2006.

Percentage	Early year 2006	Recent year 2019	Statistical trend since 2006	
<b>Kitsap County</b>	81%	92%		Annual change: 1%



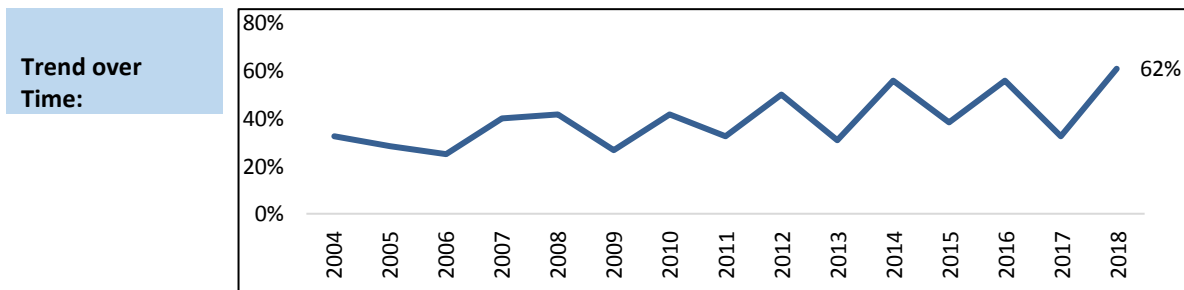
**FRESH WATER STREAMS MEETING STANDARDS** Percentage

The percentage of fresh water streams meeting standards for acceptable levels of total coliform bacteria.

Source: Kitsap Public Health District, Water Pollution Identification & Correction Program

Summary: In 2018, 62% of fresh water streams met standards for acceptable levels of total coliform bacteria, a statistically significant increase from 2004.

Percentage	Early year 2004	Recent year 2018	Statistical trend since 2004	
<b>Kitsap County</b>	33%	62%		Annual change: 4%



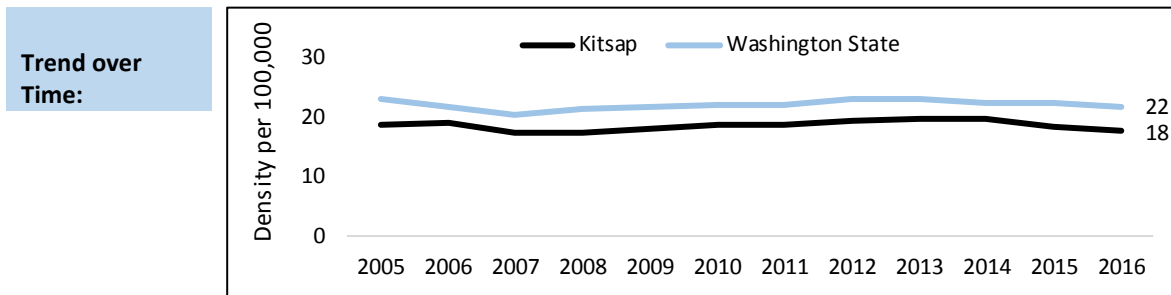
**DENSITY OF SUPERMARKET AND GROCERY STORES**

**Rate per 100,000**

Source: US Census State & County Business Patterns

Summary: In 2016, there were approximately 18 supermarket and grocery stores in Kitsap for every 100,000 residents. This rate is unchanged from 2005 and about the same as the state's rate. This rate represents 46 total supermarkets and grocery stores.

Rate per 100,000	Early year 2005	2010	Recent year 2016	Statistical trend since 2005	
<b>Kitsap County</b>	19	19	18		n/a
<b>Washington State</b>	23	22	22		n/a
<b>Statistical comparison: Kitsap vs. Washington:</b>					
<b>Number of Kitsap establishments:</b>			46		



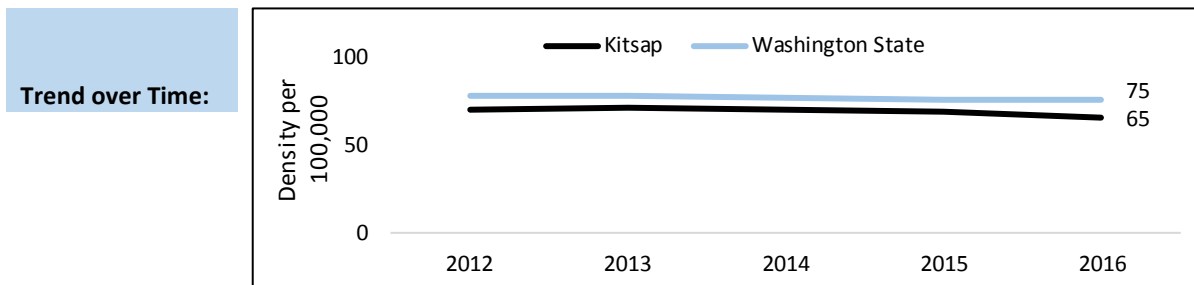
**DENSITY OF FAST FOOD AND CONVENIENCE STORES**

**Rate per 100,000**

Source: US Census State & County Business Patterns

Summary: In 2016, there were approximately 65 fast food and convenience stores for every 100,000 residents in Kitsap County. This rate is unchanged overtime and about the same as the state. It represents 171 total fast food and convenience stores.

Rate per 100,000	Early year 2012	Recent year 2016	Statistical trend since 2012	
<b>Kitsap County</b>	70	65		n/a
<b>Washington State</b>	78	75	Decreasing	Annual change: -0.8%
<b>Statistical comparison: Kitsap vs. Washington:</b>				
<b>Number of Kitsap establishments:</b>			171	





## Substance Use

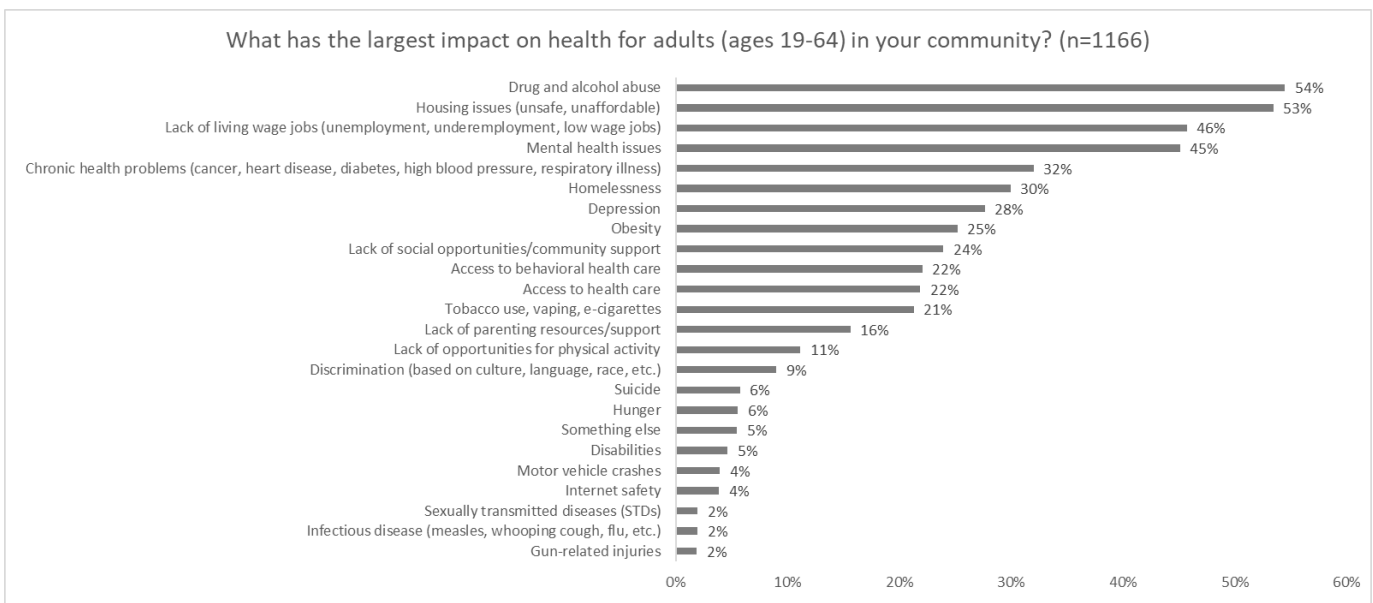
The inappropriate use of substances—legal and illegal—presents major challenges to a community. Alcohol and opioids are well-known contributors to substance abuse and dependency issues. Alcohol and marijuana use among youth, or driving while under the influence of either, are public health concerns. Ensuring an adequate system to assist individuals dealing with substance abuse and dependency issues is key. Drug and alcohol use was identified as having the largest impact on adults (54%, **Figure 8**) and children (58%, **Figure 9**) in Kitsap County from those that participated in the Community Survey. In addition, it was identified as the biggest problem for the community’s health (55%, **Figure 10**).

**Preventing opioid overdose and ensuring access to opioid treatment** was a theme across community input sources. For example, several identified that Medication Assisted Treatment (MAT) programs for those addicted to opioids should be more accessible to the community. The jail has recently partnered to expand services to deliver a MAT program. The distribution of Naloxone kits, with training, is aimed at reducing the number of opioid related overdoses across the county.

*“This [jail MAT program] has been a very successful program in just the last six months, and we have helped about 112 people attempt to avoid using opioids upon release.”*

While increasing access to preventive care and treatment, key informants also identified the need to **educate the community about mental health and chemical dependency**.

*“We need to do a better job of educating our community about mental health and chemical dependency, understanding that is a disease, and not a choice. Even those with an addiction to opioids did not necessarily choose to be addicted, it happened because of an injury and they were prescribed pain medicine.”*



**Figure 8. Community Survey Results for Largest Impacts on Health for Adults ages 19 to 64**

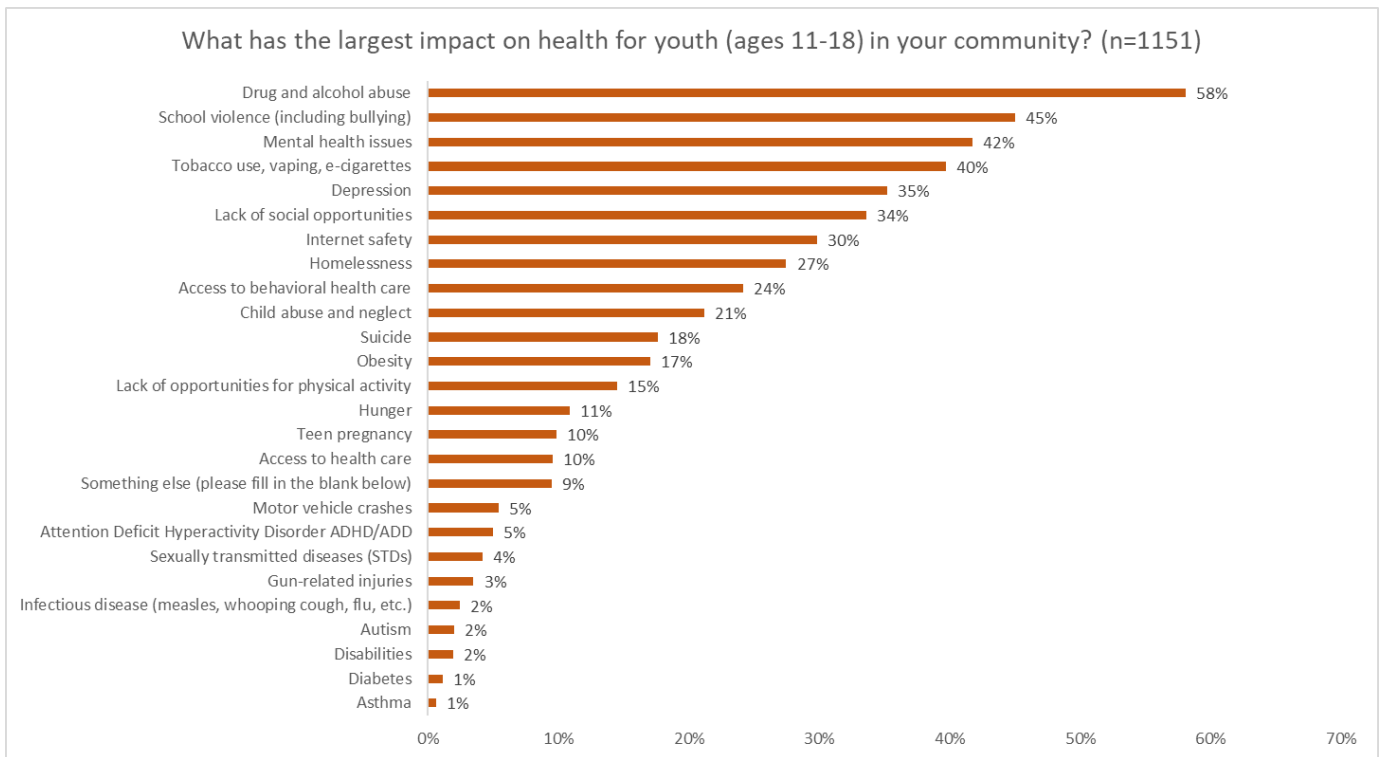


Figure 9. Community Survey Results for Largest Impacts on Health for Youth ages 11 to 18

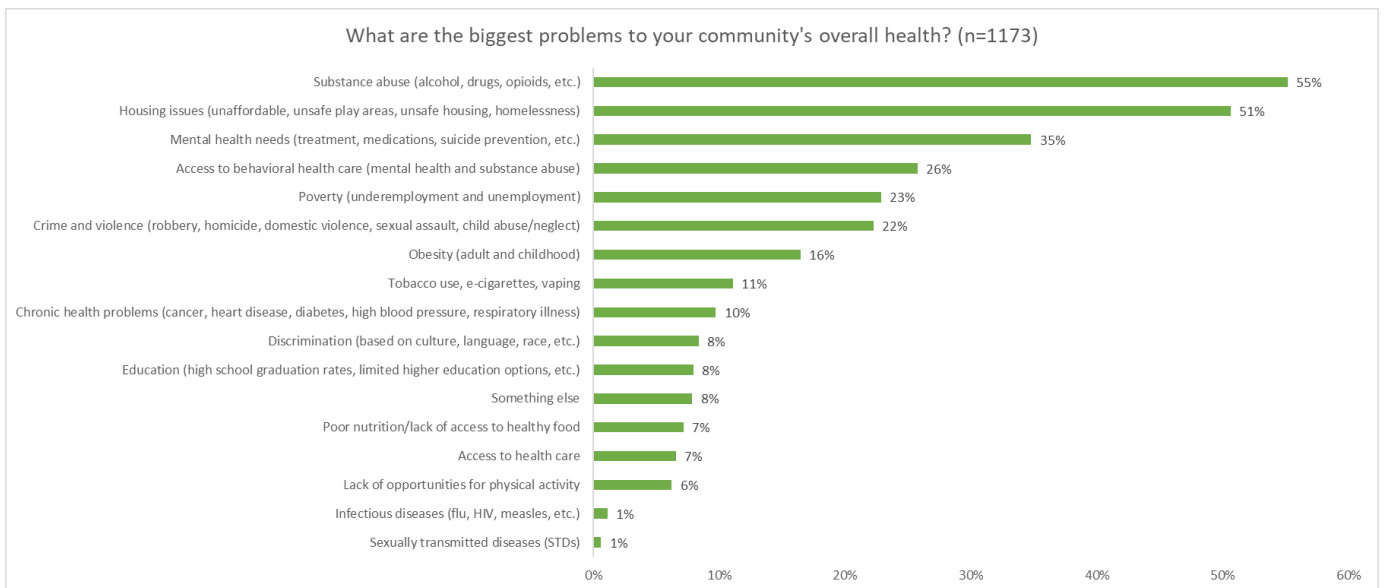


Figure 10. Community Survey Results for Biggest Problem to the Communities Overall Health

Key issues identified by the data review group include: Prevention, Treatment, Youth Prevention, Youth Treatment, and Opioids.

**SECTION SUMMARY:** Smoking rates are persistently high amongst Kitsap residents, unchanged over time and higher than the state average. Smoking is higher in some areas of the county and higher amongst lower income, lower educated, younger and some non-white groups. Youth smoking rates are decreasing over

time but higher than the state average. Youth vaping rates have risen dramatically and are similar to the state average. Deaths related to alcohol, drugs, or opioids are all similar to the state average, drug deaths have increased over time.

**ADULT CURRENT SMOKING**

**Percentage**

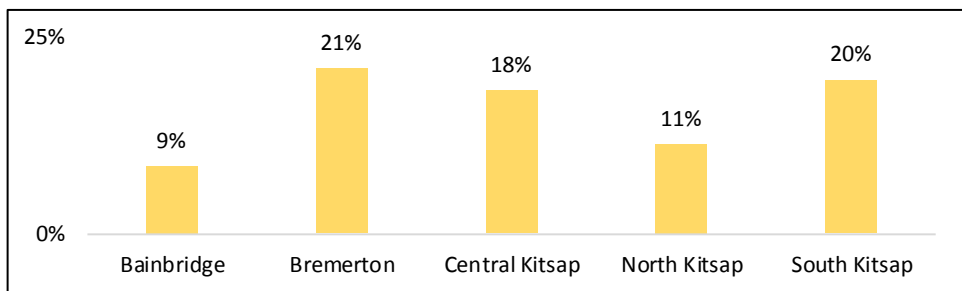
The percentage of adults who report smoking at least 100 cigarettes in their lifetime and smoke every day or some days in past month.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

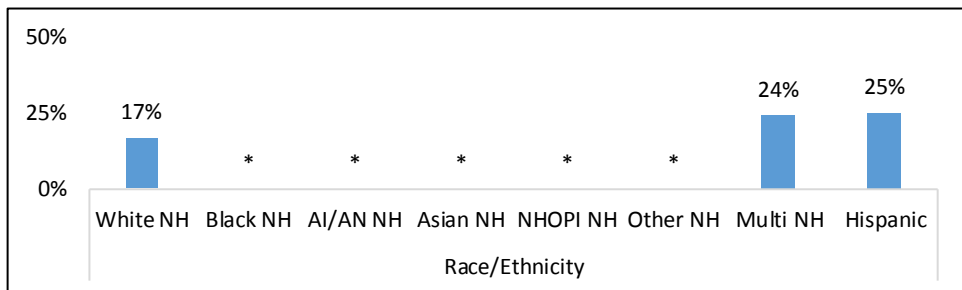
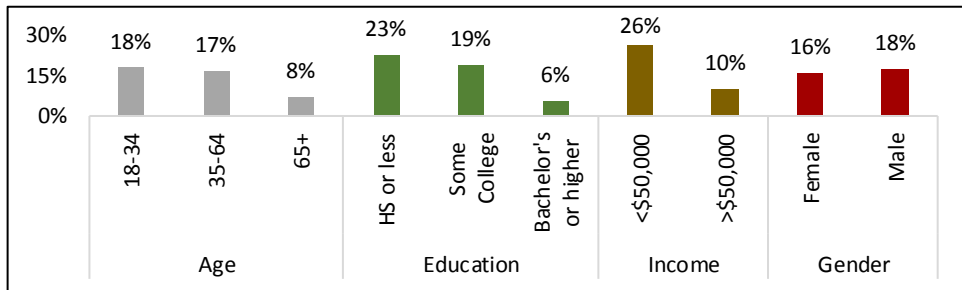
Summary: In 2017, 16% of adults in Kitsap County age 18 and older currently smoke. This rate is higher than the state's rate of 14 percent. In Kitsap County, individuals with a household income of under \$50,000 have a higher current smoking rate (26%), as well as those with a high school education or less (23%).

Percentage	Early year 2011	2014	Recent year 2017	Statistical comparison of 2012-14 to 2015-17
Kitsap County	19%	14%	16%	n/a
Washington State	18%	15%	14%	Annual change: -4%
<b>Statistical comparison: Kitsap vs. Washington:</b>				
<b>Estimated number of Kitsap residents:</b>			32,783	

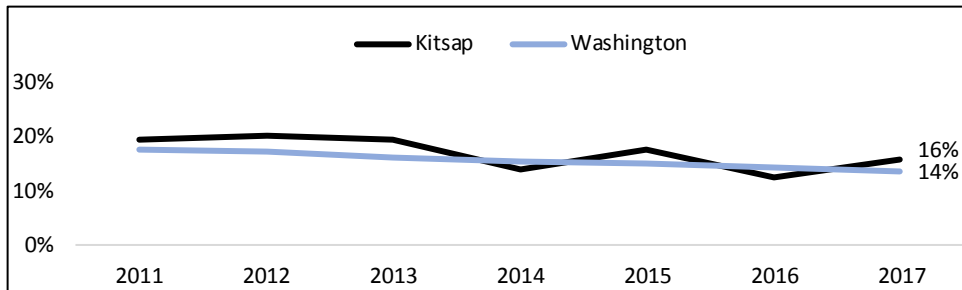
**Sub-county geography:**  
2011-17



**Sub-Groups:**  
2011-17



**Trend over Time:**



**YOUTH CURRENT SMOKING**

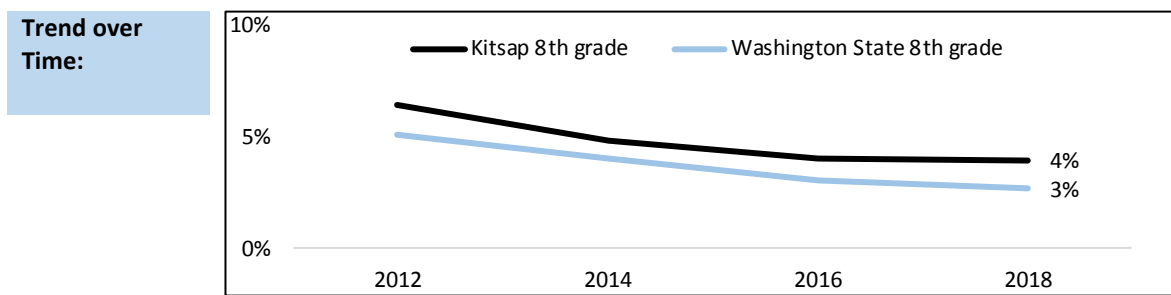
Percentage

The percentage of students who report smoking cigarettes in the past month.

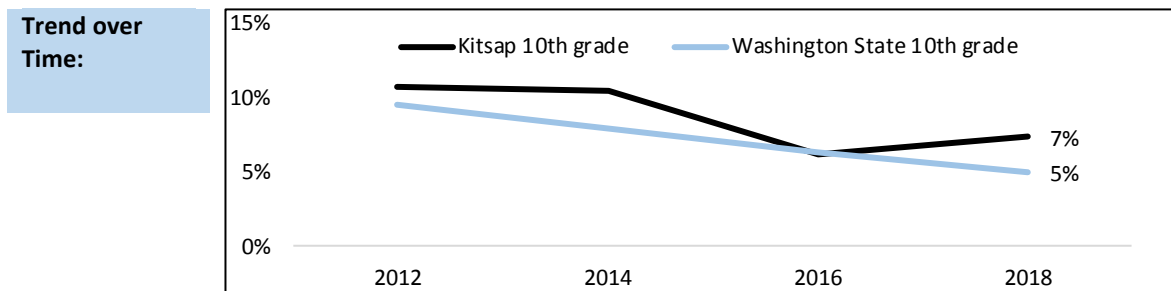
Source: Healthy Youth Survey

Summary: In 2018, 4% of Kitsap County 8th graders and 7% of Kitsap 10th graders reported having smoked cigarettes in the past month. Both percentages were better than 2012, but worse than the state's percentages overall.

Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018
Kitsap County	7%	4%	n/a
Washington State	5%	3%	n/a
Statistical comparison: Kitsap vs. Washington:			
Estimated number of Kitsap students:		109	



Percentage 10TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018
Kitsap County	11%	7%	n/a
Washington State	10%	5%	n/a
Statistical comparison: Kitsap vs. Washington:			
Estimated number of Kitsap students:		204	



**YOUTH CURRENT VAPING**

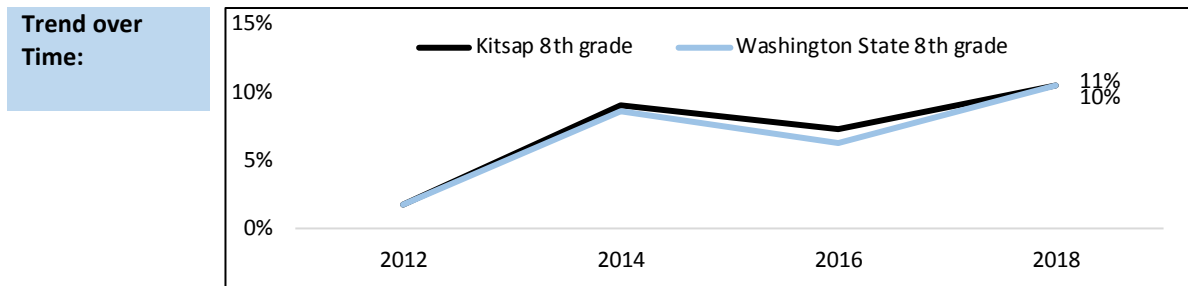
**Percentage**

The percentage of students who report using electronic cigarettes, e-cigs or vape pens in the past month.

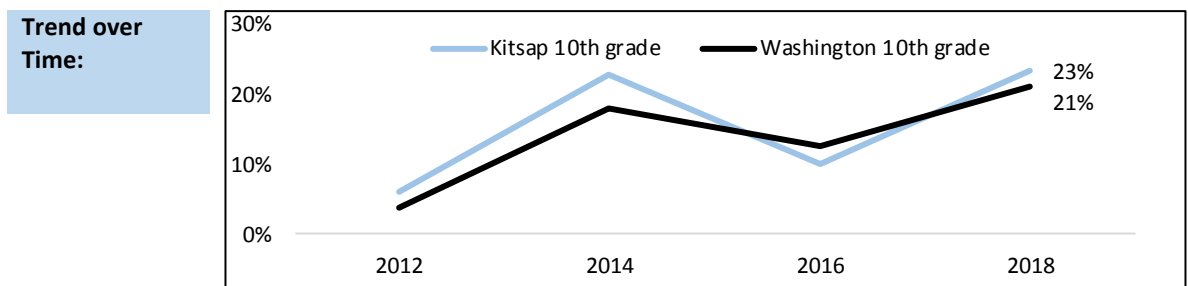
Source: Healthy Youth Survey

Summary: In 2018, 1 in 10 Kitsap 8th graders and almost 1 in 4 Kitsap 10th graders reported using electronic cigarettes or vapes in the past month. These percentages are both statistically significantly higher than 2012, but about the same as the state overall.

Percentage 8TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018
Kitsap County	2%	10%	n/a
Washington State	2%	11%	n/a
<b>Statistical comparison: Kitsap vs. Washington:</b>			
<b>Estimated number of Kitsap students:</b>		284	



Percentage 10TH GRADE	Early year 2012	Recent year 2018	Statistical comparison of 2012 and 2018
Kitsap County	6%	23%	n/a
Washington State	4%	21%	n/a
<b>Statistical comparison: Kitsap vs. Washington:</b>			
<b>Estimated number of Kitsap students:</b>		652	



**Age-Adjusted Rate per 100,000**

**ALCOHOL RELATED DEATH RATE**

The age-adjusted death rate per 100,000 for alcohol related deaths.

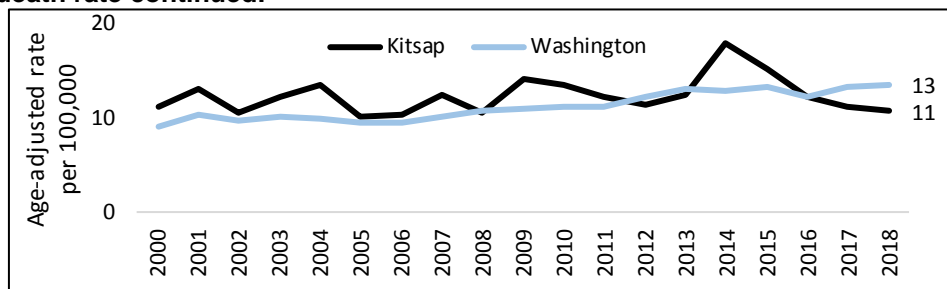
Source: WA State, Community Health Assessment Tool (CHAT)

Summary: In 2018, the age-adjusted alcohol related death rate in Kitsap was 11 per 100,000. This rate is unchanged since 2000 and about the same as the state.

Age-Adjusted Rate per 100,000	Early year 2000	2010	Recent year 2018	Statistical trend since 2000
Kitsap County	11	14	11	n/a
Washington State	9	11	13	Annual change: 2%
Statistical comparison: Kitsap vs. Washington:				
Estimated number of Kitsap County residents:				
			35	

**Alcohol related death rate continued:**

Trend over Time:



**Age-Adjusted Rate per 100,000**

**DRUG RELATED DEATH RATE**

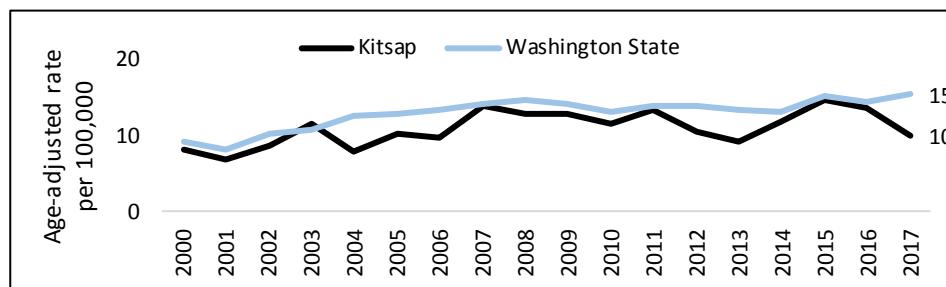
The age-adjusted death rate per 100,000 for any drug related deaths.

Source: WA State, Community Health Assessment Tool (CHAT)

Summary: The age-adjusted drug related death rate in 2017 was 10 per 100,000 Kitsap residents. There has been a statistically significantly worsening trend in Kitsap and Washington State since 2000. Kitsap's rate is lower than Washington's, but not statistically significantly lower.

Age-Adjusted Rate per 100,000	Early year 2000	2010	Recent year 2017	Statistical trend since 2000
Kitsap County	8	12	10	Annual change: 2%
Washington State	9	13	15	Annual change: 3%
Statistical comparison: Kitsap vs. Washington:				
Estimated number of Kitsap County residents:				
			32	

Trend over Time:



**OPIOID RELATED DEATH RATE**

**Age-Adjusted  
Rate per 100,000**

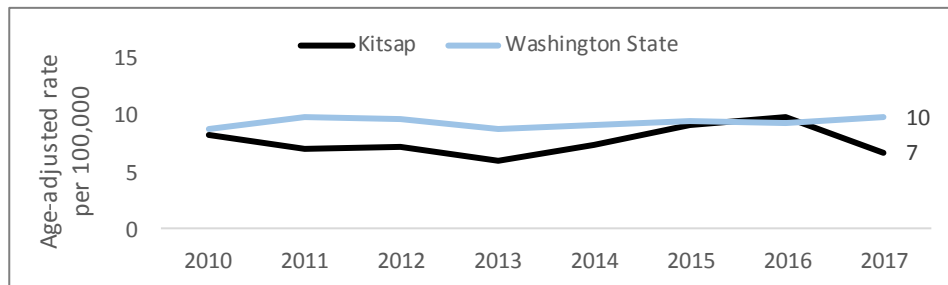
The age-adjusted death rate per 100,000 for opioid related deaths.

Source: WA State, Community Health Assessment Tool (CHAT)

Summary: In 2017, the age-adjusted opioid related death rate in Kitsap was 7 per 100,000, unchanged from 2010 and the same as the state.

Age-Adjusted Rate per 100,000	Early year 2010	Recent year 2017	Statistical trend since 2000	
Kitsap County	8	7		n/a
Washington State	9	10		n/a
Statistical comparison: Kitsap vs. Washington:				
Estimated number of Kitsap County residents:		22		

**Trend over Time:**



## Community Resources and Assets

The following are resources and assets currently or potentially employed to improve the community's health as identified during and/or participants of the Kitsap Community Health Priorities community health assessment process.

Coalitions and work groups help to drive work in focus areas forward. Specifically, the following backbone organizations were recognized as key assets of the community by key informants. Their purpose is to coordinate, plan, and convene stakeholders across multiple sectors.

- Olympic Community of Health
- Kitsap Housing and Homelessness Coalition
- Kitsap Community Resources
- Community Prevention Coalitions
- Commission on Children and Youth
- Suicide Awareness and Prevention workgroup
- Kitsap Strong
- Healthy Eating and Active Living Coalition (HEAL)

Peninsula Community Health Services is working to increase the availability of access points by *“delivering care in more places within the community where patients are more frequently gathered.”* This includes mobile care for behavioral health, school-based clinics, developing partnerships with community organizations for co-located services, and adding specialty services (e.g. dental and prenatal/OB care). Peninsula Community Health Services currently operates three school-based clinics in Bremerton and Central Kitsap.

The community identified Marvin Williams recreational center as an organization that supports the whole picture of health.

The following organizations participated in the KCHP data review process and are considered organizational leaders in community health partnerships:

- Kitsap Community Resources
- CHI Franciscan
- Bremerton Schools
- United Way Kitsap
- Kitsap Public Health District
- Harrison Medical Group
- Kitsap Mental Health Services
- Olympic Education Service District
- Suquamish Tribe
- Kitsap County Human Services and Housing
- Peninsula Community Health Services
- Kitsap Strong
- Kaiser Permanente
- Bremerton Housing Authority
- Kitsap Immigration Assistance Center
- YMCA Kitsap



## Using the Assessments and Inputs

In November 2019, the KCHP Steering Committee and Data Review group reviewed the assessment/input findings from three reports (quantitative, community survey and community voice) and used a prioritization methodology (*Table 2*) and small group discussion to identify a list of priority areas and key issues (**see Appendix D**). Five priority areas were presented to the community at a KCHP Summit on December 13, 2019. Kitsap Public Health District will convene the Healthy Eating and Active Living (HEAL) Coalition and develop a Community Health Improvement Plan (CHIP) to work on the priority.

**Table 2. Prioritization Criteria for KCHP Key Indicators**

Criteria	Element
Comparison*	Worse than Washington State Trend over time worsening
Disparities**	Significant disparity between sub-groups: <ul style="list-style-type: none"> <li>• Geography</li> <li>• Race/Ethnicity</li> </ul>
Top Issue	Community input or key informant theme

\*Statistical tests were applied (See Trends and Comparison to WA State (Appendix A) to determine significance based on the data and comparison groups.

\*\*a 10% or greater difference between any sub-county geographic area or race/ethnicity group

## Appendix A:

### Quantitative Data Technical Notes

#### Rates

Most measures are proportions (%) or rates per 1,000, per 10,000 or per 100,000 residents. Age-adjusted and sex-adjusted rates are used to compare over time or between places to adjust for differences in gender or age distribution of the population.

#### Suppression of Data

Numbers are not displayed when counts are less than 10 due to risk of violation of a person's right to confidentiality. Rates and percentages are not calculated when the relative standard error is over 25%, indicating that the data may be unreliable due to small numbers and/or large amounts of variability. In any of these cases, \* is displayed, which indicates that the numbers are small and the rate is unreliable.

#### Trends

Statistical trends over time are calculated using Joinpoint Regression Program version 4.7.0.0, February 2019. Statistical trends over time are only calculated for those indicators for which data are available for multiple and consecutive years. When trends over time are not available, statistical differences are calculated between two points in time using 95% confidence intervals and the X2 test.

#### Comparison to Washington State

Kitsap County statistical comparisons to Washington State for the most recent year were calculated using 95% confidence intervals and the X2 test. Rarely, direct comparisons were made without the use of any statistical test, in these cases, the indicator simply reads 'Comparison: Kitsap vs. Washington'.

#### Sub County Regions

Depending on the data source, sub county regions were determined by grouped zip codes or school district designations. Census/ACS, DSHS Risk and Protection Profile, Healthy Youth Survey and OSPI use school districts; Vital Statistics and BRFSS use zip codes.

##### Sub-county regions by zip code:

Bainbridge Island area	98110					
Bremerton area	98310	98312	98337			
Central Kitsap area	98311	98315	98380	98383		
North Kitsap area	98340	98342	98345	98346	98370	98392
South Kitsap area	98359	98366	98367			

#### Poverty Level Guidelines

In 2019, a one-person household earning less than \$12,490 or a family of 4 earning less than \$25,750 were considered to be living below 100% of the Federal Poverty Level. These guidelines are used to determine eligibility for many publicly funded programs.

### Data Sources

#### Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS is an annual telephone survey conducted continuously throughout the year. It is a collaborative effort of the Centers for Disease Control and the WA State Dept. of Health. The survey collects information on a vast array of health conditions, health-related behaviors, and risk and protective factors about

individual adult health. The survey uses a sampling methodology to create a representative sample for a given location. Because the survey is self-report, some data may be under or overestimated. In 2011, cell phone data were first included and sample methods were changed so comparisons to survey results prior to 2011 are no longer possible.

### **County Health Rankings**

The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003. Each year, rankings are produced for nearly every county in the US for 35 indicators representing health outcomes and health factors.

### **Healthy Youth Survey**

The Healthy Youth Survey is conducted every two years among youth in grades 6, 8, 10 and 12. It is a collaborative effort of the Office of the Superintendent of Public Instruction, the WA State Dept. of Health, the WA State Dept. of Social and Health Service's Division of Behavioral Health and Recovery, Educational Service Districts and local health departments. The survey is voluntary and anonymous. The survey gathers reliable and current data about the perceptions, behaviors, and influences of youth on key topics affecting them. These data have some limitations: 1) results may not represent youth as not all students choose to participate; and 2) the survey relies on respondent's own report therefore some data may be under or overestimated. KPHD has signed agreements with all 5 Kitsap School Districts to be able to show school district level data.

### **Kitsap Public Health District, Water Pollution Identification and Correction**

The purpose of this program is to protect the public from waterborne illness and other water quality related hazards. This is accomplished by collecting water samples, investigating decal bacteria sources of water pollution, and taking steps to correct problems. A Water Quality Monitoring Report is produced annually.

### **Puget Sound Clean Air Agency**

Air quality index is an index for reporting daily air quality. It tells you how clean or polluted your air is, and what associated health effects might be a concern for you. The AQI for particulate matter is standardized across the United States by the Environmental Protection Agency. A "Good" AQI indicated air quality is satisfactory and air pollution poses little or no risk. Puget Sound Clean Air Agency monitors and provides data for four counties in Washington.

### **Washington State Association of Sheriffs and Police Chiefs, Uniform Crime Report**

Produced annually, the Crime in Washington report is compiled from monthly reports submitted by individual law enforcement agencies. These data have several limitations: 1) the amount and type of crime reported may differ due to reporting practices, law enforcement policies, population characteristics, and attitudes; 2) crime may not be accurately depicted, as the varying severity of offenses is not taken into account; 3) tribal law enforcement jurisdictions do not report their data. The reporting system changed in 2012 from the Summary Reporting System to the National Incident Based Reporting System (NIBRS) and therefore reports prior to 2012 are not comparable to those from 2012 and later.

### **Washington State Department of Health, Community Health Assessment Tool (CHAT)**

CHAT is an on-line platform provided and maintained by the Washington State Department of Health for the purpose of community health assessment. The data provided in CHAT come from many sources,

including the Vital Statistics databases, Comprehensive Hospital Abstract Reporting System (CHARS), Washington State Department of Health - Cancer Registry, notifiable conditions, BRFSS and others.

### **Washington State Department of Health, Office of Immunization and Child Profile**

WA State Immunization Information System is maintained by the Washington State Department of Health Immunization Program and is an online immunization registry. Data that can be accessed include numbers of children entering kindergarten, by county, with a complete, conditional, out of compliance (incomplete) immunization series, or exempt status. A new law took effect in July 2011 that requires a licensed health care provider to sign the Certificate of Exemption for a parent or guardian to exempt their child from school and child care immunization requirements.

### **Washington State Department of Social and Health Services, Risk & Protection Profile for Substance Abuse Prevention**

Risk and Protection Profile for Substance Abuse Prevention is produced annually at the state, county and school district levels, and includes indicators of child, family, adult and community well-being. Data relating to crime reporting may have limitations as not all law enforcement jurisdictions, such as the tribes, report their data.

### **Washington State Office of Financial Management**

The Office of Financial Management produces annual population estimates based on Census data by age, gender and race at the state and county levels. Through the Small Area Estimates Program, select data is also available at the school district level. OFM also produces counts of available housing within the county and state.

### **Washington State Office of Community Health Systems, Rural Health Section.**

Health professional shortage areas as determined by surveys to identify numbers of health professionals in an area.

### **Washington State Office of Superintendent of Public Instruction**

The Office of the Superintendent of Public Instruction provides data for enrollment, graduation and drop-out rates, academic achievement as measured by standardized statewide exams, students experiencing homelessness and the number of students eligible for free and reduced-priced meals (FRL). FRL data have some limitations: 1) eligible students might be underrepresented depending on the time of year that statistics are collected, e.g. students may not yet be signed up in October; 2) eligibility status might change during the school year resulting in an under or overestimate of program participants; 3) data do not include children who are not enrolled in school, are home-schooled, or attend private schools.

### **Washington Statistical Analysis Center, Washington State County Criminal Justice Data Book**

The Washington Statistical Analysis Center (SAC) is a center within the Washington State Office of Financial Management and part of a network of similar centers supported by the Justice Research and Statistics Association and the Bureau of Justice Statistics. The SAC conducts and publishes objective, policy-relevant research and analysis on justice issues, provides technical assistance, and maintains a clearinghouse of state justice-related data.

### **Washington State Department of Commerce, Point in Time Count**

The Homeless Housing and Assistance Act requires that each county in Washington State conduct an annual point in time count of sheltered and unsheltered homeless persons usually conducted during a 24-hour period in late January. This census is conducted in accordance with the requirements of the U.S. Department of Housing and Urban Development (HUD).

**University of Washington - Center for Real Estate Research**

Statistics on the housing market in Washington State, available by county.

**U.S. Census and American Community Survey**

The Census and American Community Survey collect data about population, housing and economy. The Census is conducted every 10 years; the American Community Survey is conducted annually in communities with populations of >60,000. Using ACS data for a combined five-year period allows for analysis of data from smaller populations. Previously, 3-year estimates were produced but are no longer available.

**U.S. Census State and County Business Patterns**

The Census and American Community Survey collect data about population, housing and economy. The Census is conducted every 10 years; the American Community Survey is conducted annually in communities with populations of >60,000. Using ACS data for a combined five-year period allows for analysis of data from smaller populations. Previously, 3-year estimates were produced but are no longer available.

**U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics**

Employment statistics by State and County.

## Appendix B:

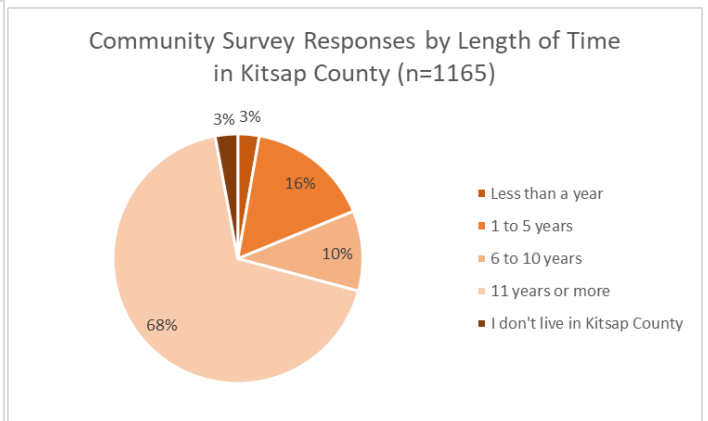
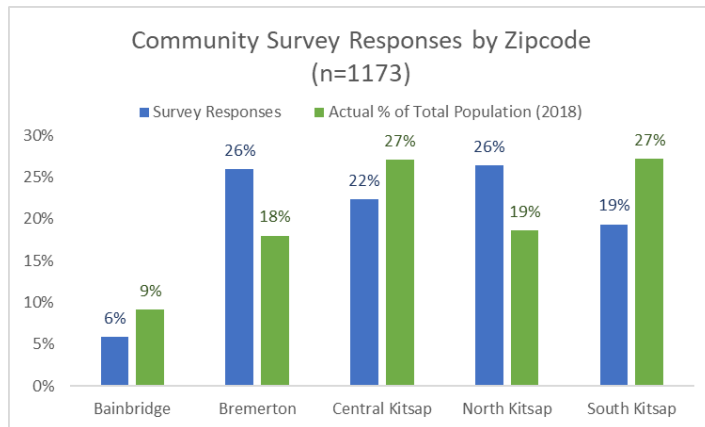
### Demographics of Community Survey Participants

#### Geographic region of respondents by zip code.

Respondents were spread out across Kitsap County. Three sub-county regions were underreported in the survey compared to the population. Bainbridge Island accounted for 6% of respondents in the survey in comparison to representing 9% of the total population of Kitsap. Central Kitsap and South Kitsap accounted for 22% and 19% of respondents, while both representing 27% of the total population. Bremerton and North Kitsap were overrepresented in the survey, both with 8% more survey responses than their share of the total population.

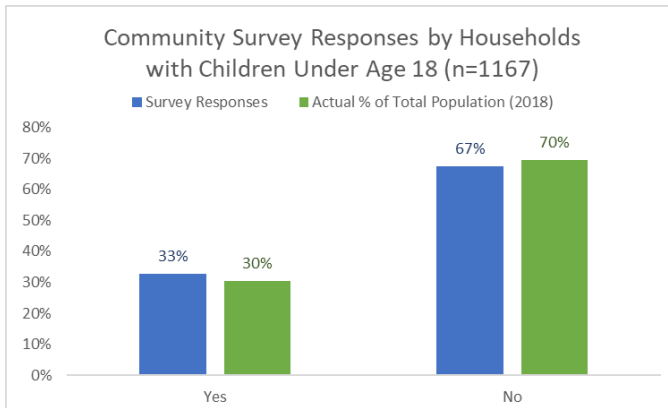
Kitsap Geographic Regions				
	NUMBER OF RESPONDENTS	% OF TOTAL RESPONDENTS	KITSAP POPULATION*	SURVEY COMPARED TO KITSAP POPULATION
Bainbridge	67	6%	9%	-3%
Bremerton	294	26%	18%	8%
Central Kitsap	253	22%	27%	-5%
North Kitsap	299	26%	19%	8%
South Kitsap	219	19%	27%	-8%
Total	1132	100%		

\*Source: 2018 WA State Office of Financial Management



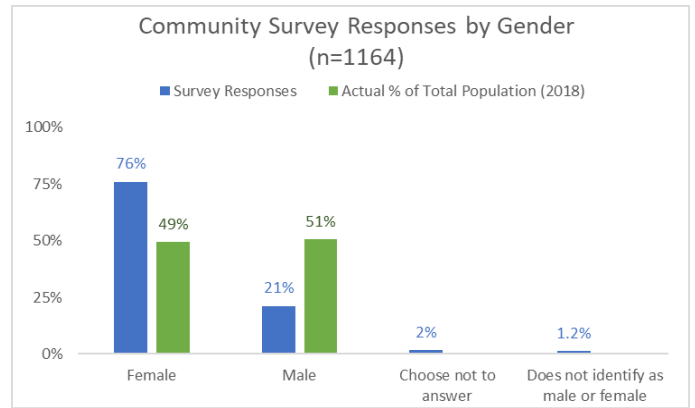
#### Length of time living in Kitsap County

Sixty eight percent of respondents have lived in Kitsap County for 11 or more years, making up the largest pool of respondents. The percent of respondents living in the County for less than a year was 3%. Twenty six percent of respondents have lived in the county for between one and 10 years. Three percent of respondents did not live in Kitsap County. Their responses were included in the analysis of the report.



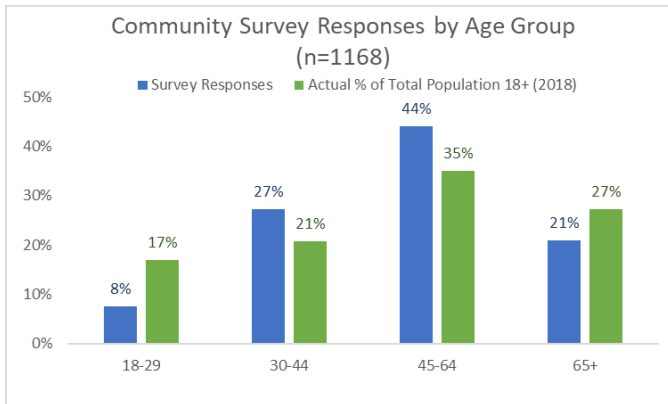
**Community Responses by Household**

Thirty three percent of respondents reported having children under the age of 18 in the house. This is similar to the actual number of people in Kitsap County with children under the age of 18 in the household (30%). Reciprocally, 67% of respondents did not have children under the age of 18 in the house, which is similar to the actual number in the County (70%).



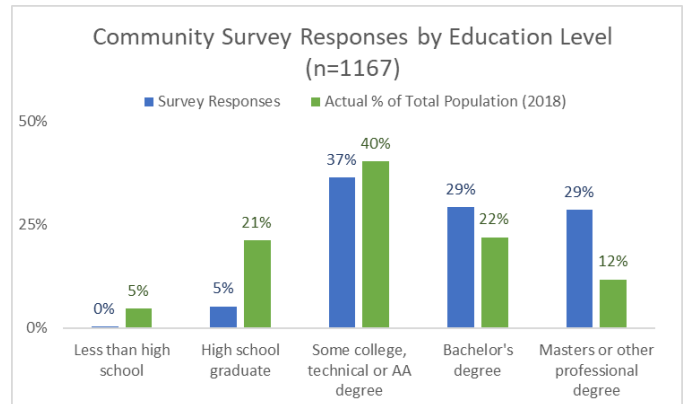
**Community Responses by Gender**

Seventy six percent of respondents identified as female. This is a higher rate than the actual percent of women in Kitsap County (49%). Men accounted for 21% of survey respondents, which is lower than actual males living the County (51%). Additionally, 2% did not answer this question and 1.2% did not identify as male or female.



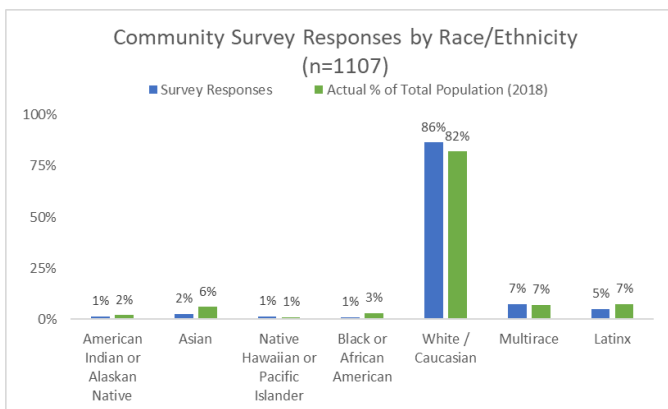
**Community Responses by Age group**

The lowest percent of respondents as a proportion the population was the youngest age group, 18-29 year old, at 8%. This group makes up 17% of the actual population. The highest respondent group was individuals between 45 and 64 which made up 44% of responses. Twenty seven percent of individuals between 30 and 44 represented the second highest group of respondents, followed by 65 and older at 21%.



**Community Responses by Education**

The highest percentage of respondents have some college, technical degree or AA degree at 37%, which is similar to that of the actual population (40%). Twenty nine percent of respondents have a bachelor's degree, and 29% have a master's degree which are higher percentage's than in the actual population at 22% and 12%, respectively. Five percent of respondents graduated from high school, and nobody took the survey that had less than a high school diploma.



**Community Responses by Race**

The highest percentage of respondents are White or Caucasian at 86%, which is more than that of the actual population (82%). American Indian or Alaskan Native, Asian, Native Hawaiian or Pacific Islander, Black or African Americans, and Latinx populations were underrepresented in the online survey. Individuals who identified as multi-racial were represented similar to the actual percent of multi race people in the County.

## Appendix C: Instruments and Tools

### Community Health Priorities Survey

**BACKGROUND**

The purpose of this survey is to find out what you think about health and the strengths and needs of your community. Your answers are very important to us and are anonymous - your name will not appear anywhere on this survey.

This survey is completely voluntary. Your choice to participate will in no way affect your ability to access services.

The results of this survey will be analyzed and used for development of community health priorities.

This is a wonderful way for you to have a voice in community planning. Thank you for your participation!

1. How satisfied are you with the quality of life in your community?

Very satisfied  Somewhat unsatisfied  
 Somewhat satisfied  Very unsatisfied  
 Neither satisfied or unsatisfied

2. How socially connected do you feel to your community? Connected means being socially involved with others in your community.

Very connected  Somewhat unconnected  
 Somewhat connected  Very unconnected  
 Neither connected or unconnected (neutral)

3. Thinking about the amount of stress in your life, how stressful are most days?

extremely  not at all  
 very  I don't know  
 somewhat

4. In your opinion, in Kitsap County, is there a shared feeling of pride for what happens in the community?

definitely  
 somewhat  
 not at all  
 I don't know

5. In your opinion, in Kitsap county, is there a shared feeling of responsibility for what happens in the community?

definitely  
 somewhat  
 not at all  
 I don't know

6. How would you rate your community's health overall?

Very healthy  Somewhat unhealthy  
 Healthy  Unhealthy  
 Somewhat healthy  Very unhealthy

\* 7. What do you think are the THREE most important things that make a healthy community? (Please pick 3.)

Good place to raise children  Clean environment  Religious or spiritual values  
 Low crime and violence/safe neighborhoods  Affordable housing  Arts and cultural events  
 Good schools  Acceptance of diversity  Access to nutritious food  
 Access to healthcare  Good jobs and healthy economy  Accessible and affordable transportation  
 Parks and recreation  Healthy behaviors and lifestyles  Safe and walkable neighborhood  
 Something else (please fill in blank below)

\* 8. Which of the following do you wish were more present in your community? (Please pick your top 3.)

Good place to raise children  Clean environment  Religious or spiritual values  
 Low crime and violence/safe neighborhoods  Affordable housing  Arts and cultural events  
 Good schools  Acceptance of diversity  Access to nutritious food  
 Access to healthcare  Good jobs and healthy economy  Accessible and affordable transportation  
 Parks and recreation  Healthy behaviors and lifestyles  Safe and walkable neighborhood  
 Something else (please fill in blank below)

\* 9. In your opinion, what THREE things cause the biggest problems to your community's overall health? (Please pick 3.)

Access to healthcare  Infectious diseases (flu, HIV, measles, etc.)  Obesity (adult and childhood)  
 Chronic health problems (cancer, heart disease, diabetes, high blood pressure, respiratory illness)  Housing issues (unaffordable, unsafe play areas, unsafe housing, homelessness)  Poor nutrition/lack of access to healthy food  
 Crime and violence (robbery, homicide, domestic violence, sexual assault, child abuse/neglect)  Mental health needs (treatment, medications, suicide prevention, etc.)  Lack of opportunities for physical activity  
 Discrimination (based on culture, language, race, etc.)  Substance abuse (alcohol, drugs, opioids, etc.)  Poverty (underemployment and unemployment)  
 Education (high school graduation rates, limited higher education options, etc.)  Smoking, e-cigarettes, vaping  Sexually transmitted diseases (STDs)  
 Something else (please fill in blank below)

10. In your opinion, what THREE things cause the biggest problems for families with young children (age 0-10) in your community? (Please pick 3.)

Attention Deficit Hyperactivity Disorder (ADHD/ADD)  Infectious disease (measles, whooping cough, flu, etc.)  Motor vehicle crashes  
 Asthma  Obesity  Lack of opportunities for physical activity  
 Autism  Depression  School violence (including bullying)  
 Child abuse and neglect  Diabetes  Sexually transmitted diseases (STDs)  
 Child care options  Gun-related injuries  Mental health issues  
 Disabilities  Hunger  Suicide  
 Drug and alcohol abuse  Homelessness  Lack of social opportunities (including after-school activities, camps, classes, sports, etc.)  
 Smoking, vaping, e-cigarettes  Internet safety  
 Something else (please fill in the blank below)

11. In your opinion, what THREE things cause the biggest problems for youth (age 11-18) in your community? (Please pick 3.)

Attention Deficit Hyperactivity Disorder (ADHD/ADD)  Obesity  Lack of opportunities (or physical activity)  
 Asthma  Depression  School violence (including bullying)  
 Autism  Diabetes  Sexually transmitted diseases (STDs)  
 Child abuse and neglect  Gun-related injuries  Teen pregnancy  
 Disabilities  Hunger  Mental health issues  
 Drug and alcohol abuse  Homelessness  Suicide  
 Smoking, vaping, e-cigarettes  Internet safety  Lack of social opportunities (including after-school activities, camps, classes, sports, etc.)  
 Infectious disease (measles, whooping cough, flu, etc.)  Motor vehicle crashes  
 Something else (please fill in the blank below)

12. In your opinion, what THREE things cause the biggest problems for adults (age 19-64) in your community? (Please pick 3.)

Chronic health problems (cancer, heart disease, diabetes, high blood pressure, respiratory illness)  Gun-related injuries  Lack of opportunities (or physical activity)  
 Disabilities  Hunger  Sexually transmitted diseases (STDs)  
 Drug and alcohol abuse  Homelessness  Lack of parenting resources/support  
 Smoking, vaping, e-cigarettes  Housing issues (unsafe, unaffordable)  Mental health issues  
 Infectious disease (measles, whooping cough, flu, etc.)  Discrimination (based on culture, language, race, etc.)  Suicide  
 Obesity  Internet safety  Lack of social opportunities/community support  
 Depression  Motor vehicle crashes  Lack of living wage jobs (unemployment, underemployment, low wage jobs)  
 Something else (please fill in the blank below)



13. In your opinion, what THREE things cause the biggest problems for older adults (ages 65+) in your community?  
(Please pick 3.)

<input type="checkbox"/> Chronic health problems (cancer, heart disease, diabetes, high blood pressure, respiratory illness)	<input type="checkbox"/> Hunger	<input type="checkbox"/> Mental health issues
<input type="checkbox"/> Disabilities	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Suicide
<input type="checkbox"/> Drug and alcohol abuse	<input type="checkbox"/> Housing issues (unsafe, unaffordable)	<input type="checkbox"/> Lack of social opportunities/community support
<input type="checkbox"/> Smoking, vaping, e-cigarettes	<input type="checkbox"/> Discrimination (based on culture, language, race, etc.)	<input type="checkbox"/> Support to age in place
<input type="checkbox"/> Infectious disease (measles, whooping cough, flu, etc.)	<input type="checkbox"/> Internet safety	<input type="checkbox"/> Transportation
<input type="checkbox"/> Obesity	<input type="checkbox"/> Motor vehicle crashes	<input type="checkbox"/> Income, financial resources to pay for basic needs and care
<input type="checkbox"/> Depression	<input type="checkbox"/> Lack of opportunities for physical activity	
<input type="checkbox"/> Gun-related injuries	<input type="checkbox"/> Sexually transmitted diseases (STDs)	
<input type="checkbox"/> Something else (please fill in the blank below)		

**In this last section we have some questions about you.**

14. What is your gender?

<input type="radio"/> Female	<input type="radio"/> Transgender Male (FTM)
<input type="radio"/> Male	<input type="radio"/> Non-binary
<input type="radio"/> Choose not to answer	<input type="radio"/> Gender Queer
<input type="radio"/> Transgender Female (MTF)	<input type="radio"/> Other

15. What is your age?

<input type="radio"/> <18	<input type="radio"/> 45-64
<input type="radio"/> 18 - 29	<input type="radio"/> 65+
<input type="radio"/> 30-44	

16. Do you have a child in your household under the age of 18?

Yes

No

17. Which race or races do you identify as?(Please choose all that apply)

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Asian	<input type="checkbox"/> White / Caucasian
<input type="checkbox"/> Native Hawaiian or Pacific Islander	
<input type="checkbox"/> Other race (please specify)	

18. Do you identify as Hispanic or Latino?

Yes

No

19. What is your highest level of education?

<input type="radio"/> Less than high school	<input type="radio"/> Bachelor's degree
<input type="radio"/> High school graduate	<input type="radio"/> Masters or other professional degree
<input type="radio"/> Some college, technical or AA degree	

20. In the last year, has your household lost housing or had to move due to any of the following? Check all that apply

<input type="checkbox"/> I have not experienced displacement from housing in the last year	<input type="checkbox"/> a health crisis that affected my ability to pay rent/housing costs
<input type="checkbox"/> rent increase(s) that I could not afford	<input type="checkbox"/> an employment change (job loss or reduction in hours) that affected my ability to pay rent/housing costs
<input type="checkbox"/> the sale of my rental housing unit by the owner	<input type="checkbox"/> eviction for a cause other than not being able to pay the rent
<input type="checkbox"/> increase in property taxes that I could not afford	<input type="checkbox"/> family break-up (divorce or separation)
<input type="checkbox"/> increase in utilities costs that I could not afford	<input type="checkbox"/> fleeing domestic violence
<input type="checkbox"/> Other (please specify)	

21. How long have you lived in Kitsap County?

<input type="radio"/> Less than a year	<input type="radio"/> 11 years or more
<input type="radio"/> 1 to 5 years	<input type="radio"/> I don't live in Kitsap County
<input type="radio"/> 6 to 10 years	

\* 22. What is your zip code?

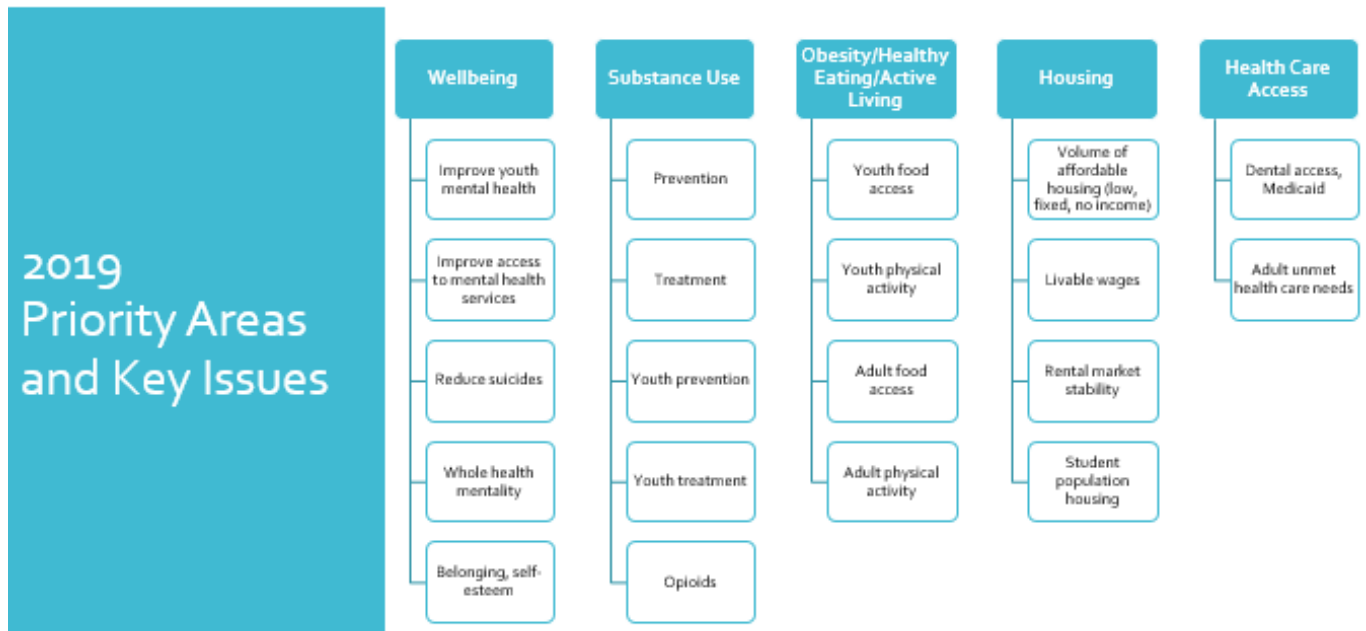
<input type="radio"/> 98061	<input type="radio"/> 98353
<input type="radio"/> 98110	<input type="radio"/> 98359
<input type="radio"/> 98310	<input type="radio"/> 98364
<input type="radio"/> 98311	<input type="radio"/> 98366
<input type="radio"/> 98312	<input type="radio"/> 98367
<input type="radio"/> 98314	<input type="radio"/> 98370
<input type="radio"/> 98315	<input type="radio"/> 98378
<input type="radio"/> 98322	<input type="radio"/> 98380
<input type="radio"/> 98337	<input type="radio"/> 98383
<input type="radio"/> 98340	<input type="radio"/> 98384
<input type="radio"/> 98342	<input type="radio"/> 98386
<input type="radio"/> 98345	<input type="radio"/> 98392
<input type="radio"/> 98346	<input type="radio"/> 98393

## Key Informant and Community Voice Questionnaires

Key Informant	Community Voice
1. What are the main priorities you have for improving the health of Kitsap County residents right now?	1. What are some things about Kitsap County that help you to be healthy?
2. What programs or projects are happening or planned that are most relevant to these priorities?	2. What are some things about Kitsap County that make being healthy a challenge?
3. What are the most significant gaps in resources, coordination, etc.? Mention specific subgroups or populations if relevant (age groups, race/ethnicity, veterans, LGBTQ, or others)	3. What do you need to be healthy in the next 1 - 3 years?
4. What are the most significant gaps in resources, coordination, etc.? Mention specific subgroups or populations if relevant (age groups, race/ethnicity, veterans, LGBTQ, or others)	
5. Is there anything else you would like to share?	

## APPENDIX D:

### Priority Areas and Key Issues



## APPENDIX E: Review of 2017-2020 CHNA Results

### CHI Franciscan 2017-2020 Community Health Needs Assessment Evaluation of Impact— Kitsap County Facilities

*Harrison Medical Center – Bremerton, and Harrison Medical Center - Silverdale*

#### Community Health Needs Assessment

CHI Franciscan Harrison Medical Center, in conjunction with Kitsap Public Health District, conducted a Community Health Needs Assessment (CHNA) in 2017. The purpose of a CHNA is to provide a comprehensive description of the health of a community. The Harrison Medical Center CHNA provides a description of the community, an analysis of health indicators, and community input from a cross-section of stakeholders and residents.

The majority of patients who visit Harrison Medical Center come from Kitsap County. The entire county was included in the CHNA, which measured approximately 60 health indicators.

Community Health Needs Assessments and Implementation Plan Strategies for Harrison Medical Center and all CHI Franciscan facilities can be found at [www.chifranciscan.org/about-us/community-health-needs-assessment.html](http://www.chifranciscan.org/about-us/community-health-needs-assessment.html)

#### Priority Health Needs

The priority health needs identified in the Harrison Medical Center CHNA were:

- Barriers to Access to Care
- Obesity
- Maternal & Child Health
- Mental Health
- Substance Abuse

#### Significant Health Needs Addressed

All priority health needs were addressed by Harrison Medical Center.

## Harrison Medical Center

### CHNA Implementation Evaluation: FY 2017-2020

#### Priority Area #1: Barriers to Access to Care

**Goal: Increase access to quality care for the uninsured and under-insured.**

##### **ACTIVITIES**

- Provided financial and donated care support to Project Access Northwest for their Coordinated Care and Premium Assistance Programs. Provided CHI Franciscan executive staff time to serve on the Project Access Northwest board of directors.
- Enrolled qualified patients into Medicaid and other supported programs.
- Started the Peninsula Family Residency Program, which has started training over number of new physicians in Kitsap County.
- Provided support to patients who needed to remove transportation barriers to receiving care.
- Provided clean clothes for patients on discharge.
- Provided free naloxone rescue kits patients.
- Provided coordination and financial support for the Catholic Community Services Caregiver Bridge Program to help post-hospitalized, vulnerable adults to access in-home caregivers until they receive long term Supported.
- Provided medication to patients as needed to patients who are eligible for charity care.
- Provided financial assistance for undocumented residents to access appropriate and safe residential care service while waiting for long term support.
- Started construction of a new primary care clinic in Bremerton.
- Provided financial support to the medical respite program at Benedict House.
- Provided office space to Olympic Community of Health in the Harrison Emergency Department.

*(Barriers to Access to Care, continued next page)*

**Priority Area #1: Barriers to Access to Care (continued)**

Goal: Increase access to quality care for the uninsured and under-insured.		
Resources	Community Indicators	Partners
<p><i>CHI Franciscan resources committed to the success of the health improvement strategy</i></p> <ul style="list-style-type: none"> <li>• Financial Support</li> <li>• Grants through Franciscan Foundation</li> <li>• Donated lab work</li> <li>• Donated medication</li> <li>• Staff time to serve on board of directors and project committees</li> </ul>	<p><i>Baseline measures and updated metrics from most current CHNA</i></p> <p>In the 2017 CHNA, 27.3% of adults in the Harrison service area did not have a primary care provider.</p> <p><b>In the 2020 CHNA, 23% of adults in the Harrison service area do not have a primary care provider.</b></p> <p>In the 2017 CHNA, 38% of adults in the Harrison service area had unmet health care needs due to cost, long wait times, transportation or other reasons.</p> <p><b>In the 2020 CHNA, 36% of adults in the Harrison service area had unmet health care needs due to cost long wait times, transportation or other reasons.</b></p>	<ul style="list-style-type: none"> <li>• Project Access NW</li> <li>• Peninsula Community Health Services</li> <li>• Kitsap Connect</li> <li>• Kitsap County Cross Continuum Care Transitions</li> <li>• Benedict House, a program of Catholic Community Services</li> </ul>

## Priority Area #2: Mental Health Distress Among Adults

**Goal: Increase access and coordination to behavioral health services.**

### ACTIVITIES

- Provided on-site behavioral health services in primary care clinics. Hired Behavioral Health Care Managers to coordinate services in primary care clinics.
- Provided scholarships to those seeking to become Mental Health ARNPs.
- Implemented the AIMS model, an evidence-based program that supports behavioral and physical health integration.
- Expanded partnerships with Kitsap Mental Health and Kitsap Recovery Center through collaboration with the Family Residency Program.
- Provided education to clinic staff around behavioral health.
- Continued holding community mental health court at Harrison Medical Center when needed.
- Provided staff time to support the work of Kitsap Strong.

<b>Resources</b> <i>CHI Franciscan resources committed to the success of the health improvement strategy</i>	<b>Community Indicators</b> <i>Baseline measures and updated metrics from most current CHNA</i>	<b>Partners</b>
<ul style="list-style-type: none"> <li>• Financial contributions</li> <li>• CHI Franciscan staff time to sit on boards, coordinate meetings, and to deliver trainings</li> <li>• Harrison Foundation time to write and administer grants related to mental health</li> <li>• Space for meetings</li> <li>• In-kind printing support</li> </ul>	<p>In the 2017 CHNA, 11.4% of adults in Kitsap County have experienced frequent mental distress.</p> <p><b>In the 2020 CHNA, 12% of adults in Kitsap County have experienced frequent mental distress.</b></p> <p>In the 2017 CHNA, 24.9% of adults in Kitsap County reported being told they had a depressive disorder.</p> <p><b>In the 2020 CHNA, 30% of adults in Kitsap County reported being told they had a depressive disorder</b></p> <p>In the 2017 CHNA, 37.2% of Kitsap County 10<sup>th</sup> graders felt so sad or hopeless for two weeks or more that they stopped doing their normal activities.</p> <p><b>In the 2020 CHNA, 41% of Kitsap County 10<sup>th</sup> graders felt so sad or hopeless for two weeks or more that they stopped doing their normal activities.</b></p>	<ul style="list-style-type: none"> <li>• Kitsap Mental Health</li> <li>• Kitsap Recovery Center</li> <li>• Kitsap Strong</li> </ul>

### Priority Area #3: Infant Mortality & Lack of Early and Adequate Prenatal Care

**Goal: Ensure expectant mothers and babies are ready to thrive.**

**ACTIVITIES**

- Provided staff time and support to the Kitsap County Perinatal Task Force.
- Supported the Nurse Family Partnership and other Kitsap Public Health District programs that support women and families.
- Enhanced services for premature babies at 34 weeks of gestation or above.
- Achieved the Gold Breastfeeding Friendly Washington Award.
- Achieved the Baby-Friendly Hospital designation from Baby-Friendly USA.

<p><b>Resources</b> <i>CHI Franciscan resources committed to the success of the health improvement strategy</i></p>	<p><b>Community Indicators</b> <i>Baseline measures and updated metrics from most current CHNA</i></p>	<p><b>Partners</b></p>
<ul style="list-style-type: none"> <li>• Financial support through direct donations, programs that are subsidized by CHI Franciscan Health and Supported of employee-giving campaigns</li> <li>• Donated freezer space and in-kind meeting space</li> <li>• In-kind printed materials.</li> <li>• Subsidized services and supplies to Medicaid &amp; WIC population</li> <li>• Staff time to implement projects and executive time to serve on board of directors</li> </ul>	<p>In the 2017 CHNA, 57.7% of Kitsap County expectant mothers receive early and adequate prenatal care.</p> <p><b>In the 2020 CHNA, 69% of Kitsap County expectant mothers receive early and adequate prenatal care.</b></p> <p>In the 2017 CHNA, the infant mortality rate in Kitsap County was 5.8 deaths per 1,000 live births.</p> <p><b>In the 2020 CHNA, the infant mortality rate in Kitsap County was 5 deaths per 1,000 live births.</b></p> <p>In the 2017 CHNA, 92.6% of women giving birth in Kitsap County initially breastfed their infants.</p> <p><b>In the 2020 CHNA, 94% of women giving birth in Kitsap County initially breastfed their infants.</b></p>	<ul style="list-style-type: none"> <li>• Baby Friendly USA</li> <li>• Kitsap County Perinatal Coalition</li> <li>• Period of Purple Crying</li> </ul>



### Priority Area #4: Obesity

**Goal: Improve the health of our communities by addressing both prevention of disease and active management of those with chronic health conditions.**

#### ACTIVITIES

- Provided healthy living classes at a subsidized rate at Harrison Medical Center.
- Developed a healthy eating presentation for use in faith communities.
- Completed a 21-month quality assurance project examining blood pressure measuring practices and provided referral in faith communities.
- Provided training to faith community nurses and health ministers on blood pressure best practices.
- Created a blood pressure self-monitoring program in communities of faith through a partnership with local health, state and/or national organizations.
- Promoted and educated health ministry programs about diabetes prevention and refer to the Diabetes Prevention Program offered at local YMCAs.
- Create an interactive stroke awareness education toolkit for youth.
- Family Residency students provided services at Kitsap Food Bank.

<b>Resources</b> <i>CHI Franciscan resources committed to the success of the health improvement strategy</i>	<b>Community Indicators</b> <i>Baseline measures and updated metrics from most current CHNA</i>	<b>Partners</b>
<ul style="list-style-type: none"> <li>• Financial support of subsidized healthy living classes</li> <li>• Staff time</li> <li>• In-kind printing</li> </ul>	<p>In the 2017 CHNA, 61% of Kitsap County adults are overweight or obese.</p> <p><b>In the 2020 CHNA, 58% of Kitsap County adults are overweight or obese.</b></p> <p>In the 2017 CHNA, 27% of Kitsap County 10<sup>th</sup> graders are overweight or obese.</p> <p><b>In the 2020 CHNA, 26% of Kitsap County 10<sup>th</sup> graders are overweight or obese.</b></p> <p>In the 2017 CHNA, 24% of adults in Kitsap County did not meet CDC recommendations for exercise.</p> <p><b>In the 2020 CHNA, 26% of adults in Kitsap County did not meet CDC recommendations for exercise.</b></p> <p>In the 2017 CHNA, 51% of Kitsap County 10<sup>th</sup> graders reported not meeting the recommendations for exercise.</p> <p><b>In the 2020 CHNA, 56% of Kitsap County 10<sup>th</sup> graders reported not meeting the recommendations for exercise.</b></p>	<ul style="list-style-type: none"> <li>• Area congregations</li> <li>• Faith Community Nursing/ Health Ministries Northwest</li> <li>• WA Department of Health</li> <li>• YMCA of Pierce and Kitsap Counties</li> </ul>